



Dr. Henry writes about Recovered Memories

In the field of psychology, the topic of recovered memories has been popular for some years. There is considerable controversy regarding these "recovered memories" in legal cases of alleged sexual abuse. Some children may admit to having certain "memories" when questioned by "therapists" who, while pointing to the child's genital area, may ask very suggestive questions such as "Did Daddy touch you here?" There are even adults who, when involved in this "uncovering" therapy, "recover" long-lost memories of sexual abuse in their childhood.

It is not the purpose of this essay to discuss the pros and cons of recovered memories in a therapeutic or legal setting. I am more interested in the possibility or even probability of recovered memories of early childhood polio. I have noticed that many polio survivors have a renewed interest in memories of their acute polio experience as a result of their now dealing with Post-Polio Syndrome (PPS). PPS for many is a "déjà vu" experience. Déjà vu means the sensation or illusion that one is seeing what one has seen before. As a result, there is the possibility that some of us are remembering events from the past: feelings such as fear, anxiety, and panic and/or perceptions of an auditory, visual, tactile or even olfactory nature that are reminiscent of our acute polio experience. The older the age of the original polio illness, the clearer the memories may be.

What do we remember from our childhood, especially before age five? Ask yourself this question. I recall starting public school; I recall seeing a steam shovel outside my bedroom window when I was three years old. How and where are these memories stored? The neurobiological basis of learning is located in certain structures of the brain. The hippocampus, cerebellum, and the cortex areas of the brain are among these structures. There are one hundred billion neurons in the brain involved in forming memory.

Learning begins when the senses take in some perception from the environment and that perception is transformed into a memory link. Long term memories result from the increased time such memories have had to link up with a number of locations in the brain's cortex. The repeated reliving of a particular memory enhances its permanence and storage. Cramming for an exam will work for the short term, but the crammed information will not likely remain as a stored memory.

Smell and emotion may be examples of our earliest long-term memories. For example, scent information is sent via the olfactory nerve to the hippocampus, the portion of the brain which has a strong role in the control of emotions. Thus, early in development, infants learn to distinguish between pleasant and unpleasant odors and will demonstrate or express an emotional reaction.

Memory and learning are affected by stress. Sometimes stress can increase the production of adrenaline which might actually enhance learning as when one studies for an exam under some pressure. However, if the stress is too great, learning may be inhibited (and performance on an exam may be poor). Most people will learn more efficiently while in a pleasant or positive mood. Thus, most childhood memories are pleasant memories. Most early childhood memories that survive are those associated with the period when

the child learns to speak between the ages of three and five. Before age three, only memories associated with traumatic events or with smell are likely to be remembered.

I would think that most of you would agree that the event of a significant case of acute polio in early childhood would qualify as a "traumatic event." Involved in this trauma was often the sudden and misperceived separation from parents (trusted love objects) during a sometimes lengthy isolation, being placed in a new and rather sterile environment, and receiving care from total strangers. What did these young children with polio store in their memories? Since smell is one of the earliest memories for storage, perhaps some of these children stored the smell of hot moist wool (Kenny hot packs). Some may have stored the terror of isolation, the fear associated with abandonment along with the shared panic of other crying children. Some may have stored the sensation of claustrophobia, the bellows breathing sounds, or the odor of a sweaty rubber necked collar while in an iron lung.

Many of these bad memories may have been repressed over the years. Repression is a defense mechanism of our minds in which unacceptable ideas, fantasies, emotions, and impulses are unconsciously banished. If the acute polio damaged us, many of us also denied some of the realities of this damage as we grew older. Our unconscious memories have lost their connection with verbal symbols. When some stimulus or skilled treatment helps to reconnect these forgotten memory traits, fragments or even clear memories may be recovered.

I have noticed in conversations, interviews, and in dialogue over the Internet with numerous PPSers, that many who had polio as preschool age children have recalled memories of odors and separation anxiety feelings. Also, some of us have recovered some details we long ago forgot as a result of sharing our polio memories in support group discussions.

Some time ago, at one of our regular meetings, we divided into small groups based on the age we initially contracted polio. We had a "toddler" group, an elementary school age group, and a late adolescence/adult age group. This process was most conducive to the sharing and recalling of many memories. Two members of our group, Shirley Miller and Pat Poole, who were hospitalized at the same time in 1950 in DePaul Hospital in Norfolk, Virginia, actually had some shared memories, which is rather unusual among support groups. Because of the Internet, I have discovered a lady, Jane Shaw, who lives in Florida. At age four, Jane was at the Medical College of Virginia Hospital with polio during the same time as myself. Regarding her polio memories, she wrote me:

"I do remember vaguely being in the iron lung, but I don't recall having any fear of it. I remember not liking a lot of the food that was served and being made to eat it! To this day, though, if I walk into a hospital, the smell will give me a chill -- so I guess I do have some repressed memories!"

She still remembers the ordeal of distasteful food and the emotions associated with a hospital smell as she did at age four. Together, we have remembered some doctors and nurses names. A shared experience is often remembered with more ease.

It seems plausible, as some of these memories are recovered, that some delayed symptoms of posttraumatic stress disorder (PTSD) may occur. PTSD could involve some depression, anxiety, flashback experiences, sleep disturbance, startle responses, disturbing dreams and even panic feelings. I have noted that many have reported such symptoms in dealing with PPS. Perhaps, some of these symptoms are a variant of delayed PTSD or simply related to PPS itself. I think this would be most interesting to examine among toddler or preschool age polios.

If you have the capacity to venture way back into the recesses of your memory, you may remember more than you ever thought possible about your earlier experiences with the polio event in your life. I challenge you to attempt this exercise. Share what you remember with someone or come to one of our meetings and share with our group. Our group is most interested in listening. If you find the memories too painful to verbalize, write about them and send the text to our newsletter editor. It is my belief that recovering and dealing with these early memories has a beneficial effect on our adjustment to our lives with PPS. A living witness to a life with polio is well worth examining and sharing.

References:

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