Repressed and/or dissociated traumatic memories are a real phenomena

Introductory comments: later in this seminar we will be discussing legitimate concerns regarding suggestibility and memory distortion/memory error. However, we want to be considerate of the many people who have been abused as children. As many of you know, the trauma of child abuse often includes being dismissed, invalidated, and not believed. We want to be VERY careful not to dismiss, invalidate, or disbelieve those who have been abused as children. Therefore, before discussing legitimate concerns regarding suggestibility and memory error, I want to present the extensive evidence supporting the reality of repressed and/or dissociated traumatic memories.

There are some people who have challenged the existence of traumatic memories that are important enough to still be affecting the person, but that are not available to the conscious mind because they are repressed and/or dissociated. These people have proposed that repression and/or dissociation of important traumatic memories are misguided concepts, and that the mind simply doesn't forget traumatic memories that are important enough to still be affecting a person.

Our assessment is that our own healing journeys, our professional experience, information from personal colleagues, well documented case studies in the professional literature, and extensive research specifically addressing the question provide overwhelming evidence supporting the reality of repressed and/or dissociated traumatic memories.

I. Personal experience with repressed and/or dissociated memories that have been recovered: As described in "Dissociation, Repression, Denial, and Avoidance: 'Where Did Kindergarten and First Grade Go?' " on the Case Studies page of our website, my memories of being in kindergarten and first grade classrooms at Oakton School were completely repressed and/or dissociated until the last couple years. As also described in this case study, the recovered memories that have come forward during my own emotional healing work fit many of the lies I have believed and the corresponding negative emotions I have experienced since grade school, and Charlotte and I have observed lasting changes in my thoughts, emotions, and behaviors as I have been working through these recovered memories. My personal experience is that repressed and dissociated memories are real and true phenomena. Brief summary: 1. we observe problems with dysfunctional thoughts and emotions in my life, 2. (previously unconscious) memories come forward that "fit" the dysfunctional thoughts and emotions, 3. The dysfunctional thoughts and emotions decrease/resolve as we work with these memories in emotional healing ministry.

II. Clients with repressed and/or dissociated memories that have been recovered: Charlotte and I have worked with a number of people who have recovered memories that they had not been able to remember consciously for many years. In each case, the recovered memories have matched certain lies, negative emotions, and behaviors in the person's life. Some of these people had signs and symptoms that met full DSM IV[1] diagnostic criteria for conditions such as phobias, panic

[1] DSM IV is short for the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth edition (American Psychiatric Association: Washington, DC, 1994) – the standard diagnostic listing/tool used by

disorder, obsessive compulsive disorder, eating disorders, major depression, various addictive disorders, and Post Traumatic Stress Disorder, and had been on corresponding psychiatric medications for years. The corresponding problems in the person's adult life have resolved as the truth-based pain, lies, sins, and demonic infection associated with the recovered memories were resolved, and in several cases I have had the privilege of steadily decreasing and/or stopping the psychiatric medications. I have continued to follow a number of these people, and have verified that their clinical improvement has been maintained for several years now. In some of these situations we have also been able to obtain corroborating evidence supporting the recovered memories. For example, one person has siblings who have corroborated many of the specific details in the previously dissociated memories that have now come back to her. Another person has medical and legal records verifying the childhood events she had repeatedly stated she could not remember, but then suddenly recovered during a session in my office.

Note: two of our videos, "Grace" and "Lisa," present live ministry sessions where the persons receiving ministry "recover" and resolve traumatic childhood memories that had previously been "missing" (not available to their conscious minds). The videos also include follow-up interviews where they describe several dramatic positive changes that have unfolded spontaneously since the ministry sessions on the tapes.[2]

III. Colleagues with corroborating evidence: Colleagues that we know and trust have also obtained corroborating evidence supporting the validity of recovered memories. In several situations, careful medical examination revealed scar tissue exactly matching traumatic memories recovered during emotional healing ministry. It is significant to note that "hidden" scar tissue was found in places like the inside of the mouth and the inside of the vagina, where it would only be found by careful medical examination and where the person receiving ministry would not even be aware of it (addressing the concern that people receiving ministry might make up traumatic memories to match their scars).[3] Note: We would like to hear from others who have obtained strong corroborating evidence verifying the historical accuracy of recovered memories.

IV. 2004 Research demonstrating an *active forgetting process*, and also identifying corresponding neurological phenomena: Collaborating scientists at Stanford University and the University of Oregon have just published research results that clearly demonstrate the existence of an *active forgetting process* that looks a lot like suppression/repression. This study shows that we can *choose* to "look away" from selected memory content, and that this voluntary "looking away" impairs later attempts to recall the selected material. These research results also identify, with functional magnetic resonance imaging (MRI), neurological phenomena that correspond to this active forgetting process. One fascinating aspect of this research is that it doesn't even involve emotionally painful memories – this rigorous and careful study shows that we can choose to "look away" from even mundane memory content.[4]

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mental health professionals.

[2] The videos, "Grace: Childhood Abuse Memory," and "Lisa: Childhood Surgery, Panic Attacks, and Abreaction" are available from the Store page of our web site, www.kclehman.com. The explanatory comments discussing the videos are also available (free download) from the "Case Studies" or Store pages of our web site.

[3] This was described by Dr. Ed Smith during the advanced apprenticeship training July 16-20, 2002.

[4] Anderson, M. C., Ochsner, Kevin N., et al. "Neural Systems Underlying the Suppression of Unwanted Memories." *Science.* January 9, 2004, 303:232-235.

V. Research regarding the existence of repressed and dissociated memories, and/or the historical accuracy of recovered memories: Note: Many of the studies described below also included other components. We are describing only the material in each study that addresses the question of whether repressed and dissociated memories are real phenomena and/or the question of how well recovered memories correspond to historical truth.

Andrews, B., Brewin, C., Ochera, J., Morton, J., Bekerian, D., Davies, G., and Mollon, P. "Characteristics, context and consequences of memory recovery among adults in therapy." *British Journal of Psychiatry*. 1999 August; 175:141-146.

One-hundred and eight therapists provided information on all clients with recovered memories seen in the past three years, and were interviewed in detail on up to three such clients. Of a total of 690 clients, therapists reported that 32% started recovering memories before entering therapy. According to therapists' accounts, very few of the 236 detailed client cases appeared improbable and corroborating evidence supporting the historical truth of recovered memories was reported in 41%. 78% of the clients' initial recovered memories either preceded therapy or preceded the use of memory recovery techniques.

Bagley, C. (1995). "The prevalence and mental health sequels of child sexual abuse in community sample of women aged 18 to 27. Child sexual abuse and mental health in adolescents and adults." Aldershot: Avebury.

This book describes a study of women between 18 and 24 years of age who had been removed from the home 10 years previously by social services due to intra familial sexual abuse. Of the 19 women for whom there was evidence of serious sexual abuse, 14 remembered events corresponding to their records. Two remembered that abuse had taken place but could recall no specific details, and three had no memory. Two of the last three described large gaps in their memories of childhood corresponding to the ages when abuse had taken place.[5]

Bull, D. "A verified case of recovered memories of sexual abuse." *American Journal of Psychotherapy*. 1999 Spring; 53(2): 221-224.

This case study describes the experience of a 40-year-old woman, with no history of mental illness and ten years of exemplary professional work, who recovers memories of childhood sexual abuse through a call from her youth pastor in whom she had confided as an adolescent. This reminder triggered a severe depression, suicidal action, and the need for hospitalization. The woman reported no memory of the sexual abuse prior to the reminder phone call. Corroborating evidence supporting the historical truth of the recovered memories was obtained (the woman's older sister reports that she witnessed the abuse).

Chu JA, Frey LM, Ganzel BL, Matthews JA. "Memories of childhood abuse: Dissociation, amnesia, and corroboration." *American Journal of Psychiatry*. 1999 May; 156(5):749-755.

90 female patients admitted to a unit specializing in the treatment of trauma-related disorders underwent a structured interview that asked about amnesia for traumatic experiences, the circumstances of recovered memory, the role of suggestion in recovered memories, and independent corroboration of the memories. A substantial proportion of participants with all types

[5] Adapted from 7-31-02 e-mail from Lynn Crook, M. Ed., to Ellen Lacter, Ph.D.

of abuse reported partial or complete amnesia for abuse memories. For physical and sexual abuse, early age at onset was correlated with greater levels of amnesia. Participants who reported recovering memories of abuse generally recalled these experiences while at home, alone, or with family or friends. Although some participants were in treatment at the time, very few were in therapy sessions during their first memory recovery. Suggestion was generally denied as a factor in memory recovery. A majority of participants were able to find strong corroborating evidence supporting the historical truth of their recovered memories.

Corwin, D. & Olson, E. "Videotaped discovery of a reportedly unrecallable memory of child sexual abuse: Comparison with a childhood interview taped 11 years before." *Child Maltreatment*. 1997; 2(2), 91-112.

This article presents a unique case involving the recovery of traumatic memory by a 17-year-old victim of documented childhood sexual abuse. The authors present the history, verbatim transcripts, and behavioral observations of a child's disclosure of sexual abuse to Dr. David Corwin in 1984 and the spontaneous return of that reportedly unrecallable memory during an interview with Dr. Corwin 11 years later.

The case was originally referred to Corwin for a court-appointed evaluation of allegations of sexual and physical abuse. Corwin had three interviews with the child (Jane Doe) and also met with both parents. Dr. Corwin's evaluation, along with previous documentation, strongly supported the child's allegation of both physical and sexual abuse by her mother. In her first interview, her disclosure was spontaneous and not in response to a question directed to sexual abuse. Jane made consistent statements regarding the identity of her sexual abuser and the nature of the abuse in all three forensic interviews. Her accounts included sensory detail and she reported detailed maternal threats not to disclose. Parental behavior during the interviews and psychological testing of both parents was also consistent with the mother having abused Jane. Based on the weight of the evidence the court gave Jane's father full custody and denied visitation to Jane's mother. In addition to the interviews, the records included protective services reports, court declarations by the parents, pleadings, court decisions, reports by prior evaluators and therapists, letters from Jane's parents, friends, and relatives, and Jane's medical records.

After her father's death, Jane wanted a closer relationship with her mother. Jane no longer had any memory of the abuse but did remember that she had alleged abuse. Her mother denied the abuse allegations and told Jane that her allegations were based on pressure by her father so he could get custody of her. Jane contacted Dr. Corwin and told him that she would like to see the videotapes of herself because she was unable to recall the actual events. Jane said: "I've chosen to believe that my real mom didn't do anything, even though I don't really remember if she did or not."

Before showing her the videotape, Corwin asks Jane to remember everything that she can about her interviews with him at age 6. Corwin asks her if she remembers "anything about the concerns about sexual abuse." Jane says: "No. I mean, I remember that was part of the accusation, but I don't remember anything – wait a minute, yeah, I do." Corwin asks her what she remembers. Jane responds, "My gosh, that's really, really weird." This is followed by tears and Jane's speech becoming choked up. Jane then reports some of the details described in the interviews when she was 6 years old. Corwin then shows Jane the videotapes of his interviews with her when she was 6 years old. After watching the videotapes, Jane believes that the child on the tapes was telling the truth.

Both the child's disclosure at age 6 and the young woman's sudden recall of the abuse at age 17 after several years of reported inability to recall the abuse are recorded on videotape.[6]

Duggal S, Stroufe LA. "Recovered memory of childhood sexual trauma: A documented case from a longitudinal study." *Journal of Traumatic Stress*. 1998 April; 11(2): 301-21.

The authors present the case of a child with documented history of sexual abuse, chronicled evidence of amnesia (no recall of the abuse in extensive interviews and consecutive written assessments as a teenager), and then spontaneous recall of the abuse memories outside of therapy at age 19. This account contains the first available ***prospective*** **report of memory loss in a case in which there is both documented evidence of trauma and evidence of recovery of memory**. The case emerged as part of a broadband, large-scale study of children followed closely from birth to adulthood which was not focused on memory for trauma. Prospective data gathered in a neutral research context, and corroborated and supplemented by retrospective information, circumvent many limitations of previous retrospective accounts of recovered memories.

Feldman-Summers S; Pope KS. "The experience of forgetting childhood abuse: a national survey of psychologists." *J Consult Clin Psychol.* 1994 Jun; 62(3):636-9

A national sample of 330 psychologists were asked whether they had been abused as children and, if so, whether they had ever forgotten some or all of the abuse. Almost a quarter of the sample (23.9%) reported childhood abuse, and of those, approximately 40% reported a period of forgetting some or all of the abuse. The major findings were that (a) both sexual and nonsexual abuse were subject to periods of forgetting; (b) the most frequently reported factor related to recall was being in therapy; (c) approximately one half of those who reported forgetting also reported corroboration of the abuse; and (d) reported forgetting was not related to gender or age of the respondent but was related to severity of the abuse.

Fish V., Scott C.G. "Childhood abuse recollections in a non-clinical population: forgetting and secrecy." *Child Abuse Neglect.* 1999 Aug;23(8):791-802

Fifteen hundred people were randomly selected from the membership of the American Counseling Association and sent a questionnaire regarding childhood abuse history. Four hundred and twenty-three usable questionnaires were returned and analyzed. Thirty-two percent of the sample reported childhood abuse. Fifty-two percent of those reporting abuse also noted periods of forgetting some or all of the abuse.

Herman, J. L., & Harvey, M. R. "Adult memories of childhood trauma: A naturalistic clinical study." *Journal of Traumatic Stress.* 1997 October; 10(4), 557-571.

The clinical evaluations of 77 adult psychiatric outpatients reporting memories of childhood trauma were reviewed. A majority of patients reported some degree of continuous recall. Roughly half (53%) said they had never forgotten the traumatic events. Two smaller groups described a mixture of continuous and delayed recall (17%) or a period of complete amnesia followed by delayed recall (16%). Patients with and without delayed recall did not differ significantly in the proportions reporting corroboration of their memories from other sources.

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[6] Adapted from 7-31-02 e-mail from Lynn Crook, M. Ed., to Ellen Lacter, Ph.D.

Idiosyncratic, trauma-specific reminders and recent life crises were most commonly cited as precipitants to delayed recall. A previous psychotherapy was cited as a factor in a minority (28%) of cases. By contrast, intrusion of new memories after a period of amnesia was frequently cited as a factor leading to the decision to seek psychotherapy.

Martinez, Taboas, A. "Repressed memories: Some clinical data contributing toward its elucidation." *American Journal of Psychotherapy*. (1996) Spring; 50(2), 217-30.

This article offers two case reports that include amnesia of traumatic memories, recovery of traumatic memories, and corroborating evidence for the traumatic memories. The author documented that both patients had no conscious memory of their childhood abusive experiences, documented the recovery of childhood traumatic memories in therapy, and then obtained definite and clear-cut independent corroborating evidence supporting the historical truth of the abuse memories in both cases.

Nash, M.R. "Memory distortion and sexual trauma: The problem of false negatives and false positives. *The International Journal of Clinical and Experimental Hypnosis*, 1994; 42, 346-362.

Nash describes a 42 year old man who entered therapy because of bothersome, intrusive images that he thought might allude to a sexual experience. He eventually recovered a traumatic sexual memory, and then obtained corroboration from one of those he recalled as being present – a cousin who acknowledged participating in the event, and who reported retaining clear memory of the episode since it had happened.

Penfield, Wilder, and Perot, P. "The brain's record of auditory and visual experience. A final summary and discussion." *Brain*, (1963) 86:595-696.

In an extensive series of surgical case studies, Penfield and Perot document that direct electrical stimulation of the temporal lobe can elicit vivid, detailed recall of autobiographical memories that is qualitatively more like *re-experiencing* the original events than like the normal subjective experience of remembering. The patients report that the detail they *re-experience* (see, hear, etc.) during stimulation is much more vivid and minute than they can normally recall regarding the events in question (often reported to be true autobiographical events that the person also has "normal" memory for).[7] Patients report that they can't retain/recall the same level of details, even moments after the stimulation is stopped. For example, if you are looking at this sentence, and I ask "Did I use 'you are' or 'you're'?" you could answer with little difficulty. However, you would have trouble accurately remembering such detail, even moments after reading the sentence, if you were not looking at the sentence

[7] Drs. Penfield and Perot noted that in some of the cases, the accuracy of the recalled details were verified by family members who could corroborate memory content, or by verifying the accuracy of other details, such as the melody and words of music the patients sang as the "memory songs" were being "heard" in their minds. Note that Drs. Penfield and Perot were stimulating the temporal cortex as a part of a neurosurgical procedure, making observations about memory phenomena as a side issue. They were not carefully documenting corroboration as a part of systematic memory research. Their observations therefore do not carry the same scientific evidence "weight" as carefully controlled cognitive psychology experiments. Nevertheless, when I took the time to go through their original material (the summary article referenced above, which includes verbatim transcripts from their interactions with patients during temporal lobe stimulations), I am left with the clear overall impression that the direct stimulation elicited accurate recall of extraordinary detail not usually accessible to the conscious mind (as described above).

when I asked you the question. The important point for this discussion is that these case studies demonstrate that the mind can carry detailed, accurate autobiographical memory content that is not usually available to the conscious mind.

Sacks, Oliver. *The Man Who Mistook His Wife for a Hat*, (Harper Collins: New York, NY) original copyright 1970, most recent edition 1990. Dr. Oliver Sacks, a clinical neurologist, describes several fascinating case studies in which biological changes in a patient's brain resulted in "recovering" memories that had previously been inaccessible to the person's conscious mind.

"Recovered" memories with temporal lobe stroke and associated seizures (pages 132-149): Dr. Sacks describes the case of an 88 year old woman who began remembering vivid details from her early childhood following a temporal lobe stroke and the onset of associated temporal lobe seizures. This woman had been born in Ireland. Her father had died before she was born, and her mother died when she was five years old. Before the temporal lobe seizures started, she had no conscious memory of her mother, her mother's death, or any other details from the first five years of her life. She could not remember this material, even with repeated, intentional, directed effort, trying to bring these memories into her conscious mind. During the temporal lobe seizures, she did not just remember details from the first five years of her life, but *re-experienced* them in vivid, detailed memory hallucinations (flashbacks): "...I feel I'm a child in Ireland again – I feel my mother's arms, I see her, I hear her voice singing." Then, after the seizures stopped with resolution[8] of the small stroke, she was again unable to remember anything from the first five years of her life. She could remember that she *had* remembered the "lost" material – she could remember the recent adult experience of remembering the "lost" material – but she could no longer consciously, directly remember the "lost" material.

Note that the observations and neurology in this case study are consistent with the hypothesis that these memories were "blocked" by psychological defenses such as repression and/or dissociation. As Penfield and Perot thoroughly demonstrated and documented, direct stimulation of the temporal lobe, such as would occur with seizures in the temporal lobe, can directly activate memory circuits. And direct activation of the memory circuits would bypass higher brain function psychological defenses moderated by the frontal cortex. If this were the case, it would be *expected* that the memories would be "lost" again once the temporal lobe seizures stopped. The psychological defenses had been temporarily bypassed by the direct stimulation of the temporal lobes, but they were still in place, and would be expected to resume their function of blocking the memories as soon as the direct stimulation bypass stopped.

"Recovered" memories with increased L-Dopa dosage (pages 150-152): Dr. Sacks describes the case of a 63 year old woman with Parkinson's disease who began to report vivid, detailed memories from her youth in the 1920's after her dose of L-Dopa was increased. "The patient requested a tape-recorder, and in the course of a few days recorded innumerable salacious songs, 'dirty' jokes and limericks, all derived from party-gossip, 'smutty' comics, night clubs,

[8] Regarding the reference to a stroke "resolving:" With any true stroke, there is a small core of tissue that dies, and a much larger area that is damaged, but that does not die. A stroke never *completely* resolves, because the dead tissue is never recovered, but the injury to the larger damaged area does resolve with time. Seizures in the area of a stroke are mostly caused by the *acute* inflammation and irritation associated with the stroke. The acute inflammation and irritation resolve as the dead tissue consolidates into a small scar and as the temporary injury to the larger area is healed. Sometimes there is a small, lingering irritation associated with the scar tissue, but seizures associated with strokes usually resolve as the acute inflammation and irritation resolve.

and music halls of the middle and late 1920's." "Nobody was more astonished than the patient herself: 'It's amazing,' she said. 'I can't understand it. I haven't heard or thought of those things for more than 40 years. I never knew I still knew them. But now they keep running through my mind.'" It is also interesting to note that these memories were "lost" again when the L-Dopa dose was decreased: "Increasing excitement necessitated a reduction of the dosage of L-Dopa, and with this the patient, although remaining quite articulate, instantly 'forgot' all these early memories and was never again able to recall a single line of the songs she had recorded."

Note that Dr. Sacks did not obtain independent, corroborating evidence to verify the details of the songs and other details of the first patient's early childhood, but everything she remembered was consistent with the facts that were documented (that she had grown up in Ireland with her mother, had been orphaned at 5 years old, and had then moved to America). He did not obtain independent, corroborating evidence to verify the details of the 1920's songs, jokes, etc. recorded by the second patient, but his subjective impression was that they were accurate reproductions, and that they certainly fit the "flapper" era of the patient's youth. Because of the lack of independent, research grade collaboration, these case studies do not *prove* anything, but they strongly indicate that it is common to carry material in our minds that we cannot consciously remember.

Note also that the details of these case studies *do not* indicate whether the memories were repressed, dissociated, or just "lost" in the filing system, but they *do* indicate that the patients' minds carried memory content that they could not access consciously. It is interesting to note that the "lost" material in the one patient's case included her childhood memories up to and including the death of her mother.

"Recovered" memories with frontal lobe injury (pages 161-165): Dr. Sacks describes the case of a young man who murdered his girl friend while under the influence of the powerful hallucinogenic drug PCP, had no conscious memory of the murder, and then experienced spontaneous return of the "lost" memory four years later after traumatic injury to the frontal lobes of his brain. This case study is especially valuable because of the details that are carefully documented and corroborated, both legally and medically. There was enough carefully documented legal evidence to convict the young man of murder, even though thorough legal, neurological, and psychiatric examination (including hypnosis and sodium amytal injection – "truth serum") concluded that he had no conscious memory of the crime. An additional important point is that the details of the murder were so macabre that they were not revealed to the public or to the patient – the forensic examiners discussed them only with the judge.

During the fifth year following the murder, the patient was injured in a bicycle accident, sustaining serious damage to both frontal lobes of his brain. As he awoke from the coma resulting from this injury, he began having nightmares, and then vivid, detailed hallucinations of re-experiencing the murder. Dr. Sacks wondered whether the content of his nightmares and hallucinations were psychotic/fabricated/imagination, or whether they were accurate memory. He obtained permission to examine the forensic details documented in the legal records, previously known only to the judge and the forensic examiners, and found that every detail described by the patient matched exactly the details documented by the forensic examiners: "He was questioned in great detail, with the greatest care to avoid any hints or suggestions – and it was very soon clear that....*he now knew the minutest details of the murder: all the details revealed by forensic examination, but never revealed in open court – or to him*."

Note that the patient accepted his sentence to an asylum for the criminally insane with the feeling that he deserved it ("I'm not fit for society"), and remained there for four years prior to his bicycle accident, still claiming that he had no conscious memory of the murder. Furthermore, he remained in the institution for the criminally insane after the bicycle accident and the return of conscious memory of the murder. Another significant point is that before the bicycle accident he felt some guilt about the murder, but did not seem to be intensely troubled by it. However, following the accident, when he reported spontaneous return of memories of the murder, he became tormented by these memories to the point that he attempted suicide twice, and had to be physically restrained and heavily sedated to prevent further suicide attempts. These observations/facts would argue against the possibility that he was simply lying about not having any memory in hopes of escaping or moderating punishment.

Note also that injury to the patient's frontal lobes would be consistent with losing higher brain functions that had been blocking the memories of the murder through psychological defense mechanisms. This would be consistent with the observation that, after the injury, the horrific details of the memory came obsessively, constantly, and intrusively into his consciousness – as if he had suddenly lost the ability to "block" them from his conscious mind. This hypothesis that injury to his frontal lobes weakened/disabled the psychological defenses that had previously blocked these memories is also consistent with the observation that the memories continued to be accessible. That is, there was clear neurological evidence of permanent frontal lobe damage, and this fits with the clear psychological evidence of irreversible loss of his ability to "block" the traumatic memories from his conscious mind.[9]

Schooler, J.R. "Seeking the core: The issues and evidence surrounding recovered accounts of sexual trauma." *Consciousness and Cognition*, 1994; 3, 452-469.

The 32 year old man described in this case study reports that he had forgotten about several incidents of molestation that had occurred during early adolescence, but then remembered these events after watching a movie that dealt with sexual abuse. Corroboration was obtained in that the perpetrator then acknowledged the abuse.

Van der Kolk, BA, & Fisler, R. "Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study." *Journal of Traumatic Stress.* 1995 October; 8(4), 505-525.

In depth interviews were obtained from 46 adults with Post Traumatic Stress Disorder (PTSD). Of the 36 with childhood trauma, 42% suffered significant or total amnesia at some time. Corroborating evidence supporting the historical truth of the childhood trauma was available for 75%.

Viederman M. "The reconstruction of a repressed sexual molestation fifty years later." *Journal of the American Psychoanalytic Association.* 1995; 43(4): 1169-95.

The patient in this case study recovers memories of sexual abuse that had previously been completely repressed, and then also obtains corroboration (six years following termination of

[9] The memories did not come forward *temporarily* during the crisis stress of the injury and then disappear again, but rather *remained* accessible to his conscious mind. With extensive therapy, the memories lost their obsessive, intrusive, Post Traumatic Stress Disorder (PTSD) quality, but he was still able to recall the details of the murder if he chose to do so.

therapy the patient wrote a letter describing confirmation of the event from another person who had knowledge of what had happened).

Williams, L. M. "Recovered memories of abuse in women with documented child sexual victimization histories." *Journal of Traumatic Stress.* 1995 October; 8(4): 649-73.

129 women with documented histories of childhood sexual abuse were interviewed 17 years after the initial report and asked detailed questions about their abuse histories. 80 (62%) of the women recalled the abuse, 49 (38%) did not remember the specific incident that precipitated the hospital admission that Williams enquired about, and 16 (12%) of the women did not have any memory of being abused. Thirteen of the women who recalled the abuse at the time of the interview reported that at some time in the past they had forgotten about the abuse. Williams specifically notes that the women with a prior period of forgetting – the women with "recovered memories" – did *not* recover the memories in therapy, or use special techniques (such as hypnosis) to search for them. Most of these women stated that they did not forget the abuse until years later, but two reported forgetting each episode of abuse immediately after it occurred. The women who had recovered memories and those who had always remembered had the same number of discrepancies when their accounts of the abuse were compared to the reports from the early 1970s.