

THE PSYCHOLOGICAL HISTORY - A MYTHICAL NARRATIVE?

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Much has been written in the legal and psychiatric literature recently regarding the repressed memory syndrome, its validity and reliability, and its use in by-passing the statute of limitations. (see MAR, Vol. 5 No.5, 21/26/1997) However, there has been less inquiry into the reliability of memories that have not been repressed and that form the basis for psychological histories as told by a patient or client. Every day in thousands of psychologist offices, patients relate psychological histories - detailing the background of their life, significant events and traumas. They also relate their reactions to those events, as well as their opinions regarding the most relevant and influential aspects of their histories. The relative contribution of their own behavior and that of others is apportioned, and blame is often assigned. But, how accurate are those accounts and interpretations? How reliable are the memories that we think we have, and that we believe have not been forgotten?

Every psychological history is a review of early development, familial dynamics, important relationships, work history and adjustment, personal stressors in crises, marital conflicts, etc., and, at least in the first instance, relies on the account of the narrator. But, every divorce lawyer, for example, knows how varied the accounts of the spouses in a marital contest are about what happened in the household and in the marriage. Similarly, every employment lawyer knows that the account of an employee, or employer for that matter, must be weighed in the context of more complex organizational dynamics. And every psychiatrist, psychologist, and mental health provider should know that there can be another side to the story that is presented by their patients. Indeed, over the course of therapy, alternative interpretations and impressions of events may be brought out in order to help patients grow in a deeper understanding of themselves and their life. Unfortunately, however, the therapeutic alliance that is formed and the empathy which is a natural phenomenon of good therapy, leads to identification with the patient's account. With time, the narrative of the patient is reconstructed or reinforced by the narrative of the psychologist, and takes on a life of its own which may be far removed from historical events.

A few specific examples may be necessary here. Patients describing their premorbid home life as happy and content, may be ignoring or denying secrets within the household which all the members mutually held. The secret of having an alcoholic parent is a common example of this. On the other hand, descriptions of traumatic incidents at the hands of an alcoholic parent may overshadow in the patient's memory a myriad of other incidents and experiences throughout development and in relationships which were even more instrumental in personality formation. The traumas from the parent become a natural and convenient focus for blame. The psychoanalytic stereotype that everyone's problems stem from their mother, illustrates this in jest but is practically not too different from what occurs in the construction of psychological narratives. Another example might be when patients describe an oppressive boss who is too demanding, unfairly critical and who creates intolerable stress at the job. While possible, the patient may be unwilling to face a pattern of his or her own poor work performance and personality disturbance which was present not only in this but in other employment settings. Often, psychologists will not adequately scrutinize generalized statements such as: "I was abused throughout childhood...my parents neglected me...my wife is controlling and demeaning", or in the alternative, "I've always been a respected worker...I never had problems before the accident...my home life was happy." Although such statements may reflect a general impression which could be substantially accurate, they are too readily accepted without more detailed inquiry and become part of the psychological narrative, which continues to be retold as fact. Inaccurate generalized statements may have nothing to do with

conscious fabrication or deliberate misrepresentation, but may only be due to memories which are vulnerable to distortion.

There's a popular adage that if you have ten eyewitnesses to an event, you will have ten different accounts. While this may be an exaggeration, most criminal prosecutors who have accumulated dozens of witness statements will attest to its near truth. Those statements invariably have significant contradictions, not only in the factual accounts, but even more in the subjective impressions of motive, malice, temperament and predisposition, and blame. This might appear as if memories have no validity. This is not so; only that they are subject to distortion by time and various influences. Memory can be generally divided into two steps, that of recording and of retrieving. This complex process can be outlined, from one perspective, as follows:

(a) The recording of events perceived to create memory is never a pure step, but inevitably involves some interpretation of the event being recorded. That interpretation comes from previous memories that have been recorded and now are retrieved simultaneously to help in the interpretation. So the recorded information is automatically altered as it enters.

(b) When retrieving information which has been previously recorded, once again, it will not be just the original perceived events, but will include the earlier interpretation. Plus, the current retrieval involves a selection of only portions of recorded information based on current needs, feelings, and context. The newly retrieved information is, therefore, altered even further from that originally perceived.

(c) The process of retrieving, with its multiple layers of influence, now itself rerecords the memory, and at some future time this re-recording may appear to represent the original recorded information when in fact it has been subject to significant alteration. This process repeats itself adding new layers of influence each time. Once the tale has been told dozens of times, the final product may be a distant shadow of the original perceived event.

Researchers have shown that memories are influenced by decay over time as well as by interference. Biological processes, of course, play a major role and a number of brain conditions are known to affect memory. For example, in senile dementia, the failure of memory retrieval, especially of recent events and experiences, causes patients to "fill in the blanks" or to evade a subject so as not to appear stupid. Traumatic brain injured patients, similarly, may learn to guess or approximate responses out of embarrassment for their deficit. A dramatic example of brain injury and memory distortion is a condition known as Korsakoffs psychosis, caused by chronic alcoholism. Here, patients will confabulate detailed and often colorful accounts subject to suggestion, and accept their own confabulation as reality.

Psychological processes also distort memory. This can be divided into two broad categories, personal myth and memory construction. The personal myth is a fundamentally distorted narrative of a person which has been accepted as reality as a theme that defines the individual to himself or herself. Personal myths are how we want to see ourselves or how we have learned to see ourselves over time. This can be an idealized inflated self view, or a self deprecating one. It can involve heroes and villains and mythical struggles. Often it leads to rich detail in the recollection of events that are consistent with the myth. Where memories are faulty, they are supplemented by association with memories that are retained in order to reinforce the theme. For example, in the highly charged time of adolescence, good or bad actual memories may, by association, lead to correspondingly good or bad false memories of events that are not recalled, but appear to be correct and consistent with the theme. Now,

one's adolescent period is represented in memory by "numerous" events and feelings of a particular nature which are forever etched in the same theme.

Memory construction takes place with or without a theme and is influenced by numerous factors. Elizabeth Loftus and colleagues have shown how leading questions can significantly alter memory reports, and post-event misinformation can distort the memory of an original event. She has shown through her research the dramatic influence of suggestibility to eyewitness testimony. This is particularly prominent when the source of a memory has been forgotten, i.e. was it seen, heard, or just imagined? Here, post-event misinformation is a powerful generator of erroneous memory of the events. In addition, there are numerous biases that occur through retrospection, when an individual's current attitude and information now available influence how things are recalled. The environment in which the individual retrieves the memory must also be scrutinized. A significant example of this is when hypnosis or a hypnotic setting is used for memory recollection. Although widely claimed to have a role in retrieving forgotten events, hypnosis also has a significant potential for inducing false memories. The person's current mood can also exert a significant biasing effect on memory retrieval, so that information that is consistent with the current mood tends to be well remembered, but information that is not consistent is poorly remembered.

Finally, though memories are so susceptible to distortion, people often have a great deal of confidence that their false memory is accurate. Even with highly emotional events such as the assassination of President Kennedy or the Challenger disaster, studies have shown that memories are subject to distortion while people express assuredness that they are recalling correctly the event, where they were at the time and their reactions to it. Other studies have shown that both children and adults who are suggested false memories, will later be convinced that the events surrounding the false memories actually occurred. It follows, therefore, that when a particular memory is necessary or when an individual is invested in what that memory represents to them, they may stick tenaciously to the truth of their assertion. But, that may not represent an accurate account of events or their history.

The importance of memory distortion and the creation of mythical narratives is clear if psychologists are to have a good understanding of their patients. It is even more important if that account is at issue in litigation. The circumstances of memory retrieval must always be scrutinized and generalized statements must always be dissected. This is a painstaking and time consuming process which is often met by resistance on the part of the patient or client. Yet, in the final analysis, both psychological treatment and litigation will be enhanced if it is done.

(see Schacter, D. S.: *Memory Distortions: How Minds, Brains, and Societies Reconstruct the Past*. Cambridge, MA, Harvard University Press, 1995.)