

Understanding Traumatic Memory

Blue Knot Foundation fact sheet to foster understanding about traumatic memory

What are Traumatic Memories?

- When people talk about *traumatic memories* they usually mean *implicit* (non-conscious) body memories.
- *Traumatic memories* often intrude on the present as though the threat is current (van der Kolk, 2015).
- Traumatic memories often return as fragments of intense feelings, sensations, emotions, thoughts and sensory experiences; e.g. images, sounds, smells.
- Blocked explicit -alongside enhanced implicit - processing (Siegel, 2012) helps to explain the sudden intrusive body sensations, emotions, sensory experiences from the past.
- Research confirms that while traumatised people often can't talk about their experiences they are often compelled to re-enact them (van der Kolk, 2015) without understanding the meaning behind the behaviour.
- Trauma is largely remembered as physical sensations, automatic responses and involuntary movements (Ogden et al, 2006) as well as unconscious 'acting out' behaviours (Levine, 2015).

What happens in the brain?

- Trauma blocks *explicit* processing and heightens *implicit* processing (Siegel, 2012). This means that conscious recall is inhibited while sensory recall is heightened.
- Trauma limits the function of the hippocampus (due to increased cortisol), disrupts the consolidation of explicit memory and activates the amygdala (leading to release of adrenaline which intensifies implicit memory).
- The need to resolve traumatic experience can fuel repetitive compulsive actions and behaviours until the trauma can be processed (van der Hart et al, 2006).
- Recognising the relationship between repetitive, problematic behaviour and unresolved trauma can enhance the support trauma survivors need to recover.

How is betrayal relevant?

- Sometimes 'forgetting' is adaptive and aids survival (Freyd & Birrell, 2013; Silberg, 2013) e.g. when duty of care is violated and trauma and caregiving come from the same source (Silberg, 2013).
- The concept of 'betrayal trauma' (or betrayal of trust) helps explain the 'forgetting' of early life abuse because *children need to preserve the attachment bond to caregivers* (Freyd, 1991).
- 'Betrayal blindness' (not seeing when someone betrays our trust) or 'unawareness' and 'forgetting' is a survival strategy which occurs in diverse relationships in which dependency trumps the need for protective action (Freyd & Birrell, 2013).
- Adults as well as children, can also 'not see', 'not know' and 'not remember' traumatic experience.
- While 'forgetting' the trauma of betrayal can aid survival it can also threaten health.
- Disclosure is a process (rather than an event) affected by *social context, issues of safety and the potential for adverse repercussions*.
- Not disclosing, delayed disclosure, and/or retraction are common *when the perpetrator is close to the victim* (Freyd & Birrell, 2013, p.123).

Social context

- Both remembering and 'forgetting' (i.e. explicit and conscious) can be healing and/or destructive.
- Social contexts and power disparities, as well as neurological factors, affect the encoding, retrieval, and reliability of memory (Barlow et al, 2017).
- Social power disparities can influence what it is appropriate to remember (Barlow et al, 2017).
- Internal and external processes not only affect what we disclose but what we allow ourselves to know (Freyd & Birrell, 2013).

Issues around disclosure

- Disclosing or not disclosing (i.e. when trauma can be spoken about) depends enormously on other people's reactions (Freyd & Birrell, 2013).
- The majority of people who have been sexually abused as children do not disclose until they are adults and some never tell at all (Freyd & Birrell, 2013).

Further reading on memory is available with the following fact sheets:

- [The Truth of Memory and the Memory of Truth \(including references\)](#)
- [Memory Classification](#)
- [Understanding Traumatic Memory](#)
- [Recovered Memory](#)