Dispatch from the (un)civil memory wars

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Elizabeth Gale sought treatment for depression in 1986. According to legal documents, she was subjected to drug-induced hypnosis and persuaded by mental-health professionals to “remember” horrific sexual abuse that she endured in satanic cults. Many years later she would come to realise that those memories were false. In early 2004, she received a US$7·5 million legal settlement in a malpractice case against the professionals and the hospitals where her therapy took place. Gale’s was not the highest settlement for psychiatric malpractice of this type in the state of Illinois, where her case was heard. That settlement was reached in 1998 when Patricia Burgus and her family members received $10·6 million in a suit against some of the same defendants. Burgus also came to realise she remembered falsely that she had been victimised in satanic rituals, and so had her two young children.

“The ‘memory wars’ are over”, said Paul McHugh, former chair of psychiatry at Johns Hopkins University, in 2003. He was referring to the “wars” based on the formerly cherished psychiatric opinion that children routinely “repress” horrific brutalisation. Moreover, that repression folklore included the idea that forgotten events cannot be retrieved by normal memory processes but only by special techniques, and that these forgotten events must be excavated or else they will cause problems such as depression or eating disorders. Based on this folklore, zealous mental health professionals in the 1980s and 1990s encouraged thousands of clients to “remember” horrific sexual abuse and later to accuse elderly parents, former neighbours, former doctors, and others of the crimes. Thousands were confronted with lawsuits. And more than a few innocent people went to jail.

McHugh believes the memory wars have ended and points to several reasons for their demise. Some patient memories were patently absurd, such as being raped in satanic cults or by aliens on spaceships. Some patients eventually realised their memories were false (often after their insurance ran out), and recanted their accusations. A subset of these patients (like Gale and Burgus) filed civil malpractice cases against the professionals and the therapists.

I agree that the wars have subsided, though not ended. By the early 1990s many researchers and clinicians began to highlight the widespread use of highly suggestive psychotherapy, which included guided imagination, dream interpretation, hypnosis, sodium amytal administration, and “bibliotherapy”, in which patients are given books to read that convey the theory of massive repression of childhood sex abuse, all designed to excavate the allegedly recalcitrant trauma memories. One widely discussed survey published in 1995, for example, estimated that about a quarter of all trained psychologists in the USA and the UK were using suggestive psychotherapy to extract supposedly buried memories of sexual abuse.

Whether the techniques, although suggestive, had in fact led to false memories cannot be proven. But occasionally, what was recalled after suggestive therapy was highly implausible, if not impossible, based on geographical, psychological, or biological considerations. For example, memories of detailed, prolonged sexual abuse occurring at the age of 6 months is highly unlikely to be real in view of what is known about childhood amnesia.

At the same time, psychologists were exploring the power of suggestion to lead people to false beliefs or false memories. As the war over the nature of memory continued, I and others devised new ways of planting entirely false memories in the minds of people using techniques that were not unlike those being used by some of the therapists. In my first study, we enlisted the relatives of volunteers to help us create scenarios describing true childhood events (eg, going to the circus aged 6) and a false one (getting lost for an extended time in a shopping mall and ultimately being rescued by an older woman). We fed these scenarios to volunteers as if they were all true. After three suggestive interviews about a quarter of our volunteers believed that they had been lost in just this way, or close to it. Specific details frequently embellished the memory reports.

Now, a decade after the height of the memory wars, psychological scientists have published many studies using the “lost-in-the-mall” technique. They have shown that they can make people falsely believe that quite unusual or even traumatic events happened. Individuals, for example, have been led to believe that they stayed in hospital overnight with ear pain, that they were victims of a vicious animal attack, or that they nearly drowned and had to be rescued by a lifeguard. They have been led to believe that they experienced implausible (witnessing demonic possession) or even impossible (meeting Bugs Bunny at Disneyland) events. Usually a sizeable minority of individuals believe the pseudo-event (25%–30%), but sometimes “high-tech” methods have led to higher percentages succumbing to the suggestion and adopting the false belief. In one study volunteers were shown a falsified photograph that was created by taking an existing photo of the individual and a relative and pasting it into a prototype photo of a hot-air balloon. More than half of the individuals exposed to the altered photo came to recall, either partially or fully, the fictitious hot-air balloon ride.

Newly formed false memories are often held with confidence, expressed with detail, and even experienced
with emotion. Moreover, false beliefs and memories can have consequences that affect people’s subsequent thoughts and behaviours. In one study, those who were led to believe that eating specific foods would make them ill later avoided those foods. This research constitutes a lasting contribution to the field of human memory by revealing the disturbing truth that it is possible to manufacture entirely false events and pasts that never occurred.

The increasing amount of research on the malleability of human memory may be the only positive outcome of the pain and suffering that the memory wars have wrought. Harm came not only to the accused innocent, but to their extended families as well. The public standing of the mental health profession was seriously damaged, and virtually nothing was done to cure the patients themselves. Moreover, the relentless efforts to “de-repress” abuse and the uncritical acceptance of even the most dubious claims trivialised the experiences of the survivors of genuine abuse, and increased their suffering. Happily, that harm has lessened, but unlike McHugh, I do not believe the war is over. Innocent people remain in prison, unable to disprove the charges against them. Thousands of families have not fully recovered from years of estrangement.

New cases continue to emerge, particularly now in the Roman Catholic church. Many victims of abuse by priests have brought credible charges—some had long histories of frequent molestation with contemporaneous complaints that were recorded but ignored. Some remembered the abuse their whole lives even if they did not speak about it. Their claims are rarely absurd, in contrast to claims of abuse occurring before the age of 6 months or by satanic cults. But just as authentic sexual abuse existed before the emergence of bogus repressed-memory claims, so real and false accusations against priests exist. Already we have seen cases in which people believed through suggestion that they were molested by priests when they in fact were not. The Catholic church has already paid out more than US$1 billion in damages, with estimates that the total will approach $5 billion before the scandal is over. Plaintiffs in these cases continue to use questionable expert witnesses, for example, psychiatrists who relate the dubious beliefs that traumatic memories can be repressed by the mind, stored in the body, and later revived, causing juries to believe that vaginal pain might indicate a long-forgotten rape; that a plaintiff’s neck pain might indicate force by a rapist’s hand. These merchants of discredited memory theory prevent the memory wars from being completely extinguished.

The Catholic church has borne the brunt of cases in recent years. Who will be next in line? A number of targets are at risk: “schools, government agencies, day care centers, police departments, Indian reservations, Hollywood”. It will fall to the organisations themselves and the legal system to separate real claims from bogus ones. They cannot and should not assume that all are true (nor that all are false). To paraphrase one of the lawyers representing the Catholic church, these organisations cannot operate like an automated teller machine, dispensing cash to anyone who drives up with a claim.

The vitriolic controversy over repressed memories occurred because people had trouble accepting a few important truths about memory. Just because a memory is held with confidence, contains details, and seems emotional, does not mean it is real. Without independent corroboration virtually no reliable way exists to tell a true memory from a false one. Recent work using neuroimaging has attempted to locate differences in the brain that might allow us to distinguish true from false memories. This research, which sometimes reveals that true memories have different neural signatures from false ones, uses group averages, although it is far too primitive to be useful for judging whether a particular memory is real or not. These truths are important for society to ingest, even if they are hard to swallow.