

## **The Asymmetry of Emotional Induction**

One of the most consequential features of human emotional experience is a fundamental asymmetry: recalling past emotionally charged events almost invariably reactivates the feelings associated with those memories, yet intentional thought alone cannot reliably generate them. This is not a quirk of psychology. It is a structural feature of how the nervous system encodes, stores, and retrieves emotionally significant experiences.

Emotional feelings are not optional features of human life — they are intrinsic to it, as walls are intrinsic to a building. Vision allows us to see and navigate a building, avoiding obstacles; emotional awareness allows us to navigate the complexity of human emotional life. Blindness does not remove walls — it makes us vulnerable to colliding with them. Emotional numbness works the same way: it does not dissolve the somatic residue of unresolved experience; it simply prevents us from seeing them clearly.

How clearly this asymmetry manifests in conscious experience varies from one individual to another. It is not a question of whether the underlying mechanism is present — it operates in everyone — but of how readily its signals can be perceived, and recognized. That ability depends on each individual's degree of emotional awareness. The findings presented in this document therefore apply most fully — though not exclusively — to those sufficiently attuned to their inner life to notice what happens “within”.

### **Creation versus Reactivation: Two different mechanisms**

Creating an emotional feeling through intentional thought requires the conscious mind to deliberately activate subcortical limbic circuits — the amygdala, insula, and related structures — that generate the physiological substrate of emotion. As contemporary neuroscience confirms, this top-down pathway is weak, metabolically expensive, and easily disrupted by the very emotional states it attempts to regulate.

Under distress, when prefrontal functions are impaired and interoceptive signals dominate; intentional thought loses whatever limited leverage it possesses.

Reactivation operates through an entirely different mechanism. Emotionally charged memories are not stored primarily as narrative knowledge, but as implicit emotional memories — integrated patterns of sensory, affective, and somatic information encoded in subcortical structures, particularly the amygdala. These memory traces include the original bodily states, autonomic responses, and visceral sensations experienced during the emotional event.

When such a memory is recalled — even deliberately — the brain does not merely retrieve a description of what happened. It reactivates the original neural patterns, including the bodily feelings that constituted the emotional experience. This occurs automatically, reliably, and largely outside conscious control. The amygdala-hippocampus system coordinates reactivation of stored emotional representations, reinstating the physiological state that defined the original experience. Research using human intracranial recordings demonstrates that during aversive memory retrieval, memory-specific gamma activity patterns shaped by the amygdala during encoding are reactivated in the hippocampus. This is not symbolic recall — it is neurophysiological re-experiencing. The body does not merely "remember" what it felt; it re-enters that state.

### **Why memory works where willpower fails**

Memory engages limbic circuits directly. The amygdala operates largely below conscious awareness and responds to memory cues with automatic activation. When a traumatic or emotionally significant memory is recalled, the amygdala and associated structures do not wait for permission from the prefrontal cortex. They generate the same autonomic, visceral, and somatic responses present during the original event: heart rate changes, muscle tension, gut constriction, respiratory alterations.

This is why trauma survivors report that recalling a traumatic event does not feel like recalling a neutral fact — it feels like re-living it. The visceral heaviness, chest tightness, trembling, nausea — these are reactivations of implicit somatic memory traces encoded during the original experience, waiting to be triggered.

Intentional thought has no such direct pathway. A person can decide to "feel calm" or "feel joyful," but unless that decision activates an actual memory of calm or joy — with all its associated somatic markers — the directive remains cognitive and physiologically inert. **The amygdala does not take orders from the conscious mind.** It responds to patterns it recognizes: sensory cues, context markers, and memory reactivation.

This clarifies one of the most disorienting features of unresolved emotional experience: the complete disconnect between what the mind understands and what the body continues to enact. A person can hold, with full conviction, the knowledge that they are safe — and still find their heart racing, their chest tightening, their body bracing for a threat that exists nowhere but in the nervous system's unrevised memory. Because cognitive understanding resides in one system; while emotional feeling resides in another. Memory bridges them. Willpower does not.

### **The gap between knowing and feeling**

This asymmetry is especially evident to individuals deeply aware of their emotional feelings. They notice immediately when cognitive efforts produce only intellectual understanding while the body continues to supply the same visceral tension, heaviness, or agitation. For them, the gap between "knowing" and "feeling" is unmistakable and often deeply frustrating.

A person may engage in cognitive reframing, adopt new beliefs, and genuinely understand why their fear or grief is no longer rational — yet the moment they recall the associated memory, the bodily feelings return

in full force. The tightness, the heaviness, the visceral dread — all resurface, undiluted by the cognitive work that preceded it.

This is not failure. It reveals that the emotional memory itself — the implicit, body-based encoding — has not been altered. The cognitive narrative may have shifted, but the somatic substrate remains intact. Because emotional experience is constructed from interoceptive signals, not from intentional thoughts, the person continues to feel what their body believes, regardless of what their mind has been told.

### **From theory to practice: detecting unresolved trauma**

Traumatic events are not the only source of lasting stress and anxiety. Many people carry scars from relational wounds, developmental neglect, substance-related experiences, health-related adversity, or inherited patterns — without any obvious dramatic event to point to. Yet one of the most reliable ways to detect whether unresolved trauma is still active is remarkably simple: carefully monitor the feelings that arise when you mentally review past unsettling events.

Due to the asymmetry described above, the mere act of [recalling a memory is almost always enough to awaken the somatic and interoceptive signals associated with it](#) — often with surprising intensity. Deliberate thought or willpower, by contrast, rarely produces this depth of emotional feeling. When bringing a past event to mind produces a lump in the throat, chest tightness, stomach constriction, sudden tension, or a wave of dread — the person is not merely remembering. They are reactivating the somatic residue that continues to fuel stress and anxiety in the present.

This same reactivation principle underpins widely used standardised instruments such as the [GAD-7](#) and [DASS-21](#): they capture responses — restlessness, trembling, unexplained fear, difficulty relaxing — that are frequently somatic echoes of unhealed traumatic memories. These scales work precisely because the body reliably produces these responses on

memory recall, while the conscious mind finds them difficult to induce deliberately.

### **Memory recall - the most reliable measure of therapeutic progress**

In Somatic Hypnotherapy, the reactivation principle is applied directly as both an assessment and a validation tool. Before each session, the client is guided to mentally revisit specific emotionally charged memories and to notice and quantify the intensity of the feelings that arise — establishing a baseline measure of the somatic charge still carried by those memories. After the session, the same memories are revisited in the same manner.

If the somatic substrate has been genuinely reached and released — if authentic reconsolidation has occurred — the memory can now be revisited without triggering the original visceral distress. The cognitive content remains intact: the person still remembers what happened. But the emotional charge, the bodily tension, the autonomic activation — these have diminished or disappeared. This is not suppression. The memory has not been buried. What has changed is the physiological response. The body no longer reacts as if the event were happening now.

This before/after reactivation test offers what no self-report questionnaire alone can provide: an immediate, within-session, client-verified measure of whether genuine memory reconsolidation has occurred — not temporary coping, not cognitive reframing, but somatic resolution at the source. The client is the primary witness. He knows, with direct interoceptive certainty, whether the memory still triggers the old bodily response or has genuinely lost its emotional charge. No subjective rating scale can capture what direct interoceptive feedback reveals. The body either responds, or it does not.

### **The Neurophysiological Basis**

Emotional memories — particularly traumatic ones — are stored through implicit, non-declarative memory systems that do not require

conscious awareness for encoding or retrieval. The amygdala responds to emotionally significant stimuli with automatic activation of autonomic nervous system responses, independent of conscious awareness.

**The storage of emotionally charged experiences occurs at a level the conscious mind cannot directly access.** The memory is not merely a story; it is a pattern of neural and bodily activation instantiated during the original experience, remaining latent in the nervous system and ready to be reactivated by any cue resembling the original context.

When a memory is recalled, the hippocampus and amygdala coordinate to reinstate the emotional context. Gamma activity patterns shaped by the amygdala during encoding are replayed in the hippocampus during retrieval. This reactivation includes the autonomic and somatic components of the original experience.

The body does not merely recall that it was afraid; it re-enters a state of fear, with all the attendant physiological changes. This is why memory-triggered emotional feelings are so reliable, so vivid, and so resistant to cognitive override. They are not being constructed anew by conscious thought. They are being replayed from a pre-existing neurophysiological template.

### **Clinical Implications**

If genuine emotional change requires altering the implicit memory traces that generate unwanted emotional feelings, then therapeutic approaches must reach the level where those traces are stored — the subcortical patterns anchored in the body and encoded in the limbic system, are inaccessible to both will and intentional thought.

Somatic Hypnotherapy creates the neurophysiological conditions in which the original emotional memory becomes labile, accessible for alteration. The process does not rely on cognitive persuasion or layering new content on old distress. It engages directly with the implicit memory

system through the state of focused relaxation and somatic access that hypnotic trance provides.

When the emotional memory is reactivated within this safe therapeutic context, the brain enters a reconsolidation window — a brief period during which the memory traces are temporarily unstable and open to alteration. New emotional information can be integrated, and the original emotional charge can be reduced or eliminated. The memory itself is neither altered nor erased; only its affective and somatic components are updated.

## **Conclusion**

The asymmetry between intentional thought and memory-triggered emotional reactivation is a structural feature of how the nervous system organizes emotional experience — not a phenomenon limited to those who are aware of it. The somatic residue of unresolved experience is present in everyone. What varies is the degree to which it can be consciously registered, tracked, and assessed.

For emotionally aware individuals — those with sufficient interoceptive access to notice the lump in the throat, the chest tightening, and the wave of dread that arises when a charged memory is recalled — the asymmetry described in this document is immediately recognizable and often deeply frustrating. They know the difference between thinking differently and feeling differently. They know the frustration of understanding intellectually while suffering somatically. And they know, with unmistakable bodily certainty, when genuine change has occurred — not because someone told them it should feel different, but because it does.

For those with reduced emotional awareness — whether through habitual suppression, developmental disconnection, substance or drug abuse, or the chronic numbing that often accompanies long-standing trauma — the same somatic residue is present, but harder to read directly. The before/after reactivation test may yield less vivid feedback,

and the felt sense of resolution may be subtler or delayed. This does not mean the therapeutic process is less effective; it means the compass is less sensitive. What is reduced is the capacity to sense them clearly.

This is why, in this approach, the development of emotional awareness is not simply a desirable quality in a client in therapy— it is a functional prerequisite for the most direct and verifiable form of somatic resolution. And it is why Somatic Hypnotherapy, while accessible to all, yields its clearest and most immediately measurable results in those who can feel what is shifting “within,” as it happens.

This is one of the pillars of Somatic Hypnotherapy: the recognition that emotional healing does not come from above, through rational understanding, willpower or intentional thinking, but from within, through the direct resolution of somatic patterns that maintains emotional distress.

When those patterns are addressed and dissolved at their source, thoughts follow, behaviors adapt, and life itself feels different — not conceptually, but tangibly.

## **Scientific Resources Supporting the Above Claims**

**Emotional memory encoding and amygdala-hippocampus coordination:** Girardeau, G., Inema, I., & Buzsáki, G. (2017). <https://www.nature.com/articles/nn.4637>

**Amygdala's role in implicit emotional processing independent of conscious awareness:** LeDoux, J.E. (2007). [http://www.scholarpedia.org/article/Emotional\\_memory](http://www.scholarpedia.org/article/Emotional_memory)

**Hippocampal reactivation of amygdala gamma patterns during aversive memory retrieval:** Costa, M., et al. (2025). <https://www.nature.com/articles/s41467-025-61928-2>

**Amygdala and hippocampus coordination in retrieving emotion-laden context memories:** Maratos, E.J., et al. (2001). <https://pubmed.ncbi.nlm.nih.gov/15869492/>

**Implicit emotional memory bias and basolateral amygdala-sgACC connectivity in anxiety:** Takagi, Y., et al. (2022). <https://pubmed.ncbi.nlm.nih.gov/34894424/>

**Amygdala mediates facilitating influence of emotions on memory through multiple mechanisms:** Paré, D., et al. (2023). <https://pmc.ncbi.nlm.nih.gov/articles/PMC10034520/>

**Implicit somatic memory — body "remembers" trauma through physiological reactions:** Memory Processing and Trauma Imprints. International Psychotraumatology.  
<https://iptrauma.org/docs/neurobiology-of-trauma/memory-processing-and-trauma-imprints/>

**SAM system (Situation Accessible Memory) and trauma memory reactivation by cues:** Brewin, C.R., Gregory, J.D., Lipton, M., & Burgess, N. (2010). Psychological Review, 117(1), 210–232. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6866833/>

**Intrusive re-experiencing comprises sensory impressions and emotional responses from trauma:** Priebe, K., et al. (2013). <https://pmc.ncbi.nlm.nih.gov/articles/PMC3906879/>

**Body memory — implicit memories stored as physical sensations and autonomic responses:** <https://www.blueprint.ai/blog/body-memory>

**Somatic memory and visceral level emotional processing:** <https://forumofwisdom5.wordpress.com/2024/10/21/how-does-visceral-level-memory-affect-our-feelings/>

**Body memory definition — non-declarative, state-dependent retrieval of somatic trauma:** <https://scales.arabpsychology.com/trm/body-memory/>

**S-Reps (sensation-bound representations) with strong emotional and autonomic components:** Brewin, C.R., et al. (2022). <https://pmc.ncbi.nlm.nih.gov/articles/PMC11523743/>

**Clinical manifestations of body memories and reactivation of implicit sensory memories:** Kirsch, P., et al. (2022). <https://pmc.ncbi.nlm.nih.gov/articles/PMC9138975/>

**Memory reconsolidation therapy for PTSD and assessment via memory recall intensity:** Gray, R., et al. (2020). <https://link.springer.com/article/10.1007/s11896-020-09363-5>

**Reconsolidation of Traumatic Memories (RTM) Protocol — pre-post assessment with CAPS-5:** Gray, R., Budden-Potts, D., & Bourke, F. (2017). <https://utppublishing.com/doi/full/10.3138/jmvfh.4120>

**Memory reconsolidation assessment protocol and SUDS:** [https://platform.cysf.org/media/APA\\_Paper\\_Reconsolidation\\_of\\_Traumatic\\_Memories\\_for\\_PTSD.pdf](https://platform.cysf.org/media/APA_Paper_Reconsolidation_of_Traumatic_Memories_for_PTSD.pdf)

**Meta-analysis of consolidation/reconsolidation therapies for PTSD prevention and treatment:** Astill Wright, L., et al. <https://www.nature.com/articles/s41398-021-01570-w>

**NCBI systematic review of reconsolidation therapies for PTSD:** <https://www.ncbi.nlm.nih.gov/books/NBK595367/>

**Targeted memory reactivation (TMR) assessment via RSDI:** Schouten, K.A., et al. (2024). <https://www.sciencedirect.com/science/article/pii/S0960982224009229>

**Transforming traumatic memories — RTM protocol and EEG outcome measures:** Gray, R., & Bourke, F. (2019). <https://brookdale.org/wp-content/uploads/2019/12/Curing-PTSD-Through-Reconsolidation-of-Traumatic-Memories-RTM.pdf>

**The Reconsolidation Using Rewind Study (RETURN) — CAPS-5 as primary outcome:** Watkins, L.E., et al. (2021). <https://pmc.ncbi.nlm.nih.gov/articles/PMC8330760/>

**Memory reactivation and somatic signal intensity as markers of unresolved trauma:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC5424072/>