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## The Recovered Memory Debate

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### Abstract

The recovered memory debate of the 1980s and 1990s set the stage for a major battle between victims and therapists addressing childhood sexual abuse (CSA) and those who stood accused of crimes against children. Both sides engaged in faulty rhetoric and poorly executed science in an effort to justify their positions. This paper looks at the main controversy and the core issues and guidelines that emerged from that tumult. In spite of the trauma generated during the years of heated controversy, the field has improved as a result of it and has come to a more moderate and thoughtful approach to recovered memories and prosecution of CSA.

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## The Recovered Memory Debate

Recovered memories have been discussed specifically with regard to adult recollections of childhood abuse. They are described in relation to cases where an adult who did not believe he or she had been sexually abused in childhood later comes to believe he or she was abused as opposed to those who always remembered such abuses. As cases related to recovered memories began to appear more frequently in the courts, the question of the credibility of these memories became the central focus. The abhorrent details of childhood sexual abuse and the lack of clarity about memory construction combined to create a firestorm of controversy throughout the psychiatric and legal communities (Partlett, & Nurcombe, 1998).

The recovered memory debate and subsequent controversy began in the late 1980s (Colangelo, 2007) and centered on legal actions based on previously unremembered recollections of childhood sexual abuse (CSA). In the following decades, concerted efforts were made to pinpoint the salient issues in the debate. Courtois (1999) identified three main issues: 1. Can trauma be forgotten and then remembered? 2. Are memories of childhood sexual abuse accurate and credible? 3. Can therapists influence memory? Most cases failed to provide a clear view of the process of memory recovery (Alison et al., 2006). This prompted experts in the field to ask whether it is actually possible for someone to remember previously un-recollected sexual abuse, and is it possible to develop false memories (Pope & Brown, 1996; Brown, 2004, Knapp & VandeCreek,

2000). Controversy surrounded this debate with little room for middle ground. Experts often treated the issue as if recovered memories were complete fabrications or complete fact (Alison et al., 2006). At the heart of the issue is the question of repression, what it is and how it works.

### Theory of Repression

Freud (Hunt, 2007) described the concept of repression as an essential mechanism the mind used to defend itself from intensely anxiety-producing conflicts involving harm in the real world. This theory grew out of his work with patients he was treating for hysteria that he came to believe had been sexually violated in childhood by trusted adults. Part of the recovered memory debate relates to how repression occurs. It is significant whether repression represents a failure to encode memory or if it is a process of forgetting after the material has been encoded. Presumably, material that was not encoded in the first place should not be able to be recalled later. However, as Boag (2006) points out, Freud conceptualized repression as *motivated forgetting* where the psyche defensively keeps traumatic ideas at bay. Freud further described the three factors in repression: fixation, repression-proper, and the return of the repressed (Boag). This process highlights the expectation that repressed material will somehow manifest itself. This feature of manifestation was relevant for those with posttraumatic stress disorder related to child abuse.

A main feature of posttraumatic stress disorder (PTSD) is the dichotomous nature of its symptoms. On one hand, numbing and avoidance are common and

may also include dissociation. On the other hand, aspects of traumatic events are sometimes experienced extremely vividly through flashbacks. The onset of PTSD can be accompanied by recovered memories (Taylor & Thordarson, 2002). In trauma literature, survivors tend to remember alternately, too much and too little (Alison et al., 2006).

### Issues of Credibility

Pamela and Peter Freyd (Prout & Dobson, 1998) founded the False Memory Syndrome Foundation (FMSF) following their daughter's accusations of sexual abuse by her father. The organization took the position that recovered memories were categorically untrue (Colangelo, 2007). The organization began a campaign to discredit recovered memories based on the idea that repression, though clinically observed, has not been empirically validated (Davies et al., 2003; Boag, 2006). Many of these cases were easy to discredit due to the use of memory recovery techniques in psychotherapy. Age regression, hypnosis, and drug-assisted interviews were at the center of the debate about the credibility of recovered memories (Knapp & VandeCreek, 2000). Also, recovered memories tended to lead to severe destabilization in the client and a subsequent increase in symptoms.

Freyd (1998), a psychologist and the daughter and accuser of the founders of the FMS studied memory extensively and contributed these four arguments to the recovered memory debate:

1. Memory science is important to this debate, but it is not the only domain of knowledge that needs to be considered. 2. Scientific authority is often confused with science. 3. The state of the science is often not presented clearly or accurately. 4 With attention to conceptual clarity, methodological rigor, and ethical responsibility, memory science has the potential to contribute to the understanding of recovered memory abuse (p.102).

Freyd's efforts to bring experimental inquiry into the debate helped to legitimize psychologists' efforts to clarify the nature and features of repression and recovered memories.

### Legal and Clinical Issues

The prosecution of childhood sexual abuse cases and the accompanying societal outrage created an environment where objectivity was often lost "in a battle of absolutes" (Partlett, & Nurcombe, 1998, p. 1261). However, absolutes are hard to attain when it comes to understanding how memory is constructed. The abhorrent nature of some of these cases created an immediate polarization where plaintiff and defendants were set up to demonize each other as thoroughly as possible. What got lost was the complexity of such social problems and their impact on memories and lives. Perhaps the recovered memory debate would be less vitriolic if it weren't applied to legal cases in efforts to prosecute reports of CSA. In the clinical realm, recovered memories can be approached heuristically and with a view toward understanding their meaning rather than ascertaining

their veracity. In court, the question of veracity is paramount and becomes the battleground. Alison et al. (2006) determined that since there is no real consensus about the reliability of recovered memories the only option is to require corroborating evidence in cases reporting recovered memories. Further, experts must ask detailed questions about the way individuals remember things.

In practice, the difference between historical (actual) truth and narrative truth (the truth as seen by the individual) must be applied differently to the courtroom and therapy room respectively (Davies et al., 2003; Colangelo, 2007). Historical truth with corroborations may be admitted in a courtroom whereas narrative truth is suspect and ripe for dismantling under cross-examinations. Narrative truth however, is extremely relevant in the therapy room where exploration is key to recovery. However, over-eager therapists have been blamed for making premature assumptions of abuse and for the use of questionable techniques such as age regression and hypnosis (Farrants, 1998).

What works in clinical setting may be wholly inappropriate in legal settings. (Palm & Gibson, 1998). The goals are intrinsically different. However, when an individual's healing is predicated on a successful prosecution of a perpetrator, the crossover creates innumerable problems that can compromise both the legal case, and the clinical recovery process. Most therapists agree that legal prosecution of recovered memories of CSA is an arduous, traumatic, and often destabilizing process (Partlett, & Nurcombe, 1998) and one that is in no way necessary for recovery.

## Strengths and Weaknesses

FMS is not a true psychiatric syndrome, has no documented symptoms, treatment, treatment trajectory or cure rate. As such, the founders of the FMSF invented a syndrome more as a marketing technique than as a genuine scientific condition. Studies attempting to prove that memories can reliably be implanted were fraught with methodological flaws (Farrants, 1998). Rosen et al. (2004) cited historical accounts of implanted memories from the 1880s, but these accounts were notably lacking in specificity, detail, and clear methodology. As such, they seemed a feeble attempt to support the false memory syndrome argument.

In contrast, as a researcher into memory science, Freyd has proved herself considerably more rigorous than those in the FMS camp. Her work honestly assesses the epistemological uncertainties while acknowledging the vast data supporting the presence and veracity of traumatic amnesia. As opposed to her detractors, Freyd committed to experimental methodology as a means of addressing the recovered memory issue. This level of rigor was essential due to the damaging nature of the memory recovery techniques that were under fire.

Following the height of the invective, most moderates decided that memories can be forgotten and then recovered, and memories can be false (Partlett, & Nurcombe, 1998; Davies et al., 2003; Colangelo, 2007). Given that both positions were true, the only reasonable recourse is to take a heuristic view

and seek supporting evidence in the case of CSA accusations (Davies et al., 2003). Prout & Dobson (1998) recommended four courses of action regarding managing clients with memories of trauma:

1) We need to learn what is presently knowable and practice within accepted guidelines; 2) We need to acknowledge what we do not know — both publicly, and privately with our clients; 3) We need to work as scientist-practitioners to build a knowledge base that will inform (rather than seek to discredit) practice, and; 4) We need to find ways to help our clients and ourselves live with the ambiguity of less than complete answers about the past (p. 263).

The difficulty in this debate is that when a child is sexually abused and supported by loving caregivers, there is often corroborating evidence and a shared story. In many of these cases, memories are not recovered but rather, they were never forgotten. In the opposite case, where a child is sexually abused and then the accusation is discredited, denied, or meets with punishment, the memory may be repressed, and there is little or no corroborating evidence (Partlett, & Nurcombe, 1998; Knapp & VandeCreek, 2000). Unfortunately, these are the controversial cases and the ones where corroboration is most needed. Without independent verification there is no way to confirm the accuracy of recovered memories, but that does not mean they are false. It does, however, limit their efficacy. As material for working through issues in therapy, the ambiguity may be tolerable. As the basis for a lawsuit, the recovered memories

are virtually useless.

### Conclusion

The recovered memory debate arose during the 1980s in the context of more frequent and more heinous reports of childhood sexual abuse. Attempts to prosecute cases of long ago CSA led to a backlash about the veracity of recovered memories and spawned the False Memory Syndrome Foundation as a defense against false accusations. Both sides of the debate evidenced extreme cases and flawed science. The recovered memory advocates had been less than diligent in their memory retrieval techniques, and the FMS proponents had relied mainly on scare tactics and the marketing of an undocumented “syndrome.”

As moderates in the field worked to develop a coherent policy for addressing the impact of recovered memories of CSA and their application in the courtroom, several ideas became clear. 1. It is possible to forget and then recover memories of trauma. 2. It is possible, through suggestion, to create false memories. 3. Where recovered memories are concerned, corroborating evidence is needed in the courtroom.

Although the issues in this debate are far from settled, a few important distinctions were identified that will ultimately serve both CSA survivors and practitioners well: 1. It is not necessary to remember every bad thing that happened in order to recover. 2. Prosecution of one’s perpetrator is not necessary for recovery. 3. Narrative truth applies in therapy not in the courtroom.

4. All memories have the possibility of being incomplete, merged, or distorted in some way so memories should be looked at heuristically.

Over the last several years, the recovered memory debate has settled down, and the backlash against CSA therapists has calmed. One can hope that the science of memory continues to progress to the extent that those who truly suffered CSA and truly recover memories may be able to rely on their own experiences and move forward in their healing without the constant nagging thought, "Did I make this up?"

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