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Repressed and Recovered Memories: Implications for our field

By David Prescott, LICSW

Many professionals (and the lay public) came of age at a time when it was believed that traumatized people commonly repressed all memories of having been abused. It made sense at the time: If the abuse was bad enough, the mind could just completely block it from memory. The mind is an amazing thing, right? The motivations were certainly positive, with the idea that bringing abuse to light could help people to live better lives. Those who lived through those times will recall that these recovered memories often occurred against a backdrop of maxims such as “always believe the victim” without questioning the methods by which people came to believe themselves to have been victimized.

Not long after these efforts, researchers came along and produced findings that were nowhere near that simple. [Elizabeth Loftus](#) has become a champion of explaining the myriad vagaries of memory, while Scott Lilienfeld has documented a number of ways that false memories have caused [life-altering harm](#). In a conference presentation on hypnosis in therapy attended by the first author, Michael Yapko once described the recovered memory movement as a near-death experience for hypnotherapy. Havoc ensued, often referred to as the “memory wars”. Since those days, it has been increasingly clear that people might not remember every detail of their traumatic past, but research simply hasn’t confirmed the complete repression/blockage of memory that has driven so many therapeutic interventions.

Within the past month, Henry Otgaar, Mark Howe, Lawrence Patihis and their colleagues (including Scott O. Lilienfeld and Elizabeth Loftus) have just published a [paper](#) on the current status of “recovering” memories of trauma that clients had long repressed. A pre-publication version can be downloaded [here](#). The findings are sobering. From the abstract:



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SAJRT Bloggers’ Profile

We are longtime members of ATSA dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are risk to abuse.

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We show that the belief in repressed memories occurs on a non-trivial-scale (58%) and appears to have increased among clinical psychologists since the 1990s. We also demonstrate that the scientifically controversial concept of dissociative amnesia, which we argue is a substitute term for memory repression, has gained in popularity. Finally, we review work on the adverse side effects of certain psychotherapeutic techniques, some of which may be linked to the recovery of repressed memories. The memory wars have not vanished: They have continued to endure and contribute to potentially damaging consequences in clinical, legal, and academic contexts.

To be clear, the authors are referring to repressed memories as the “complete blockage” of memories related to trauma. There’s no question that our minds can distance us from painful memories, but the standard response to trauma is more likely to be the inability to forget about it. There is any number of implications that follow.

First, there is a question about the sequelae of adversity and trauma as experienced at different ages. Under what conditions does it become unhelpful to explore past experiences? Examples from recent publications provide points to consider. A recent [BBC article](#) explored the concerns of clients in treatment having to describe their abuse of others in excruciating detail. A recent book describes, also in detail, the role of recovered memories in the infamous [Jerry Sandusky](#) case, and the harmful effects of treatment administered with the assumption that it was helping. Whether one is exploring what one has done or had done to them, it is vital to recall that treatment poorly delivered is not a benevolent event; any problem professional can make better they can almost certainly also make worse.

Second, whether treating abuse or preventing further harm, it can be easy to minimize the vulnerability and suggestibility of clients in treatment. Research into [coerced false confessions](#) is just one example of how powerful professionals can be, and how easily they can manipulate the people in their care. Can therapists seeking to uncover past events be certain that they are not involved in similar processes?

It maybe worthwhile for professionals to return periodically to the codes of ethics of their professions in order to consider the risks and benefits of the programming they deliver and to reconsider to what extent they have the truly informed consent of their clients. Likewise, there remains a question of what the least restrictive alternative is: Do programs that compel complete accountability inadvertently create new risks or cause new forms of harm that our field hasn’t yet explored?

Ultimately, with all of the sequelae from trauma and adversity in evidence in the lives of so many clients, it seems there is a question of why we don’t spend more time looking forward at constructing a better life and less time over-emphasizing the deconstruction of the past. Important to emphasize is that many programs are working today to get this balance right, and many resources exist for providing treatment for abuse and aggression that minimize the potential risks. The findings of Otgaar et al described above are not entirely new. However, they do point to the ongoing necessity to consider our actions. It seems that while therapeutic fads come and go, we still face obstacles to understanding and helping our clients.