

Sudden Recall

Adult memories of child abuse spark a heated debate

First of two articles

By BRUCE BOWER

During a stay at a psychiatric hospital following a bout of depression, Mel Gavigan recalls that her psychotherapist single-mindedly insisted she showed signs of having been sexually abused during childhood. Terrible memories of this trauma undoubtedly lay buried deep within her unconscious mind, she was told. Dubious at first, Gavigan nonetheless wanted to please the therapist, and after a few sessions she reported that her father had raped her when she was 4 years old.

Soon thereafter, she confronted her parents with this shocking revelation and reported them to a child abuse hotline. Increasingly violent memories of repeated incest began to haunt her. But upon leaving the hospital and enlisting the help of new therapists, Gavigan concluded that the sexual assaults had in fact never occurred. She then turned her focus to personal issues that she suspected truly contributed to her depression.

For Claudia, who doesn't want her last name revealed, the sudden recall of childhood sexual abuse took an entirely different turn. After losing more than 100 pounds in a hospital weight-reduction program she had entered to battle severe obesity, Claudia experienced flashbacks of sexual abuse committed by her older brother. She joined a therapy group for incest survivors, and memories of abuse flooded back. Claudia told group members that from the time she was 4 years old to her brother's enlistment in the Army three years later, he had regularly handcuffed her, burned her with cigarettes, and forced her to submit to a variety of sexual acts.

Claudia's brother had died in combat in Vietnam more than 15 years before her horrifying memories surfaced. Yet Claudia's parents had left his room and his belongings untouched since then. Returning home from the hospital, Claudia searched the room. Inside a closet she found a large pornography collection, handcuffs, and a diary in which her brother had extensively planned and recorded what he called sexual "experiments" with his sister.

These two cases illustrate much of what animates current debate about whether long-submerged memories of childhood sexual abuse sometimes pop to the surface of consciousness after years or even decades.

Some researchers, steeped in the burgeoning psychological literature on the fragility of ordinary, everyday memories, look askance at increasing reports of people who enter psychotherapy and who then swiftly recall a childhood littered with sexual abuse. As with Mel Gavigan, memories of severe trauma may get invented rather than discovered, in their opinion. At a time when the mass media trumpet child sexual abuse as an acceptable cause of all sorts of mental problems, people with confused feelings about their parents may find their memories molded by the exhortations of self-help books for incest victims and overzealous psychotherapists, these scientists contend.

Another camp — largely composed of those who treat and study survivors of incest, combat, and other forms of trauma — maintains that the breakthrough of sex abuse memories usually occurs in people who actually endured these assaults, even if most cannot produce confirming evidence on a par with Claudia's. Traumatic memories form in an altered state of consciousness in which the laws of ordinary memory do not apply, they hold. A curtain of amnesia may thus cloak memories of particularly violent sexual abuse instigated early in life, until an adult experience pierces the veil. An individual's memories usually prove more trustworthy than the denial of abuse by family members, these investigators contend.

Both sides agree on two points. First, although estimates vary, the sexual abuse of children is tragically common. In a 1979 survey of 800 college students, 19 percent of the women and 9 percent of the men reported having experienced at least one coercive sexual experience initiated by an adult before age 13. And in a 1986 study of 930 San Francisco women, 28 percent cited at least one instance of sexual molestation, and 16 percent reported in-

cest, before age 14.

Researchers also concur that lawsuits filed by adults who claim to have retrieved repressed memories of childhood sexual abuse have mushroomed in the past few years. Since 1989, a total of 19 states have passed legislation allowing people to sue for recovery of damages for injury suffered as a result of childhood sexual abuse remembered for the first time during adulthood. Other states are contemplating similar laws. No exact numbers exist, but at least 300 lawsuits involving formerly repressed memories — mainly of sexual abuse — have been filed.

This rush to legal judgment has created an intense desire for scientific certitude about how people recall past sexual abuse. For now, however, anecdotes and animosity far outpace relevant data in these highly publicized legal confrontations.

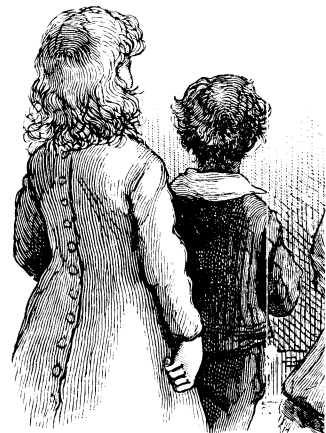
"Everybody wants certainty when looking at these cases, but we usually don't have certainty," says Judith Lewis Herman, a psychiatrist at Harvard Medical School in Boston and author of *Trauma and Recovery* (1992, Basic Books).

Nonetheless, Herman regards the new emphasis on adult memories of early sexual abuse as a healthy antidote to decades of legal and psychiatric neglect suffered by abused individuals. Until recently, she contends, perpetrators of child sexual abuse committed virtually "perfect crimes": Their young victims rarely reported the offense to other family members or police, the criminal justice system treated the few accusations that arose with suspicion, and clinicians assumed that incest and sexual abuse hardly ever occurred.

As a result, most disclosures of childhood sexual abuse have come from adults, who report either having kept the information secret on purpose or recovering memories of abuse after a period of amnesia, according to Herman.

To further complicate matters, psychological trauma creates a conflict between the wish to deny horrible events one has experienced and the wish to speak out about them, Herman asserts. Thus, people who survive atrocities often piece their stories together in contradictory and fragmented ways as they try both to expose and to expunge their past.

The inner conflict produced by trauma creates a puzzling array of symptoms that Sigmund Freud called "hysteria" nearly 100 years ago, Herman says. Freud first treated this grab-bag of symptoms — including hallucinations, paralysis or other physical ailments with no obvious cause,





and volatile moods that revolve around the approval of others — as disguised communications about childhood sexual abuse. But he soon dropped his “seduction theory” and posited that hysteria usually resulted from incestuous fantasies that arise during childhood.

The reclamation of Freud’s seduction theory in the past decade has accompanied a renewed focus on an altered state of consciousness induced by terror, Herman notes. Psychiatrists refer to this mental reaction as dissociation. For instance, a child exposed to constant sexual assaults might deaden her body to pain, imagine that the abuse is happening to someone else, or assign memories of abuse to an alternate self that need not impinge on the “real” self. Dissociation may even lead to multiple personality disorder, in which a person harbors a number of separate identities.

In addition, many psychotherapists assert that knowledge of traumatic experiences may undergo repression, in which memories essentially hide out in the unconscious mind but retain the capability of entering awareness at a later date.

Herman prefers the term “delayed recall” to repressed or dissociated memories. Evidence indicates that many sexual abuse victims develop some degree of amnesia and that in cases of delayed recall, memories generally prove accurate, she says.

In a 1987 study, Herman and Emily Schatzow, a psychotherapist at the Women’s Mental Health Collective in Somerville, Mass., found that a majority of 53 female incest survivors reported delayed recall after a period of partial or complete amnesia. Fifteen women cited “severe” memory deficits for their childhoods or had only recently unearthed memories of abuse.

Three-quarters of the women obtained evidence to corroborate their abuse reports, such as a confession by the perpetrator, confirmation from other family members, or discovery that a sibling had been abused by the same person.

Two other studies show a substantial rate of delayed recall among people who report childhood sexual abuse. In one, 59 percent of the 450 female psychotherapy patients surveyed said that at some time before age 18 they had forgotten about their sexual abuse. These findings, reported by psychologist John Briere of the University of Southern California School of Medicine in Los Angeles and social worker Jon R. Conte of the University of

Washington in Seattle, appear in the January *JOURNAL OF TRAUMATIC STRESS*.

And unpublished data from a study of 519 adults suffering from post-traumatic stress disorder (PTSD) — who were interviewed as part of an effort to revise the psychiatric definition of that condition — indicate that at some point in their lives about two-thirds experienced memory loss for early sexual abuse, according to Herman.

A fourth study, conducted by psychologist Linda Meyer Williams of the University of New Hampshire in Durham, finds that 38 of 100 women did not recall childhood sexual abuse documented in their hospital records 17 years earlier. Each woman participated in a detailed, two-hour interview. Williams’ results appear in the summer 1992 edition of *THE ADVISOR*, a publication of the American Professional Society on the Abuse of Children.

In all four studies, memory loss occurred to a greater degree among individuals who suffered violent sexual abuse in early childhood, usually inflicted by an immediate family member.

“Amnesia for sexual abuse is apparently not an uncommon event, although I don’t know exactly what psychological process causes the amnesia,” Williams says.

These findings coincide with the view of Lenore C. Terr, a psychiatrist at the University of California, San Francisco, who has evaluated or treated more than 150 children exposed to a variety of extreme traumas. Children who experience repeated and brutal sexual abuse may forget large chunks of their childhood, not just specific assaults, Terr holds.

Although memories of such abuse sometimes get fabricated through the suggestions or persuasion of others, children who genuinely have blocked out prolonged abuse display telltale signs and symptoms, Terr contends. They typically show an indifference to pain, a lack of empathy, an inability to define or acknowledge feelings, and an abhorrence of emotional intimacy, Terr asserts in the January 1991 *AMERICAN JOURNAL OF PSYCHIATRY*. As these children grow up, they tend both to fear and to symbolically reenact — through behaviors or physical symptoms — the specific sexual acts they were forced to perform, she adds.

Changes in intimate relationships, such as starting a sexual involvement or the birth of a child, may break this pattern and spur delayed recall of sexual abuse, Herman notes. Memories may also return if other people abused by the same individual disclose their experiences. For example, many victims of a Catholic priest who recently acknowledged molesting more than 100 children during the 1960s regained memories of that abuse upon learning of others’ charges, Herman says.

In her view, therapists rarely wield enough power or influence over patients to impose false memories on them. Her-

man acknowledges that hypnosis, a trance technique sometimes used to explore childhood memories, may heighten a person’s tendency to create remembrances in order to please a therapist. But of the more than 200 cases seen in her trauma program this year, only one person based a claim of having been sexually abused solely on hypnotic revelations, she says.

Critics of the view advanced by Herman do not deny that sexual abuse strikes the lives of many children, but they question whether repression or any other psychological process keeps memories of these traumas in cold storage for extended periods, awaiting a thaw.

“We do not yet have the tools for reliably distinguishing the signal of true repressed memories from the noise of false ones,” contends Elizabeth F. Loftus, a psychologist at the University of Washington.

Moreover, repressed or delayed memories may be uncommon, Loftus asserts. In an unpublished study of 100 women receiving outpatient substance-abuse treatment at a New York City hospital, she and her co-workers find that more than half report memories of childhood sexual abuse. Of that group, most remembered the abuse their whole lives; only 18 percent said they had forgotten the abuse and then remembered it later on.

Perhaps some women in the sample denied sexual abuse because they still repressed memories about it, but failure to remember an actual event more likely reflects the inability to form an enduring memory of the experience as a young child or normal forgetting after the fact, in Loftus’ opinion.

She summarizes research on the malleability of ordinary and traumatic memories in the May *AMERICAN PSYCHOLOGIST*.

Hundreds of studies conducted over the past two decades indicate that new information often gets incorporated into memories for previous events, Loftus says. Volunteers have recalled nonexistent street signs at traffic accidents, a clean-shaven man as having a mustache, and a barn in a landscape scene that contained no buildings.

Some memory researchers argue, contrary to Loftus, that people may forget what they originally saw in an experimental presentation and either manufacture a memory from subsequent information or assume that new information must be right even if they remember something else (SN: 4/4/89, p.134).

Whatever the case, memories of an event more closely resemble a story undergoing constant revision than a packet of pristine information, she contends. Even vivid recollections of unexpected tragedies, such as the 1986 space shuttle explosion, often change dramatically over time, yet people place tremendous confidence in the accuracy of these

memories (SN: 3/13/93, p.166).

Children's memories of horrifying circumstances can also go awry, Loftus says. In a 1989 study directed by Robert F. Pynoos, a psychiatrist at the University of California, Los Angeles, many students who had not been at their elementary school when a sniper shot at youngsters on the playground nonetheless reported memories of the event. One boy who had been on vacation said he was on his way to school, saw someone lying on the ground, heard shots, and then turned back. Stories recounted by those who truly witnessed the event apparently helped to create false memories in some classmates, Loftus asserts.

David S. Holmes, a psychologist at the University of Kansas in Lawrence, agrees. To the chagrin of many Freudian-influenced psychotherapists, Holmes argues that dozens of controlled studies conducted over the past 60 years have failed to produce any evidence that repression exists. People may forget certain details of a rape or other traumatic event because their terror during the experience blocks normal memory processes, he contends. No research demonstrates the existence of a psychological process that buries an entire experience in the unconscious mind, where it can lie dormant for years, he maintains.

Holmes sits on the board of directors of the False Memory Syndrome (FMS) Foundation, a private organization founded in 1992 to provide information and support to members of more than 2,400 families who contend that they have been falsely accused of sexual abuse.

The FMS Foundation attracts the wrath of Herman and others who argue that it leads a social backlash against the gains made by victims of child abuse. In a letter published in the March newsletter of the American Psychological Society, 17 psychologists from 12 research institutions—including several scientists who study the malleability of children's memory—contend that no data support the existence of a "false memory syndrome" and brand the term an invention of the FMS Foundation.

However, in *Hidden Memories* (1992, Prometheus Books), Robert A. Baker reviews evidence for the existence of such a process, in which people unconsciously manufacture memories of molestation as infants, abduction by aliens in UFOs, victimization by satanic cults, or exposure to various supernatural phenomena. Baker, a psychologist retired from the University of Kentucky in Lexington, theorizes that experiences filed away in the mind may change when a person encounters new information.

For example, childhood conflicts and

grudges toward parents may get transformed into memories of sexual abuse through several influences, such as therapy sessions that dwell on incest as the root of adult insecurity and numerous media stories about celebrities who suddenly regain long-lost memories of child abuse.

"Obtaining the truth is never easy, but claims of childhood sexual abuse that emerge only after psychotherapy are particularly suspect," Baker writes.

George Ganaway, a psychiatrist at Emory University School of Medicine in Atlanta, asserts that many types of false memories often appear among people thought to suffer from multiple personality disorder (MPD). Ganaway, who treats such patients, notes that they greatly rely on fantasy and magical thinking. Their alternate personalities may take the form of demons, angels, animals, God, or other entities that can exist in places such as enchanted forests or separate galaxies.

MPD patients report many traumatic memories, including tales of ritual abuse, that likely spring from their fantasies, Ganaway says.

Researchers have rarely corroborated claims of childhood sexual abuse among MPD patients, adds Fred H. Frankel, a psychiatrist at Beth Israel Hospital in Boston.

The frequent use of hypnosis in the treatment of MPD and the uncritical assumption by therapists that nearly all MPD patients experienced childhood sexual abuse may often distort recollections reported by these individuals, Frankel contends in the June *AMERICAN JOURNAL OF PSYCHIATRY*.

Other psychiatrists, such as Bennett G. Braun of Rush North Shore Medical Center in Skokie, Ill., view incest as a key influence on most cases of MPD. The development of numerous separate identities may result from unpredictable, prolonged sexual abuse administered by an adult who serves as a nurturing relative at other times, Braun asserts. If a wide range of physical and emotional abuse accompanies sexual abuse, the creation of multiple personalities becomes even more likely, he contends.

MPD may also cluster among children harboring a biological predisposition toward handling stress through dissociation, Braun suggests.

The Illinois psychiatrist accepts reports by some MPD patients that they were victimized in satanic cult meetings by their parents and others.

A better understanding of delayed recall for sexual abuse may come from research into the brain

changes induced by situations of unavoidable terror. But the few such studies of this issue consist mainly of combat veterans suffering from PTSD.

So far, it appears that biological responses to combat trauma come in more than one form. A substantial number of Vietnam combat vets with PTSD who receive yohimbine, a drug that activates the chemical messenger norepinephrine in the brain, experience vivid flashbacks of traumatic war experiences, according to psychiatrist John H. Krystal and his colleagues at the Yale University School of Medicine. Some Vietnam combat vets who show no yohimbine effects report flashbacks after ingesting a drug that boosts levels of serotonin, another of the brain's chemical couriers. Krystal and his associates describe these findings in the April *ARCHIVES OF GENERAL PSYCHIATRY*.

And an unpublished study conducted by the Yale group finds that healthy adults given ketamine, a drug that blocks the effects of the neurotransmitter glutamate, experience distortions of body perception, a sense of time slowing down, impaired short-term memory, and other symptoms of dissociation.

Stress-induced interference with glutamate and the related neurotransmitter aspartate may contribute to PTSD and other mental disorders that involve dissociation, Krystal suggests.

He notes that researchers still cannot say whether biological responses associated with PTSD prevent memories from forming in the brain or block the retrieval of memories later on. According to the Yale team, however, the first wave of biological responses to combat trauma—such as heightened norepinephrine activity—may help produce one of its most characteristic features: indelible memories of traumatic events that reappear under all sorts of conditions.

Childhood trauma may trigger brain reactions that differ greatly from those associated with adult PTSD, Krystal points out. Some researchers who believe that amnesia and delayed recall often follow severe childhood sexual abuse theorize that this occurs because sensory and visual forms of memory record traumas endured early in life—as opposed to predominantly verbal memory for adult trauma, which facilitates frequent flashbacks. This theory awaits thorough testing, as does the suspicion that early traumatic stress alters a child's brain development in important ways.

"There may be neurobiological differences between memories for childhood trauma and adult trauma, but researchers didn't even consider this possibility until the past few years," Krystal says.

In other words, biological research won't resolve the controversy over adult memories of childhood sexual abuse any time soon. □

Next Week: The Survivor's Syndrome

