

REPRESSED and UNREPRESSED MEMORIES

Albert M. Drukteinis, M.D., J.D.

The phenomenon of repressed memory has taken center stage in many courtrooms throughout the country in both civil and criminal litigation. Very simply, the theory says that some memories of significant past events are driven from conscious awareness, i.e. repressed, and at some later time in life are brought back through a triggering and/or explorative process, i.e. unrepressed. The legal importance of this phenomenon rests on its ability to escape the statute of limitations for civil suits and criminal prosecution. Typically, plaintiffs who claim to newly remember being sexually abused in the past, can assert that they had no notice of the abuse until the memory became unrepressed, at which time the statute of limitations should begin to toll. Similarly, prosecutors can initiate criminal action when a victim's memory becomes unrepressed, even if the crime occurred many years previously. Escaping the statute of limitations in this way runs the risk for which the statute was enacted in the first place, namely, the unreliability of evidence which is stale or not available. Therein lies the controversy. Some critics, including a host of alleged perpetrators of abuse are crying foul and labeling the phenomenon as a false Sentry syndrome. How reliable are these memories? Can psychologists really help to identify truth from fiction?

Repression, in psychological terms, is a defense mechanism that is understood as a component within the unconscious life of a person. If the unconscious exists then repression may exist as well. In the late 1800's, Sigmund Freud first formalized the study of the unconscious which he defined as a set of mental processes outside of the person's awareness which, nonetheless, had an impact on thoughts, feelings, and behavior. Repression was thought to be the selective forgetting of what was too painful or objectionable for the mind to accept, and storing it in the unconscious. So, for example, if a person was sexually abused as a child, the memory of the abuse may be too painful to maintain, yet the trauma could leave lasting effects on self-image, confidence, and future interpersonal and sexual relations. Freud and his followers initially used hypnosis and then psychoanalytic methods to explore unconscious processes to help lead their patients to greater awareness of themselves and improved mental health. Other investigators of that era, such as Pierre Janet, elaborated the discussion further, focusing on the effect of severe trauma leading to a dissociation or splitting from consciousness of the unacceptable reality, leading not only to amnesia but also to unusual behaviors such as physical paralysis, fugue states, sleep walking, and multiple personality. As bizarre as they may seem, these conditions were thought to represent a protection of the psyche, not altogether different from saying, "What I don't know won't hurt me." While no one doubts the historical importance of these early investigators, there is considerable disagreement today about the relevance of their theories and a greater focus in contemporary psychological thought on biological, cognitive, and behavioral substrates of mental processes.

The study of the effects of trauma on victims has been ongoing throughout the past hundred years. Surveys of survivors and victims of wartime atrocities, natural disasters, and individual horrors document the emotional impact of these events. It has commonly been thought that the ordinary

human response to atrocities is to push them away from consciousness in order to survive and move on with life. Yet, paradoxically, many traumatized people seem to relive traumatic experiences as intrusive, repetitive recollections. This type of occurrence, known as post-traumatic stress disorder is also a reaction to trauma in which the mind tries to deal with the event by repeatedly driving its mental counterpart into submission. Which is the case then? Do traumatized people remember too much or too little? Some authors assert that both can exist, i.e. enhancement of the memory of the emotional experience and impairment of the memory of detail and context.

A number of empirical studies of childhood sexual abuse report a range of memory loss from partial to global, often followed by a period of intrusive and distressing recollection. In one often quoted study, women whose sexual abuse during childhood was verified by hospital records were interviewed years later. Thirty-eight percent claimed that they did not remember the previous abuse. In other studies, as well as frequently in clinical practice, a current triggering event and/or psychotherapy is claimed to have facilitated the retrieval of long-forgotten repressed memories. Many of these studies have been severely attacked as methodologically flawed and the percentages of traumatic amnesia as grossly over-inflated. In addition, where psychotherapy was used to facilitate retrieval of memories, the potential effects of suggestibility and other influences are said to be too high to allow valid conclusions.

The influences on memory from within a person, from the external environment, and from other persons are numerous. In reality, all memory is a distortion subject to the current context of retrieval. In spite of a multitude of claims of sexual abuse in early childhood, adults typically have a great deal of difficulty remembering events before the age of three or four, and those fleeting memories which they may have are generated or substantially modified through discussions with others over time. In addition, one set of memories greatly affects the memories of similar events which may not be identical, and can lead to significant overgeneralization with regard to frequency and quality of the experiences. A number of studies have shown the unreliability of adulthood memories when compared with corroborating data. The distortions seen are not only about the events themselves, but even more about value judgements surrounding those events.

Therefore, as much as psychologists inquire into earlier feelings of patients about their childhood and family life, significant relationships, work, marriage, etc., those reported feelings may be markedly at variance with what was actually felt at the time.

The assumption that psychological therapy can facilitate retrieval of repressed memories is also in heated dispute. Research has shown that patients in therapy are particularly susceptible to suggestion. Not only can memories be modified by suggestion, but whole series of memories can be created. Once created they are easily elaborated upon. In addition when historical data is discussed it usually is presented as bits and pieces of information. The assembly of those pieces into a narrative story by the therapist invariably reflects the themes which the therapist is trying to outline, i.e. suggest. Even if done in good faith, the distortive potential is extremely high. Just as two biographers can tell very different

accounts about the life of an individual, the psychologist biographer can spin an account as well and because of the nature of the relationship, imbed this account into the mind of the patient. Accounts which attach blame to significant persons in an individual's life are particularly common and often become the focus of the therapy. While some of the blame may be warranted, the joint quest for fault by therapist and patient, can readily lead to unconfirmed villains. When evidence of sexual abuse which may have been repressed is sought, enthusiastic inferences based on vague characteristics of abused victims frequently occur in spite of the logical and scientific errors which should be apparent. So, for example, just because some victims of sexual abuse may be fearful, sexually inhibited, and have eating disorders; not everyone with fearfulness, sexual inhibition and an eating disorder has been sexually abused. Yet, when constellations of symptoms are identified which can occur in the aftermath of sexual abuse, exactly that type of conclusion is frequently reached. Going further, it is brought into a courtroom as further validation of the patient's claim.

Current controversy has unfortunately created a polarity in this debate which is fueled by political and contemporary sociological thinking. Increased awareness of sexual abuse and its prevalence moves many to advocate for victims and to demand exposure for the secrets that were buried for years within a family or institution. Outrage at perpetrators and sympathy for the emotional scars of victims encourages this advocacy. Using the theoretical concept of repression, therefore, to escape the statute of limitations seems appropriate. After all, this concept has been the foundation of much psychological work for decades. Furthermore, where memories were not forgotten, the concept of dissociation is raised to show how the emotional response to trauma was split off from the victim so that there was no notice of harm until years later. Once again psychologists are brought in to demonstrate how that harm only became apparent in the course of psychotherapy. On the other hand, opponents are now vigorously attacking the concept of repression in part because of its extreme and at times unfounded use within the profession and the courts. They would argue not only that the phenomenon does not exist but that there may be no such thing as a valid memory of anything which was once forgotten and later remembered. Neither side is entirely correct.

Victims of severe trauma undergo a variety of reactions. At times they may need to forget the experience. At other times they may need to recall it repeatedly. Whether or not empirical studies show it, most practicing psychologists have seen repression at work in their patients and in themselves. How much of the phenomenon is unconscious, how much is conscious, i.e. suppressions and how much is just natural forgetting, are very difficult to distinguish. At times a person just may not want to remember and pursue. It is almost impossible to know if the memory was truly not available or repressed, especially from very early experiences in childhood. There is also no reliable way of testing whether the recollection is accurate except through corroborating data. But, that is the very problem, from an evidentiary standpoint, why statutes of limitations were enacted. The data that would corroborate may be gone or faded. Witnesses may have aged or died. Other important evidence may have been lost. Available witnesses may be distorting, and psychologists may be suggesting. Some wrongs can never be made right, but our rules of evidence and statutes of limitations are designed to ensure that when wrongs are found they are through valid and reliable means. The use of repressed memories is not one of them. (See Campbell, T. W.: *Repressed Memories and Statutes of Limitations*. Am. J. of Forensic

Psych., 16(2):25, 1995; and Herman, J. L.: Crime and Memory. BullAmAcad. Psychiatry Law, 23(1):5, 1995)