

# Memory Distortion and False Memory Creation

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The 1990s have brought to public attention thousands of cases that began when a grown-up daughter or son walked into a therapist's office seeking help for depression, low self-esteem, or any of a number of life's problems. Many of these cases grew to involve memories of childhood sexual abuse recovered while in therapy—memories that did not exist, or at least were not remembered, before therapy began. Many of these cases also involved families torn violently apart. What should we make of these new-found memories? Are they true memories that were successfully revived in therapy? Are they false memories that were unwittingly planted? Are they symbolic expressions—historically false but representing some deep underlying truth? Insights from cognitive psychology may shed some light. Much of the litigation that has resulted from the emergence of “repressed memories” has been hazardous to the patients, and their families, as well as to the therapists who treat them.

Scientific work on memory distortion has captured the attention of the wider mental health field, the legal profession, and the general public. One reason is that in the last decade, hundreds if not thousands of patients have emerged from psychotherapy accusing their fathers and mothers, their uncles and grandfathers, their former neighbors, their former teachers and therapists, and countless others, of sexually abusing them years before. The patients often claim that they have repressed or dissociated the “memories” until various therapeutic interventions ex-

cavated the mental contents, making their presence known. After recovering these new memories, patients have confronted their alleged abusers and sometimes taken them to court, forcing them to pay sizable sums in damages. In many cases, accused people have found themselves dragged through the criminal justice system and occasionally, to their shock, sent off to prison.

One representative case received multipage coverage in *Time Magazine*.<sup>1</sup> This “daughter against father” case was that of Laura B., who claimed that her father, Joel Hungerford, molested her from the ages of 5 to 23, including raping her just days before her wedding. She had allegedly totally repressed all memories of her abuse until she entered therapy a couple of years later and the violent ordeals re-

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surfaced. She recounted her detailed recollections in a small courtroom in New Hampshire in a 1995 criminal case against her father.\*

In the United States, the vast majority of repressed memory cases have been brought in the civil courts. In 1989, legislation went into effect in the state of Washington that permitted people to sue for recovery of damages for injury suffered as a result of childhood sexual abuse any time within three years of the time they *remembered* the abuse.<sup>2</sup> The legislature invoked a novel application of the "delayed discovery doctrine" that essentially says that the statute of limitations does not begin to run until the plaintiff has discovered the facts that are essential to the cause of action. The argument in repressed memory cases was that the memory for abuse was hidden away—sometimes for decades—until it was ultimately discovered, and only then does the plaintiff possess the facts that are essential to the cause of action. Washington state gives plaintiffs three years to file a lawsuit from the time the victim discovers or reasonably should have discovered the abuse and its causal connection to adult psychological problems.<sup>3</sup>

Since the passage of Washington's original statute, at least 28 other states have adopted similar legislation. An excellent discussion of the positions taken by various state legislatures, and of their uncritical proclamations about the reality of repressed memories, can be found in a recent law review article.<sup>3a</sup> Of the 28

statutes, at least 25 provide for a period ranging from 2 to 10 years to bring suit after the "discovery" of the sex abuse injury. (In Wisconsin, it is 2 years and in Nevada, 10.) Several statutes do not follow Washington's model precisely, but instead provide for lengthened periods after a triggering event such as the age of majority. (In Connecticut, for example, it is 17 years after the age of majority; in Idaho, 5 years after the age of majority.) As a consequence of this recent legislative activity, juries are now hearing cases in which plaintiffs are suing their parents, relatives, neighbors, teachers, and others for acts of childhood sexual abuse that allegedly occurred 10, 20, 30, even 40 years earlier, but were only recently remembered. Often after developing new memories, accusers also sue the cruise ship, day care facility, hospital, or school where they claim that the abuse occurred.

These cases are difficult to defend. Typically, defendants try to show the highly suggestive nature of the therapeutic process. Frequently that process of excavating the "repressed" memories involves invasive therapeutic techniques such as age regression, guided visualization, trance writing, dream work, body work, hypnosis, and sodium amytal or ("truth serum"). One psychiatrist has explicitly cautioned that pseudomemories can result from "suggestion, social contagion, hypnosis, misdiagnosis, and the misapplication of hypnosis, dreamwork, or regressive therapies."<sup>4</sup> Numerous research and clinical psychologists have raised grave concerns that these activities are fostering the creation of false beliefs and memories that implicate innocent

\* State v. Hungerford, No 94-5-045, 1995 WL 378571 (NH Sup Ct, May 23, 1995); see also Gorman C, Memory on Trial. Time Magazine. May 23, 1995, p 54

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people.<sup>5-7</sup> The “recovered memory” therapy that accomplishes this tragic ending has been called the “lobotomy for the 90s”—a reference to the pre-frontal lobotomy surgery procedure used by the medical profession in the 1940s.

### Types of Repressed Memory Cases

At the heart of repressed memory cases is a fundamental set of assumptions: that people routinely banish traumatic experiences from consciousness because they are too horrifying to contemplate; that these forgotten experiences cannot be recalled by any normal process, but only by special techniques; that these special techniques produce reliable recovery of memory; that before such recovery, these forgotten experiences cause distressing symptoms; and that healing is possible only by “digging out” and reliving the forgotten experiences. In point of fact, there is no cogent scientific support for this repression folklore, and there is ample reason to believe that extraordinarily suggestive and prolonged searches for hidden memories can be harmful. There are grounds to believe that such practices, while confined to a small minority of practitioners, involve large numbers of patients, given the sheer number of patients who seek psychotherapy in any one year. This is not to say that people cannot forget horrible things that have happened to them; most certainly they can. But there is virtually no support for the idea that clients presenting for therapy routinely have extensive histories of abuse of which they are completely unaware. Yet an unfounded faith in the repressed mem-

ory ideology has lead some clinicians to engage in practices that are risky, if not dangerous, in terms of their potential for creating false beliefs and memories. In numerous cases, patients have been encouraged toward litigation based on these new-found recollections.<sup>9</sup>

Hundreds of civil plaintiffs have now taken advantage of new legislation and brought suits in which they claim that their memories resurfaced in therapy. A second wave of lawsuits has been brought by “retractors” who claim that they were led to believe they were sexually molested but now realize their memories are false. As of 1994, some 300 individuals had retracted their sexual abuse allegations, some had sued their former therapists, achieving six-figure settlements or jury verdicts.<sup>7</sup> Invariably the process of therapy is on trial. The largest retractor verdict occurred in 1995 in a case against psychiatrist Diane Humenansky.<sup>10, 11</sup> Humenansky, a St. Paul, MN psychiatrist, was accused of subjecting her patient to an increasingly suggestive and coercive program of mind-altering drugs, hypnosis, and threats designed to get the patient to remember abuse. The patient and her family were ultimately awarded over 2.6 million dollars, making this verdict the largest to date, in the repressed memory domain, for a retractor of sexual abuse allegations.

### Psychological Science on Suggestibility

Dr. Diane Humenansky testified repeatedly during her trial that she did not believe in false memories. She refused to acknowledge that anything she might

have done could have led her patient to develop false recollections about the past or to experience the devastation that such recollections caused. Yet in this case, expert witnesses brought to the table several forms of evidence to support the power of suggestion to create false memories. Converging evidence of the power of suggestion to produce false memories comes from the psychological literature on memory distortion, particularly research conducted over the last two decades and supplemented by some new paradigms developed over the last few years.

***Misinformation Studies*** In the last two decades, a body of research has been published showing that new, postevent information often becomes incorporated into memory, supplementing and altering a person's recollection. New information invades us, like a Trojan horse, precisely because we do not detect its influence. Understanding how we can become tricked by revised data about the past is central to answering questions about the role of suggestion in and out of psychotherapy that can lead to false memories of abuse.

This body of research showing how memory can become skewed when people assimilate new data utilizes a simple procedure. Participants witness a complex event, such as a simulated violent crime or automobile accident. Subsequently, half of the participants receive new and misleading information about the event. The other half get no misinformation. Finally, all participants attempt to recall the original event. In virtually every study done using this paradigm, those

who had not received the false misinformation had more accurate memories.

Large memory distortions have now been found in hundreds of studies, involving a wide variety of materials. People have recalled nonexistent broken glass and tape recorders, a clean-shaven man as having a mustache, straight hair as curly, and even something as large and conspicuous as a barn in a bucolic scene that contained no buildings at all. In short, misleading postevent information can alter a person's recollection in a powerful and even predictable manner. Many courtroom lawyers, political leaders, pollsters, and psychologists have understood this well.

***False Childhood Memories*** Several years ago I described the case of a 14-year-old boy named Chris, who was led to believe by his older brother, Jim, that he had been lost in a shopping mall at about the age of 5 and ultimately rescued by an elderly person.<sup>12, 13</sup> Chris' experience provided the idea for a formal study in which people might be led to have childhood memories for events that never happened. The study comprised 24 individuals who were asked to recall events that were supplied by a close relative.<sup>14</sup> Three of the events were true and one was a research-crafted false event about getting lost in a shopping mall, department store, or other public place. The subjects, who ranged in age from 18 to 53, thought that they were taking part in a study of childhood memories. In phase 1, they completed a booklet containing four short stories about events from their childhood provided by a parent, sibling, or other older relative. Three events actually hap-

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pened, and the fourth, always in the third position, was false. The events were described in a single paragraph.

The false event was constructed from information provided by the relative, who had given us details about a plausible shopping trip. The relative was asked to provide the following kinds of information: (1) where the family would have shopped when the subject was about five years old; (2) which members of the family usually went along on shopping trips; (3) what kinds of stores might have attracted the subject's interest; and (4) verification that the subject had not been lost in a mall around the age of five. The false event was then crafted from this information. The false events always included the following elements about the subject: (1) lost for an extended period of time; (2) crying; (3) lost in a mall or large department store at about the age of five; (4) found and aided by an elderly woman; and (5) reunited with the family.

Subjects completed the booklets by reading what their relative had told us about each event and then writing what they remembered about each event. If they did not remember the event, they were told to write, "I do not remember this."

When the booklets were returned, subjects were called and scheduled for two interviews. These occurred approximately one to two weeks apart. We told the subjects we were interested in examining how much detail they could remember and how their memories compared with those of their relatives. The event paragraphs were not read to them verbatim, but rather bits of them were provided

as retrieval cues. When the subjects had recalled as much as possible, they were asked to rate the clarity of their memories for the event on a scale of 1 to 10, with 1 being not clear at all and 10 being extremely clear.

In all, 72 true events were presented to subjects, and they remembered something about 49 (or 68%) of these. This figure did not change from the initial report through the two follow-up interviews. The rate of "remembering" the false event was lower. Seven of 24 subjects "remembered" the false event—either fully or partially—in the initial booklet, but in the follow-up interviews only 6 subjects (25%) remembered the event. There were some differences between the true memories and the false ones. For example, subjects used more words when describing their true memories, whether these memories were fully or only partially recalled. Also, the clarity ratings for the false memories tended to be lower than for true memories produced by those same subjects. Interestingly, there was a tendency for the clarity ratings of the false memories to rise from the first interview to the second. Our results show that people can be led to believe that entire events happened to them after receiving explicit suggestions to that effect. We make no claims about the percentage of people who might be able to be misled in this way, only that these cases provide an existence proof for the phenomenon of false memory formation.

A comment on being lost: a predictable comment about the false memories of getting lost is that people may have actually been lost in their lives, however briefly,

and they may be confusing this actual experience with the false memory description. But our subjects were not asked about just any experience of being lost. They were asked to remember being lost around the age of five—in a particular location with particular people present, being frightened, and ultimately being rescued by an elderly person.

**More False Memories** Could false memories be created about events that were more unusual than getting lost? Using a similar procedure, Hyman and colleagues<sup>15</sup> picked more unusual events and tried to implant these in the minds of adult subjects. In one study, college students were asked to recall actual events that had been reported by their parents, and one experimenter-crafted false event. The false event was an overnight hospitalization for a high fever with a possible ear infection or else a birthday party with pizza and a clown. Parents confirmed that neither of these events had happened, yet subjects were told that they had experienced one of the false events at around the age of five.

Subjects tried to recall childhood experiences that they thought had been supplied by their parents under the belief that the experimenters were interested in how people remember shared experiences differently. All events, both true ones and the false one, were first cued with an event title (family vacation, overnight hospitalization) and an age. Hyman *et al.*<sup>15</sup> found that subjects remembered something about 84 percent of the true events in the first interview and 88 percent in the second interview. As for the creation of false memories, no subject

recalled the false event during the first interview, but 20 percent did by the time of the second interview. One subject “remembered” that the doctor was a male, but the nurse was female—and was also a friend from church.

In a separate study by Hyman *et al.*,<sup>15</sup> three new false events were chosen, such as attending a wedding reception and accidentally spilling a punch bowl on the parents of the bride or having to evacuate a grocery store when the overhead sprinkler systems erroneously activated. In this study, the experimental demands were intensified somewhat by, for example, pressures for more complete recall. Altogether subjects remembered something about 89 percent of the true events during the first interview. Somewhat higher percentages were remembered during the second (93%) and third (95%) interviews. As for the false events, again no subject recalled these during the first interview, but 25 percent did so by the third interview. For example, one subject had no recall of the wedding “accident,” stating “I have no clue. I have never heard that one before.” By the second interview, the subject said: “. . . It was an outdoor wedding and I think we were running around and knocked something over like the punch bowl or something and um made a big mess and of course got yelled at for it.”

The punch bowl false event was used again in a third study,<sup>16</sup> designed to explore individual differences in susceptibility to the creation of false memories. Altogether, subjects remembered something about 74 percent of the true events in the first interview and 85 percent in the

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second interview. As for the false events, only 1 percent of subjects recalled these during the first interview, but 27 percent did so by the second interview. One subject during the second interview remembered extensive detail about the unfortunate man who got punch spilled on him: “. . . a heavy set man, not like fat but like tall and big kind big beer belly, and I picture him having a dark suit on, like grayish dark and like having grayish dark hair and balding on top, and uh I picture him with a wide square face and I just picture him getting up and being kind of irritated or mad. . .” There were two individual differences measured that correlated strongly with the creation of false memories. The first is the dissociative experiences scale, which measures the tendency to have dissociative experiences or normal integration of awareness, thought, and memory. Also correlated was the creative imagination scale, which is a measure of hypnotizability and also can be construed as a self-report measure of the vividness of mental imagery.

A variation of this procedure has also been used with children whose ages ranged from three to six.<sup>17</sup> They were interviewed individually about real (parent-supplied) and fictitious (experimenter-contrived) events, and had to say whether each event happened to them or not. One of the “false” events concerned getting one’s hand caught in a mouse trap and having to go to the hospital to get it removed; another concerned going on a hot air balloon ride with classmates. The children were interviewed many times. As for the false memories, the young children (3 to 4 years old) assented to

them 44 percent of the time during the first session and 36 percent of the time during the seventh session. The false event was remembered at a somewhat lower rate (25% in the first session, 32% in the seventh session) for the older children (5 to 6 years old). In another study that involved children of the same age but with more interviews about different fictitious items (i.e., falling off a tricycle and getting stitches in the leg), the rate at which children bought into the false memory increased steadily with the number of interviews.<sup>18</sup>

Taken together, these results show that people will falsely recall childhood experiences in response to misleading information and the social demands inherent in repeated interviews. The process of false recall appears to depend, in part, on accessing some relevant background information. Hyman and his colleagues hypothesized that some form of schematic reconstruction may account for the creation of false memories. What people appear to do, at the time they encounter the false details, is to call up schematic knowledge that is closely related to the false event. Next they think about the new information in conjunction with the schema, possibly storing the new information with that schema. Now, when they later try to remember the false event, they recall the false information and the underlying schema. The underlying schema is helpful for supporting the false event—it adds actual background information and provides the skeletal or generic scenes.

***Imagination Inflation*** One process that may play a role in the creation of false childhood memories involves imag-

ination. These experimental methods may be inducing subjects to imagine events that they don't recall having happened. To explore the impact of deliberately inducing subjects to imagine a counterfactual past, I and my collaborators have shown that one simple act of imagining a childhood event increases a person's subjective confidence that the event happened to them in the past—a phenomenon called "imagination inflation".<sup>19</sup> In this study, subjects were asked about a long list of possible childhood events (e.g., broke a window with your hand), and they told us the likelihood that these events had happened to them as a child. Two weeks later, subjects were instructed to imagine that some of these events had actually happened to them. And finally, they responded for a second time about the likelihood of that long list of possible childhood events.

Consider one of the critical items. "Imagine that it's after school and you are playing in the house. You hear a strange noise outside, so you run to the window to see what made the noise. As you are running, your feet catch on something and you trip and fall." While imagining themselves in this position, subjects answer some questions such as, "What did you trip on?" They further imagine: "As you're falling you reach out to catch yourself and your hand goes through the window. As the window breaks you get cut and there's some blood." While imagining themselves in this predicament, they answer further questions such as, "What are you likely to do next? How did you feel?"

We confined their analysis to items that

the subjects explicitly said were unlikely to have happened to them in the first place. A one-minute act of counterfactual imagination led to positive changes in a significant minority of the subjects. After engaging in this act of imagination, 24 percent of subjects increased their subjective confidence that something like this had actually happened to them. For those who had not imagined the event, only 12 percent showed a corresponding increase. The other seven critical items used in this study showed similarly increased subjective confidence after imagination.

These findings show that even a single act of imagining a known counterfactual event can increase the subjective likelihood that the event happened in the past. We and others have expressed concerns that imaginations may be one of the steps down the royal road to creating false memories. These findings suggest caution may be in order before therapists use or recommend imagination strategies for the express purpose of eliciting allegedly buried abuse memories.

*Dreams and False Memories* Some psychotherapists believe that dreams give insights into an unremembered traumatic past,<sup>20, 21</sup> or that dream material reflects the emergence of childhood trauma memories breaking through unconscious barriers,<sup>22, 23</sup> or that dreams should be used as a resource for reconstructing early sexual abuse.<sup>24</sup> In fact, a review of the scientific evidence related to whether dreams replicate traumatic experience concluded that there is no solid support for this notion.<sup>25</sup> Despite the lack of evidence, some therapists treat their patients' dreams as if this were the case, interpret-



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ing dream images as a reliable replication of past trauma. Such activities could be creating a problem for their patients in the following way. If therapists discuss a topic during a waking session, material about this topic may, as a consequence, get into the patient's dreams at night. When the dreams are discussed at the next waking session, and (mis)interpreted as if they are evidence of a traumatic past, the patient may come to falsely believe and misremember a past that never happened except in the patient's dream.

Numerous commentators have worried about the potential harm that can occur as a result of sexualized dream interpretation.<sup>7</sup> Can dream material be mistaken for reality? Giuliana Mazzoni and I recently reported on three experiments that show that after a subtle suggestion, subjects falsely recognized items from their dreams and thought that these items had been presented during the waking state.<sup>26</sup> The procedure used in these studies involved three phases. Subjects studied a list of items on day 1. On day 2, they received a false suggestion that some items from their previously reported dreams had been presented on the list. On day 3, they tried to recall only what had occurred on the initial list. Subjects falsely recognized their dream items at a very high rate—sometimes as often as they accurately recognized true items. They reported that they genuinely “remembered” the dream items, as opposed to simply “knowing” that they had been previously presented. These findings suggest that dreams can sometimes be mistaken for reality. Dream material might be especially problematic in the hands of

a therapist who discusses sexual abuse during the day (causing sexual material to appear in the patient's dreams at night) and then uses dream material as a “resource” to reconstruct supposed past childhood sexual abuse. The danger that these questionable activities might lead a patient to a false belief and/or memory that sexual abuse actually occurred is more than a passing risk.

**False Feedback** In the typical misinformation study, very specific suggestions are fed to subjects who then occasionally incorporate these into their recollections about past events. In the “false feedback” paradigm, subjects are given false feedback about themselves as part of a manipulation designed to induce them to construct entirely false memories of the past. Dr. Sue DuBreuil and others working in my laboratory have adapted a procedure first used in the Carleton University laboratory of the late Nick Spanos (see *Acknowledgments*). The study was designed to simulate certain features that are included in some questionable therapeutic settings. Subjects are given a credible rationale for why they most probably saw a mobile over their cribs on the day after they were born and why they will probably be able to retrieve memories of the mobile. In the initial research by Spanos and his collaborator, Burgess (unpublished), many subjects reported remembering the mobile, whether they were hypnotized or simply age regressed without hypnosis.

Our adaptation of this procedure used subjects who were interviewed in a therapy clinic room with low light, recliner chairs, and a two-way mirror. They filled

out the Princeton Personality Inventory, which was ostensibly scored by a computer, and were then told that they demonstrated the profile of a "high perceptual cognitive monitor." They were further told that this profile suggests that they most probably had visual experiences during a critical period shortly after birth and that they were probably exposed to a colored mobile hung over their cribs in the first few days after birth, the purpose of which was to stimulate coordinated eye movements and visual exploration. They were falsely told that the purpose of the study was to ascertain whether they were born in one of the hospitals that hung such mobiles. To determine this, subjects would undergo "guided mnemonic restructuring," a technique for uncovering early infant memories. They were age regressed to the day of birth and instructed to see themselves as if looking at a mental TV screen and to describe what they saw. If they reported the mobile, they were urged to focus and provide as much detail as possible. Afterward, subjects were age progressed, and they answered questions about their experience, including an assessment of whether they believed their memories were definitely real, probably real, unsure, probably fantasy, or definitely fantasy.

Approximately half of the subjects were induced to develop memories not of the first day of life, but of the first day of kindergarten. This was accomplished with parallel false feedback that suggested that they fit the profile of a "high perceptual cognitive monitor," probably due to being exposed to spiral disks hung in the classroom on the first day of kin-

dergarten, designed to stimulate coordinated eye movements and visual exploration. They too were age regressed to ascertain whether they experienced the spiral disks. We hypothesized that subjects might be even more readily induced to falsely remember spiral disks from kindergarten since they would not have metacognitive beliefs about childhood amnesia to keep them from remembering events from this age.

Our preliminary research reveals that over 80 percent of subjects reported remembering some experience at the target age. In terms of the specific suggested stimulus, approximately 60 percent claimed some memory of the mobile and 25 percent claimed some memory of the spiral disk. Thus, the kindergarten subjects were less likely to create a false memory for the suggested stimulus.

Many of the "memories" were quite detailed. To give the flavor of response, here is one from a "mobile" subject: "There are little paper baby bottles hanging from the ceiling and there's a yellow bow tied to somebody's, um, crib but I don't know why and the crib I'm in is like, um, a clear plastic thing and there's like a red [. . .] along the side. And actually I remember there's a mobile. If I'm laying on my back, it's hanging from the left corner. But it seems to be pastel colors. It's nothing bright."

Variations in the false feedback paradigm are now being used in other laboratories. Preliminary reports are consistent with those reported here, namely, that it is possible to induce people to construct false memories and make false memory reports, even to report impossible memo-

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ries, by giving them a credible rationale for why they might expect to have these specific memories.

**Implications for Therapy** Given the extensive past as well as currently growing literature on suggestion and false memory creation, it is hard to see how knowledgeable therapists can seriously refuse to acknowledge the potential for false memories. Many competent clinicians urge such recognition. Thomas Nagy,<sup>27</sup> writing for *The National Psychologist*, opened his article this way: "There are several ways in which a therapist might contaminate or otherwise degrade the validity of patients' memories." The British Psychological Society (BPS) conducted a survey of its practitioners, and 67 percent reported a belief in the possibility of false memories. This survey was conducted as part of the activities of a "working party" of the BPS assembled to study the "recovered memory" problem. The report has been praised for its useful, although commonsensical advice to practicing clinicians. However, it has also been widely criticized, with charges of blatant errors of fact,<sup>28</sup> lack of balance and reliance on methodologically flawed research,<sup>29</sup> flawed handling of sources of information,<sup>30</sup> unsubstantiated claims, questionable interpretations, and misleading quotations,<sup>31</sup> and, overall, for missing the mark.<sup>32</sup> For these and other reasons, the report has been characterized by some in the psychological community as being "seriously flawed and misleading" in an editorial published in *The Therapist* under the headline "The British Psychological Society needs its head examined."<sup>33</sup>

It is hard to pin down the precise reason

for such widespread criticism of the British report. One specific concrete complaint concerns the omission of certain crucial items that were discovered by the BPS working party in the course of their work but omitted from their report. For example, when therapists who were surveyed were asked whether reports of childhood sexual abuse (CSA) from total amnesia can be taken as essentially accurate, 38 percent said "usually" and 6 percent said "always." This result was reported, along with the working party's inference that these recoveries from total amnesia are undoubtedly accurate because they represent high levels of belief among qualified psychologists who also showed a high level of acceptance of the possibility of false memories. However, these same clinicians had been asked an additional question about whether clients' reports of having experienced satanic ritual abuse can be taken as essentially accurate; 38 percent said "usually" and 5 percent said "always"—virtually identical percentages. This finding was not included in the report, and the very existence of the survey question itself was not mentioned,<sup>34</sup> although its existence would be made known in a later publication.<sup>35</sup> The survey also found that 10 percent claimed the use of hypnotic regression to uncover traumatic memories and 23 percent claimed experience with clients reporting CSA that was recovered from total amnesia while in therapy with the respondent. Yet, the BPS working party decided that there was no reliable evidence for a widespread problem in the U.K.

Freudian scholar and Berkeley pro-

fessor Frederick Crews<sup>36, 37</sup> would have much to say about mental health organizations that fail to take a strong stand on the techniques that constitute "recovered memory therapy." Crews (pp. 234–235)<sup>37</sup> has been forceful in his complaints that these treatment techniques smack more of "ideological zeal than of scientific discovery," that their "therapeutic efficacy remains unsubstantiated," that their use has brought "widespread tragedy to many of its clients, their families, and other falsely accused parties," that they have tainted the credibility of "victims who have always remembered their brutalization." These therapeutic methods constitute malpractice, Crews says bluntly, and their toleration by equivocating professional bodies deserves to be regarded, as a scandal.

Crews would be far more satisfied with the document produced by The Australian Psychological Society,<sup>38</sup> which acknowledged that memories can be "altered, deleted, and created." Moreover, the report stated that "'Memories' that are reported either spontaneously or following the use of special procedures in therapy may be accurate, inaccurate, fabricated, or a mixture of these," and emphasized that, in the absence of independent corroboration, these could not be distinguished. Even the deeply divided American Psychological Association<sup>39</sup> committee acknowledged the problem of pseudomemories in its interim report. A year later the American Psychological Association<sup>40</sup> issued a document entitled "Questions and Answers about Memories of Childhood Abuse." Here the organization acknowledged that "it is possible to construct convincing

pseudomemories for events that never happened" (p. 1).

The American Medical Association<sup>41</sup> has been quite clear in asserting that the current use of recovered memories of childhood sexual abuse is fraught with problems of potential misapplication, in part because it is "not yet known how to distinguish true memories from imagined events in these cases." The American Psychiatric Association<sup>42</sup> has acknowledged that memories can be significantly influenced by a trusted person who suggests abuse as an explanation for symptoms/problems and that repeated questioning may lead individuals to report memories of events that never occurred. With both organized medicine, in general, and psychiatry, in particular, having grappled with false memories in this way, it seems time for practitioners to recognize their reality and imperative that this be done before more families are torn apart by imagined memories, and before more genuine victims of abuse find their experiences trivialized and their suffering increased.

## Conclusions

In many repressed memory cases, suggestive forces are clearly operating and may be responsible for the creation of false memories.<sup>9</sup> One of the most fundamental inconsistencies among the therapists who engage in these questionable practices is that they preach empowerment of the patients while simultaneously disempowering those very patients to whom they are preaching.

It is deeply unfortunate that the war over repressed memories has become so

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acrimonious. We should be able to concede that it is possible for people to forget about traumatic experiences and later remember them without having to agree that every memory so recovered is an accurate one. We should be able to get behind the pursuit of genuine perpetrators of childhood abuse while still having a healthy skepticism of allegedly de-repressed memories that surface only after suggestive activities. Skepticism is important, one physician has aptly noted, because of the inherent unreliability of repressed memories and the tragic consequences when they are false.<sup>43</sup>

Although skepticism may be important, we still need to remind ourselves that courts can be horrifying places for both defendants and plaintiffs. When an expert expressed skepticism about the techniques used to recover memories, or about the veracity of memories that occur under suspicious circumstances, or about the fantastical nature of certain memories, this doesn't mean that the expert believes that the holder of those memories is not experiencing very real pain. Sometimes statements of skepticism seem callous and cold, especially compared with the human tragedy at issue. Sometimes these statements may be hard to hear, yet they must be made to prevent further pain.

Clinicians can help to minimize the human tragedies by trying to keep these cases out of the courtroom in the first place. Numerous clinicians and researchers have provided useful advice and practical examples of how clinical practice might proceed in less risky ways.<sup>27, 44</sup> The advice is often simple and straight-

forward. "It is important for the therapist to be alert to the dangers of suggestion;" "the therapist should be alert to a range of possibilities, for example that a recovered memory may be literally true, metaphorically true or may derive from fantasy or dream material (p 12)".<sup>45</sup> "Be aware of possible contamination effects on memory;" "don't tell your clients that you 'know' that their memories are true;" "don't tell your client that they have the characteristics of an abuse victim;" "don't recommend books, support groups to your clients that you are unfamiliar with;" "don't tell your clients to 'cut off' their reported abusers/families."<sup>44</sup> Following this simple advice will minimize the chances of damage to both the genuine abuse victims and the falsely accused.

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