



CHANGING SYSTEMS  
TRANSFORMING LIVES



**DEFENSE**  
NATIONAL DEFENSE CENTER  
FOR CRIMINALIZED SURVIVORS

# MEMORY

## BASIC PROPOSITIONS

Updated March 2024

# BWJP

**The following excerpts from social science literature discuss the impact of trauma on survivors' ability to recall the details of a traumatic event. This literature can help to explain a survivor's gaps in memory, and rebut harmful assumptions, inferences, and arguments about their credibility.**

## **The connection between loss of memory and trauma has long been researched and established**

“What are the characteristics of traumatic memories? Are there different subtypes? How are the traumatic memories different from normal memories? How do we know when traumatic memories have become normal memories, or have changes in less dramatic but clinically significant ways? Traumatized individuals and the clinicians who treat them continually attempt to answer such question, and the clinical literature addressing these issues is over a century old...Yet valid and reliable methods for answering these questions with empirical research are just beginning to be developed.” (Hopper and van der Kolk, 2001)

“In order for the study of traumatic memories to become a mature field, capable of fostering more systematic classification and comprehensive understanding of the varieties of traumatic memories and remembrances, more researchers must draw on clinical and scientific experience and knowledge, and employ more integrative methods of retrieval and assessment.” (Hopper and van der Kolk, 2001)

“Whereas vivid intrusions of traumatic images and sensations are the most dramatic expressions of PTSD, the loss of recollections for traumatic experiences is also well documented. The complexity of memory loss for trauma, and the psychological elaboration of the experience itself, are illustrated by a very early case in the psychiatric literature... For over 100 years, there have been numerous descriptions of traumatized patients who suffer from amnesias for traumatic experiences.” (van der Kolk, 1996)

“Amnesias for traumatic experiences, with delayed recall for all or parts of the trauma, have been noted after natural disasters and accidents; war-related traumas, kidnapping, torture, and concentration camp experiences; physical and sexual abuse; and committing murder.” (van der Kolk, 1996)

# How memory loss happens/manifests

“Our research has shown that, in contrast with the way people seem to process ordinary information, traumatic experiences are often initially imprinted as sensations or feeling states, and are not collated and transcribed into personal narratives. Both our interviews with traumatized people, and brain imaging studies of them, seem to confirm that traumatic memories come back as emotional and sensory states, with limited capacity for verbal representation.” (van der Kolk & Osterman, 2001)

“(W)hen people feel threatened, they experience a significant narrowing of consciousness, and remain focused on only the central perceptual details. As people are being traumatized, this narrowing of consciousness sometimes seems to evolve into a complete amnesia for the experience.” (van der Kolk, 1996)

“Problems may arise later because the memories of the events that occurred under severe stress are not put into words and are not remembered in the normal way we remember other things. Instead, the memories remain ‘frozen in time’ in the form of images, body sensations such as smells, touch, tastes, and even pain, and strong emotions.” (Bloom & Reichert, 1998)

“At the time of the trauma they had become trapped in ‘speechless terror’ and their capacity for speech and memory were separated. As a result, they developed what has become known as ‘amnesia’ for the traumatic event – the memory is there, but there are not words attached to it so it cannot be either talked about or even thought about.” (Bloom & Reichert, 1998)

“If the state of mind at the time of trauma is altered or hypnotic-like, the way the memories are stored may be influenced by this narrowness of focus. The range of associations may be more limited, and therefore those that exist more intense. Strong affect, for example, which is usually associated with traumatic memories, may influence both storage and retrieval. ... Trauma can be conceptualized as a sudden discontinuity in experience. This may lead to a process of memory storage which is similarly discontinuous with the usual range of associated memories. This may explain the ‘off/on’ quality of dissociative amnesia and its reversibility with techniques such as hypnosis.” (Spiegel, 1997)



# Dissociation and Fragmentation

“Dissociation, or a “disruption in the usually integrated functions of consciousness, memory, identity, or perception” (p. 519; APA, 2000), is common during and following trauma (e.g., van der Kolk, 1987). Indeed, in a meta-analysis of risk factors for PTSD, peritraumatic dissociation, or dissociation during or immediately following the traumatic event, was one of the strongest predictors of chronic PTSD (Ozer, Best, Lipsey, & Weiss, 2003).” (Bedard-Gilligan & Zoellner, 2012)

“It is thought that dissociative encoding, that is, incomplete initial processing of the traumatic experience, leads to the development and persistence of PTSD (Brewin, 2001; Brewin & Holmes, 2003; Ehlers & Clark, 2000; van der Kolk, 1987, 1994; van der Kolk, van der Hart, & Marmar, 1996). Specifically, dissociation during the event prevents elaboration during encoding, which disrupts both memory storage and retrieval, consequently leading to PTSD. Typically, the memory disruption implicated in these theories is memory fragmentation, or abnormalities of sequence, coherence, and content in the trauma narrative.” (Bedard-Gilligan & Zoellner, 2012)

“Fragmentation is thought to result from a lack of elaboration of the memory due to high emotion and dissociation during the traumatic experience (e.g., van der Kolk, 1987). Furthermore, continued dissociation after the event may maintain PTSD by further inhibiting processing and memory elaboration (e.g., Ehlers & Clark, 2000; Foa & Hearst-Ikeda, 1996). Thus, dissociative encoding, persistent dissociation, and a lack of memory processing and organization are thought to be key mechanisms underlying the development and persistence of PTSD after various types of trauma.” (Bedard-Gilligan & Zoellner, 2012)

“Specifically, dissociation, either during or following a trauma, may lead to fragmentation of the trauma memory, which in turn may contribute to PTSD. Despite the importance of dissociation and memory fragmentation to clinical conceptualizations of PTSD, the empirical link between dissociation and trauma memory fragmentation has been disputed (Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008).” (Bedard-Gilligan & Zoellner, 2012)

“In this emerging literature, the associations between peritraumatic dissociation and meta memory fragmentation were the most consistent; those who reported dissociating during the trauma also reported perceiving their traumatic memories as more fragmented. In contrast, when using objective measures of fragmentation, largely equivocal findings emerged.” (Bedard-Gilligan & Zoellner, 2012)

“In contrast to repressed memories, dissociated ones are usually composed of discrete periods of time lost from consciousness. Thus, the patient may complain of ‘losing time,’ being unaware of what happened between one specific time and another. Occasionally, however, such patients may not present with such a complaint, that is, they may not be aware of or ‘remember’ their failure to remember. Instead, the complaint may come from others that the patient apparently was unaware of certain events, had no memory for a given period of time, or could not recognize certain persons or usually familiar places.” (Spiegel, 1997)

“The dissociative splitting occurs in the first place because of a perceived threat to life. It occurs because of the implicit dangers involved in the prolonged experience of overwhelming fear. The mind perceives that knowing this information is simply too dangerous for existence to continue and therefore it is better not to know. Once that ‘decision’ has been made (it is, after all, automatic and not carefully considered thought), then anything that may lead to remembering that information is also automatically dangerous and must also be dissociated. And it is not just direct information to which this injunction is extended. It is also feeling states that are similar to the original trauma and might lead back to it, sensory perceptions that may do the same, and information from our bodies that could remind us of the original, life-threatening experience.” (Bloom & Reichert, 1998)



## Prior/accumulated trauma impact on memory

In a study of women with rape-related PTSD, Nixon, Nishith, & Resick (2004) concluded, “prior traumatic events appear to still exert an influence on memory performance, suggesting there may be an association between the accumulative effect of trauma exposure and verbal memory functioning. This statement should be qualified with the knowledge that prior trauma could exert its effects in multiple ways, and the possibility that previous PTSD due to prior trauma contributed to the observed deficits cannot be excluded. Because memory performance was not related to other potentially confounding variables such as age, education, level of alcohol use or past substance dependence, and participants had been screened for neurological insults, we believe further investigation of the effects of accumulative trauma experiences and memory functioning is warranted.” (Bloom & Reichert, 1998)

## Filling in the blanks

“While trauma may leave an indelible imprint, once people start talking about these sensations, and try to make meaning of them, it is transcribed into ordinary memory, and, like all ordinary memory, it is prone to become distorted. People seem to be unable to accept experiences that have no meaning; they will try to make sense of what they are feeling. Once people become conscious of intrusive elements of the trauma, they are liable to try to fill in the blanks, and complete the picture.” (van der Kolk & Osterman, 2001)

## Coping with traumatic memory loss

“Once traumatized individuals become haunted by intrusive reexperiences of their trauma, they generally start organizing their lives around avoiding having the emotions that these intrusions evoke (van der Kolk & Ducey, 1989). Avoidance may take many different forms, such as keeping away from reminders, ingesting drugs or alcohol in order to numb awareness of distressing emotional states, or utilizing dissociation to keep unpleasant experiences from conscious awareness” (van der Kolk & McFarlane, 1996)

# References

- Bedard-Gilligan, M., & Zoellner, L. A. (2012). Dissociation and memory fragmentation in post-traumatic stress disorder: an evaluation of the dissociative encoding hypothesis. *Memory (Hove, England)*, 20(3), 277–299. <https://doi.org/10.1080/09658211.2012.655747>
- Bloom, S., & Reichert, M. (1998). *Bearing witness: Violence and collective responsibility*. Binghamton, NY: The Hayworth Press.
- Hopper, J. W., & van der Kolk, B. A. (2001). Retrieving, assessing, and classifying traumatic memories: A preliminary report on three case studies of a new standardized method. *Journal of Aggression, Maltreatment & Trauma*, 4(2), 33–71. [https://doi.org/10.1300/J146v04n02\\_03](https://doi.org/10.1300/J146v04n02_03)
- Nixon, R. D. V., Nishith, P., & Resick, P. A. (2004). The accumulative effect of trauma exposure on short-term and delayed verbal memory in a treatment-seeking sample of female rape victims. *Journal of Traumatic Stress*, 17, 31-35.
- Spiegel, D. (1997). Trauma, dissociation, and memory. *Annals of the New York Academy of Sciences*, 821, 225-237.
- van der Kolk, B. A. (1996). Trauma and memory. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: The Guilford Press.
- van der Kolk, B. A., Hopper, J. W., & Osterman, J. E. (2001). Exploring the nature of traumatic memory: Combining clinical knowledge with laboratory methods. *Journal of Aggression, Maltreatment & Trauma*, 4(2), 9–31. [https://doi.org/10.1300/J146v04n02\\_02](https://doi.org/10.1300/J146v04n02_02)
- van der Kolk, B.A. & McFarlane, A.C. (1996). The black hole of trauma. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: The Guilford Press.

This project was supported by Grant #90EV0528 awarded by the Office on Family Violence Prevention Services, Department of Health and Human Services. The opinions, findings, conclusions, and recommendations expressed in this document are those of the author and do not necessarily reflect the views of the OFVPS or DHHS.



**DEFENSE**  
NATIONAL DEFENSE CENTER  
FOR CRIMINALIZED SURVIVORS



**BWJP**

COPYRIGHT @ BWJP 2024  
[www.bwjp.org](http://www.bwjp.org)