

# False memory syndrome essay



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## Calling Memory Into Question:

### A look at False Memory Syndrome

Memory is the mental faculty of retaining and recalling past experiences. A repressed memory is one that is retained in the subconscious mind, where one is not aware of it but where it can still affect both conscious thoughts and behavior.

When memory is distorted or confabulated, the result can be what has been called the False Memory Syndrome: a condition in which a person's identity and interpersonal relationships are entered around a memory of traumatic experience which is objectively false but in which the person strongly believes (note that the syndrome is not characterized by false memories as such). We all have memories that are inaccurate. Rather, the syndrome may be diagnosed when the memory is so deeply ingrained that it orients the individual's entire personality and lifestyle, in turn disrupting all sorts of other adaptive behaviors. The analogy to personality disorder is intentional. False memory syndrome is especially destructive because the person assiduously avoids confrontation with any evidence that might challenge the memory. Thus it takes on a life of its own, encapsulated and resistant to correction. The person may become so focused on the memory that he or she may be effectively distracted from coping with real problems in his or her life (Loftus 1980, 1997).

There are many models which try to explain how memory works.

Nevertheless,

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we do not know exactly how memory works. One of the most questionable models of memory is the one which assumes that every experience a person has had is 'recorded' in memory and that some of these memories are of traumatic events too terrible to want to remember. These terrible memories are locked away in the subconscious mind, i. e. repressed, only to be remembered in adulthood when some triggering event opens the door to the unconscious. Both before and after the repressed memory is remembered, it causes physical and mental disorders in a person.

Some people have made an effort to explain their pain, even cancer, as coming from repressed memories of incest in the body. Scientists have studied related phenomenon such as people whose hands bleed in certain religious settings. Presumably such people, called stigmatics, " are not revealing unconscious memories of being crucified as young children, but rather are demonstrating a fascinating psychogenic anomaly that springs from their conscious fixation on the suffering of Christ. Similarly, it is possible that conscious fixation on the idea that one was sexually abused might increase the frequency of some physical symptoms, regardless of whether or not the abuse really occurred."(Lindsay & Read, 1994)

This view of memory has two elements: (1) the accuracy element and (2) the causal element. The reason this model is questionable is not because people don't have unpleasant or painful experiences they would rather forget, nor is it claiming that children often experience both wonderful and brutal things for which they have no conceptual or linguistic framework and hence are

incapable of understanding them, much less relating it to others. It is questionable because this model maintains that because (a) one is having problems of functioning as a healthy human being and (b) one remembers being

abused as a child that therefore (A) one was abused as a child and (B) the childhood abuse is the cause of one's adulthood problems.

There is no evidence that supports the claim that we remember everything that we experience. In fact, there is plenty of evidence to support the claim that it is impossible for us to even attend to all the perceptual elements of any given experience, much less to recall them all. There is no evidence to support the claim that all memories of experiences happened as they remembered to have happened or that they have even happened at all. And there is no evidence to support the claim that subjective certainty about the accuracy of memories or the vividness of memories significantly correlates with accuracy. Finally, the claim of a causal connection between abuse and health or behavior does not warrant concluding that ill health, mental or physical, is a 'sign' of having been abused (Loftus 1980).

This model is the basis for a number of pseudoscientific works on child abuse by self-proclaimed experts such as Ellen Bass, E. Sue Blum, Laura Davis, Beverly Engel, Beverly Holman, Wendy Maltz and Mary Jane Williams (Travis 1993). Through communal reinforcement many empirically unsupported notions, including the claim that about half of all women have been sexually abused, get treated as a 'fact' by many people. Psychologist Carol Travis

writes: " In what can only be called an incestuous arrangement, the authors of these books all rely on one another's work as supporting evidence for their own; they all recommend one another's books to their readers. If one of them comes up with a concocted statistic—such as more than half of all women survivors of childhood sexual trauma' — the numbers are traded like baseball cards, reprinted in every book and eventually enshrined as fact. Thus the cycle of misinformation, faulty statistics and unvalidated assertions maintains itself." (Travis, 1993)

The only difference between this group of experts and say, a group of physicists is that the child abuse experts have achieved their status as authorities not by scientific training but by either (a) experience they were victims themselves or they have treated victims of abuse in their capacity as social workers or (b) they wrote a book on child abuse. The child abuse experts are not trained in scientific research which is not a

comment on their ability to write or to do therapy, but which does seem to be one reason for their scientific illiteracy. (Travis, 1993)

Here are a few of the unproved, unscientifically researched notions that are being bandied around by these child abuse experts: One, if you doubt that you were abused as a child or think that it might be your imagination, this is a sign of ' post-incest syndrome'. Two, if you can not remember any specific instances of being abused, but still have a feeling that something abusive happened to you, ' it probably did'. Three, when a person can not remember his or her childhood or have very fuzzy memories, ' incest must always be considered as a possibility'. And four, ' If you have any suspicion at all, if you

have any memory, no matter how vague, it probably really happened. It is far more likely that you are blocking the memories, denying it happened'.

There have been many symptoms suggested as indicators of past abuse.

These

symptoms range from headaches to irritable bowels. In fact, one psychologist compiled a list of over 900 different symptoms that had been presented as proof of a history of abuse. When he reviewed the professional literature, he found that not one of the symptoms could be shown to be an inclusive indication of a history of abuse. Given the lack of consistent scientific evidence, therapists must be careful in declaring that abuse has in fact occurred. (London, 1995)

Whole industries have been built up out of the hysteria that inevitably accompanies charges of the sexual abuse of children. Therapists who are supposed to help children recover from the trauma of the abuse are hired to interrogate the child, in order to find out if they have been abused. But all too often the therapist suggests the abuse to the child and the child has 'memories' of being abused, but no rational person should find a parent or caretaker guilty on the basis of such tainted testimony. note 1

Increasingly throughout the continent, grown children under going therapeutic programs have come to believe that they suffer from "repressed memories" of incest and sexual abuse. While some reports of incest and sexual abuse are surely true, these decade delayed memories are too often the result of False Memory Syndrome caused by a disastrous "therapeutic"

program. False Memory Syndrome has a devastating effect on the victim and typically produces a continuing dependency on the very program that creates the syndrome. False Memory Syndrome proceeds to destroy the psychological

well being not only of the primary victim but through false accusations of incest and sexual abuse other members of the primary victim's family. The American Medical Association considers recovered memories of childhood sexual abuse to be of uncertain authenticity, which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication. note 2

The dangers of this model are apparent: not only are false memories treated as real memories, but real memories of real abuse may be treated as false memories and may provide real abusers with a believable defense. In the end, no one benefits from encouraging a belief in memory which is unfounded. Whatever the theory of memory one advocates, if it does not entail examining corroborating evidence and attempting to independently verify claims of recollected abuse, it is a theory which will cause more harm than good.

Carl Jung, an early Freudian disciple and later heretic, extended this model of memory by adding another area of repressed memories to the unconscious mind, an area that was not based on individual past experiences at all: the "collective" unconscious. The collective unconscious is the repository for acts and mental patterns shared either by members of a culture or universally by all humans. Under certain conditions these

manifest themselves as archetype: images, patterns and symbols, that are often seen in dreams or fantasies and that appear as themes in mythology, religion and fairy tales. The Archetype of the Archetype Model can be traced back to Plato's various beliefs about the eidos. (Forms of reality which were variously described by Plato but always were held up as 'more real' than the world of sense experience which, in some way, was always held up as inferior to and dependant on the eidos.)

The Platonic Model avoids the problem of determining whether or not a memory is accurate by claiming that the memory is not of a personal experience at all. It also confuses several types of mental states. It completely blurs the distinction between dream states and conscious states by eliminating the difference between remembering a sense experience one actually had and remembering a sense experience one never actually had. This model gives validity to every fantasy and desire. If one is clever, though, one can destroy the first model with the second one. For example, a Jungian could claim that the repressed memories of all those who are now blaming their current troubles on forgotten and repressed memories of child abuse, are not memories of actual abuse but of an Archetype, the Abused Child Archetype. The story of Hansel and Gretel might be pulled in for "scientific" support of the idea. Unsupported assertions might be made regarding the unconscious desire of all children to be loved by their parents: as children, love could only be understood in terms of ego gratification, but as adults' love is understood primarily in sexual terms.

Because of the incest taboo, we can not bear the thought of wanting to be loved sexually by our parents, so this desire must be expressed in a perverse



and inverse way: our parents love us sexually. But there is no evidence for this based upon our past or current relationship with our parents, so the mind creates the evidence by remembering being sexually abused as a child. Thus, the memory we have as adults of being sexually abused by our parents is actually the expression of the universal desire to be loved by our mother and father. It has nothing to do with any real experience; it has everything to do with a universal human desire. It also serves as a convenient excuse to absolve us of all responsibility for our failures and incompetence. The reason we are so screwed up is because our parents screwed us!

How accurate and reliable is memory? We're often wrong in thinking we accurately remember things. Studies on memory have shown that we often construct our memories after the fact. That we are susceptible to suggestions from others that help us fill in the gaps in our memories of certain events. (Hyman, Jr., Husband & Billings, 1995) That is why, for example, a police officer investigating a crime should not show a picture of a single individual to a victim and ask if the victim recognizes the assailant. If the victim is then presented a line up and picks out the individual whose picture the victim had been shown, there is no way of knowing whether the victim is remembering the assailant or the picture.

Another interesting fact about memory is that studies have shown that there is no significant correlation between the subjective feeling of certainty a person has about memory and that memory being accurate. Also, contrary to what many believe, hypnosis does not aid memory's accuracy because

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subjects are extremely suggestible while under hypnosis (Loftus, 1980). It is possible to create false memories in people's minds by suggestion.

In Loftus's experiments she took 24 individuals who ranged in age from 18 to 53 and asked them to recount childhood experiences that a parent or older relative had described. Booklets were constructed containing stories that were actually told by the parent or relative and other stories that were false but that contained true elements. The participants, after seeing the booklets, were asked to write what they remembered about the events. If they did not remember a particular event taking place then they were instructed to write, "I do not remember this." Several follow-up interviews were conducted to see what the participants remembered. In each follow-up interview (a total of three) well over sixty percent of participants remembered true events. More importantly though, over on quarter of the participants interviewed claimed to remember the false events, ones that had never actually happened to them (Loftus 1997). This clearly shows that it is fully possible for false events to be implanted into individuals' memories.

Also of interest in Loftus's experiments was something she referred to as "imagination inflation." Often therapists recommend to their patients to let their imaginations run wild without regard to accuracy or proving things correct or incorrect. Would this not lead people to imagine events which did not actually occur to them? She developed a three stage procedure in which the individuals were first asked to indicate the likelihood that certain events happened to them during their childhood. On the list were 40 different events of which participants were asked to rate on a scale ranging from "definitely did happen" to "definitely did not happen." Two weeks later the <https://assignbuster.com/false-memory-syndrome-essay/>

participants were asked to imagine that had experienced some of the events. Later, the participants were asked again to respond to the original list of 40 childhood events. In one of the scenarios participants were asked if they remembered a baseball through the window scenario. Of those who were asked to imagine the event in the second meeting, 24 percent claimed to have remembered the event on the third meeting; whereas only 12 percent of those who were not asked to imagine the scenario in the second meeting claimed to have remembered it in the third meeting. Loftus and her investigators concluded that the more a person was asked to imagine something happening the more likely it would be that they would remember that event taking place (Loftus 1997).

The mind does not record every detail of an event, but only a few features; we fill in the rest on what " must have been." For an event to make it to long term storage, a person has to perceive it, encode it and rehearse it-tell about it- or it decays. (This seems to be the major mechanism behind childhood amnesia, the fact that children do not develop long term memory until roughly age three.) Otherwise, research finds, even emotional experiences we are sure we will never forget -the Kennedy assassination, the Challenger explosion- will fade from memory, and errors will creep into the account that remain (Travis, 1993).

Research articles and court testimony confirm the wide spread use of memory enhancement techniques, in the belief that these will help recover accurate

“ memories”. These techniques include hypnosis, sodium amytal, dream interpretation, guided imagery, journaling, body massages, participation in survivor groups and reading of self help books. In the summer of 1993, the American Medical Association passed a resolution warning of the dangers of misapplication in the use of these techniques. In June of 1994 they issued a warning about all recovered memories. Both the AMA and the American Psychiatric Association have stated: “...there is no completely accurate way of determining the validity of reports in the absence of corroborating information.” note 3

The problem with the practices mentioned above is that when they are used, they increase the risk of influence and suggestibility. Why would someone remember something so horrible if it really did not happen? This is a haunting question, but there are several possible explanations which might shed light on some of the false memories. A pseudo-memory, for example, may be a kind of symbolic expression of troubled

family relationships. There may be a cultural climate in our society in which the belief in the relationship between sexual abuse and individual pathology is nurtured. It may be that in such a climate people more readily believe things happened when they didn't. When people enter therapy, they do so to get better. They want to change. People also tend to look for some explanation for why they have a problem. Clients come to trust the person they have chosen to help them. Because they are trying to get better, clients tend to rely on the therapist's opinion. If the therapist believes that the reason that the client has a problem is because of some past trauma, and

especially if the therapist believes that the patient will not get better unless he or she remembers the trauma, the patient will work to

find what he or she thinks is a trauma memory in order to get better. Richard Ofshe, Ph. D. and Ethan Watters noted that, “ No one — not the patients, therapists, parents or critics of recovered memory therapy — question that this therapy is an intensely difficult and painful experience. That the pain of therapy is real should not be accepted, however, as an argument that the memories uncovered are accurate. One’s emotional reaction

to a perceived memory need not correlate with the veracity of that event, but rather only to whether one believes that event to be true.” note 4

Therapists may believe that they are helping clients and improving a culture in which sex abuse is far too prevalent. A patient may find group acceptance in the cadre of survivors and find “ the” reason for problems. Patients suffering from severe psychological symptoms are known to engage in what is called, “ effort after meaning” (Bass & Davis, 1988), in that they seek some explanation, however remote, for suffering.

So, should accounts of repressed memory be dismissed as unreliable or assumed false a priori? Of course not! But there should be an attempt to corroborate such memories with independent evidence and testimony before drawing conclusions about actual abuses or crimes. Such accounts should be taken very seriously and should be critically examined; giving them all the attention and investigative analysis we would give to any allegation of crime. But we should not rush to judgment, either about the accuracy of the memories or about the causal connection between past experiences and

present problems. We should neither automatically reject as false, memories which have been repressed for years and are suddenly recollected, nor should we automatically accept such memories as true. In terms of verification of their accuracy, these memories should not be treated any differently than any other type of memory.

## NOTES

1. Yet, it has happened. In a modern version of the Salem witch hunts, the McMartin pre-school case exemplifies the very worst in institutionalized justice on the hunt for child molesters.

See, Mason, M. (Sept. 1991). The McMartin case revisited: the conflict between social work and criminal justice, *Social Work*, v. 36, no. 5.

391-396. on evaluating the credibility of children as witnesses in sexual abuse cases.

2. See, Council on Scientific Affairs, (1994). American Medical Association, June 16.

3. See, Council on Scientific Affairs, (1994). American Medical Association, June 16.

4. See, Ofshe, R., & Watters, E., (1994). *Making Monsters: False Memory, Psychotherapy and Sexual Hysteria*. p. 109.

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