
Truth in Memory

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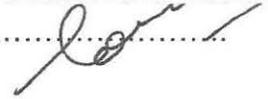
traumatic stress disorder, hypnotizability
142, 741-743.

and the psychobiology of trauma. In
Treating trauma in the era of the recovered
Aronson.

association and the fragmentary nature of
laboratory study. *Journal of Traumatic Stress*.

prone personality: Implications for
parapsychological phenomena. In *A*
and applications (pp. 340-387). New

CHAPTER B



FROM MEMORIES OF ABUSE
TO THE ABUSE OF MEMORIES

Jean-Roch Laurence
Duncan Day
Louise Gaston

When ideas go unexamined and unchallenged for a long time, certain things happen. They become mythological, and they become very, very powerful.

—E. L. DOCTOROW

The great tragedy of science — the slaying of a beautiful hypothesis by an ugly fact.

—T. H. HUXLEY

When Freud concocted and commercialized psychoanalysis, he was forced to come to terms with his failure to develop a scientific model of the mind (Esterson, 1993; Flax, 1981). He buried his dream in one of his desk drawers, a drawer that would be opened only after his death in an attempt to bolster the scientific depth of his work. Freud achieved what no other person has been able to achieve since: he influenced the minds of therapists, clients, and the lay public for generations to come. By creating what might be thought of as a new literary genre, pseudoscientific fiction (Laurence, 1995b), he distanced himself definitively from the scientific model. To do so, however, he had to resort to deception: he had to tell his listeners that he had achieved therapeutic success when in fact he had not (Laurence, 1995b; see also Crews, 1993, 1994; Kerr, 1993). Little did Freud know that he would be helped by an extremely powerful yet unexpected ally, the human memory system.

If anything, Freud understood one very basic fact of human life: We want

to make sense of the world, especially when our own individual world is in chaos (Lakoff & Coyne, 1993; Powell & Boer, 1994). To achieve such a goal, we can count on our built-in cognitive and emotional processes to continuously reinterpret the past in light of the current situation. In search of causes, even the most tenuous link seems reasonable if it carries the promise of reestablishing order.

The same social factors that helped the psychoanalytical movement to become solidly implanted in Western thought are today at play in the controversy surrounding the existence of false memories of abuse: a powerful political lobby and a pseudoscientific intelligentsia capitalizing on the current *Zeitgeist*. All this, however, would amount to nothing without the same basic ingredient that led to Freud's success: the malleability of the human memory system.¹

Although it has been well documented scientifically that the accuracy of our memories for past events is less than perfect (e.g., Bartlett, 1932), a number of important common misconceptions remain that continue to guide and shape our views of autobiographical memories. From the early memory research of Ebbinghaus (cited in Tulving, 1983), on how we remember, to the current studies in the area of declarative memory and suggestibility (e.g., Labelle, Lamarche, & Laurence, 1990; Loftus, Donders, Hoffman, & Schooler, 1989; Loftus & Loftus, 1980), we are becoming more certain that the ability to reminisce depends on more than just having witnessed or participated in a past event (Nelson, 1993). The current controversy surrounding the so-called false memory syndrome (Gardner, 1993) represents a clash between science (see, e.g., Kihlstrom, 1994) on the one side and clinical folklore (see, e.g., Fox, 1995) on the other. These positions represent two divergent ways of approaching the world, each founding their arguments ultimately on different conceptions of the memory system.

If memory is a reconstructive process,² variations in the content of autobiographical memory over time should be thought of as the rule rather than the exception (Laurence, 1988). Part of the difficulty in accepting the natural fluctuations of memory lies in the fact that it does not sit well with the notion that the current mental representation of ourselves is based on an accurate record of our past experiences. **Our subjective feelings of unity and continuity are powerful determinants of uncritical acceptance of the historical veracity of our personal experiences. Pierre Janet (1889) had already described how the views we hold about ourselves are shaped and maintained by an intricate interaction between ongoing perception, memories, beliefs and expectations about oneself (our actual self-concept) and the current situation (Perry & Laurence, 1984).**

The reconstructive nature of memory would thus be adaptive, yet there is a considerable reluctance to let go of the Aristotelian metaphor of memory as etchings in a waxen tablet: a permanent, complete, and accurate recording of our lives. This concept of permanent records was the dominant metaphor until only recently, and it is therefore understandable that it lingers in the face

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of current evidence. The form of the storage metaphor has changed to reflect the technology of the times. From the development of writing to telephone switchboards to audio and visual recordings, the message is the same. In von Feinaigle's paper on memory as a warehouse (cited in Tulving, 1983), the inventory (of memories for events) is all there, and whether it can be easily accessed or not depends on how well catalogued and how neatly stored the items in the warehouse are. It is a nice metaphor for those who like to think that they are in possession of a collection of their entire life's events, like a collection of fine art. Unfortunately, it is a collection of compelling forgeries and fakes mixed in with the masterpieces.

Most of us prefer to think of these inaccuracies as uncommon and usually happening to someone else. It is even claimed that the only errors that occur are small, concerning trivial details, whereas the essentials remain uncorrupted (Franklin & Wright, 1991). There is, however, no clear evidence to support this supposition, although considerable experimental evidence exists to support the notion that no one, and no type or quality of memory, is exempt from the rule. **If the gist of an important event is usually correct (Loftus, 1979, 1993), the actual reconstruction of the event may be the subject of considerable variations.**

Following the space shuttle *Challenger* disaster, Neisser and Harsch (1992) questioned subjects about their whereabouts and activities when they learned of the tragedy. Morning-after recollections were compared with the same individuals' accounts retold almost 3 years later. The results showed that although most subjects claimed that their recollections of the event were still vivid, they were almost always different from what they reported the morning after. Moreover, they found that approximately a third of their sample reported very different stories. Even when challenged with differences in the original and newer narratives, there was a considerable preference for the most recent accounts as being accurate.

Not only can we distort the details and sequence of memories for things that actually did happen, **we are equally adept at creating memories for things that never happened.** In a study by Laurence and Perry (1983), highly hypnotizable participants were asked during hypnosis to recount and relive the experience of preparing for and going to bed on a night from the previous week. During the night, the investigation suggested, a loud noise had been heard and had awakened them on that night. **Nearly 40% of the participants incorporated that suggestion seamlessly into their own memories and stated after hypnosis that they had been awakened by a loud noise on that night. Even being told that the memory for a noise was suggested during hypnosis did not deter them. Hypnosis, however, is not a necessary condition to induce this kind of memory construction. Similar results can be obtained simply by asking individuals to imagine noises and then later recall separate events (Weekes, Lynn, Green, & Brentar, 1992).**

To refer to these reconstructions in memory as false implies that these kinds of memories happen only under certain, relatively rare conditions. In

a sense, we are making the way in which our memories normally function appear to be abnormal. By pathologizing the times when memory is imperfect, we are perpetuating the concept that when things are working normally, we are able to recall accurately the things that have happened to us. This is simply not so. Everything we can recall about our own past is the result of some accurate information about events gone by and a healthy dose of filling in the details. This filling in is where the reconstruction hazard arises. Based on what we have learned about the world and ourselves, we can come up with a good approximation of what should have happened. Most of the time, even when errors creep into the narratives of our own lives in the form of distortions of memories for things that happened, or pseudomemories for things that did not happen, they do not change the way we live our lives or the way we view ourselves.

Those errors go undetected simply because they are consistent with all the things we expect and believe about ourselves. Absolute accuracy simply is not all that important in how we tell ourselves (and others) our own stories. In fact, **some of the changes happen precisely because they make for a better story or are more consistent with how we view ourselves in the present** (see Laurence & Perry, 1988; Neisser, 1984, on John Dean's memories of his meetings with President Nixon). In a sense, these constructive editions reduce the strain of trying to match a current self-concept and belief structure with a past one that may differ.

The times that it matters whether or not our recollections are important, are when the claims are used to attribute causality. Most important, memory accuracy is required or at least expected when the information gleaned from one's recollections is used to remove freedoms of another individual, as in a courtroom testimony. As we move through our day-to-day lives, we rarely if ever question the veridical nature of our own recollections. In fact, most often we take for granted that our recollections are reasonably truthful to our past.

In 1980, **over 80% of professional therapists believed that all our memories were recorded permanently in our brain** (Loftus & Loftus, 1980). In a recent study (Legault & Laurence, 1996, 1997) the same high percentage was found among psychologists and social workers despite 15 years of research on autobiographical memories. How can we explain this remarkable stability in what is known scientifically to be a fallacy?

The path of the conceptual errors behind our current thinking in the role of memory leads us, in part, to Freud. His idea was that when one cannot recall an important event, the "recording" of that event is still there somewhere, just blocked or beyond access. This conceptual precursor to repression places the onus on the retrieval process, thus preserving and protecting the storage metaphor. To enhance the retrieval capabilities of the memory system, Freud used hypnosis and soon found himself having to explain some rather astounding "uncovered" narratives (see, e.g., Breuer & Freud, 1893-1895/1955; Kihlstrom, Chapter 1, this volume).

As a concept, repression is linked to Freud's early theory of neurosis

whereby a traumatic event can come to be blocked from recall unconsciously, then return to haunt an individual later in life when the adaptive value of repressing the memory declines (Holmes, 1990; Loftus, 1993). An entire industry has emerged in the mental health sciences designed to assist people in regaining access to those memories (Hedges, 1994). These assumptions are flawed. Freud told his followers that when no memories exist, one should create them and convince the patient of their correctness. This constructive process could be used therapeutically and should lead to the same improvement as the one expected from the actual retrieval of a veridical memory. Freud's writings provide numerous examples of such constructions (see Bowers & Farvolden, 1996, for a detailed review of Freud's imaginative involvement in his patients' memories). We cite only a few:

The work keeps on coming to a stop and they [the patients] keep on maintaining that this time nothing has occurred to them. We must not believe what they say, we must always assume, and tell them too, that they have kept something back. . . . We must insist on this, we must repeat the pressure and represent ourselves as infallible, till at last we are really told something. . . . There are cases, too, in which the patient tries to disown [the memory] even after its return. "Something has occurred to me now, but you obviously put it into my head." . . . In all such cases, I remain unshakably firm. I . . . explain to the patient that [these distinctions] are only forms of his resistance and pretexts raised by it against reproducing this particular memory, which we must recognize in spite of all this. (Freud, 1940/1964, pp. 279-280)

Freud's firmness is rooted in his own observations that very often the analysand cannot retrieve any appropriate memories (i.e., memories in line with Freud's expectations). The analyst's construction of the allegedly repressed memory does not frequently trigger the reemergence of the repressed. As Freud pointed out: "Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory" (Freud, 1937/1964, pp. 265-266).

It is thus clear that these memories did not exist, as Freud recognized a few years later when he relabeled them "wishful fantasies." He also unfortunately misattributed them to the patients rather than to himself—an unfortunate habit that has been revived by current "memory therapists" uncovering alien kidnappings, multiple personalities, mass abuse in day-care centers, and satanic ritual abuses to name only a few of the currently fashionable topics (see Mulhern, 1991). It is also clear that the construct of repression was originally nothing else than a convenient inference to support the construction of memories that would validate Freud's theorizing. Repression later became the key that opened the doors to the interpretation of dreams, again seemingly corroborating Freudianism.³ Dream imagery has also seen a recent

revival as a source of validation for recovering memories (e.g., Bass & Davis, 1988; Mack, 1994; Terr, 1994). Once the basic techniques are in place, each new corroboration will reaffirm the correctness of the theory and the myth will become more established. This is what Grünbaum (1984) called the tally argument (see also Bowers & Farvolden, 1996). If all citizens wear emerald glasses, the city has to be emerald.

Freud recognized the facts that memories are not reliable records of our own past, that they are malleable and can sometimes be created. If his approach to life had been more positive he may have found that the malleability of the memory system could serve an adaptive function and could be used to further adaptation rather than minimize misery through the ventilation of, by the end, less than wishful fantasies. No wonder then that when he published *Interpretation of Dreams*, he borrowed from Virgil the following motto: "If Heaven I cannot bend, then Hell I will arouse!" (see Ellenberger, 1970, p. 452).

Today, three major areas of scientific research can help us understand how memories can be either distorted or created in unsuspecting individuals. First we look at the research on autobiographical memories emphasizing the importance of understanding the different factors at play in reminiscing. Then we examine the influence of the therapeutic relationship in furthering the construction and consolidation of suggested memories. Finally, we point to the broader impact of the sociopolitical *Zeitgeist* that allows the debate to perpetuate itself.

THE MALLEABILITY OF MEMORY

One of the arguments commonly leveled against the claims of false memories is that the victims of sexual abuse would never conjure up such horribly painful stories of abuse if they were not true. This is, on the face of it, a compelling and intuitively appealing argument: In fact, it does not make sense that someone would erroneously recall such traumatic events if they had a choice in the matter. But do they?

One of the most emphasized characteristics of a "repressed" memory is its involuntary quality. These memories or at least some details of a memory would emerge at first without consciously thinking about them. This intrusive quality is often believed by therapists to be a quasi-pathognomonic sign of the historical veracity of the memory (see, e.g., Fredrickson, 1992; Herman, 1992; Kristiansen, Gareau, Mittleholt, DeCourville, & Hovdestad, 1995). Many areas of research cast a strong doubt on this assumption, whether the research on flashback and flashbulb memories and memories recalled through hypnosis, or research on the ability of people to differentiate between externally generated events and internally generated events, what Johnson and Raye (1981) labeled reality monitoring.

A recent review on the experiences of flashbacks (Frankel, 1994) makes

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it clear that it is nearly impossible to differentiate between a flashback stemming from a lived event or one originating from an imaginary one. A flashback has as much chance of being historically correct as of being incorrect. In an attempt to capture the essence of flashbacks, researchers have developed the field of flashbulb memories, memories that are so subjectively vivid that they appear to be recalled without any forms of distortion. As Neisser and Harsh (1992) demonstrated, however, flashbulb memories are as subject to deterioration and reconstruction as are any other autobiographical memories. It is worth noting that the very concept of flashbulb memory emerged out of a practice that is customary in clinical interventions. In the seminal paper on flashbulbs examining the memories of people about President Kennedy's assassination (Brown & Kulik, 1977; see also Winograd & Killinger, 1983), the experimenters took at face value the narratives of their subjects. They never attempted to corroborate any of the details of the stories but rather relied on the subjective feelings of truthfulness reported by their subjects.

The subjective impression of accuracy when remembering is usually inferred from the automatic, effortless reemergence of memories. This feeling of involuntariness in the experience of recall is more the rule than the exception; we orient the search and depending on the context of recall, one cue triggers the next one until no more memories are recalled. Constructing memories or internally generating events is usually accompanied by the impression of having to use more cognitive efforts than remembering externally generated events (Johnson & Raye, 1981). Cognitive effort, however, can be a misleading heuristic when determining the origins of a memory. "Spontaneous" and effortless imagery can be generated in certain contexts that bypass the impression of cognitive effort. This may ultimately lead to a misidentification of source (Johnson, 1988; Johnson, Foley, Suengas, & Raye, 1988; see also Ceci, Loftus, Leichtman, & Bruck, 1994). This misattribution process has been particularly noted in aided recall whether it be by hypnosis or any other mnemonic techniques (e.g., sodium amytal interviews).

Research on hypnosis pays particular attention to the involuntary or effortlessness quality of hypnotic behaviors and experiences (see, e.g., Bowers, Laurence, & Hart, 1988). In fact, a behavior or an experience is rarely labeled as hypnotic when it is totally devoid of this involuntary quality. If an arm is hypnotically paralyzed, it is devoid of any interest if the subject recognizes that he or she is just not moving it voluntarily. What makes the experience of hypnosis fascinating for subjects is their reported inability to move the paralyzed arm in spite of their conscious efforts to do so. Does it mean that the arm is really paralyzed? Subjectively, yes; objectively, no.

Research on hypnotic hypermnesia over the last 20 years clearly demonstrates that the subjective reality of memories is quite at odds with their historical veracity (Nash, 1987). Not that hypnosis cannot be used from time to time to recover some aspects of an event that seemed forgotten. It does happen, but the price to pay is incredibly high when one considers the

incorrect information produced (see, e.g., Laurence & Perry, 1988; Perry, Laurence, D'Eon, & Tallant, 1988). If anything, hypnosis increases productivity rather than accuracy of recall; more to the point, this productivity is not random but guided by the verbal and nonverbal cues of the recall setting (Kandyba & Laurence, 1996; see also Spanos, Burgess, & Burgess, 1994; Spanos & McLean, 1986). Knowing that hypnosis or other related techniques are used with increasing popularity by memory therapists is certainly not reassuring. In an ongoing study at our laboratory (Day & Laurence, 1996), individuals who claim to have been abducted by aliens are evaluated as well as hypnotized to assess how their story evolves with repeated hypnotizations. Preliminary data seem to indicate not only that the narratives complexify with each hypnotic recall but also that the story continues to evolve between sessions. This is particularly reminiscent of cases of satanic ritual abuse or complex multiple personalities publicized in the recent years (see, e.g., Mulhern, 1991, 1994).

Hypnosis is far from being a necessary ingredient in the production of incorrect material in recall (see, e.g., Loftus, 1993; Loftus et al., 1989; Loftus & Ketcham, 1994). Perhaps the most well-known area of research here is the "misinformation effect," where some postevent misinformation influences or changes subjects' recall of the original event. Although there are still contentions about the exact cognitive mechanisms at play in the misinformation effect, the available research indicates clearly that memories for observed events can be altered in many ways. Whether it be through leading questions aimed at selectively biasing the ways subjects report an event (Loftus, 1979) or leading questions aimed at creating an event that in fact did not happen (see also Ceci and Bruck, 1993; Hyman, Husband, & Billings, 1995; Maestri, Laurence, & Perry, 1996, for similar experiments with children), the traditional view of long-term memory as an exact repository of all that happened in one's life has been severely challenged in the last 20 years. Most important, not only does postevent misinformation change the content of what one remembers, but the same effects were found when preevent misinformation is presented (Kenney & Laurence, 1990; Laurence, Kenney, & Cassar, 1997). This is particularly relevant when clients and/or therapists convey their expectations and beliefs before engaging in the process of recovering memories (see also Jacoby & Whitehouse, 1989, for an experimental demonstration of nonconscious influences on memory; Harris, Lee, Hensley, & Schoen, 1988, on the nonconscious influence of cultural scripts on recall).

In fact, the reconstructive aspect of autobiographical memories is so well established that few researchers object to the process of reconstruction for any life events, traumatic or not (see, e.g., Kihlstrom, 1993, 1994). The more recent attempt to circumvent this challenging aspect of the memory system for proponents of the recovered memory movement is to affirm that emotional memories would be processed in a nonreconstructive but rather reproductive mode due to such mechanisms as repression and/or dissociation (Whitfield, 1995). These special mechanisms would preserve the pristine

quality of the original memory to the day of its recovery. It is, of course, an interesting albeit self-serving hypothesis and it would be important to assess the literature that deals with emotionally traumatic memories.

Closer examination of the literature on the effects of trauma is sufficient to recognize that one of the least frequent sequelae of trauma is a global forgetting or a global amnesia for the event. It is rather the contrary: a spotty recollection of the main events with frequent intrusions in awareness. Not only can people not forget, but they appear to have no control on when and how parts of the event are replayed in their minds! Psychogenic amnesia has always been defined as a temporary inability to retrieve information pertaining to a traumatic event, an inability that usually vanishes in a few days. It is particularly distressing that this definition of psychogenic amnesia was modified in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994), not based on scientific data but on publicized cases of "repressed" memories,⁴ and the continued beliefs about repression and dissociation promulgated by the adherents of memory recovery therapy (see, e.g., Terr, 1994). The reluctance to relinquish this belief seems to be based on the emotional impact of the memories retrieved on the clinicians themselves. Memories of abuse are most of the time retrieved with an emotional intensity that is often overwhelming, leading both clinicians and clients to potentially misattribute the origin of the memory. Emotional concomitants of memories, however, are no guarantee of historical veracity (Loftus, 1993). In fact, memories from prior lives or from alien kidnappings or even from the womb are often accompanied by intense emotional abreactions; they are nonetheless imaginary constructions (Laurence, 1995b).

If trauma is linked to intrusive memories, maybe it is only a certain type of trauma, sexual in nature, that can trigger repression and/or dissociation. However, the literature on the consequences of rape in adults seems to convey the opposite conclusion. Victims of rape seem to be able to describe their abusers given that they had a chance to observe them (and register this information) and that they did not suffer brain concussions (Loftus & Ketcham, 1994).

That leaves us with the possibility that only sexually traumatic experiences during childhood are in one way or the other repressed and/or dissociated. This would be congruent with the abundance of reported recovered memories of childhood abuse in recent years. However, a recent review of the literature on child abuse, looking at the studies conducted with children and adolescents rather than with adults, seems to suggest otherwise (Kendall-Tackett, Williams, & Finkelhor, 1993). Once again, amnesia is a rare consequence of childhood abuse in children. In this recent review, the sole indication of a potential amnesic symptom is found under the label "posttraumatic stress disorder (PTSD) reaction" and is not as such mentioned. This PTSD reaction was seen in preschool children. However, as the authors mention, these data stemmed from one case of day-care abuse in California.

Since then, many of these cases have been dismissed by the courts due to the highly suggestive methods used to elicit the narratives of abuse from the children. Extreme care should be taken in evaluating these types of data before reaching any conclusion.

The belief in postabuse amnesia stems from the more pervasive belief in childhood amnesia, one of Freud's most clever constructs, designed to support his concept of repression and, as noted earlier, the belief that all that one has experienced in one's life is permanently recorded in the brain (see Legault & Laurence, 1996, 1997, for data supporting the popularity of these two beliefs among professional therapists). These two beliefs lead to a more than dangerous conclusion: that sexually traumatic events experienced during childhood have been recorded but cannot be retrieved.

Thus, no matter how one looks at it, there is at the moment no scientific evidence to support a mental process akin to repression and/or dissociation⁵ at play in childhood abuse. Recent research on episodic memories in early childhood demonstrate that our conceptions of childhood memory are quite at odds with children's ability to remember their past (see, e.g., Bauer, 1994, 1995). Even young children demonstrate the ability to reconstruct personal events over long periods given appropriate repetitions and cuing. As in the adult, errors and forgetting occur but nothing akin to what would be expected from repression or dissociation or amnesia. The development of autobiographical memories parallels the sociocognitive development of the child. In fact, recent evidence from developmental research does not support the idea that young children's memories are especially threatening (Nelson, 1993).

In summary, recent research on autobiographical memories leads us to two general conclusions about an individual's quest for past events. The first is that the process of memory retrieval is reconstructive in nature. The second is that the reconstruction is guided by one's general metamemory assumptions (see, e.g., O'Sullivan & Howe, 1995) and influenced by beliefs, attitudes, expectations, and ongoing experiences. Reconstructing without being aware of the process leads an individual to equate "what was" to "what is," strengthening the current mental representation of the self. Reminiscing is a social behavior aimed at strengthening our current self-presentation and most of the time at convincing someone else of our current state of affairs. (whether it be a job interview, a romantic encounter, or, for that matter, a political speech). In therapy, because of a continuously reinforced belief among the public that self-understanding is the key to good mental health, the search for causal events is of prime interest.⁶ If a difficulty is important enough or if it has endured in spite of previous attempts at resolution, one can only conclude that the cause must also be important and enduring. If "what is" is very distressful, "what was" must also have been very distressful. Easily retrieved and emotionally ventilated memories are thus set aside if the difficulties persist and the search for more explanatory memories can begin.

THE THERAPEUTIC ACTIVATION OF PSEUDOMEMORIES

Up to this point we have argued that rewriting our memories is the norm, not the result of pathological processes. We would argue that this form of continual and subtle rewriting is adaptive and rarely harmful. However, there are situations in which these basic processes become extremely damaging when left unchecked. Any situation that demands that individuals' memories be accurate, truthful records of the past exerts pressure on their ability to recall. Courtroom testimony and psychotherapy are two examples of such artificial contexts in which memories are expected to be more accurate than they can be. This is where the normal filling in process that comprises the basic operation of memory can go awry. The legal arena seems to be aware of the limits of memory accuracy and the fallibility of eyewitness testimony. Forensic researchers have been present in courts explaining the limitations of human perception and memory more than ever in the last 20 years. Why is it that so many therapists who work daily with the complexities of their clients' perceptions and recollections seem to pay little attention to these issues?

The psychotherapeutic context does not necessarily demand historical veracity from the client. It often asserts that what the client believes to be true is more important than what the facts may be (see Legault & Laurence, 1996, 1997). But this contextual set may lead to an intricate dance of collusion between the client and the therapist where what should be adaptive will ultimately prove maladaptive (see Laurence & Cassar, 1997, for an application of associative learning models to the collaborative construction of narratives of abuse).

The client-therapist relationship has been the subject of considerable study from virtually all areas of clinical psychology (e.g., Beutler, 1991; Beutler, Crago, & Arizmendi, 1986; Frank & Frank, 1991). It is well understood that this relationship is an interactive one, affecting the desired changes in the client and, typically, few changes in the therapist. The balance of power in that relationship favors the therapist. Most theories would agree that the relationship that exists between the therapist and client is the fulcrum on which the lever of the therapeutic technique (regardless of the orientation) rests. What is perhaps not sufficiently stressed is the synergistic quality of that skewed relationship, a synergy that will ultimately reinforce the therapist's and the client's beliefs in their explanations of the presenting symptomatology.

It is not the purpose of this section to review what is known of the therapeutic context and all the variables that affect it. However, it is the intent to draw attention to the importance of the perceptions, beliefs, and expectations of both clients and therapists in that situation and the dangers inherent in such an imbalanced relationship, especially when the therapist is not fully cognizant of these factors while intervening (see Dawes, 1994, p. 131). Typically, a client seeks help from a therapist, hoping for relief from some form of distress. This places the therapist immediately in the role of the healer/expert. By simply entering into that relationship, the therapist accepts

the role of expert and must somehow play the part, regardless of the existence of any actual expertise or not (Dawes, 1994; Faust, Hart, Guilmette, & Arkes, 1988). In a study reported by Smith and Dumont (1995), 14% of the participants (clinical psychologists and counseling psychologists) who had no formal training in the use of projective tests freely used data from a test to generate diagnostic and etiological inferences. Moreover, 87% of the participants who used the test for diagnostic purposes proffered inferences that had little justification in the scientific literature.

Recent research does point out the lack of understanding of the most basic scientific facts about memory among certain clinicians and the inability (or disinterest) in keeping track of recent developments in this area of research (see, e.g., Dawes, 1994; Legault & Laurence, 1996, 1997). This is a more than distressing state of affairs when one considers that autobiographical memories are the prime ingredients of a therapist's interventions.

Therapists are as vulnerable to moral dilemmas, biases, and prejudice as anyone. What information will be retained (availability heuristics), what links are drawn between narratives and symptoms (representativeness heuristics and illusory correlations), and how these links will be fed back to the client (confirmatory heuristics) are continuously at play in the interaction between therapist and client. If we add to this what Nisbett and Ross (1980) labeled the "fundamental attribution error," that is, "the assumption that behavior is caused primarily by the enduring and consistent dispositions of the actor, as opposed to the particular characteristics of the situation to which the actor responds" (p. 31) and the general overconfidence with which clinicians own their diagnostics, clinicians quickly may be led to believe in their own expertise. Thus, they may let their personal views, beliefs, and biases enter into the therapeutic context unchecked. Moreover, they may even come to believe that those same biases and views are beneficial, even essential, to successful therapy (Dawes, 1994; Dumont, 1993; Smith & Dumont, 1995).

The more comfortable many therapists feel in their view of the world, the easier it is to cease questioning that view, to relax their vigilance over their own biases. Yet the therapy session continues to be an interaction of the client's system of beliefs and the therapist's system of beliefs. Two-way, reciprocal relationships are far more complex than one-way, top-down systems of causal effect, yet it is the former that more appropriately describe the therapeutic relationship, and the latter that seem to be what most people think therapy, an expertise-based approach, should be. This reciprocal determinism is described as "the continuous interaction between behavioral, cognitive and environmental influences" (Bandura, 1978, p. 344), meaning that situational and personal determinants are both important in explaining behavior. This same definition applies to the therapeutic situation.

Bidirectionality places emergent properties in a stronger role, in a sense returning to the perceptual theories of the Gestalt psychologists. Each member of the dyad attempts to meet the other's expectations while trying to shape those very expectations, arriving at an asymmetrical, emergent new

whole, which exists entirely and exclusively within that context. In fact, it is the goal of most therapists to encourage the client to incorporate the therapist's viewpoint as a means of gaining insight into the nature of the processes underlying the current difficulties. The problem seems to lie in how far therapists go in "bending" the client to see things the way they do, to see things "more clearly" or to adopt a more adaptive approach to problems—invariably that of the therapist. Ideally, the synergistic effect of this unspoken collusion between therapist and client should lead to a satisfactory resolution of the current problem.

The synergistic effect of the therapeutic relationship is a crucial factor in understanding where pseudomemories come from. Pseudomemories, which would perhaps be more appropriately named collaborative reconstruction of inaccurate memory episodes, are actually a combined effort, requiring the active participation of both parties. It is a process that capitalizes on the normal reconstructive aspects of memory but within an artificial, goal-oriented context that seeks explanations for current symptoms in past events. As mentioned previously, the imbalance inherent in the therapeutic context places greater responsibility on the therapist when such reconstructions arise. A quick look at the scientific literature on social persuasion suffices to understand that a client can easily fall prey to the therapist expert position.

The Barnum effect (the use of ambiguous personality interpretations that are applicable to most individuals), the acquiescence bias, the effects of demand characteristics, and even the demonstrated lack of introspective advantage from the part of a client (see, e.g., Lees-Haley, Williams, & Brown, 1993; Nisbett & Wilson, 1977; M. T. Orne, 1962) are well-documented examples of the subject's vulnerability to an expert's interpretation of their current distress.

When an individual arrives for therapy, it is almost a given that the therapist will hypothesize about the cause for that individual's woes. Ideally, the therapist will go through the process of successively entertaining then discarding a number of hypotheses until a clear working hypothesis can be established. Unfortunately, this process is too often cut short, leading the therapist to prematurely interpret or to divulge his or her initial hypothesis or suspicion for the cause of the client's symptoms in a very brief time—indeed, eliciting, albeit sometimes unconsciously, the appropriate responses from the client (Gauron & Dickinson, 1969). This initial labeling of the problem at hand has been shown to become quite resistant to change, triggering an anchoring effect that will then be vulnerable to the many heuristics already mentioned (Dumont, 1993). This collaborative process can lead to the two participants exploring irrelevant aspects of the client's past, indulging in making connections between events, real or imagined, that may be related to the problem by appearance only. The initiation and propagation of this collaborative process can be conceptualized as an experiment in associative learning, a conditioned emotional response (the client's distress) in search of a new conditioned stimulus (a narrative of abuse) (Laurence & Cassar, 1997). The whole process

may be deceptively adaptive—for a while. As Janet had already observed (Perry & Laurence, 1984), a cathartic reaction may bring a temporary improvement of the client's mental state. The process leading to this temporary improvement is often misinterpreted as the solution to the problem at hand, the moment in therapy when most of the associative learning takes place. As the associative strength weakens, that is, when both therapist and client realize that the first "recovery" has no lasting positive effect, the problem reoccurs or worsens; more of the same solution is then sought, leading to the construction of a series of cathartic episodes, or, said otherwise, of learning episodes aimed at furthering the associative strength between the symptoms and the narratives of abuse.

To complicate this process, therapists are often reluctant to accept that there may be nothing of relevance to find along the lines of their preferred hypothesis. Even if the client states clearly that there is no connection between his or her symptoms and a past event, or any relevance to the therapist's hypothesis, there is a tendency to label it denial and continue pursuing that line of query (remember Freud). In time, the combined effect of the expertise and suggestion of the therapist and the collaborative search for a "smoking gun" result in enough self-doubt and confusion in the client that the therapist's hypothesis takes on its own reality. Through the therapeutic relationship and the special dynamic that exists within that context, memories for nonexistent events can be created and wrongly validated. In the long run, the effect is all too often damaging. However, it need not be. If therapists gain greater awareness of their role in this relationship, the power for benefit inherent in exactly the same processes can be activated. Reconstructing the past in light of what the present should be can be as rewarding and certainly more adaptive for both clients and therapists. Again, Janet at the beginning of this century warned that abreaction without restructuring of the past is worthless. This restructure could only succeed if the client's attention was brought back from the past to the present, a process he labeled "presentification." Therapists do not necessarily need to stop creating stories in the context of therapy, but they do need to stop believing their own stories while weaving them (Laurence, 1992).

THE SOCIAL VALIDATION OF VICTIMIZATION: ADAPTING TO THE ZEITGEIST

The question that arises from the awareness we are now gaining about the damage being done in therapy may very well resemble the questions asked by those individuals who witnessed or even participated in the famous witch trials of the 17th century: how did it get this far in the first place?

For change to happen, a global social climate must exist, along with its attendant beliefs, attitudes, and expectations. As the patient takes on the role of the consumer of health care services more and more, there is less sanctity

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in a physician's office (or a psychologist's or a therapist's); what was once a private ritual is now open to public scrutiny (Morfit, 1994).

Thus a number of factors are at play in bringing forth and exposing publicly psychotherapeutic rituals. We can certainly understand how the individual or at least his or her memory system is the basic ingredient. The individuals' sense of their own past is the object of the ritual, both fueling and perpetuating it. We can also understand that the ritual can only take place if there are ritualistic leaders. These are the acolytes of the inner sanctum who claim to possess the truth, who can conduct the rituals properly, and who believe profoundly in the righteousness of their cause (see, e.g., Mulhern, 1991). As Ellenberger (1970) discussed, however, the strength of the ritual can only reach its full potential if it is endorsed by the surrounding, greater social context.

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When a social controversy arises, it often helps in bringing forth some apparently unrelated issues that previously escaped public attention. Perhaps one of the most apparent side-effects of this controversy is the public and professional realization that an important portion of what is actually practiced in psychotherapy and clinical psychology is largely without scientific foundation (Dawes, 1994; Laurence, 1995a). As Ellenberger (1970) so aptly observed, the psychotherapeutic rituals are much closer to the primitive healing rituals than to scientific models of healing. One of the consequences of building a profession on such a poor foundation is, on the one hand, the inability to eliminate old, inaccurate, and mostly epistemologically flawed theories and, on the other, the continuous acceptance of new rituals also devoid of any scientific underpinnings. Two recent examples of such uncritical acceptance—facilitated communication (Crossley, 1994) and EMDR (eye movement desensitization and reprocessing; Shapiro, 1994)—have already been linked to the elaboration of pseudomemories and the perpetuation of most memory myths (Bowers & Farvolden, 1996). These theories persist simply because they become ritualistically entrenched. This unfortunate state of affairs leads to "legitimized errors," that is, errors that are socially acceptable within the current *Zeitgeist* (see Victor, 1994).

The wide proliferation and acceptance of pseudomemories of abuse would not have happened without a larger communication and organizational network (Victor, 1993; Mulhern, 1991). The general perception of a social threat (e.g., child sexual abuse), the vocal influence of activist groups in general with specific emphasis on the victimization of women, and a socioculturally defined political correctness have given the controversy of recovered memories a national theater in which the personal dramas are played. These three factors have been widely publicized in the electronic medias, impregnating the minds of the viewers looking for some definite made-for-television explanations of their shattered dreams. A recent study showed for example, that the number of diagnosed dissociative disorders parallels closely the number of times the media publicized the issue. This observation is further supported by the results of surveys of public and professionals beliefs in the

more occult functions of memory (see, e.g., Garry & Loftus, 1994; Labelle et al., 1990; Loftus & Loftus, 1980, for public beliefs about memory; Legault & Laurence, 1996, 1997; Yapko, 1994, for beliefs held by professionals).

The current tendency for many individuals to feel victimized, perhaps out of feelings of entitlement or other forms of disappointment, stems from discrepancies in what they were told they could expect through our cultural myths and what they actually get in life. The increasing expectations of individuals in all walks of life is a healthy stride away from oppression or victimization. However, to recover from victimization, one must first have identified, on some level, with the victim role. The unfortunate consequence of this empowerment is the associated increase in people, whether by group or as individuals, first having to become victims.

A number of possible gains can be made as the result of having been "wronged." The most obvious is simply that of gaining attention.⁷ Once a victim is recognized as such, there is a changed perspective seen in the reactions of others. In addition, there is a gain in validation of the pain suffered by the alleged victim. With recognition of the victim comes a voice, group advocacy, and validation of the harm suffered. By receiving validation of harm, there is a tendency to more fully embrace that harm, possibly even to the point of overreaction or creating more pain than was actually there.

Perhaps the most potent gain in adopting the role of the victim is that of responsibility. If one has been victimized, the responsibility for consequences, problems, symptoms, and woes lie outside the individual's purview. Individuals given a ready-made explanation for why their lives are not as good as they should be, can find great relief in learning that they are not responsible for their difficulties. By abdicating responsibility, they then become even more entrenched in the role of victim and risk generalizing this attribution in other areas of life as well, perceiving themselves less as an active agent in their own lives and more as someone to whom tragic things happen. Once these secondary gains are recognized, victims may enter a cycle of seeking continued recognition and validation by further identifying with the victim role.

The debate over pseudomemories of abuse has become an overt political battle. Supporters of recovered memories have gone a long way in taking a public stance on the continued social victimization of women (see, e.g., Enns, McNeilly, Corkery, & Gilbert, 1995; Fox, 1995; Quirk & DePrince, 1995; Rockwell, 1994, 1995; Robbins, 1995). Fueled by political correctness, the problem of childhood abuse, of the imagined kind, has become a powerful weapon in the hands of those hoping to accelerate social changes. One may ask, however, if the individuals recovering memories of abuse are willing participants in this sociopolitical drama or if they are akin to the dispensable foot soldier in the name of a greater cause?

Unfortunately, these individuals do not have a choice in the matter. Given the original unresolved and apparently unresolvable distress, given the well-engrained beliefs about hidden memories, given the motivation to endorse a probable cause, given the conditional acceptance of therapists based on the

proposed scenarios, there is little left for freedom of choice, little left for dignity. And when one's own memories turn against one's self, what is left but to be an unwilling foot soldier?

CONCLUSION

From individual distress to political stances and back to individual distress, one furthering the other, the entire process of memory recovery, usually conducted in a therapist's office, distorts what is and should serve an adaptive function. Memory was never meant to be all that accurate. Experimental research on memory was initially responsible for the notion that memory should be a faithful recording of one's history. The reproductive capacity of the memory system at one time was the simplest of its functions to study, at least at face value. Times have changed.

When one looks at the intrinsic malleability of the memory system, at the interactional processes that mold retrieved experiences, and the pervasive influence of the current *Zeitgeist*, it is difficult to come to any other conclusion than that autobiographical memories are adaptive. Even at the encoding stage, this adaptive interface is active and will continue to be, through storage and, ultimately, retrieval. It plays an integrative role in the lives of clients who seek relief from a distressful situation. At first, "recovered memories" play the same adaptive role as remembered memories in these same people when distress is absent. This new set of memories however, continuously reinforced and socially legitimized by therapists, takes a life of its own, furthering chaos in an already chaotic existence (see also Lockard & Paulhus, 1988). Members of the mental health profession should give careful consideration to this notion before embarking on the dangerous path of rebuilding their clients' pasts in light of their own perceptions and beliefs (Laurence, 1992).

There is always a price to pay to further a specific sociopolitical view, and to use what should be a therapeutic process to further victimize an already harmed portion of our society is not only antithetical to the goals pursued but conducive to more harm. To paraphrase Huxley, the role of science is often to replace a fantasy by an ugly fact. It may be time for psychotherapy and clinical psychology to face an ugly fact.

NOTES

1. Because of space limitation, only the literature on the malleability of the memory system is examined in some detail. The role played by sociocultural factors in maintaining both the therapists' beliefs in the righteousness of their goals and their clients' newly established delusional ideation are only briefly presented. The readers are referred, among others, to Dawes (1994), Grünbaum (1984, 1993), Mulhern

(1991, 1995), Ofshe and Watters (1994), Pendergrast (1995), and Victor (1994) for diverse yet incisive accounts of the social construction of memories.

2. The goal of memory retrieval is the reproduction of the information that one is looking for. Although memories can be reproduced correctly (e.g., retrieving the telephone number of a friend), the success of this memory function (exact copy of original information) depends largely on such factors as number of initial repetitions, importance of final results, and continuous rehearsal, which lead to perfect reproduction. This function, however, is also the end result of a reconstructive process.

3. Freud's interpretations of dreams were nothing other than a reversal of the usual ways of looking at dreams. Up to Freud, fortune tellers used dreams to predict the future. Freud used dreams to predict the past; he became a misfortune teller (Laurence & Perry, 1988).

4. A large proportion of this "evidence" comes from cases of mass abuse in day-care centers that proliferated in the 1980s. Unfortunately, most of these cases have by now been debunked and the evidence shown to be the end result of the misuse of suggestive techniques. In cases in which research has attempted to demonstrate the presence of repression, it failed lamentably (Briere & Conte, 1993; Herman & Schatzow, 1987; Williams, 1993, 1994).

5. Again, here the evidence supporting the notion of recovered memories comes mainly from cases of dissociative identity disorder (DID) and the well-accepted belief that sexual abuse lies at the core of this syndrome. However, when one reviews the research literature linking sexual abuse to DID, the evidence is at best tenuous. Again, the bulk of the evidence comes from clinical cases in which the therapists believe that abuse should be found to explain the pathology, a rather unfortunate state of affairs that has been vehemently denounced in many recent public documentaries.

6. Although we do recognize that many contemporary types of therapy emphasize current resolution of difficulties, a quick glance at the range of lay therapists as well as the percentage of official therapists who still cling to some variation of psychodynamism suffices to show why clients usually present themselves with the desire to identify the causes of their dysfunctions.

7. As many authors have noted, this highly publicized debate may become detrimental to all those who are or have been genuine victims of childhood abuse. It has been and still is imperative to bring physical, emotional, and sexual abuse of children to the attention of the public and take steps to eradicate it. However, publicized cases that are ultimately rejected on the ground of suggestive influence can bring more harm than good to this important social problem.

REFERENCES

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Bandura, A. (1978). The self system in reciprocal determinism. *American Psychologist*, 33, 344-358.
- Bartlett, F. C., (1932). *Remembering: A study in experimental social psychology*. Cambridge: Cambridge University Press.
- Bass, E., & Davis, L. (1988). *The courage to heal*. New York: Harper & Row.

- Bauer, P. J. (1994). Episodic memory in 16- and 20-month-old children: Specifics are generalized. *Developmental Psychology, 30*, 403-413.
- Bauer, P. J. (1995). Effects of experience and reminding on long term recall in infancy: Remembering not to forget. *Journal of Experimental Child Psychology, 59*, 260-298.
- Beutler, L. E. (1991). Have all won and must all have prizes? Revisiting Luborsky et al.'s *Verdict*. *Journal of Counseling and Clinical Psychology, 59*(2), 226-232.
- Beutler, L. E., Crago, M., & Arizmendi, T. G. (1986). Therapist variables in psychotherapy process and outcome. In S. L. Garfield, & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change*, (pp. 257-310). New York: Wiley.
- Bowers, K. S., & Farvolden, P. (1996). Revisiting a century-old Freudian slip: From suggestion disavowed to the truth repressed. *Psychological Bulletin, 119*, 355-380.
- Bowers, P., Laurence, J.-R., & Hart, D. (1988). The experience of hypnotic suggestions. *International Journal of Clinical and Experimental Hypnosis, 36*, 336-349.
- Briere, J., & Conte, J. (1993). Self-reported amnesia in adults molested as children. *Journal of Traumatic Stress, 6*, 21-31.
- Breuer J., & Freud, S. (1955). Studies on hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2). London: Hogarth Press. (Original work published 1893-1895)
- Brown, R., & Kulik, J. (1977). Flashbulb memories. *Cognition, 5*, 73-99.
- Ceci, S. J., & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin, 3*, 403-439.
- Ceci, S. J., Loftus, E. F., Leichtman, M., & Bruck, M. (1994). The possible role of source misattributions in the creation of false beliefs among preschoolers [Special Issue: Hypnosis and delayed recall: I]. *International Journal of Clinical and Experimental Hypnosis, 42*, 304-320.
- Crews, F. (1993, November). The unknown Freud. *The New York Review*, pp. 53-66.
- Crews, F. (1994, February). The unknown Freud: An exchange. *The New York Review*, pp. 34-43.
- Crossley, R. (1994). *Facilitated communication training*. New York: Columbia Teachers College Press.
- Dawes, R. M. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: Free Press.
- Day, D., & Laurence, J.-R. (1996). *The UFO abduction phenomenon and the hypnotic context*. Unpublished manuscript, Concordia University, Montreal, Quebec, Canada.
- Dumont, F. (1993). Inferential heuristics in clinical problem formulation: Selective review of their strengths and weaknesses. *Professional Psychology: Research and Practice, 24*, 196-205.
- Ellenberger, H. F. (1970). *The discovery of the unconscious: The history and evolution of dynamic psychiatry*. New York: Basic Books.
- Enns, C. Z., McNeilly, C. L., Corkery, J. M., & Gilbert, M. S. (1995). The debate about delayed memories of child sexual abuse: A feminist perspective [Special section: Delayed memory debate]. *Counseling Psychologist, 23*, 181-279.
- Esterson, A. (1993). *Seductive mirage: An exploration of the work of Sigmund Freud*. Chicago: Open Court Press.
- Faust, D., Hart, K., Guilmette, T. J., & Arkes, H. R. (1988). Neuropsychologists' capacity to detect adolescent malingerers. *Professional Psychology: Research and Practice, 19*, 508-515.

- Flax, J. (1981). Psychoanalysis and the philosophy of science: Critique or resistance? *Journal of Philosophy*, 78, 561-569.
- Fox, R. E. (1995). The rape of psychotherapy. *Professional Psychology: Research and Practice*, 26, 147-155.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore: Johns Hopkins University Press.
- Frankel, F. H. (1994). The concept of flashbacks in historical perspective. [Special issue: Hypnosis and delayed recall: I]. *International Journal of Clinical and Experimental Hypnosis*, 42, 321-336.
- Franklin, E., & Wright, W. (1991). *Sins of the father*. New York: Crown Books.
- Fredrickson, R. (1992). *Repressed memories: A journey through recovery from sexual abuse*. New York: Simon & Schuster.
- Freud, S. (1964). An outline of psycho-analysis. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 139-207). London: Hogarth Press. (Original work published 1940)
- Freud, S. (1964). Constructions in analysis. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 255-269). London: Hogarth Press. (Original work published 1937)
- Garry, M., & Loftus, E. F. (1994). Pseudo-memories without hypnosis. [Special issue: Hypnosis and delayed recall. I.] *International Journal of Clinical and Experimental Hypnosis*, 42, 363-378.
- Gardner, M. (1993). Notes of a fringe-watcher: The false memory syndrome. *Skeptical Inquirer*, 17, 370-375.
- Gauron, E. F., & Dickinson, J. K. (1969). The influence of seeing the patient first on diagnostic decision-making in psychiatry. *American Journal of Psychiatry*, 126, 199-205.
- Grünbaum, A. (1984). *The foundations of psychoanalysis: A philosophical critique*. Berkeley: University of California Press.
- Grünbaum, A. (1993). *Validation of the clinical theory of psychoanalysis: A study in the philosophy of psychoanalysis*. New York: International Universities Press.
- Harris, R. J., Lee, D. J., Hensley, D. L., & Schoen, L. M. (1988). The effect of cultural script knowledge on memory for story over time. *Discourse Processes*, 11, 413-431.
- Hedges, L. E. (1994). Taking recovered memories seriously. *Issues in Child Abuse Accusations*, 6, 1-31.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Herman, J. L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology*, 4, 1-14.
- Holmes, D. S. (1990). The evidence for repression: An examination of sixty years of research. In J. L. Singer (Ed.), *Repression and dissociation* (pp. 85-102). Chicago: University of Chicago Press.
- Hyman, I. E., Husband, T. H., & Billings, F. J. (1995). False memories of childhood experiences. *Applied Cognitive Psychology*, 9, 181-197.
- Jacoby, L. L., & Whitehouse, K. (1989). An illusion of memory: False recognition influenced by unconscious perception. *Journal of Experimental Psychology: General*, 118, 126-135.
- Janet, P., (1889). *L'automatisme psychologique*. Paris: Alcan.
- Johnson, M. K. (1988). Discriminating the origin of information. In T. F. Oltmanns & B. A. Maher (Eds.), *Delusional beliefs* (pp. 34-65). New York: Wiley.

- Johnson, M., Foley, M. A., Suengas, A. G., & Raye, C. L. (1988). Phenomenal characteristics for perceived and imagined autobiographical events. *Journal of Experimental Psychology: General*, *117*, 371-376.
- Johnson, M. K., & Raye, C. L. (1981). Reality monitoring. *Psychological Review*, *88*, 67-85.
- Kandyba, C., & Laurence, J.-R. (1996, August). *The modification and creation of memories in regression to early childhood and the uterus*. Poster presented at the 26th International Congress of Psychology, Montreal, Quebec, Canada.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, *113*, 164-180.
- Kenney, A., & Laurence, J.-R. (1990, October). *Finding memory creation between the lines of verbal report: The relation between individual differences and verbal style out of hypnosis*. Paper presented to the 41st annual scientific meeting of the Society for Clinical and Experimental Hypnosis, Tucson, AZ.
- Kerr, J. (1993). *A most dangerous method: The story of Jung, Freud, and Sabina Spielrein*. New York: Knopf.
- Kihlstrom, J. F. (1993, April). *The recovery of memory in laboratory and clinic*. Invited address at the joint annual meeting of the Rocky Mountain Psychological Association and Western Psychological Association, Phoenix, AZ.
- Kihlstrom, J. F. (1994). Hypnosis, delayed recall, and the principles of memory. *International Journal of Clinical and Experimental Hypnosis*, *42*, 337-345.
- Kristiansen, C. M., Gareau, C., Mittleholt, J., DeCourville, N. H., & Hovdestad, W. E. (1995). *Social psychological factors sustaining the recovered memory debate*. Paper presented to the annual meeting of the American Psychological Association, New York.
- Labelle, L., Lamarche, M. C., & Laurence, J.-R. (1990). Potential jurors' knowledge of the effects of hypnosis on eyewitness identification. *International Journal of Clinical and Experimental Hypnosis*, *38*, 315-319.
- Lakoff, R. T., & Coyne, J. C. (1993). *Father knows best: The use and abuse of power in Freud's case of Dora*. New York: Teachers College Press.
- Laurence, J.-R. (1988, June). *Errors of memory: System failure or adaptive functioning?* Paper session presented at the 49th annual convention of the Canadian Psychological Association, Montreal, Quebec, Canada.
- Laurence, J.-R. (1992, August 23-27). *Should we believe what we tell our patients? Toward a scientific psychotherapy*. Invited address at the Third National Assembly of the Federation of Canadian Societies of Clinical Hypnosis, Vancouver, British Columbia, Canada.
- Laurence, J.-R. (1995a, November 7-12). *Let bygone be bygone: Cash only please*. Paper presented at the annual meeting of the Society for Clinical and Experimental Hypnosis, San Antonio, TX.
- Laurence, J.-R. (1995b). *De la non-scientificité de la théorie psychanalytique*. Unpublished manuscript, Concordia University, Montreal, Quebec, Canada.
- Laurence, J.-R., & Cassar, D. (1997). *Can associative learning models help us understand the phenomenon of recovered memories of abuse?* Unpublished laboratory document, Concordia University, Montreal, Quebec, Canada.
- Laurence, J.-R., & Perry, C. (1983). Hypnotically created memory among highly hypnotizable subjects. *Science*, *222*, 523-524.

- Laurence, J.-R., & Perry, C. (1988). *Hypnosis, will, and memory: A psycho-legal history*. New York: Guilford Press.
- Laurence, J.-R., Kenney, A., & Cassar, D. (1997). *The incorporation of pre-event misinformation in memory*. Unpublished laboratory document, Concordia University, Montreal, Quebec, Canada.
- Lees-Haley, P. R., Williams, C. W., & Brown, R. S. (1993). The Barnum effect and personal injury litigation. *American Journal of Forensic Psychology*, 11, 21-28.
- Legault, E., & Laurence, J.-R., (1996, August 16-21). *Therapists' beliefs and knowledge about memory processes*. Poster presented at the 26th International Congress of Psychology, Montreal, Quebec, Canada.
- Legault, E., & Laurence, J.-R., (1997). *Elicited narratives of childhood sexual abuse: Social worker, psychologist, and psychiatrist reports of beliefs, practices and cases*. Unpublished laboratory document, Concordia University, Montreal, Quebec, Canada.
- Lockard, J. S., & Paulhus, D. L. (Eds.). (1988). *Self-deception: An adaptive mechanism*. Englewood Cliffs, NJ; Prentice-Hall.
- Loftus, E. F. (1979). The malleability of human memory. *American Scientist*, 67, 312-320.
- Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist*, 48, 518-537.
- Loftus, E. F., Donders, K., Hoffman, H. G., & Schooler, J. W. (1989). Creating new memories that are quickly assessed and confidently held. *Memory and Cognition*, 17, 607-616.
- Loftus, E. F., & Ketcham, K. (1994). *The myth of repressed memory: False memories and accusations of sexual abuse*. New York: St. Martin's Press.
- Loftus, E. F., & Loftus, G. R. (1980). On the permanence of stored information in the human brain. *American Psychologist*, 35, 409-420.
- Mack, J. E. (1994). *Abduction: Human encounters with aliens*. New York: Scribner's.
- Maestri, D., Laurence, J.-R. & Perry, C. (1996). *Children's memory for a special event: Exploring the effects of repeated questioning on recall, suggestibility, and photo lineup identification*. Unpublished manuscript, Concordia University, Montreal, Quebec, Canada.
- Morfit, S. H. (1994). Challenge to psychotherapy: An open letter to psychotherapists concerning clinical practice as seen through the lenses of the "recovered" or "false memory" debate. *Journal of Sex Education and Therapy*, 20, 234-245.
- Mulhern, S. (1991). Satanism and psychotherapy: A rumor in search of an inquisition. In J. T. Richardson, J. Best, & G. Bromley (Eds.), *The satanism scare*. New York: Aldine de Gruyter.
- Mulhern, S. (1994). Satanism, ritual abuse, and multiple personality disorder: A sociohistorical perspective. [Special Issue: Hypnosis and delayed recall: I.] *International Journal of Clinical and Experimental Hypnosis*, 42, 265-288.
- Nash, M. (1987). What, if anything, is regressed about hypnotic age regression? A review of the empirical literature. *Psychological Bulletin*, 102, 42-52.
- Neisser, U. (1984). John Dean's memory. *Social Action and the Law*, 9, 87-96.
- Neisser, U., & Harsch, N. (1992). Phantom flashbulbs: False recollections of hearing the news about Challenger. In E. Winograd & U. Neisser (Eds.), *Affect and accuracy in recall: Studies of "flashbulb" memories* (pp. 9-31). New York: Cambridge University Press.
- Nelson, K. (1993). The psychological and social origins of autobiographical memory. *Psychological Science*, 4, 7-14.

- Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we can know: Verbal reports on mental processes. *Psychological Review*, 84, 231-259.
- Nisbett, R. E., & Ross, L. (1980). *Human inference: Strategies and shortcomings of social judgment*. New York: Prentice-Hall.
- Ofshe, R., & Watters, E. (1994). *Making monsters: false memories, psychotherapy, and sexual hysteria*. New York: Scribner's.
- Orne, M. T. (1962). On the social psychology of the psychological experiment: With particular references to demand characteristics and their implications. *American Psychologist*, 17, 776-783.
- O'Sullivan, J. T., & Howe, M. L. (1995). Metamemory and memory construction. *Consciousness and Cognition: An International Journal*, 4, 104-110.
- Perry, C., & Laurence, J.-R. (1984). Mental processing outside of awareness: The contributions of Freud and Janet. In K. S. Bowers and D. Meichenbaum (Eds.) *The unconscious reconsidered* (pp. 9-48). New York: Wiley.
- Perry, C. W., Laurence, J.-R., D'Eon, J., & Tallant, B. (1988). Hypnotic age regression techniques in the elicitation of memories: Applied uses and abuses. In H. M. Pettinati (Ed.), *Hypnosis and memory* (pp. 128-154). New York: Guilford Press.
- Powell, R. A., & Boer, D. B. (1994). Did Freud mislead patients to confabulate memories of abuse? *Psychological Reports*, 74, 1283-1298.
- Quirk, S. A., & DePrince, A. P. (1995). Backlash legislation targeting psychotherapists. *Journal of Psychohistory*, 22, 258-264.
- Robbins, A. D. (1995). False memories or hidden agendas? *Journal of Psychohistory*, 22, 305-311.
- Rockwell, R. B. (1994). One psychiatrist's view of satanic ritual abuse. [Special Issue: Cult abuse of children: Witch hunt or reality?] *Journal of Psychohistory*, 21, 443-460.
- Rockwell, R. B. (1995). Insidious deception. *Journal of Psychohistory*, 22, 312-328.
- Shapiro, F. (1994). Eye movement desensitization and reprocessing: Treating trauma and substance abuse. *Journal of Psychoactive Drugs*, 26, 379-391.
- Share, L. (1994). *If someone speaks, it gets lighter: Dreams and the reconstruction of infant trauma*. Analytic Press.
- Smith, D., & Dumont, F. (1995). A cautionary study: Unwarranted interpretations of the Draw-a-Person test. *Professional Psychology: Research and Practice*, 26, 298-303.
- Spanos, N. P., Burgess, C. A., & Burgess, M. F. (1994). Past-life identities, UFO abductions and satanic ritual abuse: The social construction of memories. *International Journal of Clinical and Experimental Hypnosis*, 42, 433-446.
- Spanos, N. P., & McLean, J. (1986). Hypnotically created pseudo-memories: Memory distortions or reporting biases? *British Journal of Experimental and Clinical Hypnosis*, 3, 155-159.
- Terr, L. (1994). *Unchained memories: True stories of traumatic memories, lost and found*. New York: Basic Books.
- Tulving, E. (1983). *Elements of episodic memory* (Oxford Psychology Series No. 2). Oxford, UK: Clarendon Press.
- Victor, J. S. (1994). Fundamentalism religion and the moral crusade against satanism: The social construction of deviant behavior. *Deviant Behavior*, 15(3), 305-334.
- Weekes, J. R., Lynn, S. J., Green, J. P., & Brentar, J. P. (1992). Pseudomemory in hypnotized and task-motivated subjects. *Journal of Abnormal Psychology*, 101, 356-360.

- Whitfield, C. L. (1995). The forgotten difference: ordinary memory versus traumatic memory. *Consciousness and Cognition: An International Journal*, 4, 88-94.
- Williams, L. M. (1993, October 27). *Recall of childhood trauma: A prospective study of women's memories of child sexual abuse*. Paper presented at the American Society of Criminology, Phoenix, AZ.
- Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*.
- Winograd, E., & Killinger, W. A., Jr. (1983). Relating age at encoding in early childhood to adult recall: Development of flashbulb memories. *Journal of Experimental Psychology: General*, 112, 413-422.
- Yapko, M. D. (1994). Suggestibility and repressed memories of abuse: A survey of psychotherapists' beliefs. *American Journal of Clinical Hypnosis*, 36, 163-171.