

The False Memory Debate: A Battle between Researchers and Theoreticians

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It has been nearly fifteen years since most of us were intimidated into doubting our patients' memories. Research has had a lot to say since those dark days. Oddly enough, most of us haven't been updated. This article is thus a review the legacy of the False Memory Debate.

An ongoing contest, to say the least, between researchers continues at remarkable levels of antagonism, unbeknownst to most of us in the field of psychology. Different battles unfold in various corners of the landscape, in which the adversaries turn out each time to represent the same constituency. I have been calling this The War of the Researchers. Whether in the field of child custody, forensics in general, pharmacology and the medical model, daycare, or the issue of traumatic memory, I have observed that inevitably one side is pro-child, and another is pro-parent. I invite you to observe how that phenomenon plays out in the following history.

Freud's Dilemma

Freud enjoyed collaboration with his eminent friend and physiologist, Joseph Breuer, with whom he observed that under hypnosis, patients could review traumatic experiences which they had blocked from conscious awareness. According to attachment theorists Terry M. Levy and Michael Orlans, the patients of Freud and Breuer had experiences which Breuer termed "abreaction" and which Freud called "catharsis" (1998, pp. 269) with therapeutic results. Freud believed that repressing trauma affected the physiology of the body (p. 270), as current day trauma theorists also believe.

Later Freud discovered that many of these types of repressed events could be recollected through the process of "free association" (p. 269). Freud and Breuer did not question the recollections of their hysterical patients. Freud began to suspect incest and sexual abuse underlying hysterical symptoms and even wrote to his close friend and mentor, Wilhelm Fleiss, that he had reason to believe that his own father had been "perverse" (Jeffrey Moussaieff Masson, 1985, p. 264).

In early April of 1896 Freud wrote to Fleiss with excitement in anticipation of formally presenting his Seduction Theory to his colleagues (p. 179). His pro-child Seduction Theory proposed that physiological symptoms of hysterical women made sense when understood as symptoms of repressed childhood sexual abuse.

Freud was harshly rejected by his peers. He was devastated. In a letter to Fleiss, he wrote, "Word was given out to abandon me, for a void is forming all around me" (p. 185).

Six months after Freud's colleagues rebuked him, his father died. During the night following his father's funeral, Freud had a dream that a large notice had been posted upon his front door which read: "One is requested to shut the eyes." In a remarkable pro-parent blindness,

the brilliant Dr. Freud interpreted his own dream to mean that he had carried unreasonable hostility toward his father far too long (p 445).

Who requested Freud to shut the eyes? A pro-child interpretation would be: Both the Society of Physicians, Freud's all-powerful peer group who rejected him for what he reported he saw, and his childhood father, whose secrets he kept, requested him to shut the eyes. More than one hundred years ago the field of psychology was resistant to pro-child thinking.

A little more than a year after Freud's debut of the Seduction Theory and a year after his father died, Freud shut the eyes. He recanted the Seduction Theory in a letter to Fleiss dated September 21, 1897, but he did not begin work on a replacement theory, in part, until 1905 (Henri Ellenberger, 1970, p. 444-517). Freud developed his pro-parent theory over the next forty-plus years to explain how sexual fantasies and internal drives account for behavior. Fortunately, he preserved some important concepts useful today, such as "defense mechanisms," "resistance," and "repression," which would be, of course, the repression of sexual energy rather than abuse, turning "from the repressed to the repressing," as Ellenberger put it (p. 517).

Geniuses are not always heroes.

Reich's Shame

Freud had many protégés. Only Reich further explored sexuality, repressed feelings, and the relationship between mind and body in healing, developing a theory that children learn to tense certain muscles in defense of intolerable or unaccepted feelings. Reich postulated that our bodies tend to hold the affect in facial expressions, body postures and personality traits, and he called the state of holding these repressed emotions "body armor." He believed that talk therapy was insufficient for relieving these repressed emotions. It was more efficient to have the patient hitting out, screaming or crying. His endeavor was to facilitate the release of affect stored in musculature, independent of the related issues. A product of early to mid-20th Century Europe, Reich believed normal sexuality was socially repressed, and releasing armor would recover one's normal and inherent sexuality. He turned people away, because he seemed preoccupied with sexual liberation. Reich did not delve into content (Levy & Orleans, p. 270), and he did not discover, as I have doing a Reichian-like therapy that most people are releasing trauma, sexual or otherwise from earlier years, especially childhood.

Reich, himself, was a victim of sexual abuse throughout his childhood, according to psychohistorian Alice Miller (1990, pp. 56-57), and he actually believed it was good for him, which Miller suggests accounted for his growing insanity. Perhaps Reich's flagrant drive to reenact his own trauma was interpreted by him as liberated within the context of sexually repressed culture. Toward the end of his life this theme developed even further. He struggled toward a social sexual revolution, authoring a book to that effect (1945). As his health declined his beliefs became more extreme, probably because his endeavors were toward acting out rather than exposing and releasing repressed trauma. .

The Mc Martin Verdict

When The McMartin=s were found Anot-guilty@ on January 8, 1990 of numerous counts

of child molestation at their Manhattan, California preschool, the field of psychology was forever changed. Psychological theory, especially forensic psychology, was probably set back as severely as it was when Freud recanted his seduction theory that histrionic symptoms come from incest.

The children's stories were too preposterous to believe the jury concluded, especially since some children reported having been taken underground to cemeteries where they were forced to pummel dead bodies, watch them burn, lie in caskets, and witness satanic weddings. Even the prosecutors had conceded that the outlandish reports discredited the children. Some children led parents and prosecutors to a nearby cemetery and crematorium, the interior details of which the children had already accurately described, and where they said many of these events had taken place. But the district attorney's office was resentful and distrustful of such extreme allegations and declined to dig for tunnels. March 16, 1985 a small group of assertive parents commissioned a backhoe to dig for the tunnels in the lot next to the campus, where the children described the burial of sacrificial animals. The district attorney's office then commissioned a limited archeological survey of the site. The net effect of that effort was to disclaim any unusual underground activity. It was simply too much to believe, and the memories of children have become suspect ever since.

To make matters worse, the interviewing technique used by Kee MacFarlane from Children's Institute International, was discredited, since she sometimes asked leading questions. The techniques of therapists, as well, have become suspect ever since, including any complicity on the part of therapists who would be willing to believe, and thus support, their patient's outrageous recovered memories of sexual abuse by a parental figure, especially if these memories were recovered only after starting therapy. Nevertheless, our field now knows how to interview children safely for court purposes by asking open ended questions and, thus, without asking leading questions.

Since that verdict, a whole crop of behavioral scientists began publishing research discrediting therapists and their patients who report recovered memories. These memories have become attributed to the False Memory Syndrome. These experts hold that forgotten and later recalled memories of sexual abuse cannot have taken place. We either remember or we don't, they say, and if one has such a recollection during therapy, it is because a well-meaning zealot of a therapists had the power to plant a suggestion in their patient's mind that they were molested by their parents, when, in fact they were not. One of the leading scientists, Elizabeth Loftus, frequently cited or called upon by defense attorneys to testify in court as an expert to the unreliability of recovered memory, admits herself, that she remembers being molested, but can't say who it was. Could this expert on False Memory be acting out, herself, by invalidating the memories of those who recover them?

Trauma experts propose that the repressed memory may be the aspect of the memory that was the most forbidden or the most unbearable. In other words, it can be more unbearable to remember who abused us than to remember the abuse itself. When people repress trauma from childhood, they commonly act it out in adulthood, even in the form of a profession. For example, one who was abused may become, although not necessarily, a cop or a prosecuting attorney. It would make sense, forensically, if someone became a scientist to enforce, *Alf I don't get to*

remember who abused me, *you* don't get to remember who abused you. This is of course analytic thinking, and quite distasteful to behavioral or logic-minded scientists.

Since the McMartin verdict there has become a battle of the researchers. Some seek vehemently and flagrantly to prove the capacity of therapists to induce false memories, and even dare to advise clinicians how to talk to their clients when they, themselves, have minimal experience, if any, as a clinician. Other researchers, usually clinicians, as well, seek to prove that memories can be recalled and that they are accurate. In the meantime, a multitude of clinicians who have learned to be careful in their speculations, continue to experience clients recovering memories nevertheless. One could see how patients having true recollections are re-injured, when their memories are discredited by other therapists and a host of purveyors of the False Memory Syndrome theory. Clients aware of the False Memory Syndrome often doubt themselves, first.

Speculation and innuendo, such as that which I just risked, is considered unprofessional, rude, potentially libelous, and a violation of conventional taboos which protect parents or loved ones. Therapists have become intimidated, as well as professors of psychology. Many fear they will be accused of teaching dangerous theory to upcoming therapists or that therapists will be accused of brainwashing their patients. A host of False Memory experts descended upon us between 1993 and 1995 testifying against therapists in court and teaching us in seminars that we best not believe or assert a belief in a recovered memory. Few of us now realize that there is no such False Memory Syndrome demonstrated by scientists, and it's certainly not in the Diagnostic and Statistical Manual anywhere.

These fears also riddle forensic psychology, and few evaluators dare say a molester was likely molested. It is often considered dangerous and unprofessional to speculate on motives when that motive implies childhood trauma. Regretfully, forensic psychology keeps its speculations around the immediate motives to the drives themselves, not their origins. Forensic psychologists tend to focus on the thinking of the criminal, not how he got that way. As a matter of fact, they commonly maintain, themselves, that while they can expose patterns of behavior, drives, and thought to some extent, no one knows how criminals or killers become the way they are. To reiterate, most leading specialists in the field of forensic psychology actually hold that cause for criminal behavior is not known! The cost to our children and our society for not being willing to know is the greatest tragedy of the McMartin Trial. Before I continue, there is something I would like you to know.

The Rise and False of the False Memory Debate

The False Memory experts have made it a taboo to speculate on the possible causes behind a person's acting out, especially if it implicates a parent. This fallout results in large part because no tunnels were found and the verdict was Not guilty. But there were tunnels. Four months after the verdict and the property was sold, the new owner gave one parent permission to dig *under* the school site, and an archeologist, E. Gary Stickel, Ph.D., was hired from the University of California at Los Angeles. (Rolland Summit, *The Dark Tunnels of McMartin*, *The Journal of Psychohistory* 21 (4) Spring, 1994. p 397-416) The parents had dissolved their

affiliation in the aftermath of the verdict and only one parent, a single mom, shouldered the expense of the excavation and the report. One child, Joanie, age 12 in the year 1994, agreed to revisit the school and guide the archeologists. She gave a meticulous description of every step along the way starting from the northeast corner of the classroom #3, she described being lowered down into a hole, turning right, going straight past the “roots that brushed your face,” turning right again “where you were hurried through the long tunnel... >I liked to stop where the pipe was and swing on it. There was a little boy who couldn=t reach the pipe, and sometimes I=d lift him up so he could touch it. But right after that you had to duck down so you wouldn=t hit your head on the cement, then you had to run again to get to the secret room.=@

As archeologists followed Joanie=s directions they unearthed a trail of contrasting soil where the tunnels had apparently been filled in. An avocado tree=s roots preceded a cast iron waste pipe which was followed by a deep concrete foundation and all the other details Joanie predicted. ABeneath the floor of the exit, inside the vertical plane of the foundation, in fill undisturbed by the earlier excavations, a plastic lunch bag was found bearing the date of its distribution: >DISNEY CLASS 82/83' also printed >[copyright] 1982 Walt Disney Productions.= Except for some kind of clandestine intrusion, nothing in the location could have been newer than September, 1966, when the foundation was poured.@ (Summit, 1994) When the results of the dig were offered to the LA Times, the mother of Joanie was told that it was “old news.”

It seemed that the accusation against a therapist of planting false memories had become the practical way to defend oneself. From whence came this sudden power to redefine trauma therapy in such a pejorative way? How did these new holders of the power of definition manage their sudden appearance with such credibility and capacity to intimidate therapists, including myself?

The False Memory Foundation

In the climate of the Mc Martin verdict the False Memory Foundation was founded in 1991. It’s Scientific and Professional Advisory Board members advised therapists that “to treat for repressed memories without any effort at external validation is malpractice, pure and simple” (1993b, McHugh, p. 1). The FMSF further suggested a standard of care in violation of ethics codes in which the therapist of a client who recovered a memory should investigate the contents of the memory by contacting the parents and other sources of validation about the memory. They must provide comprehensive information to any clinicians working on behalf of the parents and to refuse to provide such information would be considered a lack of “good faith” (McHugh, 1993a, p. 3).

That same body still holds that recovered memories are probably false and, should a therapist be a party to a recovered memory, malpractice is implicated. “Traumatic memories are memorable,” maintained James Hudson, of the Advisory Board (1995a). “People who undergo trauma remember it” (1995b). Other members of the Advisor Board include Aaron Beck, Henry Ellis, Richard Ofshe, Emily and Martin Orne, and Elizabeth Loftus.

While there is no false memory syndrome in the DSM, the courts heard arguments to its

validity in case after case (Brown, Schefflin & Hammond, 1998, pp. 434, 1-55 & 578-634) presented by scientists and advocates of the False Memory Foundation, speaking as friends of the Court. Therapists were often their target of the Foundation in cases where the therapists had reported a recovered memory of child abuse, usually incest. Therapists became further and further intimidated (p. 2; Pope, 1998, pp. 96-97). Though protected as mandated reporters, therapists were not protected for their assessment and treatment actions (pp. 70, 96). Referring to pressures within and without the field to overlook clues to child maltreatment, ethicist Kenneth Pope criticizes the impact such advice has had on psychotherapists. "To what degree, if at all, might therapists refrain from pursuing diagnostic leads based on presenting symptoms because of the threat of malpractice suits" (1998, p. 96)? Taking this logic further, Pope asked, "If suspecting the possibility of child abuse on the basis of such symptoms would subject them to actual or threatened malpractice suits, how, if at all, would such knowledge affect their response to the client and their consideration of whether to file a mandated report of suspected child abuse" (p. 97)?

The False Memory Syndrome was coined and developed by the False Memory Syndrome Foundation. This organization was formed by Peter and Pamela Freyd in 1991 with Ralph Underwager, director of the Institute of Psychological Therapies in Minnesota and his wife, Hollida Wakefield. The Foundation served to aid in the defense of allegations against the Freyds of sexual abuse by their daughter, trauma and memory psychologist Jennifer J. Freyd (Pope, 1988). Jennifer Freyd is a professor of psychology at the University of Oregon and now author of the theory, *Betrayal Trauma: The Logic of Forgetting Childhood Abuse* (1996).

Underwager and Wakefield were publishers of a journal for skeptics on *Child Abuse Allegations*. Underwager filed a few briefs on behalf of the FMSF to the courts, but the courts ultimately found he was not qualified to be an expert witness (State v. Swan; Timmons v. Indiana; Daubert v. Merrell Dow Pharmaceuticals, Inc.)

Underwager ultimately lost his position on the FMSF when he went public with his own pedophilia. "Paedophiles need to become more positive and make the claim that paedophilia is an acceptable expression of God's will for love and unity among human beings. This is the only way the question is going to be answered, of whether or not it is possible. Does it happen? Can it be good? That's what we don't know yet, the ways in which paedophiles can conduct themselves in loving ways. That's what you need to talk about. You need to get involved in discourse, and to do so while acting. Matthew 11 talks about the wisdom of God, and the way in which God's wisdom, like ours, can only follow after. Paedophiles need to become more positive and make the claim that paedophiles is an acceptable expression of God's will for love and unity among human beings." (Interview in *Paidika: The Journal of Paedophilia*, Winter, 1993)

Underwager filed an affidavit on behalf of members of the Children of God cult, who believe there is a holy dispensation for pedophiles tried in France in 1992 (Mike Coyle, 2004, part 2, p. 1; Whitfield, 1995, p. 7). He asserted that the accused were "not guilty of abuse on children" (Coyle, p. 1-2). Underwager reportedly told a group of British reporters in 1994 that "scientific evidence" proved 60% of all women molested as children believed the experience was "good for them" (*Ibid*). In the company of his wife, Hollida, he also disclosed in an interview to a Netherlands journal *Paidika: The Journal of Paedophilia* for pedophiles that he was himself a pedophile (Whitfield, 1995, p. 7).

After Underwager resigned without explanation from the FMS Foundation shortly after a translation of the interview was released in the United States (*Ibid*), Hollida remained on the Advisory Board (FMS Newsletter, July 3, 1993). Recently two of my students at the California State University, Northridge asserted that the issue of Recovered Memories is still up for debate. When I said, "I don't think so," one disagreed. I asked for her sources, and she cited several websites on the Internet and Wiccopedia, both of which are filled with articles by Dr. Underwager!

The Other Amazing Dr. Freyd

Freyd went public with her abuse at an August, 1993 mental health continuing education conference in Ann Arbor, Michigan. She took this step reluctantly after numerous attempts to confront her family privately led to the formation of the FMSF as well as attempts by her parents to slander her at her workplace at the University and in the media (Whitfield, 1995, pp. 4-8). "My family of origin was troubled in many observable ways, and I refer to the things that were never 'forgotten' and 'recovered,' but to the things we all knew about." Dr. Freyd spoke of her father's alcoholism, the occasional open discussion of his own experiences of being sexually abused as an eleven-year-old, calling himself a 'kept boy,' and his entering male prostitution as an adolescent (Freyd, 1996, p. 198; Freyd, 1993).

Freyd says she wrote at age 13 in her diary, "I am caught in a web, a web of deep, deep terror." Freyd later declared, "My parents oscillated between denying [my] symptoms and feelings to using knowledge of these same symptoms and feelings to discredit me.... My father told various people that I was brain damaged," even though Freyd was a graduate student on a National Science Foundation fellowship, teaching at Cornell, and recipient of numerous research awards. Jennifer explained that her mother consulted with her own psychiatrist, Dr. Harold Lief, to have him speak to Jennifer. Dr. Lief, currently an advisory board member of the FMS Foundation, explained to Jennifer reportedly without a release to do so that he did not believe that she was abused, even though he admitted and disclosed that her father had "homeoerotic" fantasies (pp. 198-200).

Two Sides of Elizabeth Loftus

Before her affiliation with the FMSF, memory researcher and court expert Elizabeth Loftus represented and produced research which supported the phenomena of repressed and recovered memories.

Memories that may cause us great unhappiness if they were brought to mind often appear to be 'forgotten.' However, are they really lost from memory, or are they simply temporarily repressed, as originally suggested by Freud (1922)? *Repression* is the phenomenon that prevents someone from remembering an event that can cause him pain and suffering. One way that we know that these memories are repressed and not completely lost is the method of free association and hypnosis and other special techniques used by psychotherapists can be used to bring repressed material to mind and can help a person remember things that he has failed to remember earlier" (Loftus & Loftus, 1976. p. 82).

As recently as 1994 Loftus also directed a study which produced evidence for repressed memories. Loftus, *et al*, found 19% of a sample of sexually abused women had lost all memory of their abuse at some time in their lives, and 12% had large gaps in their memory (Loftus, Polensky & Fullilove, 1994).

Yet in 1994 Loftus and Katherine Ketcham published *The Myth of Repressed Memories* (1994), and Loftus joined the Advisory Board of the FMSF becoming their leading researcher and court expert (FMSF-FAQ, 2004). Loftus and Ketcham characterized therapists and researchers involved in the recovery of memories, or who believe that memories can be recovered, as “True Believers.” She and Ketcham identified researchers like themselves as “Skeptics” (p. 7), holding that no evidence exists as yet for the phenomenon of repressed memories. She did not mention any previous research within the field over the years, including her own study of 1994. Researcher and true believer Bessel van der Kolk remarked: “Loftus’ ‘selective attention to detail’ has been the hallmark of the so-called ‘false memory’ debate” (van der Kolk, p. 567).

Loftus and Ketcham conducted a now famous experiment, “lost in the mall,” in which they successfully implanted “an extensive autobiographical memory” by way of relatives in the memory of a young man, allegedly creating evidence that recovered memories might be implanted memories. After that, Loftus became a highly-paid expert witness for the defense, especially for parents accused of molesting their children, and against therapists who were accused of implanting these memories (Loftus and Ketcham, 1999, p. 99). The scientist, Elizabeth Loftus, became the leader of the charge for the FMSF, testifying again and again in court on behalf of the accused and always against the victim/accuser that recovered memories can be presumed false. Her research was being used to discredit children and protect parents with pro-parent research against children and pro-child clinical theory.

Loftus and Ketcham write:

Therapists specializing in recovered memory therapy operate in a neverland of fairy dust and mythic monsters. Woefully out of touch with modern research, engaging in ‘crude psychiatric analysis,’ guilty of oversimplification, overextension, and ‘incestuous opinion citing,’ these misguided, undertrained, and overzealous clinicians are implanting false memories in the minds of suggestible clients, making “therapeutic lifers” out of their patients and ripping families apart. (1994, p. 32)

In another quote, Loftus said,

Therapists rely on the malleability of memory to help their patients re-create or reconstruct their traumatic life histories. But what happens when both patient and therapist seek a definite answer in the indefinite past? ...Perhaps the whole idea of therapy as a vehicle for making contact with the past’ deserves reconsideration. (Loftus & Ketchum, p. 267)

Loftus recommended “behavioral and pharmacological therapies that minimize the possibility of false memories and false diagnoses... and avoid “dwelling on the misery of

childhood” (1995, p 28). Loftus believes that “a competent therapist will help others support and assist the client and help the client direct feelings of gratitude toward those significant others” (1955, p. 28). .

“Skeptics” versus “True Believers”

Ethicist Kenneth Pope points out that it might not be difficult to persuade someone that they had such an experience being lost in a mall at age five, when many, if not most of us have been lost before and the thought of it isn’t too alien. Given this common childhood experience, how is the determination made that the lost-in-the-mall memory is not also substantially correct? Further, no one is implicated in the memory. It is a benign planted memory, for which an older member of the family claimed to be a witness. A therapist can never tell a client they were there with them and remember it well (1998, p. 81). Pezdek, Finger, & Hodge (1996, 1997) attempted the same experiment, only the suggested memory was that of a rectal enema. They had a zero percent success rate in convincing subjects to declare memories which are false. Pope further questions the experiment, asking whether the single subject was complying with social demand conditions of the research design itself (p. 81). Additionally, one might ask why scientists accepted the results of an experiment on *one* subject as meaningful.

Further, Pope asks, “If the experiment is assumed for heuristic reasons to demonstrate that an older family member can extensively rewrite a younger relative’s memory in regard to trauma at which the older relative was present, why have false memory syndrome proponents presented this research as applying to the dynamics of therapy, but not to the dynamics of families, particularly parents or other relatives who might be exerting pressure on an adult to retract reports of delayed recall” (1998, p. 82)?

Loftus and Ketcham (1994) inscribed in the beginning of their book, “Dedicated to the principles of science, which demand that any claim to ‘truth’ be accompanied by proof.” The pro-parent authors write:

The journey to recover our lost innocence takes us deep into the land of metaphor and myth, where we encounter the divine purity of the Inner Child, the Hell of Childhood, and many other richly symbolic and profoundly imaginative archetypes. In the Myth of the Dysfunctional Family, for example, we learn that every family is dysfunctional in one way or another and that family rules and customs ‘kill the souls of human beings.’ In the Myth of Psychic Determinism we discover that our personalities, psyches, and behaviors are determined by events that occurred in our childhood. While we may think we are free to choose, the myth teaches that we are passive characters acting out a script, moved and played upon by unconscious, uncontrollable forces.

But even in this land of metaphorical excess, where Evil is personified and Innocence is inevitably perverted, there is hope of a happy ending. The Myth of Growth promises that we can ‘grow out of’ our complexes and conflicts and ‘grow into’ more mature, stable, understanding, and loving human beings. Salvation is possible—our wounds can be healed, our broken places mended, our impurities purged, our souls cleansed—through the Myth of Total Recall.

Memory is imagined as a computerized process in which every action, expression, emotion, and nuance of behavior is imprinted into the soft tissue of the mind. If we are willing to search for the Truth, we can discover it (and in the process be cured) by going back to the past, facing our demons, and reclaiming our lost innocence.

Do the myths hold up to reality? Only if reality is molded and framed to fit the myth. When we ask hard questions about these myths and challenge their metaphorical underpinnings, the uneven fit between fact and fiction is quickly revealed and the rickety theoretical structure wobbles. Does the inner child really exist? Are human beings ever wholly 'pure' or perfect? Is there such an entity as an ideal family against which dysfunction can be measured? Is our history necessarily our causation? (pp. 265-266)

Pope maintains that new research by Loftus and her colleagues does not measure up to basic scientific standards (pp. 79-80, p. 107). He cites twenty-two studies supporting the phenomenon of repressed memories. Fortunately, the debate has caused even more research, as well as higher standards for research (1998, pp. 92-93).

Pro-child trauma researchers have been critiquing the pro-parent research *and* the researchers. Pro-child researcher and clinician Charles Whitfield referred to the work of Loftus, *et al*, as "false expert syndrome" (1995, pp. 214, 221, 226). Another pro-child researcher clinician, Richard Kluff (Eds. Appelbaum, Uyehara, & Elin, 1997, p. 52-53), maintained that these self-proclaimed experts had "minimal direct experience in the treatment of the traumatized or in researching the consequences of trauma." Taking another shot in the war of the researchers, Kluff continued:

Their credibility has been achieved by "depreciating and disparaging those who work with trauma and who might be understood to know something about traumatized populations.... Those who treat and study trauma themselves are mocked and derided, and are alleged to create the circumstances and conditions that they treat.

The result is the enshrinement of persons as experts on trauma whose acquaintance with the realities of work in the trauma field is vicarious and limited. Those who have never treated a trauma victim are accorded credibility when they advise clinicians how to proceed and how not to proceed....I would suggest that an alternative title might be the "false expensive expert syndrome," referred to by the acronym "FEES."

Many pundits who promote the false memory perspective remind me of the song, "I'm an Old Cowhand...I'm an old cowhand, from the Rio Grande...I'm a cowboy who never saw a cow, never roped a steer, 'cause I don't know how...Yippeekiokayay!" (p. 53)

Kluff, contributing a chapter in *Trauma and Memory: Clinical and Legal Controversies*, "The Argument for the Reality of Delayed Recall of Trauma," wrote in the same book with Loftus: "Elizabeth Loftus, Ph.D., is a brilliant researcher and scholar. She has described her

own experiences of abuse and reflected upon her incomplete recollection of it. Her words are captured in a deposition cited by Whitfield. She both denies she repressed the memory of the abuse, and speaks of her uncertainty about the number of occurrences, and of her memory having taken and destroyed her recollection of her abuser” (1997, p. 50).

To reiterate, it appears that the leading court expert on false memory at one time believed at least some patients repressed trauma and repression was a psychological phenomenon, per se. She also produced research which supported evidence that victims of sexual trauma often repress their memories. She even admitted under oath that she was abused, can't say how many times, but remembers enough to know she was abused. She can't say by whom. Bowlby might call such an inability to recollect “defensive exclusion,” because it may be more dangerous to know who the perpetrator was than to remember the horror of what happened. Miller might observe that Loftus worked so hard to prove that victims are misled to fabricate memories and accusations against perpetrators, and are not to be believed, that perhaps Loftus is attempting to exert the amount of control on others necessary to control or bury the truth in herself.

It seems interesting that she remembers bits of her own abuse, but not her perpetrator. It seems incongruent that she argues that others cannot repress and recall their traumas, even though she has repressed some of hers. Apparently, she has no intention to recall her own perpetrator, ever.

Perhaps, like Freud, and certainly others, Loftus has formed a belief to advocate and insure she will not remember. Perhaps, it is a form of acting out or a form of re-enacting her own instructions to shut the eyes. Maybe she, like others in our field, is taking her childhood mandate not to see to our patients and those who depend upon us to see clearly and help them to see clearly. In *Shahzade v. Gregory* the prosecutor revealed that while Loftus had testified in 113 criminal trials, she had never testified for the prosecution (Brown, Schefflin & Corydon, 1998).

The Silent Fall

Since 1986, more than 100 appeals have been made and adjudicated regarding recovered memories. The courts were originally receptive until the False Memory avalanche of propaganda discrediting repressed memories. Fortunately, the courts have moved again in the direction of accepting the existence of repressed memories. In *Shazade v. Gregory* (1996) the courts adopted van der Kolk's nomenclature for repressed memories, “dissociative amnesia” (p. 607). True Believers or pro-child researchers and clinicians have begun to amass scientific data on repressed memories and to provide “transcripts” from other well-researched rulings. Such cases include the already mentioned *Shazade v Gregory* ruling; *State v. Alberico* (1993) which developed an appropriate test for experts in repressed memories or dissociative amnesia (p. 606); and *State of New Hampshire v. Waters* (1995) which found that “there is no evidence to find that recovered memory is less reliable than typical memory evidence” (p. 604).

Nonetheless, many judges are still persuaded by the False Memory “researchers,” possibly because they have not learned of the contrary evidence or possibly because they are predisposed to accept the pseudoscience of the false memory advocates as valid and disregard evidence provided by the trauma field.

According to Brown, Schefflin and Corydon, “The false memory controversy needs to be seen for what it is—more political than scientific, more the dissemination of propaganda than the distribution of scientific knowledge, and more the strategic use of pseudoscientific arguments as social persuasion to influence public policy and sway juries than the articulation of lasting truths about the human condition” (p. 435).

The immediate ramification of this debate is that professionals participating on either side are recognized, and one side is significantly resistant to considering the impact childhood has on their patients. The other side has sharpened its perceptions and understanding of the impact experience has on personality. As such, it has learned to read clues.