

# [Critically consider the role of emotional factors in forgetting essay](https://assignbuster.com/critically-consider-the-role-of-emotional-factors-in-forgetting-essay/)

Emotion is thought to have two main effects on memory – it either improves it or has a damaging effect on it (making it less accurate or causing forgetting). The research falls into 4 main areas. Mood/State dependant forgetting is the name given to when people tend to remember material better when there is a match between their mood at learning and at retrieval.

Ucros (1989) found a moderately strong relationship between mood at the learning and retrieval stage; the effects are also stronger when the participants are in a positive mood rather than a negative mood. She found that mood dependence was more likely if the stimulus material was about real life, rather than artificially constructed material, and that adults were more likely to demonstrate mood dependence than children. These internal cues are a form of context. Goodwin et al, (1969) found that heavy drinkers who learn things in a drunken state are more likely to recall them in a similar state and Eich (1980) has shown this effect with a range of other drugs including marijuana. Clark et al (1987): Victims’ inabilities to recall details of a violent crime may be due at least partly to the fact that recall occurs in a less emotionally aroused state. McCormick.

; Mayer (1991): We are more likely to remember happy events when we are feeling happy rather than sad. There is some evidence that memory is better for material that is congruent with a person’s current mood. For example, depressed people tend to recall more unhappy memories than non-depressed people. Clark and Teasdale (1982) investigated people whose depression fluctuated through the 24 hour cycle, and found that they were consistently less likely to recall happy memories during their sad phases than during their relatively neutral phases. Studies have also been conducted on non-depressed individuals by manipulating their mood, e. g.

by asking them to think about happy or sad events from their lives. In a review of 29 such studies, Blaney (1986) found strong evidence for mood congruence in recall tests. Also there is little conclusive evidence for mood dependence other than the study by Ucros (1989) which shows a relationship but not a very strong one. Linked to this is a study by Loftus (1979) called “ the weapon focus” and it shows that through the fear and anxiety caused by a weapon the attention of the viewer is narrowed on the weapon and it gives rise to very accurate recall of the central details of the scene but diminishes accurate recall of the peripheral details, this demonstrates that emotion can have an effect on what is actually seen and in that way shows that emotion may not have a great deal to do with forgetting but that instead it changes what information from the world around us is processed and in this way alters what we remember. A very different view of forgetting was proposed by Freud (1915-18), who believed that certain memories become inaccessible as a result of repression.

According to Freud, this is an unconscious process that ensures that painful, disturbing or threatening thoughts or ideas are actively pushed out of our conscious minds and are made unconscious in order to protect ourselves against them. Unconscious or repressed memories are exceedingly difficult to retrieve (are inaccessible) but remain available (‘ in storage’) and continue to exert a great influence over us even though we have no awareness of them. Freud formulated his ideas on repression in the course of treating patients with neurotic disorders and he gave examples in his case studies. It has proved difficult to demonstrate the existence of repression in the laboratory, although a number of attempts have been made.

Levinger and Clark (1961) asked participants to generate associated words to a series of words presented by the researchers. Some of these words were emotionally neutral (e. g. tree, window) and others were emotionally arousing (e. g.

angry, quarrel). When asked to recall the associated words, participants showed a significant tendency to recall the neutral associations rather than the emotional ones. This appears to offer support for the idea of repression since it looks as though anxiety-provoking responses had been repressed. However, a more complicated picture has since emerged from other studies. For example, Bradley and Baddeley (1990) gave participants a similar association task and then tested half of them immediately after the study and the remaining half after an interval of 28 days.

As Levinger and Clark did they found that recall was poor for the emotional associations when tested immediately, but that emotional associations were significantly better remembered than neutral associations after a 28 day delay. As far as clinical evidence is concerned, it is widely accepted that repression plays a crucial role in different types of psychogenic amnesia such as fugue and multiple personality disorder, i. e. a loss of memory that is associated with a traumatic experience. A relatively common form of psychogenic amnesia is event-specific amnesia, which is loss of memory for a fairly specific period of time, such as violent criminals who claim they cannot remember carrying out their crime.

Even when both malingering and the effects of intoxication at the time the crime was committed have been ruled out, there are still a substantial number of criminals who seem to have repressed memory of their crime (Parkin, 1993). However, when the term ‘ repression’ is used, it does not necessarily imply a strictly Freudian interpretation; rather, ‘… e are simply acknowledging that memory has the ability to render part of its contents inaccessible as a means of coping with distressing experiences.

The mechanism by which memory achieves this, however, is an elusive one’ (Parkin, 1993). Another consequence of repression is that recovered memories (RMs) of child sexual abuse (CSA) are restored during the course of psychotherapy but the question is whether these RMs are real memories or whether they are in fact false memories (FMs) implanted by therapists. According to Loftus (in Jaroff, 1993): ‘ If repression is the avoidance in your conscious awareness of unpleasant experiences that come back to you, yes, I believe in repression. But if it is a blocking out of an endless stream of traumas that occur over and over that leave a person with absolutely no awareness that these things happen .

.. and re-emerge decades later in some reliable form, I don’t see any evidence for it. It flies in the face of everything we know about memory’.

According to Loftus (1997), false memories can be constructed by combining actual memories with the content of suggestions from others. This may result in source confusion. Consistent with the role of suggestion is the fact that RMs began to be reported more frequently after the publication of The Courage to Heal (Bass ; Davis, 1993) in the US. This book claimed that virtually every behavioural or emotional disorder is caused by CSA, and could be cured by recovering repressed memories of that abuse. It was largely responsible for the RM ‘ movement’ in psychotherapy. Many therapists began to introduce ‘ memory work’, which usually involved the use of hypnosis, under the false assumption that hypnosis can unlock forgotten memories (Parkin 2000).

A study by Mazzom et al, (1999) shows how easy it is to create FMs: Participants were selected from a sample that completed a life events inventory (LEI) and reported not having experienced specific important childhood events (such as being bullied or lost in a crowd). Two weeks following the initial LEI, those in the experimental group completed what they thought was an unrelated dream survey. In a 30-minute session, they received information about the content of their reported dreams that suggested they’d either been bullied or lost before age three. Their attitudes towards dream interpretation were also probed. Controls received no such suggestion, but completed unrelated filler tasks or participated in a non-suggestive dream session.

Two weeks later, participants completed another LEI. They were all fully debriefed, and a final sub-set of dream participants completed a questionnaire stating their post experimental beliefs about their memories. The mean LEI change showed that half of the experimental group participants was now confident that the critical event had occurred. Some also produced concrete specific memories of the events, and denied a link between the dream and childhood event sessions. In addition, a strong prior belief in the value of dream interpretation was associated with increased confidence in the target event.

No such changes occurred in the controls. The fact that FMs can be created doesn’t mean that all RMs are false (Loftus, 1997) but it does create serious questions about how reliable RMs of CSA are especially those discovered during psychotherapy because it would be easy for a psychologist to accidentally create FMs in a clients mind without realising. When the concept is considered more broadly than Freud intended, that is, in the general sense that our memory systems can in some way block particular forms of memory, it deserves to be taken seriously (Parkin, 2000). Similarly, although traumatic experiences can undoubtedly produce memory disturbances, there’s greater doubt as to whether Freud’s explanation is the best one (Anderson, 1995). The term flashbulb memory describes long-lasting and vivid memories of highly important and dramatic events.

Brown and Kulik (1977) first coined the term “ flashbulb memories”. They noticed that many people were able to vividly recall what they were doing at the time of President Kennedy’s assassination. More recent examples include the fact that millions of people have flashbulb memories of what they were doing when they found out that Diana was dead. It is as if a flash photograph was taken at the very moment of the event and every detail printed in memory. One eyewitness described his memory of the Oklahoma bombing as being “ engraved on his memory” (Cahill & McGaugh, 1998). McCloskey, Wible, and Cohen (1988) did test the reliability of flashbulb memories.

They interviewed people shortly after the explosion of the space shuttle Challenger and then re-interviewed the same people nine months later. McCloskey et al. found that the participants did forget elements of the event. This finding suggests that flashbulb memories are subject to forgetting in the same way that other memories are. Conway et al. (1994) disagreed with this; they felt the challenger explosion was not a particularly good example of a flashbulb memory because it did not have important consequences on the lives of those interviewed, and therefore lacked one of the central criteria for a flashbulb memory.

Conway et al. looked at the resignation of Margaret Thatcher an event that was surprising and consequential to most people in the UK and therefore should produce a flashbulb memory. They found that 86% of the UK participants still had flashbulb memories after 11 months compared to only 29% in other countries. This suggests that when an event has a distinctive meaning it will be more memorable.

This study seems to suggest that flashbulb memory is after all a special memory function because for it to be so accurately recalled 11 months after the event it would have had to be passed into LTM and according to the multi-store model that is only possible through repetition which does not happen in this case. The consequences of emotion on forgetting doesn’t seem to be that great, the Freudian repression theory cannot be re-created in the lab and is therefore not of great use. The effects of state dependent forgetting/retrieval are that it is easier to retrieve information stored if your emotional state is the same at both times i. e. remember happy things when you are happy.

Flashbulb memory appears to be a special mechanism of memory which helps us to remember emotional and important times of great significance accurately for a long period of time.