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Source Author: Barteck, Lynn and Karen Mullin

Source Title: Enduring Issues in Sociology

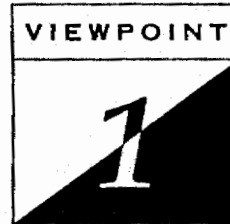
Imprint: San Diego, CA : Greenhaven Press, ©1995

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Repressed Memories Are Questionable

ELIZABETH F. LOFTUS

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?

Reprinted from Elizabeth Loftus, "The Reality of Repressed Memories," *American Psychologist*, May 1993. Copyright 1993 by the American Psychological Association. Adapted by permission.

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, Lamm 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 dissociation.

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 idiosyncratic 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-

ory). 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, 38% 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, DC, 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, reports of memories after years of repression are as varied as they can be. One important way that they differ is in terms of the age at which the events being remembered allegedly happened. In many instances, repressed memory claims refer to events that occurred when the child was one year old or less. This observation invites an examination of the literature on childhood amnesia. It is well known that humans experience a poverty of recollections of their first several years in life. Freud (1905/1953) identified the phenomenon in some of his earliest writings: "What I have in mind is the peculiar amnesia which . . . hides the earliest beginnings of the childhood up to their sixth or eighth year". Contemporary cognitive psychologists place the offset of childhood amnesia at a somewhat earlier age: "past the age of ten, or thereabouts, most of us find it impossible to recall anything that happened before the age of four or five". Most empirical studies of childhood amnesia suggest that people's earliest recollection does not date back before the age of about three or four. One study showed that few subjects who were younger than three recalled any information about where they were when they heard about the assassination of President Kennedy, although most subjects who were more than eight at the time had some recall. Although one recent study suggests that some people might have a memory for a hospitalization or the birth of a sibling that occurred at age two, these data do not completely rule out the possibility that the memories are not true memories but remembrances of things told by others. Still, the literature on childhood amnesia ought to figure in some way into our thinking about recollections of child molestation that supposedly occurred in infancy.

Are the Memories Authentic?

Therapists' Beliefs About Authenticity

Many therapists believe in the authenticity of the recovered memories that they hear from their clients. Two empirical studies reveal this high degree of faith. Bottoms, Shaver, and Goodman conducted a large-scale survey of clinicians who

had come across, in their practice, ritualistic and religion-related abuse cases. Satanic ritualistic abuse (SRA) cases involve allegations of highly bizarre and heinous criminal ritual abuse in the context of an alleged vast, covert network of highly organized, transgenerational satanic cults. Clients with SRA memories have reported vividly detailed memories of cannibalistic revels and such experiences as being used by cults during adolescence as serial baby breeders to provide untraceable infants for ritual sacrifices. If therapists believe these types of claims, it seems likely that they would be even more likely to believe the less aggravated claims involving ordinary childhood sexual abuse. Bottoms et al.'s analysis revealed that 30% of responding clinicians had seen at least one case of child sexual abuse. A detailed analysis of 200 clinicians' experiences revealed that a substantial number of cases involved amnesic periods (44% of adult survivor cases). Overall, 93% of clinicians believed the alleged harm was actually done and that the ritualistic aspects were actually experienced by the clients. The conclusion was, in the investigators' own words, "The clinical psychologists in our sample believe their clients' claims."

A different approach to the issue of therapist belief was taken by Loftus and Herzog. This study involved in-depth interviews with 16 clinicians who had seen at least one repressed memory case. In this small, nonrandom sample, 13 (81%) said they invariably believed their clients. One therapist said, "if a woman said it happened, it happened." Another said, "I have no reason not to believe them." The most common basis for belief was symptomatology (low self-esteem, sexual dysfunction, self-destructive behavior), or body memories (voice frozen at young age, rash on body matching inflicted injury). More than two thirds of the clinicians reacted emotionally to any use of the term *authentic*, feeling that determining what is authentic and what is not authentic is not the job of a therapist. The conclusion from this small study was that therapists believe their clients and often use symptomatology as evidence.

These and other data suggest that therapists believe in their clients' memories. They point to symptomatology as their evidence. They are impressed with the emotional pain that accompanies the expression of the memories. Dawes has argued

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 Benschoten has pointed out, these extreme positions will exacerbate our problems: "Denial fosters overdetermination, 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? Ganaway 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 Ganaway, 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 (Daro, 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 sizeable 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, peripheral 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 remember 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 flatly 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 mentally 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 intensity 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 prosaic 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 accounts 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 underbelly 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 "confirmatory 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 behaviors and experiences thought to be characteristic of someone who had 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 force us to at least ponder 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 cleanshaven man as having a mustache, straight hair as curly, and even something as large and conspicuous as a

barn in a bucolic scene that contained no buildings at all. This growing body of research shows that new, postevent information often becomes incorporated into memory, supplementing and altering a person's recollection. The new information invades us, like a Trojan horse, precisely because we do not detect its influence. Understanding how we can become tricked by revised 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 tinker with memories of real traumatic events or 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 fixation in the mind (e.g., "traumatic events create lasting visual images . . . burned-in visual impressions," "memory imprints are indelible, they do not erase—a therapy that tries to alter them will be uneconomical,"). 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 it too is a memory replete with changes over different tellings. However, there are clearer examples—*anecdotal reports in which definite 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, crushed the outfielder, Tony Conigliaro, in the face with a first-pitch fastball. Although Hamilton thought he remembered this horrible event perfectly, he misremembered it as occurring during a day game, when it was actually at night, and misremembered it in other critical 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 memoir 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 1986 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 Christianson 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 a whole event into someone's mind for something that never happened. There are numerous anecdotes and experimental studies that show it is indeed possible to lead people to construct entire events.

Piaget's memory. Whole memories can be implanted into a person's real-life autobiography, as is best shown by Piaget's classic childhood memory of an attempted kidnapping. The false memories were with him for at least a decade. The memory was of an attempted kidnapping that occurred when he was an infant. He found out it was false when his nanny confessed years later that she had made up the entire story and felt guilty about keeping the watch she had received as a reward. In explaining this false memory, Piaget assumed, "I, therefore, must have heard, as a child, the account of this story, which my parents believed, and projected into the past in the form of a visual memory."

Loud noises at night. Although widely disseminated and impressive at first glance, Piaget's false memory is still but a single anecdote and subject to other interpretations. Was this really a memory, or an interesting story? Could it be that the assault actually happened and the nurse, for some inexplicable reason, lied later? For these reasons it would be nice to find stronger evidence that a false memory for a complete event was genuinely implanted.

An apparently genuine 19th-century memory implantation was reported by Laurence and Perry: Bernheim, during hypnosis, suggested to a female subject that she had awakened four times during the previous night to go to the toilet and had fallen on her nose on the fourth occasion. After hypnosis, the woman insisted that the suggested events had actually occurred, despite the hypnotist's insistence that she had dreamed them. Impressed by Bernheim's success, and by explorations by Orne, Laurence and Perry asked 27 highly hypnotizable individuals during hypnosis to choose a night from the previous week and to describe their activities during the half hour before going to sleep. The subjects were then instructed to relive that night, and a suggestion was implanted that they had heard some loud noises and had awakened. Almost one half (13) of the 27 subjects accepted the suggestion and stated after hypnosis that the suggested event had actually taken place. Of the 13, 6 were unequivocal in their certainty. The remainder came to the conclusion on basis of reconstruction. Even when

told that the hypnotist had actually suggested the noises, these subjects still maintained that the noises had occurred. One said "I'm pretty certain I heard them. As a matter of fact, I'm pretty damned certain. I'm positive I heard these noises".

The paradigm of inducing pseudomemories of being awakened by loud noises has now been used extensively by other researchers who readily replicate the basic findings. Moreover, the pseudomemories are not limited to hypnotic conditions. Simply inducing subjects to imagine and describe the loud noises resulted in later "memories" for noises that had never occurred.

Other false memories. Other evidence shows that people can be tricked into believing that they experienced an event even in the absence of specific hypnotic suggestions. For example, numerous studies have shown that people misremember that they voted in a particular election when they actually had not. One interpretation of these findings is that people fill in the gaps in their memory with socially desirable constructions, thus creating for themselves a false memory of voting.

In other studies, people have been led to believe that they witnessed assaultive behavior when in fact they did not. In this study, children aged four to seven years were led to believe that they saw a man hit a girl, when he had not, after hearing the girl lie about the assault. Not only did they misrecall the nonexistent hitting, but they added their own details: Of 41 false claims, 39 children said it happened near a pond. One said it was at the girl's house, and 1 could not specify exactly where the girl was when the man hit her.

Violent false memories. People can hold completely false memories for something far more traumatic than awakening at night, voting in a particular election, or a simulation involving a man and a girl. Pynoos and Nader studied children's recollections of a sniper attack at an elementary school playground. Some of the children who were interviewed were not at the school during the shooting, including some who were already on the way home or were on vacation. Yet, even the non-witnesses had memories:

One girl initially said that she was at the school gate nearest the sniper when the shooting began. In truth she was not only out of the line of fire, she was half a block away. A boy who had been

away on vacation said that he had been on his way to the school, had seen someone lying on the ground, had heard the shots, and then turned back. In actuality, a police barricade prevented anyone from approaching the block around the school.

The memories apparently were created by exposure to the stories of those who truly experienced the trauma.

Memories of being lost. A question arises as to whether one could experimentally implant memories for nonexistent events that, if they had occurred, would have been traumatic. Given the need to protect human subjects, devising a means of accomplishing this was not an easy task. Loftus and Coan (in press), however, developed a paradigm for instilling a specific childhood memory for being lost on a particular occasion at the age of five. They chose getting lost because it is clearly a great fear of both parents and children. Their initial observations show how subjects can be readily induced to believe this kind of false memory. The technique involved a subject and a trusted family member who played a variation of "Remember the time that . . . ?" To appreciate the methodology, consider the implanted memory of 14-year-old Chris. Chris was convinced by his older brother, Jim, that he had been lost in a shopping mall when he was 5 years old. Jim told Chris this story as if it were the truth: "It was 1981 or 1982. I remember that Chris was 5. We had gone shopping at the University City shopping mall in Spokane. After some panic, we found Chris being led down the mall by a tall, oldish man (I think he was wearing a flannel shirt). Chris was crying and holding the man's hand. The man explained that he had found Chris walking around crying his eyes out just a few moments before and was trying to help him find his parents."

Just two days later, Chris recalled his feelings about being lost: "That day I was so scared that I would never see my family again. I knew that I was in trouble." On the third day, he recalled a conversation with his mother: "I remember mom telling me never to do that again." On the fourth day: "I also remember that old man's flannel shirt." On the fifth day, he started remembering the mall itself: "I sort of remember the stores." In his last recollection, he could even remember a conversation with the man who found him: "I remember the man asking me if I was lost."

It would be natural to wonder whether perhaps Chris had really gotten lost that day. Maybe it happened, but his brother forgot. But Chris's mother was subjected to the same procedure and was never able to remember the false event. After five days of trying, she said, "I feel very badly about it, but I just cannot remember anything like this ever happening."

A couple of weeks later, Chris described his false memory and he greatly expanded on it.

I was with you guys for a second and I think I went over to look at the toy store, the Kay-bee toy and uh, we got lost and I was looking around and I thought, "Uh-oh. I'm in trouble now." You know. And then I . . . I thought I was never going to see my family again. I was really scared you know. And then this old man, I think he was wearing a blue flannel, came up to me . . . he was kind of old. He was kind of bald on top . . . he had like a ring of gray hair . . . and he had glasses.

Thus, in two short weeks, Chris now could even remember the balding head and the glasses worn by the man who rescued him. He characterized his memory as reasonably clear and vivid.

Finally, Chris was debriefed. He was told that one of the memories presented to him earlier had been false. When asked to guess, he guessed one of the genuine memories. When told that it was the getting-lost memory, he said, "Really? I thought I remembered being lost . . . and looking around for you guys. I do remember that. And then crying. And mom coming up and saying 'Where were you. Don't you . . . Don't you ever do that again.'"

A false memory of abuse. The lost-in-a-shopping-mall example shows that memory of an entire mildly traumatic event can be created. It is still natural to wonder whether one could go even further and implant a memory of abuse. Ethically, of course, it would not be possible, but anecdotally, as it happens, it was done. It is one of the most dramatic cases of false memory of abuse ever to be documented—the case of Paul Ingram from Olympia, Washington. As described above, Ingram was arrested for child abuse in 1988 at the time he was chair of the county Republican committee. At first Ingram denied everything, and detectives told him he was in denial. After five months of interrogation, suggestions from a psychologist, and

continuing pressure from detectives and advisors, Ingram began to confess to rapes, assaults, child sexual abuse, and participation in a Satan-worshipping cult alleged to have murdered 25 babies. To elicit specific memories, the psychologist or detectives would suggest some act of abuse (e.g., that on one occasion, Ingram and several other men raped his daughter). Ingram would at first not remember these fragments, but after a concerted effort on his part, he would later come up with a detailed memory.

Richard Ofshe, a social psychologist hired by the prosecution to interview Ingram and his family members, decided to test Ingram's credibility. Ofshe had made up a completely fabricated scenario. He told Ingram that two of his children (a daughter and a son) had reported that Ingram had forced them to have sex in front of him. As with the earlier suggestions, Ingram at first could not remember this. But Ofshe urged Ingram to try to think about the scene and try to see it happening, just as the interrogators had done to him earlier. Ingram began to get some visual images. Ingram then followed Ofshe's instructions to "pray on" the scene and try to remember more over the next few hours. Several hours later, Ingram had developed detailed memories and wrote a three-page statement confessing in graphic detail to the scene that Ofshe had invented. Ofshe noted that this was not the first time that a vulnerable individual had been made to believe that he had committed a crime for which he originally had no memory and which evidence proved he could not have committed. What is crucial about the Ingram case is that some of the same methods that are used in repressed memory cases were used with Ingram. These include the use of protracted imagining of events and authority figures establishing the authenticity of these events.

These examples provide further insights into the malleable nature of memory. They suggest that memories for personally experienced traumatic events can be altered by new experiences. Moreover, they reveal that entire events that never happened can be injected into memory. The false memories range from the relatively trivial (e.g., remembering voting) to the bizarre (e.g., remembering forcing one's daughter and son to have sex). These false memories, with more or less detail, of course do not prove that repressed memories of abuse that turn out to be false. They do demonstrate a mechanism by which

false memories can be created by a small suggestion from a trusted family member, by hearing someone lie, 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 1980 . . . the government tallied almost 43,000 cases of child sex abuse annually"; "One in five women are 'incest victims';" "6.8 million women nationwide would say they had been raped once, 4.7 million more than once"; "In 1972, 610,000 [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 net of rage has been cast too widely, creating a new collective nightmare.

Repressed memories of abuse often return in therapy, sometimes after suggestive probing. Today, popular writings have been so fully absorbed by the culture that these too can serve as a source of suggestion that can greatly influence what happens in therapy and outside of it. The result is memories that are often detailed and confidently held. Despite lack of corroboration, some of these recollections could be authentic. Others might not be.

Several implications of these observations follow. First, we need a renewed effort at research on the problem of repressed memories. This should encompass, in part, a reexamination of some of the widely cherished beliefs of psychotherapists. Is it true that repression of extremely traumatic experiences is common? Do these experiences invade us despite the fact that "all the good juice of consciousness has drained out"? It is common to see analogies drawn between Vietnam War veterans and the incest survivors. Do they share in common the use of "massive repression" as a mechanism for coping? If so, how do we explain findings obtained with children who witness parental murder and other atrocities? In one study, not a single child aged 5 to 10 years who had witnessed the murder of a parent repressed the memory. Rather, they were continually flooded with pangs of emotion about the murder and preoccupation with it.

Is it true that repressed material, like radioactive waste, "lies there in leaky canisters, never losing potency, eternally dangerous" and constantly threatens to erupt into consciousness? Psychotherapists have assumed for years that repressed memories are powerful influences because they are not accessible to consciousness. Is there evidence for this assumption? Is it necessarily true that all people who display symptoms of severe mental distress have had some early childhood trauma (probably abuse) that is responsible for the distress? With cutting-edge research now showing that mental distress involves neuronal and hormonal systems of a much wider scope than previously realized, should not other potential causes be at least considered?

Questions must also be examined about the well-intentioned treatment strategies of some clinicians. Is it possible that the therapist's interpretation is the cause of the patient's disorder rather than the effect of the disorder, to paraphrase Guze? Is it necessarily true that people who cannot remember an abusive childhood

are repressing the memory? Is it necessarily true that people who dream about or visualize abuse are actually getting in touch with true memories? Good scientific research needs to be done to support these assumptions, or they should be challenged. Challenging these core assumptions will not be an easy thing to do, any more than it was for psychologists of the 1930s to challenge the radical subjectivity of psychoanalysis, or for psychologists of the 1980s to challenge the reliability of the clinical judgments made by psychologists and psychiatrists. Nonetheless, when we move from the privacy of the therapy session, in which the client's reality may be the only reality that is important, into the courtroom, in which there can be but a single reality, then we as citizens in a democratic society are entitled to more solid evidence.

Until we have better empirical answers, therapists might consider whether it is wise to "suggest" that childhood trauma happened, to probe relentlessly for recalcitrant memories, and then to uncritically accept them as fact. Uncritical acceptance of uncorroborated trauma memories by therapists, social agencies, and law enforcement personnel has been used to promote public accusations by alleged abuse survivors. If the memories are fabricated, this will of course lead to irreparable damage to the reputations of potentially innocent people, according to Ganaway, who discussed the problem in the context of SRA memories.

Uncritical acceptance of uncorroborated trauma memories poses other potentially dangerous problems for society. According to Ganaway, reinforcing the validity of unverifiable memories in the therapeutic setting may lead to diversionary paths in the patient's therapy away from actual childhood trauma. This could lead to interminable therapy and a total draining of the patient's financial resources as the therapist and patient collaborate in a mutual deception to pursue a bottomless pit of memories. Worse, the patient's initial wonderings supported by therapist affirmations could then become fixed beliefs, precipitating suicidal thoughts and behaviors based on the new belief system, because the patient would no longer challenge the veracity of the new memories. Like Betsy Ross sewing the first American flag, the abuse becomes a myth that was never true but always will be. Patients who are reinforced into a new belief system could develop newer, larger problems. If actual childhood sexual abuse is associated with numerous negative long-term effects, what might be the consequence of

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 Ganaway'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 truths.

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.