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Recovered Memory

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Recovered memory is the phenomenon of spontaneously recalling a memory or memories that were unavailable from conscious memory retrieval for some period of time. The term *recovered memory* is often associated with the return of memories that are related to a high degree of stress or emotion and are commonly linked to a traumatic event. These memories can be recalled years or even decades later when the individual encounters a stimulus related to the original memory, such as a smell, taste, person, or sound. The forgetting can be partial or complete, and in some instances, it may still affect the individual outside of conscious awareness.

Some individuals who have reported experiencing recovered memories have described it as a spontaneous occurrence, often involving feelings of shock followed closely by a sudden unfolding of memories and sensations. Others describe a more fragmented return of memories that takes some time to interpret. In mental health diagnosis, recovered memories are most commonly associated with posttraumatic stress disorder (PTSD) and dissociative disorders, with the key similarity being a traumatic history. However, it is possible for recovered memories to arise from a variety of etiologies with differing trajectories.

The existence and validity of recovered memories has been a controversial topic within psychology. The key points of contention are the accuracy of the memories recalled and the degree to which the memories can be forgotten. The mechanisms of memory storage, consolidation, and retrieval are subject to influence from internal and external sources, which creates the possibility for memories to be altered, fragmented, or lost, therefore altering the accuracy or availability of a memory. External sources can include suggestion from others, pressure for survival, or continuous threat of harm. Likewise, internal factors can lead to disruptions or delays in the memory processes through cognitive mechanisms such as dissociation, intentional forgetting, or cognitive dissonance. At times, it may be impossible to determine the accuracy of a reported recovered memory or the degree to which the memory was forgotten originally. Many reports of recovered memories have been corroborated with evidence, testifying to the existence of recovered memories, but instances of inaccurate memories have been uncovered as well. Research studies have supported a synthesized perspective, acknowledging the existence of recovered memories as well as the existence of mechanisms that can alter or change memories by disrupting their accuracy or availability for recall.

After briefly providing the historical context and information regarding the prevalence of recovered memories, this entry focuses on theories explaining the motivations and mechanisms of recovered memories.

Historical Context

One of the earliest reports of a recovered memory–like phenomenon is of one that may have occurred in 1646: Paracelsus has been attributed with describing the case of a woman with an alternate personality who stole her money, but of which she had no memory. But it was in the late 19th century that the foundation and theory of recovered memories began to truly develop, as Sigmund Freud, Jean Piaget, and others began developing psychodynamic theories of repression and defense mechanisms. Further evidence of traumatic memory disturbances came from returning soldiers during both world wars, as reports of forgotten combat experiences and the effects of PTSD came to be known. Documented cases of amnesia were amassed: Soldiers who had witnessed friends and comrades dying reportedly responded by striking out at fellow comrades, reverting to childlike states, becoming confused

and disoriented, and then spontaneously recovering within days, having completely forgotten the memories of the time in between.

In the late 1900s, the discussion of recovered memories garnered attention in the academic press, as well as popular media outlets, through the increasing reports of recovered memories of childhood sexual abuse. As the existence of recovered memories became known, some individuals and therapists began to look at the possibility of repressed memories more intently. The acceptance of the idea that traumatic events can occur, be forgotten, and then either influence a person outside of conscious awareness or even be recovered later on may have resulted in the increased use of therapeutic techniques expressly with the goal to uncover these forgotten memories. Such techniques have included hypnosis, guided imagery, dream interpretation, and sedative or hypnotic drugs.

Legal cases began to arise involving individuals recalling crimes from their recovered memories. Because researchers could not clearly describe a consistent profile for persons with a hidden history of trauma, and because of strong concern over the influence and suggestibility of these therapeutic techniques, recovered memories lost acceptance as valid legal testimony in some jurisdictions. The False Memory Syndrome Foundation (FMSF) was formed at this time in opposition to the notion of the existence of recovered memories. Largely formed by parents whose children had accused them of abuse based on recovered memories, the FMSF also included several prominent scientists and scholars who highlighted the lack of scientific evidence for the existence and/or accuracy of recovered memories; however, other prominent scientists and scholars contested the claims of the FMSF.

Prevalence

Measurements of the prevalence of recovered memories generally come from estimates collected through self-report, mostly elicited from populations with a history of early abuse. Estimates of the prevalence of both amnesia and recovered memories also come from a few prospective studies, in which adults were contacted some time after a documented traumatic experience and questioned regarding their memory of that trauma.

Although not all individuals who have experienced trauma experience the phenomenon of recovered memories, this population is believed to be the most likely to repress and later recall a traumatic memory. When examining patient populations with histories of abuse, an estimated 10% to 36% of the samples reported having completely blocked out the abuse, having vague or partial memories of the abuse events, or forgetting the episodes of extended abuse. Even higher estimates have been found when examining interview and survey studies, including the often-cited John Briere and Jon Conte survey. Between 38% and 60% of the survey participants who reported having experienced childhood sexual abuse also reported forgetting some or all of the abuse for a period of time. A prospective study by Linda Williams showed that 38% of women with a known history of childhood abuse corroborated through medical history reports and reports from caregivers were shown to have no memory of the abuse. Although these estimates cannot provide any evidence for the accuracy of reporting regarding the degree to which the memories were actually repressed or forgotten, even the most conservative evidence shows that individuals regularly report having forgotten traumatic memories, and therefore perceive themselves as having forgotten, which would suggest that memory accessibility is likely to be affected.

Theories of Motivations and Mechanisms

Repression

Psychodynamic theories suggest that memories that contain painful or threatening components can be selectively repressed from conscious awareness through effortful control occurring either voluntarily or involuntarily. This repression is hypothesized to serve as a protective mechanism to distance a person from feeling pain; however, according to this theory, the memories may still affect the person in his or her emotions or actions on a more subconscious level. Laboratory studies have shown that individuals can possess repressor-like mechanisms such as actively pushing information from the mind or forgetting the more negatively charged stimuli, lending support to the idea that defensive mechanisms may exist, but not confirming it.

Betrayal Trauma Theory

Similar to the theory of repression in that amnesia occurs as a protective mechanism, betrayal trauma theory, proposed by Jennifer Freyd, addresses both how and why instances of traumatic memory disturbances may occur. *Betrayal trauma* refers specifically to situations in which the perpetrator of the traumatic experience is a person in whom the survivor trusts and/or relies on for resources or survival. The theory proposes that the amnesia of the traumatic memories serves primarily the function of continued survival or existence in an otherwise threatening environment. For a child who relies on a caregiver for all of his or her basic needs, it can be essential to find a way to maintain the relationship with the abuser in order to continue to survive. In addition to the threat of physical or emotional harm, there is also risk of harm to relationships; situations that involve both are considered to be high in betrayal, and amnesia becomes especially likely in these situations.

The amnesia of these traumatic experiences as they continue to happen is termed *betrayal blindness*. Freyd proposes that betrayal blindness can occur with the aid of a variety of cognitive mechanisms; that is, there is no one path through which betrayal blindness must occur. Cognitive psychology research has uncovered many mental mechanisms that support that there are many ways in which knowledge integration and processing can be disrupted or altered, including selective attention, parallel processing, and inhibition. The question of how these memories can be recovered will then depend on understanding the mechanism used to isolate the memories in the initial disruption of integration. Importantly, while addressing potential explanations for how memories may be forgotten and then recalled, this theory does not negate that the accuracy of the memories being recalled could be impaired. The same mechanisms could in part open the potential for memory errors and the potential for false as well as accurate recovered memories.

Dissociation

Traumatic dissociation, a cognitive mechanism that could be involved both in repression and in betrayal trauma, offers another explanation as to how recovered memories may occur. Dissociation is a phenomenon that can be defined as the separation of emotion, thought, feelings, and experience from conscious awareness and can include components of depersonalization, derealization, and memory disturbances. Dissociative responses have been well documented in survivors of traumatic experiences, including combat, sexual abuse, and natural disasters, so much so that dissociation is a listed symptom of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, and is associated with poor psychological recovery. The theory on how dissociation aids in the phenomenon of recovered

memory is similar to the psychodynamic theory of repression as a defense mechanism, in that dissociation is believed to occur at an instance of overwhelming trauma, thus disconnecting the individual from his or her conscious experience and interfering with memory assimilation. Although the concept of dissociation and its association with traumatic history is widely accepted, the mechanisms behind dissociation are still being investigated in research.

One theory regarding the mechanism of dissociation is that entering a dissociative state disrupts conscious experience and therefore leads to interference in memory-encoding processes. Expanding on this theory, it is possible that the act of dissociating creates separate, distinct states of mind, each with distinct functions, experiences, and memories. In this case, memories may become state dependent and therefore can only be accessed in the dissociative state. Laboratory tests have supported an association between dissociative tendencies and memory disturbances. Anne DePrince and colleagues found that individuals with high dissociative tendencies showed enhanced performance on tasks requiring divided attention but reported remembering fewer trauma or emotionally charged words and more neutral words than individuals with low dissociative tendencies. The failure to recall more charged words than neutral words goes against expected findings of attention and cognition, which predict that the most salient information will capture attention and is more likely to be remembered. These findings add support to the idea that dissociation may be a mechanism by which individuals can protect themselves from threatening information by altering their state of awareness and therefore affecting cognitive processes such as memory encoding.

Neural Pathway and Neural Network Disruption

Evidence suggests that emotional and nonemotional content may be processed differently in the brain and therefore may involve the use of at least partially different pathways. It is hypothesized that these pathways create and store memories differently because of the different cortical regions involved in the processing. Two brain regions known to be associated with emotion and memory, (1) the amygdala and (2) the hippocampus, have been implicated in these pathways.

In an oversimplified description, the amygdala has been nicknamed the “fear center” in psychology due to its association with and activation in situations involving highly arousing content. Neuroimaging studies have continued to support this role, as amygdala activation tends to increase in studies involving the processing of emotionally charged stimuli. Damage to the amygdala has been shown to be associated with a decrease in fear responses both internally and externally. In the formation of memories, particularly stressful or traumatic memories, the amygdala is thought to be part of a neural pathway that receives information directly from the cortical sensory systems. Some have hypothesized that this pathway works in parallel with another pathway responsible for recording only generic information of the event and that is disconnected from the frontal regions involved in higher order processing. A third pathway, receiving input from the hippocampus—the area of the brain known to be involved in the formation of long-term memories and their retrieval—is hypothesized to be responsible for the integration of information from these other pathways.

Although the understanding of how neural networks and pathways function is still a developing field, some have theorized that the existence of these pathways may explain both the formation and the disruption of traumatic memory encoding and retrieval. The lack of cortical involvement in the first pathway combined with the sensory input and fear processing of the second pathway supports the possibility that some information related to threatening situations can be processed with little to no conscious awareness and that this information

can be sensory dependent. It is hypothesized that in situations of extreme threat or stress, the function of the third pathway involving the hippocampus may become disrupted, which may interfere with the integration of the experience as a whole. This hypothesis has been supported through evidence of chronic stress and associated damage and/or size reduction in the hippocampus, found in brain-imaging studies of veterans with PTSD versus noncombat controls.

Retrieval Inhibition

Mike Anderson's work with retrieval inhibition has supported the early repression theories proposed by Freud. Anderson's research has provided evidence that repeatedly preventing retrieval of an unwanted memory through conscious effort and engagement of the lateral prefrontal cortex can impair its later retention and retrieval. The engagement of the lateral prefrontal cortex during active retrieval inhibition is hypothesized to disengage the involvement of the hippocampus and therefore disrupt further processing and consolidation. This model provides evidence of the existence of processes that can lead to intentional forgetting of unwanted memories over time.

See also [Dissociative Amnesia](#); [Dissociative Identity Disorder](#); [Posttraumatic Stress Disorder](#); [Repression](#); [Trauma](#); [Trauma- and Stressor-Related Disorders: Biological Factors](#)

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Further Readings

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