

DISCUSSION GUIDE

See Memory

a film by Viviane Silvera

RunTime: 15 min

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See Memory

a film by Viviane Silvera

An artist explores the intimate nature of remembering and new discoveries in the science of memory.

Memory: It's the story we tell of our lives. It's the story of how we each become who we are. We pass our memories down to our children and it shapes who they are and who they become. It is our history, present and future.

It makes its way into our dreams and our imaginations. It is always there—the backdrop supporting everything we do. It can be beautiful and dark. It can entrap us. It can also liberate us.

It is dynamic, an act of creation. And when we change our memories, we change who we are.

-Viviane Silvera

PAINTED AND DIRECTED BY VIVIANE SILVERA PRODUCED BY JON CORNICK
EDITED BY THOMAS RIVERA MONTES AND MATTHEW CONNELLY



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THE PURPOSE OF THIS GUIDE

FOR STUDENTS

- To think about Art and Science as interdisciplinary subjects
- To broaden student perspectives on what memory is
- To imagine
- To engage
- To think critically
- To practice empathy
- Determine premise, theme and intent
- Look at the structure and form of the presentation
- Summarize important facts
- Articulate lessons learned from the film
- Identify scenes, images, or sounds that appeal to the viewer.
- Use a prompt for creative exercises

FOR EDUCATORS

- To bring together content by leading researchers and develop multidisciplinary lesson plans tied directly to the film in core subject areas of: Psychology, Neuroscience, Art, and Social Sciences.
- To address challenges to integrated interdisciplinary teaching, such as the lack of planning time for professors of different disciplines to work together.

HOW TO USE THIS GUIDE

This guide is designed to be used as a companion to the film SEE MEMORY, a 15-minute creative nonfiction film.

PART 1 offers background to understand the film's context.

PART 2 provides reproducible materials to help facilitators guide a post-screening discussion. Including material from interviews.

It includes broad questions for all types of audiences to process their initial reactions as well as sets of questions organized thematically that can be modified for different audiences and interests.

MENTAL HEALTH

Neuroscience

Psychology

Clinical Psychology

Abnormal Psychology

Cognitive Psychology

ARTS

Studio Arts

Creative Writing

Filmmaking

Museum Education

SOCIAL SCIENCES

History

Anthropology

Sociology

WHO SHOULD WATCH THIS FILM

GENERAL AUDIENCES Memory is the story we tell of how we became who we are. All of us rely on memory to get through the day. Memory enriches our lives; good memories bring us back to an experience of joy, while bad memories recreate suffering. For those who have experienced trauma, traumatic memories keep us stuck in a state of fear or despair. SEE MEMORY imagines a new relationship to memory, making us creators of our futures rather than slaves to our pasts.

GRADES 6 - 12 For middle and high school students, SEE MEMORY opens discussions on identity, at a crucial and flexible time for children in this age group who are on the midst of forming their identities. The discussion on memory and identity leads to questions about science, storytelling and creativity - ways students can express their identity. Many young people in schools have been impacted by memory and intergenerational trauma in their community. The film offers an opportunity to explore what memory means in their lives, how memory has affected them, and what they can do with their memories to help envision futures with full agency.

COLLEGE & GRADUATE SCHOOL This film is relevant for classes in psychology, sociology, social work, neuroscience, history, anthropology, museum studies, art, animation, creative writing and film. SEE MEMORY opens a rich vein for the exploration of memory through writing prompts, visual prompts, neuroscience, clinical psychology, and general reflection.

FAITH ORGANIZATIONS The film explores spiritual themes of remembering where we came from, honoring our pasts, envisioning our futures, learning how to be present and contributing to our community – both individual and collective. It offers the opportunity for faith-based groups to examine their responsibility to their own history, and helps members share their personal memory experiences and explore intergenerational trauma as well as the impact of memory loss. It opens discussion for participants to examine their own relationship to memory and community.

POST-TRAUMATIC STRESS DISORDER (PTSD) GROUPS For people with PTSD, this film is a powerful exploration of the dynamics of how traumatic memories are experienced, and how PTSD shapes lives, healing, and how we can claim agency over PTSD. In SEE MEMORY, there is suffering, transcendence, and post-traumatic growth. Through this film, people can begin to examine their own experiences of PTSD and healing.

MEMORY LOSS GROUPS For people experiencing memory loss, watching SEE MEMORY enables them to open up and talk about the impact the loss of memory is having on their lives, helping them find connection and support.

WHO SHOULD WATCH THIS FILM

MUSEUMS AND GALLERIES SEE MEMORY uses art to communicate the experience of remembering by using 30,000 hand-painted stills made by artist Viviane Silvera. Viviane gives talks along with screenings about her process in the studio, showing behind-the-scenes images and video tailored to an audience of art lovers. Select paintings and stop-motion videos are available for exhibition along with screenings of the film.

COMMUNITY GROUPS A strong theme in this film is how important community is in our lives as we grapple with memory. The vision expressed the narration of "They are not alone with their memory anymore; I'm right there with them" , is a vision of recognition and support. SEE MEMORY promotes connection and support through community engagement and offers a model for bringing the subject of memory and individual experiences into community to prevent isolation.

ABOUT THE CREATORS



DIRECTOR + PAINTER, VIVIANE SIVERA works in filmmaking, painting and animation to explore experiences of remembering and scientific discoveries that can change our relationship to memory. She has exhibited her work for 22 years, most recently at Art Basel Miami, Berlin Art Week, the Edward Hopper House, the Albright Knox, Dahesh, and Masur Museums, and El Museo de la Ciudad - Mexico. Her videos have been installed at the Bill & Melinda Gates Foundation, MGM National Harbor, Sarah Lawrence College, University of Mary Washington, The Cube Art Project with Union Bank, 4Culture Gallery in Pioneer Square, Seattle, Altspace VR (Microsoft's VR Platform), Joe's Pub at the Public Theatre, and Davidson College. She has received numerous grants and awards, including the 2013 Award of Excellence in Painting from the Edward Hopper House, the Chaim Gross, Valerie Delacorte, and Harriet Whitney Frishmuth Awards from the National Academy School of Fine Arts, a Fantasy Foundation Grant, and a Newington Cropsey Grant. Her work is held in the permanent collections of the Clinton Presidential Library & Museum, the Van Every Smith Galleries at Davidson College, Vanderbilt University's "Garden of Great Ideas," the Ziff Davis Corporate Collection and Tribeca Flashpoint Media Academy. Silvera's outdoor sculpture "The Fault" was commissioned by and permanently installed for the Women's Studies Department at Vanderbilt University, where she collaborated with landscape designers, architects, and engineers to realize her design. Silvera earned a BS from Tufts University in Political Science and Psychology and an MFA from the New York Academy of Art. She was born in Hong Kong, raised in Brazil and lives and works in New York City.

ABOUT THE CREATORS



PRODUCER, JON CORNICK Is an Emmy-nominated film and television producer. He was executive producer of *State and Maine* by David Mamet, *The Scarlett Letter* starring Demi Moore and *Nuremberg* starring Alec Baldwin, for which he won the Gemini award for outstanding miniseries. Jon formed the production company El Dorado Pictures with Alec Baldwin and has worked with Sir Anthony Hopkins, Christopher Plummer, Gary Oldman, Demi Moore, Robert Duvall, Dennis Hopper, Blake Lively and Burt Reynolds on many other films. His most recent release is the feature film *Bolden* with executive producer Wynton Marsalis. Jon is a member of the Directors Guild of America and is an avid photographer.



EDITOR, THOMAS RIVERA MONTES has edited "*Swarm Season*" (Grasshopper Film), "*7 Days Out*" (Netflix), "*Bronx Gothic*" (Grasshopper Film) and "*The Gospel According to Andre*" (Magnolia Pictures), a documentary feature about Vogue editor Andre Leon Talley. These works have been exhibited at the Toronto International Film Festival, Tribeca Film Festival, CPH: DOX, Palm Springs International Film Festival, Art of the Real, Maryland Film Festival, Sheffield Doc Fest, Maysles Cinema and the Chicago Museum of Art, among others.

ABOUT THE CREATORS



COMPOSER, PAUL BRILL has received three Emmy nominations for his scores for the films, “Full Battle Rattle” (National Geographic), “The Devil Came on Horseback” (Break Thru Films), and “The Trials of Darryl Hunt” (HBO), which was hailed by Variety as “memorably chilling, sounding notes of purest dread.” Young American Recordings notably released the Hunt soundtrack, curated by Brill, featuring selections from his score and original contributions by Andrew Bird, M. Ward, The Last Poets, Dead Prez, Califone, and Mark Kozelek, among many others. Paul won the first-ever Best Music Award from the International Documentary Association for his score for the film, “Better this World.” He was recently nominated for a Golden Reel Award for his work on the hit Netflix docuseries, “Bobby Kennedy for President.”



SOUND DESIGNER, JAMES GUASTAFERRO is founding member of the NYC indie electronic band Tones From The Underground with which he released four albums. He has scored or had his music used in “The Last Ghost of War” and “Behati Supreme” and his songs are used by choreographers in performances at Alvin Alley, Bryant Park, Jacob’s Pillow, Flushing Town Hall and the NYC-based dance company Barkin/Sellisen Project.

THE MEMORY EXPERTS

“Without memory, life is a series of disconnected fragments that do not have any meaning. Memory is the glue that binds our mental life together. We are what we remember.”

Neuroscientist, Nobel Laureate Eric Kandel

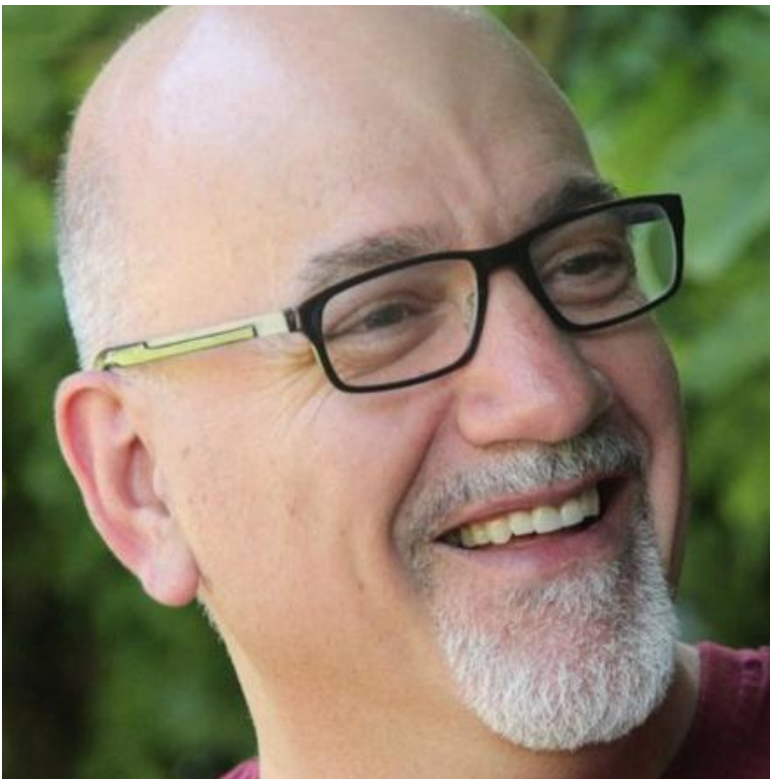


film still SEE MEMORY

THE MEMORY EXPERTS



COMMENTARY: NEUROSCIENTIST ERIC KANDEL, M.D., studied memory for more than half a century, breaking new ground in understanding how our brain stores and recalls information. Kandel identified the physiological changes that occur in the brain during the formation and storage of memories — work that won him the Nobel Prize in 2000. He is University Professor Emeritus; Founding Codirector of Columbia's Zuckerman Institute; Founding Director of Columbia's Kavli Institute for Brain Science; Sagol Professor Emeritus of Brain Science at the Zuckerman Institute; Professor Emeritus of Physiology and Cellular Biophysics, Psychiatry, Biochemistry and Molecular Biophysics, and Neuroscience.



COMMENTARY: PAUL BROWDE, M.D., attended medical school at the University of the Witwatersrand in South Africa and trained as an actor at the Drama Studio London. He completed residency training in psychiatry at the Albert Einstein College of Medicine in New York. He co-founded, Narativ Inc., which aims to transform individuals, teams, and organizations through the simple, timeless, and universal art of storytelling. He has led and participated in several projects with the Open Society Foundations, teaching storytelling as an advocacy tool to grantees in Africa and Eastern Europe. He teaches the Co-Constructing Narratives course in the Columbia University Narrative Medicine Masters' Program.

THE MEMORY EXPERTS



SCIENCE ADVISOR + COMMENTARY: SILVANA RIGGIO, M.D., is Professor of Psychiatry, Neurology, Human Behavior and Rehabilitation at the Icahn School of Medicine at Mount Sinai. She is one of only a few Mount Sinai physicians to have achieved both “Master Clinician” and “Master Educator” status. Dr. Riggio previously served as Medical Director for the NFL Neurological Care Program at Mount Sinai. She has served on the NYCPS UN Committee on Women Issues around the World and is a member of the NGO Committee on Mental Health.



SCIENCE ADVISOR + COMMENTARY: Neuroscientist DANIELA SCHILLER, Ph.D, leads the Schiller Lab for Affective Neuroscience at the Mount Sinai School of Medicine. In 2004, as a postdoctoral fellow at New York University, she led a groundbreaking study that focused on memory reconsolidation. Schiller was the recipient of the New York Academy of Sciences Blavatnik Award for Young Scientists (2010) for her research on how to rewire the brain to eradicate fear as a response to memory. She has been profiled in the New Yorker and is an NPR Moth Story grand slam winner and drummer in the band The Amygdalas.

THE MEMORY EXPERTS



COMMENTARY: Dr. Gerald Epstein, M.D., was an American psychiatrist who used mental imagery and other mental techniques to treat physical and emotional problems. An author and a researcher, he was the founder and director of a mental imagery school for post-graduate mental health professionals, teaching imagery as a tool for healing and a "bridge to the inner world." He is author of the bestselling book *Healing Visualizations* and was the Director of the American Institute for Mental Imagery (AIMI) and Assistant Clinical Professor of Psychiatry at Mount Sinai Medical Center in New York City.



COMMENTARY: DR.ROBERT ELVOVE, M.D., is Assistant Professor of Clinical Psychiatry at Columbia University's College of Physicians and Surgeons where he supervises medical students, residents, and fellows and is Medical Director at The Valley Hospital general psychiatric unit in Ridgewood, New Jersey.



COMMENTARY: CHERYL DOLINGER BROWN, LCSW, is Psychoanalyst, Imago Relationship Therapist (Advanced Clinician and Consultant), a PACT (Psychobiological Approach to Couple Therapy) level 2 therapist and a Somatic Experience Practitioner.

SYNOPSIS

The nature of memory is elusive—powerful yet ephemeral, hard to grasp even as it defines us. Its role in our daily lives is something we take for granted, yet when something goes wrong, whether through trauma or memory loss, its effects are enormous, shaking the core of our identities. SEE MEMORY explores how our memories define who we are, how we remember, and the link between memory and imagination.

SEE MEMORY's main character is a young woman we first meet walking through Central Park on a winter's day. She is alone and disconnected, lost within the world of her suffering, unable to decipher reality from dream. She enters the therapy room, and gradually is able to connect with the therapist, who bears witness to her story. She leaves the therapy room and reenters Central Park transformed by the experience of having shared her story. Walking through the same landscape, everything looks and feels completely different.

The action of the film swings between disconnection and connection, with settings taking place between exteriors and interiors: A girl walks through the snowy landscape of Central Park towards therapy, and she is isolated in her own thoughts. The therapist awaits her arrival, alone in the quiet darkness of the therapy room. The girl and the therapist connect, and a relationship is formed between the teller and the listener. Outside and inside start to mingle, snow falls inside the therapy room, flowers float down from the chandelier, the therapy chairs appear outside in the snow-covered garden.

Recent research in neuroscience has shown that from the moment we recall them, memories are in flux, interacting and mingling with imagination. SEE MEMORY explores this idea in shifting layers of imagery with perception interacting with dreams and imagination. Interviews with neuroscientists, psychiatrists, and psychologists guide the imagery in the film, describing the purpose and process behind remembering.

FROM THE FILMMAKER

As we walk down the street, we make the assumption that everybody is living in the same world and sharing reality together. But we're not. Each person is living in a very different world. And some people are living in an experience called post-traumatic stress disorder (PTSD), which means that they're living in a state of heightened fear and sadness. For these people, the past has not been laid down as a memory; it interrupts the present as if it is happening right now. And this causes them to apprehend the world in a particular way and react in particular ways. They might look rude or angry, they might look sad; we don't know.

As an artist, I decided to try to understand what is happening. What is happening that some people are walking around in states of fear that might have been created 10, 30 or 50 years ago? And how might they be freed from that? How might they be able to walk down the street feeling present in this moment?

Memory is the building block of our lives linking one action to the next. The links provide continuity and become the story we tell of how we became who we are. Disruptions in memory, such as PTSD, prevent people from building their lives with continuity and coherence. As described by Dr. Gerald Epstein in his interview for SEE MEMORY:

***"Life is full of suffering and that suffering is a DIS-MEMBERING.
The act of RE-MEMBERING is the act of putting those pieces back together."***

Epstein explains that you cannot go back to your pre-trauma self. The dismembered pieces have to be reassembled into a new self. Like a sculpture that falls and breaks, we must reassemble the pieces into a new form, changed at its core, full of cracks and with new and different purposes. Many people live with the past interrupting the present. My intention is to give voice to that experience and to decipher their often disrupted, fragmented, relentless or missing memories through a unifying lens of Art and Science.

SEE MEMORY took over three years to complete. I made many mistakes, learned a lot and struggled with the form and content almost every step of the way. I find tremendous satisfaction in seeing how the film, which began as a personal quest to understand memory and how it shaped my life, is helping viewers in institutions, schools, faith communities, and community organizations find resonance in their research and private experiences of memory.

When I first conceived of this project, I planned to make a film with actors, dialogue, and live action footage. After building the set, casting the actors and shooting interiors and exteriors, I reviewed the footage. It was bad - overexposed and unusable. I spent a week trying to figure out how to salvage the project.

I realized that I could, as a painter, use the live action footage simply as a point of departure. I had previously made two series, "*Therapy Part One*" and "*Therapy Part Two*," using stills from the films "*Ordinary People*" and "*The Kings Speech*" and the HBO series "*In Treatment*" as the basis for paintings about memory. Why couldn't I use my own footage and do the same? Only this time, rather than using beautifully shot material by cinematographers, I would use my own poorly shot footage and correct for the mistakes I had made. In painting, I could fix light, color, and composition. Also, my mind moves at the pace of painting; stroke by stroke, I figured out how to shape light and color bit by bit, while I am *doing* - using my hands to make things. The speed of the camera is too fast for my incremental thought process. I would pare film down to its essence: Still images moving at 24 frames per second. I would recreate moving footage by documenting each stage of the painting's progress.

While I was experimenting with the footage and painting in my studio, I began to reach out to neuroscientists and psychotherapists to learn more about their work with memory. Through this inquiry-driven process, SEE MEMORY became about both the mystery and science of memory.

“I think memory is visual...I think dreams are visual; they are images that we see at night when we’re asleep that we add a story to. When I think of my own dreams, and the dreams that people relate to me, I think of them as images—frightening images, alluring images, images that have the power to make people feel something. When you look at an image created by an artist, it does the same thing. You see stuff from your own experience, feel it as well and add the drama, the dialogue and the meaning, so that dream images and visual images created by an artist have a certain synergy.”

Psychiatrist Dr. Robert Elvove commenting on the SEE MEMORY animation in progress.

ACCESSING THE SUBCONSCIOUS

Dr.Elvove's observation altered my work in the studio, making me aware that of course painting and dreaming were aligned. What I love about painting is that I get to dip into a dreamworld while I'm awake. Why wasn't I painting as if I were dreaming?

I thought about the artist William Kentridge, who described how he made his "drawings for projection." He would walk up to the paper pinned to the wall and make a mark. He would walk back to the camera and take a picture, and then walk back up to the wall and make another mark. Each mark was unplanned. In that walk from the wall to camera and back, the idea for a mark would come to him. I began to implement his strategy. And I began to paint with much greater access to my subconscious, which was much more interesting than my conscious mind. All sorts of things began to happen. A hot air balloon appeared and turned into a boat, which then turned into a horse.

It was only in reviewing the thousands of images that I had photographed while painting that the incremental changes became apparent to me. In this way, the process echoed memory. While painting, I was not storing the imagery I was creating in my long-term memory, but I had a record of the experience. The recording provided clarity and coherence for me.



drawing, *Green Mountains* from Silvera's *Borrowed Memory* series

CHILDHOOD INSPIRATION

I was born in Hong Kong and lived there until I was 10, when I moved to Sao [DON'T YOU NEED A TILDE OVER THE "A" IN SAO?] Paulo, Brazil. The impetus for the project arose from frustration that I couldn't access many memories from the first 10 years of my life. In seeing that most of my memory of painting would evaporate, and that it took watching the recording of my process to commit the sequences to long-term memory, I had discovered a process that would correct for missing memories.

And I was no longer alone in ruminating about memory. The hours spent working by myself in the studio were energized by my meetings with researchers and practitioners. We were all spending our days thinking about memory and now the feeling of being alone was replaced by a feeling of meaningful connection. I would show them snippets of the animation as it was developing and share ideas on how I planned to use our interviews over the moving imagery. I heard back that seeing their work conveyed in this way was energizing them as well, making us all realize that Art and Science are more intertwined than we think. One can inform the other. With each new scientific or therapeutic insight I gathered from the interviews, more questions popped up and memory continued to seem mysterious and magical.

When I began making SEE MEMORY, I was trying to come to terms with my unknowable past. During the process, I discovered that the not knowing can lead to invention and creativity: My initial attempts at stop motion were total failures. I threw away a year of work - over 20,000 stop motion stills - that were poorly lit and, like the footage, unusable. But in the year of failed attempts, I stumbled across a way to use painting and film to make visible the process of remembering. My homegrown method of creating animations shows how images are layered and transformed over time - getting to the emotional core of memory.



Drawing: *Birthday*. *Borrowed Memory* series

THE PROCESS

In this section, I share excerpts from the full interviews that put into context and illuminate the science behind the film.

MEMORY RECONSOLIDATION

For a long time, science told us that a memory was like a computer file in your mind - you recorded an experience, and every time you opened the file for that experience it was remembered the same way. In 2000, a groundbreaking discovery was made almost by accident, by postdoc student, Karim Nader, at NYU. This discovery revealed that every time we recall a memory, the memory has to be reconsolidated. Put another way, it is re-saved as a new memory. If the reconsolidation is disrupted, the memory can be changed and perhaps even erased. This study was the basis for the film *The Eternal Sunshine of the Spotless Mind*.

The study was published in the journal *Nature* in 2001. The science community resisted the findings as they upended the very premises on which its work was based. The study has since been replicated and accepted within the neuroscience community. Since the monumental shift, there has been tremendous interest in the science of memory. New research points towards exciting new possibilities that will impact all of our lives and alleviate the suffering of the millions of people who have been affected by memory disorders.



Interviewing Professor Karim Nader at McGill University where he directs the Nader Lab

GENERAL REFLECTION QUESTIONS

1. What thoughts does the film bring up for you?
2. What is your emotional response to the film? What did this film make you feel?
3. What moments, character or ideas resonated with you while watching? What about them? Why did you connect with them?
4. What themes are present in this film?
5. What is this film saying about our world?
6. Why would someone want to watch this film?
7. Describe imagery in the film that you found especially moving. Why?
8. If you could ask the therapist or the girl a question, whom would you ask and what would you ask them?
9. What is something you learned from this film that you wish others would learn or understand?
10. How can you connect this film to your own life?
11. How do you interpret the title?
12. How does it contribute to the understanding and meaning of the film?

MEMORY REFLECTION QUESTIONS

1. What do you think “memory” meant for the girl in the film?
2. What does memory mean to you?
3. Do you believe we all have the same relationship to memory?
4. Can memory change?
5. How is a person's identity changed by trauma? What is the role of memory?
6. What are some of the factors that contribute to the development of PTSD after trauma?
7. Some of us remember events from a young age while others do not. Why are there these differences among us?
8. How can storytelling be used in a therapeutic way?

INTERVIEW WITH DR. DANIELA SCHILLER

Professor of Psychiatry & Neuroscience, Director of the Schiller Lab at the Icahn School of Medicine at Mount Sinai

DR.SCHILLER: There are tremendous effects of emotions. Some **emotional memories** are unique, because they **are very strong and very persistent**; it takes over your behavior and it determines how you feel, how you react, how you behave. **And we usually think that this is just the reality—we are stuck with these emotions**, that's how we're going to behave, because our emotional memories are determining our behavior. **But it turns out memories are flexible**. We can modify our emotional memories—we have a bigger choice in our life. **We are not a slave to our past the way we think we are**.

What we want is to flexibly interact with our emotional memories so that they don't determine what we do; we have a choice. It's a dynamic, engaging process. We have choice and we have flexibility. Emotional memories are very strong, very persistent and very robust. And usually it seems this is just something we have to live with. It has been determined by our past, and it can return and determine our current reactions, our relationships and decisions and almost every aspect of our lives. But it turns out that not only is memory inaccurate, it's also flexible, it's dynamic and each time it's retrieved it can be modified. We are not slaves to our emotional memories.

Some emotions are suppressed. We can see processes in the brain that compete with each other. We can see new learning that suppresses old learning. There can be old learning that keeps coming up in certain situations – you have competition between memories.

VIVIANE: So how can we know what has happened to us, and have a coherent life story, if we can never be certain of the original event?



Interviewing Professor Daniela Schiller in her office at Mount Sinai

INTERVIEW WITH DR. DANIELA SCHILLER

Professor of Psychiatry & Neuroscience, Director of the Schiller Lab at the Icahn School of Medicine at Mount Sinai

DR.SCHILLER: What we can take from it is that we have a certain emotional reaction to something—whether it relates to an event or consequences of it, the very truth is how we feel now. This we can approach, treat, but finding causes, we can only do so much. We can dig, but it will always be an optional explanation. As a scientist, this is not very interesting. So you leave it as is. Give someone the benefit of doubt. People are panicked at the thought that memory is unreliable—"I don't know who I am!" I feel it's actually liberating—it's such baggage—digging, going back, trying to understand.

We are in constant investigation of the past—trying to make sense of it, trying to see if this is what we remember. As opposed to just letting it be, and listening to who we are now. Because all of our experiences are carved in our emotional reactions, triggers, our reflexes—this is all a reflection of what we've learned, and what we've updated. So in a way it's liberating, because all you are left with is who you are now, attending the present, and trying to make the best prediction you can for the future, based on what you know now.

Sometimes you are operating on automatic pilot, so the trauma, or the emotional response to it can happen even years later.

Real life memories are a complex web spread all over the brain. We know that certain triggers can help you remember—in principle you can stimulate a memory and have it come up.

PTSD is interesting; there are two possibilities:

Either you encoded the memory so strongly that each time you retrieve it, it doesn't change - it's as strong as it used to be—and this is why it doesn't get better—it doesn't get updated.

The other possibility is that you overly update it. Each time you have the memory, you have an emotional response, and emotion is a great enhancer of memory. It facilitates the encoding of the memory—you encode it stronger and stronger each time you remember it. You overly update it.

MEMORY AND PHOTOGRAPHY

VIVIANE: As an artist, what your description of the changeability of memory makes me think of is that when photography was invented, people thought, great, there's painting for the world of imagination and dreams, and photography is a document-- a record of what actually happened. But for the last decade or two, art historians and artists have said—wait a second - the photograph is framing something- it's showing you what's in the frame—we don't know what's to the right of the frame or right to the left of the frame—the context. If the camera had moved over a little, then your record of what happened at that time and that place would be completely different, and your memory would be different- memories that are based on iconic photographs -- that have become part of a collective memory. What happened in the art world is that they said let's not think of photography as a record any more—let's use it the way we would use painting to explore the world of imagination. And it sounds like what you're saying is similar: Let's not think of memory as a simple document. Because the film started with photographic images - that became paintings that could change.

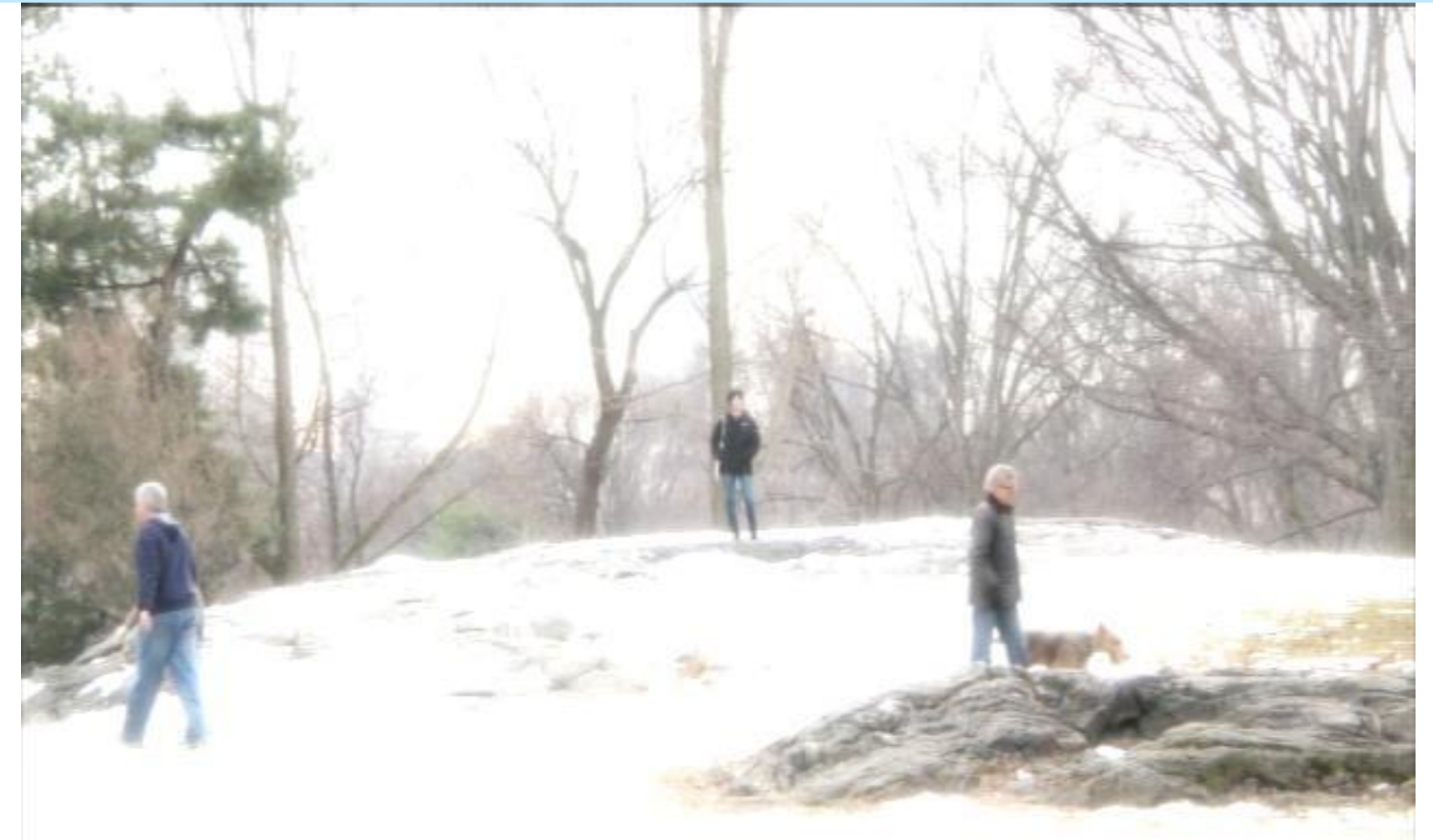
DR.SCHILLER: The comparison of memory and photography is very interesting. In both cases, we think of them as a fixed and accurate representation of reality, but actually, in both cases, it's really a partial representation; it gives you just some important information out of context, or some important details are missing. So it is an act of interpretation in both cases. So just as we learned to treat photography as art, maybe we can think of memory as an art as well.



Top image: painting, The Empty Room, bottom image: photo still from footage

DISCUSSION QUESTIONS

1. What is the role of choice in our emotional lives, in our emotional memories?
2. What if it is not accurate that our emotional memories are reality?
3. What does Dr. Schiller mean when she says "we are not a slave to our pasts the way we think we are"?
4. What does it mean to the justice system/our interior lives/our relationships/our institutions/our systems/our perspectives that memory is flexible and subject to change?
5. Is it possible to retain the facts while draining a memory of its emotional charge? How?
6. How do Dr. Schiller's assertions subvert the notion that we cannot know ourselves without a clear record of our past?
7. How does Dr. Schiller explain the relationship between story/narrative/episodic memory and memory simply as behavior?
8. How are memory and photography similar?
9. Do you agree with Dr. Schiller that the flexibility and inaccuracy of memory can be liberating?



INTERVIEW WITH DR. SILVANA RIGGIO

Professor of Psychiatry, Neurology, Rehabilitation Medicine & Human Performance at the Icahn School of Medicine at Mount Sinai

DR.RIGGIO: Before memory is attention. We remember what we pay attention to. There are certain steps before the memory; we have to register the information, store the information, to then be able to recreate the information. Is your question what makes change?

VIVIANE: How does a person change? My sense was that it comes from looking at memory in a new way.

DR.RIGGIO: You need to be *aware* that you need to change if something doesn't work for you in order to *want* to change. Then from there to change is a big step. You have to work at it and it depends on what change does one want to make? And the work in therapy is coming to create what one person is at the moment, what serves them, and what is it that doesn't serve them. We learn by automatic behavior.

A parent tells you "do this, do that," the teacher, the environment you work in, "this is right, this is wrong," and you internalize that message. Once you internalize that message you put it into action, and then it becomes automatic; it's part of the memory. Then you have this automatic behavior that is the learned behavior. And again, at times it serves you well. And then at times you may be 10, 20, 30, 50, and you realize, "this is not the way I want to be; this is the way my dad was, the way my mom was, this is the example that I have learned, and this is not any longer what I want to be." To change, it's not enough to know that you want to change. Many of us say, "I want to change," but why does the brain now switch like that?

It has to go through the process of understanding why one has become like that, what is the reason one is like that, and then say, "ok, I don't like this anymore," and then re-install a different pattern of automatic behavior, so that every time it does certain things, say, "no, no, I don't want it, this is what I want to be, this is what I'm going to be," and install another and learn another automatic behavior, and that's the way the mind seems to change for many of us through the therapy. Now sometimes change can happen with one word, with people that say the right thing to you at the right time and people change; you don't need years of therapy so it can be years of therapy, It can be that at the right time, the right place, someone tells you something very important and you change.



Recording Dr.Silvana Riggio

So what helps us to change can be different from person to person, and also different people need different types of help. You can't force the change; we can only do it in our own time. Because the pain that we have to face to make that change is different for everybody, and it's different, the pain that each of us is ready to endure.

So change is through therapy. Supportive psychotherapy helps you through the crisis of the moment and helps you clarify what is happening in that moment. And then the therapist will eventually give you some help, and therapists in that role serve as a cheerleader, giving you strategy, concrete strategy to help. Which would be different if you do analysis, where a therapist will be more neutral, and help you to re-make the journey from step zero, to where you are now, to understand how did you go about learning a certain behavior, [how did you] internalize that behavior, to the point that it may not help you, [it may not] serve you, and how can you change that? But to go back to memory,

ATTENTION IS THE FIRST STEP IN COGNITION

What do we pay attention to? Do we pay attention to the emotion of the moment? To the color, the smell, the sensory input? Do we pay attention to how we learn how to swim, we pay attention to the tone of voice of our parents, to the look? The bottom line is to remember to pay attention to something, and to something we want to do at that moment - like get out of the elevator at the wrong floor because you didn't pay attention.

And what you remember can be the memory of the moment, immediate memory, it can last up to 30 seconds, and it will not be stored and you won't remember a day from now. Or short-term memory, which can last half an hour to a day, but there too, unless you repeat information, you won't remember it a year from now. So in order to remember you have to register the information, you have to store the information, to then be able to retrieve it.



In Montreal with Dr. Riggio to interview Brenda Milner and Karim Nader

At different times in our life, like in dementia, there are different impairments of the memory process. And based on what the impairment is, you can give a different strategy. Some people have difficulty storing the information, so no matter how many times you repeat the same thing they won't remember. So repeating it is not going to help them. While other people will be able to store it, they will be able to register the information, but then it will be difficult to retrieve it. For those people, if you repeat information over and over again, they will eventually remember a little bit more. You can give the strategy and say, "why don't you write it down in the same book so you will always remember where to look for it?"

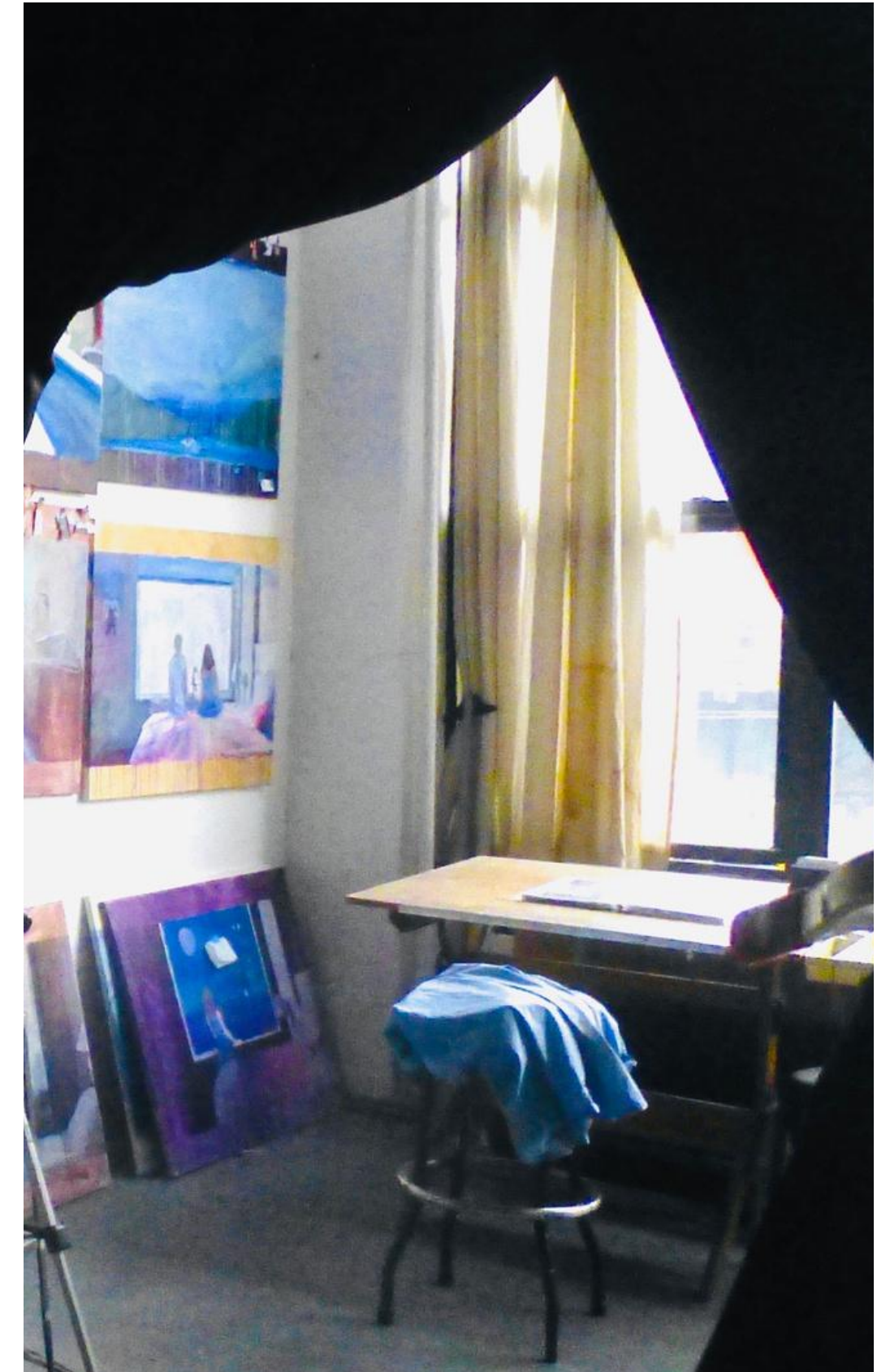
MEMORY CAN BE SHORT TERM OR LONG TERM

Short-term memory lasts from minutes to a day. Long-term memory that is long-term, for years, and that too is influenced by the emotions, influenced by the moment, influenced by the setting, well the emotion is the better way to see it. If something happened that was very traumatic, **"they may remember it more, or they may not remember it at all. And that's where there is a fault in the lack of the memory."**

We still don't totally understand exactly what happens during a traumatic event, Like someone being raped, for example, some people don't remember it until you go through the steps in therapy of a guide that really helps you to safely get back to that place. So the memory can have both the emotional connotation or traumatic, neurological damage connotation, or a degenerative process; at a certain point we lose our memory, as we get old, as part of dementia, so there are many, many different components to memory.

DECLARATIVE MEMORY

There are memories that are called "declarative memories," and they are divided into "semantic memory" or "episodic memory." Semantic memory is the memory for the facts, and episodic memory is autobiographical memory; it's just dates and moments, it's basically the retention of the facts and the events. And then there is the "non-declarative memory." Non-declarative memory is the memory that different researchers say is unconscious memory, and can be both item-specific, which is called "implicit memory," or is a memory of previous experiences. Or is procedural or "skill memory," memory that we have when we automatically walk, bike or eat. There is implicit memory when you do it, but you learned that somewhere. You're unaware that you learned it - just do it. Until something happens to you, you become paralyzed or you become incapacitated and then you slowly have to re-learn how to walk, which has happened to me.



Behind-the-scenes in the studio

DISCUSSION QUESTIONS

1. What is the first stage of cognition?
2. How does a person change?
3. What is immediate memory?
4. What is short-term memory?
5. What is long-term memory?
6. What is declarative memory?
7. What happens to memory of a traumatic event?

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

Dr.BROWDE: The work that I do is in two fields; one that's called Narrative Medicine, and the other that's called Narrative Therapy. And I also have a company called Narrativ, in which we teach the art of personal storytelling. So my life is very much structured around story. So narrative medicine is a field that works with healthcare professionals, doctors, with the idea that if people really understand how to read a story, if people can closely read a story, comprehend a story, empathize with the characters, understand the motivation of the characters, it helps to be better doctors. It trains a part of their brain that teaches them how to read people. So part of narrative medicine involves learning how to read literature.

What I teach is something I call “co-constructing narratives” and that being the idea that **any two people can come together and out of their two separate stories can create a third story that's bigger, different, not anything that either of their stories is alone.** The course is called “Co-Constructing Illness Narratives,” and we have the students come and spend the first half of the semester excavating and creating a story about an illness of their own or someone very close to them which they then present. And then, we pair them up with one another person [SHOULD THIS BE "ANOTHER PERSON" OR "ONE ANOTHER" INSTEAD OF "ONE ANOTHER PERSON"?] based on the content of the stories. And that's really up to us to decide, so if one person is writing a story of an illness of a daughter, one person is writing a story of an illness of a mother, we might put them together. And then they spend the second half of the semester co-creating a joint narrative which they perform at the end of the semester. And they perform magic every single year.

VIVIANE: How does this impact your work as a therapist? When people come in, I've always thought that part of the therapy is just having a witness to your story.

Dr.BROWDE: Right, but understanding that the witness shapes the telling. One of the main ideas that I work with is the idea that listening shapes telling, so if you think of listening as a bowl and telling as a liquid, the telling takes the shape of the bowl that is the listening. So as I'm talking to you right now, the listening is shaping the speaking. My speaking is coming out in a way that it has never before, never will again, because it's you and it's me and this moment, as well. So your listening in three hours time may be very different. So as a therapist what I am listening to is not only listening to what the person is saying, but also listening for how I am listening, I am listening to my listening, and I'm listening to the shape of my listening and I am observing what's happening to my listening. So someone will say something and I will notice an obstacle occurring in my listening; it could be something that's about me, so they remind me of something that's happening in my life, but it may not be, it may be something that they provoke in people, that they do to people when they speak, so I become aware of that, and my job is to let it go, to keep letting go of anything that shapes the listening in any particular way, so that it's a wide open container to speak into. I think people always have something to say, there's always something there; the question for me is how have people been listened to in the past that may get in the way of their saying it?

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

So, it works in both directions. There are some people who never stop saying, they talk and talk and talk and talk, which is very different than someone who says “I can’t speak,” but they may actually be similar in that the person who talks and talks has never really felt listened to. So they keep talking until they feel listened to, which may never happen. And the person who can’t speak, they also have never felt listened to, so they don’t feel they have a story. And you know, there are certain groups of people that I’ve noticed don’t feel that they have a story. So people who are marginalized, people who are really poor, people who are addicts, will say “I don’t have a story, I’m a crackhead, what do I have to say?” as if that life and that story has lessened their value than some other life, people who are evaluating their own lives. And funny enough, the other group that I’ve noticed is with very wealthy people who say, “I’ve got everything, I’m so privileged, I’m so lucky, who’s interested in what I have to say or what I think.” I think part of being able to speak is feeling like someone is interested in listening. It makes all the difference.

VIVIANE: It must be so hard to be the vessel for someone’s story. Do you feel burdened by it?

Dr.BROWDE: Not usually no, but what distinguishes between my feeling burdened or not is what I’m doing with their speaking internally. So if I’m sitting there feeling like I have to rescue this person, I have to fix the problem, and being trained as a doctor that’s a feeling that’s really hard to get away from. Because the medical model is “what’s the problem, let me fix it.” That’s exhausting, because it’s not medicine, it’s not someone coming in with a cough and I have to diagnose why they have a cough and give them the right medicine. It’s people coming in with life and life can’t be fixed, life happens, so trusting that listening is enough, listening is a gift, and focused, conscious, present listening in the moment, without distraction, It’s like a meditative practice. Keep coming back to the moment, there will be times where I’ll notice myself being distracted, and come back to the person speaking.



SEE MEMORY Still

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

VIVIANE: Do you think you could do the same kind of listening with a friend, as you can when you're a therapist with someone?

Dr.BROWDE: No, not at all when I'm friend to friend. But there are habits, so one of the other thoughts that guides me in my work is that our relationships live in the space between us, they don't live inside either one of us. When you're in a relating diad with someone, there is something going on in the space; it's physical, it's energetic, and every one of those spaces is different. There are some people, as soon as I get into the space with them, something happens where I'm not free; I'm trying to rescue, I'm irritated, or I'm sad. There are all sorts of things that can arise, and you can not see someone for 10 years and then you see them again, and the space takes on that quality that it has with nobody else. So it's very different. I do have some friendships though where we've created structures so we have structures for talking about things that are not just every day banter, one of the practices we have in our company and we also do it as friends is we create what's called "clearing conversations," where we clear the listening. So if you and I were to meet without having seen each other for a while, you would say, "I'll just speak and you'll just listen for the first 10 minutes, and then I'll just speak and you'll just listen," and then we'll have our regular conversation.

Viviane: So relating this to memory, when people come in to tell you their story, they're telling you the memory of their life, and you talked about different kinds of memory, so can you talk about how explicit memory comes up and its relationship to storytelling and then what about unconscious memory? Can you make unconscious memory conscious?



SEE MEMORY Still

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

Dr Browde.: Yes, you can. **Explicit memory** are memories that you have a story for. You have words, you have images, but the images are part of a narrative already, so any memory that we already have.

I can see myself standing at the Victoria Falls and watching the water falling down and holding my mother's hand; that's a memory, it's an explicit memory. And people generally talk about explicit memories, they don't talk about the memories that don't yet have language. **So implicit memories are memories - I understand -that the body remembers it, that there are body sensations, there may be moods..."**

You know, I looked at your film earlier, and I got moved by her going through that window- there's a memory that got triggered there but I don't know what it is, I could feel it, I could feel that that image triggered something that moved me but I don't know what it is, I could just associate now and see what comes up as images, and one of the ways I add implicit memory is to quickly generate images in the moment, right now, and there could be flashes and maybe all the senses, there could be smells, there could be taste, and it could be visual memories that you just have, you just see the moment but you don't remember the scene, so that's when the other is body sensations, going into the body, trying to understand what is the memory associated with, the feeling, and that is very interesting when it comes to trauma, because traumatic memories, one of the understandings of why people have post-traumatic stress is that "they don't know that its over. Post-traumatic stress happens when the body and the brain still believe that it's happening right now, even though people consciously know that its not; the war is over and yet when they hear a siren outside they dive under the table, **because the brain hasn't laid down yet that that experience is in the past. So that's where I see the body remembering more than the mind remembering."**



SEE MEMORY still

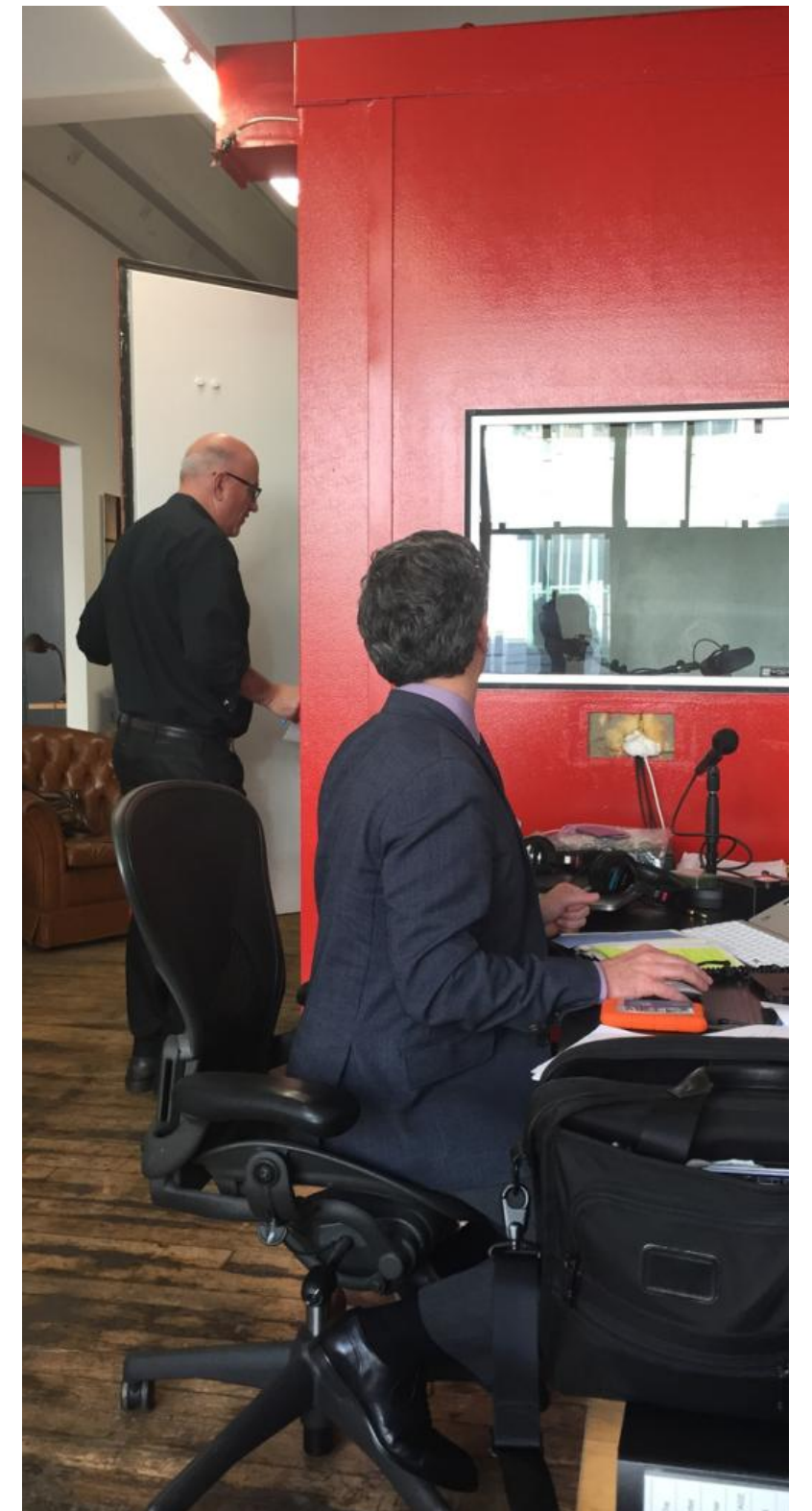
INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

One of the understandings I have is that traumatic memories are very solitary experiences. **People live with memories, even explicit memories, with explicit memories of traumatic events that they've never shared with another person, so they live with that in a very lonely way, and the memory has a very particular quality because it's alone, so I see by someone letting me in with them and really allowing me to connect with them transforms the memory, because they're not alone in having that memory anymore, I'm there with them.** And I do that with couples, I actually work with couples where they go back to childhood, they talk about childhood memories.

So they'll say I'm coming to your childhood home, and we recreate the childhood home so we remember the address, what the house looked like, who lived there, and then the partner will come and say "I'm coming to visit your house and going to speak to your father," and the partner will say "you're gonna know me one day in the future because I'm going to marry your daughter, but what's going on in this house is going to really cause her distress," so you insert a character into the person's past. Milton Erickson created a whole field of hypnosis called Ericksonian hypnotherapy, and he used storytelling as the trance so through talking, conversational, people went into a state of heightened receptivity, and he did incredible work with people where he would go into their real story of childhood but introduce a character. There's this book called "The February Man," which describes a hypnotherapy with a woman who was lonely and had no one in life and he introduced a benevolent man who visited every February and brought her gifts, and that became part of her, if not her explicit memory, part of her emotional reality.

The very process of having someone with you as you're remembering alters memory, it shifts dimension to difficult memories, "I have this memory and I'm all alone in it," and I think one of the roles of the therapist can be, "I'm not all alone in it; he was with me as I remembered back to that," and that shifts something. So the role of a therapist is to accompany people in their memories, so that a person who has had a traumatic memory may say, "I've had this terrible thing happen to me and I'm all alone in it," and then they have therapy, and they're able to say, "I'm not all alone in it, she accompanied me through it, having that memory today, so now I'm not alone in it anymore."



SEE MEMORY, recording with Dr. Paul Browde

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

VIVIANE: You talk about people describing their stories as though they were looking through a camera lens. Talk about what you mean by that.

Dr.BROWDE: What people think of as a story is often a free-floating idea that comes to their mind. So you'll ask someone to tell you a story and often they'll say something like, "I've had a difficult life, it was very abusive, there was a lot of rage." They'll talk about concepts, and we're so psychologically minded these days that we actually think we know what the other person is saying, so if I say to you, "I had a very stressful morning," you've got no idea what that means. You know what stressful means to you, you have no idea what stressful means to me, and it's generic and it could apply to absolutely everybody. If I say to you the specifics of what happened as if you were looking through a camera, and I was on the telephone speaking to my mother who was telling me she was up all night sick, and at the same time the buzzer was going and there was someone waiting in my waiting room, who was very distressed and crying uncontrollably, and my air conditioner had broken down so the room was really warm and I was pouring with sweat, you would get a very different idea. **So the idea is to distinguish between what happened and your interpretation of what happened, and your interpretation is not a story. There's room for interpretation but in storytelling, the story is really about action, about what happened.**

VIVIANE: Well, it's more interesting, in a way it's easier to listen, like if you just say "I was stressed," it's easier to think "yeah, I was stressed, too," no big deal, but then when you describe exactly what happened, it's just much more engaging to the listener.

Dr.BROWDE: Exactly, it's more engaging to the listener, it also is very particular about the person telling the story, there's also the process of letting someone in, so generic words can keep a distance, but if I tell you exactly what happened I'm trusting you.

I went to medical school out of high school. That's the way it was, I imagined three things: I could be an architect, a doctor or an actor, that was my dream. My brothers had BA's and had no careers, and my mother firmly believed that you need some kind of trade. I hated it the first year but then I made friends. We spent the whole first year dissecting this dead body, and it was really powerful.

It was fascinated by death, so being in the presence of 100 dead bodies, that really started to interest me, so when I got into the clinical years, I started to love it. I had no interest at all in psychiatry. I think we did 6 weeks on psychiatry later in our fifth year in medical school and it was awful. We went to the psychiatric institution where the patient was brought out in front of the whole class, did a demonstration of her symptoms. Patients were brought out in front of a whole group, and the goal was to elicit symptoms, the paranoia, the panic, schizophrenia; it was brutal. And medical patients are often treated the same way. They are surrounded by people who touch them, we don't actually interact with the person or say good morning. I've seen people walk in and pull off the sheets and show them.

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

So psychiatry was not really interesting to me, I was interested in people's stories and their lives, I was less interested in the pure medicine aspect of it, I think it was frightening to me, if you don't get it right you kill someone, where with psychiatry if you don't get it right you don't kill them.

But I went on to train and I did one year internship in obstetrics and gynecology, surgery and medicine, and then halfway through that year I was diagnosed with HIV. It felt like a terminal diagnosis. It was 1985, so I thought, "to hell with it, I'm going to drama school." That's what I wanted to do. I wanted to be an actor, so I finished the internship and went to work for four months at an Indian reservation in Canada, to earn enough money to go to drama school. I went to drama school, full-time acting training in London, and I loved it. It was amazing. It was wonderful. But acting training was very different than being an actor. I had to go for auditions and get turned away, and humiliated, so I started to see the path of an actor was equally difficult, and I was already a doctor, so I just decided to go into a residency, and I think at that time very much the idea of being HIV positive, I didn't think I could do something like OBGYN because of the blood; I was afraid of cutting myself so I kept it a complete secret and I applied for a residency in the Bronx, and I started a psychiatric residency at Einstein.

VIVIANE: Is that where Oliver Sacks went?

Dr.BROWDE: Yes, I met him.

VIVIANE: He's the reason why I called this project SEE MEMORY, because he had an essay called "Speak Memory" (named after Nabokov's memoir of the same name) and it was about memory and imagination and how we think memory is a stable thing but when someone relays a story to you, it's very easy to integrate that, if you have a very emotional reaction to something you can have it become your own memory.



SEE MEMORY still

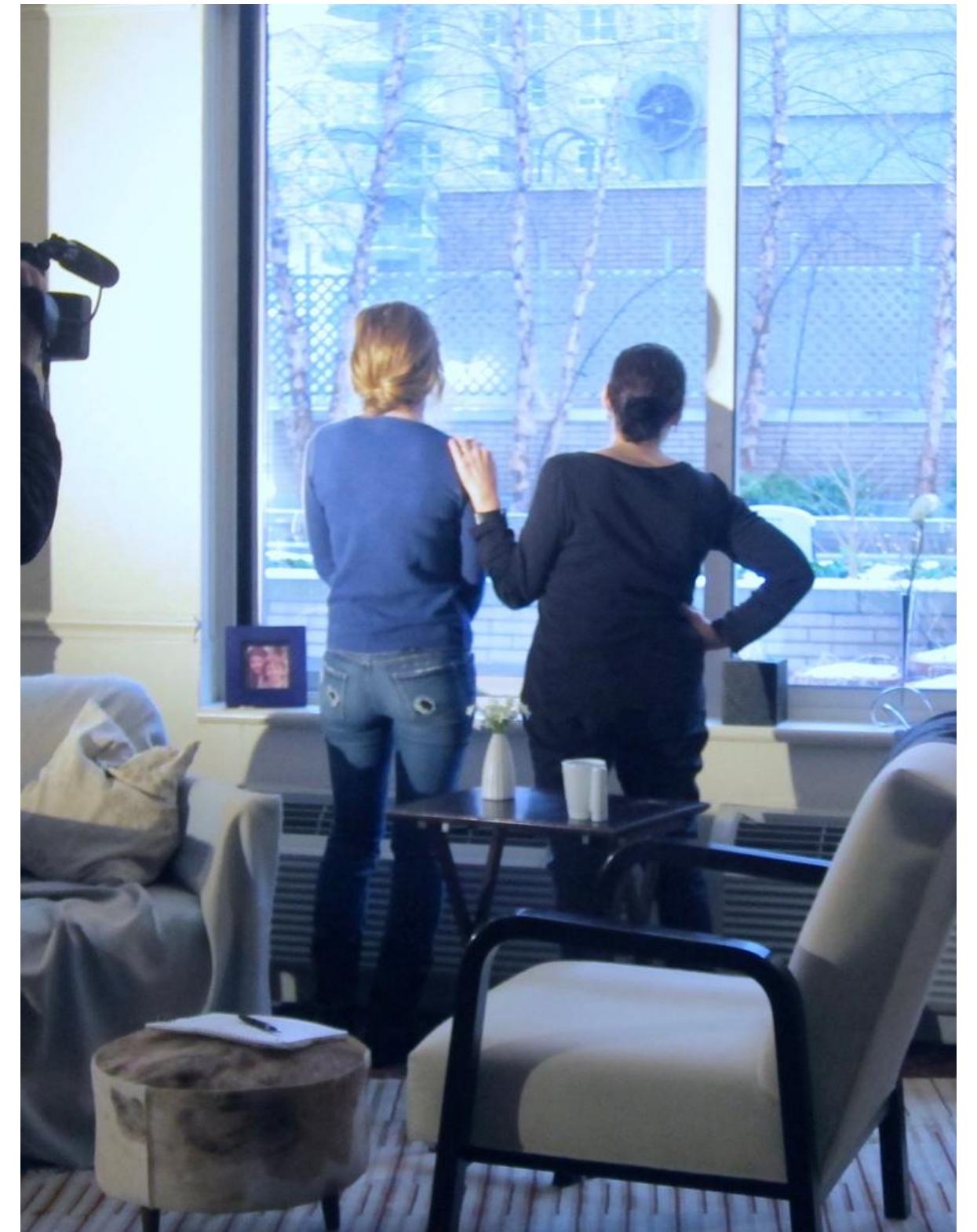
INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

DR. BROWDE: Absolutely. Memory is not a fact. People are absolutely sure that their memories are the way that it happened. And the truth is that every time you remember, it's an act of imagination, you're imagining something in the moment about how it was then, and things can change that along the way. I've seen that very strongly in my own life, I've been telling my story with Murray over many years about school. It altered my memory of school. I live with a very different memory now. It's been changed.

VIVIANE: Is it the emotional quality attached to the memory? Or is it the details?

Dr.BROWDE: It's both. I think the way that I saw myself was someone that was very alone, felt very alone and isolated. And I've told the story now with Murray about school, and we were both there, and what started to happen now with my memory is that he's there. He was with me, and my experience of that memory is that he really was with me. But the truth is that he wasn't. I think we have some idea that we should have a unified single story about what really happened, so if you don't agree with me, I need to convince you that what I think really happened, really happened and vice versa. Rather than being able to accept that life is made up of contradictions and multiplicity of stories, and it's also accepting that there is a multiplicity of motives as well. We may think that someone tried to hurt us, and then we can ask the person and they might say "I was just doing what I thought was best," I did this for my own reasons for a completely different motive and therefore they have a different memory of the event. I believe that that's really the case mostly. That's mostly what's going on, that even if you look at countries at war, like the Israelis and the Palestinians, each has a story that they tell that contextualizes their situation so much that makes sense as to why they feel that way, and what they can't accept is that the other person's story is equally valid. If each could accept "I'm never going to agree with you but I can listen to your story," and I really believe it's possible, not only can I listen to a story, but I can step into your world and see it from your perspective even just for half an hour. I think most of us are walking around in a state of fear and in a survival stance, in a survival pattern with one another. And then something can happen where you let go of that. So even today meeting you, I noticed part of me feeling like I'm going for an exam, it's like an old feeling, what am I going to be asked, can I answer, and that's based on my own history. I see my work more and more about helping people to transcend the survival dance that we do with one another, and get into a place of connection, where we realize we co-create a space.



SEE MEMORY Set

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

VIVIANE: Going back to therapy one-on-one-.The person comes in suffering, and you listen and create this space. What do you think the person needs to be ready to re-enter the world in a different way without being hindered by their suffering?

DR.BROWDE: There are many things that can change in therapy. Maybe why I get moved by that painting is that she is able to appreciate summer, after having gone through winter, and **there's something about being able to experience joy, and it's the joy of the moment, of just being alive in this moment, even in the face of all the pain, there's still the capacity to value this moment.** And that happens by feeling you're not alone. The other is having a different internal relationship to your own story, other than being judgmental and critical, because there are many people with judgmental voices in their heads about their own stories, so if you can bring unconditional positive regard to your own story, enough, they start to be able to take that in, to be able to tell stories that in the past would fill them with shame. **The other piece of it is re-writing stories of the past, from a different perspective, telling a different story.**

I think of a woman who always talked about herself as having been a bad mother because she went away to a hospital when her child was young. And what she came to realize is that she had been extremely depressed. She then realized that she went to that hospital to protect herself and her child. So you can recollect your past and tell it multiple ways. An analogy for me is Improv. The rule of improvisational acting is “yes, and,” rather than “no, but”. So someone gives you something and you say “I’m going to change it into something else or add something to it.”

So I don't think of it as reframing; you have a particular way of seeing yourself, and you try and change that, that exists, so there may be things like people that have self-loathing, that's going to exist, but can you find other stories that compete with that story, so you can think of a dominant narrative in people's lives, and there are other important narratives, so as a therapist you are supposed to support the non-dominant narratives, and to strengthen them, so that people have many narratives that they start to tell.

Michael White, he said that a “rich life is a life in which there are many stories, and the more stories that you can tell about your life, the richer the life you have.” And it doesn't mean more in quantity; you can tell that you're not only an angry person, you're an angry person and a joyful person and you're a childlike person, you've got all these different parts to yourself, and you can tell stories about each one of those parts. I think that we are at a threshold of understanding ourselves in a different way, to think that we have to suffer to grow and learn and that suffering is an access to learning and I think people feel that there's almost a virtue in suffering, that at least if I suffer I'm grappling with something and then I'm going to grow from that and be a better person. What about learning from joy? So what if when someone comes into therapy instead of what's wrong, what are your dreams?

Aspirational dreams, this image of who this person really is as a dream, and then we have all the problems that get in the way of being that dream, and you keep talking to a very narrow person rather than a wide open possibility. When a couple comes in and they might be having a huge fight, my first question is, “what's your dream for your couple, what's your aspiration?” And they say “but don't you understand we're having a problem” and I say “I do, but we'll get to that, but just let's hear what your dreams are.” And then you hear what people long for.

INTERVIEW WITH DR. PAUL BROWDE

Psychiatrist & Instructor of Narrative Medicine at Columbia University Medical School

DISCUSSION QUESTIONS

1. What did Dr.Browde want to do for a career before becoming a psychiatrist?
2. What is narrative medicine?
3. What is narrative therapy?
4. How does the listener shape the story being told?
5. What does Dr.Browde do to not feel burdened by listening?
6. How does the art of personal storytelling help doctors in practice?
7. What does Dr. Browde mean when he says that memory is not a fact?
- 8 What may be a similarity between people who are overly talkative and people who are reluctant to speak?
9. What does Dr. Browde mean when he describes storytelling through a camera lens?

INTERVIEW WITH DR. ROBERT ELVOVE

Psychiatrist & Assistant Professor of Clinical Psychiatry at the Columbia University's College of Physicians and Surgeons

Dr. ELVOVE: I'm interested in artists that are trying to portray memory in, using pictures, using things that you see. Because I think memory is visual, dreams are visual; they are images that we see at night when we're asleep, that we add a story to. When I think of my own dreams, and the dreams that people relate to me, I think of them as images—frightening images, alluring images, images that have the power to make people feel something. When you look at an image, framed by, created by an artist, it kind of does the same thing. You see stuff from your own experience, and feel it as well, and kind of add the drama, add the dialogue, add the meaning. So that dream images and visual images created by an artist have a certain synergy, identity.

VIVIANE: Do you see memory and dreams as related? How do they relate to each other?

Dr. ELVOVE: If dreams are visual images that portray something that's in your head, it has to be from your past...it may be distortion. Freud thought of dreams as the mind's instrument to keep you asleep. He thought it was the unconscious working through issues that would interfere with sleep, But maintain sleep at the same time. He thought that the dream images and stories were attempts to fulfill wishes. And he explained fearful dreams as the mind's attempt to overcome the fears. He thought of the images in the dreams as being symbolic. He thought that the purpose of the symbols was to keep the dreamer asleep. If the images were of the real thing the person was afraid of, or wanted perhaps the person would wake up...and that symbols, reversals, were attempts by the mind to calm the sleeper into remaining in that sleeping state. He thought that the analysis of the dream would release anxiety.

VIVIANE: So the dream itself doesn't release anxiety. It's the after the fact.



Moon on a String SEE MEMORY

INTERVIEW WITH DR. ROBERT ELVOVE

Psychiatrist & Assistant Professor of Clinical Psychiatry at the Columbia University's College of Physicians and Surgeons

DR. ELVOVE: The perception of what the dream symbolizes, that's what he thought. I think that people who research dreams don't necessarily agree with Freud, that the purpose of dreams is to maintain sleep. They don't ascribe a purpose to dreams as I understand it. Dreams are simply a part of one portion of sleep - part of sleep architecture. There are 4 stages of sleep as defined by how the electrical activity of the brain changes during each of those stages: stages one, two, three and four. Stage two, which occurs typically about 10-15 minutes after falling asleep, is REM sleep (Rapid Eye Movement) and that's when people recall dreams if they are awakened. We don't know if people actually have dreams in other stages of sleep, but they tend not to recall them if they are awakened in the other stages.

VIVIANE: Why do you think we are so interested in dreams and memory? Was it Freud who turned us in that direction? Pre-Freud, were people looking at dreams and memory?

DR. ELVOVE: Freud was interested in the unconscious mind. Nobody was interested in that before him as far as I know. He thought that what occurs in the unconscious is extremely important and it influenced conscious thought and behavior. He thought it was the basis for mental disorder, and he devised methods to uncover it. Analysis, being the most interesting method. He wrote a book in 1905 called "The Analysis of Dreams," one of the books at the turn of the century, I guess, not read so much anymore, but when I was a student it was read. It was important reading for future psychiatrists, most of whom became analysts. Now the minority of psychiatrists become analysts.



Girl on a Rock, SEE MEMORY

VIVIANE: As a psychiatrist over the last couple of decades, how important is it in your practice to delve into memories and dreams? Or do you focus more on cognitive-behavioral techniques?

Dr. ELVOVE: I think they are both important. The cognitive-behavioral people have made a great contribution on how to alter behavior. They have validity, seem to work and are testable, more testable than traditional therapies. But I think, very often, to influence current behavior, it's important to understand where it arises. I'll give you an example: A guy I was talking to yesterday has what he calls social phobias—doesn't like to get together with other people--friends and relatives. His grandson turned 15 and he dreaded going to the birthday party that was just the immediate family. His grandson was enormously appreciative of the gift that he gave him, which was an iPad, a lovely gift, and he has a nice relationship with him. And in him trying to understand why he is fearful of social interactions, it was important to understand where this came from and I've known him for a long time. What I think it came from is his memory of his relationship with his mother. Which he told me, he says: I remember stuff, I've remembered these things for so long that I must have changed them. Like a kid's game of telephone, you tell something to somebody five times and it's different the fifth time than it was the first time when it was recognizable. But I still remember that she would whack me, she got so angry, if I would spill milk for example. She'd always find the thing I did wrong and she was the boss in the household. The impact that this has had on me is that it has made me afraid of making mistakes and of being criticized and judged harshly. I don't think that is going to happen when I visit my son, his wife, his family and my grandson, but I feel it's going to happen, and how do I change that? My memory, right or wrong, altered or unaltered, impacts me in a way that I don't like and it causes me no end of suffering.

VIVIANE: As a therapist, can you change the emotional charge of the memory?

Dr. ELVOVE: Do you know what I would ask him to do, what I propose to do is to have him think of it as something like a traumatic event. The way you would deal with somebody with post-traumatic stress disorder. But let me take a step back; lots of people with post-traumatic stress disorder hide and don't wish to or can't talk about the event—the enormously overwhelming [event out of control] that influenced them.

There are some people who do want to talk about it, who can be coaxed to talk about it; those people seem to do relatively well. If they are encouraged to repeat their recollection of the event, and to match it with the feeling that the event engendered in them. And are encouraged overtime to try to alter the feeling and to alter the memory and to regain control, in a way that leaves them gaining control of the situation. In the case of the man whose mother would hit him when he spilled milk. If he could remember that as an image, because I do think that memory is visual. If he could make a picture in his mind, like a photograph, a painting or video, of the event in his family home, and tell me how he thinks he felt even though it is seventy years after, and do it enough times and in enough ways, altering and being the director of the video and altering how he directs the mother and son to act and react to the event. I think it might alter his emotions, his views of himself and his capacity for social interaction. I'd experiment with it, make him [instead of being the passive recipient of a beating] the director of a scene, and try different takes on it until he found takes that enabled him to feel differently.

INTERVIEW WITH DR. ROBERT ELVOVE

Psychiatrist & Assistant Professor of Clinical Psychiatry at the Columbia University's College of Physicians and Surgeons

VIVIANE: Can you describe dissociation and memory?

DR. ELVOVE: Someone I have worked with for maybe 30 years died a week ago Sunday. His wife called me and told me about his sudden death. It was a shock to me and it upset me and made me think about illness and death. But I only think about it off and on, and only when you asked me that question did Tom's death come back to me and the feeling that comes with it is sadness and fear. Which I feel or don't feel, it's switched on and off and I guess grief is like that. It's a type of grief.

And I think dissociation must be like that, too. A person experiences something, often in childhood or a traumatic event, an assault. **They can remember it and feel something about it, or not remember and not feel anything about it. On and off. Just like a light switch.** I guess that that is what dissociation is, the mind's capacity...If you ask does it affect you anyway, even when you are not thinking of it and feeling it. I think the answer must be yes, but how do I prove that? How do I demonstrate that that is true? Not so easy.

People I've known, people I've treated in therapy who have had been abused in childhood, develop protective traits. Those traits aren't necessarily aware or connected to the traumatic event, but become aware of it as they examine themselves and reflect on their lives. Does that mean that they developed traits based on those experiences? Does that mean they are affected by them even if they don't remember them? Yeah, but would they have had those traits anyway? I don't know if you can tell for sure. I think so, but I can't prove it. **People develop a schema, a story that describes how they became who they are.** They have that story; now it may not be accurate from an objective point of view, if there is such a thing as objectivity. And the school of therapy I think attempts to make the schema, the person's story concrete, in order for the person to be able to alter the story on their own behalf.



DISCUSSION QUESTIONS

1. What is dissociation?
2. How can dream interpretation be used in therapy?
3. How do personal experiences affect the interpretation of dreams?
4. How does Dr. Elvove see paintings and dreams as similar?
5. Describe, in visual detail, a dream you've had recently. Interpret your dream.
6. What are the advantages of cognitive behavior therapy?
7. How would Dr. Elvove help a client change the negative emotions associated with a memory?
8. Who was the first person we know of to be interested in the unconscious mind?
9. What is a schema?

VIVIANE: What is memory to you? How do you define memory?

CHERYL: I think it comes up in a lot of different sensations. It comes up in images, when you have an image that has been with you before and you are remembering, sometimes you smell something and you feel that you have the experience of being in a place - like my grandmother's house on Friday nights. Sometimes it's a body sensation. It can be something that happens in your body; it can be a sound that then brings us a sensation into your body.

VIVIANE: Has your idea of what memory is changed from when you first started practicing as a therapist? How did you think of it then and how do you think of it now?

CHERYL: Oh, it has changed dramatically. In the beginning, I used to think you would pull it out of a little box in your brain and then it came up the way it happened.

VIVIANE: You thought it was reality?

CHERYL: Yeah. It was like a reality of a video tape and then all you do is pull up a video. I don't think we talked about it in that way, but I was aware that there were associations that then became memory. I learned that in my training. Freud talked about that a lot, the association that something can bring up. I thought it brought up real memories and I thought of it as a much more fixed thing in the past. Now I know it's not. It changes as cognitive abilities change, **so something you remember when you were little and remember it later, you add to your understanding of what you are remembering.** I think there are associations that happen at times so that things in somatic experiencing would call it "coupling." So that one thing happens, another thing happens; it "couples" together. You may have one part of that coupling triggered and bring back the other, which is actually not connected.

For example, my mom had chemo at a hospital in Minneapolis and one time after the chemo was finished, she was looking around and she wasn't really paying attention to where she was and as we passed the hospital she started vomiting. That was a memory. Her body had that memory that she wasn't even consciously aware of exactly where she was; however, she was riding in the car. If something happens to you when you are walking past a blue house, and something traumatic happens when you walk by a blue house again, you may have a reaction that is remembering what the trauma was; however, you are just walking by a blue house. Somehow they get associated.

VIVIANE: Can you have the feeling memory without the image?

CHERYL: Absolutely. It's not uncommon. It's very common that you have the feeling, but that you don't know what it is connected to. But there are ways to get to some of them and with the training there are a lot of different training therapists. It's much more body based than we even knew and it's much better for treating trauma. And I'm not talking about the desensitization. That is very popular, which the government kind of condones.

VIVIANE: What is desensitization?

CHERYL: Is that you have been in war and have them look at war over and over until they don't have a reaction. But what you are actually doing is re-traumatizing. But there are ways to work with a body memory and you never have to know what it is connected to to be able to take out that traumatic energy. It's like you diffuse it.

VIVIANE: So what is unconscious versus the conscious?

CHERYL: I don't know how to describe it exactly, but when we do a lot of behaviors, a lot of them, like actually behaviors are routines. like the way we walk to work. All of that is unconscious. Those are functions and routines. There are experiences that we have had that control our behavior, our connections to people, our attractions to people. We are not usually aware of those things. We can understand them, we can learn them, we can make the unconscious conscious.

If there is any sense of danger, our body responds very quickly. We remember it, and our body looks for danger. That is why you remember many more negatives than positives.

And if somebody tells you one nice thing that day, and you get several criticism at a time. you are not going to remember the good thing, because our memory is set to focus on where the problems convey. If there is a trauma, it brings up our survival instincts and it is going to be remembered much more.



DISCUSSION QUESTIONS

1. What is desensitization ?
2. How has Cheryl Dolinger Brown's understanding of memory changed since she first started practicing psychotherapy?
3. What is "coupling"?
4. Think about a time when you had a memory "feeling," but you didn't know what it was connected to. Describe how it felt.
5. Why do we tend to remember more negative things than positive?



"The essence of art, just like science, is capturing a portion of reality, encapsulating it in a moment."

-Dr. Daniela Schiller

ARTISTIC STYLE

The paintings and resulting stop motion videos begin with the premise that memory is the building block of identity. But we create the story of who we are through a merging of our experiences, our imaginations and the absorption of other people's stories, and there is no way, neurologically, to decipher between imagined memory and experienced memory. Through a distinctive painterly, cinematic language, SEE MEMORY explores the idea that we can choose how we use our memories and what meaning we give to them, rather than feeling a victim of them. Recent research in neuroscience has shown that far from being fixed, from the moment we recall them, memories are in flux, interacting and mingling with imagination. The moving paintings offer insights into our inner dialogues as we reimagine our life stories, representing the richness of our inner worlds.

ARTISTIC PROCESS + SCIENCE

The project started in film, shot with live actors as live action, was transformed into painting, and then the painting was transformed back into film. Stop motion is based upon the movement in connecting still photographs. Approximately 30,000 painting stills were created by the artist for SEE MEMORY. The slight change of the position of objects in the painting between stills can create a sense of vitality and evoke emotion. The process echoes the way we remember. By altering the "position" of a memory, or changing one's perspective on the memory, new emotions can come up.

In SEE MEMORY, Viviane created 23 paintings for the stop-motion resulting in 25 minutes of footage. The 25 minutes were edited down to 15 in the final film.

DISCUSSION QUESTIONS

1. Describe stop-motion. How is it made? How does it work?
2. What is Viviane's process in the hand-made paintings?
3. How many painting stills were created by Viviane for the SEE MEMORY animation?
4. What feature film used neuroscientist Joseph LeDoux and Karim Nader's discoveries about memory reconsolidation as the basis for its premise?
5. How did SEE MEMORY use art to provide insights on scientific concepts of memory?
6. How might these new discoveries allow for the modification of traumatic memories?
7. How are dreams and film similar when it comes to your visual imagination?

ACTIVITY

Create your own stop-motion film on a single canvas. Paint a recent dream you've had.

- Start a painting and have it go through multiple layers of transformations and document each step of the change.
- Using an editing program like iMovie, Premiere or Avid, put the painting stills into motion.
- Do you remember all the stages your painting went through?
- How do you think the process relates to the process of remembering?
- Add sound: music, sound design, dialogue or narration, to your stop motion.
- Give your stop-motion film a title.
- Screen it for your class.

DISCUSSION QUESTIONS

1. What is the film is about?
2. List three ideas described in the film that impressed you and explain how each idea relates to the film's premise or theme.
3. Describe the progression of the film: how it begins, what stages it passes through, and how it concludes.
4. Describe an aspect of the film that showed you something you hadn't seen before, caused you to think in a new way, or helped you understand something more thoroughly than before. Describe how it changed your thinking.
5. Was there anything that you saw or heard in the film that was unconvincing or seemed out of place?
6. What appealed to you in the cinematic presentation of the film, such as the way in which particular scenes, images, or sounds were presented?
7. If the filmmaker were to ask you how the film could be improved, what would you tell them? Describe the changes you would suggest in detail and your reasons for your suggestions.
8. If someone asked you whether you would recommend this film, how would you respond?



SEE MEMORY Set



Inside the studio

WRITING PROMPTS

There is no dialogue in this film. The characters and their back stories are unknown.

1. Identify characters and their motives. Who are they and what do they want? Explain how you know based on details. Give the characters names.
2. Introduce dialogue into your story. What are they saying?
3. Write from the perspective of one of the characters in the film.
4. Choose an image from the end of the guide, pretend that you are in the image, and describe what you see, smell, feel, and hear.
5. What is happening outside of the image?
6. Spend a moment free writing your own thoughts about this image. Pay attention to how it makes you feel, what emotions come up, and what memories are activated.



Inside the studio. Photo by Meghan Boody

DISCUSSION QUESTIONS

Looking at art is an emotional, independent experience. Each person looking at an image art will view it through the lens of their life and draw different meanings. Talking about art allows us to break free of our solitary interpretations and uncover new insights.

Art discussions are a launching pad for creativity, collaboration, and cognition. By exposing students to art, giving them the space to examine their reactions, and opening a dialogue to share their thoughts, we help them develop empathy, connect with history, flex their critical thinking and observation skills, and consider the human spirit.

1. How would you describe this artwork to someone who has never seen it?
2. What elements of this painting seem real? (Select painting from guide.)
3. What adjectives would you use to describe this artwork?
4. What verbs would you use to describe this artwork?
5. What elements seem dreamlike or imaginary?
6. What is strange about this painting?
7. What is mysterious about this artwork?
8. What is exciting about this artwork?



Painting SEE MEMORY, photo by Jon Cornick

DISCUSSION QUESTIONS

Choose a painting from the end of the guide:

1. What's going on in this artwork?
2. What was your first reaction to this artwork? Why do you think you had the reaction?
3. How does your eye move through the artwork? What choices did the artist make to make that happen?
4. Close your eyes and describe the artwork from memory. Why did you remember what you remembered? Why did you forget what you forgot?
5. How do you think the artist was feeling when she created this artwork?
6. How did the artist use line, shape, and color to contribute to the mood or meaning?
7. What is the title? How does the title contribute to your understanding of the meaning?
8. What title would you give this artwork?

DISCUSSION QUESTIONS

1. Put your body into the pose of some element of this artwork. How does it feel to be in that position?
2. What would it feel like to be in this artwork?
3. What does this artwork remind you of? Why?
4. How do you personally relate to/connect with this picture?
5. What do you want to remember about this artwork?
6. What do you want to forget about this artwork?
7. If you could change this artwork, how would you change it? Why?

""My father's memory of his sister in the Holocaust was delivered perfectly to me. And weeks after, I would get emotional bursts—as if I had inherited the memories. Trauma can echo and be passed on to the next generation. Second generations of people who went through the Holocaust are different. Even in animals you see the offspring are wired differently—even some epigenetic. The experiences of the parents influence the children."

Dr. Daniela Schiller



Painting: *Reflection*, SEE MEMORY

DISCUSSION QUESTIONS

Today, our discussion about trauma has moved beyond the realm of the individual to become an explanation for a wide range of social, cultural, and political issues. Collective trauma can be found in people who were subjected to slavery, genocide, war, terrorism, displacement, and poverty.

1. What are the similarities and differences between collective trauma and individual trauma?
2. In what ways can we use knowledge about individual trauma and healing to learn more about collective trauma?
3. What are the positive effects of finding meaning in collective trauma?

Neuroscientist Daniela Schiller says: ***“We are in a constant investigation of the past and trying to make sense of it,” but that “when we remember the past, we are actually telling the story about the present.”***

Individuals, groups, and nations possess a collective memory of historical events. A collective memory is constructed by members of a group who attempt to find meaning in a common history to serve an important function in the present.

4. What are the dangers of a collective memory?
5. What are the effects on social identity? Provide an example of historical collective trauma and how it relates to social issues or events today.
6. Memories tie us to the past. In the event of trauma, is there a duty to remember?
7. Much of the research about the ethics of memory relates to the Holocaust. Do you think there was a duty for the survivors to remember the people and the events, even if they were painful to remember?

MEMORY LOSS GROUPS

In SEE MEMORY, there is no plot to follow and for viewers with Alzheimer's disease or other forms of dementia, there is no anxiety about being able to follow the story. Watching the film is a way to keep their brain active, which can stimulate memories, improve mood, and when shown in person in a group setting, encourage speech in post-screening discussions and increase socialization. Watching the film with its hand-painted art can engage viewers and help them cope with depression, anxiety and frustration that can come with memory loss. Caregivers are helped by the shared experience of watching the film, as when patients become absorbed and stimulated, caregivers may see joy, which is uplifting for everyone.

POST-SCREENING ACTIVITIES

1. Show photos and paintings from the film and ask the person to describe them.
2. Select questions from pages 54-58.
3. Show an image from the guide and ask if it brings up any memories. This will help stir memories and practice verbal skills.
4. Making art can create a sense of accomplishment and purpose, while also providing an opportunity for nonverbal expression.
 - Take out paints and paper or canvas. Use safe paints and materials; avoid toxic substances and sharp tools.
 - Play the film again throughout the activity, providing encouragement, discussing what the participant is creating and reminiscing on memories that may be triggered.
 - Keep the film playing in the same room so they can glance up and see it and hear the narration and music.
 - Help your loved one begin to paint, by starting the brush movement if necessary.
 - Allow the participant plenty of time, remembering they don't have to finish the project in one sitting.

Watching SEE MEMORY and doing the post-screening activities can help stimulate participants' brains in new and exciting ways. While provoking memories is a great bonus, the creativity and happiness that absorbing and creating art alone bring your loved one can make positive differences in their life.

ORGANIZING A SCREENING

1. Acquire the license stream through New Day Films for small groups OR
2. Complete our website's Host A Screening form for larger events that will require a public performance license. Acquire the Public Performance License
3. Find a venue for the screening. Possible locations include public libraries, galleries, screening rooms, universities and community centers. Co-sponsoring organizations will often offer a free space.
4. Capacity: select a space that holds enough people, but not more than double your expected audience. Community screenings typically attract 20-80 people.
5. Technical: do they have a projector, speakers, screen, mics, and amp? Do they offer AV support?
6. Find co-sponsors. Our most successful screenings have had multiple sponsoring organizations who contribute funding, screening venue, food, and – most importantly – outreach.

Potential partners include universities (especially departments of Psychology, Social Work, Neuroscience, Art ad Film), faith organizations, PTSD and memory loss organizations.

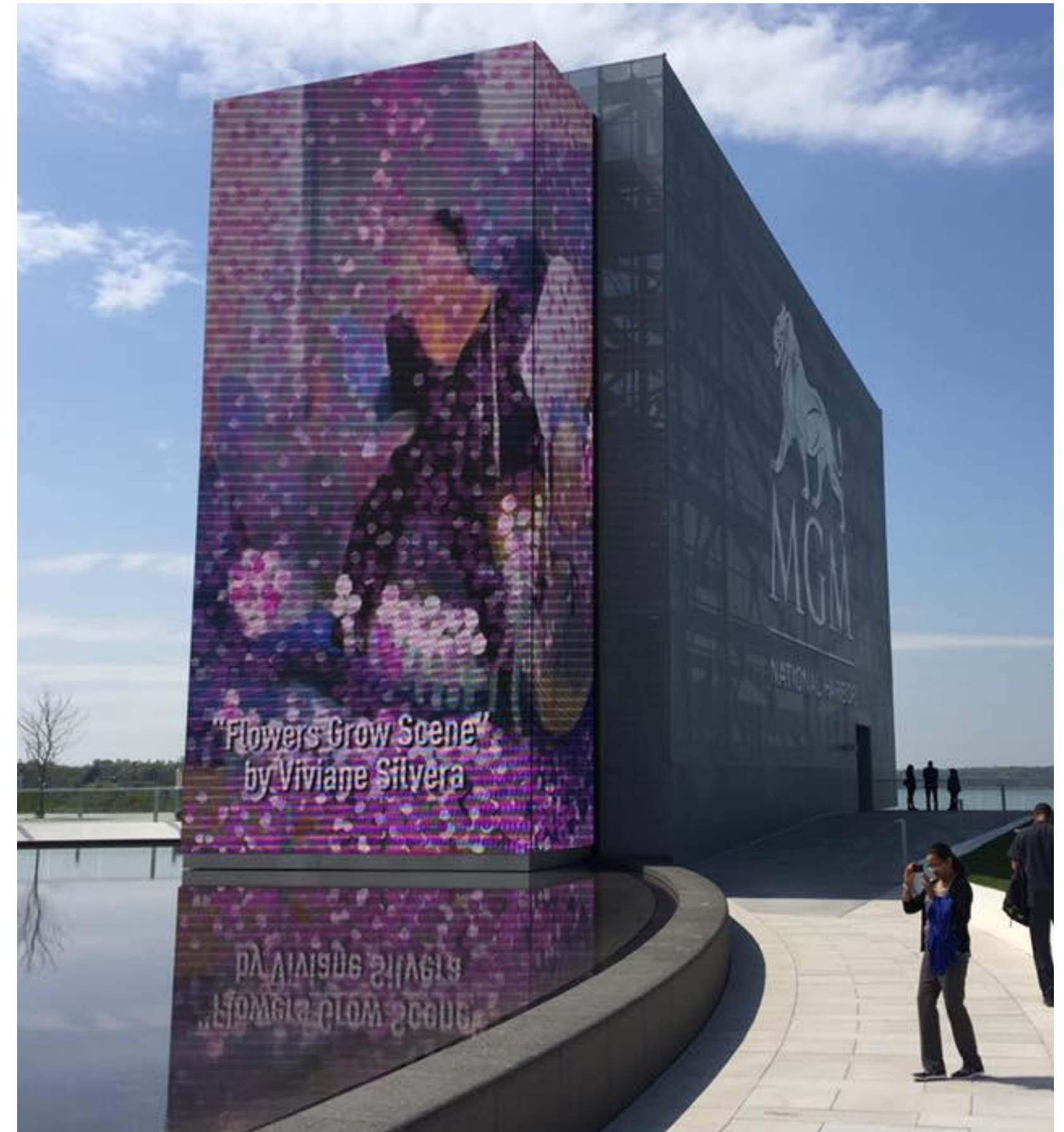
7. Offer partners a listing in press releases, free admission for their members, and/or a table at the event to publicize their work.



SEE MEMORY Audience at the Anthology Film Archives, New York City

ORGANIZING A SCREENING

8. Create a Facebook event, a page on your website, and/or an online invitation like Eventbrite. Tag all your co-sponsors and email asking them to invite people.
9. If desired, put together a panel or discussion for after the movie. SEE MEMORY's filmmaker and participants are often willing to do a Q&A or Zoom for an honorarium.
10. If desired, make and distribute posters or flyers using graphics from our website.
11. Do a technical run-through well before the event (days before if possible).
12. Hold the screening and enjoy!



SEE MEMORY excerpt installed at MGM National Harbor



SEE MEMORY Set



Inside the studio. Photo by Jon Cornick

FILM WEBSITE

The website www.feelmemoryseries.com contains background on the film, news and media updates

BOOKS AND ARTICLES

- How to Unmake a Memory: dept of Psychiatry, May 19, 2014 Issue, New Yorkers, "Partial Recall: Can neuroscience help us rewrite our most traumatic memories?"
- Fear memories require protein synthesis in the amygdala for reconsolidation after retrieval
- Reconsolidation and the Dynamic Nature of Memory
- Speak Memory (Oliver Sacks)
- In Search of Memory
- Something Borrowed
- Tribe

OTHER MEMORY FILMS

- The Eternal Sunshine of the Spotless Mind
- Inside Out
- Coco
- Ordinary People
- In Treatment (HBO series)
- Reconsolidation
- Still Alice
- In Search of Memory

WEB RESOURCES

- Paul Browde's Tedx Talk "The Power of Two - How Listening Shapes Storytelling"
- Karim Nader's TedX Talk "Memory Manipulation"
- Daniela Schiller's MIT Talk "Neuroengineering - The Future Is Now"
- Unmaking Painful Memories, Road to Resilience Podcast

MEMORY ORGANIZATIONS

- Alzheimer's Association
- The Friedman Brain Institute
- Columbia I Zuckerman Institute
- CaringKind

EMAIL US at seememoryfilm@gmail.com if you'd like to be added to this list.



Boat Dream



Flowers Grow



Against The Wall



Empty Room



Swing



Purple Tree and Sun



Crossing



Blue Horse



Stormy Tree



At Piano,



Horizon



On My Way

PAINTINGS



“See Memory reflects personal experiences I've had that have led to my believing that it is only through the sharing of our life stories and connecting with others that we can be freed from memories that haunt us.”

-Viviane Silvera

SEE MEMORY aims to advance the understanding of how memory is an unconscious but powerful force in shaping people's identities and sense of agency. When we re- think our relationship to memory, we go from being slaves to our pasts to agents of our futures.

There are many ways to join our campaign:

- Follow us on Twitter (@thememoryfilm), Facebook (@vivianesilvera), Instagram (@vivianesilvera), and Vimeo (@vivianesilvera).
- Subscribe to our mailing list at www.feelmemoryseries.com.
- Purchase the streaming rights for your organization through [New Day Films](#).
- Purchase a Public Performance License and host a public screening in your community (see tips on Page 60).
- Complete our [audience survey](#).
- Purchase an NFT from the series on <https://www.voice.com/vivianesilvera>.
- Join the conversation by recording a short video about #memory and post it to social media (such as Instagram) with those hashtags and #thememoryfilm.

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