

Empirical Psychology and the Repressed Memory Debate: Current Status and Future Directions

MARIA S. ZARAGOZA AND KAREN J. MITCHELL

Kent State University, Kent, Ohio 44242

The reality of "repressed memories" has long been a controversial issue in psychology. What was once primarily an academic debate among therapists has become an issue of pressing social and legal consequence due to the burgeoning wave of adult accusations of recovered memories of childhood sexual abuse. Scientific investigation of repression mechanisms per se is a difficult, if not impossible, task due to constraints such as ethical considerations and inadequate methodology. However, there is a small but growing body of memory research that may be brought to bear on the validity and accuracy of claims about delayed recall of severely traumatic childhood events. Unfortunately, due to the extreme urgency of the legal ramifications of these claims, it is all too easy for these preliminary data to be applied as firmly established scientific truths. It therefore becomes important for researchers to clearly delineate for the public the status of our scientific understanding.

In this paper we consider how the research reported in the "Recovered Memory/False Memory Debate" special issue of this journal (1994) informs our understanding of the many issues that have recently been raised in the context of the repressed memory controversy. First, it is important to recognize that the construct of a repressed memory mechanism, per se, has yet to be scientifically established. While this is certainly a fundamental concern underlying all aspects of the controversy, it is one which experimental psychologists are presently ill-equipped to address. It does remain, however, a topic of vigorous dialogue among mental health professionals, and it would appear from the clinical literature that its existence in some form is difficult to rule out (e.g., Harvey & Herman, 1994). Although case studies and other clinical information should not be taken as conclusive evidence, clinical knowledge can and should inform scientific inquiry (Harvey & Herman, 1994).

Second, if we allow for the existence of a repression mechanism, the nature of the "recovered memory" becomes an issue. Because many claims of recovered memories concern events from early childhood, it becomes of central importance to understand children's ability to accurately record and preserve their experiences. Ultimately, the potential veracity of a recovered memory will depend on the accuracy of the memory that was originally encoded. To fully address this

This commentary is part of the special issue *Recovered Memory/False Memory Debate*, *Consciousness and Cognition*, Volume 3, Numbers 3/4, September/December 1994, with Kathy Pezdek as the guest Co-Editor.

matter, it is critical that we understand the development of the autobiographical memory system. Fortunately, there is a growing empirical literature concerning young children's memory for real life experiences. As evidenced by the papers by Fivush (1994) and Tessler and Nelson (1994) one factor being investigated is the extent to which children's memories for events is influenced by discourse with adults. If, as these authors have hypothesized, both the content and the interpretation of children's memories for events are determined by their conversations with adults, the possibility exists that memories from this period of life are less faithful to objective experience than those formed later in life. Consistent with these ideas, Tessler and Nelson's findings (1994) suggest that what children encode is the product of adult-child co-construction. On the other hand, Fivush's (1994) finding that discussions taking place after an event was experienced had a negligible impact on children's later recall demonstrates that the role of adult-child dialogue on early autobiographical memory is not yet fully understood. Nevertheless, by helping us understand the nature of early memories, research on this and other aspects of the development of the autobiographical memory system promises to inform our assessment of the potential accuracy of memories recalled later in life.

Although research on children's autobiographical memory is clearly relevant to the topic at hand, due to the nature of the events which are usually associated with repressed memories it is also important to understand children's memory for actual traumatic events (e.g., Goodman, Quas, Batterman-Fauce, Riddlesberger, & Kuhn, 1994; Howe, Courage, & Peterson, 1994), an issue which has only recently begun to receive systematic empirical attention. As illustrated by the contributions of Goodman et al. (1994) and Howe et al. (1994), one innovative technique for investigating children's memory for traumatic events is to take advantage of naturally occurring events, in this case, painful medical procedures. Whereas neither study directly compared memory for traumatic and nontraumatic events, the data presented here (Goodman et al., 1994; Howe et al., 1994) do suggest that children's memories for painful medical procedures are similar to more mundane memories in several ways. Namely, like other memories, they show the same sorts of developmental trends and are susceptible to error and forgetting. Given the dearth of knowledge about children's memory for documented traumatic experiences, these studies make a valuable contribution.

Before drawing strong inferences about the implications of these findings for the repressed memory issue, however, several questions raised by these papers need to be addressed. First, it is important to consider the many differences between traumatic medical procedures and the sorts of traumatic experiences identified with repressed memory (e.g., chronic sexual abuse). As Goodman et al. (1994) point out, one difference is that medical procedures are socially sanctioned activities. They therefore may be associated with increased social support and understanding of the event, two factors positively correlated with memory performance in this study. Second, given that allegations of childhood abuse often surface in adulthood, research on very long term retention (i.e., years) of memories for childhood traumatic events would be of particular relevance (see also Goodman et al., 1994). In addition, given that Goodman et al. (1994) found that

individual difference variables were related to memory performance in important ways, the possibility exists that reaction to traumatic events (i.e., whether a memory is "repressed") may depend on such differences. Thus, continued research on the role of individual differences in children's memory for traumatic experiences seems especially germane to the repressed memory controversy.

Finally, a third but distinct concern associated with the repressed memory debate is what is commonly called "False Memory Syndrome." This term is used to refer to the growing body of adult allegations of recovered memories of childhood sexual victimization thought to be falsely generated, usually in a therapeutic context (i.e., self-help groups and books, poor therapeutic technique). Unfortunately, in the wake of some highly publicized cases involving alleged recovery of memories for bizarre events (e.g., abuse by space aliens), the term "repressed/recovered memory" has come to sometimes be used synonymously with "false memory." However, to use these terms interchangeably is to pre-judge both the existence of a repression mechanism and the accuracy of recovered memories. Even if it were firmly established that most "recovered" memories are false, this would not imply that authentic recovered memories do not exist. By the same token, definitive proof for authentic "recovered" memories of childhood abuse could not rule out the possibility that some recovered memories are the product of implantation. Although these points are acknowledged by several of the authors in the present volume (see, for example, Schooler, 1994) they bear repeating because the distinction between these concepts (i.e., repressed memory and false memory) is so commonly blurred. Keeping the boundaries of these concepts clearly defined is especially critical in assessing the social and legal implications of scientific findings.

The notion of a false memory syndrome is built on the premise that it is possible to implant in adults false memories of childhood victimization experiences. Although there is a substantial empirical literature documenting that human memory is open to suggestibility, only recently have investigators attempted to demonstrate implantation of entire fictitious events (Ceci, Crotteau Huffman, Smith, & Loftus, 1994; Pezdek and Roe, 1994; Garry, Loftus, & Brown, 1994). For example, Ceci et al. (1994) found evidence that it is indeed possible to get children to claim they experienced events they actually only thought about (i.e., getting a finger caught in a mousetrap). Interestingly, Pezdek and Roe (1994), using a different procedure, found that while it was possible to get children to believe that a "different" event occurred than the one which the child actually experienced, it was relatively difficult to get children to admit that an event occurred if it had not (or to say that an event had not occurred when it had). The contrast in the results of these two studies highlights the need for additional research on this topic before implications of these findings for False Memory Syndrome can be drawn. Specifically, a more thorough understanding of the conditions under which such implantation may be possible and the mechanism(s) involved is crucial. Moreover, as pointed out by Saywitz and Moan-Hardie (1994), such an understanding may open up the possibility for intervention aimed at decreasing the number of false allegations.

It should be noted that the studies of Ceci et al. (1994) and Pezdek and Roe

(1994) were conducted with young children as subjects and are thus a step removed from addressing the question of whether it is possible to implant *in an adult* a memory of an entire event *from childhood* which never occurred. This is a step which must be taken if we are to generalize findings to the problem of False Memory Syndrome. There is, however, preliminary work being conducted which is moving in this direction. For example, Loftus and her colleagues have recently been successful in implanting in older subjects (e.g., 14 years old) false memories of being lost as a young child (see Garry et al., 1994, for a discussion of this research). Although these initial attempts to mimic in the laboratory what might be occurring in the False Memory Syndrome may be open to criticism (see for example, Pezdek & Roe, 1994), studies such as those of Loftus and her colleagues are clearly of the utmost import to this issue.

In conclusion, clearly there are some aspects of the repressed memory controversy that experimental psychology cannot presently address, most notably the question of whether a repression mechanism exists. At the same time, the research reported in the 1994 special issue of this journal illustrates that there are several critical issues, such as whether false memories can be implanted, that are amenable to scientific inquiry. Moreover, the findings from these studies show that we have already made important strides in addressing some of these issues. As such, they give us confidence that empirical psychology will be able to meet the challenge of answering the many questions raised by this grave social and legal concern.

REFERENCES

- Ceci, S. J., Crotteau Huffman, M. L., Smith, E., & Loftus, E. F. (1994). Repeatedly thinking about a non-event: Source misattributions among preschoolers. *Consciousness and Cognition*, 3(3/4), 388.
- Fivush, R. (1994). Young children's event recall: Are memories constructed through discourse? *Consciousness and Cognition*, 3(3/4), 356.
- Garry, M., Loftus, E. F., & Brown, S. W. (1994). Memory: A river runs through it. *Consciousness and Cognition*, 3(3/4), 438.
- Goodman, G. S., Quas, J. A., Batterman-Fauce, J. M., Riddlesberger, M., & Kuhn, J. (1994). Predictors of accurate and inaccurate memories of traumatic events experienced in childhood. *Consciousness and Cognition*, 3(3/4), 269.
- Harvey, M. R., & Herman, J. L. (1994). Amnesia, partial amnesia and delayed recall among adult survivors of childhood trauma. *Consciousness and Cognition*, 3(3/4), 295.
- Howe, M. L., Courage, M. L., & Peterson, C. (1994). How can I remember when "I" wasn't there: Long-term retention of traumatic experiences and emergence of the cognitive self. *Consciousness and Cognition*, 3(3/4), 327.
- Pezdek, K., & Roe, C. (1994). Memory for childhood events: How suggestible is it? *Consciousness and Cognition*, 3(3/4), 374.
- Saywitz, K. J., & Moan-Hardie, S. (1994). Reducing the potential for distortion of childhood memories. *Consciousness and Cognition*, 3(3/4), 408.
- Schooler, J. W. (1994). Seeking the core: The issues and evidence surrounding recovered accounts of sexual trauma. *Consciousness and Cognition*, 3(3/4), 452.
- Tessler, M., & Nelson, K. (1994). Making memories: The influence of joint encoding on later recall by young children. *Consciousness and Cognition*, 3(3/4), 307.