

**RESPONSE TO "ADULT RECOLLECTIONS OF CHILDHOOD ABUSE:  
COGNITIVE AND DEVELOPMENTAL PERSPECTIVES"**

*Judith L. Alpert, Laura S. Brown, Christine A. Courtois*

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As we stated in our review paper, a unique opportunity for the cross-fertilization of knowledge between psychological specialties is inherent in the current controversy on delayed memory: "Working clinicians, especially those involved in treating individuals who report memories of being abused as children, would profit from greater familiarity with memory research both to bolster their understanding of human memory processes and to enhance their therapeutic technique. Researchers on human memory likewise would expand and diversify their knowledge base by incorporating the available data on traumatic stress, especially chronic interpersonal victimization, into new and ongoing research on memory" (p. ). In this spirit, we welcome "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives". Our response to the paper involves a summary of points of agreement and a more expanded critique regarding points of disagreement and observations.

**POINTS OF AGREEMENT**

The reviews of the literature on trauma and child sexual abuse by Alpert, Brown & Courtois and the literature on memory by Ornstein, Ceci, and Loftus, have a number of points of agreement:

1. Real occurrences of sexual abuse and false allegations of sexual abuse are serious and potentially life-shattering for victims. However, this point of agreement should not obscure a major difference between real abuse and false allegations: a child's inherent vulnerability and dependence and the potential impact of abuse on the his or her personal development, including psychosocial and physical maturation across the lifespan.
2. Memory is not perfect. Not everything gets into memory and what gets encoded may not be retrieved completely or precisely.

Memories for all kinds of life events, including trauma can be altered.

3. Remembering is facilitated by retrieval cues, contextual support, and the re-experiencing of affect similar to that which occurred at the time of an event. (For example, cues in the environment--such as media reports or experiencing something similar to the abuse experience or even a similar set of emotions --or an atmosphere of inquiry and safety in the therapeutic relationship may trigger the individual into a state similar to that which took place during encoding and stimulate recall as a result.)

4. Some people are suggestible under certain conditions. Specifically, we agree: that young children are, on average, more suggestible than older children and that personally salient (such as trauma), central, and experienced events may be harder to alter than those events which are more neutral, peripheral, and observed. In addition, it is easier to believe positive events than negative events and plausible suggestions than less credible ones (such as incest). Suggestion may occur in the direction of causing an individual to create an event that did not happen or in the direction of obscuring an event that, in reality, did occur.

5. Psychotherapy can be substandard, as can research. Asking a patient without abuse memories to picture some kind of abuse or suggesting abuse as the sole explanation for a patient's symptoms are examples of substandard treatment.

6. When a report or memory of sexual abuse arises for the first time in therapy, a neutral and exploratory stance on the part of the therapist should be maintained. Therapists must exercise caution in prematurely abandoning other possible explanations or in prematurely dismissing such reports without exploration.

## **POINTS OF DISAGREEMENT**

We have four main points of disagreement with "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives" including (1) the selective review of the memory literature; (2) the lack of attention to methodological issues; (3) the selective interpretation of the literature and the resultant drawing of implications; and (4) a serious misunderstanding of some of the concepts under discussion.

### **1. The Selective Review of the Memory Literature**

The review of the memory literature presented by Ornstein, Ceci, and Loftus is selective and contains serious omissions. An uninformed reader of this paper might come away from it believing that significant agreement exists among memory experts on the various points reviewed and emphasized by these authors. In fact and to the contrary, disagreement does exist in the memory research field on many of the points presented in "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives". For example, a large body of literature focuses on the relative accuracy of memory and contradicts some of what is reported (e.g., Christianson, 1984; Heuer & Reisberg, 1992; Reisberg, Heuer, McLean, & O'Shaughnessy, 1988; Yuille & Cutshall, 1986). This literature receives little or no mention. Further, as summarized, the included studies are presented as overly conclusive, as though they have little chance of modification even if and when further investigations are undertaken. Methodological problems and limitations are ignored even though they seriously compromise the generalizability of many of the studies presented.

Another overly conclusive position is taken in "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives" regarding the memory capabilities of children. The review, from our perspective, presents a negative assessment of

children's capabilities and seems to suggest that almost nothing can be remembered with any accuracy from childhood due to developmental shifts in cognitive processing. The research presented can be interpreted to support the position that children are highly suggestible and that if they are interviewed more than one time, they will almost inevitably give unreliable reports, no matter what the circumstance. There is more to the story. The studies reviewed here are designed with the intent to mislead children. The results grounded on some laboratory studies, based on very young children who are repeatedly asked questions by interviewers who presuppose the truth of the suggested material, may not be generalizable to all children who report sexual abuse or to adults who remember abuse in childhood.

Relevant studies from the memory literature which disconfirm this negative assessment of children's capabilities are either discounted or absent. For example, work by Goodman and her associates most approximates the trauma associated with sexual abuse. These researchers conducted innovative experimental studies on children that attempted to utilize many features common to cases of alleged sexual abuse (Goodman & Aman, 1990; Goodman, Hirschman, Hepps & Rudy, 1991; Goodman & Reed, 1986; Goodman, Quas, Batterman-Faunce, Riddlesberger & Kuhn, 1994; Goodman, Rudy, Bottoms & Aman, 1990; Rudy & Goodman, 1991). In one set of studies, for example, children interact with a stranger in an unfamiliar setting in which there are play sequences, some of which involve nonsexual touch and many of which differentiate between being a passive witness from an active participant. They also differentiate between the type of postevent misinformation suggested (e.g., whether misleading suggestions focused on central actions or minor details). Memory performance is assessed at a later time by, at first, free narrative recall of the play sequence and, then, by a series of specific questions, some of which are inaccurate. The latter sometimes directly addresses abuse related issues such as sexual touch (e.g., "He took your clothes off, didn't he?"). In general,

these as well as other studies which utilize real life stressful events (e.g., King & Yuille, 1987) indicate, as Goodman, Aman & Hirschman (1987, p. 690) state:

"---(children's) suggestibility is greater for characteristics of the room in which an event occurred than for actions that took place or the physical characteristics of the 'culprit.'

---- across these studies children never made up false stories of abuse even when asked questions that might foster such reports."

Second, the application of research on the malleability and suggestibility of normal memory to the current memory debate has been questioned by some memory researchers (see Hammond, in press, for a review). Such application is believed to result in an extreme position with little, if any, empirical substantiation and the potential for a misinformation effect. In "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives," there is little, if any, consideration of either the controversy within the memory research field nor the research which challenges the position the authors put forth. Related to this point, while the paper includes an excellent review of the malleability of **normal** memory, there is little consideration of **traumatic** or **emotional** memory. Such consideration is particularly important since a large body of evidence exists to suggest that, in contrast to normal memories, emotional (and, hence, traumatic) memories are encoded differently (e.g., Bower, 1981; Cahill, Prins, Weber, & McGaugh, 1994; Christianson, 1992; Horowitz & Reidbord, 1992; Joseph, in press; LeDoux, 1992, 1994; McGaugh, 1992, Nilsson & Archer, 1992; Pitman, 1994; Saporta & van der Kolk, 1992; van der Kolk & Saporta, 1991). Emotional memories have been described as "detailed and accurate" (Yuille & Cutshall, 1989) and not prone to error (Christianson, 1992; Reisberg & Heuer, 1992). While the relationship between emotion and memory is believed to be complex, suggestibility in emotional memories has consistently been lacking. Actual victims and

witnesses of crime resist information provided by the media and the investigators (Cutshall & Yuille, 1992; Yuille & Cutshall, 1986). Further, a review of research on traumatic memories indicates the relative accuracy and persistence of traumatic memories as compared to more ordinary ones (Koss, Trump, & Tharan, 1994). The affect and memory literature is important and most relevant to the topic of memory for trauma, and its omission in "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives" is most significant.

Third, little attention is given to the many contributing factors to the misinformation effect and the ongoing debate in the memory literature about these factors (e.g., Loftus & Hoffman, 1989). The focus of the review is on research measuring misinformation suggestibility, which focuses on cognitive factors (e.g., type of post-event misinformation, encoding status) affecting suggestibility. "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives", in general, omits studies concerned with social factors which affect suggestibility and/or which assist or impede the retention of memory (Goodman, Quas, Batterman-Faunce, Riddlesberger & Kuhn, 1994; Tessler & Nelson, 1994. As Brown (1995) points out, psychotherapy is mainly a social interaction. Also, there is minimization of the fact that memory commission errors are relatively easy to create and the magnitude of the misinformation effect substantial if the focus is on peripheral details or if there was not encoding of the original event. Those studies which vary the type of post-event misinformation (Christiansen & Ochalek, 1983; Reisberg, Sculler & Karbo, 1993) consistently show that the greater portion of the variance of the misinformation effect is limited to details which are peripheral and irrelevant to the central actions.

Fourth, other disagreements in the memory research field regarding the findings of the suggestibility literature are not mentioned. For example, Spanos and McLean (1985-86) report that many so-called pseudomemories in suggestibility experiments with

highly hypnotizable adults are simply reporting biases, artifacts of the subjects' desires to please the experimenter. The extent to which this holds true in the children's suggestibility literature is unclear, but it is an alternative hypothesis not noted by Ornstein et al.

Fifth, confirmatory bias is also evident in the authors' use or misuse of examples from psychotherapy. The paper gives the impression, **unsupported by research**, that **most clinicians** working with adults who allege abuse conduct treatment that is suggestive, leading, and almost exclusively focused on the retrieval of memory to the exclusion of other therapeutic tasks. For example, the statement is made that the task of some therapeutic orientations is the "hunt for the missing memory". We suggest that this position is due to the misapplication and overgeneralization of material from the lay literature for abuse survivors to all psychotherapists, whatever their level of training and technique. We know of no professional program in Psychology that specifically trains graduate students in such a therapeutic strategy nor any mainstream approach to treatment to have this approach as a focus. It should be noted that an individual's personal history and narrative are made up of memories and recollections and that these inevitably are a large part of the content of psychotherapy. Also, there is clinical evidence from the end of the last century on to support the retrieval and reworking of memories in truly traumatized individuals (Herman, 1992b; Horowitz, 1976, 1986; Janet, 1925; McCann & Pearlman, 1990; van der Kolk, 1984) that should not be lost in this debate. The cognitive processing models proposed by Horowitz, 1976, 1986 and McCann & Pearlman, 1990 (among others) suggest that both the content and the meaning of the event to the individual are necessary to explore and complete for psychological resolution and symptomatic improvement for some patients. Clearly, research is needed in support of these models and strategies.

Returning to the overgeneralizations made regarding

therapists' techniques several recent studies of psychotherapist approaches (Poole, Lindsay, Memon, & Bull, 1995; Poole & Lindsay, n.d.; Waltz, 1994; Yapko, 1994) have found that the retrieval of memories in therapy where abuse is reported or suspected is **not** the primary focus of the treatment for the majority of therapists although, as reported by Poole et al. a constellation of beliefs and practices suggestive of a focus on memory recovery was found in a minority of the therapists they surveyed. Yapko found, however, that some therapists held erroneous beliefs about the nature of memory, memory retrieval, and hypnosis that he speculated could lead to suggestive practices in therapy. As of yet, the generalizability of these findings awaits replication across more broad-based and representative samples.

Ornstein et al. cite only one source on the treatment of adults who allege a history of sexual abuse (e.g., Fredrickson, 1992), a book that advocates an extreme position that is at odds with the more mainstream literature that does not receive mention (e.g., Briere, 1989, 1992; Courtois, 1988; Herman, 1992, 1992b; Horowitz, 1976, 1986; Kluft, 1990; McCann & Pearlman, 1990; Meichenbaum, 1994; Meiselman, 1990; Ochberg, 1988; Wilson & Raphael, 1993). These authors advocate for treatment oriented to the symptom management and stabilization of the patient and to the enhancement of ego strength and personal resilience **prior to or in lieu of** work on available and/or retrieved memories. It makes little sense to use the most extreme position as prototypic of what transpires in the treatment of adults who may have been sexually abused as children.

## **2. Methodological Concerns**

During the first ninety years of the scientific study of memory, the focus was largely laboratory-based investigations of serial learning tasks (like memory for nonsense syllables and word lists) that shifted to the study of everyday memory. Since the mid-seventies, another shift has occurred as memory science has increasingly become an applied science. Eyewitness reports

of crimes was the first major area of application while the second is delayed memory of childhood trauma. The study of memory for normal events (everyday memory) is a new science (Cohen, 1989). The application of this literature to psychotherapy is newer still, less than three years old. As yet, no laboratory studies of memory suggestibility in psychotherapy exist that have been conducted by contemporary memory scientists (Brown, 1995).

Given that the application of this literature to psychotherapy is most recent, problems with ecological validity are the norm. In general, most of the data on children's memory result from laboratory studies of word lists, stories, and pictures which do not resemble the real-life and potentially traumatic experience of sexual abuse. Also, laboratory studies on suggestibility with normal, non-traumatized college students have been applied to the work of psychotherapy with traumatized patients who suffer from Post-traumatic Stress Disorder. The operating assumption seems to be that such findings from the laboratory have wholesale application and generalizability to a clinical population and, more specifically, to those patients diagnosed with and being treated for post-traumatic syndromes. The most ecologically valid studies (those by Goodman and her research group) are omitted; in fact, these studies do not support the suggestibility hypothesis and instead support the notion that children are not highly suggestible in traumatic circumstances and that they have better recall when good interpersonal support is available at the time of the event or sometime soon after. As we discussed in our paper, such support is least available to the incestuously abused child, a factor which might well be associated with self-protective dissociation/amnesia especially when abuse is repetitive and occurs with strong injunctions and/or threats for secrecy.

Future research **must** focus more on issues of ecological validity. Recalling the moves in a game of chess or soccer or even remembering painful medical procedures is different from memory for a repetitive interpersonal victimization involving

physical violation that is hidden, shameful, intense, and overstimulating. Recalling nonexistent "broken glass and tape recorders, a clean-shaven man as having a moustache, straight hair as curly, stop signs as yield signs, hammers as screwdrivers, and even something as large and conspicuous as a barn in a bucolic scene that contained no buildings at all" is different from recalling nonexistent frequent episodes of father-daughter incest and developing fully ripened associated post-traumatic symptomatology.

It may be that memory for trauma and memory for nontraumatic events follow different rules as some research suggests. One example involves encoding. The interpretation of the reviewed memory literature seems to indicate that having prior knowledge to understand and interpret what is experienced influences encoding, such that a child who does not understand what is happening has little basis for remembering. The statement ignores the fact that affect and sensory experiences are aspects of a child's prior knowledge. Clinical experience and data contradict the notion that specific prior knowledge of sexual abuse is necessary for the encoding in memory of such abuse. Even when a young child does not have a full understanding of sexual abuse or language to describe it, the experience may encode differently than memory for nontraumatic events and may be experienced in sensorimotor or somatosensory ways (Fisler et al., 1994; Joseph, in press; Saporta & van der Kolk, 1992; van der Kolk, 1984, 1987, 1988, in press; van der Kolk & Saporta, 1993; van der Kolk & van der Hart, 1991).

It seems that the memory literature focuses on cognitive recall while the trauma literature attends more to noncognitive expressions of abuse memory. Ornstein, Ceci, & Loftus ignore research that suggests that experiences encoded prior to the onset of speech can be accurately retrieved cognitively and verbally at a later stage of maturation. The trauma literature indicates that trauma and the ensuing psychic shock changes the neurochemistry and neurophysiology of an individual (at the time

and later) and hence has the potential to disrupt the individual's physical maturation and psychosexual development, as we indicate in our paper. Traumatic recall may occur nonverbally via affective, sensory and behavioral manifestations, such as play, startle responses, flashbacks, obsessions, and compulsions.

As another example, the research on normal memory suggests that the amount of exposure to a particular event and, specifically, the length of exposure and the number of repetitions would have the potential to strengthen traces in memory and therefore, potentially, be more readily retrieved (Crowder, 1976). Research findings seem to differ when the focus is on traumatic memory. In the trauma literature, it is consistently reported that repeated abuse may be less likely to be retrieved, especially in children in a captive/dependent circumstance (Freyd, 1994; Herman, 1992b; Terr, 1988; 1990; 1991) and that the intensity of emotion, betrayal, social context, and other variables of the trauma, including the type of trauma, affect encoding, retention, and later recall (Briere & Conte, 1993; Elliott, 1994b; Fislser, Vardi & van der Kolk, 1994; Freyd, 1994; Goodman, Quas, & Batterman-Faunce, 1994; Herman & Schatzow, 1987).

A third example involves memory over time. The memory research indicates that the passage of time is associated with increased difficulty in recall while the trauma literature, in general, indicates that memories associated with repeated abuse, war trauma, and other major traumatizations may vacillate, may return over time, and, in fact, may never go away (Alpert, 1995; Herman, 1992a & b; Horowitz, 1976, 1986; van der Kolk, 1984; 1987), a circumstance documented in the diagnostic criteria for Post-traumatic Stress Disorder (American Psychiatric Association, 1980, 1987, 1994). The study of war trauma, for example, has documented that some veterans cannot forget; rather than suffering from memory loss, they suffer from repeated intrusions of traumatic memory as Herman's (1992b) review indicates. On the other hand, other veterans have been found to have only spotty

memory for well-corroborated traumatic events. Also, these memories may return in ways unlike the return of non-traumatic material and memory, e.g., flashbacks, skewed reactions to cues which in normal circumstances would be neutral rather than eliciting and triggering (Horowitz, 1976, 1986; van der Kolk, 1987). These are increasingly understood by researchers and clinicians as the product of the dissociated affect and knowledge of the traumatic material which re-emerges with associated intense affect (Spiegel & Cardena, 1991). Finally, Kihlstrom and Harackiewicz (1982) suggest another explanation derived from their study of adults' early childhood memories that "unpleasant and traumatic memories were especially susceptible to change, shifting toward the neutral and/or trivial on the second trial--suggesting selectivity in the service of avoidance." (p. ?). Thus, memory for traumatic events may be different from memory for normal events.

An alternative hypothesis is that memory for ordinary events and memory for traumatic occurrences follow similar rules in ways that are not yet adequately investigated or acknowledged. Conclusions of the sort that "It is thus unlikely that an event that was encoded using an infant's or young child's perceptual-motor schemes can be retrieved using adult inferential schemes that were not available to the infant at the time of encoding" (p. 9) seem closed and premature. A recent study of two children by Hewitt (1994) documents later verbal description of abuse that occurred pre-verbally, a phenomenon also reported by Burgess, Hartmann, & Baker (1994) and Terr (1988; 1990). Also, recent preliminary studies by van der Kolk and his colleagues (e.g., van der Kolk et al., 1994) have documented that memory described by adult victims of many types of trauma are organized in sensory modalities. These findings offer preliminary research substantiation to clinical observations and reports concerning flashbacks and other sensory-motor manifestations of trauma-related materials. They suggest that somatically-encoded memory is, in turn, somatically retrieved. Finally, although the trauma

literature acknowledges the role of triggers and retrieval cues in the return of dormant or delayed memories, little research data has supported this observation. Elliott (1994b) found that specific triggers including but not limited to media portrayals and reports, experiencing something similar to the original trauma, a sexual experience, and psychotherapy (in that order) were reported as related to delayed recall. The availability of retrieval cues and of conditions prevailing at the time of recall that resemble those in place when the information was acquired are known factors in normal memory processing (p. 7) and are routinely seen in memory recall of traumatic circumstances.

Third, attention should be given to some terms that are problematic and to replacing them with more neutral and less "loaded" terminology. The use of terms like "false memory", "creating", "implanting", "exhuming" and "dredging up" are not supported by the available research at this time. Further, they imply both questionable technique and that an individual's memory has been changed. It may sometimes be difficult to know sexual abuse occurred. It is probably more difficult to know if a false memory was implanted. Brown (1995) reviews the controversy within the misinformation research and indicates that false reports about child sexual abuse, if they do occur, exemplify the giving of a compliant report within a particular social interactions rather than a change of memory. He states that the data on misinformation, interrogatory, and coercive suggestion indicate that false reports about one's past are given in compliance with the immediate social situation, and that these false reports are generally reversible when the situation changes. Brown further suggests that terms like false "reports" or "misbelief" rather than false "memories" or illusory "memories" are more appropriate. They indicate the **reporting** of false information (out of compliance) rather than a **change in memory**. With the use of more accurate terms, the lack of relevance of these studies to the issue of memory, suggestibility, and the therapeutic context is apparent. If we

were to apply the research to the therapeutic context, then we would be implying that a therapist could possibly change a patient's report (what a patient says) but not a patient's memory (what a patient believes has happened). Similarly the literature named "eyewitness testimony" has a misleading label. Laboratory research, with its limitations on ecological validity, should not be so labeled; the research participant is a participant in a particular experiment but is not an eyewitness to a real-life event as the label seems to imply.

While the literature discussed in the paper may be empirical, it is not all experimental and methodological deficiencies are not discussed. Random sampling and the use of comparison groups, for example, are not consistently used. A frequently quoted study (Loftus & Coan, in press), for instance, is often referred to as "proof" that pseudomemories can be created. This study, quasi-experimental in design, is based on five subjects, ages 8 to 42, who were told by a trusted adult, all of whom were Loftus' undergraduate students, that they were lost in a shopping mall (or comparable place) when they were aged five. All participants reported that they experienced the fictitious event, and the investigators conclude that it is possible to suggest complete childhood memories for events that never occurred. We have a number of concerns about this study. For example, the number of participants was small (N=5), they were friends and relatives of the investigator's students, and a control group was not utilized. Also, it is not clear how many of the students in Loftus' large class tried to implant the shopping mall memory and failed and how the implantation attempts were conducted. On the basis of this study it cannot and should not be concluded that memories can be implanted.

### **3. Interpretation of Results and the Drawing of Implications**

We have concerns about the selective literature review and the methodology. In addition, we have serious questions about the interpretation of results in the Ornstein et al. paper as well as

the drawing of implications.

First, while we disagree with some interpretations of results, we note that many of the interpretations seem to push for selective application. For example, there seems to be consideration of the effect of postevent misinformation on the child who reports abuse. However, there is no consideration of other possible misinformation sources in the abused child's life (for example, a mother who blames the child or the child who is told by the perpetrator-father, in the middle of the night, that "it is all a dream"). Similarly, data is presented that could explain why a patient might recall childhood sexual abuse while in treatment. Ornstein et al. point out that "a general principle of the psychology of memory is that remembering is facilitated to the extent to which the conditions prevailing at the time of recall resemble those in place when the information was acquired." (p. 10). This is consistent with Bower's theory of state-dependent memory (1981) which holds that there is a link between affect and content and that memory recall is enhanced by mood congruity. Psychotherapeutic treatment may bring forth such conditions, not by suggestion, but by creating a context of trust, safety, inquiry, exploration, and validation.

Another concern is that extrapolations are made from child suggestibility research to suggestibility of adults in therapy. Much of the child suggestibility research described by Ornstein et al. apply mainly to young children questioned repeatedly by interviewers seeking to mislead them. In these studies, children are told rather than asked. They are posed questions that presuppose the truth of the suggested material and the children are required to elaborate on them. Results of such laboratory studies cannot be extrapolated to all children making abuse reports or, most relevant to the issue here, to adults in the therapy context. Further, it is unclear how the suggestion of details that did not occur informs us about the hypothetical suggestion of an entire series of events that did not occur. None of the data reviewed suggests how not only pseudomemories but an

entire post-traumatic condition could be implanted by suggestion. None of the pseudomemory literature indicates that any of the research participants developed psychological problems relating to the alleged bad experience.

"Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives" gives the impression, unsupported by research findings, that psychotherapists suggest to patients that they may have been sexually abused and patients, as a direct result, then develop false memories. In this formulation, no attention is given to other sources of suggestion or influence. No laboratory studies of memory suggestion in therapy are cited yet laboratory research on the misinformation effect is used to bolster the case for the power of suggestion within the therapeutic context. The fact that suggestibility effects hypothetically can occur in therapy does not mean that they necessarily do. In addition, Ornstein et al's presentation of the research on post-event misleading information can be interpreted to support the position that such information can result in a change in story. This emphasizes the fact that, in general, only peripheral details change; the central description of the event has been found to remain fairly constant.

Elliot's (1994b) survey study is relevant here. Her research is based on a random non-clinical sample of 800, with a response rate of 67%. Subjects reported more delayed recall for child sexual abuse than for other types of trauma (ten traumas were studied), although delayed recall occurred across all traumas. Among the sexually abused subsample, the most commonly reported trigger for the return of memory was media coverage. Therapy was the least likely trigger to be reported. As noted above, several other preliminary studies concerning therapist beliefs and techniques (Poole & Lindsay, n.d.; Poole, Lindsay, Memon, & Bull, 1995; Waltz, 1994; Yapko, 1994) have not found therapists as a group to be engaging in overly suggestive techniques, or to have an overzealous focus on memory retrieval, for that matter. These two studies are among the first to consider suggestibility within

the therapy context. What is needed is a program of careful, systematically designed research on suggestibility and psychotherapy as a follow-up to these preliminary but significant efforts.

#### **4. Major Misconceptions**

Ornstein et al. contains a number of major misconceptions that offer a possible explanation for why such different perspectives are held on the topic of delayed memory for past abuse. First, and most important, their writing indicates a significant misunderstanding of human traumatization and a related minimization of its impact. For most people, witnessing the Challenger or viewing the assassination of President Kennedy was upsetting (and possibly traumatizing) but to a much different degree (on average) than other, more personally experienced, trauma, i.e., witnessing a murder, being raped, being tortured. As discussed in our paper, a number of definitions of trauma (or traumatic stressor) are currently available that distinguish trauma from more prosaic and stressful events (e.g., see American Psychiatric Association, 1994; Andreasen, 1985; Wilson, 1989; Wilson & Raphael, 1993). Memory researchers need to become more familiar with these definitions and with the available literature on traumatic response.

Similarly, these authors do not convey an understanding of the harmful potential of interpersonal victimization, especially the violation inherent in sexual abuse. A most striking example is their statement that fellatio and fondling may not be experienced as traumatic because the young child may not encode the original event as assaultive or as a betrayal. Sexual contact and physically intrusive activities may result in a multitude of feelings including, but not limited to, intensity, discomfort, stimulation, excruciating excitements, fear and terror, pleasure, and pain. These are memorable and confusing feelings to a young child who may not know or understand what is happening but nonetheless encodes the experience and reactions both physiologically and psychologically. They may be all the more

confusing and noteworthy by virtue of not having a context for understanding and later for verbalizing.

Ornstein et al.'s reference to the Ramona case as a prototype is problematic because the facts of abuse in the case are unresolved at present. Although Ms. Ramona's therapist and psychiatrist were found to have used problematic techniques in their treatment, the facts of abuse were not decided in the case. Ms. Ramona is presently suing her father on charges of sexual abuse. Regardless of the decision in this case, an account of extraordinarily bizarre and sadistic sexual abuse (even if it involves the family dog) should not be used to automatically discount or discredit its occurrence. As a number of traumatologists who have studied human atrocities have discovered, many abuses defy both belief and logic. This situation often results in the discrediting and further stigmatization and isolation of the victim and a concurrent shielding of the perpetrator from discovery. Yet, corroborative evidence such as abusers' confessions and disclosures, the testimony of witnesses, and graphic evidence such as photographs and video and audiotapes have provided documentation that bizarre and fetishized sexual exploitation of children occurs.

Finally, as noted above and repeated here for emphasis, there seems to be a gross misunderstanding of what actually happens in psychotherapy and a subsequent shared misinformation and bias that is, in turn, communicated to others as factual. It appears that the methods that are least accepted and furthest from the evolving standards for treatment of trauma are the only types referred to. In contrast to what is emphasized, a broad consensus exists in support of trauma treatment that is phase-oriented, titrated, focused on symptom management and containment, and focused on ego strengthening and function enhancement before any of the trauma-related material is addressed in any detail.

## CONCLUSIONS

"Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives" gives the impression that psychotherapists make suggestions to patients that they may have been sexually abused that result in the development of false memories and false symptoms as a direct result despite an absence of laboratory studies on memory suggestion in psychotherapy. Nevertheless, those promoting the belief that people create false memories in the psychotherapy context have applied results from laboratory studies on suggestibility with nontraumatized children or adults to psychotherapy. Most of the data in the laboratory studies concern word lists, stories, and pictures which do not resemble the real-life traumatic experience of sexual abuse. The operating assumption seems to be that such findings from the laboratory have wholesale generalizability to a clinical population and, more specifically, to those patients diagnosed with and being treated for post-traumatic syndromes. Unfortunately, this undeveloped body of research by memory scientists is being used prematurely in the courtroom for purposes of defending alleged abuse perpetrators and prosecuting therapists alleged to have used suggestion. While it is **possible** for false reports about the past to occur while a patient is in psychotherapy, the research on memory suggestibility provides little support for this position. What is needed is systematic, carefully designed research on the existence and effects of suggestion in psychotherapy as well as the existence and effects of suggestion by parents, the media, and other sources.

False allegations are painful and have the potential to destroy families and lives. However, a protestation of innocence is not enough to make an allegation false. Error does not only occur when someone is falsely accused. If the goal is to avoid false allegations, no matter what, then one may err in failing to believe a report of child sexual abuse when abuse in fact occurred. The perspective that seems to be taken in "Adult Recollections of Childhood Abuse: Cognitive and Developmental

Perspectives" is that the only mistake to avoid is the false allegation of abuse.

All victims have much to lose by acknowledging child sexual abuse. It is important that abused children be taken seriously and that adults who remember child sexual abuse, even in delayed fashion, not be discredited. While keeping in mind that false reports are possible, we need to remember that child sexual abuse is substantiated as a pervasive problem in this country. We should not therefore create an expectation that adults could not have been abused, especially if their memories are absent, fragmentary, or delayed. Victimiziers often distort, disavow and otherwise misrepresent their actions (i.e., "it is not happening, it's not what you think, it is all a dream or all in your head") and sometimes even identify themselves as the victim. This is colloquially called "gaslighting", a term derived from the 1944 movie "Gaslight," in which the husband tries to drive his wife crazy by destroying her confidence in her own perception of the level of brightness of the gaslights in the house (Calef & Weinshel, 1981). Therapists, researchers, and the general public should not contribute to the undermining of the validity of the victim's perceptions as we struggle with the issue of delayed memory. We must take care to not "gaslight" or deny the victim in the process.

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