

# Traumatic Memories Are Not Necessarily Accurate Memories

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Some therapists, as well as other commentators, have suggested that memories of horrific trauma are buried in the subconscious by some special process, such as repression, and are later reliably recovered. We find that the evidence provided to support this claim is flawed. Where, then, might these memory reports come from? We discuss several research paradigms that have shown that various manipulations can be used to implant false memories—including false memories for traumatic events. These false memories can be quite compelling for those who develop them and can include details that make them seem credible to others. The fact that a memory report describes a traumatic event does not ensure that the memory is authentic.

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## Highlights

- Many abuse survivors claim that they forgot their abuse for a time, but this does not mean that they repressed their memory of it.
- Many abuse survivors will not mention their abuse when asked, but this is not proof of repression.
- Memory is malleable. Details can be distorted, and wholly false memories can be planted.
- Just because a memory report is detailed, confidently expressed, and emotional does not mean that it reflects a true experience. False memories can have these features.

**Key Words:** *trauma, false memory, repression, sexual abuse*

Some therapists and CSA researchers have argued that, when people experience repeated horrific events, they repress these experiences into the unconscious. Later, they are able to unearth the previously repressed (or dissociated) memories and become conscious of their prior brutalization. A more specific version of this process involves the claim that, when a person (particularly a child) experiences a traumatic event (particularly CSA), the person's psyche splits into 2 or more separate parts. One part experiences the traumatic event; the other part continues to function normally, with no awareness of the abuse (for example, 1–4). Then, it is claimed, at some point in the future when it is safe for the person to put these half-psyches back together (and this is necessary because the trauma has begun to leak out in some other way), a therapist can help the person to “recover” or reconstruct memories of the original trauma. When the memories are recovered, the person can be whole again. Therapists who assist in

the elicitation of memories that were previously repressed are often quite inclined to believe that the memories are authentic (see 5,6).

According to an international survey of doctorate-level US and British therapists conducted by Poole and colleagues and published in 1995 (7), these ideas have been commonly held by practising therapists. Specifically, Poole and colleagues found that some 71% of respondents acknowledged using one or more memory-recovery techniques in their practices (58% claimed to use 2 or more), even though some 91% “indicated that it is possible for a client to come to ‘believe that she was sexually abused as a child if no abuse had actually occurred’” (p 432). Some 25% of all respondents “reported a constellation of beliefs and practices suggestive of a focus on memory recovery” (p 426). Poole and colleagues argued that a large number of clients are likely to be affected by the

practices of these therapists. Although these data are now somewhat dated, this research was followed by other studies suggesting that some therapists continue to use these questionable practices (8,9).

Some authors claim that more than 60 existing studies support this theory of massive reconstruction (for example, 10). However, that large number belies a collection of problems with the data. Cogent replies regarding the misuse of these studies can be found in the analyses of Kihlstrom (11), Piper and colleagues (12), and McNally (13).

These studies do not support the notion of massive repression or dissociation of sexual abuse, for several reasons. First, most of these studies are retrospective, asking people whether there has ever been a time when they did not remember being abused. In one of the most widely cited retrospective studies, Briere and Conte asked some 450 adult patients in treatment for CSA, "During the period of time between when the first forced sexual experience happened and your eighteenth birthday, was there a time when you could not remember the forced sexual experience?" (14, p 24). Fifty-nine percent of subjects answered that there was such a time.

This methodology is really quite an odd one, though. It asks subjects to remember a time in childhood when they failed to remember an even earlier event. However, failure to remember an event implies that one is trying to remember that event. How can one know that one is trying, but failing, to remember an event (here, being abused) unless one already knows that the event happened (that is, that one was abused)? Thus the question asked by Briere and Conte is entirely circular. McNally and colleagues (15; see also 5) point out that subjects are more likely answering a different question: "Was there ever a time that you did not think about having been abused?" An affirmative answer to this question does not provide evidence for the massive repression argued for by CSA researchers. Instead, it simply means that those who experience CSA can sometimes manage not to think about it. These criticisms and others have been made about the scores of similar retrospective memory studies published in the last 15 years.

A much smaller number of studies have used a prospective methodology to assess whether traumatic events can be forgotten. The "crown jewel" of these studies is by Williams,

who interviewed 129 women with previously documented histories of CSA (16). Of these, 49 (38%) failed to report the index case of abuse for which Williams had a record, leading this researcher to conclude that massive forgetting of trauma is not just possible, but common. Nevertheless, there are several other, far more likely explanations for Williams' 38% nonresponse rate: 68% of those who "forgot" the index case of abuse reported other CSA, suggesting that the index case may have simply been less traumatic or less important to them than other instances of CSA or compared with other traumas they experienced in their lives. In fact, many of the incidents involved fondling, as opposed to more invasive types of CSA. In other cases, the women had been abused when they were young enough that we should expect them not to remember the abuse, owing to childhood amnesia. In other cases, women may not have wanted to label themselves (or have the interviewer label them) as abused. Failure to disclose is simply not proof of massive repression (17). (See also Loftus, Garry, and Feldman's discussion of Williams' study, 18).

Also, in a conceptual replication of the Williams work published nearly a decade later, the percentage of women who did not report their abuse was considerably lower (about 8%, 19). However, other authors (for example, 20) have questioned the generalizability of the newer study because it used a prosecution sample. The subjects' abuse histories were unusually well documented, and as such, they may have been particularly unlikely to forget their abuse.

Some therapists argue that repression is more likely to occur in response to specific types of trauma. In particular, Terr claimed that repeated traumas are more likely to produce repression (4). Freyd argued that repression is caused when a trauma is perpetrated by a loved one on whom one depends for the basic necessities of life (21). These notions have virtually no credible scientific support. In fact, Terr's hypothesis defies one of the most basic principles of human memory research, namely, the more times something happens, the better your memory will be.

### Research Psychologists Respond

In contrast to the views described above, memory experts are likely to note that traumatic events produce better, not worse, memories than everyday events (15). Traumatic experiences tend to be particularly difficult for people to forget and can even lead to intrusive memories and flashbacks, as in PTSD (13). There is even evidence that CSA victims who are more traumatized (that is, who show greater PTSD symptomatology or who named CSA as their most traumatic event) have better memory for the details of that abuse than do those who are less traumatized by CSA (22).

Some research supports the idea that moderate-to-high levels of emotional arousal can lead to somewhat better event

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#### Abbreviations used in this article

CSA	child sexual abuse
DRM	Deese–Roediger–McDermott paradigm
PTSD	posttraumatic stress disorder

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memory than the same event in the absence of emotional arousal (23–26). That is, a person who experiences emotional arousal during (or immediately after) a specific event will often have a better memory for that event than if he or she had not experienced any emotional arousal. The catecholamines epinephrine and norepinephrine have been shown to improve memory both by acting directly on the amygdalae (the small almond-shaped structures in the brain that have been shown to play a crucial role in emotional memory, 27) and by increasing glucose levels in the blood (28,29). (Be warned, however, even these better memories can degrade over time, and in some studies, the peripheral details are impaired in memory.)

In the 1990s, the experimental research community responded in earnest to frequent, rather bizarre “memory reports” by patients claiming their experiences had been previously repressed. If these memories were not real, where could they have come from? If they were false, how would they develop? Three lines of research on the development of false beliefs and memories began to flourish. One line of research showed that memories of all kinds (including memories for traumatic events) can become distorted over time and in response to suggestive questioning. Another line of research showed that subjects who were given lists of words would remember additional nonpresented words. Occasionally, the nonpresented, but falsely remembered, words were somewhat unusual or upsetting or sexual in nature. A third line of research showed that subjects could be led to adopt memories for entire events that never happened to them.

#### *Distortion and Contamination of Existing Memories*

In one study, researchers interviewed 106 US undergraduate subjects the morning after the 1986 explosion of the Challenger space shuttle to determine where they were and what they were doing when they heard the news (30). They then interviewed the 44 subjects that they could locate in the fall of 1988, nearly 3 years after the event. Although subjects were in general extremely confident about the accuracy of their memories of hearing about the disaster and readily produced detailed memories of these events, their memories were in fact riddled with errors. These errors were not limited to the details of where they were and whom they were with, but included even the broadest possible facts. The errors suggested that, over several years, memories tend to deteriorate, although confidence in the memories may remain strong.

In other studies, experimenters have used leading questions to intentionally distort traumatic memories. Crombag and colleagues interviewed Dutch subjects some 10 months after a horrible plane crash that had killed 43 people and had been major national news (31). One of the interview questions was misleading: “Did you see the television film of the moment the plane hit the apartment building?” There was in fact no such

film (the plane hit an apartment building and camera crews did not arrive until much later). Nonetheless, more than 60% of subjects claimed to have seen the film and then went on to answer additional questions about the nonexistent video footage.

In another study, researchers had Russian subjects complete a questionnaire in the spring of 2002 about 2 separate terrorist attacks (the first involved 2 Moscow apartment buildings in 1999, and the second was the 2001 World Trade Center catastrophe) (32). About 6 months later, they interviewed subjects about 1 of the 2 terrorist events and included a misleading question: “A half-year ago, when you were taking part in our study, you mentioned a wounded animal. Do you remember it?” (this was not actually the case for any of the subjects in the study). Although all the subjects responding to the World Trade Center questionnaire denied that they had seen a wounded animal, 5 subjects (12.5%) interviewed about the Moscow bombings accepted the false suggestion and provided sensory details about various injured animals.

Taken together, these studies show that vivid memories—even memories for traumatic events and memories that people are confident about—can still become distorted over time or at the suggestion of others. As such, the fact that a memory describes a traumatic event does not make that memory reliable. Later, we will expand on this point by showing that people can develop memories for traumas that never occurred at all.

#### *False Memories Deese–Roediger–McDermott Paradigm*

In the DRM paradigm (33,34; see also 35), subjects are presented with a list of words, such as bed, nap, pillow, and tired, that are all closely related to another word (here, sleep) that is not part of the list (this word is called the “critical lure”). Subjects in these studies are often as likely to remember the critical lure (sleep) as they are to remember many of the words that were actually part of the original list. That is, they reliably, but falsely, remember that the critical lure was part of the original list. However, would people remember sexual or unusual words that were not presented? To address this, researchers used the DRM paradigm to produce false memories for emotionally charged words such as rape and bitch (36). Other studies have shown that traumatized individuals, as well as individuals claiming to have been abducted by space aliens, are particularly susceptible to creating false memories with this procedure (37–39).

#### *False Memories for Complete Events*

Some have criticized research of the types described above on the grounds that changing an existing memory—even a memory for a traumatic event—is far different from creating an entirely false memory for a traumatic event (such as CSA), as researchers argue therapists are doing. Likewise, studies

using word lists are too far removed from real-life traumas to be relevant to the therapeutic setting.

In response to these criticisms, extensive research has been conducted in which memories for entirely false events have been planted in the minds of subjects. Although, in accordance with ethical and moral limitations, many of these false planted memories are not as traumatic as memories of CSA, they share important features.

In the first study, Loftus and Pickrell contacted subjects' parents to collect true stories from the subjects' childhoods (40). They then provided each of 24 subjects with a booklet containing 3 such stories plus a false story about the subject getting lost in a shopping mall or similar location as a young child. Subjects were asked to write down what they remembered (if anything) about each of the 4 events. During 2 subsequent interviews, subjects were again asked to remember as many details as possible about each of the 4 events (including the critical false event). Subjects remembered some 68% of the true memories, but 6 of 24 subjects also remembered the critical false event. Some of these subjects produced elaborate details of their (false) ordeal of being lost in the mall.

Other studies have used similar techniques (sometimes also asking subjects to imagine the critical event occurring) to produce false memories, including memories that would be highly emotional, and even traumatic, if the events had actually occurred (41–43). Hyman and colleagues used the “lost in the mall” procedure to implant memories of being hospitalized overnight for an ear infection (41). Heaps and Nash made subjects believe that they had nearly drowned and had been rescued by a lifeguard (42). Porter and colleagues convinced more than one-half of their subjects to produce partial or complete false memories of surviving a vicious animal attack, or being a victim of some other accident or injury (43).

All these studies employed a particularly strong form of suggestion, claiming that the subject's parents had provided the critical information. Therapists have responded that they don't rely on this sort of suggestion. In fact, however, they use several other techniques that may contribute to the development of false beliefs. Additional research has simulated some of these therapeutic techniques to create false memories for a range of events. Specifically, subjects have developed false memories as a result of guided imagery (44), hypnosis (45), and dream interpretation (46).

False feedback procedures are another powerful way to create false beliefs and memories in the minds of subjects. For example, subjects in a recent study completed several questionnaires on a particular topic (such as experiences with food) and were then told that their data had been entered into our computer system, which produced a personality profile for them (47). Some subjects received the false suggestion that as

children they “got sick after eating dill pickles.” After receiving this simple manipulation, subjects became more confident that they did indeed get sick after eating dill pickles (and sometimes described, in detail, the occasion on which they got sick). Also, they were less inclined to say that they liked pickles or planned to eat them in the future. In a follow-up study, similar false beliefs were planted for a fattening food (strawberry ice cream); these false beliefs, too, had later consequences for subjects (48).

Some critics have argued that these studies do not actually produce false memories but merely trigger genuine memories for the critical events (for example, 1). Researchers have responded by implanting false memories for highly implausible, and even impossible, events. In one study, subjects were shown photographs of themselves as children riding in a hot air balloon (49). They produced memories of this event, even though the photograph was fake (a cut-and-paste job that combined a real childhood photograph and an unrelated photograph of a hot air balloon) and their families confirmed that they had never actually been in a hot air balloon. In another series of studies (50,51), researchers used a fabricated advertisement for Disneyland to convince subjects that they had met and shaken hands with Bugs Bunny on a childhood trip to the theme park (an impossible event, because Bugs Bunny is a Warner Brothers character and would never be found at Disneyland). As a final example, in one study, British subjects were convinced that they had undergone a specific medical procedure (having a skin sample removed from a fingertip) when no such procedure was carried out in the UK (52).

## Final Remarks

Some have argued that the false memory studies conducted by research psychologists are too far removed from the traumatic events that people report to their therapists. It is further argued that people are not really emotional about the false events they experience in the laboratory. It is true that researchers have not exposed their subjects to great harm (there are ethical lines that cannot be crossed), but there is evidence to support the idea that people can become quite emotional about their false memories. McNally and colleagues brought individuals who believed they were abducted by space aliens into the laboratory and measured their emotional responses to their memories physiologically (53). Subjects' responses (measured by heart rate, skin conductance, and facial electromyographic activity) to the scripts of their almost certainly false alien abduction memories were comparable to their responses to scripts of stressful memories and much greater than their responses to scripts of positive or neutral memories. Thus simply believing that one has been traumatized may be enough to produce an emotional response similar to that produced when one has actually been traumatized.

Another observation lends support to the idea that people can become quite emotional about events that they have not personally experienced. How often do people cry in movies? How often are they seriously frightened by reading Stephen King novels? Nevertheless, these responses happen despite the fact that we all know perfectly well that movie stars are not really experiencing terrible things while onscreen (and are paid to make the audience cry) and that Stephen King makes his living creating scary characters and plots. One can only imagine how much more compelling the story is from the perspective of the character (who doesn't know that it is only a movie or novel).

If there is one lesson from this research, it is probably this: Just because a memory seems detailed, just because the person seems confident in it, and just because emotion is expressed when the memory is contemplated, does not mean it really happened.

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**Résumé : Les souvenirs traumatiques ne sont pas nécessairement des souvenirs exacts**

Certains thérapeutes ainsi que des commentateurs ont suggéré que les souvenirs de traumatismes horribles étaient enfouis dans le subconscient et qu'ils sont recouverts ultérieurement de façon fiable par certains processus spéciaux comme la répression. Nous croyons que les preuves fournies à l'appui de cette allégation sont sans fondement. D'où proviennent donc alors ces souvenirs déclarés? Nous présentons plusieurs paradigmes de recherche qui ont démontré que diverses manipulations peuvent servir à implanter de faux souvenirs — y compris de faux souvenirs d'événements traumatiques. Ces faux souvenirs peuvent être très convaincants pour ceux qui les développent et peuvent comprendre des détails qui les rendent crédibles pour les autres. Le fait qu'un souvenir déclaré décrit un événement traumatique ne garantit pas que le souvenir est authentique.