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SPOTLIGHT ON PRACTICE

ON MEMORIES OF CHILDHOOD ABUSE: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Objective: To explore the phenomenon of memories and reported recovered memories of childhood abuse, and to examine ways in which clients and therapists assess the veridicality of such memories.

Method: Qualitative methodology utilizing phenomenological inquiry. Within the context of a wider study exploring perceptions of helpful and unhelpful factors in the therapeutic process, a sub-sample of 36 in-depth interviews with clients, therapists, and therapists who considered themselves to have been abused as children included a focus on abuse memory experiences. Data were analyzed according to Grounded Theory principles.

Results: Participants described six types of abuse-memory experiences. The most frequently reported type was where abuse was known about but kept "out of mind." The six types can be collapsed into three main categories: (1) continual knowledge of abuse (69.5%); (2) unexpected abuse-memories recovered from a prior state of partial knowledge of abuse (16.5%); and (3) abuse-memories recovered from a prior state of no knowledge of abuse (30%). Independent corroboration of recovered memories was rare; and criteria which were reportedly used to assess the veridicality of such memories were problematic when viewed in the light of cognitive psychology research on memory processes.

Conclusion: It seems that most people who were abused as children have always had continual knowledge of this, although it is often only much later that many connect problems in adult life with the consequences of such abuse. People also experience the recovery of memories of abuse about which they were previously unaware. There is a danger that the specific controversy surrounding "false memories" may become over-generalized contributing to increased public scepticism about the prevalence and negative impact of child abuse, and the potential effectiveness of appropriate therapeutic services.
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INTRODUCTION

QUESTIONS REGARDING THE status of adult memories of childhood abuse are again topical and controversial. The discourse covers: definitions and extent of child abuse; theoretical and

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empirical disputes surrounding notions of repression, dissociation, amnesia, forgetting, and imagining; whether dominant influences in society work towards the suppression of knowledge of sexual abuse; or whether for complex social reasons child protection and therapeutic industries have developed which have vested interests in exaggerating the prevalence and long term negative consequences of abuse. A key feature of this debate focuses on questions relating to the veridicality of adult recovered memories of childhood sexual abuse, and the role of therapists in relation to such memories.

An increasing number of studies have begun to explore the baseline of recovered memories of abuse. These studies have gathered data from five sources: (1) community samples (Elliot & Briere, 1995; Elliot, 1997); (2) clinical samples (Briere & Conte, 1993; Cameron, 1996; Herman & Schatzow, 1987; Loftus et al., 1994); (3) from therapists' observations of clients (Andrews, 1997; Andrews et al., 1995; Polusny & Follette, 1996; Pope & Tabachnick, 1995); (4) from therapists' personal experiences (Feldman-Summers & Pope, 1994); and (5) through longitudinal studies (Femina, Yeager, & Lewis, 1990; Widom & Shephard, 1996; Williams, 1994). Reviews of such studies note a range from 16%–78% of subjects who reported partial or total nonawareness for their traumatic experiences for a substantial period of time (Whitfield, 1997). On this basis Schelflin and Brown (1996) concluded "amnesia for CSA (childhood sexual abuse) is a robust finding across studies using very different samples and methods of assessment" (p. 143). Such conclusions, however, are not universally accepted. Methodological problems in this area are taxing and the designs of such research have faced critical scrutiny and challenge (Lindsay & Read, 1995; Pope & Hudson, 1995).

Problems include reliance on self-reports to demonstrate that a traumatic abuse event has not been available to conscious recall for a period of time (and that this in itself is not due to normal forgetting or organic causes); as well as establishing reliable criteria for corroborating the "recovered" traumatic events (Pope & Hudson, 1995). Also, most of these studies, have combined figures for two different groups: those who have had periods of complete nonawareness for whom recovered memories of abuse are a shock to previous self-beliefs; and those who have continuous knowledge of abuse who remember further incidents and details. One exception to this is the study of a clinical sample by Loftus and colleagues (1994). Of these participants, 19% reported having been completely unaware of an abuse history before such memories returned, and 12% who had always been aware of some abuse reported recovering further such memories. In addition to base-rate studies, there is an important developing literature addressing the question to what extent such self-reported recovered memories may be corroborated, and what forms of corroboration can be considered to be reliable (Andrews, 1997; Dalenberg, 1996; Schooler, 1994; Schooler, Bendiksen, & Ambadar, 1997).

Although questions relating to base-rates, recovery-processes and corroboration remain hotly debated, there are signs that a degree of consensus is beginning to develop from a period of polarization in this field which two commentators noted had come to resemble a religious war (Pezdek & Banks, 1996). This emerging middle ground, increasingly advocated by experienced memory researchers and clinicians, is reaching tentative agreement on three main points: (1) that the phenomenon of recovered memories of childhood trauma does occur, and that such memories may be essentially accurate; (2) that "memories" of abuse may be "recovered" which are essentially inaccurate but strongly believed in; and (3) that certain forms of therapy can contribute to some people believing in and "remembering" abuse which in all likelihood did not occur. (Lindsay & Briere, 1997; Read & Lindsay, 1997; Schooler et al., 1997).

While studies have explored the prevalence of reported recovery of abuse memories from periods of nonawareness, there is, as yet, little research which has examined the phenomenology of abuse memories (either "recovered" or "continuous") and the contexts within which they occur (Cameron, 1996; Harvey & Herman, 1996; Phelps, Friedlander, & Enns, 1997). Consequently, notwithstanding the current social significance of questions regarding the veridicality of recovered

memories. little is actually known (outside of clinical settings) about the subjective quality of such memories and the ways in which clients and therapists interpret them.

In the course of a wider study of clients' and therapists' perceptions of the psychotherapeutic process with adults who were abused as children (Dale, 1996; 1997; Dale, Allen, & Measor, in press), exploration was undertaken regarding the phenomenology of child abuse memories. This included a focus on: (1) what are the types of phenomena reported by people in relation to constant and recovered memories of childhood abuse? (2) How do clients and therapists assess the veridicality of abuse memories? and (3) What kinds of evidence do clients and therapists regard as corroborating recovered memories?

METHOD

The philosophical basis underlying this study was phenomenological inquiry. This method involves obtaining in-depth accounts of experiences from participants and seeking to discover the ways in which they develop and ascribe meaning to these experiences (Denzin & Lincoln, 1994; McLeod, 1994).

The data and analysis relating to abuse-memories presented in this paper was generated in the context of the wider focus on perceptions of helpful and unhelpful factors in therapy following childhood abuse (Dale, 1996, in press). Fifty-three interviews took place which were unstructured (apart from a 2-hour time limit), were tape-recorded (all but 3), transcribed and analyzed according to Grounded Theory principles (Glaser & Strauss, 1967; Stiles, 1993; Strauss & Corbin, 1990). All of the interviews commenced with an open-ended "grand tour" type question (Spradley, 1989) intended to focus participants on the overarching area of exploration while leaving maximum freedom for participant generated issues to emerge (McCracken, 1988; Patton, 1990). The questions used were as follows:

1. For clients and therapists abused-as-children: "Perhaps you could turn your mind back to the time when you became aware that you were experiencing problems connected with the abuse and felt that you might need some help — what sort of problems were you experiencing and where did you look for help?"
2. For therapists: "Do you think that in your experience there is anything significantly different in working with someone who was abused as a child compared with clients who have a general range of problems?"

From such starting points the interviewer encourages, clarifies, and probes; as well as explores exceptions, contradictions, ambiguities, and ambivalence. One strength of this approach is that it provides the opportunity for progressive focussing, theoretical sampling, and constant comparison (Strauss & Corbin, 1990), in that issues of interest to the study arising with previous interviewees can be raised with subsequent interviewees for further exploration, illustration, and discussion of contradictory or exceptional examples. In the same way, aspects of the developing analysis can be shared with participants for comment facilitating recursive participant validation (Strauss & Corbin, 1990).

Validation of such methodology has been discussed extensively in the research methods literature (e.g., Altheide & Johnson, 1994; Denzin & Lincoln, 1994; Lincoln & Guba, 1985; Rennie, 1994; Tesch, 1990). Validation strategies (e.g., triangulation and participant validation) were utilized in accordance with accepted principles of qualitative research. Triangulation involves utilizing varied methodological and theoretical perspectives to interrogate data obtained from diverse experiences within samples (Neimeyer & Resnikoff, 1982). Such validation is established to the extent that findings obtained with diverse samples and methods converge or agree. Participant validation involves the procedure of sharing features of the developing or completed analysis

Table 1. Category, Gender and Age of Interview Respondents

Respondents	Female	Male	Total	Age-Range
Clients	29	1	30	25-55
Therapists Abused as Children	11	6	17	30-61
Therapists	3	3	6	36-49
Total	43	10	53	

with participants (both previous and subsequent) for their comment and feedback (Stiles, 1993). The perspective and value of this research approach is encapsulated by McCracken (1988) "Qualitative research does not survey the terrain, it mines it" (p. 17).

This person-centered, nonexploitative, and respectful approach is particularly appropriate for study of sensitive personal experiences (Lee, 1993). Participants feel a personal involvement with the researcher in the collaborative development of each unique interview; as opposed to being someone who is "done to" according to criteria and a process which they had no part in devising. The significance of this distinction should not be underestimated in personally sensitive areas of research, especially with people who have histories of abuse, exploitation, manipulation, and neglect.

Table 1 illustrates characteristics of the interview sample. The perspectives of these participants combine to provide 47 (40 female, 7 male) perspectives on-being-a-client; and 23 (14 female, 9 male) perspectives on-being-a-therapist. All were British residents drawn from diverse areas of the UK, predominantly White British/European, with one Black British participant. Client participants were recruited predominantly by notices about the research in national and local newspapers; therapists were recruited via notices at a range of training events and through personal contacts. Therapists who reported themselves to have been abused as children came from both sources. From the total number of 53 interviews, a focus on personal memory experiences of abuse occurred with 37 participants (25 clients and 12 therapists abused as children). A contrasting focus on abuse-memory experiences of clients the therapists had worked with in their own practices took place in 13 interviews (7 with therapists abused as children; and 6 with nonabused therapists).

RESULTS

Clients' Experiences of Memories of Abuse

Thirty-seven of the interviews involved discussion of abuse-memory experiences; involving a total number of 84 abusers as illustrated in Table 2. From analysis of these phenomena, the following six types of abuse-memory experiences emerge:

Table 2. Participants' Reports of Numbers of Abusers

Number of Abusers (N = 84)	Number of Participants (N = 36)
1	13
2	11
3	8
4	1
5	1
7	1
9	1

Note. Respondents' column totals 36 as one person reported that her abuse "memory" was not true.

Table 3. Participants' Abuse-Memory Experiences by Type

Type of Abuse-Memory Experience	Numbers and Percentage of Participants Reporting Each Type (N = 36)
Type 1	9 (25%)
Type 2	16 (44.5%)
Type 3	6 (16.5%)
Type 4	9 (25%)
Type 5	1 (2.5%)
Type 6	1 (2.5%)

Note. Total is greater than 36 and percentages are greater than 100% as 5 participants recorded different types of abuse-memory experience in relation to different abusers.

1. Abuse is described as always having been known about or remembered. There are continuous memories of abuse and the person has always interpreted such events as abuse.
2. Memories and knowledge of abuse are described as having been largely or completely disowned and "put out of mind" outside of daily awareness. However, the person reports having always essentially known of the abuse. In this context in adult life combinations of the following experiences occur: delayed realization of the impact of the abuse; retrospective interpretation of the events as abuse; and vivid intensive emotional re-experiencing of the events.
3. Certain abuse events are described as having been always remembered, but in adult life further unexpected and surprising abuse memories are recovered.
4. Following a period of complete nonawareness of abuse, in adult life unexpected and surprising abuse memories are recovered.
5. Memories of abuse are recovered some of which are subsequently believed to be inaccurate in significant ways.
6. False memories of abuse, or beliefs about abuse are temporarily developed in the context of therapeutic suggestion, which subsequently are believed not to be true.

Table 3 shows the number of participants experiencing each of these six types of abuse-memories. The sample is reduced to 36 as insufficient information was obtained from one participant to allocate the experiences described into a type.

As is shown in Table 4, these types can be combined to illustrate three major categories of abuse-memory experiences: (1) those who have always known about the abuse; (2) those who experience the phenomenon of recovered memories from a state of partial prior knowledge of abuse; and (3) those who recover memories of abuse from a prior state of no knowledge of abuse.

From these figures it can be seen that almost 70% reported they had always had basic awareness of their abuse. People in this category often remember more about the abuse, but this involves additional memories of more incidents and details similar to those they were already aware of.

Table 4. Categories of Abuse-Memory Experiences

Abuse-Memory Category	Percentage of Participants Within Each Category
Abuse-Memory Experiences Which Have Always, to Some Extent, Been a Part of Personal Knowledge (Types 1 and 2)	69.5%
Abuse-Memory Experiences Which Have Been Recovered From a State of Prior Partial Awareness of Abuse (Type 3)	16.5%
Abuse-Memory Experiences Which Have Been Recovered From a State of Prior Nonawareness of Abuse (Types 4, 5 and 6)	30%

Thirty percent reported that they experienced unexpected memories of abuse from a state of having no prior knowledge or belief that they had been abused; and 16.5% recovered further unexpected memories in addition to continuous abuse-memories. Two people subsequently came to the view that all, or part, of their "recovered" memories were not literally true. In the sample as a whole, regardless of whether the history involved continuous knowledge or a period of nonawareness of abuse; nearly half (46.5%) reported that they had experienced the phenomenon of recovering memories of abuse (types 3, 4, 5, & 6).

It was not possible in this study to utilize any methods which might have gathered data regarding the veridicality of participants' abuse-memories. The focus instead was upon gaining detailed description as to how such memories are experienced and interpreted. Turning to the qualitative data from interview transcripts (all names are pseudonyms), the six types of abuse-memory experiences described by participants in this study will now be illustrated.

Six Types of Abuse-Memories

Type 1. (Always remembered)

I don't know how many times it happened but I think it happened quite frequently. I remember the kind of scenario, the room. I remember my bedroom. I remember the bathroom vividly, because it happened when I was in there. I remember it all so well. (Katie)

Type 2. (Out of mind)

Well, I'd always known that it had happened. It's not that I had completely blanked it out. But I'd also kind of separated it so much from myself that it didn't kind of invade my life. I mean, I didn't allow it to. Obviously it was affecting me, but I didn't ever allow it to kind of come into my mind. (Eva)

Type 3. (Unexpected further memories)

For me there's always been memories that I've had which just never left me. They are very clear. I knew they happened and they are concrete — I've never doubted them. And then I started becoming aware that I was starting to get a lot of physical feelings, just very, very strong physical feelings. Feeling uncomfortable and feeling revulsion in my body and that started me thinking "What's this all about?" But when I had a flashback, I knew. (Claire)

Type 4. (Recovered memories following prior nonawareness of abuse)

It was horrendous actually. It happened very suddenly. Because I had been in on-going therapy and, I think, it was the first year of my professional training. So I had, sort of, worked on several issues and I was actually working on my sexuality which seemed to be very important to me. And I got some visual imagery which suggested danger: "Don't look at this, don't investigate this." And that very quickly turned into a phallic symbol and it was that instant — and it was like cold shock really. And I just said to my therapist "I was abused — and it was my father." And I knew in that instant that it was my father. And then I can only say that I went into trauma for a couple of weeks at least, it was horrific. My experience was of deep shock. Not the realization that I'd been sexually abused, but it was like my life was like a lie — who I'd thought I was, I wasn't. (Sarah)

Type 5. (Recovered memories which are felt to include inaccuracies)

Over the first 2 years I didn't just get memories that were true. They were overlaid, unfortunately, with other things that didn't actually happen, and this was very confusing because I had a lot of memories of things that didn't happen . . . I got all these detailed memories of seeing him (father) being murdered which I spent weeks talking to (my husband) about. Now this simply didn't happen — I didn't see anything — it's my mind trying to make sense of what happened. There were some really bizarre things that just didn't happen. It must have been my mind preparing me for what really happened, perhaps, or maybe it's your mind being terrified of what might happen. (Carol)

Type 6. (Temporary memories and beliefs of abuse following therapeutic suggestion)

She was really excited about it, like a missionary. She kept wanting to book me in for extra sessions at €12.50 a time . . . In a way I wanted to believe that I'd been abused. She was saying, "I will give you a magic present of happiness if you believe me" . . . I lost control — I allowed it to happen with that woman. I allowed it to take place. I wanted to believe that I'd been abused. I was terrified of my grandfather dying. To believe that he'd abused me would stop me worrying about him dying . . . I don't think I will ever forgive myself for thinking those things about him. (Amanda)

Phenomena of "Returning" Memories

It was like watching a slide show. Suddenly, I mean, no matter where I was or what I was doing, suddenly another slide would come into focus — it's very unnerving . . . they were being triggered by bricks and mortar, you know, they weren't just coming out of nowhere — every street I walked down seemed to hold its own memories and set off its own slide show. (Beth)

There's a sort of precursor to remembering for me that is very difficult to describe, but I imagine it's similar to the way that some epileptics know before they're going to have a seizure that there's a seizure on the way — and I get a sense that there's a memory on the way . . . It's like a mild anxiety attack — a sort of heightened awareness of everything around me. And a need to get somewhere safe, a sense of trying to contain myself until I can allow it to happen. (Sophia)

Returning memories involve various combinations of sudden flashbacks, spontaneous regressive experiences, somatic sensations, and dreaming:

Sometimes it's a re-experiencing complete with all the feelings and the colors and smells and textures, and the kind of bodily sort of sensations. Other times it's really like watching it on a TV screen, or sometimes, it feels like the memory sort of explodes in my mind's eye. (Sophia)

The night before I had a dream and to my horror — this is not a fact — I dreamt that I was sexually abusing my daughter . . . And then I came down to the kitchen and it was just like, it was almost like the whole world had turned upside down, you know the whole kitchen kind of turned upside down and it came to the front of my mind that I'd been sexually abused by my mother . . . and then the memories started and they haven't stopped for 4 years. (Carol)

The predominant precipitating factors for the recovery of abuse-memories were noted from the interviews. Of the 10 people who described recovered memories, from state of complete prior nonawareness (one of whom subsequently came to the view that the memory was not true), four described the immediate trigger for these being some form of therapy:

I had forgotten my abuse. I remember how it came into my awareness as something that's really about me — that was in the context of the therapy group for my Gestalt training . . . (a man in the group) said he was abused by his mum and I remember my breathing got quite fast, unable to think, I wasn't able to get a kind of logical sense of what he was talking about . . . too much caught in my own response . . . And I remember symptoms feeling similar to a diabetic shock, that I had shaky knees, no energy whatsoever, I had pins and needles all over the place, I could hardly raise my arm, felt extremely sick. It was massive, and at that stage there was — its interesting — there was a physical reaction with no cognitive connection . . . it hadn't elicited . . . Then I had a dream, or it felt like a dream, so there were bits and pieces of memory and images coming up and I brought them to therapy the week after . . . that's the place where I talked about my first dream and I had a similar, smaller scale physical reaction . . . and I remember saying something like "Oh God . . . I wonder if something happened to me?" They continue to come . . . I start dreaming vividly and they tend to be often about my mother and what happened and they feel violent that I wake up screaming. (Christopher)

Other precipitating factors included being drunk, visiting a clairvoyant, mental breakdowns, and reading abuse-focused literature:

I can remember we were sitting downstairs, I'd read a bit of this book and I'd started getting really quite perturbed, very shaky, and very frightened . . . and there was this bit about a mother masturbating her daughter and I just couldn't cope with that at all . . . I can remember just silencing up . . . and knew that there were thoughts occurring to me and I couldn't quite

get them straight in my mind. I was very, very confused — very frightened. It didn't take long for the remembrance to happen at that point. (Sue)

As noted in the introduction, research is beginning to address the potential corroboration of recovered memories of abuse. In this study, experiences relating to corroboration emerged with four of the 17 participants who reported recovered memory experiences. Two people described subsequent events which they construed as being corroborative of their recovered memories. One participant had eventually confronted her father by letter about her new recollections of sexual abuse. She believed that the tacit acknowledgment of her mother, a childhood medical record, and her father's subsequent suicide were indicative of the essential truth of the memories. A second participant had spoken with a relative after recovering memories of sexual abuse, who then described her similar experiences with the same person. Two other participants also experienced "recovered" memories of abuse which they subsequently came to have doubts about or to reject. One reported over a period of 4 years, the spontaneous return of extensive "repressed" memories including sadistic sexual and physical abuse by both parents and siblings. Her initial reaction was to believe strongly in the accuracy of these memories, as they seemed to be the "missing information" which helped to make sense of the problems she had struggled with for a long time in her adult life. After a time, on this basis, she had confronted her parents and brother about the abuse which she had "remembered," and had been met by firm denial and ostracism by the whole family. To her surprise, as the "memories" continued to return, she found herself beginning to discriminate between events which she believed had happened, and events which she became increasingly skeptical about. At the time of the research interview, she felt certain that the "memories" which had returned had been an interwoven mixture of fact and fantasy.

Without the benefit of robust external corroboration to assist reality testing people rely on subjective criteria to determine for themselves the veridicality of such memories. Three factors inclined participants towards belief in the accuracy of their recovered memories: (1) a deeply intuitive experience of "knowing" — where a newly realized history of abuse finally makes sense of long periods of confusion and painful problems in lives and relationships; (2) the intensity and vivid nature of physiological, emotional, and visual sensations; and (3) the presence of era-appropriate contextual detail within dreams and flashbacks:

It's like I had a deep knowing, instinctual, intuitive knowing that what I remembered was so. But at the same time, the rest of me was in denial — didn't want to know about it. So I was kind of looking for proof and not looking for proof at the same time. And during that period what happened was I got a lot of physical memories so it was like I was giving myself proof the whole time: "You couldn't have invented this one — you wouldn't know how it feels." (Sarah)

If you remember something, you remember all the physical circumstances — the room it happened in or where it was — and I think a phony memory would soon show up . . . I am not saying that it doesn't happen to people but I just think: "How can it happen?" You know, how can they rustle it up or are they just imagining it, you know, as you would imagine a popular story or something. It's certainly mystifying. Because a real memory is accompanied by physiological accompaniments, that's the thing — where you start going hot or cold or, you know, there's some sort of emotion. (Mary)

Instead of seeing something when you might go back and remember a situation . . . this memory was very much completely being transported back to that age again and experiencing it the same way. (Claire)

You get the most incredible details of things, images that you couldn't know about. I mean, I've had details of images that I know are related to the 1950s — like my sister having her hair plaits, and the ribbon going through her hair, things like that I know are related to the 50s. I mean, you couldn't make these things up — it wouldn't be possible. (Carol)

However, as will be discussed later, despite the widespread nature of such beliefs, research indicates that these criteria in themselves actually have little validity in distinguishing between "real" and "nonreal" memories.

Therapists' Perspectives

Twenty-three interview participants had had experience of providing therapy for clients who were abused as children. Thirteen of the interviews with therapists (six therapists and seven therapists-abused-as-children) included a focus on their experiences and views of abused-clients' memory processes. The group of therapists as a whole had worked across the spectrum with clients who had always had clear memories of abuse to those who reported they had been unaware of abuse until recalled in later life; as well as those who had experienced combinations of always knowing to some extent alongside partial nonawareness. Therapists commented on the disservice and damage done to clients in the past by professionals not believing accounts of abuse. They also, to different degrees, generally believed in the reality of a phenomenon usually referred to as "repression" or "dissociation" by which whole or partial memories of abuse can be deleted from conscious awareness; to re-emerge in later life in a sudden or a gradual way.

Therapists in this study however, reflected a generally cautious attitude about the degree to which such "recovered" memories of abuse could be construed as necessarily being literally accurate. The dominant view stressed the importance of keeping an open mind about the literal truth of such memories. There are certain situations where therapists were particularly inclined to raise a skeptical eyebrow about the literal accuracy of some reported "recovered" abuse memories. Caution was most often felt in relation to clients who claim to have no previous knowledge at all of any abuse where, in addition, the scenario included: the potential influence of psychiatric conditions; indications of misperceptions of the environment; possible malevolent intent; the presence of increasingly bizarre and extreme content; and the potential impact of suggestive influences such as certain books, "Survivor" groups, and forms of hypnosis.

Notwithstanding such cautions, all of the therapists also believed that recovered memories could be in essence literally true. One of the most skeptical therapist participants, a senior academic psychiatrist, noted his general concern about patients who report the "recovery" of abuse memories from a state of prior total nonawareness:

I'm always highly suspicious of people who say they don't remember sexual abuse . . . I always worry about rather hysterical personalities . . . What worries me are the people who say because they feel very disturbed about their infancy or their young life — therefore they must have been abused . . . it always worries me because I do think that you can be led by a very powerful psychotherapist into thinking maybe that happened to you.

He went on, however, to describe an exceptional experience with a patient where he was convinced about the essential accuracy of a very powerful "recovered" memory:

This chap had completely blotted any memory until he found himself telling his wife in a restaurant that he'd been abused by his mother. A lot of his memories came flooding back . . . He suddenly found himself almost depersonalized. He was on the ceiling looking at himself telling his wife that he'd been sexually abused — and it was the first time that it had ever occurred to him that he had been. So that, to me, was the clearest example of someone who thoroughly had repressed a memory. (David)

It was notable that a number of the therapists seemed relieved to be able to discuss and explore dilemmas about belief in depth, as if there was a taboo around a discourse which could include any doubts about the accuracy of some clients' abuse-memories. This was equally the case for therapists who had themselves been abused as children and those who had not; and therapists of both genders. Such discussions acknowledged the unreliability of memory processes in general, the tendency to reconstruct narrative memory; and the possible impact of the contemporary high social profile of child abuse on vulnerable, confused and unhappy people.

There is a potential danger that therapists who express some doubt about the literal accuracy of some recovered abuse memories may be construed, by some, as representing the continued manifestation of a long social history of denial of child abuse. This would not be an accurate or fair

characterization of any of the therapists in this study, who shared a deep concern about the reality of child abuse and the need to develop and improve therapeutic approaches and services to help clients effectively overcome the consequences of abuse. However, this commitment does not require that all "recovered" memories of abuse are automatically believed and validated "without question." To do so can be naive, can fail to assist clients to develop their own reality-testing abilities, and is potentially damaging to clients and their families.

DISCUSSION

The self-reported abuse-memory experiences of the adults abused as children in this study indicate that virtually 70% of participants had continuous awareness that they had been abused; nearly half (46.5%) had experienced the phenomenon of recovery of abuse-memories (additional or totally new); 30% reported recovery of unexpected memories from a prior state of having no awareness of abuse; and 16.5% reported recovery of unexpected memories from a state of having partial prior awareness of abuse. These findings are consistent with other recent research which indicates that most people continuously remember childhood abuse (Gold, Hughes, & Hohnacker, 1994; Melchert & Lance Parker, 1997).

There is one type of abuse-memory experience (Type 2) which is worthy of particular note, as it was the one most frequently described by participants (44.5%). This is the experience wherein there is basic knowledge that abuse occurred but this is kept "out of mind;" and the person goes for long periods without this being a reflected upon part of their daily awareness. This does not mean that such people are happy; far from it — participants describing this reaction were often deeply troubled and affected by a wide range of symptoms and problems (especially depression and relationship difficulties) which they did not associate with their abuse histories. When such abuse-memories do come to mind this process is described more in terms of "reconnecting" than "remembering," and is often emotionally overwhelming. It is possible that some clinicians and researchers have conflated such "out of mind" or disavowed phenomena with abuse-memories recovered from a state of prior nonawareness, leading to over-estimates of the prevalence of "repressed" or "dissociated" abuse memories.

While occasionally some people do experience "memories" of abuse which they come to accept are not strictly true, participants in this study generally felt able to discern the essential accuracy of their recollections. However, it is not common for people to be able to obtain external corroboration of recovered memories of childhood abuse experiences. In the absence of this, self-validating criteria are used to assess the veridicality of the memories including: the emotional intensity of the memory, the sense of re-living, and the inclusion within the memory of era-appropriate contextual detail. Therapists highlighted essentially the same criteria as clients as influencing their views regarding the accuracy of recovered memories. This may reflect that the same cultural influences have been assimilated by both groups; and that there is also a lack of clear differentiation between the groups: most therapists have been clients themselves and significant proportions of therapists report that they were abused as children.

Such criteria however, are among those which cognitive memory research identifies as being equally likely to be associated with "false" as with "real" memories. For example, intense levels of emotional re-experiencing have been shown to be associated with an extremely high degree of hypnotisability — a propensity which tends to include significant suggestibility, a suspension of critical judgement and lack of awareness of logical incongruities (Ganaway, 1989; Spiegel, 1974). Experimental research has also demonstrated that whilst richly elaborated memories are more likely to be believed by others (e.g., jurors) there is no significant relationship between the amount of detail in a memory and its accuracy (Loftus, 1993). Thus, despite the phenomenological vividness (and convincingness to others on this basis) factors such as emotional intensity, sense of

re-living, and contextual detail do not in themselves provide reliable criteria that the recalled experiences are literally true (Lindsay & Read, 1994). In this context, further research is needed to improve ways of more accurately distinguishing to what extent it is abuse-memories which are "false" or the denials of the alleged abusers which are "false."

Such research would benefit from greater collaboration between cognitive memory researchers and clinicians. The former can contribute long-standing knowledge of the innate variability and reconstructive nature of human memory processes; as well as the implications for understanding memory from developing knowledge of psychobiological responses to chronic stress and traumatic events. The latter can influence the ecological relevance of laboratory memory research to complex clinical realities and social problems concerning child abuse. There are signs, following a period of polarized and sometimes hostile debate, that an important middle ground is emerging between many memory researchers and senior clinicians in relation to abuse-memory phenomena (Read & Lindsay, 1997). This, in turn, is generating a new wave of clinical literature which is responsive to criticisms of certain therapeutic practices espoused during the second half of the 1980s and the early 1990s, which do not match current knowledge about memory processes, effective psychotherapy principles, nor, on occasions, acceptable ethical standards (e.g., Briere, 1997; Courtois, 1995, 1997; Pope & Brown, 1996).

Further research is also needed to build on the small number of existing studies which have reported concerns about the nature of therapists' knowledge, attitudes, and beliefs about memory processes (British Psychological Society, 1995; Polusny & Follette, 1996; Poole, Lindsay, Memon, & Bull, 1995; Yapko, 1993). The studies of Poole and colleagues (1995) and Yapko (1993) have formed the basis of views and caricatures that the therapeutic community is largely comprised of "recovered-memory" therapists driven to uncover latent abuse regardless of clients' presenting problems and beliefs (Pope, 1996). Concern and allegations about therapists inducing abuse-related belief systems, promoting dependency in vulnerable clients, and exploiting them financially have been highlighted by the "False Memory Society" pressure groups and their supporters (Goldstein & Farmer, 1992; Pendergrast, 1995). Such events undoubtedly have occurred (an example is given in this paper), and cause emotional devastation for individuals and families affected.

The therapists interviewed in this study did not fit the "False Memory Syndrome" stereotype. They did not as a group describe beliefs or practices which encouraged or routinely validated "recovered" memories. Nor, at least according to their own accounts, did they appear to propel clients from their consulting rooms into the outside world hell-bent on confrontation, hunting for corroboration, severing family contacts, and initiating litigation. Moreover, when faced with the phenomena of recovered memories in clinical settings, many were concerned that therapy should include reality-testing elements. From this perspective, therapists can still respect clients' overall experiences of themselves and their histories even if every recovered memory, image or symbol of abuse is not reinforced as being necessarily completely and literally accurate. While this may provide some reassurance that therapy wholesale is not driven by the search for "repressed" memories, this does not allay concerns that dubious "therapeutic" practice can influence the creation of inaccurate beliefs and "memories" of abuse.

The "false memory" controversy stems from conflicting interpretations of recovered memories of abuse which have no external corroboration, and which emerge from states of prior nonawareness of abuse. Uncertainty about the veridicality of memories in this scenario does not apply to the majority of abused people who have always been aware of all or part of their abuse, or to those who have some reliable form of external corroboration that it took place. However, this distinction is often lost. Consequently there are potential dangers that concerns about "false memories" may become over-generalized, stimulating an increased public scepticism about the prevalence of child abuse, its negative effects, and the helpfulness of appropriate therapeutic services.

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RÉSUMÉ

Objectif: Explorer les phénomènes de souvenirs et de souvenirs retrouvés et signalés d'abus au cours de l'enfance et examiner les façons dont les clients et les thérapeutes évaluent la véracité de tels souvenirs.

Méthode: Une méthodologie qualitative utilisant l'enquête phénoménologique. Trente-six anamnèses ont été menées en profondeur et particulièrement centrées sur les expériences de souvenirs d'abus avec des clients, de thérapeutes et des thérapeutes, se considérant eux-mêmes comme ayant été maltraités au cours de l'enfance dans le cadre d'une étude plus large explorant les perceptions de facteurs utiles et inutiles dans le processus thérapeutique. Les données ont été analysées en s'appuyant sur les principes de la "Théorie Fondée".