

Chapter 46

Additional Strategies for Working With Absences in Memory

There are many reasons why memories or parts of memories might not be accessible. Parts of ourselves may be protecting us from them. Or, they may have occurred during developmental eras in early childhood where discrete autobiographical memories are typically not accessible, yet remnants are held in the body or show up behaviorally. The chapter following this one identifies strategies to find individual memories from developmental eras where trauma was daily, thus no individual ones stand out.

This chapter contains many of the perspectives and strategies that I have found most helpful in working with absences in memory. It is also helpful to consult other EMDR therapists who have worked for decades in these territories (Paulsen, S. and O'Shea, K., 2017).

Respect the Reasons for the Absence

There are many reasons why memories may be absent. If the memory isn't from early childhood, I want to be respectful that the client's system probably has compelling reasons for why the memory isn't accessible to client right now. Being respectful does not mean that I communicate fear to the client. When appropriate, I communicate what I know to be true about the absence: That whatever happened is already over and the costs of it are already being carried by the client's nervous system. Dissociating from memory does not remove all of the tax that the experience had on the nervous system.

When the reason was substance use impairment at the time of the trauma, I'm careful to explain that many substances disrupt normal memory formation, but imprints of the experience are often left even in the absence of concrete memories. We will work to process the parts of the experience that are present, even if those parts show up as the substance is wearing off. We can work on any imprints that the experience

made on the client's nervous system by processing on the channels that the client does have.

Work With What You Have First

A very sensible piece of guidance when working with clients with complex trauma who have absences of memory content is to work first and comprehensively with what you do have. The skills, insights, and recovery capital that occur when starting with memory content that is accessible is often essential to working effectively later with voids in memory. Working with absences is next-level EMDR therapy practice and the therapist and the client need to get as prepared as possible for doing this work. Work with what you have first. Then, work with what you have when you are working with memory absences.

When the Void of Memory Is Broad, Explore Where the Boundaries Are

Clients will sometimes come to sessions and report, "I remember nothing before I was 17 years old." When this occurs, I am careful to explore what that means. I may ask the following questions:

- Do you remember where you went to middle school? High school?
- Did you play a sport in high school?
- Did you have friends in high school? Date in high school?
- Do you remember who you lived with when you were in high school? Was it a house or an apartment?
- What is the first clear memory that you have?

I ask these questions to understand the severity, domains, and functional impacts of the absences. Many clients report that they remember nothing before a specific age, yet what they mean is that they have very little day-to-day memory from that era. Others, fortunately not most, have no memory of anything. In cases of profound memory loss, it is important to explore possible organic sources that may account for this loss, including neurological/vascular incidents, periods of heavy drug use, or traumatic brain injury. How I work with a client who does not remember fine details from developmental eras is different from how I work with a

client who remembers nothing from entire developmental eras. In cases of profound memory losses after adolescence that are not accounted for by neurological incidents, I assume that the client parts holding those memories are not present or accessible to the parts that are currently in session with me. In these cases, I'm not starting with EMDR therapy. I'm starting with parts work.

Work Backward From Right Now

Many clients who report memory deficits in prior developmental eras often present with intact memory from the past few days, months, or years. Start there. I have found that working in the present and slowly moving back in the timeline is an excellent strategy that allows memory content to appear at rates tolerable to the client's system. Client parts see the progress that the client is making around present-prong targets and make additional content available to awareness as it feels safe to do so. Like a car that is backing up on a road, the more you back up the more of the road that is immediately behind you appears in the rearview mirror. Backing up does not create the road; it simply makes it visible from where you currently are.

You Don't Need to Remember in Order to Heal

It is helpful to remind clients that difficult experiences impact the nervous system in many ways and that it is common for some memories to contain blanks, voids, or missing pieces. Very often, processing the parts of the experience that are present is helpful in resolving the entire experience, including the missing parts of the memory. Again, start with what is present. Often that causes the memory content that is accessible to expand in ways that are helpful for the system to also process the absences.

The Client Demanding That Memory Content Show Up Will Cause Problems

One of the most challenging aspects of working with clients who have only part of a memory is that they get frustrated when the missing pieces of it don't show up on demand. In general, missing pieces of memory content are highly unlikely to appear because the client wants them to. That frustration often comes from the client's assumption that if they cannot remember the content, they cannot heal from it. Endlessly noticing the frustration is a goose chase in EMDR therapy. Try to get ahead of it the

moment frustration at voids in memory appears. It is helpful to remind the client that they do not need to remember in order to heal. We can ask questions like: “When you think about the part of the memory that is missing, what are you noticing in your body?” Processing any somatic imprints is an effective way of working with missing narrative or sensory elements of the memory.

The Therapist Must Not Fill in Client Voids

It is essential that therapists do not attempt to fill in any voids in the client’s memory. You do not know what happened. Trauma therapists must be careful about suggesting that something specific happened. Never say things like, “I only see responses like this in cases of childhood sexual abuse, etc.” We can process a lot of the imprint of what happened without knowing exactly who the abuser was and precisely what they did.

Float the Void Forward to an Early Memory That Exists

When working with preverbal trauma, I want to work with many memories inside EMDR therapy that the client does have access to first. This helps build the skills, resources, and adaptive information needed to successfully work on the bad void. I assume that there will likely be something to target when the client thinks about the void. However, before targeting it directly, I want to see what it floats forward to. Problems show up clinically because they are showing up somewhere in the client’s life. Explore what those moments of resonance or reexperiencing are and attempt to process them. For instance, when working with a client who believed that something bad happened to her in very early childhood, I asked: “When you think for just a moment about the bad early experience that you don’t remember, what are you noticing in your body? What is the first time that you have a clear memory of your body feeling exactly this way?”

The client reported, “When I was about seven years old, I was sitting at the table at my grandmother’s house and one of my older cousins came running down the stairs into the kitchen. I lost my mind. I started screaming.” We processed that memory successfully without attempting to make sense of the content of the void directly, although this memory was probably an intrusive re-experiencing of it. Targeting forward gets us into the parts of the brain where parts of the void are stored. It allows us to work on it through proxy before we work void directly. For many of my clients this has been a productive way to work.

With another client, we did the same float forward inquiry, and the client reported: “When I was 14 and dating my first boyfriend, he touched me in a certain way. My response scared both of us.” We reprocessed that memory, and it was helpful. I inquired if things like this show up in her current intimate relationships, and we did some future template work around those targets.

Target the Somatics of the Void Directly

Before long, it is important to try to process a preverbal or other void im memory directly. I ask permission from all parts in order to start this work. The language that I use to start the process is a significantly abbreviated Phase Three: “When you think for just a moment about the bad early experience that you don’t remember, what are you noticing in your body?” I ask about cognitions, get a VOC, explore emotions, and ask for the SUDs. I ask the client to simply notice whatever is coming on the body channel and proceed into Phase Four to continue with standard protocol.

Do Abundant Future Templates

Memory absences that show up as presenting issues in therapy are doing so because they are showing up somewhere in the client’s life. They may also show up in present and future functioning. It is helpful to explore future scenarios connected to the absence. Working effectively with future templates can help resolve problematic behaviors, responses, or avoidance patterns that may impact future functioning.