

## Recall of Trauma

Williams in her study of victims of sexual abuse 17 years after the event found that younger age at the time of abuse and closeness of relationship with the abuser correlated with the inability to recall the event (1). A recent functional MRI study by John Gabrieli and colleagues has demonstrated that prefrontal cortical and right hippocampal regions of the brain exhibit higher degrees of activation in individuals who repressed unwanted memories (2). Their study, while limited to adults in non-traumatic situations, sheds light on the ways that the brain may produce traumatic forgetting and also leads to the realization that memories might indeed emerge at a later time in the event that these pathways normalize at a neurochemical level.

It is clear that memories are reconstructed and not simply laid down, and thus not simply recalled as a photographic image or 100% accurate event. Memories are narrated and constant being reconstructed, and individuals can therefore be induced to believe that certain events happened when in fact they did not; however, it is not yet clear whether complex events typically reported by trauma victims can also be implanted. In clinical practice, Edsall et al.(3) have helped several patients with this kind of problem and were impressed with several features of the emergence of long-forgotten material:

1. The emergence occurred in the context of a long-established and trusted therapeutic relationship after many months of treatment for other related problems
2. The emergence was triggered by a current event in the patient's life that in some form was reminiscent of the original event

3. The traumatic event did not come as a total surprise, since the patient usually assessed the victimizer to be a problematic person in his or her life

4. The memories were disjointed and fragmented at first and were accompanied by appropriate emotions such as anxiety and rage, but there was a general hesitancy to draw the appropriate inferences

5. Nightmares at times reemerged that had been present a long time ago

6. Our own clinical conduct during the time of the emergence of these traumatic events was at all times receptive and facilitative but never pressuring and prescriptive.

As further research is conducted to help deal with these complex issues, clinicians can be helpful to patients but still not "muddy the waters."

1. Williams LM. Recall of childhood trauma: a prospective study of women's memories of child sexual abuse. *J Consult Clin Psychol* 1994;62(6):1167-76.
2. Anderson MC, Ochsner KN, Kuhl B, Cooper J, Robertson E, Gabrieli SW, et al. Neural systems underlying the suppression of unwanted memories. *Science* 2004;303(5655):232-5.
3. Childhood Trauma. S. Edsall, N. Karnik and H. Steiner. In *Clinical Child Psychiatry, Second Edition*, Eds. W. Klykylo and J. Kay. ©2005, John Wiley & Sons, London