

MEMORY AND THE SELF

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MIGUEL¹ WAS A COLLEGE FRESHMAN, slight of build, with swarthy complexion. He came for counselling help with problems related to his lifelong battle against cystic fibrosis. Although he was bright and friendly, Miguel's illness required frequent hospitalizations that made both academic work and socialization difficult. Shiny-eyed, he reported the following dream that occurred on Valentine's Day:

Time tunnel

I was in a time warp that carried me back to 1985. All I saw was a black tunnel and little flashes of my life from different time periods. In 1991, I saw myself unconscious in my hospital room and Mom standing over me trying to awaken and bring me back to life.

Then I was watching a 1988 baseball game won on a ninth inning homer, and another exciting game of the 1986 World Series.

In 1985, the tunnel went all the way back to Winifred's twelfth birthday party. Then I saw myself as an eleven year old, sitting in a school bus next to Winifred. (My girlfriend since second grade. She has a disability too: spina bifida.) Suddenly I heard a whispered voice: 'Call Winifred, call Winifred!'

The next morning I awoke and thought, 'What in the world happened?' It has been over five years since I've seen her, but I called immediately.

Miguel and Winifred renewed their relationship following this dream and, as it turned out, she was particularly in need of his timely support.

This is a rare dream of life-review in which the dreamer went back to recover special memories, much as he would in an age-regression hypnosis. This spontaneously occurring time tunnel touched on key points in the young man's life: a near-death experience and two baseball games that were peak experiences in this physically disabled sports fan's life. And then there was his first girlfriend! All these flashes refer to times of arousal and intense love of different sorts. 'Call Winifred' was the whispered call from his deepest Self.

The Self, according to Swiss psychiatrist Carl Jung, is that essential core of personality that creates dreams and orders life. Jungian analysts, Whitmont and Perera, write:

Indeed, there is much evidence to suggest that dreams are manifestations of the guiding and ordering center of the personality, the Self, in Jungian terms. Both dreams and outer events can be fruitfully related to as symbolic messages coming from a source that sustains and directs the individuation process throughout the dreamer's life. The art and craft of dream interpretation, whether the interpreter is aware of it or not, is an act of reverence toward this transcendent guiding power.²

Many Jungians think of the Self as transcendent guiding power, as immanent manifestation of the Godhead, or as that within which knows the Divine. Miguel certainly revered the whispered message he obtained from his dream, where he was both reminded of significant loving events in his adolescent years, and pulled forward into renewal of his cherished relationship. Both past and future are marked by his remembrance of love. So too Curtis Smith, in writing on Jung's view of the central Self, writes:

... both [past and future] perspectives are needed to provide a unified understanding of the psyche. 'The psyche is the point of intersection, hence it must be defined under two aspects. On the one hand it gives a picture of the remnants and traces of all that has been and, on the other hand, ... the outlines of what is to come'.³

Dreams, memories and the Self

In Jungian perspective, all elements of a dream represent some aspects of the personality of the dreamer. These may be personal remembrances or archetypal elements from the collective human experience. Sometimes in archetypal dreams there are sacred motifs that identify themselves either by religious symbols or by feelings of numinosity.

Ewert Cousins, writing of the appearance of spiritual components in dreams, opines:

How can we bring together into one coherent model of the psyche such disparate energies as the classical mystics and contemporary psychotherapists describe? I believe that it can be done through the model of the multi-level psyche ...⁴

This model, taken from psychological research into altered states of consciousness, demarcates four realms of inner experience:

- the *sensorium*, the realm of heightened sense experience;
- the *ontogenetic* realm, where subjects explored their personal past on a level of deep affect. This realm is comparable, but not limited to, the areas explored in Freudian psychoanalysis;

the *phylogenetic level*, where subjects explored the great archetypal symbols, myths and rituals that are the heritage of the human community as a whole. This is similar to the realm of the collective unconscious of Jung;

the level of the *mysterium*; when subjects experience ultimate reality or the highest levels of consciousness. This realm is similar to that experienced by the mystics in the world's religions.⁵

This is a useful heuristic model and, in my experience, dreams manifest in any of these four levels of consciousness. In these reflections on memory, we are concerned primarily with levels two and three of the model. The following dream shows us elements from both these levels. The dreamer was a midlife woman, exploring her personal memories in psychotherapy, and seriously embarking on a spiritual quest:

Icon

I seemed to be walking around the edge of a great amphitheater, like the Coliseum in Rome. I walked around to my left. When I got to the far side, our beloved parish priest was saying Mass. I walked on past him, and then it seemed like it was the Mediterranean Sea I was circumambulating. I seemed to be in Iran, and then I saw my friend (a critical and perfectionistic woman). Near her I saw a pile of junk, and I 'knew' I had to search in that place for a hidden treasure. I knelt down and dug my hands into the dirt. (It seemed like an archeological dig of some sort.) I wasn't sure what I was looking for, but I knew when I found it. I pulled the treasure up: it was a small, wizened head about 5" high. It was wrinkled and old and had pine cones for ears. Somehow I sensed that this was a very sacred icon, but when I showed it to my critical friend, she could not understand or see any value in it at all.

The personal memory is reflected in the presence of two people the dreamer actually recognized: the parish priest and the critical friend. Therapeutically she was working on issues of Shadow, i.e. the dark, unconscious parts in her personality that she would rather not admit. The critical friend therefore symbolized the critical Shadow aspects in her own personality, that part of herself that was disbelieving and that was therefore blocking her psychospiritual journey. On the other hand, the priest, when viewed as an aspect of the dreamer's own personality, represented the strengths of this well-beloved leader: open-mindedness, compassion, administrative ability and creativity. As 'good priest' he also represented a larger-than-life Animus figure who could ultimately serve to lead this woman to God. In performing the eucharistic mystery, he was thereby nourishing the dreamer on her journey.

Archetypal elements of the dream are those cross-cultural, often ancient symbols that situate us in the context of humanity's history. This dream's location is a consolidation of the Coliseum, where Christians suffered oppression, and the Mediterranean basin, where major world religions had their roots. The dreamer's spiritual journey encompasses the region, suggesting something even bigger than Christianity itself. For her, the numinous icon is found in a pile of junk, in a location like Iran or ancient Persia. This unique icon symbolizes the Self, very ancient and very sacred. Amidst the 'junk' of ordinary life is to be found a treasure that others may not recognize. In a profound way the dream calls us to reflect on the union of opposites: in the midst of oppression is found liberation; in the midst of death lies resurrection; in the junk of ordinary life lies the buried treasure – the sacred in the profane.

Jung calls us to look at the sacred as well as the profane. The Self is the union of all opposites,⁶ the archetype of both the Cosmic Christ and the Divine within.⁷ For Jung, the Self encompasses *all* pairs of opposites, not only the Divine and the human, but also the darkness and light that constitute our wholeness.

Entering the darkness

In the psychospiritual journey, the 'path of purgation' cannot be avoided. As described by Christian contemplatives, purgation is a necessary first, and oft-repeated state. Jungians may view this same dark phenomenon as 'the descent into Hades' and, as James Hillman puts it:

Depth psychology is where today we find the initiatory mystery, the long journey of psychic learning . . . the encounter with demons and shadows, the sufferings of Hell . . . [S]oul is found in the reception of its suffering, in the attendance upon it, the waiting it through.⁸

Most individuals who enter psychotherapy have a period of darkness when they face their depression and/or anxieties, their difficulties with other people and their inability to manage their rage. Some are despondent; some may act out their affect, perhaps alienating others. All have issues of narcissism resulting from early fears of abandonment and experiences of rejection.

A sizable minority of souls, however, have memories of personal trauma that are so disabling that they suffer Post Traumatic Stress Disorder, some with deep warping of their resultant personality structure. These are not easy issues at which to look. In some cases the suffering that has been perpetrated on these individuals is vast enough to represent the archetype of Evil itself. In grappling with the issues of

trauma and the re-traumatization that can arise in the therapeutic endeavour, we encounter those souls who have suffered the darkest of journeys.

Memory and trauma

If liberation is defined as 'the full realization of inner potential as an individual or a member of a community free of any constraining uses of power',⁹ then personal liberation requires lifting the barriers that inhibit both one's memories and one's creative potential. When an individual has suffered trauma, the repression or dissociation of the painful memories results in a legacy of mistrust, fear and personal restriction.

Liberation comes in slow, awkward steps, but eventually memory of personal trauma connects one to the suffering of others. For example, the remembrance of woman's tribulation ties her personal history to the suffering of all women and their history of patriarchal oppression.¹⁰ This remembrance may become a central aspect of the core identity, just as the remembrance of oppression of the Jewish people is kept alive as a central point in their cultural identity. One cannot fully know oneself so long as trauma memories are kept hidden, as dark secrets.

Marta was an abused child with just such a dark, closely guarded secret. At twenty-one she still looked skinny and waif-like. In therapy, as she gradually began to open up, she described her first memory as that of her father hanging her upside down by the heels, forcing her to drink urine from the floor that she had accidentally wet. Later she became aware of the many men who visited her mother, sometimes with her bashfully watching the things they did. Most horrible was the 'body memory' she experienced in session. She shook and stammered, barely able to get the words out to describe it: the wet, bloody stickiness she recalled when she herself was forced to touch her mother. Months later, the remembrance of her own prostitution began to emerge into consciousness, eventually with excruciating clarity. The secret was out. She felt terrible shame, but she could hide from it no more.

When a woman comes to me, aware in a vague, inchoate fashion that she has suffered some form of sexual abuse or other trauma, she may not realize that healing is a slow, often painful process. In recovering her memories – and expanding her sense of self – she must first discover the awful realities of what happened to her. Hypnosis – usually just a single session – may open the door for memories to be recovered. These memories may emerge first as symbolic dreams, followed later by realistic flashbacks of the trauma. Sometimes night-time flashbacks almost eclipse normal dream processes as memories flood the person

with their powerful imagery. Increasingly she becomes aware, not just factually of what happened, but also of the emotions associated with the trauma and eventually even of the painful physical sensations. Daytime flashbacks may follow as memories draw increasingly close to conscious awareness. This is the full-blown post-traumatic stress syndrome.

As a woman abreacts and re-experiences her childhood trauma, the fears, sense of shame and deep woundedness come increasingly into consciousness. Eventually she is able to see how the past has impacted her personality, how her present-day rage or paranoia, for example, may have roots deep in the history of early betrayal, abuse and abandonment experiences. She comes to recognize as unrealistic her habitual tendency to perceive all relationships as new examples of abuse, betrayal and/or abandonment. In the remembrances and consciousness of the past, she must then come to see that the present is different. With growing consciousness, she stops setting up reciprocal relationships that perpetuate her sense of being abused.

Only with clear memories of 'what happened then' can the abused woman have hope of differentiating 'what is happening now' as distinct from those relationships she so deeply mistrusted 'back then'. If she continues on her path of growth and individuation, there is hope that she may some day come to recognize that she has internalized the mentality of the perpetrator. Inwardly she continues to abuse herself (and others) as she relives her past each day. With that consciousness, she will see herself no longer as 'victim', but as free to create a new life.

False memories?

Controversy in the therapeutic community exists over the issue of possibly false memories. Psychological evidence reveals that it is possible to induce false memories by suggestion, with or without hypnotic-like induction procedures.¹¹ Numerous cases in the USA show accused perpetrators (and even purported victims themselves) suing therapists for having suggested 'false memories'.

On the other hand, there is growing evidence of world-wide criminal rings that abduct and abuse both boys and girls for profit and prostitution.¹² Children are kidnapped, 'borrowed', or even sold into sexual slavery by their parents. Physical torture is perpetrated, along with rape and other sexual aggression. Murder is sometimes witnessed by these children, as a vivid threat of 'what happens to those who tell'. Ritual cult abuse, which is receiving much attention these days, may fall into this same category of perpetration, i.e. by criminal sex-abuse rings. It is also quite conceivable that some of the 'False Memory' activists may be

covering for these large, apparently wealthy and powerful underworld rings.

In the light of this complex, dark undercurrent within our putative 'civilized society', each individual case must be heard with both open-mindedness and empathy. Clinically we must proceed cautiously when someone presents with a vague sense of having been abused. We must not make assumptions about the truth or falsity of this issue, and we must allow sufficient time to formulate and weigh a diagnosis. Clinical neutrality is very important in such cases, neither assuming that the symptoms point to early childhood molestation, nor that the memories are too bizarre and therefore 'couldn't have happened'.

Because of the recent media 'hype' about incest and other sexual abuse, individuals are increasingly asking whether they too could have been victims. From the literature on trauma, we know that traumatic events are not necessarily rare. They are considered traumatic because they overwhelm ordinary human adaptive functions, including memory. As Dorothy Cantor describes it: 'In response to violence . . . , many people block off the memory. Call it dissociation or call it amnesia, it is a phenomenon with which we are familiar.'¹³ We also know from the research literature that 'children's memories, particularly very young children's, are susceptible to suggestive and stereotype inducing, particularly as time from the event passes'.¹⁴

So how *do* we judge whether the abuse is real or not? Much depends on the weight of evidence and on good clinical judgement coupled with appropriate therapeutic techniques. When a client presents saying 'I think I've been abused. I want to know for sure', the first thing is to gather evidence of any conscious memories that are available. I suggest the client watch for emerging dreams, and we go over those dreams in detail. If repeated dreams appear of sex coupled with violence, then I too begin to suspect some form of sexual abuse has occurred.

Sometimes, even in the absence of sexual or aggressive dreams, the client feels adamant there has been abuse. 'Why else would I be *so* angry at my father?' one client asked. At that point we considered hypnosis in our effort to clarify what really happened. In her case the hypnotic image arose of: a small child crying in her crib with no one to pay attention to her. She had been sent there by her father for having left her toys on the floor. As I had suspected, this was *not* a case of sexual abuse (*no evidence* from the unconscious would support that contention); rather it was a case of narcissistic wounding. Not surprisingly, since both parents were super-busy professionals, this small child developed a deep anger at her parents, primarily because she was frequently abandoned, and this deep hurt was defended by narcissistic rage.

Competent, in-depth therapeutic work is necessary to sort out such issues. In another case, both client and therapist suspected some form of early sexual abuse, but dream warnings suggested this time was inauspicious to use hypnotic procedures:

A dream showed her searching dark city streets, unable to find the garbage truck; then the scene shifted to her driving on a precariously steep mountain, veering close to the edge where there was a pitifully small, inadequate guardrail.

Clearly this client was in too vulnerable a condition to undergo hypnosis and memory retrieval.

When asked for hypnosis, I often try to dissuade the client from that approach. Only if timing is right (i.e. there are no physical limitations and the current stress level is moderate), if the client is unwavering in aim (conscious desire) and has sufficient ego strength to obtain the memories, and if the unconscious (as revealed by dreams) puts forth no objection, only then will I consider going forward with a single session of age-regression hypnosis.

Hypnosis

Hypnosis is a powerful technique, and I believe it should never be used without serious purpose and adequate clinical training.¹⁵ As I have learned from police hypnotists, it is imperative *not to lead the witness*. For memory-retrieval work, I take a client-centred approach, i.e., after induction procedures, I ask the client to visualize a special TV set for which *the client has the controls* and can choose which age to view and whether to roll the scene forward or backward. It is thus within the client's subconscious control how much of (or whether) the traumatic material will reveal itself. As a post-hypnotic suggestion I use: 'You will bring back those memories you are ready to receive; and other memories will become available to you through your dreams, as you are ready to receive them'. This method relies entirely on the guidance of the inner Self of the client. It is imperative, however, to provide ongoing post-hypnotic treatment for the client. A period of several years may be required before all the key memories have surfaced.

Memory of the fractured Self versus wholeness

Memory of severe trauma may result in a fragmented view of the Self known as multiple personality disorder (MPD);¹⁶ but not all trauma victims shatter into multiplicity. John Beahrs writes lucidly about a *continuum of ego states* depicting the many subpersonalities that lie within

each of us which may be more or less cut off from conscious awareness.¹⁷ At the MPD pole of the continuum, subpersonalities seem distinct so that any change from one state to another is effected by moments of trance and amnesia for other parts of the personality. At the other end of the continuum the executive role of the ego is fully operable and the individual can readily distinguish and consciously switch from one ego state to another. This latter pole is similar to Jung's view of the psyche's wholeness.

Beahrs presents convincing evidence of cases where spontaneous hypnotic states occur in healthy individuals in ways that help them to cope with extraordinary difficulties. At times of danger, dissociation has proved to be life-saving. Fear and pain, for example, are alleviated in an altered state of consciousness in those precarious situations where a fear response could itself be life-threatening.¹⁸

Out of the darkness; into the light

It is affirmed in Luke 1:79 that Christ was incarnated 'to give light to those who live in darkness and the shadow of death and to quicken our feet into the way of peace'. As Christians, in our role of helping one another and especially in the role that some of us have as psychotherapists, pastoral counsellors or spiritual directors, we too seem called 'to give light to those who live in darkness and the shadow of death'. It is not our personal light that we bring; but rather we provoke an uncovering process whereby we help others to find their own light, their own truth. Eventually perhaps we are privileged to witness with them some glimpses of the light and the truth of the Divine.

In psychotherapy there are occasional sacred moments. One such moment may occur at holiday seasons. At Christmas-time, for example, with a person who has newly recovered memories of having been abused, I may ask how the new-found painful insights may be integrated with the individual's understanding of the Christmas message. Since many of the abuse victims I see have found the Church a ready place to support their survival, most are deeply moved and challenged by this personal, theological question. On more than one occasion the survivor's response has been a deeper awareness of the archetypal event that is biblically described as the slaughter of the innocents. In Matthew 3:18 we hear the echo of Jeremiah's prophecy:

A voice was heard in Ramah,
sobbing and loudly lamenting:
It was Rachel weeping for her children,
refusing to be comforted

because they were no more.

Amidst echoes of Rachel's weeping we sit with one another, feeling great loss. The innocents were slaughtered. Our innocents continue to be slaughtered, raped and tortured. When confronted with these memories, all of us have lost our innocence. Our view of incarnation is intimately related to crucifixion. Human life – every human life – is deeply scarred by painful, shameful memories. And yet, out of the darkness light emerges. Out of the fragmentation a mandala of wholeness appears.

Our paths of individuation bring us, time and again, to painful memories of separation from those we loved – those for whom we have yearned. That sense of separation, too, is archetypal. James Mann encapsulates for us a brief view of therapeutic processes:

... the recurring life crises of separation-individuation is the substantive base upon which the treatment rests. Many investigators have emphasized the fact of repeated separation crises throughout life and the crucial impact of earliest separation crises on the manner in which later, similar crises are managed.¹⁹

As we work to recover memories, the pain of separation may be relieved but, out of that pain, the process of individuation leads us to our own unique sense of identity.

The soul who is journeying towards the centre of the interior space – the archetypal castle – may roam from one memory to the next, from one inner chamber to the next. At the centre, there lies the core Self, the potential space where union with the Divine may occur.

NOTES

¹ All clients' names and other identifying personal characteristics are disguised to protect confidentiality. In some cases the person described is a composite of real therapy clients; in other cases the individuals have given permission to use their stories and dream material.

² Edward C. Whitmont and Sylvia Brinton Perera, *Dreams, a portal to the source* (New York: Routledge, 1989), p 8.

³ Curtis D. Smith, *Jung's quest for wholeness: a religious and historical perspective* (Albany NY: State University of New York Press, 1990), p 53.

⁴ Ewert Cousins, 'States of consciousness: charting the mystical path' in F. R. Halligan and J. J. Shea (eds), *The fires of desire: erotic energies and the spiritual quest* (New York: Crossroad, 1992), p 131.

⁵ *Ibid.*, pp 133f.

⁶ Carl Gustav Jung, *Mysterium coniunctionis: an inquiry into the separation and synthesis of psychic opposites in alchemy* (2nd edn, translated by R. F. C. Hull), *The collected works of C. G. Jung*, vol XIV (Princeton NJ: Bollingen Series, Princeton University Press, 1970).

⁷ Carl Gustav Jung, *Aion: researches into the phenomenology of the Self* (2nd edn, translated by R. F. C. Hull), The collected works of C. G. Jung, vol IX (Princeton NJ: Bollingen Series, Princeton University Press, 1968).

⁸ James Hillman, *The dream and the underworld* (New York: Harper & Row, 1979), p 65.

⁹ Kenneth R. Hoover, *Ideology and political life* (Monterey CA: Brooks/Cole Publishing Company, 1987), p 135.

¹⁰ Elisabeth Schüssler Fiorenza, *In memory of her: a feminist theological reconstruction of Christian origins* (New York: Crossroad, 1989), p 32.

¹¹ Lynda McCullough, 'Memories of child abuse: Are they always true?', *Guidepost* vol 36, no 3, pp 1, 10-12.

¹² Criminal sex rings may be operative in most of the major cities of the world. See 'Special report: Sex for sale', *Time Magazine* vol 141, no 25 (New York, 21 June 1993).

¹³ Dorothy W. Cantor, 'Memories of childhood abuse: protecting our patients and ourselves', *Register Report* vol 20, no 1 (March 1994), p 28.

¹⁴ *Ibid.*

¹⁵ William S. Kroger, *Clinical and experimental hypnosis* (2nd edn, Philadelphia PA: J. B. Lippincott Company, 1977).

¹⁶ Colin A. Ross, *Multiple personality disorder: diagnosis, clinical features and treatment* (New York: John Wiley & Sons, 1989).

¹⁷ John O. Beahrs, *Unity and multiplicity: multilevel consciousness of self in hypnosis, psychiatric disorder and mental health* (New York: Bruner/Mazel, 1982).

¹⁸ *Ibid.*, p 40f.

¹⁹ James Mann, *Time-limited psychotherapy* (Cambridge MA: Harvard University Press, 1973), p 24.