The recovered memory controversy – A new perspective

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Acknowledgements:
Of the various institutions at which I studied psychology, psychotherapy and hypnotherapy, the National College of Hypnosis and Psychotherapy taught me the most of what enabled me to conduct my original research into unconscious memory. I also owe much to the four hundred plus individuals who agreed to be subjects for that research.

Abstract
The continuing argument over the reality or not, of allegedly repressed memory is unhelpful to the worlds both of psychology and psychotherapy. It is inhibiting the use of even professionally practised regression therapy, a particularly powerful treatment for many neuroses. It is also confused by the issues of false memories and childhood sexual abuse.

This article takes a completely fresh look at the whole subject area, based on the work of many professionals who claim to have found genuine repressed memories and on the author's own previous research. The author is primarily an engineering scientist with forty years involvement in electronics and psycho-acoustics research. Being a newcomer to the world of psychology enabled him to be free of the received wisdom and it was thus much easier for him to have an unbiased approach.

The article concludes that repressed memories do exist. They are associated with our instinct for self-preservation, as threatened by perceived rejection by mother – who represents life. The memories of endangered survival are stored in a primitive part of our brain which is some 500 million years old. There is no connection with childhood sexual abuse other than that it is just one potential cause of trauma.

Keywords:
Memory, unconscious, repressed, recovered, trauma, childhood sexual abuse, instinct, survival, self-preservation, hypnosis, hypnotherapy.

Introduction
The controversy over the reality, or not, of memories repressed into an unconscious psychodynamic area of the mind, has been ongoing since the work of Sigmund Freud.

During the last two decades or so, the debate has reached something of a crescendo but without any conclusion. Most clinical psychologists are convinced that repression of memories does not and cannot occur. On the other hand, a number of psychiatrists, psychologists and ‘lay’ hypnotherapists are equally certain that it does. Further, they believe that these supposedly unconscious memories can be recovered by suitable therapy and to the advantage of the individual.

Unfortunately, the more recent discussions of the issue have become complicated. Most psychologists only consider allegedly repressed or recovered memories in the context of Childhood Sexual Abuse (CSA), (Brandon, 1998). The trigger was partly at least, the publication of the book by Bass and Davis (1988) which alleged that almost any adult female’s psychological problems were caused by their having been subjected to CSA. If they were unaware of this, that was even further proof that they had been so abused. Unprofessional therapists have further contributed to this biased attitude: they chose to assume, without evidence, that CSA was the cause of their adult female clients’ problems (Yapko, 1994). They then so insistently suggested such abuse to those clients that some acquired false memories of such assault, in most cases accusing their fathers. Family break-ups and some court cases have resulted, with daughters suing their parents or their therapists. The debate has become legal, political even and ill tempered, and this has not assisted a rational scientific examination of the basic concept of repressed memories.

This article summarises the positions of both sides and concludes there is strong evidence that veridical unconscious memories do exist. I propose an explanation that I do not believe anyone has previously suggested. I also highlight what is almost the sole cause of repressed traumatic memories.

Long-Term Memory
We generally accept that our cognitive memory does not begin to function until we are some three to four years of age (Kihlstrom, 1994). This autobiographical memory requires that incoming information be initially understood in order that it may be sorted and encoded before being stored in long term memory. An infant has neither the knowledge nor experience nor sense of self to achieve this. Neither does the infant have the language skills to cohesively narrate previous experiences. McNally (2003) in his most comprehensive review of the current knowledge of human memory makes the following points: memories mostly fade with time; memory is not like recordings on a video or audio tape, recall of memory is a reconstructive process. If we seem to recall clear and detailed memories of some prior traumatic event these are unlikely to be accurate. We consciously remember traumatic events in our lives and not thinking about them for some considerable time does not imply we have forgotten, least of all repressed, them. For recent highly traumatic events, we struggle not to think about them. No obvious repression process comes to our aid.

Finally, McNally observes that it would seem advantageous that we remember traumatic events so that we can avoid, or be prepared for, any future threats of similar nature. To forget and be normally unable to recall such vital prior experience would appear to be counter-productive. It would be difficult to disagree with any of these statements.
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Finally, McNally observes that it would seem advantageous that we remember traumatic events so that we can avoid, or be prepared for, any future threats of similar nature. To forget and be normally unable to recall such vital prior experience would appear to be counter-productive. It would be difficult to disagree with any of these statements.
Unconscious Memory

There is alternatively a long history of workers who have accepted the concept of traumatic memories repressed into an unconscious area of the mind. For practical purposes, this history begins with Sigmund Freud (1975)19. Unfortunately, Freud made the error of assuming that his female patients had suffered CSA and had not previously considered that time is a separation occurs. Watkins & Watkins (1997)27 state their awareness of the prevailing psychological wisdom of the fallibility of early memories and of the supporting laboratory studies. They have, however, been led to birth and pre-birth memories by some of their clients and reported the benefits of working through these memories. Just some examples of other workers claiming to have confirmed the existence of prenatal and perinatal trauma and the benefits of resolving it are Fodor (1949)24, Blythe (1971)19, Janov (1973)19, Emerson (1984)11, and Swartley (1987)26.

My own research into the possibility of unconscious (repressed) memories (Gorman, 1997)19, began after a forty year career as an engineering scientist. Following my involvement in the early development of computers, computing and software, I had become intrigued about the origins of neurosis, these origins normally being unknown to the sufferer. I wondered therefore if they might have a fundamental scientific basis. The earliest traumas, especially, contained considerable and powerful emotions of terror, anger and hate. They frequently provoked abusive language and physical abractions.

The study had a number of aims but the only one that concerns us here is that of the veridicality, or not, of the recovered memories. I sought independent corroboration of them, as the most feasible test of truthfulness. In many cases as possible, the subjects' mothers were independently interviewed and asked open questions concerning their memories of conceiving, pregnancy, birth giving and the following four years. All subjects had formally undertaken not to discuss any content of their sessions until I declared their contract with me complete. In forty-five cases, it was possible to question the mothers, some of whom had not had contact with their adopted children for many years. There was a highly significant degree of agreement between mother's memories and the child's (subject's) recovered memories. A further ninety-three interviews were also with mothers (mostly) or with older siblings, fathers or aunts.

Résumé of Author's Research into Unconscious Memory.

One of the endpoints of the research into Unconscious Memory is the age at which any causative event might have occurred and its effect on the development of Neurosis in later life. For the purpose, the author has used Ideomotor Response Technique (IMR) during the hypnosis sessions.

This has been successfully employed by, for instance, Cheek & Le Cron, (1968)12. All subjects indicated a succession of instances, dating from shortly before their first consultation down to earlier ages. To my initial astonishment, subjects continued to respond below four years of age. Twenty-six subjects indicated a first trauma at only four weeks after conception. I will return to this significant aspect of early memories, below.

In subsequent regression sessions, subjects identified and, eventually, described their previously indicated memories. They were all traumatic events, as originally perceived by the subject. The earliest traumas, especially, contained considerable and powerful emotions of terror, anger and hate. They frequently provoked abusive language and physical abractions.

The recovered memory controversy – A new perspective

The recovered memory controversy has been a topic of debate for several decades. The controversy has centered around the validity and reliability of recovered memories of childhood trauma, particularly sexual abuse. The debate has been characterized by a series of empirical studies, meta-analyses, and qualitative analyses, each offering different perspectives on the phenomenon of recovered memory.

One of the key arguments in the recovered memory controversy is the claim that recovered memories can be influenced by hypnosis and suggestibility. Critics of recovered memory claim that hypnosis can lead to the formation of false memories, while proponents argue that hypnosis can help to access真实 memories.

The recovered memory controversy has also been linked to the collapse of a number of cases involving the prosecution of individuals for alleged sexual abuse. In some cases, the recovered memories of childhood trauma were used as evidence in criminal proceedings, leading to the conviction of defendants. However, in many cases, the recovered memories were later found to be false, leading to the release of individuals who had been wrongly convicted.

The recovered memory controversy has also been linked to the development of false memories in other contexts. For example, the recovered memory controversy has been linked to the phenomenon of mass hysteria, where a large number of individuals report similar experiences, often in response to a common stressor or trigger.

In conclusion, the recovered memory controversy remains a complex and controversial issue. While some argue that recovered memories can be genuine and reliable, others believe that they are often false and misleading. The debate continues to be an active area of research, with new studies and meta-analyses being published regularly.
Unconscious Memory

There is alternatively a long history of workers who have accepted the concept of traumatic memories repressed into an unconscious area of the mind. For practical purposes, this history begins with Sigmund Freud (1975)\(^1\). Unfortunately, Freud made the error of assuming that his female patients had suffered CSA variously actual or fantasized, a mistake that seems to have been repeated by some a century later. Freud also could not prove the existence of his proposed psychodynamic unconscious. His views were sufficiently controversial that, for many years, most psychologists shied away from experimentation with human subjects and concentrated on laboratory experiments with animals. However, also during the last one hundred years or so many professional workers, while rejecting Freud’s sexual connotations of infantile trauma, would claim to have successfully identified repressed memories of trauma. I quote a sample few of the more recent examples.

Lake (1966)\(^2\) used lysergic acid diethylamide (LSD) to provoke recovery of unconscious trauma and claimed that his subjects recalled memories of birth. Grof (1975)\(^3\) conducted similar experiments and his subjects recovered vivid images of birth and intra-uterine experiences, most of them being traumatic episodes. Grof sounded the caution that these memories may have been real or fantasized. Chamberlain (1986)\(^4\) used hypnosis and states he was led by clients to birth and intra-uterine experiences. He had not previously considered that time of life to be relevant to adults’ problems. Chamberlain specifically sought corroboration of these recovered memories with ten child-mother pairs. He reported a high degree of ‘dovetailing’ between the clients’ and mothers’ recalls. Cheek (1975)\(^5\), an eminent obstetrician, again using hypnosis, found a correlation between adults’ problems and ‘imprinting’ at birth. Ebrahim (1992)\(^6\) has frequently encountered perinatal memories in his hypnotherapy research and practice and claims that bringing them into awareness was of great benefit to his clients. Verrier (1994)\(^7\) has written impressively on the real-life problems of those adopted as infants and of their sense of loss. She relates how adoptees can re-experience post-natal events even as adults, when a trigger such as a separation occurs. Watkins & Watkins (1997)\(^8\) state their awareness of the prevailing psychological wisdom of the fallibility of early memories and of the supporting laboratory studies. They have, however, been led to birth and pre-birth memories by some of their clients and reported the benefits of working through these memories. Just some examples of other workers claiming to have confirmed the existence of prenatal and perinatal trauma and the benefits of resolving it are Fodor (1949)\(^9\), Blythe (1971)\(^10\), Janov (1973)\(^11\), Emerson (1984)\(^12\), and Swartley (1987)\(^13\).

My own research into the possibility of unconscious (repressed) memories (Gorman, 1997)\(^14\), began after a forty-year career as an engineering scientist. Following my involvement in the early development of computers, computing and software, I had become intrigued about the origins of neurosis, these origins normally being unknown to the sufferer. I wondered therefore if they might be buried in an unconscious area of the mind. This ten-year study with over 400 subjects is, to my knowledge, the largest such research conducted. As a newcomer to psychology, I had become aware of some controversies over the reality of unconscious memory but I refrained from familiarizing myself with them, to ensure my own work was independent and unbiased. The research has been fully reported (Gorman, 1997)\(^14\) and I will only discuss its relevant aspects here.

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For the purpose, the author has used Ideomotor Response Technique (IMR) during the hypnosis sessions.

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These also provided a persuasive degree of corroboration but did not meet my stringent criteria for independence.

Significantly, all of the early recovered memories, from the 404 subjects, whether convincingly corroborated or not, were based on the same core theme, irrespective of the varied details of the traumatic events. This gave statistical significance to the possibility that a substantial majority of these recovered memories were essentially genuine. I discuss this core theme below.

Results

There are two relevant outcomes.

1. The Core Theme of Recovered Memories is of abandonment by mother and all of the powerful emotions expressed during regression, are directed at her.

Based entirely on subjects’ reports during regression: To a helpless neonate or infant, mother literally represents life. Her immediate presence provides her baby with an assurance of the continuation of its existence. Until birth the baby has had an intimate physical connection with the mother being, virtually a part of mother’s body. Birth is a potentially traumatic event as the physical bond is broken and neonates need it to be immediately replaced by physical contact with the mother and by a developing close emotional bond. Any perceived abandonment by mother forebodes extinction and ensures a traumatic memory trace. I discuss below how this might occur in even a four-week-old embryo. Examples of the details and reactions of the subjects who recovered intra-uterine, perinatal or infantile traumas are given in my original paper (Gorman, 1997)\(^14\). Many workers, such as Bowlby (1967)\(^16\), Winnicott (1975)\(^17\), Greensacre (1975)\(^18\); Venney (1982)\(^19\) and Odent (2002)\(^20\), have recognized the vital importance of a satisfactory mother-child bond.

It is encouraging to note that the universal core cause of these recovered, early, repressed traumas melds with the long-held awareness of the importance of the mother-child bond.
and of the adverse effects on the child of separation from or loss of mother.

A key point relates to Childhood Sexual Abuse (CSA) memories. Only forty-two subjects (10.4%) had apparently suffered Childhood Sexual Abuse (CSA). Twenty-two of these were male. Thirteen of the forty-two, claimed to have had no memory of the abuse prior to the hypnotic-regression. The remaining twenty-nine admitted conscious memories of the event(s). But all forty-two subjects declared during regression that the very worst aspect was the perception of abandonment by mother. In the words of one of them, “Mother, you cannot love me or you would not have let this happen to me.” No subject had been aware of this aspect before the regressions.

It seems clear that repressed memories are not based on or confined to CSA. CSA is just one of many potential causes of repressed trauma.

2. All of the first (primary) traumaS occur before the age of four years, the majority being perinatal and with a significant number during pregnancy.

All of the Primary Traumas found in the work of Chamberlain, Emerson, Ebrahim, Janov and others, and in my own study, had occurred before the subjects’ first birthday. In my study only thirty-nine of 404 subjects escaped trauma until some time during their first year after birth.

Three hundred and sixty-five subjects reported perinatal trauma and sixty-nine reported intra-uterine trauma. Of these latter, twenty-six reported a primary trauma at only four weeks post conception. Cheek (1990) has encountered recovered trauma of embryos reacting to the mother learning of her pregnancy. In my study, all of these very early traumas were instances of the mother’s shock at an unwanted pregnancy.

Most psychologists only discuss the issue of alleged recovered memory that has occurred after four years of age or so. We might indeed then debate whether allegedly recovered memories were repressed or merely forgotten. It will become clear however, that it is more logical to consider first the claimed intra-uterine, perinatal and infantile traumas.

If we choose to accept there is strong evidence of the reality of these early, repressed memories rather than rejecting the notion as impossible, we become free to question how these memories might arise and be retained and what purpose they might serve.

The Characteristics of Early Repressed Trauma.

We know that children younger than four years old or so can have clear memories of earlier events in their lives sometimes including, remarkably, of their births (Eacott, 1999). But there is no evidence that these memories survive long term. Few adults can remember anything from before they were four years old or so (Kihlstrom, 1994). So these early, alleged memories certainly differ from autobiographical and narrative memory. Based entirely on my subjects’ subsequently corroborated reports:

1. They consist entirely of visual, aural, gustatory, olfactory and tactile detail. The reported details of, for instance, delivery rooms, of the words of mother and others, of the taste and pain of suction tubes, of the smell of antiseptics, and of the feelings of being placed on a cold surface or being tightly wrapped, of trying to avoid the glare of bright lights, are all extraordinary. The memories are though no more than the equivalent of tape recordings of all aspects of the remembered event. They are entirely devoid of any intellectual aspect.

2. They are accompanied by powerful emotion – overwhelming terror – at the prospect of extinction – and a quite animalistic degree of anger and hate, ultimately directed at mother but also with varying degrees of self-blame, resulting in misery and sadness.

3. They show no evidence of fading with time. Subjects of forty years old have related as much (eventually corroborated) detail as have eighteen year olds. Sixty-year-old subjects have recovered equally detailed memories although there was no opportunity to corroborate them.

If these memories do exist, they can only be retained in an entirely separate memory system with different characteristics to our subsequent long-term memory store. There is a helpful clue in that every first unconscious memory was of a perceived terrifying threat to the survival of the embryo, foetus or infant. When extinction did not in fact occur, sufficient detail of the event was apparently recorded and stored to act as a reference should that particular threat recur.

The Mechanism of Repressed Trauma – a Hypothesis.

An obvious inference is that these alleged recovered traumas are associated with an instinct for self-preservation. The term instinct, as applied to any human motivation, fell out of favour among psychologists, in the 1920’s (Sperling, 1980). They believed that such a characteristic could be ascribed to animals but certainly not to man. However, according to, for instance, Ornstein & Thompson (1985), “a part of our brain which we commonly know as the brain stem, first developed some 500 million years ago. They state that it resembles the entire brain of a reptile and indeed is often referred to as the reptilian brain. They further write that, in humans, this structure warns the organism of important incoming information and handles basic bodily functions necessary for survival, e.g. breathing and heart rate. Pietroni & Pietroni (1989) confirm this by stating that automatic breathing is under the control of structures within the brain stem.

Wills (1994) describes the oldest fossil record of a vertebrate brain. It belonged to a small fish which lived during the Silurian period of geological timescale over 400 Million years ago. Wills compares this fish’s primitive brain with our human brain stem and notes the similarities. Ornstein & Thompson note that the common earthworm also possesses a simple brain stem.

Ornstein & Thompson go on to describe the Limbic system, closely associated with the brain stem structures and which, they say, developed some 300-200 million years ago. It exists only in the brains of mammals. They say that it is closely connected with emotions associated with self-preservation and that the Limbic structures are similar in animals ranging from rats and mice to man. It is apparent that almost all living creatures feature this basic brain structure. In many examples today, the features are still primitive. In mammalian brains, they have acquired slight additions.

We might ask why it is that such a wide variety of creatures and over such an enormous time span should share this brain part. Hauser (2001) makes the point that nature has provided each species with the mental toolkit it requires, to serve its particular needs. He states that some of the tools are universal, shared by insects, fish, reptiles, birds and mammals, including humans.

All organisms have a basic urge to propagate their species. But this aim will only succeed if the individual members survive to procreate. We might therefore suppose that an instinct for self-preservation is the most basic urge of all. It is thus difficult to believe that once a potential threat to survival has been encountered and survived, no memory of such a significant event would remain. As McNally (2003) has indeed observed, such a loss of memory would provide no build-up of experience for the being. How much more logical that the survival threatening episode be remembered – to assist in instant recognition of any repeat of the threat and to provide a memory of a successful defence. Many living creatures have no more brain than the brain stem and so, if the mechanism to store threats to survival is as universal as would seem logical, then such memories can only be stored in that brain stem. As these creatures also have little or no intellect (Hauser, 2001), these memories can surely be no more than simple imprints – of such inputs as are provided by the senses inherent to any particular species.

Home sapiens has, reportedly, inherited this basic and universal brain structure.
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Ornstein & Thompson go on to describe the Limbic system, closely associated with the brain stem structures and which, they say, developed some 300-200 million years ago. It exists only in the brains of mammals. They say that it is closely connected with emotions associated with self-preservation and that the Limbic structures are similar in animals ranging from rats and mice to man. It is apparent that almost all living creatures feature this same basic brain structure. In many examples today, the features are still primitive. In mammalian brains, they have acquired slight additions.

We might ask why it is that such a wide variety of creatures and over such an enormous time span should share this brain part. Hauser (2001) makes the point that nature has provided each species with the mental toolkit it requires, to serve its particular needs. He states that some of the tools are universal, shared by insects, fish, reptiles, birds and mammals, including humans.

All organisms have a basic urge to propagate their species. But this aim will only succeed if the individual members survive to procreate. We might therefore suppose that an instinct for self-preservation is the most basic urge of all. It is thus difficult to believe that once a potential threat to survival has been encountered and survived, no memory of such a significant event would remain. As McNally (2003) has indeed observed, such a loss of memory would provide no build-up of experience for the being. How much more logical it that the survival threatening episode be remembered – to assist in instant recognition of any repeat of the threat and to provide a memory of a successful defence. Many living creatures have no more brain than the brain stem and so, if the mechanism to store threats to survival is as universal as would seem logical, then such memories can only be stored in that brain stem. As these creatures also have little or no intellect (Hauser, 2001), these memories can surely be no more than simple imprints – of such inputs as are provided by the senses inherent to any particular species. Home sapiens has, reportedly, inherited this basic and universal brain structure.
Most of them are misperceptions of any threat to survival, by a naïve prenatal or neonate but because they are out of consciousness, they are not available for updating as we mature. Thus, the instinctual reactions become increasingly irrational as we grow.

Thus, I propose that a possible mechanism to explain the enigma of memories that should be impossible but for which there is significant evidence, is that they are associated with an instinct for self-preservation and hence their early appearance in the life of the developing infant. They are stored in a primitive part of our brain that is 500 million years old and that we share with most living creatures.

Any form of regression therapy aimed at recovering these memories, can reveal them as a root contributor to a number of adult difficulties. Resolving the memories can enable the sufferer to correct the misperception and lose the irrational outcome.

There are two further related issues:

1) Secondary Trauma

Once the embryo, foetus or infant has been sensitized by the primary trauma to the perception that mother does not necessarily love it, subsequent events which seem to confirm the original perception of abandonment can provoke another (secondary) trauma. Grof (1975) also noted the dependence of secondary trauma upon a primary trauma; he named it a COEX system. These secondary traumas can extend through childhood and into adulthood. In my experience, they are indeed all linked by affect bridges, to the primary trauma. In young children, example causes can be: birth of a sibling, first day at school, hospitalization of mother or child, etc. In older children examples are; being sent to boarding school, parents separating, leaving home for university, etc. In adults, rejection by a partner, divorce, redundancy, etc. Panic attacks, phobias and depression, for instance, have resulted from a secondary trauma severe enough to trigger the recognizable neurosis. Childhood sexual abuse can, of course, occur at almost any age of a child. It will normally either commence after some three years of age or, at least, continue after that age.

The fundamental question arises as to whether traumatic experiences after four years of age or so, are stored entirely in conscious memory. Clinical psychologists as reported by, for instance, McNally (2003) believe that no part of such memories is repressed. My experience suggests a different situation, mostly briefly explained by two pertinent examples.

Case a. Woman of thirty-two who reported having been sexually abused by her father, from age six years to thirteen years. She had conscious memory, including a degree of detail, of most of the occasions and of her fear and pain. However, during regression, she also recovered memory of some pleasure at the special attention she was receiving from father, compensating for the lack of attention she perceived that mother gave her. The girl felt great guilt over this and could not retain this feeling in consciousness. In regression, via the affect bridges of several other secondary traumas she repressed an intra-uterine trauma caused by an accident to mother in the sixth month of her pregnancy. The foetus took the blame (not uncommonly) for the hurt to mother. During regression to one of the abuse sessions, she muttered, “Mum you do not love me because I hurt you. That’s why you let me be hurt.” Prior to recovery and resolution of this trauma, the subject had not, so she claimed, any awareness of the pleasure, her guilt or her blaming of mother. It would seem that in this case conscious and repressed memories of the traumatic episodes may have co-existed.

Case b. Man of twenty-eight following a motorcycle accident in which he suffered some concussion and a slight skull fracture. He had recovered physically but had been diagnosed as suffering P.T.S.S. He was referred for therapy and was not in the research group. He, of course, had conscious memory of the accident, was having flashbacks, sleeping problems with nightmares, depression and mood swings. He was unable to work through inability to concentrate.

The client had been born at home. Mother’s waters had broken and he was born rapidly, on the kitchen’s linoleum floor, before professional help could arrive. In regression to the birth trauma, he eventually cried, “I’m falling out of mum on to something hard. Ouch, my head! I’m going to die!” At age 6, he had fallen off a wall and had needed stitches for a head wound. During a fight at age 15, he had been violently knocked down in the playground and suffered slight concussion. After resolution of all indicated traumas and by the ninth therapy session, I judged the client ready to address the recent trauma. During regression to it, I asked the question, “What is happening to you is bad enough but I wonder whether it is worse than it might be because it is perhaps reminding you of a way you have felt before?” The client thoughtfully responded “Yes” Pause. “It’s like falling. It’s like being born. It hurts. Will I survive it?” Following this resolution of past events and the affect bridges connecting his recent head trauma to them, this man’s presenting symptoms rapidly subsided. He returned to work. Of course, he continued to remember the motor cycle accident but it no longer produced any untoward symptoms. Conscious and unconscious memories of trauma seem to have co-existed.

Contrary to the belief of most clinical psychologists, in my experience, conscious memories of a traumatic event do not preclude the co-existence of repressed memories of the most terrifying aspects of it. The repressed memory is the controlling factor in deciding the symptom.

2) Verbalization of Repressed Memories

A common objection to the reality of claimed intra-uterine and perinatal memories is that we do not have the facility of speech at those ages. How, therefore, could we describe or relate such memories? The explanation is that during a regression to a previously unconscious memory, the client dissociates, i.e. loses contact with the present moment and relives the original moment in all its identifying detail, all its manner and its emotion. Eventually, the client goes through a process of bringing the memory into conscious awareness and dissociation ceases. The client can then verbalize the content of the memory. The associated
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We cannot dismiss though, the many force-
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The gulf between clinical psychologists and
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