RECOVERED-MEMORY EXPERIENCES

D. Stephen Lindsay
University of Victoria

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D. Stephen Lindsay, Ph.D.
Department of Psychology
University of Victoria
P.O. Box 3050
Victoria, B.C. V8W 3P5 CANADA
(250) 721-8593
slindsay@uvic.ca

RECOVERED-MEMORY EXPERIENCES[1]

During the last ten years, substantial numbers of North Americans have reported emotionally wrenching experiences of "remembering" histories of childhood sexual abuse (CSA) of which they were previously unaware. Cases differ one from another in important ways, but the defining feature of the phenomenon is the subjective experience of "recovering" memories of extremely distressing childhood events that contradict the person's prior beliefs about their childhoods. I use the term “recovered-memory experiences” (RMEs) to refer to such cases.

How best can RMEs be explained, and how should psychologists, other professionals, and society at large respond to them? Until recently, answers to these questions have tended to cluster at two polar extremes. Critics of trauma-oriented therapies argued that RMEs are usually pseudomemories developed in response to suggestive forms of therapy and self-help. In contrast, trauma-oriented clinicians and other counter-critics argued that RMEs are usually essentially accurate memories of previously repressed or dissociated CSA and that the claims of critics should be dismissed as antifeminist backlash. Recently, however, there has been growing support for a middle-ground position that acknowledges the existence of both essentially accurate and essentially illusory RMEs.

It is useful to think of RMEs as ranging along a continuum. At one extreme are cases in which RMEs of multiple instances of violent and often bizarre forms of incestuous abuse (sometimes including events in early infancy and/or extending into late adolescence) arise in the context of powerful suggestive influences and in the absence of compelling corroboration. I will refer to such cases as “implausible RMEs.”At the opposite extreme are cases in which RMEs of one or a few isolated instances of relatively high-base-rate kinds of childhood sexual abuse arise more or less spontaneously and are subsequently corroborated. I will refer to cases of this sort as “plausible RMEs.” The

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[1]Some paragraphs in this chapter were adapted from paragraphs in Lindsay (1998, 1997c).

central thesis of this chapter is that it is likely that qualitatively different mechanisms underlie RMEs at the two ends of this continuum. To anticipate, my claim is that RMEs at the "implausible" end of the continuum usually reflect illusory memories or false beliefs, whereas RMEs at the "plausible" end of the continuum more often involve essentially accurate recollections of long-forgotten CSA. Different sorts of ordinary cognitive mechanisms may account for both types of RMEs.

As an example of highly implausible RMEs, consider the case that initially sparked my interest in the controversy about recovered memories. In 1992, a man in his early 70s contacted me and related what at the time seemed an extraordinary story. His 40ish daughter (X) had sought therapy after the break-up of a relationship. After 2 years of therapy she accused her father of multiple violent abuses, for which he was facing criminal charges. Initially, I did not know what to make of his claims--he cried his innocence, but the guilty often do that. I later learned that the therapist had no formal training or qualification. The therapist's notes recorded that, after the very first session, she formed the opinion that X's problems were likely caused by "repressed" CSA. The therapist used a variety of techniques to encourage X to recover memories, and after about 100 sessions (many of which were several hours long) conducted over a 1-year period X did indeed begin to report new "memories" of CSA. Over the next 100 sessions she came to report more and more violent and bizarre instances of abuse (e.g., being manacled to the kitchen table at 2 years of age and raped by neighborhood men; watching her father strangle babies and bury them in the snow in the yard). No remotely credible evidence for these allegations emerged. (For other examples of highly implausible RMEs, see Bass & Davis, 1988; Bottoms, Shaver, & Goodman, 1996; Coons, 1994; Loftus & Ketcham, 1995; Qin, Goodman, Bottoms, & Shaver, 1998; Newman & Baumeister, 1996; Pendergrast, 1996; Yapko, 1993).

The well-known case of Ross Cheit provides a contrasting example of highly plausible RMEs. In 1992, at age 36, Cheit recalled being repeatedly sexually molested by William Farmer, a counselor at a boys' summer camp. Cheit claims (and cites reasons for believing) that before he recovered these memories he would have honestly denied that he had ever been molested. Shortly before his RMEs began, Cheit had learned that a young boy who is a close relative was about to go to a similar camp. The new memories arose while Cheit was on vacation (the first holiday of his adult years) during the same time of year that, nearly 30 years previously, he had attended the camp. Cheit confronted Farmer in a surreptitiously tape-recorded telephone conversation, and Farmer admitted molesting him and other boys. Subsequently, other men who had attended the camp as boys confirmed that Farmer had sexually molested them too. (For other examples of plausible RMEs, supported by varying degrees and kinds of evidence, see Schooler, Ambadar, & Bendiksen, 1997, Williams, 1995, and Cheit's internet-based "Recovered Memory Project," http://www.brown.edu/Departments/ Taubman_Center/Recovmem/.)[2]

When critics of trauma-oriented therapies refer to RMEs, they typically have in mind cases like X's, in which RMEs of numerous instances of bizarre abuse arose in the context of highly suggestive therapy. In contrast, when counter-critics refer to RMEs, they often (although not always) have in mind cases like Cheit's, in which memories of sadly common forms of CSA arose more or less spontaneously. This difference in the kinds of cases different individuals have in mind when they talk about recovered memories has added to the contentiousness of the debate and hampered efforts to understand the phenomenon (or, as I will argue, phenomena) of RMEs.

IMPLAUSIBLE RMEs

Suggestive Forms of "Memory-recovery work" in Psychotherapy

As part of a long-overdue response to the appalling reality of CSA, many North American therapists have become sensitized to the likelihood that some of their adult clients were sexually abused during

[2] It is worth noting that the best-documented cases typically involve one or a few instances of relatively common forms of abuse (although in Cheit's case the sexual molestation allegedly occurred numerous times). This is not to say that the abuse in such cases was harmless or in any way acceptable, but rather to note that it did not involve the sorts of repeated, bizarre, and vicious acts (e.g., satanic rituals) that often feature in "implausible" RMEs.

childhood. There are both theoretical and empirical grounds for believing that CSA can contribute to the development of psychopathology in adulthood (e.g., Beitchman, Zucker, Hood, daCosta, & Cassavia, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; see Bauserman & Rind, 1997, for arguments that the long-term effects of CSA have sometimes been exaggerated). A variety of psychotherapeutic perspectives hold that it is reasonable to assume that individuals with such histories can be assisted by therapeutic "working through" of the abuse, and there is at least some evidence to support that view (e.g., Foa, Rothbaum, Riggs, & Murdock, 1991; Resick & Schnicke, 1992). A natural extension of these quite reasonable ideas is that some adults with psychological problems may be suffering aftereffects of CSA that they do not consciously remember.

In the late 1980s and early 1990s many authors propounded the thesis that a substantial percentage of adults with psychological problems suffer the aftereffects of hidden memories of CSA (e.g., Bass & Davis, 1988; Blume, 1990; Claridge, 1992; Clark, 1993; Courtois, 1988, 1992; Frederickson, 1992 Herman & Schatzow, 1987; Maltz, 1990; Olio, 1989).[3] This idea, first proposed by Freud (1962) in 1896, together with the belief that therapeutic "working through" of abuse histories is helpful, laid the groundwork for trauma-oriented therapies that explicitly or implicitly encourage clients to search for hidden memories of CSA. In addition to being widely disseminated to practitioners, these ideas were promulgated in the self-help literature (e.g., Bass & Davis's, 1988, self-help book, The Courage to Heal, which includes a substantial emphasis on ideas about the psychological benefits of searching for hidden memories of CSA, sold hundreds of thousands of copies and was given a five-star rating in Santrock, Minnett, & Campbell's, 1994, guide to self-help books).[4] Even more extravagant versions of these ideas were presented in the popular media (e.g., Heaton & Wilson, 1998, claimed that in 1992 The Oprah Winfrey Show had 10 million viewers per show, and that the combined audience of this and similar shows, which often featured accounts of horrific RMEs, was 54 million viewing hours per day).

Trauma-oriented approaches to therapy may become dangerously suggestive when they combine several of the following practices: Communicating to the client (directly or indirectly) that she or he has symptoms of non-remembered abuse, that many survivors do not remember abuse, that remembering is an important step toward or sign of psychological healing, and that doubt may reflect denial; using techniques that enhance imagery and lower memory-monitoring criteria, such as hypnosis, sodium amytal, or guided imagery, as means of helping clients search for hidden abuse memories; and recommending that clients with suspected non-remembered abuse read popular books on memory recovery and/or attend survivors' support groups. I refer to such practices and techniques as "memory-recovery work" (to distinguish them from "memory work," which includes talking about never-forgotten childhood events). Note that such approaches need not be overtly coercive, neither in their intent nor in the client's perception. Indeed, suggestive influences may be more powerful when they are not overt (Bowers, 1984).

How prevalent are therapies that include a focus on memory-recovery work? The answer to this question is not known with any precision. It is incontrovertible that some therapists have used

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[3] See Lindsay (1997a, pp. 364-365) for arguments against the belief that a substantial percentage of psychotherapy clients are suffering the aftereffects of non-remembered CSA.

[4] There's an amusing story regarding how I learned of Santrock et al.'s (1994) "authoritative" guide to self-help books. A friend who was going through some rough times showed me a self-help book that he was reading, and asked me what I thought of the following statement therein: "According to my experience with clients, in over 90% of all cases we find that our parents were our lovers or mates in former lives. Freud was not all that mistaken" (Griscom, 1988, p. 42). Dismayed, I asked a clinical colleague for help locating a more rational self-help book, and she kindly loaned me Santrock et al. Their book looked very promising, because rather than just offering their own opinions on self-help books the authors based their recommendations on surveys of 500 members of the American Psychological Association. I was less impressed when I found that The Courage to Heal was "strongly recommended" for any women client who has "the slightest inkling that she might have been sexually abused" (p. 12).

techniques that combine all of the suggestive elements enumerated above, but it is difficult to specify exactly which approaches used in which ways constitute dangerous risk and exactly how many therapists have used such approaches with some or all of their clients. There are some relevant survey data (e.g., Bottoms et al., 1996; Polusny & Follette, 1996, Poole, Lindsay, Memon, & Bull, 1995; Yapko, 1993) that justify the conclusion that in the early to mid 1990s a non-trivial minority of the hundreds of thousands of North American therapists made at least some use of therapeutic approaches that many memory researchers view as dangerously suggestive.[5] It can also be said with some confidence that even at the height of their popularity the vast majority of qualified psychotherapists did not focus on highly suggestive memory-recovery approaches. Various theoretical and methodological difficulties (including the happy fact that it is likely that use of suggestive approaches to trauma-oriented therapies has declined steeply in recent years) prohibit a more precise or confident estimate of the prevalence of risky approaches to memory-recovery work in therapy and self-help.

Mechanisms of Essentially False RMEs

Beginning with research by Elizabeth F. Loftus and her colleagues in the mid-1970s, hundreds of studies have explored the mechanisms by which suggestions can lead to false memories. This research reveals that false memories are most likely when (a) suggestive influences are strong and (b) the time period about which suggestions are given is poorly remembered. A single passing suggestion can lead to false memories of trivial details, but more powerful suggestive influences are required to create illusory memories of dramatic life experiences. Suggestions increase in strength if they are given by an authority figure, are perceived as plausible, are encountered repeatedly, or are presented in ways that evoke vivid images or encourage the recipient to accept thoughts, images, and feelings as accurate memories. It is also likely that some individuals are more susceptible to suggestive influence than others (perhaps because they are more responsive to authority, less analytically critical in their thinking style, or have more vivid imagery than other individuals) (Hyman & Billings, 1998).

For ethical reasons, no experiment has tested the hypothesis that suggestions can lead to false memories of CSA. Some authors have argued that it is therefore inappropriate to generalize from the research on suggestibility to memory-recovery work in therapy (e.g., Berliner & Williams, 1994; Enns, McNeilly, Corkery, Gilbert, 1995; Pezdek, 1994). Arguments against generalizability have taken three major forms.

Some have argued that because the participants in research on suggestibility are not all trauma survivors, the research findings cannot be generalized to trauma survivors. This argument entirely misses the point: Concern about suggestive memory-recovery work focuses primarily on its potential ill-effects for clients who are not trauma survivors but who may be led mistakenly to believe that they are trauma survivors. In any case, there is little reason to believe that trauma survivors are less suggestible than other people--indeed, some psychologists believe that the opposite is the case (e.g., DiTomasso & Routh, 1993; see Rhue & Lynn, 1995).

Others have argued against generalizing from studies of memory suggestibility because the studies do not involve psychotherapy clients in situations that directly mirror therapy. I see little reason to assume that therapy clients are less suggestible than other people, and the suggestive power of some trauma-oriented therapy situations dwarfs that of any research study of which I am aware.

A third argument against generalization is that the false memories created in research studies are not false memories of childhood sexual abuse. As noted previously, existing evidence and theory on suggestibility indicate that, all else being equal, more powerful suggestive influences are required to create false memories of significant life events, so there is no debate about the inappropriateness of quantitative generalization of laboratory findings involving trivial details to the therapy situation. For example, the fact that 75% of

[5] The Poole et al. (1995) data have sometimes been mischaracterized by proponents on both sides of the controversy. For a rejoinder to such misinterpretations, see Lindsay and Poole (in press).

subjects who received a misleading suggestion regarding a peripheral detail in a slide show later reported that they saw the suggested detail in the slides would never be taken to indicate that 75% of clients who receive a suggestion regarding CSA will subsequently report false memories of abuse. The question, then, is whether the general principles discovered in the lab can be generalized to the therapy situation.

The question of whether or not the same general principles that govern suggestibility for laboratory events also govern suggestibility for CSA will never be directly addressed by experimental research, because ethics bar researchers from testing the hypothesis that suggestions can lead people falsely to believe that they were sexually abused by their parents. But the argument against generalization is not very strong. At a theoretical level, it is a basic tenet of science to prefer more parsimonious theories, and to resort to the postulation of special mechanisms only when the data compel them. There is no compelling evidence in favour of the argument that illusory memories or false beliefs of CSA cannot arise via the same mechanisms involved in the creation of illusory memories of other kinds of experiences.[6]

Support for the claim that suggestive influences can lead to false memories of significant (and even traumatic) life events comes from real-world cases in which people experienced RMEs that are demonstrably false or extremely implausible. Examples include reported memories of bizarre and murderous satanic cult rituals; memories of abusive events during the first days of life, in the womb, or during past lives; memories of UFO abductions; and memories of events that would have left unambiguous physical evidence in the absence of such evidence. The point of citing such examples is not to imply that all RMEs should be attributed to the same mechanisms that give rise to illusory memories and false beliefs such as these; rather, the point is merely that such cases demonstrate that people can experience illusory memories of traumatic childhood events.[7]

This anecdotal evidence is supported by recent studies that provide relatively close analogies to false memories of childhood sexual abuse. Examples include Loftus and Pickrell's (1995) "lost in the mall" study, Pezdek, Finger, and Hedge's (1998) follow-up of the "lost in the mall" paradigm (which demonstrated the importance of the perceived plausibility of misleading suggestions), similar studies using less common suggested events by Hyman and his associates (e.g., Hyman, Husband, & Billings, 1995; Hyman & Pentland, 1996), experiments by the late Nick Spanos and his colleagues demonstrating false memories of past lives (and of CSA in past lives) (e.g., Spanos, Burgess, & Burgess, 1994), and Garry, Manning, Loftus, and Sherman's (1996) finding that merely asking people to imagine having had particular childhood experiences (e.g., breaking a window and cutting themselves) inflates their estimates of the likelihood that they actually did have those experiences.

Additional evidence comes from an as-yet-unpublished by Kelley, Lindsay, and Amodio, in which right-handed undergraduates performed a series of tests that, they were told, might be able to detect right-handed adults who were born with a left-hand preference. Some participants were told that the test results indicated that they were probably born left handed, whereas others were told that the results indicated they were right-handed from birth. All participants were then asked to spend an hour on their own time attempting to remember any childhood experiences that might have discouraged them from being left-handed. Participants given the left-handed diagnosis more often reported such memories and, equally important, were more likely later

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[6] This question is similar to the debate about whether "flashbulb memories" (i.e., vivid recollections of the circumstances under which one first learned of a highly surprising and consequential event, such as Kennedy's assassination) reflect the operation of a qualitatively different memory mechanism than do memories of more mundane events (e.g., Winograd & Neisser, 1992). See Lindsay (1997b) for a more detailed discussion of this analogy.

[7] Readers who believe in past-life regression, fetal memories, Satanic cults, and UFO abductions will not, of course, find this argument compelling. Unfortunately, such individuals are unlikely to find any argument compelling, because they have accepted a belief system that is conveniently non-falsifiable (e.g., the very invisibility of the vast network of intergenerational Satanists is said to demonstrate their enormous power).

to indicate belief that they started life as left handers. Thus a single suggestive session, followed by a single hour of memory-recovery work, had a dramatic effect on both reported memories and reported beliefs about childhood events.

Skeptics can always argue that the analogy from research studies demonstrating false memories to the clinical situation is imperfect, but the onus shifts to explaining why one should not generalize in the interest of parsimony. Moreover, when in doubt therapists have a moral responsibility to minimize the risk of harming their clients. By analogy, if a drug was shown to cause blindness in rats, opthamologists would not continue prescribing the drug on the grounds that the studies differed too much from the clinical situation; rather, they would be very cautious in using the drug until it was shown to be safe. This advice seems particularly sound when there is little if any compelling evidence that the treatment in question (i.e., looking for abuse memories in clients who initially indicate that they were not abused) has any beneficial effects.

Summary: Implausible RMEs

A number of prominent trauma-oriented psychologists have recently published statements acknowledging that highly suggestive forms of memory-recovery work are ill-advised and may put clients at unacceptable risk of developing illusory memories or false beliefs. For example, Courtois (1997) provided a detailed and thoughtful set of guidelines for therapy with clients with possible CSA histories, in which she acknowledged the excesses of some past practices and the difficulty of differentiating between historically accurate and inaccurate recovered memories, and cautioned against unduly suggestive approaches to memory-recovery work. Similarly, Briere (1997) wrote:

> There is little question that a minority of therapists have used questionable “memory recovery” techniques . . . Such errors can create victims both of clients who have come to believe nonexistent abuse histories and those who have been falsely accused based on such pseudomemories. (pp. 26-27)

In summary, evidence and theory on memory suggestibility help account for cases like X's, in which an authority figure (a therapist, often augmented by self-help literature and/or a support group) presents repeated suggestions regarding the plausibility of long-ago CSA and uses techniques that enhance imagery, lower memory-monitoring criteria, and increase compliance (e.g., hypnosis or guided imagery). Such prolonged and socially influenced searches for CSA memories combine all of the factors known to increase the likelihood of false memories or beliefs regarding dramatic life experiences.

PLAUSIBLE RMEs

How can psychology account for cases like that of Ross Cheit, in which RMEs appear to have arisen more or less spontaneously and to be essentially accurate? As outlined in this section, ordinary cognitive mechanisms may lead some individuals who experienced CSA to forget about it for years or even decades and then later recover essentially accurate memories of the abuse.

Mechanisms of Forgetting CSA

In my view, there is no compelling evidence for a special "repression" mechanism that "deep freezes" memories of traumatic events, shielding them from consciousness unless they are recovered. But there is no need to presume such a mechanism to account for accurate RMEs. For one thing, forgetting of dramatic, and even traumatic, experiences may be more common than intuition would lead us to believe. In this case, intuition is indeed likely to lead us astray, because we are (by definition) unaware of events that we have forgotten and therefore rarely encounter evidence of not remembering them. Systematic research indicates that people sometimes do fail to report (and, in some cases, to fail to remember) significant life events such as serious motor vehicle accidents, hospitalizations, crime victimizations, and CSA (see sources cited by Loftus, Garry, & Feldman, 1994). Much of childhood is poorly remembered in adulthood (perhaps partly because people rarely work at remembering childhood). For example, Chambliss (1996) found that only 12% of a sample of 340 college students said that they could recall ever having sat on a parent’s lap when they were under 5 years of age; doubtless virtually all had done so on innumerable occasions, but few could

remember even a single such occasion. Research suggests that traumatic childhood experiences (especially repeated ones) are more likely to be remembered than mundane childhood events (see Koss, Tromp, & Tharan, 1995, for a review), but in many cases children may not experience CSA (especially the more common forms of CSA, which do not involve physical violence) as a life-threatening trauma but rather as an upsetting, unpleasant event. Moreover, it is likely that even genuinely traumatic childhood events are sometimes forgotten in adulthood.

Ordinary cognitive mechanisms may sometimes hasten forgetting of negative events relative to otherwise comparably memorable neutral or pleasant events. For example, some victims of CSA may divert their attention to other things when the abuse occurs (or become panicked in ways that grossly disrupt attention), which would impair memory for the trauma. Furthermore, victims of CSA may be threatened against speaking of the abuse, and may avoid thinking about it, which would limit rehearsal and thereby increase the likelihood of forgetting the abuse over a period of time. Some abused children may develop habits of avoiding environmental and internal (thoughts and feelings) cues that remind them of the abuse; such habits could, via ordinary memory mechanisms, lower the likelihood that abuse is later recollected. Forgetting of severe CSA beyond early childhood is probably relatively rare, especially if the abuse occurred on multiple occasions, although it may sometimes occur.[8]

The mechanisms of forgetting described above are similar to mechanisms hypothesized by some trauma-oriented clinicians. For example, "dissociative amnesia" is said to occur because, in essence, the victim does not attend to the abuse in ways that would support recall-appropriate encoding (e.g., Courtois, 1997). There are, however, important differences between attributing forgetting of child abuse to ordinary mechanisms of memory and attributing such forgetting to a special traumagenic amnesia mechanism. As argued by Read and Lindsay (1998), use of the term "amnesia" may inappropriately pathologize forgetting of abuse (consequently leading it to be construed as a condition in need of treatment), and some hypothesized mechanisms of traumagenic amnesia also include dubious claims to the effect that the same mechanism that impairs conscious recollection of abuse also maintains unusually vivid and veridical unconscious memories. Thus use of the term "amnesia" may foster therapeutic approaches that encourage clients (if only indirectly and subtly) to search for hidden histories of CSA. In any case, the central point for present purposes is that regardless of the precise mechanisms involved it is almost certainly true that some people who experienced CSA later fail to recollect those events, even when asked.

Evidence for the claim that some people who experienced CSA later do not remember it comes from a study by Williams (1994), who interviewed 129 women who 17 years previously had been judged by hospital staff to have suffered an instance of sexual abuse. In response to questions about childhood sexual experiences, 88% reported one or more instances of CSA, but 38% did not report the documented "target" event. As critics (e.g., Pendergrast, 1996; Pope & Hudson, 1995) have pointed out, it is likely that some non-reporters were cases in which the abuse occurred in the first few years of life (and hence would not be expected to be recalled due to infantile amnesia; Eacott & Crawley, 1998), others may have involved relatively non-memorable kinds of abuse, and yet others may have reflected decisions on the part of the women not to disclose the abuse during the interview rather than failures to remember it. Williams presented evidence indicating that these factors do not tell the whole story, however, and it may well be that in some cases even quite severe forms of post-infancy abuse were simply not remembered during the interview. This is particularly likely for those women in the sample (the substantial majority) who reported other instances of CSA. When people have had multiple experiences of a particular kind, ability to recall any given

[8] It may be, as some traumatologists have argued, that in moments of extreme, abject terror (e.g., violent, life-threatening torture) the minds of some individuals "shut down" in ways that totally disrupt encoding and hence produce a genuinely amnestic state for the traumatic episode. This is not a hypothesis that can easily be supported or refuted by empirical investigation. In any case (a) it seems unlikely that events whose encoding was so totally disrupted could subsequently be recovered and (b) there are many reasons to believe that such experiences are rare among North American psychotherapy clients.

instance is sharply curtailed. For example, if your parents frequently spanked you when you were a child, you probably know that such spankings occurred and recollect a few particularly memorable episodes, but if I asked you to report on your history of such childhood experiences you would likely fail to remember some episodes. If, in contrast, you received only one spanking during childhood, the uniqueness, distinctiveness, and salience of that event would make it relatively recallable (although you might nonetheless fail to recall it).

Widom (1997) reported a prospective study similar to the Williams (1994) study, except that it included individuals with documented histories of physical abuse and neglect as well as CSA. Widom too found evidence that a substantial minority of participants did not report (and appeared not to remember) the documented abuse. Moreover, many denied having any abuse history at all. For example, of 75 women with documented CSA, 32% claimed not to have any CSA history. As in the Williams study, Widon's participants were not asked directly about the recorded instance, so it is possible that some would have recalled it if given such direct and detailed probes, but it seems likely that some would have indicated no memory of the documented abuse even if asked directly.

Thus there is ample evidence that adults who experienced CSA sometimes do not remember the abuse later in adulthood, even when asked if they have such a history. In my view, the likelihood of such forgetting declines sharply as the frequency, severity, and recency of the abuse increase (see review by Koss et al., 1995), leading me to be deeply skeptical of any case in which a person reports newly discovered memories of years of bizarre abuse. Nonetheless, for present purposes the point is that there are good reasons to believe that significant kinds of CSA can be forgotten in adulthood.

Mechanisms of Recovering Essentially Accurate Memories of CSA

Given that an adult had forgotten CSA, how could she or he later "recover" accurate memories? According to Tulving's encoding specificity principle, the likelihood of recalling an event is determined by the similarity of current cognitive processes to those performed when the event occurred. For example, if your current cognitive processes become similar to those you performed at breakfast this morning, you are likely to retrieve memories of breakfast. I can increase the similarity of your current cognitive processes to those you performed at breakfast merely by asking you to think about this morning's breakfast. Alternatively, I could show you a picture of your kitchen or waft the smell of frying bacon, either of which could lead you to engage cognitive processes similar to those you performed at breakfast and hence cue retrieval of breakfast memories. Research also shows that reinstatement of an unusual emotional or physiological state can facilitate recall of past experiences of that state (although such effects are neither large nor robust) (Eich, 1995).

The encoding specificity principle helps us to understand cases such as that of Cheit, in which current environmental and emotional conditions (e.g., being on vacation, at the same time of year as the molestation experiences; having recently learned that a close relative was going to a similar camp) may have set the stage for essentially accurate RMEs. It also fits at least reasonably well with a number of other cases in which people appear to have experienced essentially accurate RMEs (e.g., Schooler et al., 1997).

Several surveys have shown that adults who report a CSA history often report prior periods of less or no memory for the abuse (e.g., Elliott & Briere, 1995). Although such findings are consistent with the claim that people can forget and then later re-remember CSA, interpretation of these results is so problematic that they will not be further considered here (see Melchert & Parker, 1997; Read & Lindsay, 1998). More persuasive evidence comes from a study by Williams (1995), who found that, of 75 women in her prospective study who did report the target instance and who were asked follow-up questions regarding prior memory for that abuse, 10 (16%) reported a prior period during which they did not remember the event. Williams found equivalent accuracy in the reports of those who did versus did not indicate such a prior period of not remembering. As Williams noted, however, it was not altogether clear what the women meant when reporting a prior period of not remembering, and it appears that some of them meant simply that they avoided thinking about the abuse (see also Melchert & Parker, 1997). This is quite different from cases in which people appear to be confident that they have no abuse history and then later have dramatic RMEs. It does appear that some women

in Williams's study were reporting prior periods during which they had no awareness of having an abuse history, but the Williams finding should not be taken as evidence that RMEs, in general, are as accurate as continuously accessible memories. As Freyd (1998) pointed out, in the Williams study all of the cases involved a documented instance of abuse, so by definition reports of the target event could not be essentially false. Also, there is no indication that the women in Williams's sample had engaged in prolonged and suggestive searches for hidden memories. Finally, as noted below, there are reasons to be skeptical of the accuracy of retrospective assessments of prior ability to remember. Nonetheless, for present purposes the important point is that at least some of the 10 women in Williams's sample reported prior periods of having no awareness of an abuse history, followed by recovery of essentially accurate recollections of the documented abuse. Even if these women's reports of a prior inability to remember were erroneous, these findings support the claim that people can have the subjective experience of recovering previously non-remembered CSA when those memories are accurate.

Dalenberg (1997) reported on 17 of her own clients who entered therapy with continuously accessible memories of CSA by their fathers and who subsequently remembered additional instances of abuse that increased the severity of their abuse histories. Dalenberg interviewed the fathers and other witnesses and sought other kinds of evidence to access the accuracy of both the continuously available and new abuse memories, and found that 75% of the content of both kinds of reports was supported by such evidence.

Dalenberg's study is interesting and important, but it is not clear that it is appropriate to classify her patients' reports as RMEs, because all of the women initially reported that they had always remembered having an abuse history. As noted at the outset of this chapter, the defining featuring of RMEs is that the new memories dramatically contradict the person's prior beliefs about childhood. As mentioned above, basic research on autobiographical memory has long established that when people have had multiple experiences of a particular kind it is often difficult for them to retrieve many of the individual instances. To return to the previous example, if you were frequently spanked as a child you probably cannot recollect all of those experiences now, but if you worked at remembering additional instances you probably could do so. Your new memories of spankings would not qualify as RMEs unless the newly remembered punishments qualitatively differed from those you have always know about (e.g., you always remembered a few episodes of "mild" spanking, but now remember being whipped with a belt). Although Dalenberg's clients' new memories did tend to be of more severe forms of abuse than their continuous memories, the degree and nature of this shift is not clear from her report. It is also worth noting that, presumably, Dalenberg did not use the sorts of suggestive memory-recovery approaches that have most alarmed critics. Dalenberg's data support the claim that new reports of CSA that emerge in therapy can be just as accurate as continuously accessible memories for clients who enter therapy with such memories, but they should not be misconstrued as evidence for a more general claim that "recovered memories" are just as accurate as continuously available memories.

Schooler et al. (1997) reported several case studies in which emotionally wrenching RMEs were subsequently substantiated by various kinds of evidence. Most interestingly, Schooler et al. described two cases in which women reported very powerful experiences of remembering abuse of which they believed they had previously been utterly unaware, but that other individuals reported the woman had previously talked about. Schooler et al. speculated that the emotional impact of remembering abuse may sometimes give rise to a "forgot it all along" effect, in which the person mistakenly believes that the memories had not previously been accessible. Relatedly, Dalenberg (1997) found that her clients were extremely poor at remembering, after therapy, which reports of CSA they had remembered prior to versus during therapy (see Johnson, Hashtroudi, & Lindsay, 1993, for basic research on the mechanism by which people differentiate between memories with different origins).

RMEs of Non-traumatic Childhood Experiences

RMEs are almost certainly not restricted to traumatic childhood experiences. That is, people may have compelling subjective experiences of remembering other kinds of significant childhood events that, they feel, they had not previously remembered and that powerfully contradict their prior beliefs about their childhoods. Except

in cases in which people have been exposed to prolonged, multifaceted, socially powerful suggestive influences, such memories are likely to be essentially accurate (not perfect and complete, any more than other recollections are, and a small proportion essentially false, but most essentially accurate). Salaman (1976) discussed numerous anecdotal examples from literature and from her own autobiographical reminiscences of involuntary recall of long-forgotten childhood memories, saying, "Subjectively the feeling is miraculous, as miraculous as a moment of love, the first sight of a newborn healthy baby to a mother" (p. 50). Of Proust's famously "recovered" childhood memories (inspired, a la the encoding specificity principle, by eating a Madeleine cookie dipped in tea as he had often done as a child), Salaman (p. 51) wrote:

> The echo of his tears, in his traumatic memory of demanding his mother's kiss, never ceased, but was not audible until life grew quiet, like those convent bells which are drowned in the noise of daytime, and sound out again in the silence of the evening.

Salaman argued that such involuntary recollections tend to be of traumatic childhood events, but as is clear from the above example she used the term "traumatic" in a quite broad sense that might be translated as "emotionally evocative." Indeed, many of the examples Salaman described were of strongly positive rather than negative events (e.g., "They [involuntary recollections of a particular period of her life] brought me great joy"). Thus, poignant and vivid as they may be, involuntary recollections of childhood experiences do not always qualify as RMEs as I have defined them (because the experiences are not necessarily emotionally wrenching and their content does not necessarily contradict prior beliefs about childhood). The point, however, is that autobiographical writers and introspectionist psychologists such as Salaman have often observed that adults are sometimes (especially in their later years) visited by sudden and intense involuntary recollections of emotionally charged childhood experiences. I see no reason to assume that long-forgotten experiences of CSA could not sometimes similarly be dramatically recollected.

In more systematic research, Read (1997) found that a substantial minority of adults in a community sample reported experiences of "recovering" memories that surprisingly contradicted their previous beliefs about their childhoods. For example, one respondent reported having completely forgotten ever having studied piano as a child, with subsequent recovery of the memory that she had taken piano lessons for 5 years! Some reported recovered memories concerned traumatic events (including CSA), but many did not.

Lindsay, Schooler, Hyman, and Read recently collected data in a new paradigm that speaks to the issues of forgetting and re-remembering significant life events. Participants in this study were recruited via newspaper advertisements seeking individuals who had kept a personal diary at some time years in the past and had not reviewed that diary in recent years. During an initial screening interview, we identified a target year for each individual. Participants were subsequently asked to read eight entries from the target year of their diary and to report, for each entry read, on three kinds of subjective experiences that might arise: "Ordinary-memory experiences," in which reading the entry reminds the person of an event that they feel they have always known and remembered (even though they might not have thought of it recently); "No-memory experiences," in which there is a surprising failure to have any memory whatsoever of a seemingly memorable event described in the diary; and "recovered-memory experiences," in which there is a surprising feeling of recovering a previously forgotten memory. We have only begun to analyze these data, but a preliminary scan of the responses reveals that most of the 19 participants reported one or more "No-memory experiences" and one or more RMEs.

In another new study, Lindsay and Read asked undergraduates about 28 common childhood experiences, some relatively positive (e.g., "As a child, did you ever play with a piñata?") and some relatively negative (e.g., "As a child, did you ever get bitten by a dog?"). For each event, respondents were asked whether or not they thought they had experienced the event during childhood and, if so, to characterize their memories of the event. Respondents were also asked to rate the emotional quality of the event, and to indicate whether or not they thought they would be able to remember more about the experience if they worked at it. Here again, we have only just begun to analyze these data, but it is worth noting that all respondents indicated

that they thought they had experienced childhood events for which they had no specific memories.

Summary: Plausible RMEs

Just as trauma-oriented psychologists such as Briere (1997) and Courtois (1997) have made increasingly clear expressions of concerns regarding highly suggestive forms of memory-recovery work, critics of memory-recovery work have made increasingly explicit acknowledgments of the existence of essentially accurate RMEs (e.g., Loftus, 1993, p. 524, p. 533; Loftus, 1997, p. 191; Pendergrast, 1996, pp. 89-94, p. 536; Underwager & Wakefield, 1998, p. 8.). Freyd, founder of the False Memory Syndrome Foundation, wrote, "Some memories are true, some a mixture of fact and fiction and some are false--whether the memories are continuous or remembered after a period of being forgotten" (1997, p. 1).

In summary, much of childhood is poorly remembered in adulthood (and perhaps especially in mid-life). A variety of ordinary cognitive mechanisms may speed forgetting of negative childhood experiences. When oriented and cued appropriately, adults who have long forgotten instances of CSA may recover essentially accurate recollections of the abuse. The encoding specificity principle suggests that psychotherapies that are not unduly suggestive may sometimes create conditions that foster such RMEs (e.g., simply by orienting adults to reminisce about their childhoods, by sanctioning thinking about and feeling rare affective states that may cue memories of childhood traumas, etc.). It seems tremendously unlikely that these ordinary cognitive mechanisms can account for cases in which people who initially believed they had “normal” childhoods later “recover” memories of years of bizarre and violent abuse–for such cases, I believe that the mechanisms of illusory memories described in the preceding section provide a better explanation–but ordinary cognitive mechanisms can well account for a wide range of cases, like that of Ross Cheit, in which people report newly recovered memories of instances of less extreme (but criminal and deeply upsetting) forms of abuse.

PREVALENCE OF TRUE AND FALSE RMEs

There is little doubt about the existence of cases such as X’s, in which highly suggestive influences appear inadvertently to lead people to develop illusory memories of CSA. Likewise, there is little doubt about the existence of cases such as Cheit's, in which individuals appear to experience essentially accurate RMEs. Experts disagree, however, about the relative prevalence: Trauma-oriented clinical psychologists often argue that false RMEs are rare, whereas critics of memory-recovery work often argue that accurate RMEs are rare.

We do not have solid data on the prevalence of accurate and illusory RMEs (emotionally wrenching experiences of recovering memories of extremely distressing childhood events that contradict prior beliefs), but I believe that both phenomena are rare in the general population. On the one hand, it is likely that most adults who experienced CSA beyond the first few years of life remember it, and that only some of those who forget ever encounter appropriate cues; thus it is likely that essentially accurate RMEs are rare. On the other hand, people are unlikely to develop illusory memories of CSA unless they are exposed to very powerful suggestive influences, and so it is likely that essentially false RMEs are also rare.

Even a tiny percentage of North Americans translates into a large number of individuals. For example, if a condition occurs in only .01% of the general population (1 in 10,000), then approximately 28,000 people in the U.S. and Canada have that condition. Try making 28,000 dots on a sheet of paper. If you make one dot per second, it will take you 7.7 hours and the sheet will be a smooth, dark grey. If you think of each dot as representing a person who has gone through an emotionally devastating experience, and think of each such person being connected to a family whose members often also go through an extraordinarily painful experience, you can appreciate the point: Even if RMEs (true and false) are rare, many people are affected by them.

It is likely that the prevalence of false RMEs is declining. From the mid-1980s to mid-1990s there was a fad that led a small but non-trivial minority of the hundreds of thousands of therapists in North American to use suggestive memory-recovery techniques. I suspect that most therapists in the US and Canada have now become more

cautious in the use of such techniques (although suggestive therapies may be becoming popular in parts of Europe). Absent suggestive influences, essentially accurate RMEs would be much more common than essentially illusory ones.

TENTATIVE CRITERIA FOR WEIGHING ALLEGATIONS BASED ON RMEs

As argued above, it seems extremely likely that some RMEs are essentially accurate and that some are essentially illusory. In my view, RMEs range along a continuum of plausibility. Even in cases in which individuals initially disclaimed an abuse history, some RMEs are relatively plausible (i.e., the kind of abuse reported is relatively common and not extremely memorable and is said to have happened a small number of times and after the first few years of life; highly suggestive memory-recovery work was not involved in recovering the memories; and there is at least some evidence in support of the report). Others are relatively implausible (i.e., the reported abuse is bizarre and extreme and is said to have happened on numerous occasions over a period of many years; the reports emerged via extensive suggestive memory-recovery work; and there is little or no evidence supporting the report).

We may be able crudely to estimate the accuracy of RMEs by weighing a constellation of kinds of evidence including (a) how the RME came about (the less evidence of suggestive memory-recovery work the greater the confidence), (b) the nature and clarity of the RMEs (with more credence given to detailed, integrated recollections than to vague feelings), (c) the likelihood of the alleged events being forgotten (e.g., when and how often the abuse is said to have occurred; probability that the person would have encountered reminders, overall memorability of the alleged events, etc.), (d) the plausibility of having memories to recover (e.g., less credence given to reports of events said to have occurred before 2 years of age), and (e) the base rate of the alleged type of abuse. Future research may also enable the development of valid and reliable individual difference measures that might be useful, along with other information, in evaluating RMEs. At this point, it is not known exactly how these factors should be weighted, nor how well this approach would work. It is likely that even an optimal solution would sometimes erroneously reject essentially accurate RMEs as false and erroneously accept essentially illusory RMEs as accurate. Nonetheless, I believe that this approach has major advantages over perspectives that imply that virtually all RMEs are false or that virtually all RMEs are accurate.

SUMMARY AND CONCLUSIONS

Psychological science describes mechanisms that may account for both accurate and illusory RMEs. It is likely that both types of RMEs are relatively rare, and that the prevalence of false RMEs is declining as trauma-oriented therapists develop an appreciation for the vulnerability of memory to suggestive influences. This does not mean that RMEs are unimportant. Their effect is often devastating, and repercussions of the recovered-memories controversy will continue to resound for years as law suits against parents accused of abusing their children and against therapists accused of implanting false memories drag on.

In my view, searching for childhood sexual abuse in psychotherapy is akin to searching for tumors in medical therapy. Cancer tumors are real; many people suffer from them, and detecting and treating them is one of many aspects of good medical care. One would be justifiably alarmed, however, if a fad developed in medical care of using multiple sessions of powerful x-rays on a wide variety of patients on the grounds that a broad range of symptoms is caused by cancer and that tumors are difficult to detect without multiple x-ray sessions. One would be alarmed about such a fad because x-rays themselves can cause cancer. This would not lead one to view all positive x-ray results as iatrogenic cancers, because there would be little reason to question positive x-ray results by physicians who were not using high-risk approaches, and even those who were using high-risk x-ray techniques would sometimes detect real (pre-existing) tumors. It would, however, inspire one to attempt to persuade those caught up in the fad that it is a bad idea.

Similarly, childhood sexual abuse is real; many adults suffer from it, and detecting and treating its aftereffects is one of many

aspects of good psychotherapy. I am alarmed by therapies that involve multiple sessions of highly suggestive searches for suspected hidden memories of childhood sexual abuse, because I believe such approaches can inadvertently lead clients who were not abused to come falsely to believe that they were abused. This does not, however, lead me to dismiss all reports of memories of childhood sexual abuse that emerge in therapy as iatrogenic illusions–it just leads me to want to persuade those caught up in the memory-recovery fad that suggestive searches for trauma memories are risky and unwarranted.

The important thing--for psychology and for society more generally--is that psychologists develop a balanced and scientifically grounded approach to this topic that seeks to address accurate and illusory RMEs simultaneously (see Lindsay & Briere, 1997; Read & Lindsay, 1997). Such an approach aims to maximize support for victims of CSA (including those who experience delayed recall of the abuse), minimize the risk of inadvertently fostering illusory RMEs, and improve support for people who have suffered from false RMEs.

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