Repressed Memories Are Questionable

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Elizabeth F. Loftus is one of the nation’s foremost authorities on memory. The veteran expert witness testifies on human memory, and is best known for her research implicating the inaccuracy of eyewitness testimony. Here, she discusses repressed memories in the context of their legal implication for delayed child sexual abuse claims. Loftus points to the paucity of research substantiating repressed memories and outlines the research on suggestibility and the creation of false memories. She ends her discussion with some suggestions and cautions for professionals working with repressed memories.

QUESTIONS
1. Does Loftus deny the existence of repressed memories?
2. According to Loftus, what are some of the sources of false memories?
3. According to Loftus, how do real memories differ from false memories?


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4. What are some of the dangers of false memories and how can professionals guard against these?

There is little doubt that actual childhood sexual abuse is tragically common. Even those who claim that the statistics are exaggerated still agree that child abuse constitutes a serious social problem. I do not question the commonness of childhood sexual abuse itself but ask here about how the abuse is recalled in the minds of adults. Specifically, how common is it to repress memories of childhood sexual abuse? Claims about the commonness of repressed memories are freely made: It is typical to read estimates such as "most incest survivors have limited recall about their abuse" or "half of all incest survivors do not remember that the abuse occurred". One psychotherapist with 18 years of experience has claimed that "millions of people have blocked out frightening episodes of abuse, years of their life, or their entire childhood". Later, she reported that "sexual abuse is particularly susceptible to memory repression". Beliefs about the commonness of repressed memories are expressed not only by those in the therapeutic community but also by legal scholars who have used these beliefs to argue for changes in legislation. For example, Lauten argued in favor of legislation that would ease access to the courts for victims of childhood sexual abuse. She applauded legislation, such as that enacted in California in 1991, that allows victims, no matter how old they are, to sue within three years after discovering their injuries or eight years after reaching majority, whichever date occurs later. As part of her argument that victims should have more time to file claims against their abusers, she expressed a view that "total repression of memories of abuse is common". Despite the confidence with which these assertions are made, there are few studies that provide evidence of the extent to which repression occurs. One study sampled 450 adult clinical clients who had reported sexual abuse histories. Therapists approached their individual clients or group clients with this question: "During the period of time between when the first forced sexual experience happened and your 18th birthday was there ever a time when you could not remember the forced sexual experience?" The main result obtained in this largely female (93%) largely White (90%) sample was that 59% said yes. A yes response was more likely in cases involving violent abuse (physical injury, multiple perpetrators, and fears of death if abuse was disclosed) than nonviolent abuse. Reported amnesia was more likely with early molestation onset, longer abuse, and greater current symptomatology. The authors concluded that amnesia for abuse was a common phenomenon. Briere and Conte’s result has been taken by others as evidence for the widespread extent of repression. For example, Summit (1992) interpreted the 59% yes rate as evidence that this proportion of people "went through periods of amnesia when they were not aware of their prior abuse". He used the finding to support the commonness of childhood abuse. One problem with Briere and Conte’s estimate is that it obviously depends on how the respondent interprets the eliciting question. A yes response to the question could be interpreted in a variety of ways other than "I repressed my memory for abuse." For example, it could mean "Sometimes I found it too unpleasant to remember, so I tried not to", or "There were times when I could not remember without feeling terrible", or "There were times I could not bring myself to remember the abuse because I would rather not think about it." Although no question is free of the possibility of multiple interpretations, the great potential for idiocentric interpretation by respondents to the particular wording used by Briere and Conte warrants a further examination of the issue with a different eliciting question. A further problem with Briere and Conte’s study is that the respondents were all in therapy. If some of their clinicians were under the belief that repression of memory is common, they may have communicated this belief to their clients. Clients could readily infer that, if repression of memory is so common, it is likely to have happened to them, thus the answer to the question is probably yes. This would, of course, inflate the estimates of the prevalence of repression. Other studies have given much lower estimates for the existence of repression. Herman and Schatzow gathered data from 53 women in therapy groups for incest survivors in the Boston area. Of the 53 cases, 15 (28%) reported severe memory deficits (including women who could recall very little from childhood and women who showed a recently unearthed repressed mem-

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Severe memory problems were most likely in cases of abuse that began early in childhood and ended before adolescence. Cases of violent or sadistic abuse were most likely to be associated with "massive repression as a defense".

An even lower estimate was obtained in a study of 100 women in outpatient treatment for substance abuse in a New York City hospital. More than one half of the women in this sample reported memories of childhood sexual abuse. The vast majority of them remembered the abuse their whole lives. Only 18% claimed that they forgot the abuse for a period of time and later regained the memory. Whether the women remembered the abuse their whole lives or forgot it for a period was completely unrelated to the violence of the abuse.

Of course, the data obtained from the New York sample may include an underestimation factor because there could have been many more women in the sample who were sexually abused, repressed the memory, and had not yet regained it. In support of this hypothesis, one could point to the research of L. M. Williams, who interviewed 100 women, mostly African American, known to have been abused 17 years earlier in their lives. Of these, 30% were amnesic for the abuse or chose not to report it. Perhaps there were women in the New York sample who denied sexual abuse but who were still repressing it. Possibly there are women who were actually abused but do not remember it; however, it is misleading to assume that simple failure to remember means that repression has occurred. If an event happened so early in life, before the offset of childhood amnesia, then a woman would not be expected to remember it as an adult, whether it was abuse or something else. This would not imply the mechanism of repression. Moreover, ordinary forgetting of all sorts of events is a fact of life but is not thought to involve some special repression mechanism. For example, studies have shown that people routinely fail to remember significant life events even a year after they have occurred. One study consisted of interviews with 590 persons known to have been in injury-producing motor vehicle accidents during the previous year. Approximately 14% did not remember the accident a year later. Another study consisted of interviews with 1,500 people who had been discharged from a hospital within the previous year. More than one fourth did not remember the hospitalization a year later.

How common are repressed memories of childhood abuse? There is no absolute answer available. There are few satisfying ways to discover the answer, because we are in the odd position of asking people about a memory for forgetting a memory. For the moment, figures range from 18% to 59%. The range is disturbingly great, suggesting that serious scholarly exploration is warranted to learn how to interpret claims about the commonness of repression and what abuse characteristics the repression might be related to.

What Are the Memories Like?

The quality of the memories that filter back vary tremendously. They are sometimes detailed and vivid and sometimes very vague. Sometimes they pertain to events that allegedly happened in early childhood and sometimes in adolescence. Sometimes they pertain to events that allegedly happened 5 years ago and sometimes 40 years ago. Sometimes they include fondling, sometimes rape, and sometimes ritualism of an unimaginable sort.

Highly detailed memories have been reported even for events that allegedly happened more than 25 years earlier and during the first year of life. One father-daughter case recently tried in Santa Clara County, California, illustrates this pattern. The daughter, a college graduate who worked as a technical writer, claimed that her father sexually abused her from the time she was six months old until she was 18. She repressed the memories until the age of approximately 26, when she was in individual and group therapy.

Other cases involve richly detailed allegations of a more bizarre, ritualistic type, as in a case reported by Rogers. The plaintiff, Bonnie, in her late 40s at the time of trial, accused her parents of physically, sexually, and emotionally abusing her from birth to approximately age 25. A sister, Patti, in her mid-30s at the time of trial, said she was abused from infancy to age 15. The allegations involved torture by drugs, electric shock, rape, sodomy, forced oral sex, and ritualistic killing of babies born to or aborted by the daughters. The events were first recalled when the plaintiffs went into therapy in the late 1980s.
In short, aspects of memories after years of suppression are rather as they can be. One important way that they differ is the way they are stored in the brain. When the event being recalled involves a traumatic experience, the memory is stored in the hippocampus, rather than the neocortex. This is important because the hippocampus is responsible for the encoding of new memories. The neocortex, on the other hand, is responsible for the retrieval of information. It is thought that the hippocampus is responsible for the formation of new memories, while the neocortex is responsible for the consolidation and storage of information.

Overall, it appears that post-traumatic stress disorder (PTSD) is a complex condition that involves the interaction of many factors. The role of memory, trauma, and stress in the development of PTSD is still not fully understood. Further research is needed to better understand the mechanisms underlying PTSD and to develop more effective treatments for this condition.
that this "epidemic" of belief is based in large part on authority and social consensus.

Are the Memories Accurate?
There are those with extreme positions who would like to deny the authenticity of all repressed memories and those who would accept them all as true. As Van Benschooten has pointed out, these extreme positions will exacerbate our problems: "Dental flosser overindulgence, and overdetermination invites denial".

If we assume, then, that some of the memories might be authentic and some might not be, we can then raise this question: If a memory is recovered that is not authentic, where would it come from? Canaway proposed several hypotheses to explain SRA memories, and these same ideas are relevant to memories of a repressed past. If not authentic, the memories could be due to fantasy, illusion, or hallucination-mediated screen memories, internally derived as a defense mechanism. Further paraphrasing Canaway, the SRA memories combine a mixture of borrowed ideas, characters, myths, and accounts from exogenous sources with idiosyncratic internal beliefs. Once activated, the manufactured memories are indistinguishable from factual memories. Inauthentic memories could also be externally derived as a result of unintentional implantation of suggestion by a therapist or other perceived authority figure with whom the client desires a special relationship, interest, or approval.

The Memories Are Authentic
There is no doubt that childhood sexual abuse is tragically common (Dall, 1988). Surveys reveal a large range in the estimated rates (10%-50%), but as Freyd has argued, even the most conservative of them are high enough to support the enormity of child abuse. A sizable number of people who enter therapy were abused as children and have always remembered their abuse. Even when they have severe emotional problems, they can provide rich recollections of abuse, often with many unique, periphrastic details. Occasionally the abuse is corroborated, sometimes with very cogent corroboration, such as pornographic photographs. If confirmed abuse is prevalent, many instances of repressed memory abuse cases also could be authentic. Unfortunately, in the repressed memory cases, particularly when memories do not return for 20 or 30 years, there is little in the way of documented corroboration.

This, of course, does not mean that they are false. Claims of corroborated repressed memories occasionally appear in the published literature. For example, Mack reported on a 1955 case involving a 27-year-old borderline man who, during therapy, recovered memories of witnessing his mother attempting to kill herself by hanging. The man's father later confirmed that the mother had attempted suicide several times and that the son had witnessed one attempt when he was 3 years old. The father's confirmation apparently led to a relief of symptoms in the son. It is hard to know what to make of examples such as these. Did the son really remain back to age 3, or did he hear discussions of his mother's suicide attempts later in life? The memories could be real, that is, genuine instances of repressed memories that accurately returned much later. If true, this would only prove that some memory reports are authentic but obviously not that all reports are authentic. Analogously, examples of repressed memories that were later retracted, later proved to be false, or later proved to be the result of suggestion would only prove that some memory reports are not authentic but obviously not that all such reports are illusory.

Some who question the authenticity of the memories of abuse do so in part because of the intensity and sincerity of the accused persons who deny the abuse. Many of the thousands of people who have been accused (fairly deny the allegations, and the cry of "witch hunt") is often heard. Witch hunt is, of course, a term that has been loosely used by virtually anyone faced by a pack of accusers. Analogies have been drawn between the current allegations and the witch craze of the 16th and 17th centuries, when an estimated half million people were convicted of witchcraft and burned to death in Europe alone. Although the denials during the witch craze are now seen as authentic in the light of hindsight, the current denials of those accused of sexual abuse are not proof that the allegations are false. Research with known rapists, pedophiles, and incest offenders has illustrated that they often exhibit a cognitive distortion—a tendency to justify, minimize, or rationalize
their behavior. Because accused persons are motivated to verbally and even physically deny an abusive past, simple denials cannot constitute cogent evidence that the victim's memories are not authentic.

The Memories Are Not Authentic

To say that memory might be false does not mean that the person is deliberately lying. Although lying is always possible, even psychotherapists who question the authenticity of reports have been impressed with the honesty and integrity of the terror, rage, guilt, depression, and overall behavioral dysfunction accompanying the awareness of abuse.

There are at least two ways that false memories could come about. Honestly believed, but false, memories could come about, according to Ganaway, because of internal or external sources. The internal drive to manufacture an abuse memory may come about as a way to provide a screen for perhaps more mundane but, ironically, less tolerable, painful experiences of childhood. Creating a fantasy of abuse with its relatively clear-cut distinction between good and evil may provide the needed logical explanation for confusing experiences and feelings. The core material for the false memories can be borrowed from the stories of others who are either known personally or encountered in literature, movies, and television.

Why Would Therapists Suggest Things to Their Patients?

The core of treatment, it is widely believed, is to help clients reclaim their "traumatic past." Therapists routinely dig deliberately into the ugly underside of mental life. They dig for memories purposefully because they believe that in order to get well, to become survivors rather than victims, their clients must overcome the protective denial that was used to tolerate the abuse during childhood. Memory blocks can be protective in many ways, but they come at a cost; they cut off the survivors from a significant part of their past histories and leave them without good explanations for their negative self-image, low self-esteem, and other mental problems. These memories must be brought into consciousness, not as an end in itself but only insofar as it helps the survivors acknowledge reality and overcome denial processes that are now dysfunctional.

Another reason therapists may be unwittingly suggesting ideas to their clients is that they have fallen prey to a bias that affects all of us, known as the "confirmation bias". People in general, therapists included, have a tendency to search for evidence that confirms their hunches rather than search for evidence that disconfirms. It is not easy to discard long-held or cherished beliefs, in part because we are eager to verify those beliefs and are not inclined to seek evidence that might disprove them.

The notion that the beliefs that individuals hold can create their own social reality is the essence of the self-fulfilling prophecy. How does "reality" get constructed? One way this can happen is through interview strategies. Interviewers are known to choose questions that inquire about behaviors and experiences thought to be characteristic, rather than those thought to be uncharacteristic, of some particular classification. If therapists ask questions that tend to elicit behavior and experiences thought to be characteristic of someone who has been a victim of childhood trauma, might they too be creating this social reality?

Whatever the good intentions of therapists, the documented examples of rampant suggestion should cause us to at least question whether some therapists might be suggesting illusory memories to their clients rather than unlocking authentic distant memories. Or paraphrasing Gardner, what is considered to be present in the client's unconscious mind might actually be present solely in the therapist's conscious mind. Ganaway worried that, once seeded by the therapist, false memories could develop that replace previously unsatisfactory internal explanations for intolerable but more prosaic childhood trauma.

Creation of False Memories

The hypothesis that false memories could be created invites an inquiry into the important question of what is known about false memories. Since the mid-1970s at least, investigations have been done into the creation of false memories through exposure to misinformation. Now, nearly two decades later, there are hundreds of studies to support a high degree of memory distortion. People have recalled nonexistent broken glass and tape recorders, a dismembered man as having a mustache, straight hair as curly, and even something as large and conspicuous as a
barn in a bootleg scene that contained no buildings at all. This growing body of research shows that new, pertinent information often becomes incorporated into memory, supplementing and altering a person's recollection. The new information involves us, like a Trojan horse, precisely because we do not detect its influence. Understanding how we can become tricked by revisited data about our past is central to understanding the hypothesis that suggestions from popular writings and therapy sessions can affect autobiographical recall.

One frequently heard comment about the research on memory distortion is that all changes induced by misinformation are about trivial details. There is no evidence, the critics allege, that one can tink with memories of real traumatic events in a way that one can inject into the human mind whole events that never happened.

Can Real Traumatic Memories Be Changed?

There are some who argue that traumatic events leave some sort of indelible fixative in the mind (e.g., "traumatic events create lasting visual images . . . burn-in visual impressions."); "memory imprints are indelible, they do not erase—a therapy that tries to alter them will be treacemonial."). These assertions fail to recognize known examples and evidence that memory is malleable even for life's most traumatic experiences. If Eileen Franklin's memory of witnessing her father murder her eight-year-old best friend is a real memory, then too is a memory replete with changes over different settings. However, these are clearer examples— anecdotal reports in which definitive evidence exists that the traumatic event itself was actually experienced and yet the memory radically changed.

In the category of documented anecdotes there is the example of one of the worst public and personal tragedies in the history of baseball. Baseball aficionados may recall that Jack Hamilton, then a pitcher with the California Angels, crashed the outfielder, Tony Conigliaro, in the face with a fast-pitch fastball. Although Hamilton thought he remembered this horrible event perfectly, he misremembered it as occurring during a day game, when it actually at night, and misremembered it in other crucial ways. Another example will be appreciated

by history buffs, particularly those with an interest in the second world war. American Brigadier General Elliot Thorpe recalled the day after the bombing of Pearl Harbor one way in a memo and completely differently in an oral history taken on his retirement. Both accounts, in fact, were riddled with errors. Evidence of a less anecdotal, more experimental nature supports the imperfections of personally experienced traumatic memories. For example, one study examined people's recollections of how they heard the news of the 1968 explosion of the space shuttle Challenger. Subjects were questioned on the morning after the explosion and again nearly three years later. Most described their memories as vivid, but none of them were entirely correct, and more than one third were wildly inaccurate. One subject, for example, was on the telephone having a business discussion when her best friend interrupted the call with the news. Later, she would remember that she heard the news in class and at first thought it was a joke, and that she later walked into a TV lounge and saw the news, and then reacted to the disaster.

Another study demonstrated the malleability of memory for a serious life-and-death situation. The subjects had attended an important high school football game at which a player on the field went into cardiac arrest. Paramedics tried to resuscitate the player and apparently failed. The audience reactions ranged from complete silence, to sobbing, to screaming. (Ultimately, fortunately, the player was revived at the hospital.) Six years later, many of these people were interviewed. Errors of recollection were common. Moreover, when exposed to misleading information about this life-and-death event, many individuals absorbed the misinformation into their recollections. For example, more than one fourth of the subjects were persuaded that they had seen blood on the player's jersey after receiving a false suggestion to this effect.

These anecdotes and experimental examples suggest that even details of genuinely experienced traumatic events are, as Christiansen put it, "by no means, completely accurate."

Can One Inject a Complete Memory for Something That Never Happened?

It is one thing to discover that memory for an actual traumatic event is changed over time but quite another to show that one
can inject whole events into someone's mind for something that doesn't happen, but that's another story.

In our study, we were interested in whether people can be misled into thinking they experienced events that never actually occurred. We used a technique called the "false memory paradigm," where we present people with false memories, either through suggestive questions or by telling them a story about an event they never experienced. We then tested whether the false memories would cause them to recall the event as if it had actually happened.

Our study results showed that false memories can indeed be formed and that they can be very persistent. In some cases, people were convinced that the events were real and even felt that they had experienced them in the past. We found that the strength of the memory, the vividness of the details, and the confidence with which the memory was recalled all contributed to the likelihood of successful memory formation.

In conclusion, it's important to be cautious when discussing eyewitness testimony, and it's crucial to understand the potential for false memories to form. We hope our work contributes to a better understanding of the human memory and its susceptibility to manipulation.
false memories can be created by a small suggestion from a trusted family member, by hearing someone else, by suggestion from a psychologist, or by incorporation of the experiences of others into one’s own autobiography. Of course, the fact that false memories can be planted tells nothing about whether a given memory of child sexual abuse is false or not; nor does it tell how one might distinguish the real cases from the false ones. These findings on the malleability of memory do, however, raise questions about the wisdom of certain recommendations being promoted in self-help workbooks, in handbooks for therapists, and by some therapists themselves. The false memories created in the examples above were accomplished with techniques that are not all that different from what some therapists regularly do—suggesting that the client was probably abused because of some vague symptoms, labeling a client’s ambiguous recollections as evidence of abuse, and encouraging mental exercises that involve fantasy merging with reality.

**Final Remarks**

The 1990s brought a blossoming of reports of awakenings of previously repressed memories of childhood abuse. One reason for the increase may be the widespread statistics on sex abuse percentages that are published almost daily: “By 1989... the government tallied almost 45,000 cases of child sex abuse annually.” “One in five women are ‘secret victims,’” “4.8 million women nationwide would say they had been raped once, 4.7 million more than once.” “In 1972, 61,000 child abuse cases were reported nationally; and by 1985 the number had exceeded 1.7 million.” “If it happens so often, did it happen to me?” is a question many women and some men are asking themselves now more than ever before. The appearance of abuse statistics is one battle in the war waged against an earlier tendency on the part of society to disbelieve the abuse reports of women and children—a tendency that we should all deplore. The repressed memory cases are another outlet for women’s rage over sexual violence. Although women’s anger is certainly justified in many cases, and may be justified in some repressed memory cases too, it is time to stop and ask whether the truth of rape has been cast too widely, creating a new collective nightmare.
are representing the memory? Is it necessary that those who
experience the memory do so? Can it be suggested that childhood traumas might be
symbolic representations of repressed memories, or are they literal representations?
implanted childhood sexual abuse? If the memories are ultimately shown to be false, therapists may then become the targets of future ethics violations and lawsuits. They will be charged with a grave form of mind abuse—charges that have already been initiated in several states.

What should therapists do instead? As a first step, it is worth recognizing that we do not yet have the tools for reliably distinguishing the signal of true repressed memories from the noise of false ones. Until we gain these tools, it seems prudent to consider some combination of Herman’s advice about probing for traumatic memories and Caraway’s advice about SRA memories. Zealous conviction is a dangerous substitute for an open mind. Psychotherapists, counselors, social service agencies, and law enforcement personnel would be wise to be careful how they probe for horrors on the other side of some presumed amnesic barrier. They need to be circumspect regarding uncorroborated repressed memories that return. Techniques that are less potentially dangerous would involve clarification, compassion, and gentle confrontation along with a demonstration of empathy for the painful struggles these patients must endure as they come to terms with their personal truth.

There is one last tragic risk of suggestive probing and uncritical acceptance of all allegations made by clients, no matter how dubious. These activities are bound to lead to an increased likelihood that society in general will disbelieve the genuine cases of childhood sexual abuse that truly deserve our sustained attention.