

A Psychotherapist's View of Memory

David Jones

I have just completed the British Psychological Society's questionnaire on False Memory Syndrome (FMS) which was sent out to a large sample of counsellors and psychotherapists. Short and workmanlike, it is obviously a well-intended piece of research. I answered in good faith, though the questions seem to say that memory is analogous to a computer database, which in my experience it is not.

After I returned the questionnaire to the BPS several thoughts struck me. Do psychologists see memory in a way that is useful for therapists? Where memory of sexual abuse in childhood is concerned, in what ways should therapists get involved in confrontation between clients and their abusers?

John Rowan sent us his piece about FMS, printed in this issue, and John Button suggested I should also write something about it. My views are based on a number of things: my understanding of psychological theories about how memory works, idiosyncrasies in my own memory and, over the years, my experience of working as a psychotherapist with people who recall being sexually abused in childhood.

Psychologists' Models of Memory

Over the last hundred years, learning and memory have been viewed by psychologists in a scientific context. Using science to frame professional relationships is still strongly with us. For example Ken Evans, president of the European Association for Psychotherapy, refers to the Strasbourg Declaration: 'A group of psychotherapists, most of them psychoanalysts and doctors or psychologists . . . Their commonality was that *psychotherapy needed to be seen as a scientific discipline*, independent of psychiatry and psychology' (my italics). So, if they value science as the basis of their profession, psychotherapists are likely to pay attention to scientific research on memory, especially when it comes to FMS.

Now there are many ways for psychologists to be scientific. I have been so myself, and am proud of it, in the work I did with Chris Dougherty, a statistician, on various aspects of childbirth in hospital. What scientific approaches have in common is that they all value objective observation, repeatable measurement, experimental testing of theory (the simpler

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the theory the better — called the principle of parsimony), universal validity of explanations and the prediction of outcomes.

Physics, biology and computer science provide the clearest models of scientific disciplines. Engineering, medicine and electronic communication are the practical outcomes. These things affect our lives in powerful ways which is probably why science is so highly valued and why some people, the Strasbourg group for example, think that psychotherapy needs to be seen as a science.

Memory has been investigated scientifically by some psychologists (followers of Skinner and Eysenck) who used physics and chemistry as models of a science. They sought universal memory mechanisms that would be true of all living creatures, which would explain the retention of learning due to experience and which could be demonstrated by controlled experiment. Pavlov's reflex arc was taken as a simple, atom-like base on which to construct our understanding of these mechanisms. Learning, memory and behaviour of all organisms were seen as based on patterns of stimulus, response and reward. This strictly behaviourist trend in psychology has more or less died out but it was very strong in the 1950s. It is remembered for experiments which used nonsense syllables so that the mechanisms of memory could be investigated without interference from the *meaning* of what was being learned! It was also the heyday of experiments on rats.

Other psychologists (followers of psychoanalysis) took a biological view of psychology as a science and looked at the functions served by memory. The simple

defence of avoiding pain was used to explain some forgetting. Painful memories, of sexual abuse in childhood, for example, are forgotten, temporarily or more permanently, as a way, according to this approach, of reducing the pain associated with them.

A more recent trend is for psychologists to use computers to model the human mind. The trend here has been to emphasise that the mind is a meaning machine, all memory occurs in a context of meaning and the mind creates the best meaning frame it can with the available information. This is an active process and memories develop and change all the time.

My own view is that all the scientific frames can be useful, at least to some extent, in understanding memory. Howard Gardner wrote a good book about this: *The Mind's New Science*. My own personal taste favours computer models because I like the idea of my mind being a meaning machine, among other things. However, science does exclude some things which I value even more: aspects of being which are emphasised in the humanistic and spiritual traditions — intuition, integrity, autonomy, subjective disciplines like meditation, holistic inclusion of the environment into ourselves and the healing process of being with another person as a therapeutic response to suffering. This influences my view of psychology and how to use it. I do not share the Strasbourg group's belief that 'psychotherapy needs to be seen as a scientific discipline'. To me it needs to be seen as a spiritual concern, a means, as James Hillman put it, for soul building. Many aspects of memory play a part in that.

Here are some oddities from my own memory which illustrate that, at least for me, my memory is not like a computer database but is constantly revising itself.

Oddities of Memory

In 1944, when I was ten years old, I lived in Horsham, Sussex where we were bombed. Several houses were damaged and two were reduced to rubble. A woman, Mrs Stringer, whom I did not know personally and cannot recall having seen, was rescued alive and taken to hospital. A bomb had bounced off the lawn in her back garden, gone up through her house, leaving a large and spectacular hole, before exploding on the house opposite. Mrs Stringer, who had been resting on her bed upstairs, was found alive on the ground floor. A year or so later her house, repaired, was up for sale. I can remember as we walked by asking my father where she had moved to. My father had a sad look on his face and said he did not know. I remembered Mrs Stringer as having survived.

About three years ago I was in a workshop and did some acting out of anger and rage which took me into fear. At one point I had a clear image of Mrs Stringer's house and a feeling of certainty that she had in fact died in hospital. I now remember her as killed as a result of that air raid. You could say this was part of an FMS created by acting out stuff with a therapist, but I would not agree with you. I made a discovery and that feels right to me. Mrs Stringer died, though I cannot recall anyone telling me so.

Forgetting Actions

When I was a postgraduate student, I had a one-night stand with an acquaintance

called Sally. I might have tried to repeat this with her, not out of love or passion, but out a need for sexual expression. However, a friend of mine, Michael, whom I respected and liked, asked me not to; Sally had spoken to him about how emotionally involved she was with me. I now think I should have talked to her myself about this but I did not. I simply agreed with Michael that I would not try to see her and I promised him I would not go to bed with her again.

A week or so later Sally came to my room in the middle of the night and got into bed with me. We had sex. She left and I was soon asleep again. Next day I did not recall the incident.

A day or too later Michael challenged me for breaking my word. I said I hadn't. I was telling the truth, for I had no memory of seeing Sally or of going to bed with her or of any contact with her at all. Michael was puzzled because both of us appeared to be telling the truth. Some time later, apparently triggered by nothing at all, I remembered what had happened and rather sheepishly told Michael. My memory had done what? Played a trick? Let me down? Behaved in a normal but embarrassing way?

A Client's Memory

I do not think it is my job as a psychotherapist to be a historian and try to detect the truth or falsity of the facts that a client describes, nor do I make it my job to point out logical inconsistencies in what they say, as if I were having an argument or marking a student's essay. Sometimes I help clients reframe what they are saying so that they can choose, or not, to see it in a different — perhaps only a slightly

different — way.

I also think it is not my job as a therapist to apportion blame or judgement about right and wrong. I may come close to this though when I say something like, 'I hear you liked and trusted him — he was the only person at home who did not hit you. He gave you presents and took you out on trips. He liked you. You were special for one another. And he persuaded you to have oral sex with him and you feel angry, betrayed and filthy as a result of this. You don't like the sense of power over him that you enjoyed at the time.' My posture and tone may suggest that I wish he had not done this, that I see it as abusive, but I am not seeking actively to condemn anyone. I see my role as helping the client reframe what they remember happening, to work through the feelings and to link all of that to their relationships with other people now. It is no part of this to encourage, or to be a party to, confrontation. If the client chooses to confront an abuser it may help them or it may not. It may confuse or anger the person confronted.

It is also no part of my job as a therapist to suggest using the law for criminal prosecution and damages. I find myself wondering what therapists are doing when they get involved in that sort of thing.

Sometimes a client needs to confront someone about abuse and this can give rise to problems. Rachel recalls being sexually abused by a neighbour, Ralph, who was sent to prison for child abuse when she was about 7 or 8 years old. She also has vague, unclear memories about Keith, who lived with her mother for 2 or 3 years and who left abruptly after a row

when Rachel was about 6 years old. She has no desire to confront Ralph, though she did find it useful to visit the street in which he had lived and to look at the house which she used to visit as a young child and in which she had been abused by Ralph and his friend on many occasions.

Rachel's mother denies that Ralph abused her and becomes agitated if Rachel tries to ask her about it. Rachel wants to talk to her mother, partly to discover more facts. She is also angry with her mother for not protecting her and she wants to tell her this.

I have tried to help Rachel explore her reasons for wanting to talk with her mother and to make her own decisions about risking upsetting her. I do not see it as my job to aid and abet a confrontation or to argue against it. Even less do I think I should encourage her to sue Ralph for the harm that he did to her or to track down and sue Keith for the harm that he may have done. If she decided to do any of that I would not be against it but would try to help her work through her motives and her feelings.

Timothy

Timothy was sexually abused by his aunt, his mother's sister. She is ten years older than him and often looked after him when he was a child. The abuse began when he was 5 years old and continued until he was 13. From the age of about 9 he lived for several weeks at a time in his aunt's flat. She often got into his bed at night and, although he sensed it was wrong, he enjoyed masturbating her and being fondled by her. This also took place most weekdays when she came home from

work. When he reached puberty the sexual activity with his aunt ended abruptly.

At 16 Timothy began fondling a 2-year-old cousin but stopped because he thought it was wrong. When he was in his early twenties his aunt had a baby. This prompted Timothy to ask her what their previous sexual activity had been about. His aunt refused to discuss it and refused to have anything more to do with him. Upset by this, Timothy told his mother who, contrary to what he had expected, was very sympathetic and understanding and encouraged him to find a therapist. He feels supported by his mother and wants to confront his aunt. He feels ashamed at having molested his cousin and it seems unlikely he will do it again. If he did I would telephone the local social work department and report the matter to the child protection officer. It does not seem necessary to tell him now that that is what I would do. If I felt I had to do it I would try to tell him first, ideally

getting him to agree that this needed to be done.

At the moment this is as far as my thinking goes about FMS. I feel rather up in the air about it and my views may well develop as the subject gets more of an airing, not least in places like *Self & Society*. One thing we can be sure of. The BPS will encourage scientific research of FMS. Some aggrieved people will confront and accuse members of their family of sexually abusing them, with varying degrees of truth. Some of the accused will feel hard done by. Lawyers will assist on the legal side. Newspapers will have more copy. Books and articles will be written and undergraduates doing degrees in psychology will be expected to argue cogently about it all, as will trainee therapists and counsellors. Good psychotherapists will continue to follow their clients' process and avoid getting caught up in blaming and litigation.

Further Reading

Ken Evans, United Kingdom Council for Psychotherapy (UKCP) *Newsletter No 2*, April 1994
Howard Gardner, *The Mind's New Science: A History of the Cognitive Revolution*, Basic Books, 1985

David Jones and Chris Dougherty, 'Childbirth in a Scientific and Industrial Society', in Carol MacCormack (ed), *Ethnography of Fertility and Birth*, Academic Press, 1982 (Harcourt Brace reprint 1995)

