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Recovered Memory of Childhood Sexual Abuse

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Over the past two decades there has been growing public awareness of the high incidence of sexual violence, including child sexual abuse, domestic violence, sexual battery, and sexual harassment. The Child Abuse Prevention and Treatment Act of 1974, which mandated the reporting of suspected child abuse by health-care professionals, teachers, and others, was a landmark event in the quest to protect children from abuse and to secure better legal rights for victims of child abuse.

Coinciding with the growing awareness of this social problem and the relaxation of the taboo against talking about sexual abuse, unprecedented numbers of adults have come forward to report childhood sexual abuse, in some cases decades afterwards. This trend is reflected in the publication of a number of books on this topic in recent years. There is even a monthly newsletter "for women survivors of childhood sexual abuse," titled *The Healing Woman*.

Partially in response to the proliferation of accusations of sexual abuse based on delayed memory, nearly half the states in the U.S. have altered their statute-of-limitations laws to facilitate the prosecution of perpetrators of these acts. The statute passed by the state of Minnesota in 1989 is fairly typical; it allows people six years following the discovery of abuse to take legal action against the alleged perpetrator. Besides securing the rights of victims, these laws have apparently also contributed to an undetermined number of false charges, and even convictions. The extent of this problem is reflected in the fact that thousands of people have sought help from the False Memory Syndrome Foundation, established in 1992 by psychologist Pamela Freyd to help people who claim to have been falsely accused of sexual abuse.

In one highly publicized incident, *People* magazine in 1991 reported allegations by actress Roseanne that she had discovered, during psychotherapy, that her mother had abused her from infancy to the age of seven — a charge categorically denied by both of her parents. Stories such as these raise several questions. Who is lying and who is telling the truth? Are delayed memories of childhood abuse fact or fantasy? Is there any scientific justification for the repression and subsequent recovery of childhood memories? If memories can be recovered, how accurate are they?

To an increasing extent juries in courtrooms across the nation are being called upon to answer complex questions such as these. In response to this growing controversy, the American Psychological Association established a working group to investigate the phenomenon of recovered memory and determine the best way to treat clients with repressed memory. The Association has acknowledged that, although it is possible for traumatic childhood memories to be recovered, it is equally possible for false memories to be fabricated.

Many of the reports of childhood sexual abuse have come from people who have courageously broken the conspiracy of silence that invariably surrounds sexual molestation of children, who are frequently coerced into keeping the secret. But even without threats of retaliation by the perpetrator, victims may be too ashamed of the experience to acknowledge it in public and may even blame themselves for its occurrence.

The prevalence of childhood sexual abuse is well documented. Studies suggest that 10 to 25 percent of girls in the United States experience some form of sexual abuse by age 14. Many boys, too, are sexually abused. In cases where victims had known all along that they had been abused, or when children spontaneously report instances of abuse at the time of its occurrence, there is no mystery and little debate; the victims are applauded for their courage in exposing those crimes. The present controversy about childhood sexual abuse involves people who have no recollection of having been sexually abused, until years or even decades later.

In most instances of delayed recall of child abuse there are no witnesses and no physical evidence, meaning that in court it is often a matter of the word of a self-proclaimed victim against that of the accused. Some professionals believe that most recovered memories of sexual abuse are false memories “implanted” (usually unwittingly) by overeager therapists into the minds of suggestible clients just as eager to find an underlying reason for persistent psychological difficulties. This article examines the psychological basis for repression and recovery of traumatic memories, presents the results of research on potential sources of error in delayed or recovered memories, and offers possible reasons for the rising incidence of false accusations of sexual abuse.

What Makes Memories Inaccessible?

The most common psychological explanation for the inability to access memory is repression, a psychological process by which distressing thoughts and feelings become inaccessible to conscious awareness. This process is often described in metaphorical terms. Thus, a therapist might refer to traumatic memories “deeply buried” in the “unconscious mind” where it may “lurk” indefinitely. One cannot, of course, bury a memory in the sense that a physical object can be buried underground, nor does the unconscious mind exist as an actual structure of the brain.

For that reason, many psychologists — particularly those who specialize in research on human cognition (mental processes) — are skeptical of the notion of repression-induced amnesia, which is difficult to prove scientifically. Psychologists who specialize in counseling and psychotherapy are generally more convinced, given the considerable clinical evidence for repression as a psychological coping mechanism.

Another psychological explanation for amnesia is dissociation, an altered state of consciousness in which people mentally remove themselves from traumatic events — either by “splitting” their physical experience from their thoughts or emotions, or by assigning the experience to another personality that they develop to cope with the trauma. There appears to be more consensus concerning the validity of dissociation than for the notion of repression.

Why are some traumatic experiences remembered, whereas amnesia — through repression or dissociation — develops for others? It has been suggested that we are more likely to develop amnesia for events that are not discussed, and sexual abuse is, by its very nature, a prime example of such an event.

Why Memories are Recovered

Repressed memories of childhood trauma are recovered for a variety of reasons. Sometimes they surface when the perceived danger ceases to be present, for example, upon the death of the perpetrator. Life changes, such as the initiation of a sexual relationship, marriage, or childbearing may also trigger the reemergence of memories.

Memories may also be recovered by reading about childhood sexual abuse or while undergoing psychotherapy — even for personal problems that on the face of it have no connection with sexual abuse. A number of victims of former priest James Porter, who abused more than a hundred children, recalled their abuse following extensive media coverage of his trial.

Potential Sources of Error in Recovered Memories

The most common misconception about memory is the assumption that it involves the recreation of events exactly as they transpire. In fact, memory is not a precise replica of event as though captured on videotape. There are a number of reasons for this. First, our senses are bombarded by so much information that only a small proportion of what happens in the surrounding environment actually enters the memory system.

Also, memory is highly selective and tends to be influenced by previous experiences and prior expectations. Thus, we sometimes perceive what we want or expect to perceive, rather than what actually occurs. The process of getting information into memory is known as encoding. Encoding errors may result in the construction of inaccurate memories.

A potentially more serious source of error, which has been extensively studied because of its implications for eyewitness testimony in courts of law, is memory reconstruction. Reconstructive errors occur at the time information is retrieved from memory storage. When called upon to remember our past, we make inferences based on actual stored memories (which may be inaccurate or incomplete), plus our present assumptions and expectations. Thus, when an event is recalled it is subjectively reconstructed, not objectively recreated with video-like precision.

The Unreliability of Memory

A leading investigator of the reliability of memory is Elizabeth Loftus, professor of psychology at the University of Washington. In one experiment designed to investigate the accuracy of eyewitness testimony, Dr. Loftus and her associate, John Palmer, showed a group of subjects a film of a traffic accident and then asked them several questions about what they had seen. They found that subtle influences, such as manipulating a single word in the question, could influence memory for the event. For example, subjects asked one week later, “About how fast were the

cars going when they *smashed into* each other?” were twice as likely later to report that they saw broken glass as subjects asked, “About how fast were the cars going when they *hit* each other?” Nearly a third of the subjects who heard the word *smashed* reported broken glass when in fact nothing of the kind had been depicted in the film segment.

Employing the phrase *smashed into*, which evokes images of a more violent collision than *hit*, subtly turned the question into a type of leading question technically referred to as a “presupposition.” Along similar lines, subjects asked “Did you see *the* broken headlight?” (there was none) were also much more likely to answer in the affirmative than subjects asked “Did you see *a* broken headlight?” According to Loftus, use of the definite article *the* presupposes the presence of a broken headlight, causing some witnesses to add this false information to their recollection of the incident.

Ellen Davis and Laura Bass, in their book *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* (Harper & Row, 1988) advise readers, “if you are unable to remember any specific instances [of sexual abuse] ... but still have a feeling that something abusive happened to you, it probably did.” This is a prime example of a risky presupposition.

A case demonstrating the care that should be exercised in dealing with memories of sexual abuse involved Cardinal Joseph Bernardin, Archbishop of Chicago. In November 1993, 34-year-old Stephen Cook filed a \$10 million lawsuit against the cardinal, after memories of sexual abuse surfaced with the aid of hypnosis, for allegedly abusing him 20 years earlier when he was a 17-year-old high-school student enrolled in a seminary program in Cincinnati. To bolster his claims he had taken and passed two polygraph (lie detector) tests. Then, a few months later he publicly recanted, saying, “I now realize that the memories which arose during and after the hypnosis are unreliable.” The question is, How could Cook have been so sure, when in fact there had been no misconduct by the cardinal?

The Origin of False Memories in Sloppy Therapy

There is evidence that sloppy therapeutic methods may result, as it were, in the transfer of a therapist’s belief system to the mind of the client. How is that possible? The development of a false memory may start quite innocuously when clients complain about feelings of depression, lack of interest in sex, feelings of inadequacy or lack of self-confidence, sleeping difficulties such as nightmares or insomnia, or an eating disorder such as bulimia. These are all quite common psychological problems with a variety of causes — usually something other than sexual abuse. A therapist, who for whatever reason may suspect sexual abuse, then commits a procedural error by pursuing a line of questioning characterized by leading questions, presuppositions, indirect suggestions, and failure to exclude alternative explanations.

Loftus writes that one therapist who reports having treated more than 1,500 incest victims, broaches the subject as follows: “You know, in my experience, a lot of people who are struggling with many of the same problems you are, have often had some kind of really painful things happen to them as kids. Maybe they were beaten or molested. And I wonder if anything like that had ever happened to you?” Others are less subtle: “You sound like the sort of person who must have been sexually abused. Tell me what that bastard did to you.”

The fact is, many people who seek therapy are desperate for help, vulnerable, and prone to latch onto anything concrete that might offer a plausible explanation for their problems. In addition, clients tend to develop a high degree of trust and confidence in their therapist. Therapists typically are trained to offer their clients warmth, acceptance, and empathy, and to make them feel respected and validated — which may be a rare experience for some clients. Understandably, it would be only human for those clients to become strongly motivated to be “good” clients by pleasing their therapist. Add to that the fact that some people are highly suggestible to begin with, and the outcome is virtually certain in some percentage of cases: a false memory is “implanted” in the mind of the client.

Some therapeutic techniques, such as hypnosis, guided imagery, body massage, and the intravenous administration of the barbiturate sodium amytal — either alone or in combination — can create particularly compelling illusory memories. The American Medical Association has expressed concern about those kinds of memory refreshment techniques, all of which have a high propensity for increasing the suggestibility of clients and placing them at risk for generating false memories.

Loftus and her colleagues have demonstrated how easily a false memory can be implanted in a trusting individual: A research assistant falsely told his 14-year-old brother that he had been lost in a shopping mall at the age of 5 and found by a tall, oldish man in a flannel shirt. Over the next few days the subject began to remember the details of the episode as recounted in the story, and within weeks started embellishing the story with details that were not part of the original account — for example, that the man was bald and wore glasses. When subsequently told that the entire incident had been fabricated, the subject responded, “Really? I thought I remembered being lost. ... [A]nd then crying, and Mom coming up and saying, ‘Where were you? Don’t you ... ever do that again.’ ”

When therapists have bizarre notions about the prevalence of satanic cults and so-called ritual abuse, those beliefs may translate into outrageous testimony. In one such case the testimony was sufficiently bizarre to result in the acquittal of a 35-year-old Sunday-school teacher accused of molesting nine children aged 3 to 4 in suburban San Diego in 1988 and 1989. According to some of the children, Dale Akiki, the teacher, had beaten them, tortured them with scalding water, stuck their heads in the toilet, forced them to eat feces and drink urine and blood, sodomized them with a curling iron, murdered small children, sacrificed rabbits, and slaughtered an elephant and a giraffe. This outlandish testimony is somewhat reminiscent of the confessions the pig, Napoleon, extracted from the chickens in George Orwell’s *Animal Farm*.

The Social Origin of False Memories

Leon Jaroff, in an article in the November 29, 1993 issue of *Time* magazine, points out that until the publication of Flora Rheta Schreiber’s book *Sybil* (Regnery, 1973), multiple personality disorder, which is characterized by dissociation and said to be a potential outcome of childhood sexual abuse, was rare; “around the world, only a few hundred cases had been documented over the previous three centuries. Since then, however, many thousands of supposed cases of MPD have been identified in the U.S. alone.”

Jaroff also points out that tales of satanic-ritual abuse have proliferated since the publication of the book *Michelle Remembers* (St. Martin's Press, 1980), in which author Michelle Smith describes "a massive secret conspiracy to abuse children sexually in order to brainwash them into worshipping Satan." There is currently no evidence to corroborate the existence of satanic ritual abuse — most definitely not on the scale suggested by the proliferation of such claims, which run into the tens of thousands.

These trends suggest that popular culture may indeed be contributing to the surge in the incidence of delayed memory of sexual abuse. Sensational stories about recovered memories of child abuse and satanic ritual abuse have been featured prominently in popular magazines, self-help pop-psychology books, and television shows. Thus, some instances of false memories of sexual abuse might be tantamount to a form of collective behavior social psychologists call mass hysteria. Mass hysteria is the outbreak of atypical thoughts, feelings, or actions, including psychogenic illness, delusions, and bizarre actions. In some respects, however, the memory recovery movement bears a closer resemblance to a fad or a craze — forms of collective behavior characterized by a relatively short-lived change in the beliefs and behaviors of a large number of widely dispersed individuals.

Conclusion

In closing, it is important to emphasize that although some allegations of childhood sexual abuse have turned out to be figments of the imagination, they are usually true when reported by children. It has been estimated that only about 2 to 8 percent of complaints are false. With reference to adults, Harvard Medical School psychiatrist Judith Herman, author of *Trauma and Recovery* (Basic Books, 1992), reports that almost three-quarters of women who experience delayed recall of sexual abuse after a period of partial or complete amnesia are able to obtain corroborating evidence, for example, confirmation by other family members or an admission of guilt by the perpetrator. Like suicide threats, reports of sexual abuse should always be taken seriously.

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