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*The Official Clinical Journal of
the International Society for the
Study of Trauma and Dissociation*

**Recovered Memories of Child
Sexual Abuse: Forgetting to
Remember and Remembering to
Forget, Part 1: A Perennial
Controversy**

Sylvia Solinski, Consultant Psychiatrist



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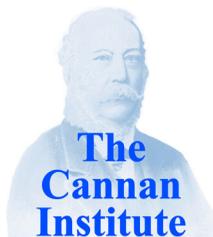
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ARTICLE

RECOVERED MEMORIES OF CHILD SEXUAL ABUSE: FORGETTING TO REMEMBER AND REMEMBERING TO FORGET, PART 1: A PERENNIAL CONTROVERSY

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This is the first of three articles on recovered memories of child sexual abuse. The controversy regarding recovered memories of sexual abuse is perennial and numerous clinical studies document the phenomenon. Study designs are variable and a number of methodological issues are explored. The recovery of memory is independent of the veracity of memory and there is consensus among a range of professional organizations that recovered memories are a valid entity. The second and third articles examine various approaches to elucidating the nature of memory and how it is affected by traumatic events.

KEYWORDS *controversy; methodology; veracity; consensus*

INTRODUCTION

Recovered memories of traumatic events have long been documented in a diverse range of populations. These include survivors of natural disasters and accidents (Janet, 1889, as cited in Van der Hart, Steele, Boon, & Brown, 1993; Madakasira & O'Brian, 1987; Wilkinson, 1983), soldiers exposed to

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combat (Grinker & Spiegel, 1945; Kardiner, 1941; Myers, 1915; Sargant & Slater, 1941; Thom & Fenton, 1920; Van der Kolk, 1987), victims of kidnapping, torture and concentration camp incarceration (Goldfeld, Mollica, Pesavento, & Faraone, 1988; Kinzie, 1993; Kuch & Cox, 1992) and convicted murderers (Schacter, 1986). In 1980, in the wake of reported memory disruptions (both amnesia and flashbacks) in Vietnam veterans, psychological trauma was officially recognized and introduced into the Diagnostic and Statistical Manual of Mental Disorders-III (American Psychiatric Association, 1980) as posttraumatic stress disorder (PTSD).

It should, by now, be uncontroversial that recovered memory (RM) is also observed in people who report a history of child sexual abuse (CSA). However, historically it has generated acrimonious debate (Freud, 1896, as cited in Masson, 1984) and continues to do so.

Why the Controversy?

Estimates of the prevalence of CSA indicate that, while it is high (Pérez-Fuentes et al., 2013) it is likely that many factors including under-detection and under-reporting lead to the phenomenon of the “tip of the iceberg” (MacMillan, Jamieson, & Walsh, 2003) whereby many victims remain unrecognized. Despite Finkelhor’s (1994) finding that, across all CSA studies, only about half of victims had disclosed the abuse to anyone, epidemiological studies indicate that it affects more than 1 out of 5 women and one out of 10 men worldwide (Collin-Vézina, Daigneault, & Hébert, 2013). Western society has a long history of denial of such abuse. Moreover, it seems that there is “a significant investment in the myth of dishonest, suggestible or hysterical women who report CSA and in the stereotype of the vindictive feminist seeking to destroy men and the family” (Cossins, 1997, p. 31). In 1992 the False Memory Syndrome Foundation (FMSF) was formed as a support group for parents who claimed to have been falsely accused of abusing their children. It attracted eminent clinicians and academics (not all of whom were experts on memory) who served as board members and acted as advisors, and it identified media coverage as a key objective. Sociologist Katherine Beckett documented the shift in public opinion by analyzing the content of a cross section of popular media; in 1991, 80% of articles on CSA were sympathetic toward the survivors of alleged abuse whereas by 1994, 80% of articles highlighted the supposedly false nature of memories of abuse (Beckett, 1996).

In a critique of the FMSF, Pope (1996) noted both the dearth of empirical evidence and the preponderance of ideology that premised the claims of a false memory syndrome. Notwithstanding, “false memory” became the subject of academic and legal debate (Alpert et al., 1996). During the past twenty years there has been an unprecedented growing awareness and public exposure of the enormity of CSA. The systemic and organized nature of

the networks that spawn and maintain such abuse is insidious and sophisticated, and the extent of their power, influence, and ability to function with impunity is widespread (Middleton et al., 2013; Middleton, 2015).

Attempts to empirically undermine RM have framed the debate in terms of “repression.” The argument draws on a study by Holmes (1990) in which he reviewed 5 experimental strategies designed to investigate repression and concluded that other mechanisms could equally well have explained the results. Holmes’s article has been frequently cited as evidence to discredit recovered memories but, as Gleaves and Freyd (1997) point out, his work investigates mechanisms for repression, not the phenomenon of memory inaccessibility, and Holmes himself did not claim that the failure to demonstrate repression invalidates the possibility of RM. In effect, the attempt to repudiate repression as the purported mechanism for amnesia is a logically fallacious straw man argument.

There is a longstanding divide between cognitive science research and clinical psychology and psychiatry. The fields have differed with respect to samples, methodologies, observations and hypotheses regarding the nature of memory. Laboratory tested experimental paradigms yield results that are at odds with the vicissitudes of memory that are encountered by clinicians. As DePrince et al. (2012) note: “How do you measure a memory that is not accessible (or was never encoded) for a private event that was not witnessed by anyone but the perpetrator, as is the case for many abuse experiences? Who are the best participants for studies on forgetting and misremembering: people who report having forgotten and now remember; people who we have some reason to believe they were abused and now forget; or another group altogether?” (p. 196).

Studies of Recovered Memory of Sexual Abuse

There are more than 75 studies that report amnesia related to CSA (Brewin, 2012; Brown, Schefflin, & Whitfield, 1999; DePrince et al., 2012; Schefflin & Brown, 1996; Silberg, 2013; Sivers, Schooler, & Freyd, 2002). These include survey studies on clinical, non-clinical (targeted) and random (non-targeted) populations, prospective studies on individuals with documented abuse experiences, and case studies.

A large number of salient methodological issues challenge investigations of recovered memory. These include the following:

a) Studies that investigate patients survey individuals whose experience in current or past therapy may have influenced their beliefs about what they have forgotten and remembered. Studies that attempt to address this (e.g., Gold, Hughes, & Swingle, 1999) collect data on sexual abuse in an initial interview prior to therapy, but may not indicate whether there is a *past history of therapy*. Moreover, these studies may reflect a sample bias in that patients are self-selected seekers of intervention. However, these are

often individuals who have experienced high levels of trauma and are more symptomatic.

b) Irrespective of population characteristics or method of recruitment, all retrospective studies suffer from reliance on self-reports. Memory for even trivial personal events is not objective; childhood memories in particular are subject to elaboration and interpretation (Sloutsky & Fisher, 2004), events that *are* remembered may, for various reasons, be omitted and experiments demonstrate the frequency of misremembering details even when the central event is correctly remembered (Loftus, 1975). Moreover, many traumatized individuals may have trouble remembering even the central details of their experience for variable periods of time (Brown, Schefflin, & Hammond, 1998).

c) Prospective studies (Burgess, Hartman, & Baker, 1995; Ghetti et al., 2006; Goodman et al., 2003; Widom & Morris, 1997; Williams, 1995) attempt to address the issue of memory accuracy by identifying individuals whose abuse has been corroborated and whose memory for it is tested at follow-up. Evidence that may be deemed corroborative varies and is of differing probative value. Couacaud (1999, as cited in DePrince et al., 2012) categorized corroboration according to the degree of external validation potentially available. High levels of corroboration included documentary evidence such as police, medical, and court records. Medium levels of corroboration included statements from family or friends regarding their contemporaneous knowledge of the abuse. Evidence that others were abused by the perpetrator was considered to be of low corroborative value.

d) As Freyd (1998) has noted, memory accuracy and memory accessibility are conceptually distinct; inaccurate memories may be continuously available and accurate memories may be unavailable for varying periods of time. It has been argued (Pope, Oliva, & Hudson, 1999) that RM research should include a clarification interview and not merely a free recall interview; unless individuals are specifically told about their abuse and asked why they did not remember it, it is difficult to ascertain *whether they actually forgot it*. Schefflin and Brown (1996) note: "False memory advocates try to have it both ways: first they claim that therapy interviews are unduly suggestive to the point of implanting false memories, and then they claim that research interviews are "clarifying," with the implication that research interviews are somehow free from suggestive effects while therapy interviews are not" (p. 171). Furthermore, aside from the problematic nature of retrospective memory judgments in general (Bradburn, Rips, & Shvella, 1987; Henry, Moffitt, Caspi, Langley, & Silva, 1994), it is paradoxical to ask people to evaluate their past ability to recollect an event during a period when, *inter alia*, for reasons of self-protection they may not have recalled that event (Dalenberg, 1996; Read, 1997; Schooler, 1994). This is compounded by the inability of individuals to report on their unconscious processes (Wilson, 2002).

Sivers et al. (2002) point out another limitation of prospective studies: "The evidence that they provide for forgetting only applies to those memories that *were not recalled* at the time of the interview. Since the recovered memories identified in these studies *were recalled* during the interview, these studies do not speak to the degree to which recovered memories are ever fully forgotten" (p. 173). Indeed, as discussed below, individuals may believe that they forgot something for which, in fact, they demonstrated awareness.

e) Finally, a limitation of the collective research is that data is aggregated across cases. Salient details of individual cases that potentially elucidate the phenomenon may be obscured. This shortcoming is addressed by detailed analysis of individual case studies that provide impressive evidence to substantiate individuals' recovered memories of abuse (Schooler, Ambadar, & Bendiksen, 1997). A rich source of corroborated cases of RM is *The Recovered Memory Project* (Cheit, 1998a), an internet-based archive of over 100 cases for which the proof ranges from very strong to circumstantial. "To be included in the archive, a case must involve a traumatic event that was not remembered in the time shortly after it occurred, was recalled later in life, and has subsequently been corroborated in a meaningful fashion. The vast majority of the cases in the archive involve child sexual abuse because litigation over such claims is one of the only ways that recovered memories tend to result in public disclosure and subsequent analysis" (Cheit, 1998b, p. 143).

Summary of Findings

Amidst the profusion of studies and opinions it is useful to note Brewin (1998) on RM research: "Another pitfall involves assumptions about what methods are most scientific. . . all designs have their limitations. Rather than setting up one design as the best and basing conclusions on one subset of studies, it is much sounder to consider the evidence from studies utilizing a variety of designs with weaknesses that preferably do not overlap" (p. 216). From the empirical data the following conclusions may be drawn.

It is difficult to find a study in which evidence of amnesia is not found. Recovered memories for either single incident CSA or across multiple incidents of CSA were found in 14%–80% of the populations studied with, generally, higher figures for patient samples. Some sort of corroboration of abuse was later acquired in a significant proportion of subjects in some of the studies (Dalenberg, 1996; Feldman-Summers & Pope, 1994; Grasian & Holtzen, 1996, as cited in DePrince et al., 2012), whereas corroboration was inherent in prospective and most case studies. The degree of forgetting greatly varies from total amnesia to some remembering (Crowley, 2007; Fivush & Edwards, 2004; Gold et al., 1999). Contrary to critics' assertions, many individuals recall previously unavailable memories of CSA

in non-treatment settings (Elliott, 1997; Wilsnack, Wonderlich, Kristjanson, Vogeltanz-Holm, & Wilsnack, 2002).

The consensus position regarding the accuracy of recovered memories from examining its now considerable literature base is that:

- whether memories are recovered or continuous may have no bearing at all on their accuracy;
- recovered memories may be true;
- recovered memories may be false;
- recovered memories may vary in their degree of accuracy, ranging from largely accurate to entirely false with many gradations in between;
- irrespective of the nature of retrieval, recovered memories may be true, false or a mix of both.

A number of organizations have published position statements on recovered memories, which include these excerpts (see also Dalenberg, 2006; Middleton et al., 2005):

- “Children and adolescents who have been abused cope with the trauma by using a variety of psychological mechanisms, in some instances, their coping mechanisms result in a lack of conscious awareness of the abuse for varying periods of time” (American Psychiatric Association, 1993, pp.154).
- “Research indicates that some survivors of abuse do not remember, at least temporarily, having been abused” (The American Medical Society’s Report on Memories of Childhood Abuse, 1994, p.1).
- “It is possible for memories of abuse that have been forgotten for a long time to be remembered” (The American Psychological Association: Working Group on Investigation of Memories of Childhood Abuse, 1996, p. 933).
- “There is no doubt that people can and do experience the recovery of memories of previously nonremembered childhood sexual abuse” (paper arising from a NATO sponsored consensus meeting on trauma and memory, Lindsay & Briere, 1997, p. 631).
- “Traumatic memories may be forgotten, then remembered at some later time” (International Society for Traumatic Stress Studies, 1998, p. 15).

- Emphasizing the extent of physical and sexual abuse of children, and the harmful nature of such abuses: “Memory of such abusive experiences may be absent for considerable and varied periods of life and may be recalled under any of a variety of circumstances, including as a vicissitude of undergoing psychiatric treatment for (at least initially) apparently unrelated reasons” (Royal Australian and New Zealand College of Psychiatry, Clinical Memorandum #17: Guidelines for psychiatrists dealing with repressed traumatic memories, May 2005).

CONCLUSION

Brown et al. (1998) have referred to the most widely divergent positions on recovered memories of child sexual abuse as the extreme trauma accuracy position and the extreme false memory position. Advocates of the former (mainly lay authors) argue that recovered memories are pristine, immune from the distortion rendered by the reconstructive nature of all long-term memory (Bass & Davis, 1988). Advocates of the latter argue that recovered memories are virtually never true (Ofshe & Watters, 1994); a less extreme position is ostensibly taken by Otgaar et al., (2019) who argue: “The recovery of a purportedly long-forgotten trauma is less plausible in light of everything that we know about traumatic memories” (p. 1074). Such views may dominate and overshadow the views of researchers and clinicians who, while disagreeing as to prevalence of the phenomena and likely mechanisms, concede that both RM and false memory are possible. However, as noted by DePrince et al. (2012): “One of the genuinely positive results of the so-called memory wars has been the flourishing of solid research on forgetting, misremembering, and remembering abuse” (p. 228). This research will be critically reviewed in the second and third articles.

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