

# Repressed memories are a figment of the imagination

Psychology



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In a report of their findings published in *Psychological Medicine*, professor of psychiatry H. Pope and his co-authors concluded that the absence of repressed memories in any published works prior to 1786 shows that the occurrence is not a usual neurological function, but rather a culture-bound disorder rooted in the nineteenth century and Pope argued that repressed memories falls into the analytical category of a "pseudo-neurological symptom" which is a condition that is missing an identifiable medical or neurological basis (Pettus, 2008)

Repressed memories may sometimes be recovered years or decades after the event according to proponents and is most often suddenly set off by a particular smell, taste, or other stimulation related to the repressed memory or via treatment during psychotherapy (Albach, Moormann and Bermond, 1996). The exact definition is addressed above of "Repressed Memory" as this is the term used in the question and similar terms such as repression vary significantly in definition for instance repression often thought of as the parent of all defences (Niolon, 1999).

Repression involves putting painful memories and out of our minds and forgetting them but the problem with repression is that the memory, or insight that is repressed doesn't go away and continues to effect us because our unconscious gives it a life of its own according to Niolon. Zur (2007) states that in the late 1980's and early 1990's a large number of woman and men claimed they had been satanically tortured, viciously mistreated and sexually abused and at the same time young children's accounts of sexual abuse had also been rising.

Zur (2007) states that families have disintegrated as adult women have accused their parents of being guilty of causing sexual and other assaults on them as children and the very nature of memory is at the centre of this debate as the question is whether memories are fixed like concrete or are pliable like putty. The whole theory of repressed memory was addressed by Freud (1915-18) and he stated that some memories become difficult to get to as a result of repression and that unconscious processes are used that makes sure that menacing or stress-causing memories are kept from our conscious understanding.

Freud stated that these memories may stay repressed for years and or may never surface and may indeed surface in the form of a hysterical neurosis (Gay 1988, p. 96).. Freud at the outset thought that his patients were telling relatively truthful stories of sexual mistreatment, and that the sexual abuse was responsible for many of his patients' mental health problems and neuroses but Freud later abandoned his theory deciding that the memories of sexual abuse were in fact make-believe fantasies.

Terminology seems to be the most important factor regarding the debate and Freud was probably partially correct in that amnesia seems to be involved in the process of retrieved memories (Gay 1988, p. 96). There are two theories causing the debate on repressed memories. Kluft (1997) refers to the phenomenon of repressed memories as Delayed Recall of Trauma, whereas Loftus ( 1997) refers to it as Creating False Memories and these are two very different views of the definition and they do not refer to the same thing at all .

A memory that may lay latent after what may have been a horrendous occurrence such as sexual violence as a child as referred to by Kluft (1997) and the triviality of not passing a test or indeed getting lost in a shopping mall as referred to by Loftus are not the same thing at all . Loftus refers to implanting memories of getting lost in a shopping mall as having been the basis of experimental research and from which Loftus states proves her position on the erroneous belief of repressed memories.

Loftus (1997) does state that being lost in a shopping centre, however frightening, is not the same as being sexually abused and that lost in the shopping mall study is not about real experiences of being lost. It is all about trying to plant false memories of being lost and the ease in which memories are implanted via the Loftus experiments is proof to the power of suggestion. Kluft (1997) deals with real experiences of memories being lost whether by abuse or psychological disarray such as Post-Traumatic Stress Disorder (PTSD) or Dissociative Identity Disorder (DID) .

Kluft (1997) and Loftus (1997) are comparing totally different subjects as locking away in the subconscious something that is appalling has little to do with coaxing people to agree with false memories of being lost in a shopping mall. Loftus does state that under the right circumstances, false memories can be installed rather effortlessly in some people. Kluft (1997) states that with respect to the research by Loftus a fact has received little attention is that only a small minority of the subjects who received misdirection cues took the indicated misdirection and most did not.

Kluft (1997) states the research of Loftus might be cited as evidence that most people, even those subjected to an intense campaign to distort their memories and induce confabulations, will disallow such suggestions. Because Loftus can generate counterfeit memories does not discount the probability that repressed memories do exist and Kluft's reasoning is based not on shallow inferences as those forwarded by Loftus but, as Kluft stated, on hundreds of examples of definite recovered memories.

These memories Kluft (1997) refers to were not only corroborated through third parties but the whole research was done with more objectivity than that of Loftus. Loftus (1997) states that people can recover memories that have long been made unavailable and yet argues some mental health professionals encourage patients to imagine childhood events as a way of recovering these supposedly hidden memories.

Loftus(1997) correctly refers to memory distortion and points out the effect of misinformation and source confusion and the ease in which memories can be customized and therefore deformed over a point in time but this does not exclude the fact there may be repressed memories. Loftus (1997) attempts to confuse the definitions of traumatic experiences and research phenomena which seeks to copy repressed memories.

The whole question has to be examined of what other explanations account for these "repressed memories" and indeed far more convincing studies have been undertaken about what process is going on in the subconscious minds of victims of sexual abuse. Firstly though what does what does memory consist of should be examined.. Memory consists of 1) registering or

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encoding which is in fact the process of receipt, processing and combining of received information 2) storage or formation of an enduring trace of the encoded information 3) Recall or retrieval or remembrance which is calling back the stored information in response to some prompt. Baddeley, Eysenck & Anderson, 2009 p. 27, p 44-59). There are three main types of memory recall: cued recollection, free recollection and serial recollection and therapists and clinicians study these forms of recall as a way to study the memory processes of humans but false memories result from relentless beliefs, suggestions by authority figures, or accounts of phoney information and recurring contact to these stimuli influence the reorganization of an individual's memory, disturbing the recorded particulars, or implanting vivid bogus accounts of an incident (Steffens and Mecklenbrücker 2007 p. 12-24). Freyd (1994, p. 312) stated there is corroboration that the most shattering psychological effects of child abuse occur when the victims are abused by a trusted person who was known to them and that the child abuse is especially likely to produce a social conflict or betrayal for the abused child. Freyd (1994, p. 312) stated if a child processed the betrayal of the trusted person in the usual way, he or she would be moved to stop interacting with the child abuser betrayer.

Freyd goes on to explain that the victim instead needs to ignore the betrayal and if the child abuser is a primary caregiver it is fundamental that the child keeps behaving in such a way that will encourage continued attachment and Freyd explains that for the child to withdraw from a primary caregiver on which child is dependent would endanger the child's life both physically and mentally and thus the ordeal of child abuse by its very nature necessitates

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that the information about the abuse be blocked from mental mechanisms that control attachment and attachment behaviour.

Freyd (1994, p. 312) states the information that gets blocked may be partial blocking such as blocking emotional responses only but that in the majority of many cases partial blocking will lead to a more profound amnesia of the events Briere and Conte (1993) addressed the problem of self-reported amnesia for abuse in adults molested as children. Briere and Conte (1993) used a sample of 450 adult clinical subjects reporting sexual abuse histories and a total of 267 subjects (59. %) identified some period in their lives, before age 18, when they had no memory of their abuse. Briere and Conte (1993) stated that variables most predictive of abuse-related amnesia were greater current psychological symptoms, molestation at an early age, extended abuse, and variables such as victimization by multiple perpetrators reflecting especially violent abuse and victim fears of death if she or he disclosed the abuse to others.

Briere and Conte(1993) stated that abuse characteristics more likely to produce psychological conflict such as enjoyment of the abuse, acceptance of bribes, feelings of guilt or shame were not connected with abuse-related amnesia. The results of this study were interpreted as supporting theories of post-traumatic stress disorder Feldman-Summers & Pope (1994) stated a national sample of psychologists were asked whether they had been abused as children and whether they had ever forgotten some or all of the abuse.

Nearly a quarter of the sample (23. %) reported childhood abuse and approximately 40% of those reported a period of forgetting some or all of the

abuse. Feldman-Summers & Pope (1994) stated that (a) both sexual and nonsexual abuse persons were subject to periods of forgetting; (b) the most commonly reported factor related to recall was being in therapy; (c) approximately one half of those who reported forgetting also reported authentication of the abuse; and (d) persons who reported forgetting stated it was not related to gender or age of the respondent but it was related to severity of the abuse.

Brewin & Andrews (1998 p. 966). state that statistics and data currently available do not allow any of the four explanations of repression, dissociation, ordinary forgetting and false memory to be rejected and strongly support the likelihood that some recovered memories correspond to actual experiences. Brewin & Andrews (1998 p. 966) state that although repression and dissociation have proved helpful in forwarding the idea of defensive strategies for forgetting trauma they argue that neither is sufficient to explain recovered memories of trauma.

Brewin & Andrews (1998 p. 966) state that use of the terms repression and repressed memories has led to confusion because the terms can be defined in very different ways and that dissociation although often concurrent with traumatic amnesia is associated with alterations in consciousness rather than exclusively with forgetting Brewin & Andrews (1998 p. 966) argue that a satisfactory account of recovered memories of trauma must explain the large variations both in the degree of the former amnesia and in the quality of the memories recovered.



Brewin & Andrews (1998 p. 966) state that these differences may be understandable in terms of three processes familiar to cognitive psychologists and these are retrieval inhibition, post-retrieval decisional processes and implicit memory. They also state that fundamental to the clarification is the idea that there are dual representations of trauma in memory one being explicit and deliberately accessible which is verbally accessible memory and another which is involuntarily activated by situational cues (Brewin & Andrews 1998 p. 66). Hopper ( 2008) states that amnesia for childhood sexual abuse is a condition of whose existence is beyond dispute and that most people never report sexual abuse and a late report is earlier than never. Hopper confirms that people wait to report abuse because of the shame or guilty feelings that sexual abuse normally causes and amnesia or traumatic dissociation prevents people from exposing the abuse because they do not remember the abuse until many years later

Hopper ( 2008) states that repressed memories is merely one explanation for what causes the condition of amnesia and the term repressed memories is often a confusing and misleading and misunderstood term. At least 10% of people sexually abused in childhood will have periods of complete amnesia of their abuse followed by occurrences of postponed recall (Hopper 2008).

According to Faulkner (1996) sexually-abused children testify to feelings that something is wrong with them, that the abuse is their own fault, and that they should fault themselves for the abuse and many children encounter disbelief or dismissal of their claims and consequently victims may feel inadequate, guilty, shameful and powerless For these reasons, many people

suppress what they see as a disgraceful secret until later in life (Faulkner 1996). Schacter (1996, p. 71) states that RMT uses a range of methods that include hypnosis, group therapy, visualization, and trance writing to assist the patient in remembering the traumatic event. Among these methods hypnosis is risky because it is easy to lead and encourage the patient by suggestive or leading questions, trance writing has never been proven to have any therapeutic value and group therapy can become communal reinforcement of delusions if the clinician is not cautious (Schacter 1996, p. 71). Each of these different methods set out above has been very successful in getting patients to remember many things of which they were unaware before therapy and these include not just memories of being sexually abused as children, but of being abducted by aliens for sexual experimentation, being required to participate in satanic rituals, or being traumatized in a previous life.

These cases and are not scientifically reliable (Schacter 1996, p 267).. Brown, a psychologist in the forefront of RMT, and quoted by Hallinan states on the other hand that fantastic memories are perhaps coded or symbolic versions of what really happened but the importance of this is that the alleged memories are of hideous descriptions and are destructive of those who peoples' lives who recount the descriptions. Hallinan 1997) Works on child abuse promoting such a notion have been very popular among therapists and talk show hosts that include Ellen Bass and Laura Davis who wrote *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* (first published in 1988,) Wendy Maltz, Beverly Holman, Beverly Engel, Mary Jane Williams and E. Sue Blume.

Through communal reinforcement many empirically unsupported notions, including the claim that about half of all women have been sexually abused, get treated as facts by many of those just mentioned above according to Tavris (1993); The authors of *The Courage to Heal* are feminist activists, Ellen Bass is a poet and creative writing teacher and Laura Davis an incest survivor and neither Bass nor Davis have any training in psychotherapy or science and they state that nothing in the book is based on any psychological theory (Tavris 1993).

Memory researcher Loftus (1980) states that a young woman who is sexually attracted to her father may try to repress her disconcerting incestuous wishes but her behaviour may indicate that these desires are not completely forgotten and the woman may break or grope for words when discussing some things about her father and she may show other signs of anxiety such as perspiration or blushing but this does not mean by any means whatsoever that there was any sexual abuse

McHugh (2008) professor of psychiatry at Johns Hopkins University describes the book *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* as the bible of inept therapists. McHugh (2008) states that in the mid-1990s, some clinicians and therapists seemed to not recall the Hippocratic Oath as they oversaw a plague of grave and shattering allegations of childhood sexual abuse and satanic cult worship.

McHugh (2008) argues that often with no proof to support them clinicians and therapists would advise suggestive treatments that dredged up fake memories and multiple personalities, separated daughter from father, sent

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innocent men to jail and caused extensive monetary and social ruin. McHugh (2008) points out that psychiatry is commencing to replicate its mistakes and both the public and the medical community should pay consideration as to why things went so shockingly awry 15 years ago.

McHugh (2008) states the whole theory of repressed memories did great damage to psychiatry's reputation in that some of the most illustrious institutions in the USA could fall into this ambush and malign good families out of a non- proven hypothesis about psychiatric matters. McHugh (2008) continues that that reason it did great harm to psychiatry's reputation was the fact that the discipline itself did not correct this non- proven hypothesis and its practice continued until there were major lawsuits in the USA so that the courts rather than the psychiatric profession put an end to the repressed memory theory.

In conclusion, traumatic amnesia seems to be the logical and scientifically proven cause of many retrieved memories and not as such by " repressed memories" because the major problem with " repressed memories" is the term itself as the term has numerous definitions all of which have been misused and abused