False Childhood Memories

Research, Theory, and Applications

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A few years ago, memory researchers (e.g., Lindsay & Read, 1994; Loftus, 1993) and others (e.g., Ofshe & Watters, 1993) began questioning the validity of some recovered memories of childhood sexual abuse and other trauma. The issue was raised in response to legal cases and numerous other cases portrayed in the mass media. In the instances that first drew attention, people (usually women) with no previous histories of abuse recovered memories of abuse over the course of therapy. In these cases, individuals (usually therapists) had repeatedly suggested abuse as the cause of the clients’ problems. In light of an extensive history of memory experiments documenting that people make memory errors, memory researchers argued that some recovered memories were likely to be false. Making the argument concerning false childhood memories, memory researchers cited evidence accrued from research on the misinformation effect (Lindsay & Read, 1994; Loftus, 1993). The misinformation effect is a common and easily demonstrated memory error. In misinformation effect studies, participants (usually college students) are shown videotapes or slide shows of crimes or accidents. Later, misleading information about the events (commonly referred to as misinformation) is given to the students. Typical misinformation might be the suggestion that the participant viewed a stop sign instead of a yield sign, a hammer instead of a screwdriver, or a man with a mustache instead of a clean-shaven man. Upon further questioning, participants often unintentionally incorporate the suggestions into their recollections of the original events. These studies demonstrate that suggestions can modify pieces of memory for observed events. The misinformation effect research has been applied to therapy situations in which suggestions about the past are made. For example, consider a person who has experienced a benign childhood (the original event). Several years later, someone suggests that abuse may have been a part of that childhood (the misinformation). Eventually, after several such suggestions,
the person includes abuse as a part of the story of childhood.

It seems reasonable, however, to wonder whether the misinformation research tapped a cognitive process that would lead one to accept a whole, emotional, yet false memory. The misinformation studies do not directly imply that a false memory of a complete event can be created by suggestion, because several differences between the misinformation experiments and therapy situations make generalization risky. For example, in the experiments, aspects of an event are changed in response to misleading suggestions, whereas in therapy, entire life events are supposedly created in response to misleading suggestions. Further, in the lab, the event does not relate to the self, nor is the self involved in the event, whereas in therapy the self is intricately involved with the created events. Finally, in the lab the participant has little or no emotional involvement with the event, whereas in therapy the event being suggested may be highly emotional or traumatic for the client. Given these striking differences, the direct generalization of misinformation experiments to the creation of false childhood memories was premature. Nonetheless, the comparison raises an important question: Can people be led to create false memories of entire events if the event includes the self and is emotional? In other words, if the research paradigm more closely mirrored the therapy situation, what would happen?

In response to that question, over the past 5 years several researchers have investigated whether people will create memories of complete, self-involving, emotional events. In this chapter, we will first describe the research on false memory creation, then discuss a theoretical explanation of the processes involved in memory creation, and finally offer some suggestions for how such information may pertain to the therapy situation.

In undertaking this task, we believe it is important to be clear about what we are not saying. We are not arguing that abuse does not exist—abuse happens far too often and is a cause of many child and adult problems. We are not claiming that people are not able to remember childhood abuse and other trauma—people do remember such trauma for years. Nor are we arguing that people cannot forget trauma and later recover memories of the trauma—this question, which the media have often placed in an either/or relationship with memory creation, is actually an unrelated empirical question, and recent research has demonstrated that people do forget and recover memories of abuse and trauma (e.g., Schoeler, 1995; Williams, 1995). Instead, we will be discussing how people can create memories of things that never happened.

The Creation of False Childhood Memories

□ Most researchers who have investigated the creation of false memories have used similar methodologies (Ceci, Huffman, Smith, & Loftus, 1994; Ceci, Loftus, Leichtman, & Bruck, 1994; Hyman & Billings, in press; Hyman, Husband, & Billings, 1995; Hyman & Pentland, 1996; Loftus & Pickrell, 1995; Pezdek, 1995). In general, the researchers obtain some information about real events that happened to the participant during childhood. The participant is then asked to describe these true events and in the midst of remembering true events is asked to remember a false event—an event that the researchers are fairly sure did not happen to the participant. The participant is usually repeatedly interviewed about the true and false events, and led to believe that he or she will remember more over time. The most important outcome is how the participant responds to the false events—does the participant not only come to believe that the event occurred but also describe the event as a personal memory?

As a concrete example of false memory research, we will describe Experiment 2 from Hyman et al. (1995). In that experiment, the researchers obtained information about some true childhood events by writing to the parents of college students. The researchers then sent the parents a survey that asked them to describe events that happened to their child when the child was between the ages of 2 and 10. The survey provided parents with 10 categories of experiences within which they could describe events: getting lost, going to the hospital, an
eventful birthday, the loss of a pet, a family vacation, interaction with a famous person, winning a contest, car events, weddings, and mischief with a friend. Generally, the parents described events in some but not all categories. When the questionnaires were returned, the researchers asked the students to participate in a series of interviews investigating their memories for early childhood experiences. The researchers told the students that the questions were based on information from their parents, that their responses would be compared with those of their parents, and that they were expected to remember more over time. In each of three interviews (separated by one day between interviews), the students were asked to remember three to five true events plus one false event. For all events, the interviewer provided the students with a basic description (the description included age, event, a few actions, other people involved, and often a location) and asked what they remembered about the event. Three different false events were used in this study. One was the punch bowl event: “When you were 6 years old, you were at the wedding of a friend of the family; you were running around with some other kids when you bumped into the table the punch bowl was sitting on and spilled punch on the parents of the bride.” The second false event was the sprinkler event: “When you were 6 years old you were shopping at a grocery store with a parent when the fire extinguisher sprinkler system came on; the store was evacuated, but there was no fire.” The third was the car event: “When you were 6 years old, one of your parents left you in the car while he or she ran into a store for a minute; you managed to release the parking brake and the car rolled into something.” The researchers randomly varied the false event and the age of suggestion (2, 6, or 10). A total of 51 students participated in all three interviews.

As Figure 14.1 shows, the participants generally recalled the true events and remembered more of the true events over time. There are two ways to explain the increased recall of the true events. One possibility is that by thinking about events, the students provided themselves with additional memory cues that led to the recollection of previously unretrieved memories—a form of hypermnnesia (see Erdelyi, 1990). Another possibility is that the participants created, rather than recalled, memories that matched the cues provided. Whether this recovery of memory for the true experiences represents actual memories or the creation of memories, we cannot say.

Figure 14.1 also shows that no participants remembered the false event during the first interview and that 13 (25%) did by the third
interview. Six of these were very clear and included the critical information (such as turning over the punch bowl) and consistent elaborations (such as parents being upset). Five were less clear, in that the students may have included little of the critical suggested information although they would elaborate in a consistent fashion. Two of the students created clear images of the interviewer’s suggestions yet were not sure whether they were remembering or simply imagining the events. (Further descriptions of these categories and examples are provided in Hyman et al., 1995.)

Hyman et al. (1995) found that how the students responded to the false event in the first two interviews predicted who would eventually create false memories. They classified participants based on whether or not they provided any related self-knowledge in response to the false events—such as talking about whose wedding it could have been, which other kids would have been there, or where the wedding would have been held. Significantly more individuals who talked about related self-knowledge created false memories than did individuals who did not describe self-knowledge. The creation of false memories may involve combining false suggestions with some true information in a constructive process. At the very least, a constructed memory that involves false suggestions and the addition of self-related knowledge makes the discrimination of a false memory more difficult.

That false childhood memories can be created was clearly demonstrated in the Hyman et al. (1995) study. Therefore, the next step was to develop an understanding of the factors that make memory creation more or less likely to occur. Thus Hyman and Pentland (1996) used the same basic methodology in an experiment investigating whether mental imagery would influence the creation of false memories. Similar to Hyman et al. (1995), Hyman and Pentland received information about real childhood events from the parents of college students. The students were repeatedly interviewed about true events and one false event (the false event for all students was the spilled punch bowl at the wedding). How the interviewer responded when a student failed to recall an event (whether a true event or the false event) served as the manipulation in this experiment. The interviewer asked those in the imagery group to form a mental image of the event and describe the image. In contrast, the interviewer asked those in the control group to sit and think about the event for one minute. The interviewer told both groups that their activity would help them remember the experience. As in the Hyman et al. (1995) study, the students remembered the majority of the true events and remembered more of them over the course of the three interviews.

Interestingly, the imagery group recovered more true memories than did the control group. The imagery manipulation either aided in the recovery of memories or aided in creating memories that matched the true suggestions; it is difficult to discern which took place, and we suspect that some of each occurred. With respect to the false event, students in the imagery group created more false memories than did the students in the control group (37.5% versus 12.1%). Finally, Hyman and Pentland had the students rate their memories on amount of emotion, clarity of mental imagery, and their confidence in the memory. The researchers found no difference between created false memories and recovered true memories.

The creation of false memories appears to be a reliable phenomenon. It occurs with a variety of events and populations. Using methodology similar to Hyman et al. (1995), several researchers have included a variety of false events. In addition to spilling a punch bowl at a wedding, Hyman and his colleagues have used the following: overnight hospital visits for earaches, clowns at birthday parties, minor car accidents, and sprinkler systems going on in grocery stores. Loftus and Pickrell (1995) used being lost in a shopping mall. Pezdek (1995; Pezdek, Finger, & Hodge, 1996) has also used being lost in a mall and events associated with different religious activities. On the other hand, Pezdek has been unable to have participants create memories of receiving an enema, suggesting that there may be limits on the types of events that people will create. It ought to be noted, however, that Pezdek used an interview format that may have been less demanding than that used in other studies. Under heavier demands, people may create memories of receiv-
ing an enema—in other words, the limits of memory creation have not yet been drawn. This caveat seems reasonable given some of the real-world false memories that some individuals apparently have created: memories of past lives, alien abduction, and satanic ritual abuse. What Pezdek and her colleagues have shown is that events that are more similar to experiences a person has had, or plausible, are easier to suggest than events about which a person knows little.

In much the way that false memory researchers have used a variety of events, they have also used more than just one population (i.e., college students). Loftus and Pickrell (1995) and Pezdek and her colleagues (Pezdek, 1995; Pezdek et al., 1996) have used adults of different ages in their studies. Ceci and his colleagues (Ceci, Huffman, et al., 1994; Ceci, Loftus, et al., 1994) have used preschool-aged children in studies of false memory creation. They have found that some young children will create a variety of false memories and that the younger the child, the more likely the child will create a false memory.

The studies described thus far all share one methodology that may limit generalizability: Family members generated the true events, and the false event was presented as being drawn from the same information. However, Kelley, Amodio, and Lindsay (1996) have developed a new methodology that relies on false feedback rather than family members as the source of the false event suggestion (see also Loftus, 1996). In this methodology the participants take a test and receive feedback supposedly based on the test. They are then told that people like themselves often have had experiences of a certain type and are asked to try to remember such experiences; they are given a few days to do this. For example, Kelley et al. gave participants a test to measure their innate handedness (i.e., whether they were born to prefer their left or right hand). All of the participants were right-handed, and the test did not really measure natural handedness. The researchers told the participants that the test was still being worked on and that they were not sure if it was reliable. Nonetheless, half of the participants were told that the test indicated that they were born left-handed (the others were told that they were always right-handed). The researchers asked all participants to try to think of instances in which their hand use had been shaped. Many more of the participants who were told they were left-handed came up with hand-shaping instances. Similarly, Loftus and her colleagues (Loftus, Garry, DuBreuil, & Spanos, described by Loftus, 1996) gave participants a test of visual acuity and told some participants that their results indicated that they might have been exposed to an exceptionally colorful mobile at birth. Those participants were very likely to come up with memories of gazing at such a mobile while they were in the hospital immediately after birth. Admittedly, the events on hand-shaping supplied by Kelley et al.'s participants may have been events that actually occurred that have been reinterpreted to fit the information supplied to the participants. This view of memory reinterpretation as opposed to memory creation does not, however, fit well with the memories of mobiles at birth described by Loftus.

From this sampling of the research on false memory creation, it is clear that memories for entire events that are self-involving and emotional can be created. Further, the variations in methodology, suggested events, and populations studied offer convergent validity that this is a robust phenomenon.

**Theoretical Explanation of False Memory Creation**

- Before we can apply the research to the problem of the possible creation of false abuse memories, it is important that we have an understanding of the processes involved in memory creation. There are three conditions necessary for the creation of a false memory: event acceptance, memory construction, and a source-monitoring error of claiming the constructed narrative as a personal memory.

**Event Acceptance**

In order for a person to create a false memory, the suggested event needs to be plausible. That is, the event needs to be something that the
person believes could have happened. For example, some participants in our experiments (Hyman & Billings, in press; Hyman et al., 1995; Hyman & Pentland, 1996) did not create memories of spilling a punch bowl at a wedding because they believed that they had never attended a wedding as a child. They refused to accept the event as a plausible personal experience.

Several factors may influence whether a person sees an event as plausible. For example, the source of the suggestion will affect plausibility assessments. In the typical false memory experiment, the suggested event is presented by an experimenter and the information is based on information supposedly from the participant’s parents; these are two generally reliable sources of information (although students would occasionally suggest that their parents must have them confused with a sibling again). Not only will the source affect whether a person views an event as plausible, but the event itself will matter—whether the person views the event as something that happens. For example, for most people suggestions that they have been abducted by extraterrestrials may not be considered plausible, whereas others may consider such events to be common. Spanos, Cross, Dickson, and DuBreuil (1993) found that belief in alien visitations was the primary variable that differentiated people who claimed memories of UFO experiences from individuals who did not claim such experiences. In addition, implications that the experience is not only generally likely but also personally likely will increase willingness to believe an event may have occurred. In this fashion, studies using false feedback (e.g., Kelley et al., 1996) are effective in part because the researchers provide reasons for the participants to believe that they had particular experiences.

Group membership may affect plausibility, and thus the creation of false memories, if two conditions are involved. If the new people are introduced to a group that “is similar to themselves” and if all of the other members of the group share common memories of an experience that the new members lack, the new members may be at risk of constructing similar memories. In this example, the group members’ memories of a similar experience act as the feedback, such that people who share a common characteristic are likely to have had such a class of experiences.

The point here is that we can affect people’s impressions of the likelihood of suggested events having occurred (Garry, Manning, Loftus, & Sherman, 1996). For example, consider again those students who doubted they attended a wedding and thus refused to see their spilling a punch bowl as likely. In such cases, the experimenter could manipulate the participant’s judgment of the event plausibility by suggesting some reasons for this erroneous belief—perhaps the student repressed memories of weddings, or perhaps the parents were embarrassed and thus never talked about it.

**Memory Construction**

A person can believe that an event is likely, or even that the event occurred, but must still construct a memory—an image with a narrative. Since the time of Bartlett (1932), researchers have studied memory construction. Memory is not like videotape—a person does not simply retrieve a memory and replay the experience. Instead, an individual constructs a memory by combining schematic knowledge from various sources with personal experiences, suggestions, and current demands. Memory researchers have demonstrated construction in material from word lists (Roediger & McDermott, 1995), to songs (Hyman & Rubin, 1990), stories (Bartlett, 1932), and autobiographical memories (Barclay & DeCooke, 1988; Ross, 1989). All memories are constructions.

Several activities may make false memory construction more likely. For example, tying a false event to self-knowledge will encourage false memory creation (Hyman et al., 1995). In this situation, when the person thinks again about the false event, he or she will have actual self-knowledge come to mind. The image a person constructs will likely involve some true information as well. In addition, encouraging a person to construct and describe an image of a false event also leads to memory construction.
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(Hyman & Pentland, 1996). In fact, probably any activity that encourages people to think about, imagine, and talk about events will lead to the construction of an image and narrative. Thus activities like journaling and dream interpretation may lead to memory creation if the focus is on trying to remember events.

**Source-Monitoring Errors**

Even if a person believes an event is plausible and constructs an image of the event, he or she may not think that the event is a memory. All of the participants in the imagery condition in Hyman and Pentland’s (1996) study constructed an image of spilling the punch bowl at a wedding. Many, however, did not claim the image as a memory; instead, they correctly noted that this was just an image they had created. In this fashion they had correctly monitored the source of the image. In order to have a false memory, an individual must make a source-monitoring error—he or she must claim the image as a personal memory. Many studies have shown that people experience difficulties in remembering the sources of information they have learned (see Johnson, Hastoudi, & Lindsay, 1993). In addition, source misattributions have been suggested as a primary cause of the misinformation effect: People remember the misleading postevent information and incorrectly claim that the information was part of the original event (e.g., Zaragoza & Lane, 1994). The error for a false memory is claiming the suggestion and/or constructed image as a personal memory.

Situational demands may affect whether or not a source-monitoring error occurs. For example, if a person shares an image and notes that he or she is not sure if it is a memory, others (an experimenter, members of a group) may tell the person that the image is a memory. Time elapsed since a false suggestion may also affect source-monitoring errors. Memory for the source of information fades more rapidly than memory for the content. Thus people may remember the false suggestion, forget the source, and attribute the source to their own memory. Zaragoza and Mitchell (1996) recently found that repetition of false suggestions also increases the likelihood of source-monitoring failures.

In writing this theoretical section with the order of event acceptance, memory construction, and source-monitoring error, we imply that these processes occur in a linear fashion, and that each is dependent on the preceding step. However, we actually suspect that the processes are somewhat interactive. For example, constructing a clear image may influence one’s assessment of the plausibility of an event’s having occurred (Garry et al., 1996). It is more correct to state that all three processes are necessary for false memory creation and that they are somewhat independent in the sense that different factors influence each process. In addition, recently researchers have found that individual differences contribute to memory creation (Hyman & Billings, in press; Winograd, Glover, & Peluso, 1996). At this point, we do not know if individual differences affect event acceptance, memory construction, or reality monitoring. Various cognitive and personality characteristics may differentially affect each process.

### Applications to Normal Social Settings

□ Before we delve into our discussion of how to apply our theory of false memory creation to therapy situations, we need to make an important point: The process described here is a normal memory process. In other words, remembering is always a creative process. People construct recollections out of the contents of the mind to meet the needs of the current context. Constructed recollections are generally accurate. That is, the gist of what happened generally will be the base of the memory, although some erroneous details may be embedded within the memory as well. Large-scale errors should be more rare—people who make large memory errors on a frequent basis would experience some difficulties in their day-to-day functioning.

Nonetheless, both small and large errors often are the result of social interaction. People
do much of their remembering in social interactions where events are described, questions are asked, and people hear others' recollections of the same or similar events (Hyman & Faries, 1992). Often, other participants within a social interaction are family members and friends. In such storytelling interactions, people may adopt information from others. This adoption leads to changes in aspects of the memories, such as changing who was at the event. Further, when considering a conversation partner's perspective, an individual may also inadvertently change his or her own attitude toward or interpretation of the memory.

People may consciously manipulate the content of shared memories as well. Sometimes an individual will alter the telling of a story simply to avoid conflict with another person. For example, you may not be convinced that another person was really present at a given event, but rather than fight about it you simply continue the story. Over time, you may recollect the changed information (that the person was present) without recalling the source of the information—that you modified your story to avoid conflict.

In more extreme cases, it is also possible for people to adopt completely others' descriptions of events as personal recollections. This seems particularly likely in family settings. To illustrate, children may hear their parents repeatedly tell stories about things all of the children have done. At first, the children may have no recollection of these events. However, listening to the stories may eventually lead the children to imagine the experiences as if they actually did happen and accept the stories as personal memories. At various stages of this process people may be uncertain as to whether they actually remember the event or simply know the event occurred. Most people have memories like this (Hyman, Gilstrap, Decker, & Wilkinson, 1996). In this way, through social interactions, errors may creep into a person's memories.

Generally in families and other social settings, the malleability of memory is a good thing. One goal of remembering is the strengthening of social bonds. Social groups (whether families, friends, corporations, ethnic groups, or countries) have shared narratives. In fact, such shared narratives have been used as a definition of the concept of culture. To a certain extent, these shared narratives are creations of group remembering, in which individuals share versions of the past and perhaps adopt the group's story (Edwards & Middleton, 1986a, 1986b; Edwards, Potter, & Middleton, 1992; Hyman, 1994). The development of common stories thus helps maintain social bonds.

Memory's susceptibility to social influence is not always positive, however. First, if all memories are constructed, then differentiating true from false memories may become difficult. All autobiographical memories likely contain some information from the original event, some general information, and some suggestions. Therefore, memories contain only some truth (sometimes more, other times less). False events generated in the research described (such as spilling a punch bowl at a wedding; Hyman et al., 1995; Hyman & Pentland, 1996) probably contain some true information as well, however: images from real weddings or weddings seen in the media, knowledge of personal attributes, and/or real experiences of parental responses to embarrassing accidents. Therefore, some truth exists within both real and false memory constructions.

Second, in an extreme case, the malleability of memory could contribute to the denial, reinterpretation, and forgetting of child abuse. If the abuser is a person who has open access to the child (such as a family member), that person can make suggestions to the child regarding the abuse. For example, the abuser might label the activities differently or even deny that the events occurred, causing the child to doubt his or her memory. The validity of this generalization remains an empirical question. We need research on how people come to disbelieve, doubt, and forget personal experiences in response to social suggestion. In some cases, researchers have found that directions to forget an item will decrease remembering (Erdelyi, 1990), but at other times, such directions lead to an increase in attention to the item (Wegner, 1989). We suspect that in this case, the nature of an event
makes a difference in how one responds to social pressure to forget it.

**Applications to Therapy**

The type of research that we have described in this chapter more closely mirrors the potential creation of memories of abuse and other trauma than earlier research on memory errors. People will create memories of complete, emotional, self-involving events. Nonetheless, there exist some important differences between the psychology lab and the therapy session. These differences, however, do not mean that we should not generalize, because failing to consider generalizations is problematic. If laboratory research implies that there are risks attached to some therapies, we need to consider the possible harm clients might experience. However, generalizing without considering these differences can lead to overgeneralizations, which can cause harm as well. Thus we turn to a consideration of the major differences between the lab context and the context of a therapy session.

The clearest difference lies in the nature of the events to be discussed. In the research lab, suggestions of single, emotional events have been made. No one has attempted to cause subjects to create memories of extremely painful events or memories of repeated painful experiences. For obvious ethical reasons, researchers cannot create false memories of traumatic events. This naturally limits generalization. We also know that the nature of the suggested event will influence memory creation: Pezdek (1995) found that less familiar suggested events (an enema compared to being lost) were less likely to result in the creation of false memories. In light of the theory we have discussed, however, these findings are not surprising: An event must be plausible before someone can accept it as a memory. Therefore, one can assume that presenting a suggestion in a plausible manner may increase the likelihood that the suggestion will lead to a false memory. The point here is that we need further research on how the nature and presentation of an event affect the creation of memories. If, however, one were to dismiss the current research findings because the events tested have not been traumatic ones, then one would forever dismiss research on memory creation, because creating traumatic memories is unethical. Instead, we recommend considering the existing research and carefully generalizing to therapy contexts.

The nature of social interaction differs between the lab and a therapy session as well. There is not one social context in therapy. Rather, there are many different social settings. In some therapy settings, there is almost no focus on remembering, little suggestive pressure, and limited social demands, especially in comparison to the memory creation experiments. In other therapy settings, there is an extensive focus on remembering, abundant use of suggestion, and extreme demands for the client to remember; this is a situation much more intense and often longer lasting than any memory experiment to date. Therefore, all we can say is the following: Certain conditions are likely to lead to the creation of false memories. These conditions, based on the research reviewed, include interactions where the focus is memory, where false suggestions are made, that involve some social demands, that are of relatively short duration (a few hours over 2 or 3 days), and that include participants with limited internal motivation. In such settings, somewhere between 15% and 40% of traditional college students will create false childhood memories. Whether less pressure leads to memory creation, whether more pressure leads to more people creating memories, whether people who have a personal need to remember are more at risk, and how individual differences are related to memory creation remain to be clarified—all need to be studied. Again, however, our theory guides our thinking when we consider contexts beyond those studied thus far: Situations that increase the plausibility of an event for an individual, that cause a person to engage in constructive activities (such as forming images, creating stories, interpreting dreams; see Lindsay & Read, 1994), or that lead people to confuse the source of information will more likely lead to memory creation.
Keeping in mind the limitations for generalizing memory creation experiments, we would like to consider clients that a therapist is likely to encounter. In so doing, our classification will focus only on the status of the client’s recollections concerning abuse and trauma history. As such, a therapist might see three types of clients: clients who enter therapy with memories of abuse or trauma (these people may recover more memories over time), clients who enter therapy with no memories of abuse or trauma, and clients who initially claim no memories but later report memories of abuse or other trauma.

**Clients With Memories**

When clients enter therapy with memories, these memories are likely to be generally accurate. The therapist should keep in mind two issues, however: First, that these memories may include errors of various sorts, and, second, that it is difficult to know if the person has ever previously experienced any pressure to retrieve memories of abuse. That is, the person may have seen other therapists who have made suggestions of abuse. Indeed, recent surveys of therapists indicate that some do use leading techniques with memory recovery as the goal (Polusny & Follette, 1996; Poole, Lindsay, Memon, & Bull, 1995). In addition, the client may have read books that clearly state that a relationship exists between a variety of symptoms and abuse, followed by various memory recovery techniques (e.g., Bass & Davis, 1988; Fredrickson, 1992). Thus one should always be concerned about the accuracy of memories, be they about abuse or any other topic. On a positive note, however, in contexts in which a person has not been exposed to suggestive pressures, one can probably assume that the person’s memory is generally accurate.

In the case where a client presents with memories of abuse or trauma, and if those memories become a topic of therapy conversations, the therapist should expect the client to recover more memories. When a person is presented with more cues, he or she will remember more—cognitive psychologists refer to this as encoding specificity (Tulving & Thomson, 1973). This means that memories are encoded in particular contexts, and more information will be retrieved if the specific contexts are reinstated. For example, if you visit a place you have not lived in or visited in a number of years, recollections from that time period are likely to come flooding back. This does not mean that the memories were repressed; rather, there was nothing to bring the memories back to mind during the intervening time. Therefore, once a client focuses on the childhood experiences and starts thinking about such topics, related experiences are likely to come to mind. Talking about abuse, however, may result in the reconstruction of false or erroneous memories as well, particularly if the discussions occur in a demanding and leading social context. The errors could be small (e.g., when something happened) or large (e.g., who the perpetrator was, or that satanic ritual abuse occurred).

Given the risk of creating memory errors from talking about abuse experiences, should therapists talk about abuse with clients who fall into this first group? We think that this depends on the goals of the therapy. If dealing with the memories is one goal of therapy, then of course the therapist should address the memories as part of therapy. Briere (1996) states that in trauma therapy, exposure through talking about traumatic experiences is a crucial component of therapy. Silver, Boon, and Stones (1983) found that many women who were abused continued to think about and search for an understanding of the abuse for years. In addition, Harber and Pennebaker (1992) have found that communicating about painful experiences may have mental and physical health benefits. Thus for clients who present with memories and for whom addressing issues related to those memories is a goal of therapy, the therapist should facilitate discussion, while always keeping in mind the problems of memory accuracy. Indeed, Spence (1982) argues that one goal of therapy is the creation of a reasonable narrative truth for a client, such as one that allows the person to move forward with his or her life. Spence also notes that narrative truth, the story that a person develops, is not necessarily "historical truth," or what actually occurred.
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Clients With No Memories

For the second type of client, who reports no history of abuse or other trauma, memory accuracy is still an issue—some reports of no abuse are erroneous. For example, some clients will remember abuse but choose not to report it. Although acknowledging abuse has become more socially acceptable, it may still be something that people do not choose to disclose early in a therapy relationship. Other clients may have forgotten their abuse, which is somewhat more likely if the abuse occurred at a young age (Williams, 1994). Still other abused clients may experience memory difficulties related to suggestive pressures—the perpetrator may have labeled the abuse as something else or may have convinced the person that the abuse never happened.

In spite of the fact that some clients reporting no memories may have been abused, it is of paramount importance that therapists avoid suggestions that abuse, or any other trauma, occurred. Such clients may be looking for an explanation for their problems and may take any suggestion that the therapist makes very seriously. In particular, we urge therapists to avoid anything that makes abuse appear plausible—such as claiming that people with certain symptoms were necessarily abused. Therapists should not use activities that encourage memory creation—such as using mental imagery, journaling, dream interpretation, or hypnosis—when memory recovery is the goal. These techniques have value in other settings, but when used to recover memories they will likely lead, instead, to memory construction. Therapists should also avoid activities and suggestions that lead people to claim any images and thoughts as memories. Cognitive psychologists have focused on how therapists treat clients who enter therapy without memories (Lindsay & Read, 1994; Loftus, 1993). If therapists (or anyone else) use suggestive, leading, demanding techniques with such clients, false memory creation may result, and the false memories may actually cause great harm. A client may develop a painful narrative truth, may come to dislike or disown certain family members, or may fail to address or recognize the actual problems that led him or her to therapy in the first place (Loftus & Ketcham, 1994, have made this argument based on some individuals they describe).

Thus clear statements of advice can be made with respect to clients who do not report abuse memories. There is no clear evidence that the recovery of memories is necessary for therapy. Therapy focused on memory recovery runs the risk of memory creation, therefore therapy focused on memory recovery should be avoided.

Clients Who Recover Memories

For those clients who originally claim no memories but who eventually recover memories during therapy, the issue of memory accuracy becomes critical. Memory recovery may occur during a therapy session or outside of therapy but during the life period in which the client is participating in therapy. Should we automatically assume that the memory recovered is a false memory? No. This may simply be an instance in which a person chose not to disclose at the start of therapy and has since chosen differently. In this situation, the person may have had access to the memory all along, but waited to share the experience with the therapist. Another possibility is that the person has had a genuine memory recovery experience. This could be due to a number of things, such as encoding specificity, in that the client was provided with the appropriate cues to regain access to the memory. For example, if the person has been addressing other childhood experiences, thinking of those experiences may have brought additional events to mind. Still a third possibility is that the person has developed a new interpretation of some well-remembered experience. The client may have known about the experience, but not previously labeled it as abuse or as traumatic. Thus there are several ways in which a memory recovered in therapy could be at least as accurate as any other autobiographical recollection.

Therefore, should a therapist assume that the memory recovered is true? Again, the answer is no. It is possible that the client could have created a false memory. Even if a therapist is confident that he or she did not use overly suggestive pressures regarding memories of
abuse, this still does not eliminate the possibility of memory creation. As Lindsay and Read (1994) argue, people are not adept at evaluating when they are being suggestive, nor are they expert at remembering the contents of conversations that have taken place over several months. Admittedly, suggestive pressures that therapists have difficulty recognizing are unlikely to be grossly leading techniques (such as hypnotizing a client and then asking him or her to remember the abuse he or she experienced at age 2). Thus we cannot argue strongly that such mild suggestive pressure will lead to memory creation, but there is at least some risk. Even if one believes there has been little or no suggestive pressure on the part of a therapist, however, one still cannot assume that the recovered memories are true. A therapist is only one influence on a person’s life. Further, a client sees a therapist for only an hour or a few hours per week. There are many opportunities for other suggestions and pressures to influence a client: TV programs, books, friends, lectures. Unless therapist is aware of all these possible influences, the conclusion that a recovered memory is not the result of suggestion would be premature.

Having pointed out that a recovered memory could be either true or false, we want to reiterate a point we made earlier: There is no way to determine truth based on the content of the memories (Hyman & Pentland, 1996; Leichtman & Ceci, 1995). Even very vivid memories can be erroneous (Neisser & Harsch, 1992). Schacter, Koutstaal, and Norman (Chapter 20, this volume) have suggested that the location of brain activity may differentiate true from false memories. This suggestion stems from research examining one type of error that occurs when people are remembering a word list. Unfortunately, how such work applies to discerning false autobiographical memories, which people construct from both false suggestions and true information, is unclear. Basically, there is still no way to determine if a recovered memory is true without corroborating evidence.

This leaves therapists in a serious ethical bind. If the recovered memories are accurate, or at least mostly accurate, then addressing the memories may be an important concern for therapy. In addition, if the perpetrator is someone who still has access to children, there is a need to ensure that this person is no longer abusing children. If the memories are false, or even mostly false (e.g., the client was abused, but has accused the wrong person), then the false memories may lead the progression of therapy in the wrong direction. This may thereby create new problems rather than heal old ones. Additionally, the memories may disrupt a family or may result in a responsible person’s having his or her access to children interrupted. Our current state of knowledge is such that we believe both recovered memories and false memories can occur, but we do not know (and have no means to estimate) the relative likelihood of either occurring. There is no easy way out of this dilemma.

Our best advice to therapists in this situation is to acknowledge the dilemma with recognition that recovered memories could be either true or false. Therapists may need to share information about memory accuracy with clients who recover memories. We all—researchers, therapists, and clients—need to learn to accept ambiguity with respect to memories.

**Conclusion**

☐ People can create false memories of entire personal, emotional experiences. The creation of a false memory involves accepting a suggested event as plausible, constructing an image and narrative of the event, and failing to monitor accurately the source of the constructed narrative. Although there are several differences between the research and the possible creation of memories in therapy, we feel that, given the risks associated with memory creation, generalization is justified.

Further, it is difficult, if not impossible, to detect differences between true and false memories. Perhaps this is due to the fact that our memory processes operate in much the same way whether the memories we construct are essentially true or false. Therefore, clinicians and clients must be aware of the fact that memories always contain a bit of uncertainty. If a client recovers a memory, it may be false or li
may be true. In such a case those involved must approach the memory with caution, keeping in mind the consequences of either accepting a false (and perhaps traumatic) memory or disregarding a true one.

References


