

## **Recovered memories in clinical practice – a research review**

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### **Summary**

The problem of recovered memories concerns not only psychiatry, psychology or psychotherapy but it is also an important legal and judicial issue. Clinicians, scientists and lawyers are in unsolved dispute, called “memory wars”, concerning the credibility of these memories, especially if they were recovered following specific therapeutic techniques or using self-help books. Many cases of recovered memories of childhood sexual abuse brought legal action against alleged offender. Investigations showed, however, that some of these memories were false. The aim of this article is to try to answer key questions concerning the issue if recovered memories: Is it possible not to remember traumatic experiences? In what conditions the autobiographical memories can be implanted? Is it possible to make a list of therapeutic techniques evoking false memories? What are the characteristics of a patient particularly vulnerable for false memories creation? Answers to the above questions are a ground for considerations concerning creation of favorable conditions for therapeutic work and minimizing mistakes resulting from the risk of implanting false memories.

**Key words:** recovered memories, false memory, repression, trauma, psychotherapy

In the 1980s and early 1990s, the media in the United States, Canada, or Great Britain repeatedly reported on numerous dramatic stories of adults who recovered traumatic childhood memories after years of amnesia. The recovered memories usually concerned sexual abuse, but also being a victim of satanist rituals or a witness to murders. The people accused of these acts were usually relatives of the alleged victims – parents or grandparents – as well as teachers or priests. A controversy broke out between experts, therapists and memory scholars concerning the credibility of recovered memories, which some even called “memory wars” [1, 2].

What raised doubt in particular was memories recovered during a special kind of therapy or using peculiar guides [3–6]. These cases were all the more complicated as they led to lawsuits being filed against the alleged perpetrators. In the course of investigations, it often turned out that the events supposedly repressed and then recovered had never actually taken place [7]. Yet, groundless accusations left their mark both on the alleged victims of trauma and on their relatives, who were often accused of hideous crimes. Their desire to prove their innocence led to the foundation of several associations of people harmed by false memories [8], which later helped in the struggle for compensation from the therapists or psychiatrists who effected the recovery of a false “memory” [7]. The highest compensation from a psychiatrist for a patient who had a false memory implanted during therapy amounted to over 2.5 million dollars [7]. It must be clearly stressed, however, that despite differences of opinion between specialists on the accuracy of recovered memories and even though many of such memories have been proved to be false, most of the interested experts agreed that cases of child sexual abuse may be more frequent than they were believed to be [9].

### **Is it possible not to remember traumatic events?**

How people remember and forget the traumatic experiences of their lives is one of the key questions asked by practitioners such as psychotherapists or judges as well as by scholars studying human memory. Some psychologists and psychiatrists believe that by forgetting the experience of repeated dramatic events the human mind protects itself against the psychological consequences of such experiences. They thus directly refer to the phenomenon of repression— a defense mechanism that is supposed to push unwanted memories into the unconscious in order to reduce mental suffering [10]. According to this theory, the repressed memories are presumed not to have been completely eliminated from the mind and to manifest themselves in the form of dreams, error activities, and emotional reactions. Consequently, people who do not remember traumatic past events are still believed to remain under their influence, and a symptom of this are supposed to be various kinds of behavioral, cognitive, or emotional disorders.

However, interpreting the phenomenon of recovered memories of a trauma in the light of the repression theory is widely criticized by scholars [11], and not remembering dramatic events from the past can be explained in a more scientifically reliable way. It is common knowledge, for instance, that people are often unable to retrieve not only memories from before the age of 3 (so-called early childhood amnesia) [12], but also later events from their personal past, even those that seem important and took place relatively recently. On the one hand, such cases can, to a large extent, be explained by the natural phenomenon of forgetting; on the other – they can be explained by problems at the stage of memory coding, not at the stage of retrieval [11]. Moreover, as research shows, many victims of traumatic events suffering, for instance, from the posttraumatic stress disorder (PTSD) experience recurrent memories of traumatic events [13], and there have been few research reports about cases of a total lack of memory of being in a fight or being raped [3].

Still, the above examples concern people who were adults at the time of the trauma. Perhaps, then, repression occurs only when dramatic experiences affect children? This hypothesis is contradicted by research involving women who experienced various forms of sexual abuse in their childhood [14, 15], or by studies involving children who witnessed their parents being murdered [16]. Far from forgetting what happened, they were actually troubled by the recurrence of the dramatic memories. Thus, there is substantial evidence that what is often a problem for victims of traumatic childhood experiences is not the lack of memory of those events but the inability to forget them.

On the other hand, Williams [17] conducted interviews concerning personal sexual history with over 120 victims of sexual abuse reported to the police 17 years before, aged between 10 months and 12 years at the time of the abuse. As many as 38% of all the female interviewees (and 28% of the women who were 7 years or older at the time of the abuse) did not mention an abuse situation, and 12% denied having ever been abused. It [17] therefore suggests that long periods of not remembering the trauma should not be regarded as proof that the trauma never occurred. Consequently, it also seems difficult to say with absolute certainty that cases of sudden recovery of traumatic memories after years are impossible. What remains debatable is the explanation of this phenomenon [11] and the credibility of memories thus recovered [18, 19].

### **Types of recovered memories**

From the perspective of 30 years of research, recovered memories can be divided into spontaneously recovered – for example, under the influence of a sudden clue or association – and gradually recovered, usually as a result of memory recovery therapy or with the use of guides describing how to do this on one's own [3]. It is, however, not always easy to unambiguously classify a recovered memory into one of these categories [20]. A confirmation of the fact that recovered memories are not necessarily false is the cases of spontaneously recovered memories for which external evidence was found [21]. Yet, it turned out that, in a few cases, the relatives of the people whose memories were recovered claimed that these people had talked about their traumatic recollections long before their alleged recovery. This may mean that we are dealing with people repeatedly remembering and forgetting an unpleasant event (the effect referred to as “forgot-it-all-along” [21]). The feeling of suddenly recovering a memory and the shock this causes may stem from the fact that it differs qualitatively from previous cases of recollection – for instance, it has more details, or the interpretation of a given event, previously treated as innocent, has changed with age. These hypotheses were experimentally confirmed. It turned out that, compared to those who have never forgotten sexual abuse, people reporting a recovery of memories have a stronger tendency to forget that they once remembered certain contents [22]. The tendency to repeatedly forget accounts for at least some cases of spontaneous memory recovery. But how does this tendency arise in some people?

The point of departure for the assumption that it is possible to recover memories is that they were not remembered for a long time as a result of the automatic defense mechanism. However, research conducted among people reporting a recovery of

memories of being abuse victims revealed that they tend to ascribe the discontinuity of the memory of that event to conscious attempts to avoid these negative memories (the so-called suppression phenomenon) [23]. This explanation was experimentally tested [24]. People who had recovered memories spontaneously outside therapy or gradually during therapy and people who had never forgotten abuse were compared in terms of the tendency to suppress emotional autobiographical memories with people who had never been sexually abused. Previous studies showed that, paradoxically, a request to suppress thoughts can lead to an increase in the frequency of thinking about a given subject. Yet, it turned out that the group most effectively suppressing unsettling thoughts was the people with spontaneously recovered memories. This may mean that also every previous thought about sexual abuse had been effectively suppressed by those people, and that the sudden recall of those events may have been treated as a totally new, recovered memory.

Research has also shown that spontaneously recovered memories have more external confirmations than those recovered during psychotherapy [19]. This may mean that the latter are more likely to be false memories, generated using the suggestive techniques applied by therapists and arising due to errors in so-called source monitoring – the decision on whether the source of a given recollection is indeed one's own memory or whether the recollection is, for example, a result of receiving imagery or information from outside [25]. A confirmation of source monitoring problems in people recovering memories during therapy compared to those who recover them spontaneously is provided by studies showing that the former are more susceptible to memory distortions induced in laboratory conditions [26–28].

### **Therapy aimed at recovering memories**

At least since the 1970s it is known with absolute certainty that memory does not work like a video tape. Some memories fade while others may be subject to distortions, with the result that false memories seem extremely credible [29, 30]. In most cases, such distortions are not of great importance. What can be a problem is situations in which much depends on the reliability of memory, for example, when witnesses to or victims of a crime are concerned. Therefore, if – as mentioned above – only some of the recovered memories are externally corroborated, and if these are usually spontaneously recovered memories [19], does this mean it is possible to implant a complete autobiographical memory in a person? A number of studies show that the answer to this question is positive.

Many of the cases of recovered memories of a trauma described above occurred gradually during therapy [18]. Analyses performed in the U.S. and in the United Kingdom have shown that a typical case of a person recovering memories of a trauma is a well-educated and well-off woman in her twenties who has reported for psychotherapy in connection with mental problems such as depression or eating disorders [8]. Although there is no formal school of memory recovery therapy, in the 1980s and 1990s some therapists, psychiatrists, counsellors, or social workers, especially in Anglo-Saxon countries, used “memory work” techniques, whose aim was to recover

allegedly repressed memories [3, 31, 32]. In their opinion, various problems of clients reporting for therapy may have been caused precisely by repressed memories of past traumas, for example, ones concerning sexual abuse. The array of problems rooted in repression was supposed to be broad indeed: from sexual dysfunctions, through eating disorders, depression, problem in relationships and interactions with other people, and a sense of guilt, to a fear of darkness. Special questionnaires were even developed for people to be able to diagnose themselves.

At first, most clients obviously denied having any memories of being sexually abused whatsoever. However, they were persuaded that recovering the repressed memory would put an end to their current problems. The next step in the therapy was the use of various techniques that were supposed to facilitate this. There are techniques such as: guided imagery, hypnosis, age regression, “stream-of-consciousness” journaling, the use of family photos as retrieval clues, interpreting dreams and physical symptoms, or even the use of sodium amytal (a “truth serum”) [3]. Abuse-related information elicited from clients in this way were treated as true memories. Critics of memory work believe that the danger of creating a false memory was the greatest when sets of these techniques were used and especially when they were combined with the therapist’s authority [3, 31]. The same critics also stress that not all of the memories recovered in this way had to be false – though some of them probably were.

### **Memory implantation**

Hundreds of studies conducted over the last 40 years have shown that even a slight suggestion conveyed, for example, in the question the participants were asked can radically change the original memory of an event. In the now classic study by Loftus and Palmer [33], the participants were asked (after viewing a crash of two cars) about the speed of the cars that “bumped” or “smashed” each other. It turned out that this small verb change manipulation influenced the estimated speed: the greater the “force” of the verb, the higher was the estimated speed of the car. A majority of such errors are caused by the overlapping of information from several sources – the true memory and information received after the event [25]. This and many other studies proved that it is possible to change or add elements to true memories using external suggestion (the so-called misinformation effect) [29]. However, situations of changing the memory concerning, for instance, the color of a car are still a far cry from implanting a complete autobiographical memory.

In the last twenty years, researchers took up the challenge of testing that possibility [34–36]. In most studies of this kind, participants are given a few accounts of events from their childhood, obtained from their relatives. Among these events, there is one that never actually occurred – for example, the participant getting lost in a shopping centre when they were five years old [35]. The participants are requested to read the accounts and decide whether or not they can remember each event. In most cases, they remember real events and cannot recall the false one. Next, appointments for two more meetings are made; also between the meetings the participants are supposed to think about the events they do not remember and try to recall them. During the following

sessions, the experimenters conduct suggestive interviews with the participants, requesting them, for example, to generate as many details as possible that may concern the described events (e.g., what they may have felt at the time, where the event may have happened, etc.). Using this procedure, towards the end of the final meeting, the researchers were able to generate a partial or complete memory of getting lost in a shopping centre in 1/4 of the participants [35].

Critics of the study by Loftus and Pickrell [35] argued that the situation of getting lost in childhood is quite probable and may have happened to many people. Therefore, implantation of less “ordinary” or even traumatic memories was attempted, such as a stay in hospital, spilling punch over the bride’s gown, drowning, or being attacked by a dangerous animal [e.g., 34, 36]. In each of these studies, a complete or partial false memory was successfully implanted in a considerable proportion of participants (about 20–30% on average). Further studies showed that this effect may be even stronger; sometimes it is possible to implant false memories in nearly half of the participants – memories rich in detail and even in emotions experienced at the moment of the “event”. This can be achieved using guided imagery – a technique often used in some types of therapy [3, 31]. Guided imagery can be effective in implanting false memories concerning childhood events. These can be unpleasant events (e.g., breaking a window with your hand or a having a skin sample taken from a finger by a nurse), very incredible events (e.g., witnessing demonic possession), or impossible ones (e.g., hugging Bugs Bunny during a visit to Disneyland, which is impossible because Bugs is a character from Warner Bros cartoons) [37]. Further studies also show that a similar effect can be obtained when implanting memories from a few days before – some participants were convinced that during their previous visit to the laboratory they had tossed a coin, kissed a plastic frog, or even rubbed chalk into their head. In reality, they only imagined these activities [37].

How is it possible that a simple act of visualizing certain events or actions results in a person beginning to treat them as part of their own past? Again, the explanation might be source monitoring errors [25]. Usually it is difficult to recall the source of information immediately, and some clues are necessary to identify it. In most situations, indicating the source of information and, consequently, distinguishing true memories from false ones is not a problem, since true memories are more vivid, logical, and filled with more sensory details as well as temporal and spatial ones. However, repeatedly thinking about an unreal event and repeated attempts to imagine it result in the memory acquiring the above-mentioned characteristics of a true one. Therefore, the techniques used in therapy aimed at restoring the repressed memories involved a real danger of implanting false memories [3, 31].

### **Reducing the danger of false memories**

Lindsay and Read [3] observe that, in fact, each side of the recovered memory controversy should be interested in ensuring that the therapy they use involves the smallest possible danger of false memories occurring. Research has shown that there are at least a few factors increasing the susceptibility to the implantation of false

memories, some of which can be controlled. One of them is yielding to the therapist's or psychiatrist's authority. It is therefore suggested that clients should be informed by therapists about the phenomenon of memory distortions and that they should be given access to appropriate literature on the subject [3]. It is also worth noting the phenomenon of "ironic self-loading" [38]. This is a personal characteristic that consists in focusing on the thoughts, actions, and emotions that one should not or does not want to focus on. People with extremely intense trait irony do the opposite of what they should focus on: they fall asleep immediately instead of staying awake, they dream of a summer meadow instead of concentrating on the task, and the harder they try to relax, the more they focus on traumatic events. In the case of such people, it may be enough to suggest that they should do something different – and their entire activity begins to follow the rules of ironic control: the frequency of thinking about a given subject increases, or that particular behavior may occur with immense power. Wegner [38] refers to people with such a tendency as chronically yielding to the ironic effects of control.

Another pattern to remember is the individual need to attain a cognitive closure of ambiguous situations, including those retrieved from memory. This tendency is directly related to lowered tolerance of ambiguous situations that must be resolved immediately using the currently available information, even when the information is insufficient and may turn out to be false [39]. To a smaller or greater extent, these phenomena constitute a personal characteristic of each individual, and their influence on the course of psychotherapy depends on the psychotherapist's ability to spot and control it. For these reasons, it is necessary to take into account and verify all other possible explanations of the problems that clients report for therapy with; for example, gaps in childhood memories, which have often been regarded as a symptom of repression, may simply result from the fact that this period is rarely recollected in the client's family [3]. What is more, if the need arises, it is advisable to use the available standardized instruments for assessing potential victims of sexual abuse or techniques for assessing the functioning of autobiographical memory, since striving for objectivity in such cases may be crucial and prevent erroneous accusations that turn out to be heavily fraught with consequences [3].

### **The problem of recovered memories in forensic psychiatry**

Cases of false memories being recovered have led to a wave of lawsuits – first against the alleged perpetrators of abuse and then against the therapists responsible for their emergence. The extremely heated controversy in the community of psychologists and psychiatrists that these cases triggered off [9] and, above all, systematic scientific research on the phenomenon of false memory have most certainly increased the awareness – both among therapists and clients – of what a delicate matter human memory is. Nevertheless, there is still a great need for work on legal regulations eliminating unqualified therapists and for educating society about how to choose a good therapist who uses well-established and tested therapeutic techniques. Additionally, despite the numerous spectacular cases of false traumatic childhood memories being

implanted, one should bear in mind a few facts highlighted in a special report by experts from the American Psychological Association [40]: 1) cases of child sexual abuse unquestionably happen and have often been ignored in the past; 2) a majority of sexual abuse victims remember what happened to them; 3) it is possible to remember the fact of abuse after it has been forgotten for a long time; 4) it is possible to create pseudomemories of events that never took place; 5) scientific knowledge on these issues is still incomplete.

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