

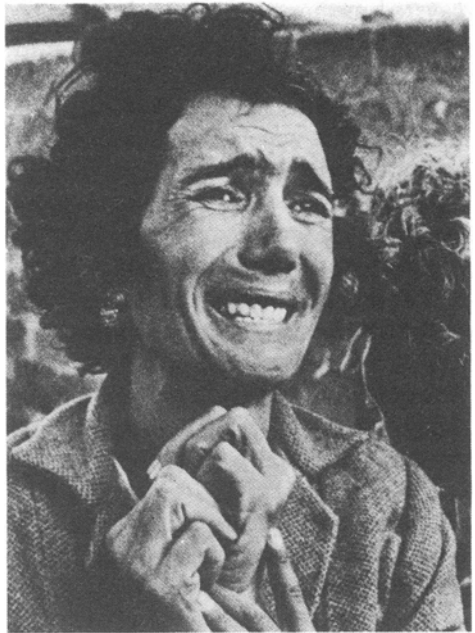
What Kind of Memories?

Val Bennett

The current debate on false memory inevitably throws us all back on our heels, or gets us taking to our soapboxes or fighting our corner. At the centre are usually clients suffering — some blaming, some being blamed for lying, some afraid to be accused of lying.

In attempts to deal with a subject like memory, which we all know can often prove false or elusive we need to keep our feet on the ground and remember the basics of good practice. Fifteen years ago I had not heard of sexual abuse much. I knew of incest, thought it was rare and in my counselling training the 'in' preoccupation was unworked Oedipal issues. I still shudder when I think of a couple of clients I had then whom I now believe had probably been sexually abused and who did not tell me because my antennae were not tuned to pick up the signs. Just a few years later when sexual abuse of children was more openly talked about, clients were coming to introductory sessions and telling of their experience, expecting to be heard.

Recovered memory is difficult, it raises questions for outsiders about why that person remembered now, what is their motive. It's open to suspicion. However I think recovered memories are very fre-



quent; it is just that most of them don't bring trauma with them. There are more commonplace ones like 'Oh yes, I remember now, I did see that boy fall off the slide'. We don't make a fuss of these recovered memories because they don't carry great implications with them.

Traumatic events in childhood are forgotten because they're painful or impossible to live with or because no one else refers to them. In therapeutic work clients deepen their connection with the child they were, which often brings memories to the surface of all sorts of events. Some of these are joyful, sustaining memories. No one questions them as false, however.

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To illustrate some of the process of recovered memory I shall use here one of my own.

In my teens, I become aware of a fear of birds and a fascination. I look out of the window and watch them suspiciously, sensing something dangerous in their beady, cold eyes. By chance I come across Daphne Du Maurier's short story of the birds' unaccountable attack on a couple in a wood and am horrified. Later I wonder if I had mistaken the sequence and read the story first and frightened myself. Perhaps I invented my fear of birds? Yet it is very real.

At nineteen, on a ferry, leaning with other people on a rail, I see a man hold out his sandwich. The seagull swoops and it is gone. I am overwhelmed with panic crying.

In my twenties, in London, I have to avoid pigeons every day, I will walk off pavements if they flutter up near me, and sometimes risk going under a bus! There is one spectacular incident in a park where I sit outside with a cup of coffee, when the pigeon flies onto the table and I leap up and coffee (luckily lukewarm) goes over my face — much to the surprise and amusement of other people around. The fear does not lessen as I experience more contact with birds. If anything it worsens.

I am in my mid twenties when I remember — I remember being about four, standing outside the club at Cochin, South India, eating my sandwich. Then in a rush, I am 'struck' and the wings beat and my sandwich is gone, taken by the marauding kite. I hear my mother's voice calling my name, then when I don't answer, calling me more urgently, telling someone what she saw and coming over

to me asking me if the kite took my food. I don't remember answering. In my adult mind I now have a picture and I fill in the gaps. I can now see myself as a little girl struck dumb with shock, white-faced and wide-eyed, almost unaware of Mother, yet a part of me hears her calling. I can now believe the someone she spoke to was my father; he fits the picture. I now put more definition to my mother's words, I create or recreate the exact sentence she spoke because I no longer want gaps. I want the picture complete not nagging like an unfinished jigsaw puzzle.

Most satisfyingly now I make sense of my panic on the ferry with the seagull, and the park incident. No wonder I was terrified! It is a relief that I was not fuelling a hysterical fantasy. Of course I did not induce the fear in myself by reading the short story. It was an ember waiting to be fanned into flame by someone else saying birds are dangerous.

The memory does not dispel all panic but I am becoming more comfortable with birds. Nevertheless in my thirties I am to be found in my house crouched down behind the banisters weeping and helpless when a trapped bird flies up and down the landing.

My own experience illustrates and informs me in my work with clients. It especially highlights the power of the feelings and the relief of knowing their cause. However for those traumatised by abuse by parents there is no satisfaction with events slotting into place. When they remember there is more pain and much self questioning. I did not have to ask myself what did I do that caused the kite to mug me. An 'abused' client asks 'why me?' It seems to be a common tendency to fill in

the gaps in recovered memory with exact words or definite people as secondary characters. We do not like fragments and seek a whole picture. Perception tests make the same point and usually we are aware when we have done so. Even a very distressed client concerned whether to believe her own memory and whether I believed her was able to say where she had supplied words to match what she sensed had been said to her. In other words she knew where she had consciously filled in the gaps. Her fear was that none of it might be true and then she must pronounce herself mad or bad.

In my experience clients can come to therapy having been abused as children with varying states of memory of the events. There are those who come already knowing of the abuse and in therapy may regain more memories or more vivid memories in the same way as most clients remember more of the non-abusive memories of childhood through the course of therapy. Such clients may start out knowing, but cut off from feeling, what happened and the work may be painful reliving and reworking in order to become more alive and feeling in relationship to self and others.

Then there are the clients who come not knowing of the abuse, but who may have acted out through their lives. The therapist may suspect abuse in the background and so may the client. The suspicion may be voiced by both and no memory ensue.

For those clients who do not know of their abuse and who recover memory in therapy it can seem like the beginning of a nightmare. Most clients wish they could 'unremember' at first. In my experience of

people with genuine memories or a strong sense of being abused I could guarantee that nobody would intentionally put themselves through the sleep disturbances and relationship confusions that result.

Would a therapist induce a client to 'remember' such events when they never occurred? I personally know of only one case where a counsellor seemed driven to 'help' a client remember abuse. However a recent TV programme 'False Memories Inside Story' (15th June 1994) was shocking in its claims that there are practitioners doing just this, and film of a hypnotherapy session to induce memory of sexual abuse was further evidence of misguided abuse of clients.

Recent claims that satanic ritual abuse could not be proved in a few cases led 'experts' and the media to state such abuse never occurs. Those of us who have worked with clients abused in this way may smile grimly and mutter about conspiracies to keep such things quiet. Nevertheless we all still have to keep working as therapists, doing the best for our clients, trying not to abuse by leading, or by being blind and deaf. We have to do this knowing we are under suspicion by authorities and other professions because of real malpractice by some therapists and because we are working at times with such intangible material in the form of perceptions and memories.

Going back to my own experience, you may wonder how I remembered. Well it might have been when I witnessed a similar event with someone else as the 'victim'. It might have been when reading a Sunday newspaper article of someone being 'mugged' by a kite in India.

In fact it was my mother saying that maybe I was afraid of birds because of the experience in India which she described. But as soon as she started to speak I remembered it. She herself had half forgotten it and not associated it with my fear and she did not know that I had actually forgotten it.

Clients remember in all sorts of ways. Sometimes it is a relative telling them, reminding them — a sibling who was also a victim. This may be corroboration of all sorts of feelings and it may not be welcome. It may be denied. For the client who has remembered there is often a search for corroboration from others who were there or living in the house at the time. Sometimes the hostility, closing ranks, dismissal that ensues is a repeat of what occurred the first time the person tried to tell overtly or by acting out. Without corroboration, the client can be very much on their own. I have found that saying I believe them may provide a thin line connecting them to some belief in themselves until they are strong enough to stand by their memory on their own. Clients who can do so often rush to tell relatives seeking corroboration. Understanding this need I would also suggest some good grounding work first. It is better for the client to confront others when s/he is stronger and less likely to be smashed up by disbelief or an abusive response.

Many people have to live with no external corroboration. Good sound therapy, by which I mean a number of things outlined below, can mean the difference between health and wholeness on the one side and disintegration on the other.

Since the outbreak of dismissal

amongst the media and authorities, I have found some anxieties arising in supervision, even with experienced therapists. After all, the threat of being sued for 'inducing memories' is not to be lightly shaken off.

It follows that we must be impeccable in our practice but, to serve our clients well, we cannot be looking over our shoulders all the time in fear of what we say. It is appropriate to ask people whom we strongly suspect have been abused, if they have been. And we must accept the answer given. If it's no and we still suspect, it is no business of ours to push that no to a yes. We might choose to ask again later and get a different answer as I did once from a client who had always remembered the events but was too ashamed to tell until she trusted me more. If it's a no, but the client also suspects, they will come back to it wondering, uncertain. Then we work with being in an uncertain place and the discomfort of having no clear answer.

Clients will test our readiness to face horrors and shames with them. We fail them if we push them. We abuse them horribly if we think we know more than they do and drive them to recall events in detail. We also fail them if, out of our own fear for ourselves, we fail to pick up the hints when they are trying to tell us.

As a Gestalt practitioner, I find empty chair work useful. The client speaks from where she/he is to the 'perpetrator' and it is easy for me and them to notice any anomalies and the inconsistencies in the body with the words and feelings. A dialogue between the part of the client that dismisses the possibility of abuse and that part which suspects that abuse may have taken place also allows the client to bring

both sides, so that these opposing aspects do not get played out by the client and the therapist. Following such work the client may then settle more comfortably into their own belief of what happened.

A child that is abused sexually, emotionally and physically, carries the impacts in the body and it is often through the body that memory returns. For example a touch by a sexual partner may effect a response of tears, rage, flight. Then the memory may come. It is vital in therapy to follow the body. It does not lie, though it can be lied to, and it can be ignored by the mind. I am surprised how few therapists ask what I consider obvious questions of the client about their bodies. In the T V programme we were told that a young woman, who had claimed repeated rape, was medically found to be a virgin. It indicates to me that her counselors had never talked to her about her actual body.

When clients come with memories of abuse, I do ask what details they know of what physically happened. With sexual abuse I ask them about later sexual experience which will make it clearer to them that there had been or had not been penetration previously.

Female clients who remember childhood sexual abuse in adult life after active sexual relationships and after childbirth are often very concerned that their memory is false. There is no proof in the adult body. However if I ask them to recall their known sexual experiences they will then realise that these were never experienced as a first penetration. More importantly there was no sense of virginity. People who have not been sexually abused as children are very definite about losing

their virginity. It is a 'first' for them. Autobiographies and novels are full of such accounts. For some of our clients the only corroboration is what they 'know' in their bodies, which fits with their feelings and belief system and which explains some of their previously mystifying behaviour. At the end of good therapy they need to have not only these recovered memories but a sure conviction about who they are with this experience well integrated. They may be saddened by the knowledge of what happened to them, but they will feel more whole and be awake instead of asleep.

This does not fit the descriptions of the people in the TV programme, who were seemingly more distraught as a result of therapy. Maybe another programme with accounts of how well most therapists enable clients with recovered memories to regain healthy functioning would redress the balance. Doubtless it would also meet with opposition.

Pacing is of utmost importance. There is no set time for this work and any attempt to make clients fit an arbitrary timetable is pointless. I have heard of therapists doing work in this way with a nice neat outcome of 'OK now forgive your mother/father. Good! done!' These clients usually have to seek out another therapist later and go through the journey at their own pace.

Forgiveness is also only one option. I don't think it is essential for clients to forgive their abusers. They may choose to and they may wish to. However I think that essential work is necessary for the client to absolve their child of blame and responsibility for the adult's actions and to forgive him/herself for any acting out as a child.

I wonder if some of the current denial of ritual abuse and sexual abuse stems from our win/lose mentality. Abusive therapists working to get an outcome of remembered abuse seem to offer to the client some kind of 'winning' position. You will feel better; all your problems will be solved. There will be someone to blame at the end, maybe someone to sue for compensation.

To counter this, families now have the therapist to blame, to sue for inducing memories of abuse whilst parents are absolved and 'win'. As therapists we know that for those who have been sexually abused and remember, there is no victory. There is great loss of childhood. Instead of freedom, trust, spontaneity, natural discovery, there was instead anxiety, fear, double-binds, responsibility or no memory at all of being a child. Clients who recover memories of abuse have first to cope with the shock of discovery and the realisation that the picture of their lives has just fallen to pieces. As with any victim of disaster, for these clients the world is turned upside down and seems very unsafe. Maybe nothing else is true either? The therapist here has to help the client to ride out this storm of chaos by firm, gentle grounding work, until the panic subsides, otherwise the client may also fall apart. Sometimes they will anyway, despite the therapist's best efforts and be unable to work, sleep, concentrate. After grounding, therapeutic grief work can begin.

If clients on the brink of recovered memory are to survive the onslaught to their psyche, they need the therapist to be a sure-footed guide in the dark. That means we must not delude ourselves or them that we know the way. We do not know what happened to them. We must remain in that void with the client and keep ourselves well integrated so that we at least feel strong and real to the client. If at the point of not knowing, the therapist hesitates for fear of being charged with inducing memory, then we fill the void with our doubts and the client loses faith and falls into despair — or, if resolute enough, ends therapy.

Some of the strength of the programme's claims against therapists were in the ways that parents were confronted. When clients have genuinely been abused they often rush to confront parents by letter or break off contact without explanation. But the therapist should not urge such confrontation, let alone claims for compensation. If it is the therapist urging the client to compensation, then it must raise questions about the therapist's need — either for vindication of their actions in the case, or because of unworked vengeful feelings in themselves.

I make a plea on the subject of memory that we approach it respectfully and open-minded, prepared to discover and willing not to know for as long as is necessary — whilst our clients strive towards health and integration.