

What Is Implicit Memory?

How Does It Affect Our Babies

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Sometimes, even when all their needs have been met (milk, burping, changing diapers, cuddling, warmth...etc.) a baby still cries, and can reach a pitch and volume and tone that is intolerable. Unless it is in acute pain, it is not always that big of a deal for the baby, but it can be a nightmare for caretakers. Remember how great it felt to squeal or scream as loud as you could? It vibrated, satisfyingly, in a place deep in your body that could only be met with such a scream, and probably drove your parents nuts. But this is how it is for babies. When they feel they need to cry or scream, they do indeed need to cry or scream, whether you can detect anything in the circumstance that might be causing this need. Babies don't know yet that they aren't supposed to irritate other people with their cries, so they simply let the cries fly, and what you're hearing is how they're feeling.



If you can stay calm and listen, you will hear details of normal emotional expression within the reverberating passion of the cries. Called 'prosody,' the loudness, pitch, intensity, and length of vocalization conveys a substantial amount of non-verbal information about a person's state of being in the moment. A sentence of the same words can have different meanings depending on the prosody. Sarcasm, for example is detected in prosody. Prosody could also convey a threat or danger, even if the words themselves are benign. These prosodic details are what your baby wants you to detect in their crying. This is their way of dredging up trauma issues to be revealed and released. If you can listen, and hear the details, babies will feel safer to disclose even more details, and will sometimes go deeper into their story during an intense crying episode. A concern is that we can't always listen with full attention and presence. You probably wouldn't feel comfortable letting your baby go into an intense crying episode in a grocery store or at a party. And anyway, it can sometimes just be too hard to listen to. It might activate us on a day when we're feeling wobbly, and we justifiably must put a stop to it. Nature has evolved the cries and screams of babies to be as irritating a possible, so they are heard over everything else, and so that caregivers are compelled to respond.



But, IF we can listen, the baby will explain and share its story. This is the opportunity for loads of traumatic imprints to be released from where they were stored, in implicit memories. Implicit memories are retained and scattered throughout the body. Explicit memory, what people think of as normal memory, is a mental memory stored in the brain, and can be remembered. Implicit memory is stored in the body and is not a verbal memory that can be recalled and brought up from one of the filing cabinets in the brain. Our memories of how to ride a bike, or just the ability to walk down the street, are implicit memories based upon repetition. Meanwhile, remembering who we were walking down the street with, and what we were talking about, is an explicit memory.

Parents often find themselves inadvertently stuck in the script of one of their baby's crying episodes arising from an implicit memory. Prenates and perinates are pretty much in constant transition, moving from one fragile developmental stage to another, or, as in birth, moving from one world to another. Some of these transitions were traumatizing, so transition traumas result in the formation of implicit memories that frequently get activated to arise and be dealt with. For example, when you must get your baby strapped down in her car seat and she is absolutely freaking out like it's the end of the world. It may be that the transition to the car, and wherever it might be taking her, along with getting trapped in a device, triggered an implicit memory from her birth—the biggest transition—where she really felt (or perhaps really was) existentially challenged. Because she is truly feeling like it is the end of the world, it does no good to explain to her, "Honey, stop crying, it's not the end of the world."

As Lisa Firestone put it, "Implicit memory relies on structures in our brain that are fully developed before we are born. Because it's an unconscious, bodily memory, when it gets triggered in the present, it does not seem like it's coming from the past. Instead, it feels like it's happening now. Thus, we react as if we are back in the original situation."¹ In my opinion (though she does not refer to them) these dynamics, in principle, are transferable to babies.

If we can recognize, as it is happening, that our baby has been activated by an implicit memory, then we have a chance to properly contextualize the current behavior. Though there seems to be no causative circumstance in the moment, there is likely a relevant ante-

cedent cause to be curious about. Realizing this can help us be patient and understanding and can significantly reduce our stress. We don't have to feel into the desperation with our baby. We can take a step back and know that though there is a valid reason for the crying, there is no present danger looming. Firestone has also explained that, "Our implicit memories can be like invisible forces in our lives, impacting us in powerful ways. The more we can learn about implicit memory, the better we can understand ourselves and not let our experiences and reactions in the present get hijacked by our past."² This is true for babies, except that in many ways, because they are still so close to the birth transition, they can hardly help but be hijacked by some of its imposing imprints.

Implicit memories are often triggered by situations symbolic of events that occurred, the very events that created the implicit memories. For example, being pushed to hurry along—getting dressed, changing diapers under pressure in a rush, or hustling to the car—can trigger some babies by reminding them of when contractions pushed them along, painfully, against the pelvic bones. An implicit memory of pain from contractions can be imprinted more deeply if the mother was given Pitocin to increase the strength of the contractions. The imprint is likely to go in even deeper if the mother was also given an epidural. This medicine protects the mother, but not the baby, from birth pain. Up until an epidural is given, the mother and baby bond in the context of the same pain issues. After an epidural this feature of the birth experience is no longer shared. Epidurals put a fork in the birth path, mom goes one way, the baby goes the other.

We need to respect that babies are really feeling what they say they are feeling when they're crying from the activation of an implicit memory. Daniel Siegel wrote in his book, *The Developing Mind*, that, "Our lives can become shaped by reactivations of implicit memory, which lack a sense that something is being recalled. We simply enter these engrained states and experience them as the reality of our present experience."³ So, when a baby is telling how he or she feels, listening rather than shushing, helps the baby make sense of what he or she is feeling, helps the baby safely feel the pain, until it is expressed, shared, and finally drained from the system.

I am reminded of a great proverb here. I think it's an ancient Swedish one: "A sorrow shared is a sorrow halved."

*This is an excerpt from Karlton's upcoming book: *The Cure for Colic: from Crying to Cuddling*

Endnotes

- 1 Firestone, L. (2020, January 15). These invisible memories shape our lives. PsychAlive. Retrieved March 29, 2022, from <https://www.psychalive.org/making-sense-of-implicit-memories/>
- 2 Ibid.
- 3 Siegel, D. J. (2020). The developing mind: How relationships and the brain interact to shape who we are. Guilford Press. .