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John Moe: The basic concept of solar energy is really simple. Sun keeps on shining. As a resource, it will be inexhaustible for the next several million years, at least. It's clean and plentiful. It is sent to us for free. So, let's use that radiant light and heat to power our homes and buildings. The tricky part, of course, is harnessing it—getting that power into batteries and into the power grid so it can really be put to work.

That process—well, I just looked up the Wikipedia article on how that's all done, and I am sorry to report: I did not understand it. It was like the adult voices in a *Charlie Brown* cartoon to me. There's sunshine, then science occurs, and then your fridge works. I don't get it. But that's okay, I know what solar energy is. There are people who can do the science. And I, as part of humanity, can have a cleaner present and more enjoyable future. This is not a podcast about science or about solar energy. It's a podcast about how your mental health intersects with the productivity and function of your life. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: So, instead of thinking about the limitless resource of the sun, let's look at something else—something that is also seemingly limitless in terms of availability, but pertaining instead to mental health. Let's think about memories. You've got them. Many very pleasant, I hope. Some not so pleasant. Some disastrously awful traumas. And some that aren't really catastrophic, but you keep chewing on them year after year. You know the ones I'm talking about.

What if you could harness all those memories and put them to work for you? Put their power to work for you? Because that's what has to happen. That's a science that you can and should—must—figure out, to put the memories in your mental batteries, to store their power in your internal grid for use as you see fit. That's the idea behind Cognitive Reminiscence Therapy, or CRT. Welcome to psychology. We got acronyms. CRT. It's a therapy wherein you reframe memories, good or bad, so that the takeaway isn't beating yourself up in long rumination sessions while you're trying to sleep.

Research is now being done on the efficacy of CRT, and it's happening in Australia. And the research looks promising. Experiments were conducted where some patients received Cognitive Reminiscence Therapy, some didn't. The ones that did showed improved scores on depression. They had better self-esteem, more optimism.

Dr. David Hallford is a clinical psychologist and senior lecturer at Deakin University in Victoria, Australia. He was one of the researchers and one of the authors of a paper on the findings that recently appeared in the journal *Memory*.

Transition: Spirited acoustic guitar.

John Moe: Dr. David Hallford, welcome to *Depresh Mode*.

David Hallford: Thank you. Thanks for having me here. Great to be here.

John Moe: I want to make sure I understand some of the terms that are I cited here. And I want to get to the research, but I want to make sure I'm on the same page with the terms. Cognitive Reminiscence Therapy or CRT. What is it?

David Hallford: It seems to be there's a convention in psych therapies. We have three letters, three-letter acronyms. So, DBT.

John Moe: DBT, CBT.

David Hallford: All those sorts of things. Yeah. So, Cognitive Reminiscence Therapy is essentially a kind of a more recent variant of a broader program of research of understanding and reminiscence therapies—which are basically looking at leveraging our ability to reflect on and review our past as a way to, you know, enhance our sense of meaning and worth and competence and connection with people. And so, Cognitive Reminiscence Therapy is essentially that, but it focuses in a little bit more precisely on some of the mechanisms that we think help to improve these kind of psychological resources, and to reduce depressive symptoms as well.

John Moe: And one more term, if you'll indulge me, that comes up in the research: Reminiscence Based Interventions. What does that mean?

David Hallford: Well, yep, absolutely. And I take your point about there being so much terminology. We love to silo things off into different sort of—different semantic word games. But it basically just means that the core work of the therapy, the core focus, is on—yeah, recalling and reflecting and interpreting or reinterpreting experiences. So, you imagine kind of reminiscing with a friend, for example, about something you've done together and elaborating on it and sharing the emotions together and what that meant.

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That's the kind of idea of reminiscence. So, a reminiscence-based therapy would be using that process as the sort of core work in the therapy.

John Moe: And then what is an intervention in that scenario, a reminiscence-based intervention?

David Hallford: So, an intervention would typically mean that there's something that you're looking to change or intervene on. So, it might be, you know, in a clinical sample or a sample of people that might be having difficulties or troubles in some area of their life, psychologically, emotionally, behaviorally, socially. And that it would be, you know, targeting something particular that we want to change.

John Moe: Well, I want to get into this really fascinating research that you did and the study as it was conducted, but spoil the ending for me. What did your research conclude about reminiscence and how it can be used and reframed?

David Hallford: Yeah. So, this study, the one that was published this year, it's actually one of a long line of studies that my lab and I have conducted, but also part of, you know, research that's going on around the globe. And essentially what it shows is that if you take a bit of time to think about past experiences—so, positive relationships, times you've overcome stressors or challenges, things you've done that have been meaningful or significant in your life—you know, a hobby or some sort of pursuit. And if you take time thinking about those things and being guided through purposely in a way that can really bring your attention to not just the details and the facts of the matter as you see them, but interpreting them in ways that help enhance those types of things, then this seems to translate to a broader improved self-concept.

It sort of becomes more generalized. These get taken as kind of examples, for example, of how you've overcome a challenge. And if you review a few of them, really focusing on some details like how you did it, how it felt, what it reflects about you, then we see that kind of generalize into a broader schema or a kind of concept, a mental representation of the self as being self-efficacious, as being able to kind of overcome challenges. So, that's in terms of kind of the sense of competence, but we can also see that in meaning in life and self-worth and relationship qualities and things like that.

John Moe: So, then that's with I'd say good memories, happy memories, memories of things going well. Does this apply to memories that aren't so good? That you can sort of form a narrative around as well in order to kind of maybe overcome some of the bad feelings and rumination that you might have over those?

David Hallford: Yeah. Yeah, absolutely. So, in this study, we focus primarily on sort of positive memories. So, we're asking people to select them specifically. Although mind you, they're not necessarily overly positive memories. They might have some neutral aspects or sort of—you know, just a little bit positive. But certainly, in other studies where we've looked or worked with people, rather, that have a tendency to have that more negativistic thinking and memory recall. So, we see that in a lot of different mental illnesses—depression, but other ones as well.

And yeah, in that case, what we're looking to do is say, okay, well—a lot of these memories, the bias is to have memories that have a tendency to be negative, to be saturated in themes like guilt or failure or regrets. And so, what we would do is try to review some of those memories—positive ones, but also ones that maybe aren't so positive—and try to interpret them or reinterpret them in ways that either might bring out some of the elements that might indicate something positive about the self. So, it might be resilience. It might be, you know—for example, something you did well in trying to cope with something, even if the overall outcome, you know, wasn't what you would have liked.

And on top of that, we also try to balance up the interpretation. So, instead of it being so saturated in negativity or those senses of failure or loss, we sort of balance them up a little bit with some aspects that we might actually, you know, take something useful from. And even—you know, even in situations that have involved failure or loss or guilt, there's often more than a one-dimensional way of thinking about it. And by doing so, we can then sort of reintegrate that memory into our sense of self and that sense of our life and the world and others in a way that's a bit fairer, a bit more balanced and a bit more helpful for us in terms of looking to the future and being able to cope and being optimistic and that kind of thing.

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John Moe: So, then if I had an event where like I said something really insensitive to a friend, for instance, and I'm kicking myself over it. It's years later, and I'm like, "Oh man, remember when I just did that really stupid thing?" Is the idea of CRT, of Cognitive Reminiscence Therapy, that I end up remembering that event differently? Like, is it a whole different memory for me? Or am I remembering the same thing, but just drawing some other things from it as well?

David Hallford: Yeah, it's a good point. It comes to—good question, rather. It comes to the point of how we process memories. So, memories typically aren't, you know, laid down veridically. They're remembered already with interpretations and different emotional balances, different ways of thinking about it that are influenced by, you know, our psychological mindset and beliefs and understandings at the time.

But when we recall memories, they go through a process of reconsolidation. So, whether or not we're doing a guided process like CRT or we're just talking about it or thinking about it, when we recall memories, they get augmented. They get changed, and they get recommitted to memory based on, you know, what our mindset was, our emotional balance at the time of remembering. So, yeah, in CRT, what we're doing is basically a very purposeful version of that.

So, for example, in the context of depression, we'll say, look—well, typically if you remember these things, the tendency is going to be to have them very negativistic. The idea of those themes of guilt or embarrassment, as you mentioned. As you were saying that I was thinking about examples of times I've probably done that as well.

(They chuckle.)

I think we all do. That in the context of depression, at least—and other mental illnesses—that a tendency is when they're recalled is that the sort of negativistic part of it becomes entrenched. It keeps getting reconsolidated.

John Moe: You dig yourself deeper and deeper.

David Hallford: Yeah! Until it almost feels factual. You know? "I said this thing. I am an idiot. People don't like me. I'm an embarrassment." That type of thing. So, what we're trying to do when we go through that process of recall and reflection and maybe even challenging some of the ideas around it, is we're trying to kind of loosen up the thinking. So, we're trying—for example, in the instance of saying something embarrassing, which for some people really might stand out as quite a defining event for them. You know, "I'm an idiot. I say embarrassing things. He is a good example of it. This proves it."

So, we're trying to loosen that up. So, in that—for example, in that kind of case, we might be trying to contextualize it a bit. You know, maybe people felt nervous. Maybe they just made a mistake. What was the impression of what other people thought? Did they seem like they really thought you were, you know, an idiot? What's the other evidence for that? Are there

other ways of thinking about that? How we might try to incorporate elements of self-compassion as well, so we can make mistakes; we can do things that we might not like sometimes. But, you know, does this necessarily define us as a person? Can we accept that we don't always act exactly how we'd like? And the process of CRT would also try to introduce, you know, counterexamples of that as well. So, examples of times you've actually said things that people really liked or appreciated or gave you a sense of worth or connection.

And so, all these kind of examples, the reframing and the other examples, are all kind of used to help feed into this general concept of oneself. Because we often think in generalities and categorical ways about ourselves. And so, we're trying to kind of change that. And one of those processes is by recalling and then reinterpreting that memory and then popping it back in there in a way that is more helpful to us.

John Moe: Yeah, putting those memories to work to do something good instead of something destructive.

David Hallford: Exactly! And you know what? One of things that I'll often say is that we have this amazing resource of years and years and years of experiences—you know, by ourselves, other people, and jobs and studies and relaxing and all kinds of things. And they're really a resource that we can use to draw on and to sculpt to—yeah, be healthier, feel better about ourselves, feel more confident.

Transition: Spirited acoustic guitar.

John Moe: Coming up, how the research worked and what it says about your ability to enjoy things in the future, which is kind of a big deal.

Transition: Gentle acoustic guitar.

John Moe: Back with Dr. David Hallford from Deakin University in Australia, talking about the power of reminiscence.

Okay, let's talk about the research that led to the paper. And it's part of the other research, as you mentioned, that you've been doing.

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Who did you study, and what did the study consist of?

David Hallford: Yeah, so in this study, we sampled people from the general community in Australia. So, they weren't in—it wasn't a sample that was indicated for, you know, risk or elevated symptoms, although we have done that in other studies. We got together with them over three sessions. So, originally the intervention was longer, but we thought, look, can we get some impact if we whittle it down and make it a bit more accessible and less burdensome for people?

We did that partly because we noticed that in longer versions of the intervention, a lot of the effect would actually happen in the first three sessions. People were already starting to report on outcome measures, quantitative outcome measures that they were already seeing significant changes in these general concepts of self-worth and efficacy and those things. So, that's what we did in that study.

John Moe: Okay. And what did the study tell us that you didn't know before?

David Hallford: Well, yeah, it's a good question! Because I guess on one hand, what we want to do is we want to replicate findings that we have to say, "Are these viable? Can they generalize to other groups? Can we depend on them?" And often what we want to do as well is extend on our findings.

So, in this study, what we did was—our idea was, okay, well, if we've got—we think we're confident that we're able to use this type of intervention to help with these sort of schemas, these general concepts of ourselves, but is that going to also transfer to how people anticipate future events? So, if you have these ideas or "I've had good experiences. I feel more competent. There's more meaning in my life." Can we—will that transfer to people anticipating positive outcomes or reward from their future?

And this makes sense logically, because when we imagine our future, we really have to draw on our past. We cannot imagine our future without some combination of things we've already experienced. And so, we thought if we enhance the ability to use memory in this more adaptive way, is that going to translate across to people anticipating positive experiences and pleasure from that in the future?

And that type of work, that transfer of that effect—if you think about these things as being connected but a bit different, it hasn't really been looked at much yet. And so, we found that in this study that, indeed, at the end of the sessions, if you then readministered a measure of—a list of activities that people might look forward to and asked them how much they looked forward to them, how much pleasure they'd get—well, they were reporting large increases on that. Even though we weren't actually talking about future events in that intervention. And so, our idea there is there's a transfer in there that you work with memory, but it actually helps people prospectively moving forward as well.

John Moe: Okay, so this could—if you're reframing memories, if you're reframing things that have happened to you before through reminiscence and turning those into... I don't even know if it's necessarily positive, but not negative, not destructive—or if you're harvesting the positive memory components of an experience, that sets you up to be happier and look forward to more things in the future?

David Hallford: Yeah, absolutely. So—absolutely. Yeah, John. So, if you think about it, if we want to anticipate what's going to happen—so, for example, you know, we've got a social gathering next weekend, and we're sort of—whether voluntarily or involuntarily, we're thinking, "What's it going to be like?" In order to be able to make that prediction, to imagine that in our mind, to do that we have to draw on what our prior experiences are. We have to do that for the fundamental mental building blocks of it—you know, a place we might go and people we might see from our memory—and we novelly combine them. But in our

predictions of how things are going to be, we also have to draw on our past experiences. Have I generally enjoyed social gatherings? Have I made a fool of myself? Was it a disaster?

You know, and so our sort of prediction models of how things are going to be and how we imagine them and simulate them is really based a lot on our past experience. It's also based on things like our current mood state and things like that, which could color that. But essentially we need to draw on it. So, it's almost like we're saying that there's sort of a prediction model of how things are going to be moving forward. And the information you feed into that prediction model, that sort of processing of information, is going to rely on what you've already got in the store. So, if you improve what you've got in the store, your resources, then your prediction model is going to say, "Alright, you know what? You might enjoy that, actually. That might be—mm, enjoy that."

And of course, if you can think like that, you're going to feel more optimistic. You're going to feel more motivated. It's going to push you probably towards behaviors that are going to be better for you.

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You might engage with people more at the gathering, you know. So, yeah, that's that sort of transfer I mean.

John Moe: We've talked a fair amount on our show about eye movement desensitization and reprocessing—EMDR—as a way of processing trauma, kind of getting unstuck from the associations with that trauma and moving on to a better life. Is CRT similar in any way to EMDR?

David Hallford: It is in a general concept. So, there's this idea—I'm not an EMDR practitioner myself, so my knowledge of it is not intimate. But I'm aware of it. I'll tend to use other modalities when I'm working with people with trauma. But they're based on this general concept of competitive memory retrieval. And I know this is a component used in EMDR as well, that as people are kind of remembering traumatic events, they will also think of kind of competing thoughts, competing kind of positive events or experiences.

And so, the idea goes that, for example, when you're trying to imagine—we'll go back to that gathering—what it's going to be like, then you'll probably have a number of memories that are kind of competing to inform that thought, right? Or you might think of the general self-concept of "am I a worthwhile person?" And we have memories that are sort of competing. And the memories that are better elaborated on, that are more integrated into our sense of self—maybe they've been recalled more as well—they're more likely to win that competition.

So, that's sort of what's going on in sort of memory-based interventions, that we're trying to really reinterpret those memories and make them really competitive in terms of informing how you feel about yourself and the world and other people. And so, I think EMDR—to my understanding—does have a component of that where there is a bit of that competitive memory retrieval where you're sort of holding negative traumatic events, and you're also kind of trying to build up a little bit of those contrary or contradictory positive experiences and events.

John Moe: Alight. You're building a better fighter for the fight that's going to go on with your memory.

David Hallford: Yeah! Absolutely. Absolutely. Yeah. So, you know—I mean, if you think about like someone in sports—which isn't really my area, but it just pops into mind—and they've got a race coming up. Well, you know, if you're their coach, for example, or you're them themselves, you're probably going to have a better chance of being spirited, motivated, competitive if what's winning that competition is times that you've done well, times that you've run well, that you've maybe not even won, but you've tried really hard.

So, yeah, we don't want them to be exclusively good memories. We need mistakes, we need regrets, we need failures, we need all those things. But certainly in the context of psychopathology, mental illness, where often those types of predictions and memories are really saturated in negativity, we want to get those positive memories fighting fit.

Transition: Spirited acoustic guitar.

John Moe: Just ahead: so, how does it all work? Do you need a trained therapist? A home appliance of some kind? Or can you just do it to yourself? Also, I take a somewhat dark trip to Manitoba after the break.

Transition: Gentle acoustic guitar.

John Moe: We're back with Dr. David Hallford talking about Cognitive Reminiscence Therapy, or CRT: the idea of reframing memories to make them more beneficial to you.

How is this done? How is CRT done? Is it something I can do at home, reframe my memories? Do I need a therapist? Do I need to go into a trance? What exactly happens?

David Hallford: Well, I mean, there's different ways that—there's certainly, in terms of certain memory-based interventions, there's plenty of self-guided work that people can do. So, you know, sometimes even things like journaling for people, it can be really useful to recall experiences of the past day, or the day gone by, and just trying to really reflect on the different types of elements of it. You know, so maybe the parts that didn't feel so good, but the parts that felt okay, that felt alright, that reflected something about ourselves that we can value.

So, there's all kinds of self-guided work that can be done. The reason why a therapist can be useful is that, you know, it's a bit of an uphill battle to do that if we're mentally unwell. A tendency might be to find that difficult cognitively, or to—yeah, get really stuck in that sort of negativistic bias and think about things over generally. You know, oh nothing good's happened. You know, I've always embarrassed myself; I've never enjoyed these things.

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And so, a therapist can kind of help guide that process in a way informed by some of these—of knowledge of how memory works, of how we can formulate the effects of mental illness.

And so, it can help that process a bit. But that being said, you know, when I'm working with people in therapy with this type of work, we will say, "Here's a set of activities. Go home and have a bit of a think, you know. See if you can recall some stuff, see how you can go kind of guiding yourself through it."

John Moe: What's in those materials? What kind of things do they need to do during their think?

David Hallford: Yeah, well I have—I will divide it up into two sort of components, but they're not exclusive. And so, first of all, what we want to do is we really want to help people to simulate or imagine, recall, past events in a lot of detail. So, things like where you were, environmental detail. What was the—you know, the different sensory modalities? So, what was the weather like? What did you see? You know, using visual imagery. What were your thoughts and feelings at the time? What did you taste or touch? So, really trying to bring it to life, right?

Now, if we bring it to life, there's a lot more to work with that can be malleable. And it feels like we're re-experiencing something. And then the second part of that is sort of more of an interpretation of it. Okay, now we've elicited all these details, what can we use there to try to understand this in a more nuanced or positive way? So, what—maybe there were very different emotions at that—(*chuckling*) go back to that embarrassing party for a second, John. Maybe there were some really successful conversations there, you know, some connection you made with people that was quite good as well. Were there were times you felt really bad, but times you felt really okay? You know, might there be something that was actually, for example, you know, quite resilient or courageous about having conversations with people we didn't know very well, for example?

So, we sort of—and then what does that tell you about yourself and the context of your life? So, we get all that detail, really vivid and visual imagery and all those types of things, the emotions, and then we can kind of use them to help, re-narrate or reinterpret what's happened.

John Moe: So, in that reinterpretation, are you lessening some elements? Are you making—? Because memory is—it seems like it's so mutable. Like, it could be so many different things. It's just this sort of picture and event recall that I'm having. So, if I'm reframing that, am I diminishing parts of it? Like, is it like fiddling with TV knobs? Young people don't know what TV knobs are, but to like get the picture right, (*chuckling*) Instagram filter, kind of changing the appearance of it in the process?

David Hallford: I do get the reference for TV knobs as well. (*Chuckles.*)

John Moe: Thank you, David. (*Laughs.*)

David Hallford: My parents sold the TV. Yes, it is like that. It is like that. And you know, maybe that's a controversial point. Because, you know, do we want to change memories too much? Or how much of them is important to retain? But again, I would go back to the idea that we're always in the process of reinterpreting and reconsolidating our memories anyway. We do that, right? We already know these changes take place. So, negative memories are

generally stored as brighter in our memory, but they fade quicker than positive memories over time. So, there's lots of these different things going on.

One of the things that we do is we attribute significance to events, right? So, how central is this memory to my sense of self or in my kind of life story or about my competence? Or that type of thing. And so, that can be really useful if the event is something that's really helpful for us and, you know, not sort of narcissistic, but saying, "Right, you know, I did this thing. That's great. I feel good about it. That's important to me." But when we start attributing a large amount of significance to things that are maybe out of our control or things that are really crippling for our sense of safety or wellbeing or whatnot—trauma is a good example where traumatic events become very self-defining for people. You know, this assault happened to me, for example, and this means I'm a weak person. This defines me as a person, this event.

And so, whether it's something that's, you know, quite traumatic and very central to a sense of self, highly significant, or even just a little bit significant, we do, I think in some cases, want to be able to sculpt and narrate that. And that might mean enhancing the significance of things or reducing it. And so, to do that, I ask people questions around it, you know. What does it mean to you? What's the significance? You know, how important do you want it to be? You know, is there another way of thinking about that?

So, a simple question I might use that doesn't always work, because nothing's simple, but if someone says—you know, for example, go back to that point about saying something embarrassing at a party. You know, and we've talked about it a bit and balanced it up a bit with other things that have happened.

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And you know, we might ask, "Okay, well, maybe that was a bit embarrassing. Like, let me ask you, when you think about yourself in your life, like how important do you want that to be to you? How do you want to think about that?" And so, we can invite people to actually really purposely narrate and construct how significant they want that to be. And that's, you know, a more or less easy process. But, yeah, so changing the significance of something is really important.

John Moe: I keep this whole—ever since I read an article about your study and then kind of reading it more in preparing for this interview and then in this interview, one word keeps coming back to me. And that word is Manitoba, which a province in Canada. And years and years ago, I was very loosely affiliated with a very prestigious theatre company. And I was invited to go out for drinks with people from this theatre company, people in all different capacities. And one of them had done like this—had worked at the Shakespeare festival in Manitoba. And I kept making fun of the idea of Manitoba like, "Oh, that must've been a really big deal in Manitoba!" Like, I thought I was being hilarious, but what I was doing was kind of running down this really cool thing that this person had done and was very proud of.

And only afterwards did I realize, oh, I was being an asshole! That's why things got kind of quiet around there. And so, I'm thinking as you're talking of like, okay, who else was at this table who I then got along with fine and, you know, later did all sorts of things with? And

they're still part of my life, some of them. And I'm thinking, well, maybe that person who was from Manitoba just thought, "Oh, that guy's kind of an asshole," and then moved on and isn't kicking me as much as I've been kicking myself for the last 20 years about it.

And so, is that—am I on the right track in terms of trying to kind of find new materials to draw from in processing this memory?

David Hallford: Absolutely, John. Yeah. So, you're drawing in and thinking about the context and other factors and how it might be thought about differently. And to go to that point, sometimes—especially if someone has, you know, elevated levels of social anxiety—sometimes we might even ask them to go and ask someone about it. What did they think? How did they interpret it? Did I look like a fool? And you know, it's an experiment. It doesn't always turn out how you might predict. But quite often other people don't have the same perspective as you about it, because they just don't—it doesn't have the same effect on them. They don't understand it the same way, or they don't hold it as dearly and significant as a thing—as someone might.

Because we're all—we're averse to being embarrassed, right? Being socially embarrassed or—it's a threat to our sense of belongingness and relatedness. So, we're pretty alert the times that we transgress that in some way.

John Moe: Right. 'Cause on an instinct level, you risk being ostracized from the group. And as a human animal, we want to be attached to the group.

David Hallford: Absolutely. So, it's sort of—it's like a social safety. It's a basic need of relatedness that we need. Right? So, we are pretty alert to that. And people with social anxiety disorder are particularly alert to that, over alert to that, right? That threat. So, that's a really good point. And so, that's a great way of doing it.

And John, you might also think—and this isn't therapeutic advice per se—

(John laughs.)

But we might also think, okay, well what was my intention there? The impact may have been—that could have been that was the impact, but even me personally, what was the intention? What was I trying to do there? Like, maybe I made a misjudgment. Maybe there's something to learn from that. Maybe there's not. But my intention wasn't actually to hurt people, to harm people. So, there might be something to think about, but not necessarily an inference to draw about the type of person we are.

John Moe: Right, right. I want to touch on positive memories, also. You mentioned that early in our discussion. Do we—? You know, now I'm not thinking of the Manitoba incident anymore. Now I'm thinking of beautiful memories on the beach, on the Oregon coast, and wonderful vacations that I've had there with my family.

Is that just strengthening me all on its own, or can I sharpen it even more through CRT to help even more? Can I harness this power even more than I'm doing?

David Hallford: Yeah, we can. And so, in CRT, we do want to do that. We want to sharpen it. Because most memories aren't recalled in highly vivid ways.

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And so, we can. We can go back and mine them for features that we maybe haven't considered enough or that we can sort of brighten up in terms of valence or meaning, that type of thing. Absolutely. And we can revisit them as well. You know, just because we've thought of it once doesn't mean we've squeezed all the value out of it. You know, again, we can think about, oh, I've had a holiday on a beach. That was lovely. That shows me that I can have, you know, autonomy and choice in things I want to do. I can create a relaxing environment for myself, connect with people and enjoy experiences.

Maybe in one sitting, there's probably a point where there's saturation there. But it's a revisit that's there for us to do that. So, we can still harness them. And notably in some of these interventions or programs in community samples that aren't necessarily indicated as having mental health issues, we still see those increases in those outcomes. So, you can even boost it from the normal point, if you take my meaning.

John Moe: Man, there's fuel everywhere. (*Chuckling.*) This is really exciting.

David Hallford: Yeah! Well, the thing is, John, that's what we do in everyday life. Like, we use memories to regulate how we feel with ourselves and with other people. So, all we're doing, like in a lot of psychology, is just leveraging experiences, processes that might already be happening. But we can either make them more functional and more helpful, or we can correct them when they're dysfunctional. So, they're not sort of new things. They're just things that we're leveraging. You know?

John Moe: Dr. David Hallford is a clinical psychologist and a senior lecturer at Deakin University in Victoria, Australia. Dr. Hallford, thank you so much for being with us.

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

David Hallford: Thank you so much for having me, John. I appreciate the opportunity, and keep up the good work.

John Moe: You guys, I'm kind of excited about this. Let's return just briefly to the solar energy analogy. So, if the radiant light and heat are memories, your mind is the solar panels receiving that stuff and storing it. And through cognitive reminiscence therapy—or at least through the mindfulness and thoughtfulness it's based on—you can convert that stuff into power, to energy, to fuel. And yeah, the process of converting solar energy to fuel is a little science-y. But converting memories into something that can help you seems like it's a lot simpler. Maybe not easy all the time, but at least more simple.

And this applies to going backwards or forwards with your mind. Backwards because you take away some of—or a lot of—the sting that might go with the memories, especially the

unpleasant ones. So, when your mind drifts back to that place, it's not as bad of a place. And once you reframe those memories and let them mean something more neutral—or even better—about yourself, you're better positioned to enjoy life more. Because you understand that life can have more good things going and that you can bend memories and experience to your will. And that's great if you can do that and get a better life as a result. So, that's cool. Let's try to do this. Let me know how it goes for you.

And to that person from that theatre who is proud of their work in Manitoba, and to the greater Manitoba theatre community, I am sorry for being a jerk. To the theatre I was working with, thank you. I grew as a person and an artist in my time together with you. Thank you for that. For the friends who were at that table and kind of shook your heads at me but stayed friends afterwards—well, I'm glad our friendship was strong. That gives me fuel for the future. Here's to a better future.

Our show exists because people support it. If people support it, we have a show. If they don't, we don't. We like the show. We want to keep making the show. We think that you like it. We really need to hear from you if you haven't already become a member. If you have become a member, that's wonderful. Thank you. If you haven't, it's super easy. Just go to MaximumFun.org/join. Find a level that works for you—maybe \$5 a month, you know. Just put a little coin in the jukebox for us. Maybe it's more than that. Whatever you can swing. And then select *Depresh Mode* from the list of shows. Be sure to hit subscribe. Give us five stars. Write rave reviews. That helps get the show out in the world.

The 988 Suicide and Crisis Lifeline can be reached in the United States and Canada by calling or texting 988. It's free. It's available 24/7.

Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our Twitter is also at [@DepreshPod](https://twitter.com/DepreshPod). Our newsletter, *Depresh Mode* Newsletters on Substack, search that up. I'm on Twitter and Instagram, [@JohnMoe](https://www.instagram.com/JohnMoe). You can join our Preshies group on Facebook.

[00:40:00]

A lot of good discussion happening over there about all sorts of mental health things. People giving each other assistance, giving each other encouragement. It's a good place to hang out. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. There's a new song out from the band Japandroids, which is a band I love. Go listen to the Japandroids. They are neither Japanese nor androids. They are rock and roll. *Depresh Mode* is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We got booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”.

Depresh Mode is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music: “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

*Building wings on the way down
I am figuring things out
Building wings, building wings, building wings*

*No one knows the reason
Maybe there's no reason
I just keep believing
No one knows the answer
Maybe there's no answer
I just keep on dancing*

Angela: I'm Angela from Seneca, South Carolina.

(Music cuts out.)

And I just want to say that you are loved, you matter, and the world is a better place with you in it.

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!