'False Memory' Syndrome

Marjorie Orr

Arguments around alleged 'false memory' of childhood sexual abuse are a minefield, but blaming the therapist is a way of taking the unwanted thing — a real abuse memory, or an abuse fantasy (which must have its roots in the family dynamic somewhere) — well outside the family, which has to be kept sacrosanct.

Obviously there are innocent parents falsely accused, which is a great tragedy — according to studies false allegations run at about 2 to 8 per cent (much lower for very young children) — but false allegations are not false memories. They can be a misremembering of the identity of the perpetrator, or a displacing of the offence onto an innocent other; or simply mischievous lies.

What is striking about some parents who are rebutting accusations of abuse is the similarities in the script they speak. It has a slightly robotic feel, as of something learned and parroted back. It usually runs along the lines of an idyllically contented family ripped apart when the adult child falls into the clutches of a 'regression' therapist, usually New Age or a hypnotherapist. However, the stories of the accusers are also eerily similar, telling of day-to-day events in their childhoods which, leaving aside any abuse allegations, indicate enmeshed families where over-control was the norm. The parents were weak and pettily vindictive, possessive and invasive. The 'false memory' here would seem to be the deluded parents' notion of an idyllically contented family life.

These adult children are for the most part fairly frightened of coming out of hiding; some have changed their addresses to escape their parents' clutches. None of those whom I have met is obviously psychotic. They are getting on courageously with putting together a life for themselves away from an obviously damaging childhood. They stick determinedly and sadly to their stories despite facing very distressing public attacks in TV and newspaper stories and flat denial from their parent or parents. Happily in some cases there is support from a divorced parent and in other cases from siblings or other relatives. The families they are 'ripping apart' by leaving (sometimes with the help of a supportive therapist, sometimes not) are unhealthy, invasive and unsupportive. Their psychological survival and healing, as so often with abuse survivors, depends on their being apart from those in the family who are desperate to deny that there is or was anything untoward in the family home.

It has become increasingly clear to me

Marjorie Orr, formerly a newspaper and TV journalist, has practised psychotherapy for some years with a Jungian outlook. She also works with the organisation 'Accuracy about Abuse'.

that 'False Memory Syndrome' is being used in a great many cases to explain away what appear to be full-blown abuse memories, sometimes amnesiac, sometimes not, accompanied by the whole concomitant cluster of symptoms one would expect to see with a history of abuse and trauma.

It is all too easy to use the lunatic fringe of therapy as a convenient peg on which to hang this 'syndrome', though there is no substantive evidence that bad or even good therapists are capable of brainwashing whole strands of memory into patients' heads. Would that it were so! We would all be Merlins turning out delusionally happy patients.

Professional arguments against 'false memory' have tended to concentrate on proving that there is such a thing as traumatic amnesia of childhood sexual and physical abuse. The best known is the Linda Meyer Williams hospital study, where women who were medically examined as children for sexual abuse took part 20 years later in a comprehensive intimate interview. Nearly 38 per cent of them, when directly asked, did not remember the incident for which there had been forensic evidence, or chose not to disclose, although they discussed other abuse incidents. One anecdote from this study was from a woman who said she had been told that before she was born her uncle had been killed by the mother of a little girl he had abused. The interviewer looked up the background files, which she had not previously seen, and discovered that when this interviewee was seven both she and her friend had been molested by the uncle, who was then stabbed to death by her friend's mother. She had displaced the memory to before her birth.

Other studies by Brière and Conté looked at 450 survivors of both sexes of whom 59 per cent said there was some period of their lives which they had forgotten. Amnesia was most common when abuse took place very early, included multiple perpetrators, or was violent.

A useful study by Judith Herman and Emma Schatzow found that of 53 abused women clients, most of whom had recovered memories, 74 per cent were able to find corroborating evidence from diaries, photographs, other family members or admission from perpetrators. Another 9 per cent found evidence highly suggestive of abuse but not conclusive; 11 per cent did not try to confirm their memories. Only 6 per cent were completely unable to find corroboration. And this is an area where evidence is often remarkably difficult to come by, since the abuse by its very nature happens in secrecy.

In a recent study, Ken Pope investigated 'forgotten' childhood abuse among psychologists in the US. Twenty-five per cent of the women psychologists and 16 per cent of the men reported having been sexually abused. Forty per cent reported some period of forgetting the abuse in their lives. Amnesia was most likely where the sexual abuse was by a near relative, where it started younger, and where there was more than one type of abuse — which backs up the Brière and Conté results.

For a high proportion (90 per cent) there was one event which triggered the recovery of the memories of abuse. Only a quarter of these people said that therapy alone was the precondition. Significantly, those who said therapy was a factor in recall were no less likely to find outside

corroboration than were others for whom therapy was not a factor.

On the other side of the argument that purportedly proves it is possible to implant 'false memories' is the well known Elizabeth Loftus experiment where students were persuaded by a family member that they had been lost in a shopping mall as children and came to believe that it was true. However, she herself has said that a relatively common occurrence such as being lost as a child, which is easy to imagine, is in no way similar to conjuring up an image of being abused.

But what is most telling about that experiment is that when the students were told they had been duped, they rejected the 'false memory'. That is not the situation with those who are deemed to have 'false memories' of sexual abuse. In the face of massive, often vindictive, and widespread denial by family and society at large, they continue to stand by what they have reluctantly come to believe did happen.

I saw Joe Keeton, the hypnotist, at work many years ago 'producing' reincarnation fantasies from clients. I had no doubt that these were fabrications. They came out all in a lump, pictorial descriptions, dialogue, bits of emotional drama. But they bore no resemblance to the kind of sexual abuse stories which I have seen emerge with great difficulty and much pain, often vague disconnected fragments at a time.

There is evidence that memory of any one event is not stored all together in the mind, which is presumably why when abuse memories return they often do so in bits — often as a body sensation first, then maybe as a smell, perhaps a disconnected picture. Sometimes the abuse survivor will put together a story that is not exact. We know that memories can be composited, for example a three-year-old's memory fragment stuck together with a seven-year-old's to make a coherent story. Meaninglessness is intolerable. Dr Bessel Van der Kolk remarks of Holocaust survivors that they sometimes put together a less than worst scenario — a story they can live with.

We know that included in a trauma memory there can be mistakes, confusions, blank patches. Sometimes what appears to be a 'false memory' is the result of an attempt by the psyche to defend itself against what it does not understand. Dr Arnon Bentovim had an example of a child who says 'I was hit across the face by a wet fish' — unlikely as a real event, but plausible as the child's way of coping with being hit by a penis, an occurrence which the child does not understand and cannot cope with. Sometimes horrific 'memories' which are palpably false turn out to be deliberate, sleight-of-hand tricks played by the perpetrators in order to frighten the child and make them less believable if they try to disclose.

Sometimes out of terror come hallucinations. Lenore Terr, the San Francisco psychiatrist, studied a group of kidnapped children who were traumatised and terrorised for 24 hours by three masked men, at one stage being buried underground. The children were interviewed five and thirteen months after the event. Their sense of time was very skewed and three of them hallucinated whole scenarios which never happened. But those delusions/fantasies/false memories sat side by side with the real memory of the horror

which precipitated them. What is false in the memory does not negate what is real.

In her recent book *Unchained Memories* Lenore Terr also points out that one of the determining factors is whether the abuse or trauma memory in children is accompanied by the expected cluster of stress symptoms, including compulsive re-enactment of the trauma in play. If there are no behavioural symptoms, then she says, it is unlikely to be a real memory.

Until recently stories from psychiatric patients about being sexually abused were frequently considered psychotic delusions. The disturbing evidence here is that the incidence of childhood sexual abuse amongst such patients is much higher than in the normal population, more than 50 per cent in some studies. Dr Bessel Van der Kolk in one such study noted that the disclosures were made reluctantly and that patients tended to protect their abusers and blame themselves.

Therapy throughout this century, both in its mainstream and in more peripheral forms, has tended to focus on the question of what is wrong with the person, not what has happened to them. The objective outer reality has been discounted in favour of the patient's subjective view. What matters, it has been argued, is how a patient experiences an event, not what actually happened. Obviously two different people will respond differently to what is seemingly the same event, but we do not all exist in separate private hallucinatory worlds.

Winnicott says that one of the main purposes of therapy is to help patients tolerate the intolerable, which can only happen when therapists have first faced the intolerable for themselves. So much of the abuse experience is about the intolerable, which may explain the emergence and continual re-emergence of different movements over the years to deny its existence. As Dr. Arnon Bentovim so cogently put it, 'the taboo is not against sexual abuse, it is against talking about it'.

We must not allow the argument that memories of sexual abuse are false ones, implanted by a therapist, to be carried on without a robust response. These claims not only damage therapy, but leave abused patients vulnerable, exposed and unprotected. Their faith in themselves and their often fragile memories, so painfully acquired, are undermined. Worse, their faith in their therapists, often their main support, can be damaged. Good therapeutic practice is also adversely affected. Therapists are getting over-defensive, drawing back from their good instinctive responses, scared they may unwittingly lead their patients. The tragedy is that they may actually be unwittingly accepting the propaganda put out by the advocates of 'false memory' syndrome.

Further details of all the studies mentioned can be obtained from Marjorie Orr, *Accuracy about Abuse*, PO Box 3125, London NW3 5QB Tel: 0171 431 5339