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## Suppressing Memory

Lynne Henderson

JENNIFER J. FREYD. *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*. Cambridge: Harvard University Press, 1996. Pp. 232. \$24.95 cloth.

DANIEL L. SCHACTER. *Searching for Memory: The Brain, the Mind, and the Past*. New York: Basic Books, 1996. Pp. 398. \$27.00 cloth.

ELIZABETH LOFTUS AND KATHERINE KETCHAM. *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse*. New York: St. Martin's Press, 1994. Pp. 290. \$22.95 cloth.

RICHARD OFSHE AND ETHAN WATTERS. *Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria*. New York: Charles Scribner's Sons, 1994. Pp. 340. \$23.00 cloth.

### I. INTRODUCTION

Prior to writing this review, I had read a number of books and articles on child sexual abuse over the years. I have followed with growing distress the polemics surrounding the subjects of child sexual abuse, adult memories of child sexual abuse, and the law's involvement in determining the veracity of claims and counterclaims about abuse (see, e.g., Bowman and Mertz 1996). My interest in the subject came out of personal interests and experiences, including my scholarly work on rape, working with rape and sexual abuse survivors in various capacities, and my general concerns with violence against women. It also grew out of my involvement in reporting a case of suspected child abuse and my own experience growing up in an abusive household (Henderson 1997).

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In following the subject, I have been struck by the parallels of the rhetoric of child sexual abuse to the rhetoric of sexual abuse in the fields of rape and sexual harassment. While the rhetoric always gives nodding sympathy for "real" survivors of rape/sexual harassment/child sexual abuse, frequently the focus is on the innocence of the accused and the vindictive or crazy agendas of the accusers. In rape, the rhetorical structure has emphasized a concern with lying women and false accusations, as well as the implication that no harm was done. In sexual harassment, the same has been true. When the lens focused on child sexual abuse as a result of feminism's concern with sexual abuse, similar structures and politics quickly revealed themselves (Henderson 1997).

The same phenomenon has occurred in the field of adult claims of child sexual abuse, especially those claims involving sexual abuse within the family. Beginning roughly in 1978, with the publication of *Kiss Daddy Goodnight* (Armstrong 1978), women began to speak out about sexual abuse in their families. If breaking silence about rape and sexual harassment was becoming "safer," perhaps breaking silence about incest and sexual abuse would be, too. Because the field had been virtually ignored for years, the first voices were of women and men who were telling their stories, or anecdotes, of abuse. Indeed, it was almost as if the dam of cultural suppression and denial of child sexual abuse had burst, as memoirs, novels, and films began chronicling stories of child sexual abuse. The mass media began covering stories and allegations of child sexual abuse without critical examination of the claims and with an appetite for the "gory details."

Some stories involved those of adults who had not remembered the sexual abuse for many years. As survivors spoke out, they initially were believed. Recovered memories of child sexual abuse became a hot topic in the media and on talk shows (Beckett 1996). At the same time, psychotherapists, counselors, and others who were faced with clients who had been sexually abused had little knowledge or training in treating them. Research and information on treating trauma generally were not readily available, and many therapists were without guidance. As the whole phenomenon of child sexual abuse and its effects had not been studied for many years, information about working with the aftereffects and trauma simply was not developed adequately (Herman 1992; Pope and Brown 1996).

Along with growing awareness of child sexual abuse in the United States came the impulse to use the law to hold perpetrators accountable. Legal actors began seeking information about sexual abuse and how to prove it in courts, wanting clinicians, social workers, and researchers to give them information about how to determine if abuse occurred and how to "prove" whether someone was lying or telling the truth. Adults who had recovered memories of abuse began to sue their parents and others who had abused them, some successfully. But there were some highly-publicized legal disas-

ters, most of them involving prosecutions for molestations at day-care centers, that included horrible examples of the misuse of social science and "expertise" (Henderson 1997). The criminal prosecution of a father for murder based in part on his daughter's claimed recovered memories and a suit by a father against his daughter's therapist also received heavy media coverage.<sup>1</sup>

The mood shifted; claims that child sexual abuse accusations were false and the result of adult coaching (or worse) in cases involving children and therapeutic manipulation in cases involving adults took center stage in the media (Henderson 1997; Beckett 1996). The "false accusation" story quickly replaced the belief in the truth of claims of incest and child sexual abuse. The rhetoric of "witch-hunts" and "sexual abuse hysteria" appeared quickly, and the victims of wrongful accusations became the focus of concern (Beckett 1996).

An association founded in part by the parents of one abuse victim (Freyd, p. 198) has now posited as scientific fact a "False Memory Syndrome," a supposed psychological disorder created by malevolent therapists and authors of books (Pope 1996; Pope and Brown 1996, 71–81). The False Memory Syndrome Foundation, or FMSF, boasts thousands of members and encourages parents to sue the therapists of their grown children, to sue their own children, and to demand information from and/or picket therapists (Pope 1996, 966–70). FMSF also works to promote sympathy for ostensibly falsely accused parents throughout the country. FMSF has enlisted a number of prominent researchers in psychology, psychiatry, cognitive science, and related specialties to serve on its Scientific and Professional Advisory Board (Pope and Brown 1996, 69–70; Barasch 1996). The American Psychological Association recognizes FMSF-sponsored events for continuing education credit (Pope 1996, 957).

Courts are now allowing parents to sue therapists for malpractice (Bowman and Mertz 1996, 559–65), and a few parents have tried to sue those who have mentioned the abuse, including their adult children, for libel (Bowman and Mertz 1996, 559, 586 n.214).<sup>2</sup> Several lawsuits have been brought against the authors of *The Courage to Heal* (Bass and Davis

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1. Both Loftus and Ketcham and Ofshe and Watters discuss the murder prosecution of George Franklin. Although widely covered as the "repressed memory case," the issues on appeal included whether the daughter had lied about being hypnotized. Hypnotically "refreshed" memory bars the hypnotized person's testimony in California (*People v. Shirley*, 31 Cal. 3d 18 (1982)). Franklin won his federal habeas case, and the district attorney decided not to retry him. Bill Workman, "'Memory' Case Put To Rest—No Retrial," *San Francisco Chronicle*, 3 July 1996, A1, A13. The lawsuit against the therapist, *Ramona v. Isabella*, is reported in Bowman and Mertz (1996, 555–64).

2. Jennifer Hoult, who won a civil action against her father, Dr. David Hoult, is now being sued for libel by him. Dr. Hoult had also countersued for libel in the original case Ms. Hoult brought against him, but he dropped his claim before trial (Personal Communication 23 May 1997). Bowman and Mertz also note that "if a parent feels defamed, he or she can take action against the source—the child" (638).

1988), a self-help book with a feminist bent for those who have been sexually abused (Jordan 1994). And although those suits have thus far failed, an outgoing president of the American Psychiatric Association apparently has suggested that for a therapist to recommend the book to a client is malpractice (Pope 1996, 967).

In this essay, I discuss four books that exemplify the issues in the debate over whether adults claiming memories of sexual abuse are telling the truth. Professors Jennifer Freyd, Elizabeth Loftus, and Daniel Schacter are all psychologists who study memory; Professor Ofshe is a sociologist whose research crosses over into the field of social psychology. The books vary in their approaches; Freyd and Schacter both discuss the complexities of memory as well as the recovered memory debate. Freyd, and to some extent Schacter, argue that evidence exists to demonstrate that people can accurately recall forgotten traumas, including being sexually abused as children, as well as recall events that didn't occur. Both emphasize that a lack of research knowledge about the subject of recovered memories precludes absolute certainty in determining the reliability or unreliability of any one individual's memory of child sexual abuse on the basis of that person's recollections alone. In contrast, Loftus and Ofshe seem to take the position that there is no scientific proof of such memories, while there is much evidence that memories of childhood sexual abuse are false. Both argue that forgetting childhood sexual abuse is extremely unlikely, and both seem to assert that recovered memories of childhood sexual abuse are invariably false, created by unscrupulous or inept therapists and others.

This essay first discusses the phenomenon I shall term, for lack of a better phrase, recovered memory. The essay then examines the various authors' approaches to the questions of whether a person can forget a trauma, whether a person can then remember that trauma accurately, and what might cause a person to remember. It concludes by observing that despite the demand for the legal system or law to come down on one side or the other of the recovered memory debate, given the present state of knowledge, the politics of sexual abuse, and the current polarization on the subject, no generalizations can or should be made about cases of recovered memory.<sup>3</sup>

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3. Bowman and Mertz's 1996 article, "A Dangerous Direction," provides an excellent and detailed examination of the uncertainties of knowledge and the policy issues involved, and argues that the legal system must move cautiously, case by case, in the area of recovered memories of abuse.

## II. WHAT WE KNOW AND DON'T KNOW ABOUT MEMORY

While lawyers typically use lapses in memory or inaccurate recollections to challenge a witness's veracity, playing on a popular belief that recalling events involves a process much like playing a movie or videotape of those events in the mind, researchers have known for some time that memory does not operate in this manner. Although many legal cases rely heavily on testimonial evidence that is by definition based on memory, the main area of research involving the link of memory to law of which I am aware focuses on the accuracy of eyewitness identification of strangers in criminal cases. Perhaps no one researcher has done more work to challenge the accuracy and credibility of eyewitness identification than Professor Elizabeth Loftus, yet no legal rule exists to exclude all eyewitness identification. Unless the identification is heavily tainted by suggestive law enforcement techniques, lawyers can question the accuracy of the identification and present expert testimony on misidentification in some instances. But courts do not exclude eyewitness testimony simply because research indicates that many such identifications may be "false"—that is, mistaken or inaccurate. While it could be argued that this is simply the law's failure to recognize the truth of research together with haste to convict persons accused of crimes, it is also the case that many eyewitness identifications are accurate or true.

Few accuse those witnesses who *do* misidentify another person as a perpetrator of being false witnesses or having "false memories," although much blame is placed on overzealous police for pressuring victims and witnesses into mistaken identifications. In the field of memories of sexual abuse, however, there are widespread allegations that these memories are false and that the witnesses are lying, or more charitably, unduly influenced. On the one hand, some researchers have been dedicated to proving the inaccuracy of memories of childhood sexual assault. On the other hand are researchers and clinicians who are producing research that proves that memories of childhood sexual assault can be accurate. Both groups now seem largely driven by legal and political concerns that have become increasingly adversarial, however, as these books all acknowledge.

### A. Remembering Forgotten Traumas

For some time, clinical and counseling psychologists, psychiatrists, and others have observed a phenomenon, call it *P*, that occurs when a person becomes aware of previously unremembered experience or information. Three questions obviously result from the observance of *P*: (1) does *P* really exist; (2) if *P* does exist, is or can the memory be accurate or "true"; and (3) what causes *P* to occur? While the notion of *P* is not particularly new to the

field of clinical psychology, it had not been the subject of much attention or study in cognitive or social psychology, psychobiology, or neuroscience until relatively recently. And the study of *P* has been affected tremendously by the context in which it has become relevant to science: *P*, when it occurs and results in claims by adults of memory of childhood sexual abuse, is now the subject of a raging controversy and debate about its existence, origins, and accuracy.

To achieve even a working definition of *P* is difficult, as various authors use various criteria for determining whether someone was amnesiac for an event for some time. The terms *repressed memory*, *delayed memory*, *traumatic amnesia*, *episodic amnesia*, *psychogenic amnesia*, *dissociative amnesia*, or *recovered memory*, to name a few, all are used; these terms also seem to rest on hypotheses about the *origins* or *causes* of *P*. *Repressed* memory, a widely used term, is used both descriptively and causally—that is, to describe *P* as well as to describe what causes it. As much of the debate centers on whether there is such a thing as repression that causes amnesia rather than on whether *P* exists, I will not refer to *P* as *repressed* memory. As there may be many causes of forgetting and remembering, to avoid confusion or arguments about causation, I shall use the term *recovered* memory, to describe *P* and instances in which a person remembers all or part of an experience of which the person was once not consciously aware at all or about which a person had only some inkling or partially forgot.

Researchers often conflate a number of separate questions about recovered memory. The questions include, first, whether recovered memory even exists, and if so, how prevalent it is. Second, what causes recovered memory? Third, is it possible to forget *traumatic* events? Fourth, if one has forgotten a traumatic experience, is it possible to recover memories of it later? Fifth, can such recovered memories be accurate in whole or in part? Sixth, can the actions of another create or cause “false” memories of events? Finally, if it is possible to create false memories, is there any way to determine when memories are true and when they are false?

In response to some of these questions, the American Psychological Association’s Working Group on Investigating Memories of Child Sexual Abuse, after three years, issued the following points of agreement in its Final Report (Barasch 1996). These points collapse the questions I raise above:

1. Controversies regarding adult recollections should not be allowed to obscure the fact that child sexual abuse is a complex and pervasive problem in America that has historically gone unacknowledged.<sup>4</sup>

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4. The group apparently did not address child sexual abuse outside the United States.

2. Most people who were sexually abused as children remember all or part of what happened to them.<sup>5</sup>

3. It is possible for memories of abuse that have been forgotten for a long time to be remembered.

4. It is also possible to construct convincing pseudomemories for events that never occurred.

5. There are gaps in our knowledge about the processes that lead to accurate and inaccurate recollections of childhood sexual abuse.

Perhaps the collapsing of some of the key questions and points occurred because of the sharp disagreements among the Working Group members, who appear to have split along party lines between clinicians and research scientists (Barasch 1996). And although these points summarize fairly accurately the extent of psychological knowledge of recovered memories of child sexual abuse in the United States, the fact that knowledge is limited at this point has not prevented a continuing battle over the subject, including inflated claims of certainty.

Loftus, a member of the APA Working Group, never seriously explores the possibility of recovering forgotten memories of childhood sexual abuse in her book. She aligns herself with parents who deny the abuse, whom she says were and are wrongly accused, and with women who say they were victimized by therapists. Her book concentrates on arguing that pseudomemories are created by therapists and others who "implant" false memories in people's minds. She similarly denies the existence of recovered memory and attacks therapists and others for creating false memories and damaging innocent lives. On the other hand, Freyd, a memory researcher who believes that sufficient evidence exists to demonstrate accurately recalled abuse, and Schacter, who seems to be relatively unaligned in this controversy, both agree that people can forget and then remember things, including traumatic events. They offer explanations based on the current state of research and suggest possible lines of inquiry to learn more about the mechanisms of forgetting and remembering. Both agree that recovered memories can be accurate or partially accurate and that it is possible for them to be inaccurate or false as well. Beyond finding corroboration for specific memories, Schacter examines possible avenues for determining whether a memory is accurate.

The four authors all examine memory research and individual cases of memories of sexual abuse. The authors do sharply diverge in their approaches and methods, however. Freyd's and Schacter's books, while written

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5. This assertion has been contested, as insufficient data exist to demonstrate that most people who were abused remember, given a population of people who don't remember that is accordingly undetermined.



for a general audience, are scholarly in tone and approach.<sup>6</sup> Loftus's and Ofshe's books were co-authored with nonscientists and are less scholarly—and more polemic—in style.<sup>7</sup>

Freyd specifically concentrates on the question of whether victims of childhood sexual abuse, particularly incest, can suddenly recall long-forgotten abuse years later, and why forgetting occurs. Schacter discusses a number of theories and studies of human memory, including amnesia, accurate and inaccurate recall, and forms of memory, before examining the question of whether it is possible to recover memories of sexual abuse. Loftus and Ofshe both argue against the possibility of accurately recalling forgotten instances of abuse and emphasize the creation of false memories.

## B. Evidence of and Arguments for Recovered Memory

Freyd, a psychology professor at the University of Oregon, has long studied memory and cognitive science, and she gives us some very useful information in her thoughtful book. First, she provides a basic overview of current research on forms of memory and examines research to explain failures of memory or of accuracy in memory. She is quite clear that there are both “fabricated and recovered memories.” She notes that memory distortion and error are human, but simply because some memories are false does not mean *all* memories are false (Freyd, 30). Freyd provides a careful description and summary of recovered memory studies, even rerunning the data in some of the most well-known studies to try to account for factors that have been criticized. Next, she posits a possible explanatory theory for the existence of recovered memories of trauma. She also carefully suggests the paths social science research can take to further knowledge of the phenomenon.

Schacter's book on memory is devoted to the complexity of memory and the various neurological and cognitive factors that may affect it. The book provides the lay reader with a lucid and fascinating tutorial in memory research. Schacter provides an introduction to the myriad ways the brain retains or fails to retain episodic, or narrative, memories of events, the main concern of those wondering if recovered memory exists for legal purposes. For example, an emotional event may be “stored” in the amygdala of the brain but not in other areas that are associated with episodic memory; therefore, a person may not have a conscious recollection of the event. Thus, rather than one simple model of memory, he argues, recent research has given us complex models of how memory operates. He does note that “trau-

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6. Schacter's book is fairly jargon free, but some readers may find themselves annoyed by some of Freyd's language. At least this reader shuddered when reading the words *quantize* and *daughterize* in Freyd's text.

7. In this review, I shall treat Loftus and Ofshe as the primary authors of the books, as they are the researchers making the scientific claims.

matic amnesia [has] not played a major role in shaping new conceptions of memory [but] Given the urgency surrounding questions of trauma and amnesia in our society, we must examine carefully some of the peculiar instances in which a person's past seems to vanish without a trace" (pp. 218–19).

Both Freyd and Schacter provide empirical evidence and case studies to demonstrate that traumatic experiences may be long forgotten and then remembered if some event "triggers" the memory. Both refuse to take absolutist stances on whether recovered memories, occurring in therapeutic settings or elsewhere, are always accurate or always iatrogenic and therefore false. As with all memory, some memories will be inaccurate in whole or in various ways, some will be partial, and some will be quite accurate and detailed. Both authors urge more study and case-by-case analyses of instances of recovered memory rather than dismissal of the subject out of hand.

Freyd and Schacter both refer to case and empirical studies to establish that it is possible for a child to forget being sexually abused until she or he is much older and something happens to raise, or trigger, the memory. The case studies include the case of Ross Cheit, a professor at Brown University. Cheit had attended the San Francisco Boys Chorus summer camp in the late 1960s, from the ages of 10 to 13 (Freyd, p. 6). He had no particular interest in the subject of child molestation and found the subject "distasteful" (p. 7). Nevertheless, in the summer of 1992, when he was on vacation in Canada, Cheit began to remember William Farmer, the administrator of the camp, and "those things he used to do to me" (p. 7). Contrary to what others have said about his case, Cheit had not read a book on abused boys or had a therapist suggest to him that he might have been abused before he began to remember (pp.13, 167–68). Rather, the memory seems to have been triggered in part by Cheit's learning that "a ten-year-old boy who is near and dear to me" was going to a summer camp run by a "similar organization" (p. 8). Cheit was able to confirm the memory by finding other men who had been abused, some of whom did not initially remember being abused, and by locating Farmer (pp. 182–84). Farmer, in a recorded telephone conversation, admitted the molestations (p. 184). Cheit sued the Boys Chorus and Farmer successfully; three men, a nurse, and a former camp counselor corroborated his memory of Farmer as a molester.<sup>8</sup>

Another confirmed case is that of Frank Fitzpatrick, who remembered being abused by a priest, the Reverend James R. Porter (Freyd, pp. 39, 79). Fitzpatrick's memory was also accurate; Porter had abused Fitzpatrick and many other boys (Pope and Brown 1996, 196). Yet another appears to be Marilyn VanDerbur Atler, who did not remember being sexually abused by her socially prominent father until approximately six years after the abuse

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8. Katy Butler, "S.F. Boys Chorus Settles Abuse Case," *San Francisco Chronicle*, 1 Sept. 1994, A2.

ended (VanDerbur Atler 1991), although her sister Gwen, who had also been abused by the father, was always aware of her own experience of abuse (Freyd, p. 76).

Several empirical studies suggest that some people do forget being sexually abused as children and then remember later. While each study individually has methodological weaknesses, taken together, the studies strongly suggest that it is possible to forget sexual abuse for some time. Freyd and Schacter do an excellent job of describing the studies and examining their strengths and weaknesses.

Freyd examines some retrospective studies in which adults were asked about childhood abuse, including one by Elizabeth Loftus, Sara Polonsky, and Mindy Fullilove. The studies indicate—although there is no way they can conclusively *prove*—that a certain number of people do experience total or partial amnesia for childhood abuse. The Loftus et al. study examined women in outpatient substance abuse treatment; of the 54% who reported a history of childhood sexual abuse, “19% reported that they had forgotten the abuse for a period of time and that later the memory returned. An additional 12% reported a period of partial forgetting” (Freyd, p. 40). Of course, alcohol and drug abuse can affect memory, so the extent of the forgetting might be confounded by the degree of substance abuse, the stage of sobriety the women had reached,<sup>9</sup> or alternatively, whether the memory could have been enhanced or recovered if the women were intoxicated (Schacter, p. 227).

In another large retrospective study, Briere and Conte found that 59% of adults who reported sexual abuse had no memory of the abuse “at some point” (Freyd, p. 40). Feldman-Summers and Pope asked a national sample of psychologists whether they had been sexually or physically abused when they were children. Of 330 usable surveys received, 79 indicated they had been physically or sexually abused in childhood. Of those 79, 32 indicated they had forgotten the abuse. The 32 who had forgotten the abuse for some period included 19 incest victims and 16 reporting other sexual abuse (the total, 35, occurs because of some cases of multiple abuses). Of the 19 self-identified incest victims, 18 indicated they could not remember some or all of the abuse for some period (Freyd, p. 142). Using data from Cameron’s longitudinal study of women “who had entered therapy to deal with their childhood sexual abuse,” Freyd found that 24 of the incest victims in a subsample of 45 had previously had no memory of the assaults, while 19 said they had not forgotten at any point (pp. 151–53). These women did not enter therapy to recover memories; they had apparently become aware of the abuse prior to therapy (p. 151). Finally, Freyd notes that Herman and Schatzow in an earlier study found that of 53 women participating in short-

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9. Pope and Brown indicate the women in this study were only in their first week of sobriety (1996, 47).

term groups for identified incest survivors, 20 had “always remembered,” 19 “had moderate memory loss,” and 14 “had severe memory loss” (pp. 43–44).

Schacter reports a recent study by Elliot and Briere, in which questionnaires were sent to a random number of people selected from a general population. Of the 505 respondents, only a few reported being involved in any “psychological treatment,” which argues against therapists’ “suggesting” trauma. The study found that one in five reported having been sexually abused; of that group, 20% reported a period during which they had no memory of the abuse. Schacter notes that this study is “less problematic” than some “earlier” studies, but “without corroborating evidence that the abuse occurred,” by itself, the study cannot be used for estimating *rates* of forgetting child sexual abuse (p. 260).

Both Freyd and Schacter discuss as important a prospective study by Williams. Williams located 136 of 206 women who had been examined in an emergency room between 1973 and 1975, when they were children, as a result of reports of sexual abuse. Williams used trained interviewers to interview the victims, obtaining a subsample of 129 to analyze (Freyd, p. 41). Forty-nine of the women interviewed did not report the abuse to the interviewer, and another 10% “reported some period when they had forgotten it” (Freyd, p. 43). Williams, in analyzing other explanations for nonreporting, factored out unwillingness to disclose sexual matters, “infantile amnesia” (the supposed forgetting of all events before age five),<sup>10</sup> and the possibility that the failure to recall was based on the fact that no abuse had occurred (Freyd, p. 42). In fact, of the women involved in Williams’s study who did not recall the specific admission to the hospital, Schacter notes that “roughly two-thirds did remember other sexual assaults” (p. 260). A subsequent article by Williams found that “approximately one in six reported some previous period when they forgot” (Freyd, p. 149). Williams found women with recovered memories ““had no more discrepancies in their accounts than”” those who said they’d always remembered (Freyd, p. 149, quoting Williams).

As in all social science studies, these studies can be criticized for methodology and uncertainty. Retrospective studies based on self-reports rely on memory themselves, and memory is an uncertain business. Further, there is no guarantee that all memories recalled by respondents are accurate, that those who say they always remembered indeed always did remember, or that the reported memories aren’t false (Freyd, p. 44). Studies using specific populations, such as Cameron’s and Herman and Schatzow’s, cannot be generalized to the population at large. Although some of the studies in-

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10. Developmental research may be pushing back the age for supposed amnesia (Freyd, pp. 120–27); Schacter also notes even infants seem to have implicit memories (Schacter, pp. 173–75).

quired into corroboration, those who argue against recovered memory are likely to characterize the evidence as inadequate.<sup>11</sup>

Further complicating matters for future research is that now those who say they *never* forgot are open to accusations of false memory, particularly if they have sought therapy to deal with the effects. Freyd gives one example, and there could be others: "Lee Davidson wrote about her own memories of sexual abuse and her parents' insistence that she suffers from False Memory Syndrome (FMS). 'The assertion that I suffer from FMS is bizarre to say the least because I have never based any of my accusations on previously repressed memories. I have always remembered what my mother did.'" Davidson simply had not interpreted the events as abusive (Freyd, p. 47), probably not an uncommon occurrence for children who have few grounds for knowing what is or isn't normal about parental behavior while they are growing up.

In a follow-up study, Williams did ask women who had remembered whether there was a time they had not, and how they might have forgotten (Freyd, p. 261). Schacter concludes that "Williams' findings show beyond doubt that some abuse survivors fail to recall single abusive incidents, and are consistent with the possibility that some may forget repeated incidents of abuse" (p. 260). Williams's study is important, but the original study reported in these books didn't involve "recovered" memory, and it needs to be refined and replicated. Ideally, as Freyd notes, researchers could "identify a representative group of sexually abused children in which the abuse was documented and then evaluate subsequent memory and amnesia rates" (p. 45). Given confidentiality laws and the current difficulty of determining or "proving" sexual abuse in cases involving children (Henderson 1997), it may be difficult to obtain such information. Yet several researchers have been able to produce retrospective data that confirm forgetting of documented sexual abuse (Schefflin and Brown 1996, 171-74)

Nevertheless, there is sufficient evidence to believe that forgetting and remembering even traumatic events occur. In a 1996 review of the literature, Schefflin and Brown examined 25 studies using different methodologies that provide strong evidence of the existence of what they term "dissociative amnesia" (Schefflin and Brown 1996, 144). These authors conclude that robust scientific evidence supports amnesia for child sexual abuse and that recovered memories are no more or less accurate than continuous

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11. Ofshe criticizes the Briere and Conte, Herman and Schatzow, and Williams studies in an appendix to his book (Appendix A, pp. 305-12), including the evidence of corroboration. He makes valid methodological criticisms, but he also says "these papers . . . attest to the poor quality of what is accepted as legitimate research in this segment of the mental health community" (p. 305). "This segment" is anyone who posits the existence of recovered memory: the acceptance of worse studies by Ofshe for his "side"—such as the FMSF survey regarding satanic abuse—implies that "poor quality" only goes one way for Ofshe. See Butler 1995, 11.

memories of abuse (pp. 178–82). Schacter, in his extensive review of years of research on memory, and mindful of the sympathies for two sides of the debate on recovered memory (p. 251), believes that “episodes of abuse can be forgotten” and that forgotten episodes of abuse can be recovered (p. 252).

If episodes of abuse can be forgotten, what explains the loss of conscious memory and then its reappearance? Freud posited a defense mechanism of repression, in which thoughts or experiences that threaten the ego are pushed out of conscious awareness. While Loftus and Ofshe both attack repression as a causal explanation, they do not seriously consider other possible explanations. Both Schacter and Freyd note that the term *repression* is used to mean a number of things, and that even Freud was not consistent in his use of the term (Schacter, p. 255; Freyd, pp. 14–17). According to Schacter,

Freud’s early writings state specifically that repression involves intentional rejection of distressing thoughts and memories. But the idea subtly changed over time. Freud began to use the term *repression* in a much more general sense, to refer to a variety of defense mechanisms that . . . automatically exclude threatening material from consciousness. (P. 255)

That is, Freud moved from a causal use to a descriptive use of the term. Freyd notes that Freud was not the first to use the term repression and reproduces a list of approximately 40 terms Freud (and others) used as synonyms for “repression” (Freyd, pp. 16–17).

Schacter notes that the way in which researchers define the term repression in turn determines whether they find sufficient scientific evidence of its existence (p. 255). While he believes there is enough evidence to support the claim that people intentionally *suppress* disquieting memories, he finds little evidence of an unconscious executive repressive mechanism. Schacter does find evidence supporting *other* explanations for forgetting and remembering that he prefers to the repression hypothesis. For example, being told by others or telling oneself to forget something or to suppress knowledge of it, dissociation, psychogenic amnesia, failures in initial coding of the experience, failure to rehearse the experience later, as well as the effects of trauma on hormones and memory, better explain instances of forgetting trauma, according to Schacter (pp. 205–47, 261–64). He observes that “[s]tress and trauma are sometimes associated with loss of memory for single events or a small number of experiences—a condition I call *limited amnesia*” (p. 227). And relevant to sexual abuse and memory, he writes, “Limited amnesias have . . . been reported in victims of brutal rapes and other violent crimes, who are sometimes unable to recall the occurrence of the crime and the events leading up to it” (p. 226).

Freyd also acknowledges that the term repression has been both normatively laden and used to ascribe motives based on assumptions that the mind has a kind of agency that determines what shall and shall not be recalled, but she would not reject using the term entirely, because of its widespread descriptive usage. She suggests that *knowledge isolation* might be an adequate term to describe the various possible ways in which people can forget, independent of motive. Freyd explores dissociation, along with selective attention, incomplete processing, and studies of the psychobiology of trauma and forgetting, as possible explanations for forgetting trauma. As Freyd writes, the "relationship between dissociative disorders and trauma has been documented in many empirical studies using a variety of measurement instruments" (p. 87). She also develops her own thesis of "betrayal trauma" as an explanation for the forgetting of sexual abuse.

Betrayal trauma, according to Freyd, "proposes that the traumas that are most likely to be forgotten are not necessarily the most painful, terrifying, or overwhelming ones (although they may have those qualities), but the traumas in which betrayal is a fundamental component" (pp. 62–63). Rather than centering on the individual as the sole focus of inquiry about forgetting and remembering, Freyd's theory includes examining the *relational* aspects of trauma (p. 129). Power in relationships—whether in the case of parent-child, batterer-battered, or commander-soldier—may help account for amnesia regarding trauma. When a violation of fundamental trust and reliance in the context of an important relationship occurs, blocking awareness of the betrayal may be necessary "to maintain the relationship on which we are dependent" (p. 74).

Using object-relations theory and the work of Harlow, Bowlby, and others on attachment, Freyd observes that children must maintain attachment to caregivers and persons they trust and depend on. When the caregiver or respected authority betrays their trust, sometimes even telling them not to tell or that it didn't happen, children are even more likely to "forget" the abuse or block it out in some way (pp. 69–78, 192–96). Betrayal trauma renders forgetting adaptive in the context of the relationship; when the relationship is no longer relied upon, it may be safe or possible to remember. None of this is proven, and Freyd emphasizes it is only a hypothesis. She examines evidence suggesting that relationships in which there are betrayal and denial may account for failures to remember, drawing on research about amnesia, dissociation, and effects of trauma on memory. The indications of a link between relationship and forgetting are interesting; as Freyd is careful to acknowledge, only further study and testing along a number of dimensions will establish the usefulness of the hypothesis to explain recovered memory.

### C. Arguments and Evidence against Recovered Memory

Loftus's and Ofshe's books assert similar arguments, although the tone and approaches differ. Both rely heavily on the following scenario: a person who does not remember being *sexually* abused in childhood sees a psychotherapist for some reason. After some time in therapy or after reading a book such as *The Courage to Heal*, the person then claims to remember abuse. As there is no "scientific" way for a person to have forgotten abuse, the therapist must have used coercive or suggestive techniques to get the person to believe he or she was abused. Therefore, the claim of abuse is a false memory. The authors then go on to document the turmoil and pain for patients and their families caused by this ostensible creation of false memories.

Loftus is a leading researcher on inaccuracies and unreliability of memory and a prominent cognitive scientist. Her research contributions to the study of cognition and memory have been substantial. *The Myth of Repressed Memory*, however, is not an exemplar of careful analysis. In her book, she holds herself out as being for truth and completely unbiased, yet the book is anything but objective in tone or substance. The book, coauthored with Kathleen Ketcham, is quite personal and personalized, and it is dedicated to the position that memories of child sexual abuse are false.

The rhetoric and symbolism employed by Loftus denigrate anyone who thinks recovered memories exist. Following an Author's Note is a page with a quotation from Arthur Miller's *The Crucible*, a powerful play about the Salem Witch Trials; chapters 2 through 4 and 12 have epigrams excerpting *The Crucible*. The "hysteria" of the witch trials is a metaphor throughout the book; those who believe in recovered memory are analogous to the intolerant and ignorant participants in the dark historic episode of persecution in Salem.

For example, the investigation in the *Ingram* case involving a father charged with sexual abuse of his children who later confessed "rapidly spiraled into hysteria, evoking memories of an earlier time when God-fearing citizens, gripped by fear, superstition, and religious fervor, cried witch, and a forest of stakes was pounded into the very heart of the community" (Loftus and Ketcham, p. 228). I am no expert on the Salem trials, but I do know that the metaphor of false accusations and injustice looms large in this culture, with little regard for the historical record and the causes of what was approximately a one-year period of persecution in Massachusetts history (Friedman 1993, 44–48). The clear implication is that those adults who say they have recovered memories of sexual abuse by family members are deluded, and that great injustices are being committed against innocent parents.



Further, Loftus sets up a Manichean division between herself and anyone who considers that evidence of recovered memories does exist. Drawing on Eric Hoffer's *The True Believer*, Loftus basically characterizes anyone who disagrees with her as a fanatic full of hate (Pope 1995):

On one side are the "True Believers," who insist that the mind is capable of repressing memories and who accept without reservation or question the authenticity of recovered memories. On the other side are the "Skeptics," who argue that the notion of repression is purely hypothetical and essentially untestable, based as it is on unsubstantiated speculation and anecdotes that are impossible to confirm or deny. (Loftus and Ketcham, p. 31)

This dichotomized world has no room for those who think it is possible to forget memories of sexual abuse and later remember them, or for those who think such memories may be accurate as well as inaccurate, true in part, or mistaken. Although Loftus characterizes herself as a skeptic sympathetic to the True Believers, her tone toward claims of recovered memory is anything but sympathetic (p. 32). It is unclear where Schacter, Freyd, and other prominent researchers who note the evidence for recovered memory would fit in Loftus's scheme. Perhaps she could distinguish them by saying that "True Believers" believe in "repression," which she argues does not exist, while Schacter, Freyd, and others rely on different explanations and research on memory. Yet no such distinction appears in the book.

Simply by the book's title, *The Myth of Repressed Memory*, one can gather that Loftus does not believe there is any scientific evidence of repression, and indeed she argues throughout that no scientific proof of repression exists. It is difficult to know what precisely Loftus means by repression or repressed memory. This would not be much of a problem except that if you are saying there is no evidence of something, it is important to specify what the something is.

People do appear to use the term repressed memory, as is true of the term repression itself, to mean a number of different things, as already noted in this essay. Repressed memory may mean a claim that a person has no memory of something because it has been repressed by an unconscious ego function (Schacter, p. 255). As Schacter notes:

The mechanism of repression has been portrayed as a protective device used by the brain to fend off the emotional ravages of experiences that are too overwhelming to be borne by the conscious mind. According to some therapists, repression is powerful enough to block out horrifying months and years of sexual abuse, rape, even ritualistic torture; some terrible events are thought to be inaccessible to the conscious mind virtually immediately after they occur. Yet, consistent with Freud's earlier formulations, the repressed memories are not lost forever; they are

thought to percolate in a remote corner of the unconscious . . . until they are recovered through therapy or some other favorable circumstance. (P. 255)

The Freudian notion that the brain unconsciously, yet intentionally, blocks memory appears to be the main definition of repressed memory used by Loftus, but she also extends the terms to other instances of remembering.

Someone may use the term repressed memory descriptively to refer to a memory about a trauma that has been forgotten or was inhibited in some way and never stored in episodic memory (Schacter, p. 234). Thus, someone might use the terminology and construct of repressed memory to name the phenomenon *P* without subscribing to a belief in repression as an entity and without being committed to the Freudian theories of *why* or *how* this occurs. This appears to be the case in Loftus's reported conversation with Ellen Bass: Loftus uses the terms repression and repressed memory, and Bass keeps asserting that it is possible to forget and then remember (Loftus and Ketcham, pp. 207–13). When Bass ostensibly asks why they couldn't just abandon the term, and admit people forget and then remember, Loftus clings to arguing repression doesn't exist, even though she says the sudden return of memory is "simple remembering and forgetting" (p. 214).

Thus, in reading Loftus's book, it is not altogether clear whether she is denying the existence of *conscious* repression—the intentional suppression of unwanted memories or thoughts; *unconscious* repression—the posited Freudian unconscious mechanism of which the person is unaware blocking information or trauma from memory—both; or neither. Although at points she seems to say it is the Freudian repression hypothesis she contests, not forgetting, at other points she appears to deny that forgetting occurs at all. Loftus reports that she personally wants proof that the brain responds to trauma by forgetting it, "proof for the claim that traumatic memories are engraved or encoded in abnormal ways and then stored in a separate section of the mind" (Loftus and Ketcham, p. 218). Such research exists, as Schacter's and Freyd's books detail.<sup>12</sup> But she simply brushes that evidence aside and uses a definition of memory that excludes consideration of exactly what she says she wants.

At another point, in her discussion of the *Franklin* case, in which a father was prosecuted for murder based in part on his daughter's ostensibly recovered memories, Loftus writes of her testimony,

I was beginning to realize that repression was a philosophical entity, requiring a leap of faith in order to believe. For those willing to take that leap, no amount of "scientific" discussion would persuade them

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12. Much of the research on traumatic amnesia Schacter discusses was available at the time Loftus wrote her book.

otherwise. Science, with its innate need to quantify and substantiate, stood helpless next to the mythic powers of repression . . . my carefully researched scientific studies were just an old-fashioned irritation, a necessary but inconsequential detour on the road to confirming Eileen Franklin's memory and finding George Franklin guilty of murder. (Loftus and Ketcham, p. 64)

Here, Loftus has conflated the definition of the construct repression with the question of the *accuracy* of recovered memories. And in a section entitled "Repression Is Rampant," Loftus equates the question of the existence of repression with questions about the validity of assertions that lost memories of abuse may still affect people and that remembering is important to recovery (Loftus and Ketcham, pp. 144–48).<sup>13</sup>

Nowhere in this book does Loftus *seriously* consider the evidence for forgetting traumatic events, such as dissociation, amnesia, psychobiological events, or suppression of painful or uncomfortable memories in terms of *forgetting* or *being unaware*. The book even fails to mention her study with Polonsky and Fullilove, mentioned earlier in this essay, in which she found that some women in a substance abuse program had forgotten sexual abuse. The study, given its publication date of 1994, appears to have been underway, if not completed, by the time the book went to press.<sup>14</sup>

If people can forget, how do they remember trauma, and can such memories be true? As Schacter observes, "Stress and trauma are sometimes associated with loss of memory for single events or a small number of experiences—a condition I call *limited amnesia*" (Schacter, p. 225, emphasis in original). In one instance, a Swedish woman "reported that the words *brick* and *path* kept popping to mind," and she became terribly upset when she was taken back to the scene of the brutal rape that she had experienced on a brick pathway. Yet she had no memory of being raped (p. 232). Whether the amnesia is permanent or not, it is clear that she had an implicit memory of a rape. Should she recall it, one could call it recovered memory—or simply, remembering. In short, according to Schacter, "trauma-related fears and stresses that lay dormant for years are sometimes reactivated when people are exposed to new traumatic stress. To take just one example, fears acquired during childhood . . . can reemerge unexpectedly, with blazing force, in a stressful situation" (p. 229). While this would seem to account for some recovering of forgotten trauma, it may be limited to the emotional experience and not the retrieval of a narrative memory.

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13. Further complicating the question of what "causes" forgetting and remembering, Loftus frequently confuses the misuse or overuse of the term repression in popular books regarding recovering from childhood sexual abuse with the question of whether people can *recover* memories and whether those memories are accurate or not (see, e.g., Loftus and Ketcham, pp. 52–55).

14. The article is cited in Pope and Brown and Freyd as Loftus, Polonsky, and Fullilove (1994).

To the extent that Loftus discusses traumatic or psychogenic amnesia, she apparently assumes all amnesias are temporary, which may not be the case when the coding is in the amygdala or hippocampus, when there is emotional or sensory memory but no episodic or narrative memory, and so on. She claims that traumatic amnesias “temporarily affect large portions of personal memory” or a person’s consciousness of “losing her memory for a meaningful portion of her past” (Loftus and Ketcham, p. 216). But as Schacter explains, amnesia for trauma may be permanent.<sup>15</sup>

Schacter asserts that he has “no reason to question the memories of people who have always remembered their abuse, or who have spontaneously forgotten abuse on their own” (p. 251), but he is cautious about memories recovered in a therapeutic setting, for example. He believes that forgotten episodes can be recovered but also that false recollections can be created (Schacter, p. 252). Schacter notes a number of ways in which memories may be mistaken; one of the most common generally is a failure to remember the source of information or experience (Schacter, pp. 114–33). Thus, attributional errors are common in memory. And when the memory is emotional, as an implicit memory may be—a fear of something, a discomfort produced by certain associations, without any narrative or episodic memory of an event to explain the discomfort or fear, it may be quite easy to misinterpret the source or meaning of the memory. For example, Schacter tells of a case in which a woman believed for a while that her mother had cut off her clitoris; that memory was “false,” because she was physically uninjured. But her mother *had* forced her to wear some kind of horrible device to keep her from touching herself, so there was truth in a memory of the mother’s attack on her daughter’s genitals (Schacter, pp. 207–8).

Loftus notes that she has been an expert witness for the defense in a number of cases involving allegations of sexual abuse; to my knowledge, Loftus has never testified for anyone alleging sexual abuse. In her primary area of expertise, mistaken eyewitness identification, she has always testified for the defense as far as I am aware. As a lawyer, of course, I would use this information, together with her membership on the board of the FMSF—which she does not mention in her book—to challenge her claimed lack of bias in a trial. Her response undoubtedly would be that she is a scientist, and science proves that memories are false. There’s the slip—science thus far

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15. Loftus states, “A rape victim suffering from psychogenic (traumatic) amnesia, for example, might forget her name, her address, and occupation in addition to details of the assault. But the amnesia is typically reversible, and the memories soon return” (p. 216). She cites no evidence for this. I find it puzzling, having lost all memory of part of the 911 call I made after I was raped: Maybe I will “recover” the memory some day, but the last thing I remember is replying to the dispatcher’s skepticism, “Look, it was a righteous 261, there was penetration.” After that, I have no memory of what happened until the police arrived, although I continued to speak to the dispatcher, I’ve been told.

demonstrates that memories can be inaccurate in whole or in part, they can be incomplete, and they can be true. It is as unscientific to assert that memory is always false as it is to assert that memory is always completely accurate.

Yet Loftus and Ofshe deny that accurate memories of forgotten traumatic events can be recovered. They do not mention any of the documented cases of recovered memory discussed above (perhaps because they would find a way to deny that Cheit, Fitzpatrick, VanDerbur, Adler, and others actually recovered the memories). Their focus is on portraying mental health practitioners as quacks and worse.

Loftus combines the thesis that there is no such thing as repression with the thesis that so-called repressed memories are actually false memories that are “implanted” in people by authority figures such as therapists. This claim is largely anecdotal, based on the stories she tells in the book. As she accuses “True Believers” of relying on unsubstantiated claims or anecdotes, it is remarkable that her argument rests so heavily on anecdote. The stories—including some of her own involving the trauma of her mother’s death and a molestation by a babysitter—are emotionally difficult. The examples of perhaps wrongful allegations of childhood sexual abuse and the anguish they cause should give the reader pause. But at least some of the anecdotes have problems, as I shall discuss a little later.

Loftus points to one less-than-rigorous study as scientific proof that false memories can be created. What is now called the “lost-in-a-mall” study was an effort to determine whether an authority figure could create a mildly upsetting false memory in someone. Loftus conceived of the idea of convincing a person that she or he was lost in a shopping mall as a child in a particular way that didn’t actually happen as a way to test whether memory could be created. Distressingly, from the perspective of someone who is concerned about ethics in experimenting on human subjects, Loftus describes her first “trial” as occurring “at a party” (Loftus and Ketcham, p. 94). “A friend,” whose eight-year-old daughter was there, agreed to try to convince his daughter that she had been lost at the Bellevue, Washington, Mall when she was five. Loftus states,

I couldn’t believe what I had just witnessed. In five minutes, with a few suggestions and minor prods from her father, Jenny had accepted a false memory and embellished it with details of her own. She remembered being lost, she remembered looking all over for her father, and she remembered being scared. In less time than it took to cook a hard-boiled egg, we had created a false memory. (Pp. 95–96)

Loftus goes on to claim that she successfully implanted the suggestion for this experiment in her cognitive psychology class! (p. 96). (One wonders whether it was implanted or simply suggested, whether ambitious students

saw her interest and decided to please her, or go for the grade, or thought it was something worth trying.) Two (out of how many students is not mentioned) reported that they had succeeded in creating “false” memories in relatives. An eight-year-old was convinced by her mother that she and a friend had been lost at a condominium complex. Almost two weeks later, the child remembered this and embellished the memory when “a friend of the family” asked questions about “genuine memories” (actually, genuine events) and the false memory (pp. 96–97). Another student “created a false memory in the mind of his fourteen year old brother, Chris” (p. 97). Chris became persuaded that he had been lost at a mall when he was five. Chris’s mother also reinforced the “false” memory (pp. 98–99). Loftus reports that “we” also “convinced” a 22-year-old and a 42-year-old that they had been lost in a particular store at age 5 or 6.

Loftus states, “These five cases offered proof—what scientists call existence proof, which is simply proof that something exists or is possible—for the fact that it is possible to create false memories for childhood events” (p. 99). But the methods used to produce the inaccurate memories appear to have varied in each case, and generalizations would be difficult to make based on the different methods, the degree of misrepresentation, the age of the subject, and the number and relationship of people convincing the subject. It is, of course, ironic that Loftus ignores existence proof of recovered memories, such as Cheit’s case. And insofar as the cases demonstrate that family members can convince some percentage of people that something occurred that actually didn’t, they raise the interesting suggestion that families may play a role in creating false memories of *non-abuse*.

Further, were the memories indeed false? Certainly the details and the locations provided were wrong, and the willingness to embellish, especially on the part of the younger subjects, implies falsification (or willingness to please). But at the same time, the probabilities of the affects being reported (such as being scared) and the likelihood of actually being lost or not seeing a parent in a store or mall at some point when someone is young are probably very high. These factors make questionable the assertion that there wasn’t some accurate memory involved. (Further, while a parent might not think a child is lost, the child might feel lost if she or he does not see a parent, even if she or he is close.) The subject Bill, for example, seems to change his mind from being lost at a J.C. Penney’s to being lost at a Sears—but there is no refutation that he might once have been lost in a Penney’s or felt lost in one.

Freyd reports a later study, by Pezdek, that involved attempts to “plant false memories of events from childhood that were either familiar (being lost in a shopping mall) or unfamiliar (being given an enema). While three

of the twenty participants in the study 'remembered' the false familiar event, . . . none 'remembered the false unfamiliar event'" (Freyd, p. 55).<sup>16</sup>

Loftus asserts that on the basis of the one lost-in-a-shopping-mall study, she has proven that authority figures can create false memories, and by citing and reciting herself as authority, makes it so. For example, in response to a criticism of her assertion that false memories can be created in people, she reports herself as responding, "But that's exactly what we did in the shopping mall experiment." She then does concede that being in a mall is not entirely analogous to sexual abuse (Loftus and Ketcham, 212).

The metaphor of implantation that Loftus uses raises scary science fiction images—*The Manchurian Candidate*—and comes close to an accusation of "brainwashing." Overall, the research on implantation of memories by people on whom one would probably rely for accurate information about childhood history certainly suggests that it is possible for family members to persuade someone of an event in their past. But whether one can generalize this finding to other situations, such as psychotherapy, reading books, and/or attending self-help groups, to claim that false memories of sexual abuse are the inevitable product seems unlikely. Indeed, such a claim seems to require a leap of faith that Loftus accuses others (that is, those who believe accurate memories can be recovered) of making. Nevertheless, the generalization appears to be part of her thesis.

A clear agenda in Loftus's book is an attack on clinicians and psychotherapy, and a deep skepticism of anything but behavioral/cognitive and drug therapies for people in emotional distress.<sup>17</sup> She writes of the appeals from parents for help: "I spend my days talking on the phone to strangers accused of the most loathsome crimes imaginable" (Loftus and Ketcham, p. 5). She renders the anguish of parents faced with the accusations and lawsuits palpable in several places, and their denial of having hurt their children sympathetic. Some of the stories she tells are tragic. Any parent reading the book could imagine the horror of a loved child wrongly accusing him or her and would have great empathy for the nightmare such accusations can create. But despite the immediate empathy, readers must keep in mind, given that incest and sexual abuse occur within families at more than a trivial rate, some of the accusations may very well be true and based on

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16. Pope and Brown report that in a subsequent study, while Loftus and Pickrell were able to persuade 5 or 6 out of 24 subjects that they had been lost in a mall, the subjects did not express a high degree of confidence in the false memory (Pope and Brown 1996, 44). Another study using family members or representations of truth from parents to suggest false memories found roughly 20% of the participants developing "pseudomemories," while 80% did not (45).

17. I agree that antidepressants can help large numbers of people, but even then, there may be issues a person must deal with; contrary to popular lore, antidepressants are not a panacea for all problems in living, nor are they effective for all who suffer depression or PTSD.

actual events (Bowman and Mertz 1996, 583 n.210; Freyd, pp. 34–37; Finkelhor 1994, 45–46).

The parents' pleas for help, Loftus says, led her to embark on a crusade to help those wrongly accused. She characterizes the problem this way:

Each of these stories, and hundreds more like them, began when a grown man or woman walked into a therapist's office seeking help for life's problems. Each of these stories involves memories of childhood sexual abuse recovered while in therapy—memories that did not exist, or at least were not remembered, before therapy began. Each story tells of a family wrenched violently apart. (Loftus and Ketcham, p. 6)

She then creates a caricature of psychotherapy, claiming that the sole question of “modern psychotherapy” is “‘How did I get this way?’” and that therapists push clients to remember childhood events as causes (p. 7). Further, these therapists encourage their clients to blame others, particularly parents, and to avoid personal responsibility; clients decompensate as a result. This is about as inaccurate a pop portrayal of psychotherapy and therapeutic work as I can think of; therapists use many approaches with clients, many if not all therapists stress the client's ability to change, and therapists may use explorations of the past simply to establish a relationship with the client (e.g., Yalom 1981).

Loftus spends much of the book criticizing what she terms “recovered memory therapy” and characterizes those who treat clients who are remembering past traumas as “recovered memory therapists.” Loftus does not define these terms; she argues from examples that she asserts characterize such therapy. In chapter 9, Loftus lists the specific techniques she claims therapists use to create false memories of abuse, including asking someone directly if they have been abused; asking indirectly if someone was abused, or “hinting” (p. 151); using lists of symptoms that “suggest” possible sexual abuse (pp. 152–56); visualization and imaging work (pp. 156–58); interpretation of dreams (pp. 158–60); writing in a journal (pp. 160–62); using the senses and making associations around sights, sounds, smells, and so on (pp. 162–64); hypnosis (pp. 164–66); art therapy (pp. 166–67); working with emotions (pp. 167–69); and group therapy (pp. 169–71). Each of these sections contains a WARNING in capital letters that these methods produce false memories or harm people. Loftus does have to acknowledge, however, that, with the exception of hypnosis, these exercises are standard methods in the therapist's repertoire.

Loftus's preferred notion of therapy appears to be a “put the past behind you/keep a stiff upper lip” approach, as evidenced by many of her remarks and several of her case histories. Before going farther and examining some of the case histories Loftus uses to illustrate her points, it is necessary to stress that Loftus and her coauthor themselves say they have basically



fictionalized the stories. In the Author's Note at the beginning of the book, Loftus and Ketcham write:

Certain scenes and dialogues have been dramatically re-created in order to convey important ideas or to simplify the story; some letters and other materials have been paraphrased (in particular *Megan Patterson's* letters in Chapter 10); and trial transcripts and testimony were edited in places to make the material more understandable and readable. (N.p.)

For someone who claims to be a scientist throughout her book, devoted to "facts" and "truth," this statement is surprising. Using narratives and stories of case histories as illustrative examples is perfectly legitimate, of course, although Loftus is quick to criticize those who think recovered memory exists for doing so. And the inevitable interpretive filter an author may unintentionally use to convey the narrative also is unavoidable (Henderson 1997, 499). But "dramatic recreation" sounds more like a made-for-TV movie than accurate factual reporting, and it is particularly disturbing in a book that urges truth and fact as opposed to imagination, interpretation, confabulation, and fiction. Further, Loftus quotes identified or identifiable people as stating things that it turns out they may never have said, but she seldom indicates when this is taking place: her report of extended conversations with Ellen Bass is noted as "reconstructed from my notes and recollections" (p. 207), and the Patterson letters have been "paraphrased"; thus, she apparently is putting words in people's mouths they may never have used. And many other conversations and incidents she reports do not indicate the source or whether or not she has rewritten them.

Throughout the book, Loftus tells stories in which she is vilified by therapists and others for trying to speak for science and truth. Some of the interactions she describes are quite unpleasant and abusive toward her. But her surprise seems at odds with the reality of the situation, given the tenor of her own attitude to those who disagree with her or who are clinicians. As already noted, she refers to those who think that cases of recovered memory exist as True Believers and analogizes them to the Salem witch-hunters. Further, Loftus quotes Richard Ofshe as "warning" her against trying to find "common ground" with clinicians:

This is not a simple scientific dispute . . . . This is an ideological battle with truth and justice, right and wrong up for grabs. Therapists have put their reputations on the line, and they're going to fight like hell to protect themselves. *Don't trust them, don't let them [get?] too close, because they'll shoot for the heart.* (P. 207, emphasis added)<sup>18</sup>

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18. Ironically, she quotes this in the context of her reported conversations with Ellen Bass (pp. 206–10), author of the *The Courage to Heal*, who is not a formally trained therapist,

Given this, and her attacks on clinicians throughout the book, it is hardly surprising that she has provoked negative reactions.

In her story of Mike Patterson, whom she believes is “innocent of the accusations that have destroyed his family” (p. 178), Loftus writes sympathetically and approvingly of the father’s hiring of a private investigator to follow his daughter. The investigator found where the woman was living, followed her, and unsuccessfully tried to go through her trash (p. 190). Then Patterson had his investigator *pose* as a client and had her surreptitiously tape-record sessions with his daughter’s therapist (p. 191). The investigator misrepresented symptoms to the therapist and spoke of startle responses, sleeplessness, and alcohol abuse. The therapist (quite rightly to my mind) suggested trying Alcoholics Anonymous meetings (p. 194). Then the therapist, in response to the symptoms, suggested possible trauma and recommended that the false client look at one of the “banned” books—*The Courage to Heal* or *Secret Survivors* (pp. 194–95). At this point, the father thought, “We’ve got it,” according to Loftus (p. 194).

As a result of the P.I.’s lies to the therapist, Patterson determined that “the therapist is the source of our problems” (p. 197). Patterson decided to “intervene” and hired two professional “deprogrammers” to “deprogram” his daughter.<sup>19</sup> The targeted daughter went into hiding—a not uncommon response for women who are stalked, I should think. Loftus seems to think this is perfectly respectable behavior and that lying to therapists and hiring deprogrammers are perfectly justified when one is accused of sexually abusing one’s child.

In chapter 3, Loftus relates the story of Lynn Price Gondolf, who was raped by her uncle at age six (pp. 8–9). Gondolf had numerous difficulties in living, including eating disorders, depression, shame, and anxiety, so she called a “local therapy clinic” (p. 9). The counselor asked if she’d been sexually abused, and she told the therapist about her uncle. According to Loftus, the counselor “was preoccupied with uncovering the explicit details of her childhood sexual abuse,” and he pushed for more and more memories (pp. 9–10). He suggested her parents were a part of the abuse. “Once again, she was on the defensive” (p. 10). Loftus says the counselor told her to “write, dream, imagine. Dig down into your unconscious and pull these memories out.” He suggested that she join a group for sexual abuse survivors. She was afraid, “in fact, scared to death” (p. 11), but she joined a group anyway. “Concerned about her erratic mood swings and increasingly severe bouts with depression, her therapist referred her” to a doctor who

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but is a writer and feminist activist who has worked in the area of sexual abuse as a “lay woman” (Bass and Davis, 13–14). It is unclear of course whether Ofshe said this or wrote it, or whether it is a paraphrase.

19. In some states, deprogrammers have been convicted of false imprisonment or kidnapping, but the fact that the acts of deprogramming can be a *crime* goes unremarked by Loftus.

prescribed medications (p. 12). Memories began to “emerge,” encouraged and prompted by the therapist. The therapist urged her to confront her parents, pushing her unwillingly into a confrontation, even though she was “filled with horror” (p. 13). Loftus extensively quotes the contents of sessions with the therapist and group members, although it is unclear what source she used for the quotations.

After a confrontation with her parents about their knowing she had been abused by the uncle, Gondolf tried to kill herself five times. She was on numerous medications, and, Loftus notes, the “other women in the group were also going downhill fast” (p. 15). Loftus describes the group sessions and evaluates them extensively: “The group sessions were becoming more unpredictable and emotionally chaotic . . . Adrenaline surged, emotions seethed, abreactions abounded. Just being in this room filled with high drama and wild emotional breakthroughs became addictive” (p. 16). This is dramatic, perhaps a bit *too* dramatic, and what basis Loftus has for this portrayal—or the label of addiction—is utterly unclear. Loftus then interjects judgmentally, addressing Gondolf, “No one ever told you to stop, to grow up, to behave yourself, to get a grip?” Gondolf was hospitalized for months. She was suicidal, had no friends, and “knew she was losing her mind.” The therapist is portrayed as brutally abandoning her when she lost her insurance: he “marched into her hospital room . . . ‘What are you going to do now?’ he asked, his voice tight with anger” (p. 16). Apparently because she could no longer pay, she was committed to a state hospital. The therapist’s indifference, as portrayed by Loftus, appears to be horrifying (pp. 16–17).

At the state institution, a psychiatrist “advise[d] her to go home and get on with her life,” after saying Gondolf didn’t belong there (p. 17). She “entered an alcoholism and drug-treatment program. Something very strange happened there. She was told to forget about the past and get on with her life.” The counselors “advised her to stop looking in the past for the answers to her present pain.” “The memories had actually created the trauma” (p. 18), Loftus concludes. The pain of separation from her parents was terrible, but the parents finally “had what they wanted, and what for years they had believed would never be theirs again: their daughter, safe, sane, alive” (p. 19).

Loftus goes on in the next chapter to discuss other cases of women ostensibly made sick by therapists—and books. The argument seems to be that someone with minor problems (although the symptoms Gondolf had hardly seem minor) entered therapy and was forced to go along with being emotionally abused by a malevolent therapist, who pushed the client to accuse her parent(s) wrongly. Finally, the clients came to their senses, recanted, and reestablished family ties. These women “blame their therapists” for destroying their lives and disrupting their families (p. 29). In other words, the suffering survivors of sexual abuse endure is iatrogenic—caused

by the doctor/therapist—rather than related to the abuse that Loftus and the clients often assert never happened, although in Gondolf's case, she did have a memory of abuse before she entered therapy.

A reader can have many reactions to the story of Gondolf and the others. I am skeptical of the versions that Loftus tells, because we do not know the sources of her information, how she can directly quote from sessions with therapists, and whether she considered alternative explanations for what happened. Further, it is unclear why she relies on the memories of those who support her hypotheses while ignoring information or sources that might refute them.

What of Loftus's claim that "Elizabeth, Pamela [a pseudonym], Melody, and Erin," all but one of whom was depressed (p. 20), were victims of therapists who insisted that they remember abuse they denied? What of the later decisions of Melody, Elizabeth, and Erin that they were never abused (p. 28)? Does recantation or coming to believe memories are "false" prove that therapists are creating false memories? Drawing that inference in every case would appear to be mistaken, but not surprising: when women recant accusations of rape or sexual harassment, it is widely believed that they lied about having been raped or harassed in the first place (Henderson 1997, 522 n.179). Ironically, when a battered woman denies being battered, we disbelieve her denial. Yet she may be trying to maintain an important connection and relationships rather than lying (Freyd, pp. 191–92; Mahoney 1991). She may be threatened as well.

With accusations of child sexual abuse, similar pressures may occur. Parents and other family members may plead or coerce. The Patterson case is documented by Loftus herself as one such example of attempted coercion. Thus, other pressures may lead victims to recant, and when the subject is abuse by a parent, those pressures can be enormous. Maintaining family connection at times may be more important to a woman than the abuse, leading her to recant.

Freyd's own experience illuminates the lengths to which some parents will go. In the afterword, she writes of her experience after years of being a memory researcher: "I first began to develop betrayal trauma theory in early 1991 to understand the phenomenon of forgetting and remembering sexual abuse. In 1991 there was no false memory movement or noisy debate about recovered memories. A lack of information prevailed." Freyd's interest in the subject came out of both professional and personal experience, as she was beginning to remember her childhood (p. 197). These are not remarkable reasons for researchers to explore a topic; personal experiences, interests, and questions often shape research interests. What is remarkable is what followed:

Approximately eight months after I first presented betrayal trauma theory, my parents, in conjunction with Ralph Underwager and others,

formed the False Memory Syndrome Foundation . . . . [M]y mother, Pamela Freyd, had published an article presenting her version of family history under the name “Jane Doe” . . . . [which] when circulated to my professional colleagues and to the media by my mother, made public allegations about my personal and professional life. . . .

During the next two years I grew increasingly uncomfortable with the way in which my own efforts . . . were constantly being undermined by personalized reactions from my professional colleagues . . . I was also uncomfortable with the way a distorted version of my story was being used by the FMSF and the media to create the impression that most adult women who recover memories of childhood abuse are deluded, unstable, or under the undue influence of others. (P. 198)

Efforts continue to discredit Freyd’s work and credibility, including an FMSF member picketing “in front of the building where” Freyd works (p. 199). Such pressures certainly could cause a person to recant, although Freyd courageously (to my mind) has continued her research in the field of memory.

I also want to note one thing that stood out for me in the Gondolf story—the reference to Gondolf’s entering a treatment program for alcohol and drug addiction. First, I wondered why and how this had occurred. If Gondolf was using alcohol, for example, throughout her treatment, it could account for the suicidal thoughts and actions far more than memories did. (Alcohol is a depressant and, if mixed with the prescription drugs such as Xanax that she was taking, can wreak even further emotional and psychic havoc.) Abusing prescription or illegal drugs could also have deeply affected her behavior and emotions.

Second, Loftus claims that the emphasis in the rehabilitation program was on ignoring the past, but this oversimplifies treatment for addictions. While the emphasis in the early phases of treatment is on the present and on cognitive strategies, in later phases, the emphasis shifts (Brown 1985). And at least many of the best inpatient treatment programs for addictions work on a variety of levels, some of which do involve the past and so-called family of origin work. Loftus’s implication that all Gondolf had to do was “shape up” is therefore misleading. There is certainly no quick fix for recovery from addictions; recovery is very hard work (Brown 1985). And most responsible programs require attendance at Twelve Step or aftercare meetings,<sup>20</sup> in which topics such as childhood sexual abuse, battering, rape, or parental alcoholism or abuse may be spoken of in groups by group members.<sup>21</sup>

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20. Some assert that AA is a cult, despite its lack of a charismatic leader, its diffuse authority, and the wide variations in groups. See Davis Kasl 1991, 297–99.

21. Some do criticize those groups, members, and slogans that emphasize such things as “Don’t dredge up the past” as damaging to victims of violence (Davis Kasl 1991, e.g. 219–29). And many groups and readings do examine the past beyond the addiction story (or *drunko-*

I do not deny that there are misguided, inept, or opportunistic therapists who treat abuse survivors—just as there are misguided, inept, and worse therapists generally. Bad therapists can hurt their clients terribly. Yet even memories that arise in the context of bad therapy might have truth to them: Freyd reports the case of Jill Christman, who “remembered . . . abuse while in therapy with a suggestive and otherwise problematic therapist. During the period in which Christman began to remember abuse she was taking Prozac” and doubted the abuse. Christman then remembered being abused along with another girl, whom she contacted. The friend had “always remembered the abuse” (p. 56).

Loftus’s characterization of *all* therapists working with clients to remember sexual abuse or other trauma as unethical and inevitably damaging is highly questionable as well. The question of whether abuse indeed did occur is quite apart from whether the therapist ought to bring it up. It is also a separate question from the traumatizing effects of either reliving a threatening experience or feeling of having been abused by a person in a caretaking role. When therapists are faced with clients haunted by the past, simply saying “snap out of it” or giving them pills may be extremely harmful. At the same time, working with trauma survivors is wrenching for therapists; they can easily overidentify with the trauma or become identified with the perpetrator, both of which can harm the client (Herman 1992, 133–54). Therapy is a process, and a patient might very well get worse before getting better in dealing with difficult material, no matter *what* the focus of therapy. Thus, claims of a therapist’s damage to a client at one time may change to examples of an improved and helped clients at a later time.

I am deeply troubled that Loftus claims that science establishes recovered memory as false and, therefore, that the *only* proper therapeutic response—even to strong suggestions of sexual abuse in a client’s past, such as symptoms of post-traumatic stress but no concrete memory—is “Don’t ask—don’t tell” across the board. Such an approach denies real trauma and further silences victims.

Ofshe similarly attacks therapists and books for fomenting false memories of abuse, illustrating his argument through case study examples. Ofshe, a member of the FMSF Board and frequent witness in cases of recovered memory, has built his reputation primarily on research in the area of coerced confessions in criminal cases. In the field of recovered memory, Ofshe particularly focuses on allegations of ritual or Satanic abuse, which probably only constitute a small percentage of known instances of recovered memory claims. Yet Ofshe was characterized by one *New York Times* writer as having “made mincemeat of false memories” (Jerome 1995, 28). In my opinion,

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*logue*). Relatedly, if the family becomes involved through Al-Anon, or the addict herself attends Al-Anon or Adult Children of Alcoholics because of addiction in the family, memories of abuse may surface (Brown 1985, 235–63; Al-Anon Family Groups 1995).

however, much of Ofshe's book lacks sufficient credibility to merit the amount of respectful attention and citation it has gained. It makes some good and valid points, but it is so bellicose and distorted that it does not deserve to be considered appropriate support for claims about "false memory."<sup>22</sup> Given the amount of attention paid to Ofshe's book, the fact that he is a prominent researcher, and fact that he mixes in enough references to actual problems and evidence in the field with his diatribe, however, requires one to take some account of his book.

*Making Monsters* was coauthored with Ethan Watters, a journalist, and is aimed at a popular audience. Unlike Loftus, however, Ofshe does not write personally; he refers to himself in the third person. Readers ought to be conscious that Ofshe plays loose with the facts in many instances and fails to support his more sweeping claims.

Ofshe asserts the existence of a large and influential "recovered memory movement" and a large group of "recovered memory therapists" that are endangering families and the mental health of women. Nowhere, however, does he define what constitutes the recovered memory movement, recovered memory therapy, or a recovered memory therapist. As Loftus does in her book, Ofshe demands that one take sides: "The options for those taking sides in this debate are quite unambiguous: the mind either had the ability to repress vast [*sic*] numbers of events, as described by recovered memory therapists, or it does not." "We will argue," he writes, "that the practice of uncovering repressed memories, along with the attendant theories of multiple personality disorder and satanic-cult abuse, are fads as widespread and as damaging as any the mental-health field has produced in this century" (p. 5). Uncovering repressed—or forgotten—memories is hardly new to psychotherapy, however, and multiple personality disorder<sup>23</sup> was recognized and documented long before adults began to speak out about being abused as children (Schacter, p. 238).

But Ofshe goes on: "We believe that there is now sufficient evidence—within the therapist's own accounts—to show that a significant cadre of poorly trained, overzealous, or ideologically driven psychotherapists have pursued a series of pseudoscientific notions that have ultimately damaged the patients who have come to them for help" (Ofshe and Watters, p. 5). Several questions immediately arise, of course: Who are these recovered memory therapists and what constitutes a significant cadre? What is the proof of numbers of these terrible people? What is the evidence that the patients are ultimately damaged? Which techniques constitute recovered memory therapy? Any? A few? All of them? Is a therapist who asks a patient

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22. Butler, for example, notes in her review that "Inaccurate reporting [of a case] like this takes a book like *Making Monsters* beyond polemic to backlash" (1995, 11).

23. Now termed dissociative identity disorder in the American Psychiatric Association's *Diagnostic and Statistical Manual*, Fourth Edition (DSM IV) (Freyd, p. 87).

at an initial interview if she has a history of sexual abuse one of the cadre? Is a therapist who later asks a client about a history of sexual abuse a recovered memory therapist? Ofshe's response is anecdote and selective quotation from writers in the field, not quantitative evidence.

A study by Lindsay et al., published in 1995, reports that 25% of therapists "who conduct psychotherapy with adult female clients believe that recovering memories is an important part of therapy, think they can identify clients with hidden memories during an initial session, and use two or more techniques to help clients recover suspected memories" (Olio 1996, 279). This would seem to support Ofshe's claim, but the data really do not support the conclusions Lindsay et al. reach. For example, the survey, which involved self-reporting, did not distinguish among techniques to help clients remember, nor did it differentiate between clients who entered therapy reporting a history of abuse or memories recovered *prior* to therapy from those who reported no memory. Further, the question about importance of remembering actually was phrased, "How important is it that a client who was sexually abused acknowledges or remembers the abuse?" (Olio 1996, 286), not how important it was for clients who weren't abused or had no memories of abuse to remember (Olio 1996). As far as Ofshe's claim about widespread promulgation of beliefs in ritual/satanic abuse goes, Butler notes, "Ofshe . . . tells readers that by 'conservative estimate' 15% of 'recovered memory therapy' cases eventually involve allegations of ritual abuse. That statistic is as unscientific as the wildest overestimates of incest; it comes from a voluntary survey of 500 members of the False Memory Syndrome Foundation" (Butler 1995, 11).

Ofshe directs specific attacks on the authors of books about child sexual abuse and treating victims of trauma as well as a handful of therapists and other people involved in the cases he discusses. He targets Bass and Davis's *The Courage to Heal* and Susan Blume's *Secret Survivors* as dangerous, along with Renee Fredrickson's *Repressed Memories* and Judith Lewis Herman's *Trauma and Recovery*. Noting that several books have checklists of questions to identify whether one has suffered sexual abuse, Ofshe writes:

The case could be made that these authors, wanting to sell more books, and therapists, hoping to find more converts, have intentionally created symptoms that would spark some level of recognition in everyone but at the same time exclude no one . . . . While it is true that the lists exclude no one—and therefore have the potential for gathering many clients and book buyers—it is probably incorrect to say that this was their primary motivation. (P. 69)



This is a heavy accusation, and one that Ofshe nowhere supports. To say that the checklists may not have been empirically validated is one thing; to imply greed is another.<sup>24</sup>

Worse yet, Ofshe engages in substantively misleading reporting of some important facts in at least one case. His discussion of the case of "Jane" (a pseudonym) in chapter 6 fails to disclose that Ofshe was an expert witness called by the defense in a tort suit Jane brought against her parents. He also misrepresents facts about the case and Jane, whose real name is Lynn Crook. Crook has published several articles pointing to errors in Ofshe's account.

The chapter on Jane *seemingly* illustrates the coercive effect of the damage-inflicting, irresponsible therapist. According to Ofshe, Jane began psychotherapy for help in dealing with a difficult boss. In her work as a sexual assault counselor, according to Ofshe, Jane had come across and read the books *The Courage to Heal* and *Secret Survivors* and was influenced by these books to believe she had been abused. Ofshe quotes from a positive review she wrote of the book *The Courage to Heal* and heavily implies that the symptoms listed in the books led Jane to wonder if she had been sexually abused *prior* to her beginning therapy. Thus, although her explicit reason for seeking therapy was the difficulty at work, he states she also had a "vaguer reason for entering therapy that she didn't at first tell Parson," the therapist (123–24). The therapist "offered his new patient helpful advice on how to be more assertive at work" and "taught [her] exercises to help her relax and visualize peaceful scenes." Because the therapist identified her problems with authority as originating with her father, he suggested that "Jane" "write a list of memories of her father" (p. 124). The therapist "was struck by how few memories she had reported" and was concerned that she might have been abused (p. 125).

Jane began having "images" of abuse. Parsons, the therapist, apparently never suggested any specific memories but "knew that there was not much of a difference between formal hypnosis and the relaxation exercises" and discussed hypnosis "specifically to dig for her memories" (p. 126). But Jane never was hypnotized; the implication seems to be that relaxation exercises were enough to place her in a suggestible trance state. As more images and memories surfaced, Jane's life "fell apart" (p. 128). She joined a survivor group, and Ofshe implies that the group made her believe she was abused. She confronted her parents, and her symptoms grew worse. Jane's sisters then began to "remember" things (pp. 132–34). He reports a sister recalling that "her father had told her to put her legs together" (p. 133).

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24. Pope and Brown note the "proliferation of [unvalidated] checklists that purport to diagnose [either] the hidden presence of sexual abuse, or the presence of false memories" (131). This leads to erroneous reliance on unvalidated checklists by some clinicians. Two validated checklists are Briere's Trauma Symptom Inventory and the Dissociative Experiences Scale (133–34).

According to Ofshe, Jane sued her parents basically “to help cover her mounting therapy bills and to receive compensation for the emotional turmoil.” But he writes, “the lawsuit proved far from healing for Jane” (p. 135). Ofshe states, “Eventually, based on the ‘more likely than not’ standard used in civil trials, the judge awarded Jane \$150,000. In his decision, he remarked that he had grave doubts about many of Jane’s recollections,” but because her sisters each remembered one incident of abuse, the judge awarded the damages (p. 135). Ofshe fails to disclose his role in the litigation. He mentions no other corroborating evidence beyond the sisters’ memories, which he implies were manufactured as well (pp. 132–36). Ofshe reports that when “a reporter asked [Jane] what she thought of the decision, she burst into tears and sobbed inconsolably” (p. 137). A new therapist reinforced and expanded her memories, her former therapist having moved “amidst allegations of having had sexual relations with a patient” (p. 135). As the chapter ends, Jane seems miserable, her family destroyed by a dubious lawsuit, and Jane seemingly moving toward believing that she had suffered satanic ritual abuse.

As noted earlier, “Jane” is Lynn Crook, and she has convincingly disputed Ofshe’s misrepresentations in several published accounts.<sup>25</sup> “The thoughts and feelings Ofshe attributes to me are his own fabrication” (Crook 1995a), she has written. She did not have a “vaguer reason for entering therapy.” She did not believe the lawsuit was “‘far from healing,’ . . . nor did I take the judge’s decision as a ‘defeat’ and sob ‘inconsolably’ when a reporter asked me what I thought” (p. 116). “The truth is that the judge’s decision was a victory not only for me,” but many others, she wrote; “There were no inconsolable tears, there was no therapy retreat, there are no dark clues to follow” (Crook 1995b, 25). Furthermore, Crook did not read *The Courage to Heal* until “several months after” her memories began; she had a *single* relaxation session “only after several months of therapy during which I tried, unsuccessfully, to recover happy memories” (1995a, 116–17, emphasis in original).

Crook notes other evidence in the case, including a letter from her mother to a sister that stated her father would “‘always be in denial.’” Crook notes that Ofshe failed to complete the sentence “keep your legs together”—in which her father said “or I’ll think you want me” to her then 12-year-old sister (1995a, 116). Further, Ofshe’s quotation from the judge’s opinion in the case was definitely selective. Crook quotes the judge’s opinion finding Ofshe’s testimony to be unpersuasive:

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25. According to a review of the book by Katy Butler, Ofshe never interviewed Jane or her sisters. He also “fiddled with the time line.” For example, Jane had not read *The Courage to Heal* until after she recovered memories of abuse (Butler 1995, 11).

Dr. Ofshe characterizes plaintiff's memories as progress toward ritual, satanic cult images, which he states fits a pattern he has observed of false memories. It appears to the Court, however, that in this regard, he is engaging in the same exercise for which he criticizes therapists dealing with repressed memory. Just as he accuses them of resolving at the outset, defining repressed memories of abuse and then constructing them, he has resolved at the outset to find a macabre scheme of memories progressing toward a satanic cult ritual and then creates them. (Crook 1995a, 117)<sup>26</sup>

Finally, Crook writes that "in disclosing, I overcame my biggest fear and discovered new strengths in myself, learned I am worthy of love, and regained my power and my sexuality" (117). In other words, she is not the basket case Ofshe implies.

In a chapter entitled "Two Cases of Hypnotic Story Creation," Ofshe writes that Paul Ingram had "false memories" of sexually abusing his daughters as a result of "inadvertent" hypnosis (Ofshe and Watters, p. 155) and coercive interrogation techniques used by the police. Indeed, his discussion of the *Ingram* case (pp. 165–75) has been relied on by Schacter and others to establish the reality that false memories can be implanted by law enforcement officers using a psychologist and suggestive methods (Schacter, pp. 131, 372).<sup>27</sup>

According to Ofshe, Ingram denied everything when he was arrested for child sexual abuse, charges arising out of alleged false memories implanted in one of his daughters by a Christian speaker at a church camp who suggested the daughter had been sexually abused (p. 166). According to Ofshe, Ingram adamantly denied abusing his daughter and then was persuaded by the police after much pressure that he had repressed the memories and was guilty (pp. 166–67).<sup>28</sup> Ofshe tells a powerful story, with emotions, about the interrogations of Ingram over the next few days. He opines that a "relaxation exercise" created "trance induction" (p. 171), rendering Ingram as suggestible as if he were hypnotized, and concludes that Ingram was in a trance state throughout months of questioning.

Schacter, relying on Ofshe, asserts that Ingram "is susceptible to false recollections" (Schacter, p. 131). Loftus characterizes Ingram as a highly suggestible person in her book as well, relying on Ofshe (Loftus and Ketcham, p. 255). Yet there is no scientific evidence that Ingram is so suggestible or that Ofshe knew Ingram's susceptibility to suggestion or level of

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26. The case is *Crook v. Murphy*, Superior Court of Washington, Benton County, No. 91-2-0011-2-5 (1994).

27. Schacter mistakenly terms Ofshe a "social psychologist" (p. 131); Ofshe is a sociologist.

28. Ofshe writes that "although he had trained as a policeman, Paul had no experience with interrogations" (p. 166). If Ingram were a trained police officer, surely *someone* had taught him something about interrogation techniques.

suggestibility. Ofshe did no tests to determine Ingram's suggestibility for hypnosis. Rather, Ofshe perpetuates his unsubstantiated claim that a relaxation exercise is the equivalent of inducing trances or hypnotic states.

Worse, in a way, Ofshe reports "an experiment." "He invented and told [Ingram] a story that one of his daughters and one of his sons had accused [Ingram] of forcing them to have sex with each other while [he] watched" (p. 172). Ofshe claims the accusation was "entirely fabricated" (p. 173) and that Ingram initially could not remember such a scene. The next day, however, Ingram had "substantially filled out" the details of this supposedly false story. Apparently Ofshe had "implanted" this false memory so well that when he "intentionally used a high pressure approach to test the strength of" Ingram's beliefs, Ofshe could not "reverse" the memory. "[D]espite the pressure applied by both Ofshe and the detectives over several hours, [Ingram] could not be dissuaded from his belief that the scene of forcing his children to have sex was as real as all the other scenes" (p. 174).

Putting aside the ethics of such an experiment on a prisoner, the assumption that the memory itself was completely fabricated is dubious. First, to create a false memory, Ofshe ought not to have used the very subject under investigation—that is, sexual abuse of Ingram's children. As the police apparently had informed Ofshe, the issue of sex between the children had already been raised: one of Ingram's daughters had told a detective of an event similar to Ingram's "false" memory (Olio and Cornell 1997). As the judge in the hearing on the validity of Ingram's guilty pleas noted, the "false" facts "came pretty close to what one of the victims had accused the defendant of" (Olio and Cornell 1997, quoting transcript of statements of Peterson, J., 1990). Finally, that Ofshe blames Ingram's failure to recant the story on a *continuing* trance seems just bizarre. If it is so easy to implant a false memory, it should be equally easy to erase it and implant a true one, especially if the person is in a trance.

Ofshe's book has so many flaws that readers interested in the argument for false memory would be better off reading Loftus's account and forgoing Ofshe altogether. For those interested in memory generally, Schacter's book is an excellent introduction, and for those seeking to understand recovered memory, Freyd's book provides a fine discussion.

### III. CONCLUSION

Recovering memories of long-forgotten events in one's past and childhood is hardly rare (see, e.g., Freyd, pp. 84–85; Schacter, pp. 26–28 and *passim*) and has occurred throughout time. It was not until adults began to make specific claims about remembering sexual abuse, particularly by parents or parental surrogates, that remembering became the site of controversy. The battle over the truth or falsity of recovered memory has produced

a number of claims and counterclaims, as well as emotional turmoil and injury for many people. The truth is, however, as Schacter and Freyd assert: some memories of abuse are factually and interpretively accurate, some are not, and many fall in between. Yet efforts to suppress recollections of sexual abuse continue unabated, in the name of "truth" and "science."

The believers in the "false memory" thesis seem to advocate the adoption of legal rules that would preclude *any* testimony about recovered memories, despite the evidence that recovered memory exists. In a recent development, George Franklin, whose murder case is discussed by Loftus and Ofshe, filed suit against the district attorney, Dr. Lenore Terr, and his daughter for conspiring to deprive him of his civil rights. Among other things, his attorneys have indicated the "suit . . . aims to kill the use of so-called scientific evidence to support the science or repressed memory—which claims a person can witness a traumatic act, forget it, and then recall it again" (Vasquez 1997, 4B). Also, as of this writing, the Supreme Court of New Hampshire is considering two rape cases in which the trial court barred the testimony of the two victims altogether (Schacter, 267; *State v. Hungerford*, *State v. Morahan*, N. H. No. 95-429, May 25, 1995; *New York Times* 1995, B12).<sup>29</sup> The trial judge ruled that "repressed memory" was not generally accepted in the field of psychology and that "the therapy used in these cases to recover the memories" did not meet the *Frye* test (*Frye v. United States*, 293 F. 1013 (D.C. Cir. 1923)) of general acceptance in the scientific community (Schacter, p. 267; International Society for Traumatic Stress Studies [ISTSS] and Family Violence & Sexual Assault Institute [FVSAI] Amicus Brief 6–7).

In applying a standard for admissibility of expert testimony to lay witnesses, the judge seemed to establish an entirely new standard for victim-witness testimony based on the debate about whether repression—as opposed to trauma, dissociation, stress hormones, and so on—causes memory loss. As a result, the judge appears to have held that *remembering* forgotten abuse rendered victims incompetent to testify (ISTSS and FVSAI Amicus Brief, 7–8) and that the state had to prove to the judge that the memories were true before the witnesses could testify before a jury charged with fact-finding (9–11). Finally, the judge found, although hypnosis was not an issue, that the psychotherapy the victims received was "too suggestive" and that their memories were a product of psychotherapy (31, quoting Mem. Op.). But neither victim-witness sought therapy simply to "recover" memories (31–33). On the trial court's ruling, anyone who seeks psychotherapy could automatically be disqualified. Elizabeth Loftus testified for the defense

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29. The case was decided while this essay was in press. *State v. Hungerford*, \_\_\_ N.H. \_\_\_, 697 A.2d 916 (1997) (holding that courts must use a "case-by-case approach tempered with skepticism" in admitting *any* recovered memory testimony and upholding trial court's exclusion of victim-witnesses, *id.* at 923, 930).

in these cases on the shopping mall studies and may have influenced this decision.

In a more recent New Hampshire case, a different judge did not bar the victim-witness's testimony but denied introduction of expert testimony on recovered memory (Schacter, p. 267). The judge apparently wrote that she would "not allow expert evidence regarding either the process or plausibility of 'recovering' an allegedly repressed memory, because the experts have not offered any data either supporting or refuting any theory of how or whether a 'lost' memory might be recovered" (p. 267). This ruling is unclear; could the victim-witness be cross-examined about false memory syndrome, and would the prosecution have no opportunity to rebut it? Most troubling of all, perhaps, is the aura of falsity in cases of sexual abuse, reminiscent of the myriad legal presumptions of falsity in rape cases throughout our history.

Lawyers enter the realm of memory naive about science and expecting certainty. Schacter's and Freyd's books are helpful reminders of how implausible it is to make absolute, generalizable claims about memory. It would be a grave error automatically to disbelieve those who were subjected to terrible trauma because they did not speak out initially or because we want to deny the existence of child sexual abuse. Threatening therapists with lawsuits simply because they try to help those haunted by the past, threatening writers of books and articles with lawsuits, and threatening those who do speak of abuse will only suppress knowledge, science, and justice. It would be an equally grave error to conclude all memories are true. Provided research in the field has not become contaminated by declarations of war, we may learn more about memory and trauma as research such as Freyd's and Schacter's continues.

In the meantime, it would be an injustice to declare all recovered memory unreliable and to adopt a legal rule precluding testimony based on such memory. At this stage of our knowledge, rather than automatically disqualifying witnesses, we should approach the questions on a case-by-case basis, as we do with eyewitness identification and other testimony. The debate over the recovering of memory ought to go to the weight, and not the admissibility, of a victim's testimony.

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