The Reality of Repressed Memories

One week before my husband died after an 8-month battle against lung cancer, our youngest daughter (age 38) confronted me with the accusation that he had molested her and I had not protected her. We know who her "therapist" was: a strange young woman... In the weeks, months that followed, the nature of the charges altered, eventually involving the accusation that my husband and I had molested our grandson, for whom we had sometimes cared while our daughter worked at her painting. This has broken my heart; it is so utterly untrue. This daughter has broken off all relationship with her four siblings. She came greatly under the influence of a book, The Courage to Heal [by Bass & Davis, 1988].

The letters articulately convey the living nightmares and broken hearts experienced by those accused by their adult children who suddenly remembered past abuse (see also Doe, 1991). The parents vehemently deny the abuse. Who is right and who is wrong? Is the adult child misremembering, or perhaps lying? Are the parents misremembering when they deny abuse, or are they deliberately lying?

Another development after the Franklin conviction was that lawyers started calling psychologists to obtain assistance with a puzzling new type of legal case. For example, one case involved a 27-year-old San Diego woman (KL) who began to have recollections of molestation by her father (DL), that were repressed but then were later brought out through "counseling and therapeutic intervention" ( Lofft v. Lofft, 1989 ). The daughter claimed that her father had routinely and continuously molested and sexually abused her, performing "lewd and lascivious acts, including but not limited to touching and fondling the genital areas, fornication and oral copulation" Her earliest memories were of the father fondling her in the master bedroom when she was three years old. Most of her memories appeared to data back to between the ages of three and eight. She sued her father for damages for emotional and physical distress, medical expenses, and lost earnings. She claimed that because of the trauma of the experience, she had no recollection or knowledge of the sexual abuse until her repression was lifted, shortly before she filed suit.

A few years ago, plaintiffs like KL who claimed to be survivors of childhood sexual abuse would have been barred from suing by statutes of limitations. Statutes of limitations, which force plaintiffs to initiate claims promptly, exist for good reason: They protect people from having to defend themselves against stale claims. They exist in recognition that with the passage of time, memories fade and evidence becomes more difficult to obtain. Succinctly and articulately put, the primary purpose of statutes of limitation is to prevent "surprises through the revival of claims that have been allowed to slumber until evidence has been lost, memories have faded, and witnesses have disappeared" ( Telegraphers v. Railway Express Agency, 1944, pp. 348-349). When much time has passed, defendants find it hard to mount an effective defense. Although a statute of limitations on child sexual abuse might be suspended until a victim reaches the age of majority or a few years beyond, it previously would not typically have been extended to the age of 27, for example, when KL first recalled her abuse.

In 1989, things changed for plaintiffs in the state of Washington. Legislation went into effect that permitted people to sue for recovery of damages for injury suffered as a result of childhood sexual abuse at any time within three years of the time they remembered the abuse ( Washington, 1989; see also Petersen v. Bruen, 1990 ). The legislature invoked a novel application of the delayed discovery doctrine, which essentially says that the statute of limitations does not begin to run until the plaintiff has discovered the facts that are essential to the cause of action. Traditionally, the delayed discovery doctrine has been used in the area of medical malpractice. For example, a patient who discovered during a physical examination that his abdominal discomfort was caused by a surgical instrument left after an appendectomy performed 20 years
earlier could sue because he could not have discovered the facts essential to his harm until he had the examination. Analogizing to the surgical instrument that was hidden from the patient until an exam made its presence known, so the memory for abuse was hidden away until it too is discovered and the plaintiff possesses the facts that are essential to the cause of action.

Within three years of enactment of the Washington statute, 18 other states enacted similar legislation allowing for the tolling of the statue of limitations. Many other states introduced bills in the 1991—1992 legislative sessions that would achieve the same result, or they have begun studying similar legislation. As a consequence, repressed memories now form the basis for a growing number of civil law suits. As one writer put it, "Such wholesale forgetting–or more precisely, the eventual remembering–is forcing society to grapple in unaccustomed ways with the old problem of child molestation" (Davis, 1991). Increasing numbers of women, and also some men, are coming out of therapy with freshly retrieved memories of abuse. They sue for damages rather than file criminal complaints, because criminal charges are often too difficult to prove (Davis, 1991). In a few states (e.g., Wyoming), they can also bring criminal charges, and moves are afoot to change laws in more states to permit criminal prosecutions to go forward. As a consequence, juries are now hearing cases in which plaintiffs are suing their parents, relatives, neighbors, teachers, church members, and others for acts of childhood sexual abuse that allegedly occurred 10, 20, 30, even 40 years earlier. Juries and judges are learning about repression of memory and about newly emerged memories of molestation not only in the United States but also in Canada, Great Britain, and other parts of the world.

Many interesting questions leap to mind about repressed memories. Chief among them are, How common are claims of repressed memory? How do people in general and jurors in particular react to claims of recently unburied repressed memories? What are the memories like? How authentic are they?

**How Common Are Claims of Repressed Memory?**

There is little doubt that actual childhood sexual abuse is tragically common. Even those who claim that the statistics are exaggerated still agree that child abuse constitutes a serious social problem (Kutchinsky, 1992). I do not question the commonness of childhood sexual abuse itself but ask here about how the abuse is recalled in the minds of adults. Specifically, how common is it to repress memories of childhood sexual abuse? Claims about the commonness of repressed memories are freely made: It is typical to read estimates such as "most incest survivors have limited recall about their abuse" or "half of all incest survivors do not remember that the abuse occurred" (Blume, 1990, ). One psychotherapist with 18 years of experience has claimed that "millions of people have blocked out frightening episodes of abuse, years of their life, or their entire childhood" (Fredrickson, 1992, p. 15). Later, she reported that "sexual abuse is particularly susceptible to memory repression" (p. 23).

Beliefs about the commonness of repressed memories are expressed not only by those in the therapeutic community but also by legal scholars who have used these beliefs to argue for changes in legislation. For example, Lamm (1991) argued in favor of legislation that would ease access to the courts for victims of childhood sexual abuse. She applauded legislation, such as that enacted in California in 1991, that allows victims, no matter how old they are, to sue within three years after discovering their injuries or eight years after reaching majority, whichever date occurs later. As part of her argument that victims should have more time to file claims against their abusers, she expressed a view that "total repression of memories of abuse is common" (p. 2198).

Despite the confidence with which these assertions are made, there are few studies that provide evidence of the extent to which repression occurs. One study (Briere & Conte, in press) sampled 450 adult clinical clients who had reported sexual abuse histories. Therapists approached their individual clients or group clients with this question: "During the period of time between when the first forced sexual experience
happened and your 18th birthday was there ever a time when you could not remember the forced sexual experience?" The main result obtained in this largely female (93%) largely White (90%) sample was that 59% said yes. A yes response was more likely in cases involving violent abuse (physical injury, multiple perpetrators, and fears of death if abuse was disclosed) than nonviolent abuse. Reported amnesia was more likely with early molestation onset, longer abuse, and greater current symptomatology. The authors concluded that amnesia for abuse was a common phenomenon (see also Briere, 1992).

Briere and Conte's (in press) result has been taken by others as evidence for the widespread extent of repression. For example, Summit (1992) interpreted the 59% yes rate as evidence that this proportion of people "went through periods of amnesia when they were not aware of their prior abuse" (p. 22). He used the finding to support the commonness of childhood dissociation.

One problem with Briere and Conte's (in press) estimate is that it obviously depends on how the respondent interprets the eliciting question. A yes response to the question could be interpreted in a variety of ways other than "I repressed my memory for abuse." For example, it could mean "Sometimes I found it too unpleasant to remember, so I tried not to"; or "There were times when I could not remember without feeling terrible"; or "There were times I could not bring myself to remember the abuse because I would rather not think about it." Although no question is free of the possibility of multiple interpretations, the great potential for idiosyncratic interpretation by respondents to the particular wording used by Briere and Conte warrants a further examination of the issue with a different eliciting question.

A further problem with Briere and Conte's (in press) study is that the respondents were all in therapy. If some of their clinicians were under the belief that repression of memory is common, they may have communicated this belief to their clients. Clients could readily infer that, if repression of memory is so common, it is likely to have happened to them, thus the answer to the question is probably yes. This would, of course, inflate the estimates of the prevalence of repression.

Other studies have given much lower estimates for the existence of repression. Herman and Schatzow (1987) gathered data from 53 women in therapy groups for incest survivors in the Boston area. Of the 53 cases, 15 (28%) reported severe memory deficits (including women who could recall very little from childhood and women who showed a recently unearthed repressed memory). Severe memory problems were most likely in cases of abuse that began early in childhood and ended before adolescence. Cases of violent or sadistic abuse were most likely to be associated with "massive repression as a defense" (p. 5).

An even lower estimate was obtained in a study of 100 women in outpatient treatment for substance abuse in a New York City hospital (Loftus, Polonsky, & Fullilove, 1993). More than one half of the women in this sample reported memories of childhood sexual abuse. The vast majority of them remembered the abuse their whole lives. Only 18% claimed that they forgot the abuse for a period of time and later regained the memory. Whether the women remembered the abuse their whole lives or forgot it for a period was completely unrelated to the violence of the abuse.

Of course, the data obtained from the New York sample may include an underestimation factor because there could have been many more women in the sample who were sexually abused, repressed the memory, and had not yet regained it. In support of this hypothesis, one could point to the research of L. M. Williams (1992), who interviewed 100 women, mostly African American, known to have been abused 17 years earlier in their lives. Of these, 38% were amnestic for the abuse or chose not to report it. Perhaps there were women in the New York sample who denied sexual abuse but who were still repressing it. Possibly there are women who were actually abused but do not remember it; however, it is misleading to assume that simple failure to remember means that repression has occurred. If an event happened so early in life, before the offset of childhood amnesia, then a woman would not be expected to remember it as an adult, whether it was abuse or something else. This would not imply the mechanism of repression.
Moreover, ordinary forgetting of all sorts of events is a fact of life but is not thought to involve some special repression mechanism. For example, studies have shown that people routinely fail to remember significant life events even a year after they have occurred. One study consisted of interviews with 590 persons known to have been in injury-producing motor vehicle accidents during the previous year. Approximately 14% did not remember the accident a year later. Another study consisted of interviews with 1,500 people who had been discharged from a hospital within the previous year. More than one fourth did not remember the hospitalization a year later (U.S. government studies, cited in Loftus, 1982).

How common are repressed memories of childhood abuse? There is no absolute answer available. There are few satisfying ways to discover the answer, because we are in the odd position of asking people about a memory for forgetting a memory. For the moment, figures range from 18% to 59%. The range is disturbingly great, suggesting that serious scholarly exploration is warranted to learn how to interpret claims about the commonness of repression and what abuse characteristics the repression might be related to.

**Jurors' Reactions to Repressed Memory Cases**

How do people in general and jurors in particular react to repressed memory cases? Are memories that were once previously repressed as credible as memories that were never repressed? Understanding laypeople's reactions and credibility judgments is important not only for theoretical reasons but for practical ones as well. Theoretically speaking, laypeople's implicit or intuitive theories about repressed memories guide society's thinking on this topic. Such implicit theories can also illuminate how therapists' theories of repression are formed; in part they derive from a therapist's own implicit theories.

On a more practical level, understanding implicit theories of repression is important. Plaintiffs' lawyers who are deciding whether to file repressed memory cases are eager to know their likelihood of a successful outcome. Defense lawyers also care, because such subjective probabilities affect their decisions about whether to proceed to trial or to settle a case early. Perhaps most importantly, the plaintiffs should care. Plaintiffs bring lawsuits for myriad reasons. Some therapists encourage their clients to sue as "hope for emotional justice" (Forward & Buck, 1988). One therapist who had treated more than 1,500 incest victims argued that the lawsuit, although grueling, is "a very important step towards devictimization," "a further source of validation," and that "the personal satisfaction can be significant" (Forward & Buck, p. 159). If the lawsuit is good for a plaintiff's mental health, what happens to mental health if a jury does not find the notion of repressed memories tenable and the plaintiff, consequently, does not prevail?

**Actual Cases**

I start by examining actual cases that have gone to trial in recent years, with a wide range of outcomes. Some trials ended in defense verdicts (e.g., *Loft v. Loft*, 1989, in San Diego; *Collier v. Collier*, 1991, in Santa Clara County). Others ended in plaintiff verdicts. For example, a 39-year-old woman sued her father in Los Angeles, and the jury awarded $500,000 (McMillan, 1992). A 33-year-old woman sued her uncle in Akron, Ohio, and the jury awarded $5.15 million ($150,000 in compensatory damages and $5 million in punitive damages; Fields, 1992). Because the laws are new and most cases have settled, there are too few actual trials from which to gather data about reactions to repressed memory claims. Until more cases are tried to verdict, it may be necessary to rely on simulated jury research to gather information on this issue.

**Simulations**

Several juror simulation studies have explored how people are likely to react to repressed memory cases (Loftus, Weingardt, & Hoffman, 1992). In these studies, mock jurors learned about a legal case that arose out of allegations of sexual assault. Subjects considered the case of a daughter (Roberta) and her father
(Jim), a case modeled loosely after an actual case tried in the state of Washington in 1991. Roberta, they learned, accused her father of raping her on several occasions when she was approximately 10 years old. She claimed she repressed all memory for these incidents. At about age 20, Roberta's memory returned while she was in therapy. She filed charges against her father a year after her memory came back. Roberta and her therapist blamed her current problems of depression, anxiety, and sexual dysfunction on the sexual abuse that happened when she was 10. Jim denied the allegations, claiming that Roberta was influenced by her therapist's suggestive questioning and that she was looking for someone or something to blame for her troubles.

How did people react to Roberta's claim? Did their reactions differ from reactions to a case that was identical except for the repression of memory? A different set of subjects reacted to a modified scenario involving a different woman (Nancy) whose memory was not repressed. Nancy's factual situation was identical to Roberta's except, subjects were told, Nancy never told anyone until age 20, when she went into therapy and told her therapist. Who is believed more, Roberta or Nancy? Several consistent findings emerged from these studies. First, people tended to be slightly more skeptical about Roberta's case (the repressed memory) than they were about Nancy's case (the nonrepressed memory). Both male and female subjects reacted this way, with males overall being more skeptical.

When subjects disbelieved the claims, they were more likely to think that the false claims were due to an honest mistake than a deliberate lie. One small difference emerged—repressed and nonrepressed memory cases appear to bring slightly different thoughts to mind. When subjects considered Nancy's case, thoughts of lying were slightly more likely to be evoked than when they considered Roberta's case. One of the clearest results was that, in general, the majority of subjects believed that the claims of both Roberta and Nancy were true and accurate.

**What Are the Memories Like?**

The quality of the memories that filter back vary tremendously. They are sometimes detailed and vivid and sometimes very vague. Sometimes they pertain to events that allegedly happened in early childhood and sometimes in adolescence. Sometimes they pertain to events that allegedly happened 5 years ago and sometimes 40 years ago. Sometimes they include fondling, sometimes rape, and sometimes ritualism of an unimaginable sort.

Highly detailed memories have been reported even for events that allegedly happened more than 25 years earlier and during the first year of life. One father—daughter case recently tried in Santa Clara County, California, illustrates this pattern (Collier v. Collier, 1991). The daughter, DC, a college graduate who worked as a technical writer, claimed that her father sexually abused her from the time she was six months old until she was 18. She repressed the memories until the age of approximately 26, when she was in individual and group therapy.

Other cases involve richly detailed allegations of a more bizarre, ritualistic type, as in a case reported by Rogers (1992a). The plaintiff, Bonnie, in her late 40s at the time of trial, accused her parents of physically, sexually, and emotionally abusing her from birth to approximately age 25. A sister, Patti, in her mid-30s at the time of trial, said she was abused from infancy to age 15. The allegations involved torture by drugs, electric shock, rape, sodomy, forced oral sex, and ritualistic killing of babies born to or aborted by the daughters. The events were first recalled when the plaintiffs went into therapy in the late 1980s.

In short, reports of memories after years of repression are as varied as they can be. One important way that they differ is in terms of the age at which the events being remembered allegedly happened. In many instances, repressed memory claims refer to events that occurred when the child was one year old or less. This observation invites an examination of the literature on childhood amnesia. It is well known that humans experience a poverty of recollections of their first several years in life. Freud (1905/1953)
identified the phenomenon is some of his earliest writings: "What I have in mind is the peculiar amnesia which...hides the earliest beginnings of the childhood up to their sixth or eighth year" (p. 174).

Contemporary cognitive psychologists place the offset of childhood amnesia at a somewhat earlier age: "past the age of ten, or thereabouts, most of us find it impossible to recall anything that happened before the age of four or five" (Morton, 1990, p. 3). Most empirical studies of childhood amnesia suggest that people's earliest recollection does not date back before the age of about three or four (Kihlstrom & Harackiewicz, 1982; Howe & Courage, 1993; Pillemer & White, 1989). One study showed that few subjects who were younger than three recalled any information about where they were when they heard about the assassination of President Kennedy, although most subjects who were more than eight at the time had some recall (Winograd & Killinger, 1983). Although one recent study suggests that some people might have a memory for a hospitalization or the birth of a sibling that occurred at age two (Usher & Neisser, in press), these data do not completely rule out the possibility that the memories are not true memories but remembrances of things told by others (Loftus, in press). Still, the literature on childhood amnesia ought to figure in some way into our thinking about recollections of child molestation that supposedly occurred in infancy.

**Are the Memories Authentic?**

Therapists Beliefs About Authenticity

Many therapists believe in the authenticity of the recovered memories that they hear from their clients. Two empirical studies reveal this high degree of faith. Bottoms, Shaver, and Goodman (1991) conducted a large-scale survey of clinicians who had come across, in their practice, ritualistic and religion-related abuse cases. Satanic ritualistic abuse (SRA) cases involve allegations of highly bizarre and heinous criminal ritual abuse in the context of an alleged vast, covert network of highly organized, transgenerational satanic cults (Braun & Sachs, 1988; Ganaway, 1989, 1991). Clients with SRA memories have reported vividly detailed memories of cannibalistic revels and such experiences as being used by cults during adolescence as serial baby breeders to provide untraceable infants for ritual sacrifices (Ganaway, 1989; Rogers, 1992b). If therapists believe these types of claims, it seems likely that they would be even more likely to believe the less aggravated claims involving ordinary childhood sexual abuse. Bottoms et al.

A different approach to the issue of therapist belief was taken by Loftus and Herzog (1991). This study involved in-depth interviews with 16 clinicians who had seen at least one repressed memory case. In this small, nonrandom sample, 13 (81%) said they invariably believed their clients. One therapist said, "if a woman said it happened, it happened." Another said, "I have no reason not to believe them." The most common basis for belief was symptomatology (low self-esteem, sexual dysfunction, self-destructive behavior), or body memories (voice frozen at young age, rash on body matching inflicted injury). More than two thirds of the clinicians reacted emotionally to any use of the term authentic, feeling that determining what is authentic and what is not authentic is not the job of a therapist. The conclusion from this small study was that therapists believe their clients and often use symptomatology as evidence.

These and other data suggest that therapists believe in their clients' memories. They point to symptomatology as their evidence. They are impressed with the emotional pain that accompanies the expression of the memories. Dawes (1992) has argued that this "epidemic" of belief is based in large part on authority and social consensus (p. 214).
Are the Memories Accurate?

There are those with extreme positions who would like to deny the authenticity of all repressed memories and those who would accept them all as true. As Van Benschoten (1990) has pointed out, these extreme positions will exacerbate our problems: "Denial fosters overdetermination, and overdetermination invites denial" (p. 25).

If we assume, then, that some of the memories might be authentic and some might not be, we can then raise this question: If a memory is recovered that is not authentic, where would it come from? Ganaway (1989) proposed several hypotheses to explain SRA memories, and these same ideas are relevant to memories of a repressed past. If not authentic, the memories could be due to fantasy, illusion, or hallucination-mediated screen memories, internally derived as a defense mechanism. Further paraphrasing Ganaway, the SRA memories combine a mixture of borrowed ideas, characters, myths, and accounts from exogenous sources with idiosyncratic internal beliefs. Once activated, the manufactured memories are indistinguishable from factual memories. Inauthentic memories could also be externally derived as a result of unintentional implantation of suggestion by a therapist or other perceived authority figure with whom the client desires a special relationship, interest, or approval.

The Memories Are Authentic

There is no doubt that childhood sexual abuse is tragically common (Daro, 1988). Surveys reveal a large range in the estimated rates (10%—50%), but as Freyd (1991) has argued, even the most conservative of them are high enough to support the enormity of child abuse. A sizeable number of people who enter therapy were abused as children and have always remembered their abuse. Even when they have severe emotional problems, they can provide rich recollections of abuse, often with many unique, peripheral details (Rogers, 1992a). Occasionally the abuse is corroborated, sometimes with very cogent corroboration, such as pornographic photographs. If confirmed abuse is prevalent, many instances of repressed memory abuse cases also could be authentic. Unfortunately, in the repressed memory cases, particularly when memories do not return for 20 or 30 years, there is little in the way of documented corroboration. This, of course, does not mean that they are false.

Claims of corroborated repressed memories occasionally appear in the published literature. For example, Mack (1980) reported on a 1955 case involving a 27-year-old borderline man who, during therapy, recovered memories of witnessing his mother attempting to kill herself by hanging. The man's father later confirmed that the mother had attempted suicide several times and that the son had witnessed one attempt when he was 3 years old. The father's confirmation apparently led to a relief of symptoms in the son. It is hard to know what to make of examples such as these. Did the son really remember back to age 3, or did he hear discussions of his mother's suicide attempts later in life? The memories could be real, that is, genuine instances of repressed memories that accurately returned much later. If true, this would only prove that some memory reports are authentic but obviously not that all reports are authentic. Analogously, examples of repressed memories that were later retracted, later proved to be false, or later proved to be the result of suggestion would only prove that some memory reports are not authentic but obviously not that all such reports are illusory.

Some who question the authenticity of the memories of abuse do so in part because of the intensity and sincerity of the accused persons who deny the abuse. Many of the thousands of people who have been accused flatly deny the allegations, and the cry of "witch hunt" is often heard (Baker, 1992, p. 48; Gardner, 1991). Witch hunt is, of course, a term that has been loosely used by virtually anyone faced by a pack of accusers (Watson, 1992). Analogies have been drawn between the current allegations and the witch craze of the 16th and 17th centuries, when an estimated half million people were convicted of witch-craft and burned to death in Europe alone (Harris, 1974; Trott, 1991b). Although the denials during the witch craze are now seen as authentic in the light of hindsight, the current denials of those accused of sexual
abuse are not proof that the allegations are false. Research with known rapists, pedophiles, and incest offenders has illustrated that they often exhibit a cognitive distortion—a tendency to justify, minimize, or rationalize their behavior (Gudjonsson, 1992). Because accused persons are motivated to verbally and even mentally deny an abusive past, simple denials cannot constitute cogent evidence that the victim's memories are not authentic.

The Memories Are Not Authentic

To say that memory might be false does not mean that the person is deliberately lying. Although lying is always possible, even psychotherapists who question the authenticity of reports have been impressed with the honesty and intensity of the terror, rage, guilt, depression, and overall behavioral dysfunction accompanying the awareness of abuse (Ganaway, 1989, p. 211).

There are at least two ways that false memories could come about. Honestly believed, but false, memories could come about, according to Ganaway (1989), because of internal or external sources. The internal drive to manufacture an abuse memory may come about as a way to provide a screen for perhaps more prosaic but, ironically, less tolerable, painful experiences of childhood. Creating a fantasy of abuse with its relatively clear-cut distinction between good and evil may provide the needed logical explanation for confusing experiences and feelings. The core material for the false memories can be borrowed from the accounts of others who are either known personally or encountered in literature, movies, and television.