

## Who Have Rejected Their Recovered Visualizations as False Memories

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*ABSTRACT: Recently, questions have been raised regarding the validity of "memories" of abuse which were not remembered until intervention techniques were used to "recover" them. A growing number of people are rejecting their visualizations as false memories. This exploratory study gathered demographic information and characteristics of some common experiences from a sample of these people. Reports of group members sharing flashbacks are disturbing, and group contagion is likely. Survivor books, movies, and videotapes appear to play a role in producing visualizations. The media may also contribute to distortion and confabulation in memories. Litigation by retractors appears high. It is necessary to distinguish between visualizations, historical memories, and fantasy.*

People who seek psychotherapy present for a number of reasons (Rogers, 1992). Some practitioners may suspect that repressed memories of childhood abuse are actually the cause of a patient's problems. Some of these practitioners specialize in recovery of "repressed memories" (Gardner, 1992). A number of intervention techniques are used to uncover "repressed memories," including hypnosis, trance writing, guided imagery, suggestion, body work, psychodrama, regression, sodium Amytal, and other means (Wakefield & Underwager, 1992; Lynn, Milano, & Weekes, 1991).

Questions have been raised regarding the validity of "memories" of abuse which were never remembered until intervention techniques were used to recover them (Stephenson, 1993). Recently, the popular media has reported on people who have rejected their recently recovered "memories" of abuse as false memories.

The development of pseudomemories has been linked to a number of independent factors. Many studies have suggested that pseudomemory development is associated with hypnosis (AMA Panel, 1985; Gardner, 1992; Labelle, Laurence, Nadon, & Perry, 1990; Sheehan, Statham, & Jamieson, 1991), hypnotizability (Barnier & McConkey, 1992; Ganaway, 1992), contextual variables (Sheehan, Statham, & Jamieson, 1991), misleading post event information or suggestion (Tversky & Tuchin, 1989; Zaragoza & Koshmider, 1989), source monitoring errors (Lindsay, 1990), regression (AMA Panel, 1985; Loftus, 1993; Lynn, Milano, & Weekes, 1991; Sheehan, Statham, & Jamieson, 1991), stereotypes (Sachau & Hussang, 1992), instructional conditions (Cramer & Eagle, 1972), memory reprocessing (Loftus & Hoffman, 1989), fantasy proneness (Lynn & Rhue, 1988; Ganaway, 1992; Rhue & Lynn, 1987), leading questions (Brainerd & Reyna, 1988; Campbell, 1992; Loftus, 1975), search for confirmation of hunches (Loftus, 1993), and contagion (Brent, et al., 1989; Crandall, 1988; Gould & Shaffer, 1986; Kaminer, 1986; Klerman, 1987; Miller, Stiff, & Ellis, 1988; Rosen & Walsh, 1989; Walsh & Rosen, 1985).

Once developed, false memories may feel subjectively real to the person; several research studies have indicated that pseudomemories can be confidently reported as fact (Tversky & Tuchin, 1989; Zaragoza & Koshmider, 1989). However, a growing number of people are rejecting their recovered "memories" of abuse as false.

The purpose of this exploratory study was to gather some initial demographic information, as well as identify characteristics of the common experiences of a sample of these persons. This study presents information concerning the development of the abuse memories as well as the subsequent rejection of the visualizations.

### Method

An initial questionnaire was mailed to a group of persons who had identified themselves to the False Memory Syndrome Foundation (FMSF) as retractors, or people who have developed abuse memories that they later rejected as false. The FMSF was not a party to this pilot study, but they did address and mail envelopes forwarded to them by the researchers. No portion of the questionnaire, cover letter, or envelopes identified the FMSB A pre-posted, pre-addressed return envelope was enclosed, addressed to "Research Project," with a San Diego, California P.O. Box address given.

The questionnaires were 2 pages in length, and consisted of 5 demographic questions, 10 questions related to therapy, 2 questions related to the level of training of therapist(s), and a final open-ended question for the respondents to add any comments. An attempt was made to neutrally balance the questions.

Based upon the results of this pilot study questionnaire, a telephone survey was developed which incorporated most of the questions from the questionnaire, as well as a number of additional questions. The telephone survey consisted of 5 demographic questions and 23 questions related to memory recovery and visualizations. An effort was made to neutrally balance the questions. The list of the questions presented to the subjects in the telephone survey is contained in Appendix A.

Inclusion of subjects in the main study was based upon their indication that they had "recovered repressed memories," which they subsequently rejected as false. The subjects were located by probing an informal network of people reporting similar experiences related to memory recovery. Many of the subjects provided phone numbers for other "retractors."

Only three of the subjects were known to have been in the same therapy group or to have been treated by the same practitioner(s). Most stated that they only knew one or two other retractors and none provided more than three referrals to other retractors. Although it wasn't formally measured, most of the subjects appeared to have met each other over the phone, through the mail, or through computer bulletin boards and conferences. Unlike the pilot study, the subjects in the main study were not located with the assistance of the False Memory Syndrome Foundation. Since the pilot study was done blindly, and the identity of the respondents was unknown, the researchers are unaware if any of the subjects in the main study were also contacted in the pilot study.

With this procedure, 26 persons were identified as having rejected their visualizations of abuse as false memories; 23 women and 3 men. The phone numbers for 25 subjects were obtained, 20 of whom were successfully contacted. One male subject did not have a telephone, and a letter to him went unanswered. Repeated attempts were made to reach the other 5 female and 1 male subjects, without success; therefore the telephone survey was completed by 19 females, and 1 male.

## **Results**

The subject characteristics are shown in Table 1 at the end of the paper. In total, the subjects were from 13 states and one foreign country (Canada). Ages ranged from 18 to 48, with the average being 35.55. Six subjects were married, 3 were divorced, 2 were remarried, 8 were single, and 1 was separated. Sixteen (80%) of the subjects have attended college, with a mean number of years in college of 2.55. Eight subjects (40%) had at least a bachelor's degree, and four (20%) had post-graduate degrees.

Nineteen subjects report that the development of visualizations was influenced by their former therapist(s). One subject never participated in therapy; all of her visualizations occurred after reading the book, *The Courage To Heal*. Eight of these 19 subjects have filed lawsuits against their therapist(s). Of the lawsuits filed, 3 have settled and 5 are currently pending. Four subjects are in the process of filing a lawsuit, 1 is considering filing a lawsuit, 1 was prevented from filing due to exceeding the statute of limitations, and 5 have decided not to sue. Therefore, overall the litigation rate is 63% (8 filed, 4 being filed out of 19 subjects).

The subjects were asked, "Was there ever a time when the memories weren't remembered?" All stated that "the memories" had not been remembered prior to

intervention.

Sixteen (80%) of the 20 subjects stated that their visualizations were first recovered in individual therapy, 3 (15%) first experienced their visualizations while hospitalized and 1 (5%) subject did not participate in therapy. This subject experienced all of her visualizations after reading *The Courage To Heal*. None of the subjects first experienced visualizations while in group therapy.

Table 2 lists the memory recovery techniques reported. Almost all (90%) of the subjects reported the use of one or more trance induction techniques in the elicitation of visualizations. Techniques used included hypnosis (85%), regression (30%), trance writing (15%), sodium Amytal (15%), relaxation/imagery work (5%), and dream work (5%).

Non-trance induction techniques reported by subjects included suggestion of abuse by therapists or group members (85%), pressure to remember abuse by therapists or group members (70%), reading recovery or abuse related books (70%), sharing flashbacks of abuse among group members (60%), watching videotapes or movies related to recovery or abuse (50%), attending seminars related to recovery or abuse (20%), taking psychotropic medication (15%), intentional confabulation (10%), and empty chair work (10%).

Methods listed one time each included prayer, laying on of hands, sleep deprivation, relaxation, psychodrama, dream work, rage reduction, and raging.

### **The Development of Visualizations in Individual Therapy**

Four subjects (20%) reported that 100% of their visualizations developed in individual therapy. Overall the average percentage of visualizations reported to have developed in individual therapy ranged from 25% to 100%, with an average of 58.8% of the subject's total visualizations reported as occurring in individual therapy. Different subjects commented:

- It's horrible brainwashing-you're paranoid of everything. Any problems which I was having in my life were interpreted by my therapists as signs of childhood sexual abuse. I got to the point where I couldn't tell real from unreal. The psychotherapist told me point blank he knew I was sexually abused the second time he met me because I had a problem with control issues.
- My therapists told me, "This must have happened to you because you have the symptoms, therefore if you can't remember the abuse we may need to increase your dosage or change drugs."
- I was in the hospital, with a therapist in a quiet room. He was trying to hypnotize me for the third time, in an attempt to get memories. He became angry because I couldn't get memories, he said I didn't want to. He gave me 10 minutes to get a memory. I became scared, and I made up a memory to make him happy. It wasn't right-it didn't feel right.
- I didn't have SRA memories. The therapists put me in the hospital for 8 weeks until I remembered SRA. (Finally) I mimicked SRA flashbacks because I had seen them a hundred times in group. I did this to get out. I was out in one week, and I never went back (to that group). I rejected the SRA memories immediately upon release.
- I was very depressed while I was in therapy. Within two weeks of leaving therapy I realized that my memories were false, and I denounced them. As soon as I did, the nightmares, the paranoia disappeared. After four years of what I feel was intimidation, to be blunt-the therapists were lazy; they didn't think they needed to do any thinking about my case, I felt that they were looking for something fast and easy. I wasted so much time and energy; and I almost lost my sanity~ and they didn't think twice about what they were putting me through. I'm just happy to have my mind back.

- ▣ I always felt pressure from the therapist, she just kept pushing me and pushing me. I always knew my brother had sexually abused me, but she kept pushing me to think that it was my father, because everyone else in the group had been abused by their fathers, I was pressured into coming up with something.

### **The Development of Visualizations in Group Therapy**

Though none of the subjects reported experiencing their initial visualization in group therapy, 14 subjects reported that some of their subsequent visualizations occurred while participating in group therapy. The percentage of visualizations the subjects estimated that developed in group therapy ranged from 1% to 70%, with an average of 24.5%. Comments from different subjects demonstrate how the group encouraged and reinforced the development of abuse memories:

- ▣ The group met in evening, when I was physically tired. Fellow group members offered validation of my emotional pain, along with the leader. A lot of praise was given for discovering memories, including being treated as more emotionally healthy because of coming out of denial. In group a practice called "reality check" was used. After a woman discovered an abuse memory, she often was physically and emotionally exhausted, and very embarrassed. She'd say things like "I'm nuts. This couldn't have happened." Our leader would invite her to ask any or all of the other seven female group members what they thought. Upon asking, the memory recoverer would be showered with praise for her courage and greatly reassured that there was no possible way she could be making it up. Often hatred for the perpetrator was expressed by all concerned.
- ▣ About half of the women in the group stated: "I have been sexually abused by my father, but I don't have my memories yet This reinforces, it is majority rules, so many people are buying into it, how can it be wrong? I have to go with it ..."
- ▣ The therapist would say "this is a situation which probably occurred, now relax and tell us how it happened The group peer pressure was directed at the person to remember the abuse.
- ▣ The group progressed from eating disorders to childhood sexual abuse, to incest, to SRA. Eight out of ten members developed SRA memories, the two who didn't were told they were in denial.
- ▣ They kept pressing me-they would say you don't love your kids, you are in denial, you have abused the children, you are going to lose your husband and your children.

### **Effects of Group Contagion**

In analyzing the data, we observed an interesting phenomenon-the possible effects of group contagion upon the development of similar or nearly identical memories by group members. All but one of the 14 subjects who developed visualizations in group therapy reported that similar or identical memories were shared by group members.

In response to the question, "Were any of the memories which were recovered in group by different members similar or identical to each other?", subjects gave responses such as, "Oh yes, about 50%," "About 50-60%," "Oh yes-all the time, 25% of them," "Definitely, it was really bizarre and weird," "Oh yeah, oh yeah, very similar," and "Yes, 85%." Different subjects commented:

- ▣ We had very similar alters (MPD alter personalities) and memories. One woman would feel left out because she didn't have a particular alter everyone else had, and she wanted it.

- ▣ When other participants described emotional and graphic scenes, the emotional degree influenced me more. Details influenced me more, etc. I used to encourage the other women to describe graphic scenes so that it might "trigger" my memories. I thought the only way to feel better was to force the memories out of me. After hypnosis the memories got more detailed and bizarre. We had to work at it to keep the memories coming, otherwise we would slip into "denial" and begin doubting. It took lots of work. We talked about denial a lot.
- ▣ If you don't have a memory you feel like you have to come up with one to compete with everybody.
- ▣ Yes, we all seemed to, one person would say one, then we would go around the circle and all have similar ones ... it was really weird.
- ▣ Yes most of the ladies in this MPD self help group all shared same black shadow, same safe spot, (the) memories were identical.

### **Effects of Movies, Videos, and Books**

Fourteen subjects reported the influence of books, with 11 stating that books actually triggered visualizations; the 11 subjects reported that an average of 33.9% of their total visualizations were elicited by reading abuse or recovery related books. The most frequently cited book was *The Courage to Heal* which was mentioned by 11 subjects. Other books were mentioned, including *Michelle Remembers*, *Sybil*, *The Rabbit Howls*, *Satan Seller Toxic Parents*, and *Secret Survivors* (see Table 3).

Ten subjects reported the influence of videos and movies, with 7 stating that videos or movies triggered visualizations; these 7 subjects reported that an average of 16.62% of their visualizations were elicited by watching videos or movies related to abuse or recovery. The more frequently named movies or videos included *Sybil*, various videotapes on satanic ritual abuse (SRA), *Three Faces of Eve*, the *Oprah Winfrey show*, and *The Rabbit Howls* (see Table 4).

Several different subjects commented on the effects of books and movies/videos:

- ▣ I read everything. Memories were triggered by books and movies.
- ▣ *The Rabbit Howls* and *Suffer the Children* were passed around by group members.
- ▣ *Michelle Remembers*, *Satan Seller*-(these) sparked SRA memories.
- ▣ We were constantly watching videos, reading books, journaling.. . one person's memory sets up the next person's memory. 90% of the memories were directly the result of videos and books, especially the book *Suffer the Children*.
- ▣ *Sybil* ... my therapist had me watch this movie many times.
- ▣ At age 12 or 13 a family member told me that I had symptoms of childhood sexual abuse. She gave me *The Courage To Heal* to read. It gave me nightmares. The book said if you think you were molested then you probably were-and my family member was telling me she thought I had been molested.
- ▣ That is a book full of suggestions, hatred, bitterness, resentment, it gives you the power to hate, fight, accuse, to rip up your own family. .. (*The Courage to Heal*).
- ▣ *The Courage to Heal*, *Secret Survivors*, I hated those books later on. When I read those books I was sick. They were very influential, very powerful, very convincing. When I read them later on, they were repulsive, they were sick, totally sick.

- ▣ *The Courage to Heal* made me nauseous, downright nauseous, I couldn't even finish it. I was made to read *Toxic Parents*. Every time I turned around, the therapist was giving me some horrible book to read which would really upset me. I don't think the books helped me at all in my therapy.

### ***The Media Distortion-Confabulation Effect***

*An interesting phenomenon was noted with three of the subjects who reported that they had traced specific visualizations to scenes from either a book which they had read, or a movie which they had seen. One stated:*

- ▣ I reprocessed the whole rape scene in the book *Prince of Tides* as my own. Additionally, my memories of SRA came after reading *People of the Lie* by Scott Peck. We passed this book around. Women who read it got SRA memories.

*Two other subjects, living 1500 miles from each other, neither of whom have ever met, reported developing the same visualization, which they subsequently traced to the movie *Sybil*. They each independently reported that they reprocessed a scene in which *Sybil's* mother gives her a cold enema, replacing their own mothers for *Sybil's*, and themselves as *Sybil*.*

*In another example, the subject reported that she reprocessed a scene from the movie *Deranged*, in which a deer is gutted, replacing the actors in the film with members of her family.*

### ***Doubts About the "Memories"***

*When asked if they ever doubted the memories, all of the subjects reported that they did, with regular frequency. Comments from different subjects include:*

- ▣ Constantly. The therapists would say that everyone doubts the memories-they (the memories) were constantly reinforced (by the therapists).
- ▣ Oh yes, weekly. I had a threat from my therapist that if I questioned my memories, if I went "into denial," then I would be sent to a state hospital and I wouldn't get better.
- ▣ Always the pockets of doubt ... off and on. I would tell the therapist-they would medicate me more with anti-psychotics.
- ▣ At first I would argue with him (the therapist). He would badger me by saying "when are you going to accept the fact of your abuse ... you are in denial ... you are running from the truth ... you don't want to get well..."
- ▣ Yes. I felt that I had ruined my family. The therapists would tell me that I was "in denial" and that I didn't want to get better.
- ▣ Continuously, I constantly questioned them-that's when the medicine was changed. If you take enough drugs you can remember about anything. Also, the therapist would threaten to send me to a mental hospital, and tell me that I would lose custody of my child, if I didn't confront my family and accuse them based upon my memories.
- ▣ Absolutely, but I was told by my therapist that I was in denial.
- ▣ The whole time, there was always a question in the back of my mind ... the therapist was always pushing me ... he would say "you shouldn't question these memories ... you should outright believe them."
- ▣ Yes. When I questioned them, the therapist would reinforce the check list in Sue Blume's book *Secret Survivor* she would tell me, "You checked off 33 of the 35 indicators, how could this possibly be wrong? Professionals recognize this as being gospel truth."



- ▣ Yes, all the time, for four years. The therapists would say that doubting only proves my memories, the reality of what I was remembering. When I would accept the reality, when I would come out of denial, then I would become healthy and get on with my life.
- ▣ Yes ... this went on for about four years that I was seeing this therapist. I raised doubts many times. It was very troubling to me. I really started questioning them. She would say, "We've been through this over and over, just accept them, and we'll go on from there."
- ▣ Over and over and over. The more I expressed that they weren't real, that I was lying and making them up, they told me that was my denial coming up to protect me, I needed to believe the memories ... I told my therapist that this was all false therapy, then she put me in the hospital. That was the worst thing of all, having the courage to say that this isn't true, that is when they really bombard you.
- ▣ Yes. I would tell her (the therapist) "I have no memories. She would tell me I wasn't trying, I wanted to stay sick."
- ▣ Oh yes-all the time. Two to three times a week. I would say "I don't believe this, I don't want to do this anymore," and they would say, "Why would you make this up? Why would you do that to yourself?"
- ▣ Yes, always. Every time I had one."
- ▣ Constantly. It's in my journal writings. I thought I was making this up. They told me, "Well of course you don't want to believe, who would? You're not crazy-I believe you. Why would anyone make this up? Your body is telling you what happened. Your body can't make up the feelings you are having."
- ▣ I questioned them the whole time. It's very difficult, the doctor is degreed, and I'm the sick patient. They tell you over and over that you are in denial if you don't believe in your recovered memories.

### **Other Comments by Subjects**

*Asked if they had any general statements or information to add, the subjects were provided with a final, open-ended opportunity to comment. Most did. Here are some of the comments:*

- ▣ Who in their right mind would do that to someone who is already sick? They need to be sued, they shouldn't be allowed to continue to carry this on anymore. It's beyond my wildest dreams to understand how a therapist could take someone who is already sick, and inject them with more poison.
- ▣ The therapy I experienced in the hospital was tantamount to brain washing, similar to what I've read about how cults operate-the isolation and so forth. It was a nightmare. It's sad to think you spend a year of your life in a hospital and you come out in worse shape than you went in.
- ▣ I was in therapy for six years. I was recruited much like a cult victim is recruited. There was never anything wrong with me before. I was highly functioning. I became totally disabled in 18 months.
- ▣ I started to read about it. I started researching false memory syndrome. A friend came along side of me and helped me to remember the real memories we had shared as children. She had started to doubt her false memories as well.
- ▣ Let people figure out what is true for them and don't tell them what you think. These people are extremely vulnerable to suggestion.

### **Discussion**

*Child abuse occurs. The purpose of this study is not to question that well-established fact. This study was limited to the collection and analysis of reports of*

individuals who state that they developed visualizations of abuse which they later rejected as false memories.

This study has limited application. The data collected is anecdotal in nature. A comparison group was not considered. The findings may not generalize to the entire population of people who have experienced recovered memory therapy. Certainly further study and clarification is indicated.

One item which was fascinating to the authors was the possible operation of contagion among some participants in recovered memory therapy, especially in a group setting. In reviewing the literature we discovered that there has been some limited psychological investigation into the effects of contagion upon group behavior.

Klerman (1987) noted that social contagion is indicated in mini-epidemics or clusters of suicide, on both the local and national level. Other researchers have also noted the effects of contagion in creating suicide epidemics (Brent, et al., 1989; Davidson & Gould, 1988; Gould & Shaffer, 1986; Kaminer, 1986). Contagion has been noted to be a factor in epidemics of self-mutilation (Rosen & Walsh, 1989; Walsh & Rosen, 1985), occupational burn out (Miller, Stiff, & Ellis, 1988), binge eating (Crandall, 1988), and workplace hysteria (Kerckhoff & Black, 1968).

A possible media distortion effect was noted in three subjects who reported reconstructing scenes from movies or books, erroneously concluding that the visualizations were their own historically valid memories. Two of the three accused their mothers of atrocities based upon these visualizations. Further research into this area of confabulation should prove quite interesting.

The report by several subjects of sharing flashbacks in group for the purpose of eliciting visualizations is of grave concern. Also of concern are reports that some therapists may validate visualizations of abuse as historical memories without any effort to determine if, in fact, the visualizations are true. This same criticism can be applied to research such as that reported by Briere and Conte (1989) and Herman and Schatzow (1987) in which no effort was made to independently confirm the stories of victimization reported by subjects.

This study did not attempt to confirm or disconfirm the reports of subjects regarding their experiences in developing visualizations. For those involved in litigation their reports of false memory development while in therapy will certainly be investigated. This is an initial effort to examine a recently emerging population. Further research efforts should include attempts to develop procedures for confirmation or disconfirmation of reported abuse.

## **Conclusions**

The term "memory" has generally been used to describe what actually are a number of different experiences. We suggest that reports of abuse not previously remembered should be classified as visualizations until such time as they are confirmed as historical memories, disconfirmed as fantasy, or are found to be a combination of the two.

It is impossible, based solely upon the report of a visualization, to determine whether or not it represents a historical memory, a fantasy, or a combination of both. The confidence of a person reporting a visualization as fact (historical memory) is not a predictor of the accuracy of their report (Tversky & Tuchin, 1989; Zaragoza & Koshmider, 1989).

It appears that recovered memory practices have circumvented the thorough, empirical, and cautious methods of scientific validation. Clinical observations, empirical research, and logical analysis are important components to a thorough investigation of any therapeutic technique. Hopefully the results of this exploratory study will encourage further research into the entire issue of memory recovery techniques and practices.

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## [Appendix A](#)

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False memory has figured prominently in many investigations and court cases, including cases of alleged sexual abuse. There is no scientific way to prove that any of these recollections are completely accurate. In the 1980s, day care sex abuse hysteria based on recovered memories resulted in the imprisonment of some of the accused parents. Most of these convictions were reversed in the 1990s, and there are cases in which recovered-memory therapists have been successfully sued by former clients for implanting false memories. [2]. 91% of subjects who had been primed with questions about UFOs stated that they had interacted with aliens. [5]. Keeping information from their clients that could place their recovered memories in doubt. These symptoms include false beliefs and memories of having been abused—a syndrome now referred to as false memory syndrome. These symptoms may take the form of flashbacks, which include detailed memories and even hallucinations and delusions of the abuse. Thus, the patient believes that she has specific recollections of abuse that may not have occurred. In recent years, there have been a number of CSA accusers who have reestablished family relationships and acknowledged that their accusations were false. These “retractors” typically blame their therapists for suggesting to them that they were victims of CSA and for encouraging memory recovery that led to the false memories of abuse. In 1997, a remarkable legal case was settled in which a retractor sued her therapist.

First glimpse: an examination of subjects who have rejected their recovered visualizations as false memories. EL Nelson, P Simpson. Issues Child Abuse Accusations. 1994. Impact of child abuse memories on the families of victims. J de Rivera. Issues Child Abuse Accusations. 1994. Legal issues involving "repressed memory" of childhood sexual abuse. JG Schneider. Psycho1 Legal Update.