The Controversy Regarding Recovered Memories of Childhood Sexual Abuse: Pitfalls, Bridges, and Future Directions

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The authors discuss some of the factors that contribute to the intensity of the controversy regarding recovered memories of childhood abuse and suggest ways in which discussion of this topic could be made less polarized and more productive. They highlight briefly some of the key scientific questions raised by the phenomenon of recovered memories and offer several recommendations regarding clinical practice, research, and public policy.

The Controversy Regarding 
Recovered Memories of Childhood 
Sexual Abuse 

Pitfalls, Bridges, and Future Directions

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The following is an invited commentary on the controversy regarding recovered memories of childhood sexual abuse. The editor recommended that the article address three questions:

1. Why is the issue so contentious?
2. What are the key scientific questions?
3. What are our recommendations regarding clinical and research practice and public policy in this area?

We consider each of these issues in turn, with particular emphasis on the first: Careful consideration of the numerous factors that contribute to the contentiousness of this controversy may enable professionals to avoid some of the problems that have slowed progress on the topic of recovered memories.

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1. WHY IS THE ISSUE SO CONTENTIOUS?

The professional and public debate about recovered memories of childhood sexual abuse has been divisive, fierce, and destructive. Some activists on both "sides" have used tactics that can only be described as harassing (e.g., phone-calling campaigns, picketing therapists' offices or conference centers, disrupting lectures, sending defamatory letters to third parties, threatening or undertaking lawsuits or professional ethics investigations, and even threatening bodily harm), and some professionals on both sides have made misleading and inflammatory statements about the other side. Perceptions of the extent to which each side has used inappropriate tactics vary (including perceptions between the two of us), but in any case, the polarized and combative climate of the controversy is a major obstacle to progressing toward better understanding of the underlying issues. Appreciating the numerous factors that feed into the contentiousness of the debate may help defuse the situation.

Certain aspects of the dynamics of Western social perception tend to exacerbate and maintain polarization on controversial issues. Keltner and Robinson (1996) reviewed research on individuals' perceptions of the beliefs and attitudes of members of opposing sides of socially divisive issues. A consistent finding is that people typically exaggerate the differences between camps and mistakenly assume that there is no common ground between opposing sides. One way in which this dynamic is enacted in the current context is via caricaturizations of those on the other side of the debate (a typical phenomenon, according to Keltner & Robinson). For example, critics of therapy involving the use of explicit memory recovery techniques have sometimes used generic terms such as "therapists" or "practitioners" when describing highly suggestive practices that appear to have been used only by a very small minority of clinicians. Similarly, countercritics have sometimes described those who express concerns about suggestive therapeutic practices as antivictim or properpertrator. There are extremists on both sides of this controversy, but the tendency to use caricaturized extremists as representatives of differing perspectives merely serves to increase polarization.

A related psychological contribution to the contentiousness of the controversy is the human tendency to dichotomize complex phenomena and view them in simplistic, black-and-white terms. Interestingly, social psychologists have argued that people are particularly likely to take simplified, dichotomizing views on an issue if they feel threatened around that issue (see Fiske & Taylor, 1991). Examples of overly simplistic dichotomies in discussions of recovered memories include those between (a) people who did, versus did not, experience abuse in childhood; (b) trauma survivors who have always
remembered the traumas in full detail versus those who remembered nothing at all about having experienced trauma; and (c) techniques that are inevitably “risky” versus those that pose no risk whatsoever. One of the most pernicious dichotomies is that recovered memories are either always illusory or always veridical. Such dichotomizations set up a situation in which if one side’s views and concerns are seen as legitimate, then the other side’s must necessarily be illegitimate. We do not mean to imply that all parties to the controversy have made such extreme claims; our point is merely that the tendency to cleave to one side or the other of a mutually exclusive dichotomy appears to have needlessly heightened the level of hostility present in the debate.

To some extent, the ferocity of the controversy can be ascribed to the general tenor of North American society in the mid-1990s. For example, one characteristic of current times is that the popular media have tremendous power in our society, and the media seem to thrive on controversy and polarization. Another general factor may be the ease with which individuals can disseminate their views, unreviewed, to large audiences via electronic mail and the World Wide Web. Our impression is that many individuals—including some professionals actively involved in the debate regarding recovered memories—have relied to a considerable extent on secondhand accounts of work by those with whom they disagree and that the quick and easy dissemination of biased and distorted claims has contributed to the heat of this debate.

In addition, we live in a litigious culture in which lawsuits have become increasingly common and increasingly destructive. Although the right to sue for damages is basic to our system of justice and can provide needed reparation in many cases, litigation has played at least two roles in inflaming the controversy about psychotherapy and recovered memories. First, lawsuits based on recovered memories of childhood sexual abuse have destroyed (or threatened to destroy) the reputations and livelihoods of some parents accused of abuse as well as some practitioners accused of harmful approaches to psychotherapy. When individuals’ careers, life savings, and reputations (and, in the case of criminal trials, liberty) are threatened, they often respond vigorously, regardless of the veracity of the accusations. When the targets of legal actions are wealthy and powerful people with access to communication tools (e.g., the media) and professional organizations, their responses are likely to be effective in, if nothing else, creating controversy. Second, legal actions provide profitable opportunities for psychologists on both sides of the controversy to work as expert witnesses in civil and criminal court cases. Often in such cases there is no material evidence that unambiguously speaks to the occurrence or nonoccurrence of the alleged abuse and so judgments
often hinge on the perceived credibility of decades-old memory reports. Although providing expert testimony on these matters is not inevitably problematic (and, indeed, there is a need to inform the courts of relevant research), it becomes so when experts provide testimony that is not adequately supported by evidence. Specifically, current research is insufficient to support assertions that any given uncorroborated case definitely represents an instance of either “false” or “repressed” memories. Unfortunately, some experts on either side of the issue have made such assertions, potentially to the detriment of the judicial process in such cases.

Above and beyond these general cultural and psychological factors, certain aspects of the recovered memories issue are particularly problematic. First, child sexual abuse (especially incest) is an intrinsically upsetting topic, such that even the most collegial discussions of it are likely to be emotionally charged. Furthermore, it can be argued that the sexual abuse of children is related to the long history of sexual, physical, economic, and political oppression of women. Over the past several decades, our culture has made real and sustained progress in these areas, but the limited gains to date have been exceedingly hard won. Victim advocates are well aware of this history and know that periods of progress have often been followed by periods of backsliding. Consequently, this debate is not only inherently political, but political in a way that often affects people on a personal level.

Another factor that may complicate discussions of recovered memories is the long-standing tension between experimental and clinical psychology. We do not mean to imply that viewpoints on the debate are neatly divided between scientists and practitioners. For one thing, many professionals are both scientists and practitioners. For another, some clinicians have criticized the use of memory recovery techniques in therapy (e.g., Ganaway, 1989; Haaken & Schlaps, 1991; Lynn & Nash, 1994; McHugh, 1994; Yapko, 1994), and some nonclinical researchers have presented data that counter or temper such criticisms or that support the validity of the concept of memory recovery (e.g., Freyd, 1997; Pezdek, 1994; Schooler, 1994; Widom, in press; Williams, 1994). Nonetheless, critics of memory recovery techniques (and critics of the validity of memory recovery as a concept) have tended to align themselves with experimental psychology, whereas countercritics have often emphasized clinical practice perspectives. Even within academe, relations between clinical and experimental psychologists often have been strained. In the larger culture, people who provide psychological therapies constitute a widely diverse group (e.g., psychologists, psychiatrists, social workers, marriage/family counselors, and clergy, as well as others with varying levels of formal training), some of whom may share even less common ground with experimental psychologists than do academic clinicians. Given these potential
differences, it is perhaps not surprising that members of these divergent areas sometimes distrust or even devalue one another, and these strained relations may contribute to the contentiousness of the recovered memories debate.

Differences in the ways critics of memory recovery techniques and countercritics use certain key terms may also have contributed to communication difficulties. For example, it appears that for some participants in the debate, “recovered memories” are understood necessarily to entail the existence of a special “massive repression” mechanism by which memories of childhood sexual abuse are more or less instantly suppressed from awareness. For other participants, the term “recovered memories” does not necessarily entail any such special repression mechanism, and some prefer the related notions of dissociation or motivated forgetting as explanatory concepts. From our perspective, it is preferable to differentiate between the observable phenomenon of recovered memory experiences and the hypothetical construct of special-mechanism repression (Lindsay, in press-a). Regardless of whether all, some, or no recovered memory experiences reflect the operation of a special repression or dissociative mechanism, most of the core issues in the recovered memories controversy remain the same.

Similarly, differences in the sorts of cases that critics of memory recovery techniques and countercritics have in mind when they talk about recovered memories may also have contributed to misunderstandings. Critics (including Lindsay) have focused on instances in which people who initially disclaimed an abuse history and who appeared to have had more or less normal childhoods underwent therapeutic efforts to stimulate memory recovery and subsequently reported recovered memories of repeated and extreme forms of abuse. There is little doubt about the existence of such cases, and there are grounds for concern that some of them may reflect iatrogenesis. In contrast, countercritics have emphasized cases in which recovered memory experiences occurred much more spontaneously and in which there were other indications of a troubled childhood family life (including, in some cases, corroborating evidence of the abuse allegations themselves). There is little doubt about the existence of these sorts of cases either. And, of course, features of other cases likely range between those emphasized by critics versus countercritics of memory recovery techniques. If responsible professionals on both sides of the debate acknowledge the existence of cases at both ends of this continuum and make clear that comments about cases at one extreme should not be misapplied to cases at the opposite extreme, the contentiousness of the controversy might be substantially reduced.

Finally, it should be appreciated that many participants in this debate have some degree of personal involvement in it. Some have worked personally with individuals who were sexually abused as children and who struggle to
come to terms with that history and society’s response to it. Some have interacted personally with individuals whose adult offspring underwent highly suggestive forms of therapy and consequently made implausible accusations of abuse. Both types of cases can be upsetting, and it is not surprising that involvement with them evokes strong feelings. Some participants in the debate are accused parents who believe that their families (and, in some cases, reputations, financial security, and liberty) have been destroyed by suggestive therapy. Other participants are practitioners who have worked and studied for years in order to assist those with traumatic childhood histories, only to find their work publicly devalued or vilified or themselves subject to lawsuits. Still others are people who have themselves experienced recovery of memories of childhood sexual abuse. Finally, it seems likely that some individuals are using one side or the other of this debate to defend against rightful accusations of sexually abusive behavior or instances of therapeutic malpractice. Obviously, these sorts of personal involvement bring added volatility to the controversy.

In summary, a constellation of cultural, historical, political, and personal factors conspire to make the controversy about therapy and recovered memories explosive. In such a situation, clear and constructive communication is very difficult. But it is therefore all the more important that we strive to communicate. This entails active efforts both to express one’s views in a balanced, sensitive, and comprehensible way and—perhaps even more difficult—to strive to understand the valid and useful components of the opposing position on this issue.

Clarifying exactly what the controversy is about may be helpful. First, it is essential to note that this is not and should not be a debate about the morality of sexually molesting children: Although there are exceptions, the vast majority of professionals on both sides of the controversy have unambiguously averred that adult-child sexual behavior is not acceptable and can be quite harmful (see Lindsay, in press-b, for examples). Second, one sometimes gets the impression that the debate is about (a) the veracity of all delayed reports of childhood sexual abuse, (b) the efficacy of psychotherapy, (c) whether memory is ever fallible, and/or (d) the desirability of certain forms of feminism versus other political philosophies. As indicated above, the current controversy does relate to these and other fundamental issues. But framing the debate in these very broad terms makes it difficult to engage in productive dialogue or to make progress on the core issues regarding clinical and research practice: What are the benefits and risks of therapies that address possible abuse memories, and how can practitioners simultaneously maximize the well-being of survivors of childhood trauma and minimize risks of iatrogenic false beliefs? How can researchers provide data that contribute to
understanding and treatment of abuse-related trauma and minimize the likelihood that such data will be misused?

Focusing discussion on the safety and efficacy of various ways of addressing possible abuse memories in therapy has numerous advantages. For one thing, doing so brings attention to bear on a tractable set of questions. Also, this framing of the issue disrupts polarizing alignments such as “researcher” versus “practitioner” or “skeptic” versus “true believer.” Concern about the potential suggestiveness of some approaches to memory recovery in trauma-oriented therapy does not require minimization of the reality of child sexual abuse or dismissal of recovered memories (either within or independent of therapy) as a viable concept; a desire to support and treat survivors of abuse does not require denial of the potential risks of suggestive clinical practices. Similarly, accepting the potential limits on the generalizability of any given research finding is simply good science. Acknowledging the potential limits of external validity for a given finding does not require minimization of the value of the scientific method, nor does the application of scientific principles necessarily guarantee that the fruits of that labor will have real-world applicability to memory of traumatic events. Different writers (including the two of us) disagree regarding the extent to which trauma memories differ qualitatively from other memories in ways that prohibit generalizations from laboratory experiments to clinical situations. Regardless of perspective, however, the issue of generalizability demands ongoing empirical attention; in a less heated context, generalizability could be explored in a more constructive manner than has typically been the case to date.¹

By emphasizing our common ground, clinicians and experimentalists should be able to work together to maximize the effectiveness of treatment for survivors of abuse while simultaneously minimizing the risk of iatrogenic false beliefs. In doing so, both sides can help curtail the extent to which the controversy about recovered memories feeds into an antivictim or antifeminist backlash. Of course, there is ample room for debate about which approaches to trauma memories in psychotherapy are or are not dangerously suggestive or the degree to which a specific experimental paradigm is or is not relevant to the recovered memory controversy. We can say with some confidence that certain approaches are especially problematic (e.g., prolonged, multifaceted, socially influenced efforts to help clients recover suspected repressed memories) and that other approaches are clearly appropriate (e.g., direct and straightforward questions about abuse history asked as part of an intake battery and ongoing nonsuggestive openness and attention to reports of past trauma). Similarly, we can assert with some certainty that false reports of memories of trivial events (e.g., words in word lists) are vastly more easy to create than (and may even involve qualitatively different
mechanisms from) illusory memories of traumatic life experiences, and that studies of accurate and inaccurate reports of emotionally charged life experiences are more directly relevant to the recovered memories controversy. Between these extremes lie gray areas in which experts are likely to disagree, but our continuing disagreements on aspects of these issues can be less heated and more productive than the more general controversy that has raged for the past several years.

Happily, there has been considerable progress in this direction in the past year or so, as evidenced by the 1996 North Atlantic Treaty Organization Advanced Studies Institute on “Recollections of Trauma,” during which experts with a wide variety of backgrounds and perspectives on this issue engaged in 11 days of generally respectful and constructive interchanges (see Read & Lindsay, in press). For example, several individuals discussed clinical intervention approaches that seek simultaneously to treat trauma symptoms and yet reduce the risk of false memories. Others described research on the vulnerability of memory while acknowledging that one must be cautious in generalizing from laboratory data to clinical situations and making clear that evidence of the malleability of memory reports does not mean that recovered memories are necessarily false. More generally, most of the trauma-oriented practitioners at this meeting acknowledged concerns about potentially suggestive approaches, and most of the critics of potentially suggestive approaches asserted the need to support trauma survivors.

We are not out of the woods yet. But we do see an emerging middle ground, a growing and diverse cadre of clinicians and scientists who (a) share concerns about the importance of assisting and supporting survivors of abuse and (b) recognize the need to avoid polarizing rhetoric in experimental and clinical discussions, yet (c) are concerned about the especially suggestive approaches to treatment used and promoted by a minority of therapists and (d) recognize that caution must be exercised in generalizing from laboratory data to the recovered memory phenomenon. There are still individuals who take extreme views on both sides of the controversy—indeed, as consensus builds around moderate positions, some individuals may feel compelled to make their positions more extreme and their statements more provocative. In the interest of limiting the ill effects of exaggerated claims, it may be helpful for prominent professionals identified as members of one or the other side of the controversy to correct extremist statements on that side.

More constructively, polarization will be reduced by collaborative research projects conducted by clinicians and experimentalists who share concerns about minimizing the risks of potentially suggestive therapeutic practice and about enhancing sensitivity to and support for survivors of
childhood sexual abuse. One example of such work is Schooler, Ambadar, and Bendiksen’s (in press) case studies of what they termed “discovered memories.” Schooler is a cognitive psychologist and Bendiksen is a clinical practitioner, and together with Ambadar they have produced a thoughtful and provocative consideration of four cases in which people reported recovered memories. Although these case studies have many of the same limitations as do most clinical case studies, they likewise have the same potential fruitfulness. Collaborative efforts of this sort will advance our understanding of the phenomenon (or, more likely, phenomena) of recovered memories.

2. WHAT ARE THE KEY SCIENTIFIC QUESTIONS?

Briefly, further research is needed to understand how and why individuals come to forget and then remember childhood sexual abuse and other traumas, how and under what conditions pseudomemories are formed, and what these phenomena mean for clinical practice. Particular issues are briefly highlighted below.

Many strands of evidence suggest that people traumatized as children sometimes do not remember the trauma in adulthood, in the sense that they do not recollect it even when directly asked (see Koss, Tromp, & Tharan, 1995, and Reviere, 1996, for reviews). Some have argued that qualitatively different processes are involved in memory for traumatic versus nontraumatic events and that clinical mechanisms (e.g., cognitive avoidance or dissociation) are necessary to explain nonremembering of childhood trauma, whereas others have argued that general mechanisms of memory and forgetting (e.g., poor encoding, decay, interference, state- and context-dependency) are sufficient. We are far short of definitive answers to these important questions.

There is no doubt that people can and do experience the recovery of memories of previously nonremembered childhood sexual abuse. It is likely that in some such cases the recollections are essentially veridical and that in some cases they are essentially false, and both of us agree that, barring exposure to suggestive influences, the former are probably much more common. Research on autobiographical memory and eyewitness suggestibility indicates potential mechanisms for both kinds of recovered memory reports (or, perhaps more properly, for memory phenomena ranging along this continuum) and offers some potential guidelines for discriminating between essentially accurate and essentially illusory recollections (see, e.g., Brewin, in press; Lindsay & Read, 1995). Once again, however, we are far short of a complete understanding of these phenomena.
As mentioned previously, disagreements about the existence of a special "repression" mechanism have complicated the recovered memories debate. We urge that terms used to refer to the observable phenomenon of recovered memory experiences be decoupled from terms used to refer to hypothetical mechanisms. Nonetheless, the question of whether a special mechanism, qualitatively different from the mechanisms that underlie ordinary remembering and forgetting, can mediate memory for childhood sexual abuse remains an important one.

A more practical question is whether it is helpful to encourage people to uncover memories of childhood trauma in therapy or through self-help groups. There is some rigorous research demonstrating that adult victims of recent, remembered rape can benefit significantly from recounting such trauma in detail during therapy (Foa, Rothbaum, Riggs, & Murdock, 1991; Resick & Schnicke, 1992). There is also evidence that child victims specifically benefit from therapies that include attention to and desensitization of accessible abuse memories (Deblinger, Lippmann, & Steer, 1996; Mannarino & Cohen, 1996) as opposed to more generic interventions. It seems reasonable to hypothesize that adult survivors of remembered childhood trauma can also benefit from verbally exploring traumatic memories. Consistent with this hypothesis, Linehan's (1993) outcome data suggest that symptoms of borderline personality disorder may decrease as a function of an approach that includes desensitization of memories of childhood maltreatment among other interventions and targets.

Thus, there are empirical data consistent with the idea that interventions that explicitly address abuse memories can be helpful for clients with abuse histories. As is true for the psychotherapy field in general, however, researchers have only begun to examine the specific efficacy and potential side effects of therapy for abuse-related difficulties. For example, although several studies support the value of certain trauma-focused interventions for certain populations, further research is needed to determine exactly what approaches to psychotherapy are most effective in working with survivors of childhood trauma and which are least suggestive. Moreover, the existing published literature has not tested the hypothesis that adults who initially have no recollections of childhood trauma but who present with certain symptoms thought to be associated with a trauma history benefit from attempts to uncover memories of such events.

The use of therapeutic procedures to foster access to previously nonremembered childhood sexual abuse or trauma is often described in terms of "memory recovery techniques." It is important to emphasize, however, that it is not the use of particular techniques (e.g., hypnosis, guided imagery,
dream-work, stream-of-consciousness journalling) per se that may warrant concern but rather the use of such techniques in a context that includes suggestive influences and misinformation with the specific aim of helping clients remember hypothesized childhood sexual abuse or trauma. For example, hypnosis may have clinical efficacy when used appropriately (e.g., Kirsch, Montgomery, & Sapirstein, 1995) but may give rise to illusory memory experiences when used in suggestive ways (e.g., Lynn, Myers, & Malinoski, in press). The same may be true for guided imagery (see Gudjonsson, 1985). It must also be emphasized that there is ample room for debate about exactly what constitutes “suggestive use of memory recovery techniques.” In our view, there is little reason to fear that clients will develop illusory memories or false beliefs regarding childhood sexual abuse or trauma in response to a few mildly suggestive questions. As the number and duration of suggestive influences increases, so too do bases for concern about the risk of iatrogenic illusory memories and/or false beliefs.

Although both of us question the validity of suggestive therapeutic practices and believe that such activities can produce pseudomemories in some instances, one of us has written on the observation that memory recovery may occur naturally as a function of good psychotherapy (e.g., Briere, 1996). This perspective holds that the inaccessibility of at least some abuse memories arises from the individual’s use of defensive strategies (i.e., dissociation and cognitive avoidance) that reduce the distress associated with remembering overwhelmingly painful events. Effective therapy may lessen the need for such defenses (e.g., through desensitization of available memories and the building of a more effective affect regulation repertoire), thereby allowing, on some occasions, spontaneous recollection of material previously too upsetting to recall. Nonsuggestive therapies may also increase the likelihood of recovered memories because they sometimes (a) orient clients toward thinking about their childhoods (without suggesting anything about the content of childhood memories); (b) reestablish rare affective and cognitive states that may, due to state-dependent memory effects, facilitate retrieval of memories of prior occurrences of similar states; and (c) include references to rarely discussed associates of long-forgotten events. Whether this model of memory recovery is accurate awaits further research. It should be noted, however, that this and similar perspectives do not have as a goal memory recovery, per se, but rather suggest that the emergence of previously inaccessible memories may sometimes occur spontaneously during the process of helpful psychotherapy. Finally, it should be noted that many clinicians are equally concerned with non-memory-related aspects of treating child abuse survivors (e.g., improving psychosocial functioning, assisting in skill devel-
opment, decreasing acute distress), such that equating trauma therapy solely with narrowly focused memory-level interventions is inappropriate.

Despite our reservations, it may be that future research will show some benefit of specifically encouraging clients to remember previously non-remembered childhood traumas. If this transpires, additional research would be needed to refine such approaches to therapy. Among the relevant questions are the following: Which memory recovery techniques are most effective, and which carry the most risk? How can practitioners minimize risks without reducing benefits? Are some individuals more likely than others to benefit from or be harmed by such approaches?

3. RECOMMENDATIONS FOR CLINICAL AND RESEARCH PRACTICE AND PUBLIC POLICY

Space does not allow a detailed consideration of professional practice and research issues related to recovered memories. However, several points seem especially salient. First, it is clear that the science currently available is insufficient to determine exactly what processes govern adulthood recollections of traumatic childhood events. Further, we have yet fully to determine the role of therapy in these phenomena, including the exact extent to which a given technique or approach is suggestive or helpful. Current scientific knowledge may justify general statements regarding approaches to abuse memories at either extreme of a continuum ranging from prolonged and intense interrogation regarding suspected repressed memories to straightforward inquiries about and openness to childhood abuse reports. Even at the extremes, however, scientific knowledge does not justify definitive statements about specific cases. In light of these uncertainties, a cautious approach is clearly indicated, both in terms of clinical practice and in terms of the tenor of interpretations made from existing research studies.

In the clinical domain, it seems reasonable to ask that psychotherapists make special efforts to keep themselves up to date regarding research on the vulnerabilities of human memory and to ensure that their approaches to abuse memories are not unduly risky (Briere, in press; Courtois, in press). Apropos of this concern, recent guidelines produced by organizations such as the American Psychological Association and the American Psychiatric Association are important first steps toward defining appropriate clinical practice in this area. Minimally, we contend that the use of hypnosis or drug-assisted interviews for the purpose of memory recovery is usually contraindicated, as is any sort of therapeutic intervention that, in the absence of definitive corroboration, seeks to convince a client who denies an abuse history that he
or she was abused. Further, we suggest that the usefulness of memory recovery as a therapeutic concept has yet to be determined, whereas the risk of at least occasional pseudomemory production during intentional memory recovery is seemingly undeniable. As a result, we recommend that therapeutic interventions with those who report abuse, let alone those who do not, should be limited to work on available traumatic memories or to memories that emerge during treatment in the absence of therapeutic suggestion. Echoing others (e.g., Courtois, in press), we also urge that practitioners use appropriate informed consent procedures, especially if and when they use techniques designed to encourage memory recovery.

We also recommend that, just as clinicians must intervene conservatively, so researchers should be careful to qualify their findings and avoid overgeneralizing them. Current science does not support emphatic conclusions regarding the impossibility of recovered memories nor does it justify definitive statements regarding the specific accuracy of those that are reported without corroboration. Further, although analogue research indicates that memory can be influenced and distorted under a variety of conditions, scientists must use caution when applying these findings to the recovered memories controversy. For example, data indicating that people can be led to report pseudomemories should not be used to imply that recovered memories of trauma are necessarily false, and evidence of the ease with which people can be led to report inaccurate memories of trivial details should not be misrepresented as evidence that false memories of traumatic events can be equally easily induced. Similarly, studies of self-reported memory recovery must be qualified by noting the retrospective nature of such findings, the vagaries of recall, and the level of outside corroboration, if any, in support of such reports (Briere, 1992; Schooler et al., in press). Finally, those nonclinical researchers who explicitly study and write about traumatic memory should acquaint themselves with the extant scientific literature on posttraumatic stress and should generally refrain from offering clinical advice in the absence of relevant clinical training.

More generally, we encourage all participants in the recovered memories controversy to strive toward honest self-evaluation regarding their verbal and written statements as well as the therapies they provide and/or the research they conduct; to seek external review and discussion (especially from those with different perspectives) to better inform their statements, therapies, and research; and to avoid both generation of and overreaction to potentially polarizing rhetoric. There may be comfort in maintaining an insular and single-minded perspective on one side or the other of the debate, but doing so stymies progress toward a better understanding of the relationships between memory of childhood sexual abuse and psychotherapy.
Regarding public policy, our recommendations are extremely circumspect. Indeed, one might argue that the science base is not sufficiently developed to dictate public policy in this area. Unfortunately, untested assumptions on both sides of the debate have already had (and likely will continue to have) substantial impact on public policies relevant to recovered memories. Thus, in the current context, we urge that policy makers take a go-slow approach so that new initiatives from either perspective will be grounded in the best available evidence and their short- and long-term implications carefully considered before they are enacted.

SUMMARY AND CONCLUSION

We began by considering some of the factors that intensify the controversy regarding recovered memories of childhood sexual abuse. The stakes are high for all parties involved, and neither side has an exclusive claim to truth and moral virtue. The challenges brought into focus by this debate are numerous and difficult, and progress demands our best efforts as professionals and as human beings. Our primary aim in this commentary has been to cultivate a point of view that emphasizes the importance of maintaining awareness of and sensitivity to the reality of childhood sexual abuse while, at the same time, acknowledging the vulnerabilities of human memory and the complexity of psychotherapy and its impacts. With some possible exceptions on either side, most of those participating in the recovered memory debate do so in good will and with a desire to help people. It is our hope that the future will hold less contention and more constructive dialogue in this area so that those hurt by actual abuse or by the development of pseudomemories can receive appropriate assistance, and future tragedies in these areas can be averted.

NOTES

1. Two aspects of generalizability should be differentiated. One has to do with whether qualitatively different mechanisms serve memory for traumatic versus mundane events, such that variables that affect one might not affect (or have qualitatively different effects on) the other. The other aspect of generalizability has to do with whether memory for traumatic versus mundane events is affected to the same degree by particular variables. In our view, only the former issue is open for debate because it is clear that the absolute size of effects differs for reports of memories of salient experiences versus trivial events. For example, a single passing suggestion is sufficient to lead a large proportion of people falsely to report remembering a trivial detail in a slide show, but much stronger suggestive influences are typically required to produce pseudomemories of dramatic life events (see Lindsay & Read, 1995).
2. We do not mean to imply that it is common for people to forget entirely and then spontaneously recover essentially accurate memories of years of especially horrendous abuse (e.g., repeated childhood torture, degradation, and ritualized rape). To the extent that such cases occur, it is our impression that they are relatively rare. However, in the absence of data on the longitudinal course of memory for such experiences, the actual rate of nonremembered especially violent abuse cannot be ascertained. Further, even if it is true that memories of chronic horrendous abuse are unlikely to be entirely forgotten, such data do not rule in or rule out the validity of any given specific recovered memory report.

3. It should be noted that some critics of memory recovery techniques have acknowledged that essentially accurate trauma memories may be recovered in therapy. For example, Lindsay and Read (1995) stated, “We accept that some clients may recover accurate memories of childhood sexual abuse during careful, non-leading, non-suggestive therapies” (pp. 281-282).

REFERENCES


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