A CRITICAL ANALYSIS OF THE CONTRIBUTIONS OF FOUR MAJOR PARTICIPANTS IN THE RECOVERED MEMORY DEBATE

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ABSTRACT

Often described as one of the most urgent challenges facing contemporary psychology and professional practice, the debate regarding memories of historical abuse revolves largely around the issue of veracity. Conflicting values and views of science collide in discursive power struggles between those who believe in the validity of recovered memories, and those who do not. Not uncommonly, the outcome of such conflict is increased polarization and hostility, rather than collaboration and the development of mutual respect. Critics of the recovered memory perspective, accused of supporting the politics of oppression, condemn advocates of the recovered memory perspective for supporting the politics of revenge. The impact of politics notwithstanding, the complexity of memory, in conjunction with the complexities associated with sexual abuse treatment, demand an examination of other, equally salient issues. Participants in this debate must come to terms with the fact that much remains to be discovered regarding the impact of trauma, and that honest and open discussion of ideological differences will contribute significantly to current understandings of this important topic. This thesis examines four major contributions to the debate regarding recovered memory. An overview of relevant issues is also provided, with recommendations made regarding treatment, training, and research.

DEDICATION

Very few of the important achievements of my life have been accomplished in isolation. This thesis is no exception. Looking back on a long, and sometimes challenging process, I am reminded that I have changed in important ways during the course of this project. Two important, and very special people have significantly influenced this transformation. It is to these two people that this work is dedicated.

To Herb, my partner and friend. Your amazing courage, perseverance, and ability to see brightness on even the bleakest of days, constantly inspires me and reinforces my belief in the strength and resilience of the human spirit. You are truly a difference that makes a difference.

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CHAPTER ONE

INTRODUCTION TO THE PROBLEM

Sexual Abuse

Sexual abuse of children, once believed a rare event has, over the past twenty years, become an increasingly salient issue within the general population and professional circles. In Canada, it has been estimated that fifty percent of women and thirty percent of men have experienced some form of sexual victimization in childhood, with eighty-five to ninety percent of offenders known to their victims, and sixty eight percent of sexual assaults occurring in the home of either the victim or abuser (Vancouver Police Union Charitable Foundation, 1995, p. 30). Although less anxiety provoking to view sexual offenders as solitary predators of other people's children (Whitfield, 1995, p. 9), the frightening reality is that the most frequently occurring form of sexual abuse is that which takes place within the confines of the family. Furthermore, with the average length of an incestuous relationship cited as three years (Vancouver Police Union Charitable Foundation, 1995, p. 31), it has become ever more difficult to maintain a view of childhood as an innocent and untroubled time, and the family as a pristine source of comfort and protection (Butler, 1995a, p. 79).

While abuse can be recognized, reported, and recorded at the time of its occurrence, a major source of information in recent years has been the recall of adults, many of whom have been in therapy at the time the recall was reported. However, at the same time that statistics regarding the frequency of occurrence of incest have begun to challenge culturally created and maintained doctrines that promote life in one's family of origin as the best alternative for children, information has begun to accumulate that questions the credibility of previously accepted research regarding the processes of human memory

(Butler, 1995b). In response to claims that memories of abuse can be retrieved many years after the original trauma, a movement sometimes referred to as a child abuse backlash (Finkelhor, 1994; Whitfield, 1995) has reportedly begun to take shape.

An Overview of the Issues Involved

While some experts insist that the incidence of sexual offenses against children is seriously underestimated (Herman, 1992; Rush, 1980), others argue that the recent proliferation of therapies designed to help people address unresolved childhood issues has actually increased the possibility that statistics regarding the incidence of sexual abuse are grossly overestimated. Following from this is the assertion that disclosures of sexual abuse frequently represent a jumble of fact and fiction that is the result of therapy gone mad (Ofshe & Watters, 1994; Pendergrast, 1995). Noting that critics have described legal prosecutions as hysterical witch-hunts against innocent victims, and child protection as a self-serving industry (Finkelhor, 1994, p. 4), child protection advocates claim that it is the moral defensibility of child protection that will ensure its survival (Myers, 1994a, p. 19). Rather than contributing to the resolution of differences, this position has resulted in an exacerbation of the hostility, suspicion, and disrespect that have characterized discussions regarding the issue of recovered memory. With each side asserting privilege over an apparently limited quantity of virtue, it has been suggested that the debate regarding the veracity of recovered memories of childhood sexual abuse has the potential to shake modern therapy to its very base (Fried, 1994, p. 154).

Although it has been pointed out that the denial of child abuse is a timeless phenomenon (Herman, 1992; Whitfield, 1995), and that movements associated with social problems have historically faced resistance (Finkelhor, 1994), it is also noted that

the success of efforts at such resistance and/or denial depends to a large extent on the type of support that can be garnered for it. Herein lies the significance of this debate.

Insisting that the successful resolution of traumatic events necessitates the retrieval of painful childhood memories, some authorities suggest methods and techniques designed to do just that (Fredrickson, 1992; Herman, 1992). Cautioning against the indiscriminate use of such techniques (Yapko, 1994), and frequently condemning them as irresponsible and even unethical, critics suggest that therapy has become a culture of victimization (Crews, 1994; Dineen, 1997; Loftus & Ketcham, 1994; Ofshe & Watters, 1994), the focus of which is to create a never ending supply of clients. In support of their position, opponents of recovered memory therapy point to the recent explosion of self help books, self help groups, and therapies that focus on healing the inner child, resolving childhood trauma, and coming to terms with the tragedies of one's past. Duped into believing they need therapy when it is therapy that needs them, unsuspecting clients are coerced by unscrupulous therapists into believing they were sexually victimized during childhood. Once programmed to see themselves as victims of sexual abuse, they are turned loose upon their helpless families. It is in this context, according to critics, that therapeutically fabricated stories of abuse do their most wicked work. Advocates of the recovered memory position however, argue that false memory allegations are an effective vehicle by which victims and those committed to helping them, are attacked and silenced once again.

At the root of this debate are the concepts of repression and dissociation, and the question of whether or not memories of abuse can be stored outside of consciousness to be retrieved many years later in uncontaminated form, often during the course of therapy. While it has been noted that supporters of this view sometimes complain that the truth is

misrepresented by research into memory that does not capture the essence of how such abuse impacts human development (Bowers & Farvolden, 1996a, p. 363), critics insist that repression is a bad joke with dire consequences for those gullible enough to believe in it. According to this perspective, so-called recovered memories of childhood abuse are both the proof and consequence of "trauma ideology run amok" (p. 363).

To support their argument, critics of recovered memory therapy refer to research that documents the intrusive and persistent nature of memories of traumatic events such as war, rape, and larger scale tragedies such as the Holocaust. Pointing out that an inability to forget is one of the chief difficulties associated with traumatic experience (Brown, 1995), critics state they do not take issue with disclosures of abuse that always have been remembered or spontaneously recovered (Lindsay, 1995). As expected, advocates of the recovered memory position paint a different picture. Claiming that a situation has developed in which treatment for sexual abuse is commonly referred to as "recovered memory therapy," supporters maintain that disclosures made during the course of therapy are automatically assumed to be the product of suggestive techniques (Courtois, 1995).

Further complicating this issue is a belief that most people can clearly distinguish between what is true and false (Bowers & Farvolden, 1996b). Although this belief is generally assumed to be valid, the reality is that issues frequently arise in which this distinction is not readily apparent. When attempts to establish the truth of problematic claims are made more difficult by virtue of the ambiguity of criteria used to evaluate them, it has been suggested that "the power of raw, subjective experience, rhetoric, and charisma often carry the day" (p. 386). The case of the debate regarding the validity of recovered memories of childhood abuse is just such a situation.

Although offered as if a legitimate psychiatric diagnosis, it has been pointed out that the term "false memory syndrome" is a creation of the False Memory Syndrome Foundation, rather than an accepted diagnostic category that has survived the rigors of scientific investigation (Whitfield, 1995). While an explicit definition of repressed memory therapy has yet to be developed (Bowman, 1996), it is a label that, as noted previously, is being used with increasing frequency to describe treatment concerned with the resolution of issues of historical abuse.

It has been pointed out that "strong language makes for gripping reading" (Myers, 1994b, p. 101), but it has also been noted that "criticism, repeated often enough is misleading" (p. 101). Gripping as they may be, the arguments presented to date appear to have resulted primarily in feelings of urgency, animosity, and righteous indignation within the professional communities involved. Given the increasingly strident tone of arguments generated by this issue (Whitfield, 1995) and the intensity of feelings typically associated with the issue of sexual abuse in general, it is understandable that concerned parents and some prominent professional figures have embraced the message of the False Memory Syndrome Foundation.

The False Memory Syndrome Foundation

Created in 1992 as a result of a family dispute regarding a disclosure of sexual abuse, the False Memory Syndrome Foundation (Butler,1995c; Fried, 1994; Whitfield, 1995) has become a major force in the debate regarding recovered memories of childhood trauma. A non-profit group, the Foundation's primary goals have been to assist parents who have been falsely accused of abuse by now grown children, as well as to educate the general public regarding the phenomenon of "false memory syndrome."

As noted by Peter Fried (1994) in his article entitled, "War of Remembrance," the False Memory Syndrome Foundation counts among its members more than 7,500 families, as well as professionals from within the field of mental health. Believing that the incidence and impact of abuse have been inflated by therapists, self-help manuals, and media coverage, members of the False Memory Syndrome Foundation apparently support co-founder Pamela Freyd's belief that accused families are victims of bad therapy, rather than members of a dysfunctional system (Fried, 1994).

From its humble origin as the by-product of a single family's tragic story, the False Memory Syndrome Foundation has become what has been described as "the most controversial institution in all of mental health" (Fried, 1994, p. 68). With a yearly budget estimated to be in excess of six hundred thousand dollars (Butler,1995c; Fried, 1994), meetings are held on a regular basis across Canada and the United States, with a newsletter published ten times per year. In addition, it has been estimated that more than three hundred articles regarding the issue of false memory were published in magazines and newspapers by the end of 1994 (Butler, 1995c).

While the Foundation's scientific advisory board includes many distinguished psychologists and psychiatrists, it has been pointed out that these people are primarily research and/or biologically oriented scholars, with little or no experience in the clinical treatment of incest (Butler,1995c). In spite of the absence of this critical component, a message has been delivered that implies strong scientific support for the position that delayed recollection of traumatic experiences is a rare event (1995c). With representation from the legal community becoming increasingly common at False Memory Syndrome Foundation events (1995c), and the number of recanted accusations of abuse on the rise,

it is not surprising to find concern mounting within the therapeutic community regarding the possibility of litigation arising from the treatment of sexual abuse and related issues.

The Present Thesis

While it has been acknowledged that criticism can be a helpful and necessary ingredient in the development of higher standards of work (Whitfield, 1995), irresponsible or uninformed criticism may result in the development of professional enmeshment and/or isolation. Although important to identify legitimate concerns regarding the treatment of abuse-related difficulties, maintaining an objective stance while engaged in this process is apparently not an easy task. Given the general lack of knowledge within the public sector regarding the complexities associated with the resolution of abuse-related issues, an intellectually responsible discussion of both sides of this debate is critical.

To this end, the contributions of four major participants in the recovered memory debate have been selected as the focus of this thesis. The views of pro-recovered memory and anti-recovered memory lobbyists will be presented. A summary and critique of one selection from each participant will be provided that focuses specifically on the position taken by each regarding sexual abuse, memory, therapy, and the opposition. Finally, an overview of issues related to the recovered memory debate, as well as their implications, will be discussed, and conclusions will be presented regarding the contributions of the four participants to the recovered memory debate.

CHAPTER TWO

JUDITH LEWIS HERMAN

Sexual Abuse

Referring to studies indicating that between fifty to sixty percent of psychiatric inpatients and forty to seventy percent of outpatients report having experienced sexual and/or physical abuse in childhood (Herman, 1992, p. 122), Herman suggests that child abuse is one of the primary factors determining the need for therapy in later life. According to this view, traumatic events taking place over a prolonged period of time result in a form of post traumatic stress that assaults the developing personality, and results in a loss of one's sense of self. Presenting with a wide range of symptoms, the most striking feature of adults seeking therapy for issues arising from historical abuse is, in fact, the number of symptoms presented.

According to Herman, sexual abuse and other forms of chronic childhood trauma (i.e. ongoing trauma) take place in an atmosphere of terror where total control is maintained through violence, threats of harm, and the enforcement of petty rules. Intermittently occurring positive reinforcement, coupled with the destruction of competing relationships, serves to strengthen feelings of isolation typically experienced by children living under such conditions. In an effort to preserve the abuse secret, the social life of such families is extremely limited as a way to maintain the appearance of normalcy and retain control. The arbitrary exercise of parental power results in a situation where rules are inconsistently enforced and fairness is of little concern. According to Herman, the most frightening aspect of abuse however, is its unpredictability.

In an attempt to survive, children first try to avoid problems. When unable to do so, children then attempt to placate their abusers. High levels of autonomic arousal coupled with the desire to blend into one's surroundings lead to what has been described as a "seething state of 'frozen watchfulness' " (Herman, 1992, p. 100). In order to adapt to an abusive environment, children must develop a hypervigilant posture that enables an automatic response to danger. In Herman's opinion this ability is, for the most part, unconscious and by necessity, finely tuned. As awareness grows regarding the inevitability of abuse, children eventually assume a stance of surrender and, believing resistance to be futile, are motivated to comply with the demands placed upon them by the hostile environment in which they must live. In a desperate bid to control an inescapable situation, their efforts become focused on pleasing those with the power to cause harm.

Since, according to Herman, personality development is based on the strength and quality of the child's attachment to caregivers, the development of a positive sense of self is influenced, in large measure, by the fair and compassionate use of power by significant others. Additionally, the successful resolution of important developmental and existential tasks is seriously compromised when, of necessity, the child's priority becomes survival versus growth. In an attempt to maintain hope, derive meaning, or believe in the benevolence of caregivers, chronically abused children must develop an explanation for the abuse that allows their parents to remain free of blame or responsibility. This is most commonly accomplished when children conclude that it is their own fault that they are treated badly. In this way, the illusion of one's parents as nurturing can be maintained. In addition, the child is comforted by the thought that if enough effort is made on his or her part, the situation can be reversed and the good parent will return.

Once the perception of oneself as bad becomes a key component of the personality structure, this view persists into adulthood. Although a negative perception of self may be manifested in a multitude of ways, it is not unusual to see adults, abused as children, desperately trying to conceal their self-identified flaws with exceptional performance. Experiencing themselves as inauthentic, they must nevertheless present an image of themselves as outstanding, in order to be accepted. This creates a problematic double bind however, since, knowing the "truth" about themselves, they are unable to internalize the recognition offered by others. In this way, beliefs about rejection and authenticity are perpetuated.

Not surprisingly, the attachments that develop between children and their abusers is pathological in nature. Attempting to preserve the relationship at all costs, children have no choice but to deny the reality of their situation. Perceiving the adults in their lives as unsafe and/or unwilling to offer protection, children may develop a perception of authority figures as indifferent, at best, and as colluding, at worst. As pointed out by Herman, it is not unusual to find that children resent abandonment by non-involved caretakers more than the abuse itself. This may help to explain the fact that, in adulthood, a complex relationship may develop between victim and offender.

According to Herman, the defining feature of trauma is it's power to overwhelm the child's ability to adapt. Under normal conditions, appropriate reactions to danger involve a complicated set of reactions that consist of physical as well as mental responses. Traumatic events, on the other hand, destroy the child's sense of control, connection, and meaning, and may result in a drive to unconsciously reenact some important piece of the trauma at a later time. Noting that this phenomena is commonly referred to as "intrusion," Herman states that, although an honest attempt to integrate the traumatic

experience, this tendency may, in fact, result in further victimization. However, while pointing out that the risk of being raped and battered is approximately double for those who have been sexually abused in childhood, Herman also notes that reenactment does not always result in a negative outcome.

Occasionally, according to Herman, people abused in childhood are able to integrate the experience into their lives in controlled and socially useful ways. More commonly however, a dissociative relational style develops that results in a tendency to ignore or minimize cues that would normally indicate danger. In addition, it is not uncommon to find that as adults, women traumatized as children demonstrate difficulty in regulating their emotions and behavior. Comparing this to the experience of male combat veterans, Herman notes that, unlike men, women are faced with the additional challenge of interacting with others in a culture that does not support either female withdrawal, or the expression of negative emotion (Herman, 1992, p. 65).

According to Herman's perspective, the tragic human consequence of abuse is an adult who, because of a desperate need to be cared for and nurtured, experiences tremendous difficulty setting safe and appropriate boundaries in interpersonal relationships. With a firmly established tendency to idealize others while devaluing the self, adults abused as children frequently assume a compliant and obedient position that renders them particularly vulnerable when interacting with people in positions of power and authority.

Memory

Describing normal memory as "the action of telling a story," Herman (1992, p. 175) notes that, unlike ordinary recollections, traumatic memories have a wordless,

stereotypical quality that does not proceed forward in time, convey emotion, or offer interpretations of events. Remaining unassimilated, traumatic memories are encoded in a different way from normal memories and resemble a collection of contextually-deprived still life photos. Consisting primarily of vivid images and body sensations that, given the absence of a meaningful context, assume a heightened reality, initial accounts of such memories are likely to be repetitious and devoid of emotion.

Pointing out that traumatic memories resemble the memories of young children in their focus on imagery and body sensations, Herman notes that chronic childhood trauma results in the development of altered states of consciousness, and an alteration in the relationship between mind and body. Preferring to deny the reality of abuse, children use various psychological defenses to either remove it from awareness, minimize, rationalize, or excuse it. Through the use of denial, suppression and/or dissociation, children are able to internally alter their realities.

Noting the absence of a term that adequately conceptualizes the conscious and unconscious processes involved in the dissociation, suppression, minimization and denial of abuse, Herman refers to the Orwellian term "doublethink" to underline the complexity of the mental maneuvers that make it possible to simultaneously entertain two opposing views (Herman, 1992, p. 87). Following the alteration of consciousness, somatic and psychological symptoms appear that, in Herman's view, are a way to communicate "secrets too terrible for words" (p. 96).

While the ability to enter trance and dissociative states is normally higher in children than adults, Herman advises that research indicates dissociative ability is more highly developed in abused than nonabused children. Additionally, a positive correlation has

been found to exist between severity of abuse and dissociative ability. Noting that the biological factors involved in the alteration of consciousness remain a mystery, Herman (1992, p. 44) refers to Hilgard (1977), who has postulated that hypnosis and morphine may act in similar ways to create a dissociative state in which the perception of and emotional response to pain are disconnected. In this way, the emotional experience of pain is made tolerable, while the sensation of pain remains unchanged.

According to Herman (1992, p. 44), this is similar to the hypothesis offered by Pitman and Vanderkolk (1990) that traumatic events may serve to alter the regulation of endogenous opioids within the central nervous system. Accepting the suggestion that excessive arousal of the autonomic nervous system may inactivate the linguistic encoding of memory. Herman points out that this is believed to create a situation in which the central nervous system reverts to the sensory forms of memory that are predominant in early childhood (Herman, 1992, p. 39). In support of this position, Herman notes that experiments with animals have led to speculation regarding the existence of a connection between high levels of adrenaline and other stress hormones, and the imprinting of memories.

Identifying hyperarousal, intrusion, and constriction as the main categories of traumatic memory, Herman notes specific symptoms associated with each. Hyperarousal, best conceptualized as a response to the persistent expectation of danger, represents the development and utilization of exceptional risk-assessment skills. Intrusion phenomena, described as spontaneous attempts to integrate traumatic material, include flashbacks, nightmares, and reenactments. In addition to the feeling that time has stood still since the moment of trauma, intrusionary symptoms may persist for many years. Regardless of whether or not they appear during sleep or waking states, the memories associated with

these phenomena appear, from Herman's perspective, to be based on altered neurophysiological organization (Herman, 1992, p. 39).

Constriction, or the numbing response of surrender, has, at its core, altered states of consciousness. While traumatic events may trigger feelings of terror and rage, it is not uncommon to find a state of detached calm where terror, rage, and pain are dissolved. As Herman notes, it is as if events have been disconnected from their ordinary meanings and perceptions are numbed and distorted. Additionally, partial anesthesia or loss of specific sensations have been reported. Associated with an altered sense of time, individuals may experience a sense of slow motion, of being outside their bodies, or watching a bad dream. In Herman's opinion, these detached states of consciousness are similar to hypnotic trance states where conscious control over one's actions is surrendered, initiative and/or critical judgment may be suspended, and the perception of imagery is enhanced. While symptoms related to heightened perception are similar to hypnotic absorption, the experience of numbing more closely resembles hypnotic dissociation.

Subscribing to the beliefs that constriction is a protection against the awareness of painful memories, and that it may result in post traumatic amnesia, Herman suggests that hypnosis may be useful in the recovery of detailed information regarding dissociated events (Herman, 1992, p. 45). Additionally, Herman (p. 45) notes the hypothesis offered by Kardiner and Spiegel (1947) that traumatic memories are prevented from entering consciousness, except as fragments that appear as intrusive symptoms. Noting that constrictive symptoms apply to thought, memory, and state of consciousness, Herman suggests as well, that the entire field of purposeful action and initiative is affected by constriction.

From Herman's perspective, the tragedy of constriction is that, while initiated in an attempt to control fear and create a sense of safety, individuals become less and less able to either anticipate the future or plan for it. Retreating into a solitary inner life where psychological functions are suppressed and feelings of isolation increase, Herman describes such people as "reduced to living in an endless present" (Herman, 1992, p. 89). The sad end result, according to Herman, is that once constriction has taken hold, the "future" consists of only the next few hours or days.

In addition to Complex Post Traumatic Stress Disorder which may include amnesia and/or hypermnesia for traumatic events, dissociative episodes, depersonalization and derealization experiences, and intrusive symptoms, chronic early abuse may also result in the formation of separate personality fragments that have their own names, psychological functions, and hidden memories. While most abused individuals demonstrate at least some capacity to enter trance states, a significant minority are highly skilled in the use of dissociative processes and may demonstrate an impressive ability to ignore pain, hide memories in complex amnesias, alter their sense of time, and induce hallucinations and/or possession states (Herman, 1992, p. 102).

While initial experiences of altered states of consciousness may be the result of purposeful action, the dissociative process frequently becomes automatic and feels involuntary. In this case, dissociation has become a fundamental principle of personality organization that makes it possible to cope with chronic, severe abuse. By keeping incidents of abuse, as well as the strategies used to deal with them, outside of conscious awareness, individuals reach adulthood with their secrets intact, but with resolution of developmental tasks severely limited.

Referring to the completion principle postulated by Horowitz (1986), Herman (1992, p. 41) agrees that traumatic events, shattering the inner schemata of oneself and the world, result in the accumulation of unassimilated information. Stored in a special kind of active memory, this material is repeatedly replayed until a new mental schema is developed that enables understanding of the event. In support of this position, Herman points out that adults abused as children seem doomed to relive their traumatic experiences in memory as well as daily life until they can be resolved by way of this assimilation process.

Therapy

In Herman's opinion, it is not unusual to find that neither therapist nor client recognize the relationship between the presenting problems and the earlier abuse. Many therapists, according to Herman, place greater emphasis on the disturbed relational style of the client than on the original experience of trauma. Consequently, such clients are frequently misdiagnosed and/or mistreated by the mental health system. Vulnerable to revictimization by caregivers, clients may experience therapy as a replication of the abusive events that took place in their families of origin.

Closely related to this issue is the fact that clients frequently receive multiple diagnoses before the underlying problem is identified. Lacking an accurate or comprehensive diagnostic framework for abuse-related issues, treatment is dependent upon matching clients to existing diagnostic categories. This, according to Herman, results too frequently in an incomplete understanding of the client's dilemma. At best, the result is a fragmented approach to treatment. At worst, diagnostic inadequacies and treatment failures are blamed on the client whose credibility and motivation are then called into question.

Concerned with finding a solution to this situation, Herman proposes the term Complex Post Traumatic Stress Disorder (Herman, 1992, p. 119) as a way to conceptualize the syndrome resulting from prolonged trauma. In Herman's opinion, responses to traumatic events should be placed on a continuum rather than conceptualized as a single disorder. From this perspective, brief, or self correcting stress reactions, and Simple and Complex Post Traumatic Stress Disorders, would be found at different locations along the continuum. In addition to enhancing treatment design and efficacy, Herman points out that this change would allow clients to develop a better understanding of the relationship between their childhood experiences and current difficulties. Once freed from the perception of themselves as defective, clients could enter therapy with a more positive outlook, and greater ability to create a new and stronger self.

Although acknowledging the therapeutic relationship as only one of many in the client's life, and not necessarily even the best one in which recovery takes place, Herman devotes considerable time to the discussion of therapeutic issues. From Herman's perspective, the first principle of recovery is empowerment of the client (Herman, 1992, p. 133). Unless clients pose a significant risk to themselves or others, Herman is adamant that the therapeutic process must be collaborative. Therapists must appreciate the value of persuasion over coercion, ideas over force, and mutuality over authoritarian control. Given that these are the beliefs that were shattered by the original abuse, this is a particularly salient issue. Noting that difficulties in establishing a therapeutic alliance are to be expected, Herman cautions against negative reactions on the part of the therapist. Suggesting that therapy will involve repeated testing, disruption, and rebuilding of the relationship, Herman points out that clients cannot afford to be tolerant of difficulties arising from human error.

Consequently, Herman suggests that therapists devote considerable attention to clarification of the goals, rules, and boundaries of the therapeutic contract. Included in this contract should be an explicit statement that both client and therapist will keep appointments, that the therapist's knowledge and skill will be put to use on the client's behalf, that confidentiality will prevail, and that a fee will be paid for treatment. Additionally, therapists agree to listen and bear witness to clients' stories. Along with the tasks of increasing insight and creating an empathic connection with the client, therapists must also emphasize the importance of full disclosure and truth-telling.

Noting that difficulties are to be expected with respect to the development and maintenance of trust when clients have experienced severe abuse, Herman advises against conceptualizing trust as an all or nothing issue. Instead, she suggests that the establishment of trust be perceived as part of an ongoing and evolving process. Pointing out that one of the most effective ways to avoid difficulties in the therapeutic relationship is to clarify its boundaries, Herman stresses the importance of ensuring that clients understand the extent to which the therapists will be available, that both parties perceive these limits to be clear and reasonable, and that any other type of relationship between therapists and clients is forbidden. Noting, however, the importance of flexibility as well as clarity, Herman advises that, on occasion, the rules of therapy may need to be suspended in order for treatment to be effective. Citing the example of a client's request for a photograph of the therapist, Herman cautions that, in spite of the photograph's positive function as a transitional object, the meaning of any such deviations should be fully explored with the client. Clients, according to Herman, should understand any flexibility in boundaries as a useful component of treatment rather than "a seductive boundary violation" (Herman, 1992, p. 150).

Recommending that therapists establish a professional support system for themselves, Herman suggests a safe, structured, and regular forum in which clinical work may be reviewed by peers and/or supervisors. In such a group, participants should feel free to express their emotional reactions, as well as any concerns they may have regarding the technical and intellectual aspects of trauma work. The primary purpose of such groups is to remind therapists not just about the importance of setting reasonable limits, but also about the value of self-care.

According to Herman, the therapeutic relationship is unique in several ways. Since the purpose of the relationship is the client's recovery, the therapist must act as an ally. In return, the client agrees to participate in a relationship with a therapist who has both higher status and greater power. The exercise of power, however, must always be done with the client's best interests in mind. Clients must be encouraged to act autonomously, and respect for their life decisions must prevail. Cautioning against the temptation to oversimplify the process, Herman advises that while the therapeutic journey will be different for each client, similarities should also be evident. Since, according to Herman, treatment consists of three stages, it should be possible to recognize the shift from danger to safety, from dissociated trauma to memory, and from isolation to social connection (Herman, 1992, p. 155).

Pointing out that the usual approach to the resolution of trauma is crisis intervention work, Herman advises that this perspective perceives recovery to be complete when the most obvious and acute symptoms have abated. Herman, however, believes this to be just the first step in a frequently long and arduous process. Cautioning against moving too quickly, Herman defines the primary task of stage one as restoring power and control to the client. Depending on the nature of the abuse, this may take anywhere from a period

of several days to several years to achieve. Interventions utilized in this stage may include the use of medication to reduce hyperarousal and reactivity, behavioral techniques to manage stress, and cognitive behavioral strategies to address symptoms and develop more adaptive responses. Feelings of isolation are addressed through the use of interpersonal interventions.

Beginning with interventions designed to re-establish control at the most basic level, that of the body, issues related to basic health are addressed. A focus on sleep, nutrition, exercise, and the management of self-destructive behavior is followed by a gradual shift towards environmental control. This work may involve meetings with family members for the purpose of sharing information regarding post traumatic stress, and vicarious traumatization. Given the impact of abuse, the tasks of stage one involve the restoration of ego functions and the encouragement of initiative and, according to Herman, are both the most difficult and time consuming to achieve. Gradually, feeling less isolated and more confident in their ability to protect themselves, clients eventually are ready to move to the second stage. However, as Herman notes, the creation of a safe environment may require clients to make difficult choices that result in painful losses.

The tasks of stage two, or what Herman refers to as "Remembrance and Mourning" (Herman, 1992, p. 175), center around confrontation of the past. According to Herman, this stage of treatment "places great demands on the courage of both patient and therapist" (p. 175). As the client attempts to recover memories of the abuse, the therapeutic alliance must be secure, with both parties in agreement regarding the work that is to be done. From Herman's perspective, the goal of this stage is completion of the trauma story. Given that initial attempts may have resulted in an incomplete narrative, Herman suggests that clients be encouraged to verbalize their stories since this makes it easier for them to

believe what they are saying. Cautioning against the need for certainty, Herman stresses that it is essential to maintain an open and curious attitude regarding the details of this narrative. Additionally, Herman notes that it is not the therapist's responsibility to discover the "facts," or undertake to reconstruct the details of the trauma as if a criminal investigator. Rather, the therapist should assume the supportive role of witness.

According to Herman, the primary goal of reconstruction is the integration of the traumatic experience. Although clients who have experienced prolonged abuse may find it more difficult to construct a trauma narrative, Herman advises that it is not difficult to break through the amnestic barriers. The hard part, from Herman's point of view, is dealing with the sometimes overwhelming flow of information, the reality of just what it all means, and the integration of this material into the ongoing life story. Likening the memory retrieval process to working on a difficult puzzle (Herman, 1992, p. 184), Herman suggests beginning the process with an exploration of existing memories and their associated emotions. Although Herman states that this is usually sufficient in order to access lost memories, techniques such as exploring the client's reactions to holidays and special occasions, looking at photographs, creating a family tree, visiting places from the past, and examining flashbacks and nightmares are also suggested.

Should amnesia persist, hypnotherapy may be used, although Herman points out that this requires careful planning and skill, as well as time set aside for integration of the recovered material. Noting that revenge fantasies frequently resemble the client's original experience, Herman views these phenomenon as a valuable source of information about the nature of the traumatic event. Other methods recommended include group therapy, psychodrama, and the use of drugs such as sodium amytal. Regardless of the methods used however, Herman stresses that control of the process must always be with the client.

The final stage, or "Reconnection" (Herman, 1992, p. 196), involves the task of creating a new future. In this stage, treatment focuses on the development of initiative. Once accomplished, the work of this stage results in a feeling of being reconnected to the world. Although issues presented initially in stage one may need to be addressed again in this stage, Herman points out that this time clients are ready and willing to assume a proactive stance. Ready to make use of the information learned as a result of the traumatic experience, clients are now able to examine those aspects of themselves that have rendered them vulnerable to exploitation in the past. But, cautioning against even subtle implications that the client somehow encouraged or invited the abuse, Herman stresses that work in this area must be undertaken only when it has been clearly established that the perpetrator bears sole responsibility for the abuse.

At this stage, clients may wish to disclose the fact of the abuse more publicly, confront family members, and/or challenge the indifference of bystanders. According to Herman, this kind of action results in a sense of empowerment when properly planned and timed. Additionally, clients must be helped to understand and be open to the possibility that disclosures and/or confrontations regarding the abuse may not be well received by those closest to them. Consequently, clients must be able to accept the outcomes of their actions, whatever they may be. In taking responsibility for planning a confrontation or disclosure session, clients must be clear about the rules they wish to see followed during the meeting, as well as how much information they wish to share, and with whom.

According to Herman, each client must find a way to reconnect with the wider community in order for healing to be complete. Pointing out that those who recover most successfully are those who are able to see the larger meaning of their experience, Herman

suggests that this is most effectively accomplished through participation in social action. While some clients may prefer to explore the religious and political dimensions of their experience, others choose legal action as a way to battle the impact of abuse. However, Herman warns again that the outcome of legal action may not always be positive and that clients must be prepared for this possibility. Recovery, according to Herman, must not be based on the belief that evil has been defeated, "but rather on the knowledge that it has not entirely prevailed" (Herman, 1992, p. 211). As a result, when clients become involved in social reform activities, it is Herman's belief that they contribute to the creation of a "living monument" against abuse (p. 73).

Another avenue that may be pursued in the quest for reconnection, is participation in survivor groups. According to Herman, this component of treatment is one of the most effective ways to guard against the terror and despair associated with certain aspects of the recovery process. In addition to the possibility of developing mutually rewarding relationships with other members, groups offer an opportunity for collective empowerment (Herman, 1992, p. 216). However, cautioning that the power of groups to cause injury is at least as great as their promise of recovery, Herman notes the importance of ensuring that power is not misused by leaders and that interpersonal conflicts are not allowed to replicate the dynamics of the original trauma.

Addressing this issue, Herman recommends that leaders as well as members possess a sense of what is to be accomplished. Additionally, the necessary structure must be established, and safety measures must be in place if retraumatization is to be prevented. Given the variation in client needs, Herman suggests that group work be organized according to the same three stages that inform the overall treatment process.

As in the first stage of individual treatment, the focus of stage one groups is on establishing personal safety. Operating from the principle of one day at a time, the work conducted in these groups is primarily educational. Members are given information about traumatic syndromes, symptom patterns, techniques focusing on self-protection and care, and the development of strengths and coping abilities. Leadership rotates amongst interested members, the group is generally open to new members, and there is no obligation to attend on a regular basis. Confrontation does not fall within the mandate of a stage one group, and the privacy of members is respected.

The tasks of stage two groups, on the other hand, revolve around coming to terms with the past. Attention is centered on the traumatic events experienced by members and the group acts as a catalyst for reconstruction of each member's trauma story. Members are assisted in expanding their stories, and the group acts as a source of emotional support during the mourning process that follows (Herman, 1992, p. 221). According to Herman, this type of group should be highly structured. The focus of the group should be on uncovering details of the traumatic experience, and leaders must be active and well prepared. In addition to understanding uncovering work as the group task, members must demonstrate a high degree of commitment to achieving it. Suggesting that stage two groups be time limited, Herman points out that this serves to clarify the boundaries from within which each member's goals may be addressed. These goals, according to Herman, are most frequently described as recovering new memories, and/or sharing what is currently known about the trauma story.

Given the intensity of work in stage two, Herman recommends that the leadership role be shared between two highly trained facilitators who are responsible for encouraging members to share their stories, ensuring that the amount of conflict within

the group is manageable, and providing an opportunity for each member to be heard. Contrary to the stage one group, new members are not permitted to join once the group has begun, and there is an expectation that members will attend each meeting. Acceptance into the group is based on an assessment of each member's motivation and readiness. This, according to Herman, is determined by the extent to which safety and self care are in place, the degree to which traumatic symptoms are managed effectively, the existence of other forms of social support, and the extent to which the daily circumstances of prospective members make participation possible.

Noting that "the group provides a powerful stimulus for the recovery of traumatic memories" (Herman, 1992, p. 224), Herman advises that with very few exceptions, members whose goals include the recovery of new memories, are able to do so. In fact, according to Herman, it is frequently the case that memories return too quickly, an outcome that makes it important to monitor the process to ensure that members are not overwhelmed. Although Herman notes that members frequently report a deterioration in personal relationships following the termination of stage two groups, she advises that this outcome is expectable once members begin to see themselves and others differently.

The stage three group has as its goal, the reintroduction and reconnection of members with their communities, and the focus of work is primarily interpersonal. Consequently, there are more options available regarding the content domain of the group. While some groups may be concerned with specific trauma-related problems that make the development of satisfying relationships difficult, others may center around preparation for disclosure, post-traumatic sexual dysfunction, or social anxiety. As in stage two groups, participation is usually task oriented and time limited, with development and refinement of new skills supported by the group. As a result of Herman's belief that change takes

place when awareness is combined with action, the supportive function of the group is emphasized. In the accepting and supportive group environment, members are encouraged to develop more effective behavioral strategies, and provided with opportunities to practice newly acquired skills. Although the stage three group is not always time limited, or closed to new members, Herman notes that, whatever the format, participation in this type of group is generally experienced as a challenge by members who have typically felt left out of everyday human interactions.

From Herman's perspective, once reconnected, clients face only the task of living. Cautioning however, that recovery should never be considered complete because resolution of trauma is an ongoing process, Herman stresses the importance of educating clients about the possibility that symptoms may reappear during new developmental stages or stressful times. Without such information, according to Herman, clients frequently perceive later difficulties as evidence that treatment has failed or that they are beyond help. Overall, the best evidence of resolution, in Herman's opinion, is an ability to develop healthy relationships and enjoy life.

Approach to the Opposition

The opposition, from Herman's perspective, consists of all those within what she describes as our male dominated society, who fail to support trauma survivors in their recovery. Describing "Trauma and Recovery" (1992) as a book about restoring connections and identifying the similarities between apparently different forms of interpersonal violence, Herman advises that she expects this work to be controversial. Noting the tremendous pressure placed on Freud following his formulation of the seduction theory, Herman compares his dilemma to that of herself and other present day therapists who have accepted the challenge of working with survivors of trauma.

Stressing the importance of acknowledging that a traumatic event has taken place and the need to respond to its tragic consequences in a compassionate way, Herman notes that these reactions make it possible for survivors to take responsibility for themselves. But, in Herman's opinion, given the way that society is currently organized, there is little available to survivors by way of support. Dividing the world into those who support survivors and those who do not, Herman suggests that the moral corruption within the legal and mental health systems is the present day consequence of society's long tradition of denying the occurrence and impact of abuse. According to Herman, survivors must come to terms with the fact that, in addition to the negative reactions of family members and friends, they may also be treated unfairly or ineffectively by the professional community.

The legal system, in Herman's opinion, is typically antagonistic and hostile to victims. Under the guise of protecting the rights of the accused, this system, according to Herman, is designed to protect men from the greater power of the state, while expressing little concern for the welfare of women and children. As an example, Herman offers the issue of rape. Although theoretically a crime, Herman advises that victims enter the legal arena hoping for justice only to find that the physical violence of the rape has been replaced with psychological and verbal assault. All of this constitutes, from Herman's perspective, an experience of revictimization. With a lack of knowledge regarding trauma and its consequences, many professionals, according to Herman, are inclined to view clients' post-trauma difficulties as evidence of pre-existing pathology. As a result, treatment too frequently consists of matching clients to diagnostic categories that either hinder, or are irrelevant to, the recovery process.

Like their clients, therapists who have accepted the challenge of working with trauma are similarly stigmatized by colleagues who deny the pervasiveness of abuse. In addition to overcoming their own doubts, they must also find a way to survive attempts to discredit and silence them as they attempt to bear witness to their clients' pain. While Herman notes the difficulty of staying calm or seeing the bigger picture under such conditions, she suggests that the most difficult task of all is to risk talking about what has been seen.

According to Herman, the solution to this dilemma is the development of a political movement that has the power to validate research and put an end to denial. Those who have found the courage to speak must be supported and validated by caregivers and colleagues, and the power to make a difference must be shared. Until that day, according to Herman, those of lesser courage will continue to be held hostage by evil, seduced by the promise of immunity and, in the short term at least, profitting from their willingness to look the other way.

Critique

Assuming a decidedly moralistic stance in her discussion of traumatic events, their consequences, and treatment, Herman stresses the importance of placing oneself on one side or the other in the war against abuse. Suggesting in a less than subtle manner, that one side is distinctly preferable to the other, Herman admonishes bystanders to align themselves with the victim, chastising those who do not for having taken the easy way out. In adopting this position, however, Herman overlooks the fact that some bystanders, dealing with their own unresolved issues, may not be functioning at a level that makes the choice and/or action advocated by Herman, possible - a surprising oversight on Herman's part given her beliefs regarding the prevalence and impact of abuse.

Although acknowledging that the issue of believability is a problem that has been consistently associated with the study of psychological trauma, the moralistic dissertation offered by Herman regarding the human capacity for evil, does little to address or resolve this dilemma. Referring to skepticism as rationalization and/or denial, Herman, rather than acknowledging the prudence and possible legitimacy of such concerns, relies on historical examples of atrocity to promote her personal view of morally correct attitudes, perceptions, and behaviors. Apparently unconcerned by the possibility that she has ignored, overlooked, or rejected information that contradicts her position, Herman furthers the believability argument by drawing a parallel between attacks on the credibility of patients and those against the credibility of therapists. Briefly, Herman's position can be summed up in the following way: (1) disclosures of abuse are difficult to make, to listen to, and to believe; (2) disclosing, listening and believing are important; (3) people who can do such difficult things are good people; (4) people who cannot do such difficult things, enable abusers; (5) people who enable abusers are bad.

Herman's tendency towards extremism is evident in her views regarding the fundamental nature of men, and her assertions that men are at the root of all problems encountered by women and children. Focusing on differences, and ignoring similarities between men and women, Herman fuels what she refers to as the "war between the sexes" (Herman, 1992, p. 32). Although acknowledging that children of both genders are victimized, Herman overlooks the fact that all become adults who must come to terms with their victimization. By oversimplifying an extremely complex issue, Herman's obsession with gender-based power differentials neither explains the dynamics of abuse, nor adequately addresses the issues of male or female victims of abuse. Evidence of this is seen in Herman's treatment of female offenders. Asserting that abusive female behavior is the result of coercion by the more powerful male perpetrator, Herman

absolves women of responsibility for their actions and reinforces their powerlessness. While it may be that Herman's hypothesis regarding complicity may, in some cases, be valid, it is unlikely that coercion is responsible for such behavior in all cases in which it occurs.

In taking the position that men are monsters because society permits them to be, Herman contradicts her own views regarding traumatic reenactment. In spite of her observation that children of both genders are terrorized and disempowered during adolescence, and her awareness of the impact of such experiences on the development of identity and the process of individuation, Herman's compassion for male victims appears to dissipate rapidly past this period of their lives. Although suggestive of the possibility that she has lost sight of the fact that some men were once abused children, Herman's disregard for the process by which the "monster" is created, is disappointing. Randomly assigning men to the role of perpetrator or victim, as required by her argument, Herman, in her discussion of men and the violence of war, simultaneously refers to soldiers as "Rambo" (Herman, 1992, p. 58), and as victims in the "cult of war" (1992, p. 66). What Herman does not explain is the fact that not all men become "Rambo." If, as Herman suggests, this caricature represents the politically and societally sanctioned male persona, why do some men fail to embrace it?

In addition to her failure to explore these exceptions, other contradictions are seen in Herman's discussion of men in war who do not succumb to their rage. In explaining simply that such men perceive rage to be dangerous to their survival, Herman is apparently content with superficial explanations for behaviors that are, according to her own view of men, rather exceptional. Raising, rather than addressing questions regarding men and their propensity for violence, Herman does not explain how, in an army that

fostered atrocities, some men resisted expressing their hatred, and refused to participate in what Herman describes as "rape, torture, murder and mutilation of the dead" (Herman, 1992, p. 59). Pointing out, as well, that the men most devastated by war are those who participate in abusive violence, Herman contradicts her previously expressed views regarding the fundamental nature of men.

If, as Herman suggests, men are predisposed to commit random acts of violence, why would violence be a problem in the socially and politically sanctioned arena of war? Although acknowledging that the oscillation between rage and intolerance of any form of aggression is a source of much torment for male survivors of war, Herman's opinion regarding "male offenders," and her perception that men are enemies who are not to be trusted, remains unchanged. In spite of her acknowledgment that the impact of traumatic wartime experiences (i.e. nightmares and flashbacks) has been known to be problem for some World War II prisoners as much as forty years after being released from captivity, Herman notes that, in some cases, these men returned home to rejoin, or create families. By failing to more fully address the impact that their wartime experiences may have had on their subsequent ability to parent, Herman overlooks the possibility that the children of ex-soldiers may have felt the impact of their fathers' unresolved wartime experiences in a variety of ways. These experiences, perhaps internalized differently depending on the gender of the child, may have then impacted the next generation's beliefs regarding men, women, relationships, and parenting. Seen in this light, the propensity to abuse may be as much about learning, as it is about gender.

Describing rape as a crime designed to create psychological trauma, Herman again contradicts her beliefs regarding reenactment. If, in fact, men who rape are themselves, victims, the possibility exists that rape is a one-sided attempt to relieve the effects of

psychological trauma. Although expressing compassion for female survivors of trauma, Herman demonstrates a surprising lack of concern regarding men in the same position. Noting that traumatized people are more likely either to be victimized or to harm themselves, Herman points out that a small minority, who are "usually male" (Herman, 1992, p. 113), become perpetrators and reenact their childhood experiences. Again, having made the point that the majority of victims are female, Herman suggests that the minority who are male become perpetrators. As well as overlooking the importance of accurately reporting statistics, Herman apparently does not find it necessary to comment on that part of the "small minority" who are not men.

Unrestrained in her analysis of the "perpetrator," in spite of her acknowledgment that little is known about his mental life, Herman comments on his apparent "normality." Stressing that concepts associated with psychopathology fail to define or explain him, Herman again demonstrates a surprising lack of appreciation for the impact of traumatic events on both genders. In her failure to discuss the similarities between "perpetrator" behavior, and the symptoms manifested by traumatized women whose apparently pathological responses are reframed as attempts at survival, Herman's disturbing bias against male victims is once again revealed. Taking an approach that suggests that position on the victim/perpetrator scale depends primarily, or perhaps exclusively, on gender, Herman does not hold men accountable for their actions in ways that would motivate them to change. Rather, her portrayal of men as inherently abusive, and determined to exercise the privilege that their maleness affords them, serves only to reinforce the idea that conflict between the genders is inevitable.

Critical of the perpetrator's skill at binding the victim to himself through the use of intermittent rewards, Herman, dismisses other explanations for such behavior and

disregards her earlier observations regarding the shifting balance of power in abusive relationships. Although noting the perpetrator's claims that his previous behavior was a desperate attempt to prove his love, Herman takes the position that it is the victim who is dependent. This perspective, ignoring the possibility that, given his need for respect and admiration, the perpetrator is also dependent on his victim, is perhaps more concerned with the issue of relative harm. In this case, however, relative harm must be acknowledged as a subjective evaluation made by Herman, rather than an objective statement of fact.

With respect to the issue of memory, Herman, identifying similarities in the theories suggested by researchers, suggests that such theoretical convergence proves their accuracy. Apparently unaware of the implications of referring to Charcot's patients as "star performers," who achieved "something close to fame" (Herman, 1992, p. 10), Herman also notes that Charcot's followers tried to surpass his work by demonstrating the cause of hysteria, at times from a position of intense rivalry (p. 11). Failing to address the impact of such competition on the methodology used and/or the results obtained, Herman reports, as well, that after meetings with patients that lasted for hours, case studies were compiled that represented a collaboration between doctor and patient. However, whether these meetings were experienced by the patients, themselves, as collaborative, or in their best interests, may be another matter.

Although an advocate of the hypothesis that traumatic memory is processed differently than normal memory, Herman acknowledges that more work is necessary to support this position. Noting the enigmatic nature of the biological factors underlying hypnotic trance and traumatic dissociation, Herman suggests that post-traumatic amnesia is the result of constriction in the field of consciousness, and alludes to a process by

which painful memories are split from ordinary awareness. Implying that conscious control may be exerted over this process, this perspective is compatible with her views that the constrictive process does not always result in complete amnesia and that voluntary suppression of thoughts of trauma is common. Questions that Herman does not ask, which might shed light on this process, are: at what level of consciousness does this split occur, and how can this process be made explicit so as to avoid contamination while searching for missing information.

Warning therapists in advance that attitudes such as skepticism, minimization or rationalization, disgust, contempt, or fear are indicators that they are suffering from identification with the perpetrator (Herman, 1992, p. 145), Herman encourages therapists to deny their own internal experiences, and squelch any skepticism, doubt, or fear that may, in fact, be legitimate. Placing much weight on the character of traumatic events, Herman takes the position that traumatic events are always experienced as devastating, and that following a traumatic experience, the pre-trauma identity is destroyed. Representing a failure to consider the possibly different impact of the same event at different ages or developmental stages, this perspective contradicts Herman's later proselytizing regarding the strength and resilience of the human spirit.

Advising that the most useful therapeutic stance is one that is neutral, disinterested, and focused on the needs of the patient rather than the therapist, Herman describes the therapeutic process as a constant battle against "the intense pressures of traumatic transference and countertransference" (Herman, 1992, p. 143). Although it is difficult to imagine how a neutral and disinterested attitude can develop in the context of a battleground, even more important questions are raised regarding the impact on therapist, client, and treatment, when such a struggle is anticipated before therapy even begins. In

an attempt to legitimize the grueling process that she advocates to elicit the terrible truth, Herman notes Freud's comparison of his own work with that of religious inquisitors, apparently unconcerned by the fact that an agonizing retrieval process may affect the veracity of the information retrieved.

Identifying empowerment as the most basic rule of therapy, and the development of autonomy as its primary goal, Herman does acknowledge that the therapeutic relationship is just one of many in the patient's life. However, in spite of her stated commitment to the principles of empowerment and autonomy, Herman consistently encourages the development of therapeutic mind sets and techniques that have the potential to erode both. As elsewhere in "Trauma and Recovery," contradictions abound in Herman's discussion of treatment issues.

Advising against reacting to the impaired relational styles of clients, Herman instead coaches therapists to focus on unearthing the traumatic memories that continue to elude and torment their unsuspecting clients. Stressing that women cannot disclose abuse that is forgotten, minimized, rationalized, or excused, Herman takes the position that searching for hidden trauma is justified whenever trauma-based symptoms exist. She does not, however, address concerns regarding the tendency of therapists to see abuse in every symptom. Instead, Herman stresses the importance of truth-telling, implying that this can be achieved, if not immediately, over a longer period of time. While it is reasonable to assume that clients will offer more details regarding their traumatic experience as trust and safety develop in the therapeutic relationship, it is not reasonable to assume that details unearthed by therapists who believe it is their duty to find abuse will accurately reflect the client's past experience. The question still remains, does

therapeutic excavation of the past yield the truth, or some by-product of therapist expectation and client compliance.

Presenting a solid discussion of the issues involved in the first stage of her three stage recovery process, Herman stresses the importance of conducting a thorough and informed diagnostic evaluation, and recommends a comprehensive treatment approach. Contrary to her cautions against rushing through the first stage of therapy, however, Herman insists that clients be told that they are suffering from post traumatic stress or a dissociative disorder, in spite of her belief that these diagnoses will most likely be rejected. According to Herman, such resistance is simply a matter of pride. This approach, overlooking the potentially negative consequences of urging clients to accept premature, incongruent, or perhaps even erroneous interpretations of their experience, also represents a surprising departure from Herman's belief that clients must define their own reality.

In a similar vein, Herman stresses the importance of labeling events correctly. Advising against the temptation to mince words, Herman urges therapists to call rape by its name so that clients may correctly identify their experience. Although it is possible that some clients may respond positively to such a technique, perhaps even feeling relief at hearing someone say a word they cannot bring themselves to verbalize, others may not. In failing to address the needs of those clients who reject the labels imposed upon their experience by others, Herman misses the point that if clients are to be truly autonomous, the labels they choose for their experience must be respected, regardless of what others think they should be.

Problematic, as well, is Herman's discussion of memory work that focuses primarily on the recovery of memories that have been forgotten, or repressed, for long periods of the client's life. At the same time that Herman stresses the role of empowerment in the therapeutic process, therapeutic work is advocated that may result in the creation of a false history, and severe problems, as clients attempt to integrate possibly inaccurate memories into their present realities. Advising that clients will experience functional difficulties during this stage of therapy, Herman appears confident that any problems that arise can be monitored and contained. Given the tendency of the reconstructed past to take on a life of its own once created, however, Herman's confidence may be unwarranted. Although the recommendation that traumatic events should be reconstructed as recitations of fact may be appropriate for recent trauma, this approach may be dangerous when the client's issues revolve around chronic, prolonged trauma that may have occurred in the earliest years of life. Apparently not appreciating the need to discuss the risks of this approach, Herman instead suggests that the story of the trauma be reconstructed in its entirety. This position contradicts her belief that the trauma story will never be complete, and that new memories will come forward from time to time.

Acknowledging that clients are frequently the last people to know that they were abused, Herman points out that a considerable amount of denial takes place in the process of integrating recovered memories into the life story. While it is possible that denial is what is taking place, an alternative hypothesis is that clients are demonstrating greater comfort with ambiguity than are their therapists. Although stressing the importance of living with uncertainty, Herman also promotes truth seeking as an essential feature of trauma therapy. At the same time that therapists are cautioned against making assumptions regarding the facts of the traumatic event and its meaning to the client, they are directed to search for information that will make a difference in recovery -

information that Herman warns will initially be rejected by the client. In addition to the double binds inherent in such statements, questions arise regarding the validity and legitimacy of work based on disclosures that cannot be substantiated, or later prove to be inaccurate. In spite of the disclaimer that reconstruction of the trauma story is not a criminal investigation, therapeutic interventions designed to address issues arising from memories that have been created to satisfy a therapeutic hypothesis do not represent sound therapeutic practice.

Describing the therapist's role as that of open-minded, compassionate witness, Herman does not explain how this is achieved in conjunction with a therapeutic task that requires searching for the presumed truth of the past, creating a story that incorporates this unearthed truth, and encouraging clients to tell this story repeatedly until they can believe it themselves. Although acknowledging that clients will frequently find themselves in conflict with important people in their lives during the reconstruction process, Herman suggests that the affirming therapeutic relationship, based as it is on the moral solidarity of therapist and client, will make up for any losses in this area. While perhaps an indication of willingness to accept responsibility for some of the problems therapy may be creating in the client's life, Herman ignores the fact that clients and therapists go home to their respective families, not to one another. Consequently, it is the client who takes the most significant risks.

Referring to the third stage of therapy as the time in which confrontations with offenders and family members are best arranged, Herman asserts that negative reactions on the part of family members indicate denial, as well as proof that the reconstruction is accurate. Apparently oblivious to the impact of telling one's story to an appreciative audience over and over again in the context of deteriorating personal relationships,

Herman shows little concern for those people in the client's life who will become targets for the anger that has been building alongside reconstruction of the trauma narrative. In the midst of such confusion, clients are encouraged to integrate memories that they could not initially believe, into a reality that may be worse than when they entered therapy. According to Herman, by confronting those they hold responsible for their pain, clients will be able to let go of the shame and humiliation they felt at having discovered terrible things about themselves and their lives, and they will experience a restoration of their dignity and virtue. Untroubled by exceptions to this idealized therapeutic picture, Herman points out that when therapy seems to have been ineffective, it is probably just incomplete.

Warning that the degree to which healing from trauma occurs depends on assistance from the wider community, as well as on public acknowledgment of the traumatic event, Herman fails to explain how healing can happen in a society where normal life is abusive and few are fortunate enough to find traumatic events unusual. If, as Herman suggests, one of the defining features of trauma survivors is impaired interpersonal relations, and if all are trauma survivors, it would seem reasonable to assume that all are equally ill-equipped to offer assistance. Stressing that the kind of respect for autonomy that led to the development of self esteem in the client's early life must be present during healing (Herman, 1992, p. 63), Herman assumes that autonomy was respected in the client's early life. This assumption also contradicts her views regarding the pervasiveness of abuse, and its impact.

Focusing on the societal level, Herman criticizes the mental health and legal systems for failing to operate independently of the context in which they are situated. Using the shortcomings of these systems to legitimize her own approach to therapy, Herman seems

unaware of the fact that, in addition to being naive, her complaints are self-serving. Pointing out that the legal system is concerned with protecting men from the superior power of the state, Herman expresses irritation regarding its disregard for the well-being of women and children. Even if it were true that the legal system adequately protects the rights of men, Herman's view that male abusiveness is legally sanctioned fails to consider the possibility that a permissive attitude towards wrong-doing is, in itself, a form of victimization. This is an especially salient point given Herman's observation that neither men nor women should be given too much latitude for angry outbursts, as this results in a sense of inadequacy and shame that serves to increasingly alienate them from others.

In this discussion of Herman's theoretical and methodological approach to trauma therapy, the possibility is raised that Herman is seeing and creating what she needs to see and create. While her theory may be useful when dealing with survivors of known abuse who are having adjustment problems, Herman does not establish the ability to conclude that abuse took place when only the adjustment problem is evident. Additionally, Herman does not establish the existence of "lost" memories and repression. Although suppression, denial, and dissociation may all be examples of altered states of consciousness, they need not imply repression, "lost memories," or any other impairment of memory other than an avoidance of recall.

Typifying her tendency to develop generalizations on the basis of insufficient information, is Herman's acknowledgment that her assessment of current methods of treatment is based on the stories of three survivors who, according to Herman, are qualified to speak for all survivors because of their long histories of psychiatric treatment. But, however similar trauma survivors may be, it is unlikely that all survivors may be adequately represented by such a small sample. Consistently demanding that critical

thinking be suspended in an effort to demonstrate solidarity with the survivor, Herman chastises those who might even consider disagreeing with her. Implying that clients will be further victimized if her prescription for therapy is not followed, Herman places the compassionate caregiver in a difficult bind. In addition to implicit and explicit suggestions that any views that differ from her own are morally reprehensible, Herman relies on a rigid either/or form of discourse that alienates at least as much as it converts.

Apparently unconcerned by the need to differentiate between objective and subjective truth, Herman actively contributes to the tension and hostility in the debate regarding recovered memory. Making such statements as, "under no conditions must prisoners of conscience enter into even superficial social relationships with their captors" (Herman, 1992, p. 81), Herman seems unaware that she is advocating the same type of dysfunctional control that she is so sensitive to, and critical of, in others. Failing to give credit to compassionate and skillful professionals who do not share, or who question, her methods, Herman sets up an antagonistic us/them mindset that may actually hinder clients as they attempt to navigate their way through the only system currently available to them.

CHAPTER THREE

CAROLE ZERBE ENNS, CHERYL L. McNEILLY, JULIE MADISON CORKERY, AND MARY S. GILBERT

Sexual Abuse

According to Enns et al., Freud's formulation of the seduction theory was the first significant acknowledgment of the extent to which child sexual abuse had permeated twentieth century life (Enns, McNeilly, Corkery, & Gilbert, 1995, p. 186). Acknowledging Freud's later apprehension regarding potential problems associated with the theory, the authors advise that these concerns did not support his subsequent negation of the role of trauma in the development of psychological disturbance, or repudiation of the theory itself. Rather, in the opinion of the authors, the existence of such difficulties only highlighted the need for continued investigation into the complexities of traumatic reactions. Pointing out that the topic of sexual abuse did not again generate such interest until the mid 1950s (p.191), the authors note that another twenty years were required before the issues faced by adult incest survivors would again be considered worthy of investigation (p.192). By that time, however, "speaking and writing about personal experiences of abuse became revolutionary acts" (p.192) that, in conjunction with a feminist analysis of child sexual abuse, created a situation in which the sexual victimization of female children could no longer be so easily ignored.

Noting the observation made by Summit (1989) that approximately every thirty five years the topic of sexual abuse is discovered and then just as quickly discredited, Enns et al. (1995, p. 186) suggest that survivors are revictimized by a society that denies the magnitude of the sexual abuse problem, that perceives sexual abuse to be the result of disturbed family relationships, that blames clients for subsequent revictimization

experiences, and that treats disclosures as fabrications or exaggerations. Noting clients' tendencies to internalize the beliefs and perceptions of the culture within which they live, the authors point out that in a society that minimizes sexual abuse and its impact, survivors inevitably experience increased shame, self-blame, and dissociative difficulties.

With the inclusion of Post Traumatic Stress Disorder in the American Psychological Association Diagnostic and Statistical Manual III-R, however, Enns et al. acknowledge that conceptualizations of sexual abuse have slowly begun to change. Using Post Traumatic Stress Disorder as a framework for understanding and articulating the emotional impact of sexual assault and domestic violence, feminists have set the stage for an exploration of external, rather than intrapsychic dynamics of abuse. Additionally, Enns et al. point to the steady development of professional and academic publications that focus on diagnostic and treatment issues specific to both individual and group therapy. Pointing out that research generated over the past ten years has tended to focus primarily on the effects of sexual abuse, the authors note that more recently, research has begun to focus on the efficacy of intervention techniques. According to the authors, while previous research efforts resulted in awareness that the disclosure process is more or less complex, depending on the nature of the abuse, new data are beginning to accumulate that will prove invaluable in the development of scientifically sound treatment techniques

Noting the current proliferation and popularity of self-help books, the authors point out that, although these books are timely in their acknowledgment of male victims of sexual abuse, they do not focus nearly enough on the social and/or political implications of sexual abuse perpetrated against either sex. According to the authors, the social and cultural components of this issue achieve heightened significance when taking into consideration the debate that is currently being waged with respect to the veracity of

memories of historical abuse. This debate, Enns et al. suggest, is exacerbated by sensationalized and biased media accounts that create situations in which victims doubt not only themselves, but their therapists as well.

Memory

Referring to the work of Loftus and Loftus (1980), and Yapko (1993, 1994), Enns et al. (1995, p. 205) report that research results suggest the possibility that a significant number of practicing therapists are misinformed about the processes governing memory. Noting that current research shows memory to be reconstructive in nature, rather than an historically accurate record of past events, the authors stress the neeed to develop a clear understanding of the information processing principles that regulate memory formation. Pointing out that attempts to remember past events are based on a three step process, the authors identify these as acquisition and encoding, retention and storage, and retrieval (p. 205). Additionally, the authors point out that the retrieval process is informed by four information processing principles (Enns et al., 1995, p. 206).

The first of these principles states that complications can arise at each of the three stages of memory formulation. According to the second principle, both the rehearsal of an event and information received following it, are factors that have the potential to affect accuracy. Noting the role of memory type in the retrieval and recollection of material, the third principle lists the three types of memory retrieval as recognition, reconstruction, and free recall. Pointing out that recognition requires only an acknowledgment that something has happened, the authors note that reconstruction depends on the extent to which the original context can be recreated. Free recall, the most complex of the three types of memory retrieval, involves accessing information using few, if any, cues or prompts. Stressing the state dependent nature of learning, the fourth principle states that

it is possible to enhance recollection by recreating specific mood and/or contextual cues that existed at the time the event was initially experienced (p. 206).

While the authors acknowledge that scientifically sound research regarding autobiographical memory is not as easily gathered or abundant as laboratory research, they point out that available data suggest that personally relevant or stressful events that take place during the course of daily living are more accurately remembered than information processed during the course of a research project. Although noting the possibility that the margin of error may be greater in the recollection of autobiographical material, the authors suggest this is largely the result of complexities inherent in the processes that direct the selection, revision, and reinterpretation of information. However, in spite of this possibility, the authors stress that memories of significant life events are generally accurate, with only minor deviations detected that are likely designed to accommodate changes to the self-image. According to Enns et al., recollection of information is most likely to be accurate when the event itself was unexpected or unusual, personally significant, or emotionally laden. Under such conditions, core details of the experience seem to be stored with greater accuracy than peripheral or temporal ones. Given the above, the authors conclude that there is ample support for the position that memories of childhood sexual abuse are valid and legitimate recollections. Advancing this position further, Enns et al. advise against dismissing the possibility that previously forgotten memories may be reliably retrieved as well.

Noting that preliminary work in the area of memory has focused on the deficiencies of memory in young children, Enns et al. point out that improved research methods indicate the possibility that younger children's memories more closely resemble those of older children and adults than previously believed (Enns et al., 1995, p. 207).

Consequently, the authors advise that it is unwise to negate memories of events occurring after the age of two or three years on the basis of the argument that the memory systems of children are less mature or more suggestible than those of adults (p. 209).

While pointing out that the "hardware" of memory may be more fully developed at a younger age than previously believed, the authors also acknowledge that the "software" may not be sophisticated enough to permit verbalization of events that occur during the first two years of life (Enns et al., 1995, p. 208). Stressing, however, that an inability to verbalize early life experiences does not diminish their impact, the authors note that, given the significance typically attached to traumatic events, it is entirely possible that memories of them are stored in nonverbal form. Cautioning against the formulation of generalizations that are based on contrived laboratory studies, the authors refer to field studies that suggest the post victimization activities of traumatized children frequently include elements of the traumatic event. Commonly referred to as reenactments, these behaviors are thought to symbolically represent experiences that cannot be expressed verbally (p. 208).

With respect to the issue of memory and hypnosis, the authors point out that an argument put forward frequently by critics of recovered memory, is that hypnosis leads to confabulation. Noting concerns regarding the possibility that hypnosis may enhance suggestibility, as well as diminish the ability to distinguish between reality and fantasy, the authors also acknowledge that to date, research has not convincingly demonstrated that the use of hypnotic techniques result in the retrieval of more accurate memories than do methods such as autobiographical writing or focused concentration (Enns et al., 1995, p. 209). In fact, according to Enns et al., research suggests that belief in the accuracy of hypnotically retrieved memories is generally higher than may be warranted. In light of

statistics indicating that between ten to fifteen percent of the population fall within the highly hypnotizable range, the authors caution against the indiscriminate use of this procedure.

According to Enns et al., the issue of delayed memory is another area in which disagreement abounds, and caution is prudent. Pointing out that it is not uncommon for adults abused as children to report periods of time when memories of the abuse were lost to them, the authors note that current explanations for this phenomena are based on the premise that inability to escape or avoid traumatic situations results in the development of skills designed to ensure survival. Commonly referred to as either repression and/or dissociation, the authors note that arguments regarding which of these processes is most involved in memory disturbance remain unresolved. While Janet apparently believed that dissociation was the process by which experiences were removed from consciousness, Freud believed that repression offered protection from internal conflicts and, as a result, was a distinct and more important process than dissociation. Pointing out that discussions regarding repression and dissociation are frequently conducted as if the two terms share a common meaning, Enns et al. suggest that this is unlikely.

Noting that current explanations regarding memory loss tend to emphasize cognitive and physiological processes, Enns et al. advise that cognitive explanations focus primarily on the difficulties associated with the perception and processing of traumatic material. Physiological explanations, on the other hand, suggest the possibility that functions regulated by the limbic system and hippocampus may be significantly altered by changes occurring within the body after a traumatic experience. In support of this view, the authors point out that animal research has suggested the existence of permanent patterns of physiological overarousal following the administration of electric shock (Enns et al.,

1995, p. 221). According to these preliminary findings, a chain reaction appears to exist in which biochemical changes produced by the shock contribute to a cycle of secretion and depletion of neurotransmitters, that in turn results in receptor sites becoming increasingly sensitive. The enduring state of physiological hyperarousal that is created, determines the extent to which emotional and narrative components of the experience will be integrated. Consequently, the authors suggest that it may be possible to retrieve memories lost in such a manner, once the level of arousal is reduced, and the components of the experience are reconnected.

In spite of the above, the authors note that much work remains to be done in the area of delayed memory and the impact of trauma. Additionally, the concern is raised that it may be impossible to conceptualize the memory processes associated with traumatic reactions from within existing paradigms (Enns et al., 1995, p. 224). Pointing out that academic research efforts have traditionally focused on understanding the dynamics of repression and the manner in which it interfaces with memory, Enns et al. offer the opinion that dissociation has been neglected in spite of the likelihood that it is the more influential of the two processes. Consequently, research in this area is urgently required in order to effectively address issues related to the experience and impact of chronic abuse.

Therapy

According to Enns et al., therapy affords clients an opportunity to begin the complicated process of healing from the impact of trauma. From within the safety of the therapeutic relationship, the development of trust is facilitated, aspects of the self that have been disavowed can be integrated, and coping skills other than dissociation can be learned and practiced.

Pointing out that informed consent plays a critical role in the protection and empowerment of clients, the authors stress that, while clients with a history of abuse may be painfully familiar with the concept of exploitation, they are frequently ill-equipped to identify and/or express concerns regarding problematic therapist behaviors. Consequently, the authors recommend that clients be advised regarding therapist values and theoretical orientation, interventions that may be used, the goals most effectively addressed by short and long term treatment modalities, the costs and benefits of treatment, and alternatives to therapy. From the authors' perspective, the development of informed consent relies heavily on the therapist's ability to develop a treatment plan that takes into account the client's goals and any changes to them, the stage of treatment, and the extent to which the client is aware of, and has shared, information about past abuse. Describing their approach to therapy as feminist, Enns et al. point out that feminist principles are particularly relevant to trauma work. Accordingly, two especially salient aspects of feminist therapy are awareness regarding the political implications of abuse, and commitment to egalitarian relationships (Enns et al., 1995, p. 227).

While stressing the need to complete a thorough assessment prior to formulating a treatment plan, the authors acknowledge the impact of the false memory debate on the willingness of therapists to ask clients about sexual abuse. The authors agree with Wooley (1994) that avoidance of questions regarding historical abuse is irresponsible when symptoms exist which suggest it as a possibility (Enns et al., 1995, p. 231). Urging therapists to take a matter-of-fact and thorough approach to assessment, the authors point out that a frequent result of doing so is disclosure, and subsequent discussion, of historical abuse. This, according to the authors, is an important first step in the recovery process. Their opinion in this regard is supported by research conducted by Briere and Zaidi (1989) indicating that just six percent of female psychiatric emergency room

patients spontaneously disclosed a history of sexual abuse when not questioned directly, compared to seventy percent who disclosed such details when a more comprehensive assessment procedure was followed (Enns et al., 1995, p. 230).

In addition to asking questions regarding historical abuse, assessment should, according to the authors, also focus on the extent to which clients are capable of caring for themselves on a daily, and ongoing basis. According to the authors, this is accomplished by exploring current sleeping and eating habits, level of motivation, interpersonal concerns, and suicidal ideation. Although loss of memory regarding the past should be noted, it should not automatically be assumed that such memory deficits are the result of abuse. Encouraging therapists to remain open to the possibility that the presenting problem is the result of something other than abuse, the authors caution against creating the impression that sexual abuse is the only, or the most salient, explanation for the client's current distress.

Pointing out that client denials of abuse must be accepted, the authors take the position that highly suggestive remarks and intrusive therapeutic techniques should be avoided. Additionally, Enns et al. stress that coercive tactics geared towards convincing clients of the accuracy of the therapist's beliefs regarding the etiology of the presenting problem must be guarded against (Enns et al., 1995, p. 228). Recommending that clients who present with a history of abuse be given information regarding the impact of traumatic events, symptoms commonly experienced by trauma survivors, and the function of memory work, the authors suggest that listening skills and open-ended questions also play an important role in therapy. This approach, according to Enns et al., not only sets the stage for an exploration of the issues that the client has identified as personally relevant, but also validates the client's ability to make sound decisions.

Noting that the retrieval of memories is more important for some clients than others, Enns et al. suggest that this reflects the variability of the recovery process. The authors also point out that, while memory retrieval may seem particularly important to clients at the beginning of treatment, this may change as new coping skills are developed, and increased integration is achieved. Although the ability to face painful memories increases as new coping skills are developed, the authors argue that it is not uncommon for gaps in memory to remain. Consequently, the ability to tolerate ambiguity can also be seen as a sign of increased psychological health. When clients wish to focus on the recovery of memories, the authors stress that efforts to recall the past "must always be framed as a way to create greater meaning in the present" (Enns et al., 1995, p. 233).

Reframing memory loss as an attempt to solve a problem, Enns et al. advise that retrieval will begin when the client feels ready to deal with the previously missing material. Additionally, the authors suggest that information be shared with clients regarding the memory process, and the potentially beneficial as well as problematic consequences of techniques such as hypnosis. Recommending that clients be made aware of the value of working slowly and cautiously, the authors assert that memories of traumatic events, whether accessible or not, should not be addressed in therapy until the self structure can withstand the emotional impact of doing so. Noting the temptation to interpret emotionally intense therapeutic sessions as a sign of progress, the authors caution against overwhelming the client's ability to integrate new material. Although expressing agreement with the idea that mental health requires the resolution of existing memories, Enns et al. point out that effective functioning does not necessitate complete retrieval, and that clients should be informed of this.

Suggesting that therapy be presented as a chance to review and organize previous experiences, as well as to create a future-oriented plan, the authors caution against encouraging clients to interpret their memories as objective representations of historical truth. Instead, clients should be provided with straightforward information regarding the reconstructive and frequently ambiguous nature of memory so that they may more realistically assess the validity of any material recovered. Noting the often made criticism that sexual abuse therapy results in the fabrication of traumatic childhood memories, the authors refer to Yapko (1994), who has stated that human interactions are frequently based on suggestion (Enns et al., 1995, p. 236). Concurring with Yapko's (1994) position that suggestion, given its power to heal, should not be abandoned as an intervention, the authors advise that the key to defusing such criticisms is therapist awareness regarding what is being suggested. Additionally, the authors note that when called upon to do so, therapists should be able to articulate ethically responsible explanations whenever making the decision to use such controversial techniques.

Pointing out that clients frequently question the validity of newly retrieved or intensified memories, the authors note the importance of affirming "the importance of sensory, perceptual and cognitive experiences" (Enns et al., 1995, p. 239). However, therapists are cautioned against creating the impression that information retrieved is historically accurate. Given the difficulty of predicting when and how memories may emerge, patience on the part of the therapist, as well as the client, is crucial as attempts are made to integrate memories of past events. Noting that the return of previously dissociated memories may be triggered by client readiness, as well as by specific life events, the authors stress that both parties must be prepared to deal with whatever surfaces. From the authors' perspective, clients should also be made aware that memories, once retrieved, may not immediately make sense.

With respect to the use of hypnosis, the authors advise against using hypnosis for memory retrieval purposes (Enns et al., 1995, p. 210). In addition to the possibility that hypnosis may result in false memories, other hazards associated with its use include clients becoming overwhelmed by the nature of their memories and the speed at which they are retrieved, and an increase in the power differential between therapist and client (p. 238). Noting, however, that there are also positive aspects to hypnosis, the authors refer to Brown (1992) who has suggested that hypnosis may be used effectively to increase subjective well-being, manage problem behaviors, and decrease painful symptoms (Enns et al, 1995, p. 210). Additionally, the authors point out that hypnosis may also be useful for self-soothing, increasing the ability to cope with symptoms, containing negative emotions, and creating a more positive perception of the self.

Acknowledging the difficulty of separating supportive and integrative work from memory work, the authors point out that hypnosis is more appropriate to supportive and integrative experiences than to either memory retrieval or catharsis. Noting that supporters of hypnosis caution against its use with clients who are not ready to deal with traumatic memories, the authors advise that some forms of guided imagery should also be used with care, as dissociative-like states may result. Summarizing their discussion of hypnosis, the authors stress that hypnosis should always be used cautiously, by trained and supervised therapists.

Recommending against pressing clients to obtain corroborating information regarding abuse as a way to enhance their credibility, Enns et al. point out that such behavior constitutes an abuse of power that is probably motivated more by the therapist's need for certainty than by the desire to help. Stressing the value of consultation in such situations, the authors suggest this as a means by which therapists may identify and

resolve their own issues regarding ambiguity. There are, however, times when the search for corroboration is appropriate. In such cases, the authors suggest that clients be encouraged to consider the potential risks and benefits of searching for corroboration, and the possibility that they may not be able to gain the type of information sought. According to the authors, these issues are especially important when the client's goal is to obtain information from the offender. Noting that significant others may feel frightened by direct requests for information, the authors suggest that conversations with neighbors, other relatives, teachers, the school nurse, and childhood friends may prove more enlightening and less problematic (Enns et al., 1995, p. 241). Regardless of the method used however, the authors stress the importance of assisting clients in identifying clear goals, preparing for disappointment as well as success, and developing a support system that is capable of addressing and piecing together any new information obtained.

Therapeutic techniques recommended by the authors include observation of unexpected emotional responses, images, negative and/or repetitive behaviors, "numbing," and identification of the events that apparently trigger these reactions. Given the authors' belief that the development of new coping skills is facilitated by awareness regarding one's behavior, the use of art, creative writing, and drama is recommended as a way to help clients cope with strong emotions. Additionally, these modalities may assist clients in experiencing and integrating aspects of memory that have been difficult to verbalize. In an effort to avoid inappropriate forms of suggestion, the authors recommend that therapists rely heavily on questions designed to open new areas and encourage exploration by the client. More direct questions are appropriate, and necessary, when clients are having trouble connecting the affective, cognitive, and sensory aspects of their experience. Other interventions to assist in the integration of memory fragments include looking at school and family photographs, reviewing childhood writings and journals, and

visiting childhood locations such as the family home, school, and favorite places. The authors point out that the information resulting from such explorations may become the basis for asking more direct questions regarding the client's experience of abuse, at a later time.

Highlighting the value of group work, the authors suggest that groups provide an important experience of healing that is difficult to replicate in individual therapy. Given the negative impact of sexual abuse on the development of positive social bonds, groups provide a context in which clients may begin the process of developing a sense of connection and belonging within their communities. Because groups tend to pair consciousness-raising with support and personal healing, clients are, in the context of what Enns et al. describe as a "supportive surrogate family system" (Enns et al. 1995, p. 245). able to practice new coping skills, as well as address issues related to secrecy and isolation. In addition, the authors point out that since clients commonly perceive individual therapy as more threatening than the peer-based group environment, they are likely to take a more active approach in group work that results in experiencing themselves as capable of helping themselves, as well as others.

Noting that power differentials tend to be marginal in groups, and that clients are actively challenged to develop coping skills, Enns et al. suggest that dependence may be less in group, than individual therapy. Acknowledging the criticism made by Persinger (1992), that participation in groups may result in false memories, the authors advise that empirical evidence has not yet been gathered that supports the position that group members feel pressured to confabulate memories (Enns et al., 1995, p. 245). Acknowledging, however, the potentially negative impact of the false memory debate, the authors suggest that, in addition to subscribing to journals written for survivors of

childhood sexual abuse, group members may wish to address any concerns they have regarding this issue by attending seminars in which a balanced perspective on the false memory debate is presented.

Since some clients may benefit more from group therapy than others, the authors recommend that personal information regarding each client be carefully considered prior to suggesting group therapy. According to the authors, members must be able to listen to one anothers' stories without being retraumatized. For their part, leaders must be clear about the goals, rules, boundaries, structures, and procedures of the group, so that potential members can make an informed choice regarding participation. Following the decision to join, members should be assured of safety, consistency, and continuity. Noting the possibility that power may be used coercively in groups, Enns et al. advise that facilitators are responsible for protecting members from group pressure. Although acknowledging that the recognition of their commonality may unite group members, and reduce their feelings of isolation, the authors stress that members should be discouraged against looking for validation by comparing their experiences to those of others.

Given the diversity of goals, procedures, and levels of external monitoring that are found in groups, the authors stress the importance of therapists becoming familiar with incest self help groups operating within the community. This, according to Enns et al., may be accomplished by reviewing the literature of such groups, as well as by interviewing participants and facilitators. Acknowledging the temptation of therapists to distance themselves from self help groups, the authors suggest that this may not always be the most prudent course of action. Referring to current trends in health care reform, the authors note that psychologists may find themselves increasingly called upon to act as consultants to self help groups. With the potential to facilitate work resembling the

consciousness-raising groups of the 1970s that focused on developing coping skills, and connecting personal and political goals, the importance of this role, in the authors' opinion, should not be overlooked.

With respect to criticisms of self help books, Enns et al. note that incest survivor books are currently the only self help books to receive consistently negative criticism in recent years. Expressing the opinion that incest self help books are evaluated more stringently than other self help materials and that this is, perhaps, a reflection of the backlash against sexual abuse treatment, the authors point out that, in spite of the attacks against them, these books remain a popular resource. Although suggesting that incest self help books generally suffer from the same limitations found in any other self help books, the authors acknowledge that some sexual abuse references exist that are more problematic than others. Referring specifically to the work of Fredrickson (1992) and Blume (1990), the authors caution that the use of checklists found in these books may result in inappropriate fear and self-diagnosis or iatrogenic symptoms (Enns et al., 1995, p. 247).

According to Enns et al., Fredrickson's (1992) book is perhaps the most problematic, given its recommendations regarding memory retrieval, and its failure to address the risks associated with such techniques. Neglecting to include scientific information regarding what is currently known about memory, Fredrickson (1992) also encourages readers to engage in memory work without professional assistance or support. These problems, according to Enns et al., validate existing criticisms of this book. Describing "The Courage to Heal" (Bass & Davis, 1988), as one of the more controversial self help manuals, the authors point out that evaluations of this volume, by failing to compare the ratio of useful to potentially problematic content, have been overly negative.

Addressing the concern that readers are encouraged to accept recovered memories of abuse as accurate depictions of historical events, Enns et al. point out that authors such as Herman and Harvey (1993) have suggested that one of the main reasons that self help authors encourage readers to trust themselves when it comes to suspicions of abuse, is that survivors of childhood sexual abuse are more likely to doubt themselves and their memories, than are impartial observers. Noting the recommendations of Lerner (1993) and Rosen (1981), however, the authors concur with the idea that it is important to conduct a thorough and thoughtful evaluation of any self help book that may be included in treatment, before recommending it to clients.

According to the authors, assessment of self help books should focus on the accuracy of the information provided, as well as the manner in which complex issues are addressed. Identifying over generalizations and simplifications of complex issues as particularly troublesome, the authors note that a responsible approach to evaluation should also consider the extent to which all recommendations contained in the book are based on reliable scientific research, clinical knowledge, and ethically sound principles. Pointing out that specific books may be of use to particular types of clients, during different stages of therapy, the authors advise that, in spite of the potential benefits of self help materials, clients should also be made aware of the shortcomings of such resources, and encouraged to adopt a critical and cautious attitude when deciding whether or not to use them. Stressing that self help materials should empower rather than blame the reader, Enns et al. also caution against presenting issues related to traumatic experiences in a way that minimizes or ignores dynamics within the larger social-political context that set the stage for, and sustain, the perpetration of abuse. Acknowledging the tremendous amount of time and energy required to create social change, Enns et al. note that many clients may not feel prepared to become involved in such activities. However, for those clients who

have developed strong coping skills, social and political activism may be an important component of the healing process.

With respect to the issue of confrontation and restitution, the authors advise that although legal and monetary settlements may validate clients' claims, and provide financial assistance, the primary function of therapy is not to collect evidence, but to create a meaningful narrative that improves the client's life. Consequently, therapists are encouraged to assist clients who may be considering legal action to explore not just their motivation for doing so, but the possible consequences of such action, as well. Noting that clients may believe that their well-being depends on the offender's acknowledgment of the abuse, the authors warn that reliance on external validation and legal solutions may make mourning and healing especially difficult if issues of grief and loss relating to the traumatic events are not also addressed. Acknowledging the importance of exploring, understanding, and affirming the client's desire for restitution, and its relationship to internal and external validation, the authors also suggest that concerns regarding direct, tangible compensation may diminish as clients resolve abuse related issues, and grieve the losses associated with them. This possibility notwithstanding, the important point is that, regardless of whether clients' quests for justice involve legal or more personal alternatives, therapists must be perceived as supportive.

Approach to the Opposition

Describing the issues associated with recovered memory as "diverse" and the tone of the debate as "emotionally intense," Enns et al. advise that the recovered memory debate has become a situation in which "absolute positions" have been assumed "without adequate knowledge of the complex issues involved" (Enns et al., 1995, p. 181). Cautioning against overlooking factors that have the potential to negatively impact future

discussions, the authors stress the importance of maintaining awareness regarding the extent to which values and investigation are intertwined. Since investigatory methods influence the type of information gathered, the authors advise that participants in this debate must remain cognizant of the interaction between life experiences, values, professional roles, and the conclusions drawn from research.

Although acknowledging that differences exist between subjective and objective reality, the authors state that questions regarding which is the most accurate have served only to complicate matters further. Additionally, the authors point out that while disclosures made by female victims of abuse are minimized and discounted because of their subjectivity, the anecdotal and equally subjective accounts of critics of recovered memory are assumed to represent objective truth (Enns et al., 1995, p. 198). Given that methods do not yet exist by which objective truth may be attained, awareness regarding the function of values, life experience, and professional roles is especially important when investigating a topic as complex as recovered memory.

Identifying their perspective as that of "feminist and scientist-practitioner" (Enns. et al, 1995, p. 182), the authors acknowledge that their views regarding interpersonal violence have been shaped by their adherence to feminist beliefs and principles. Advising that intimate violence must be treated as a social rather than personal issue, the authors state that to do otherwise is to risk public desensitization to such acts. At the same time that individual therapy may result in, what Herman and Hirschman (1977) have described as an atmosphere in which disclosures regarding such forms of violence become secrets shared between therapist and client (Enns et al., 1995, p. 261), public awareness and action may result in an increased commitment to personal and social justice (p. 202).

According to the authors, willingness to identify traumatic events and their impact can develop only in a political climate that supports human rights. When research into abuse is not supported by such a movement, investigations tend to focus on issues related to individual pathology, rather than on identification of the problematic beliefs and attitudes embedded in the societal context. This situation, according to Enns et al., sets the stage for victimization of the disenfranchised. From this perspective, current criticisms of sexual abuse literature are pre-dated by attacks against feminism itself. Attacks which, according to the authors, were an enactment of the fear and resentment that rippled through the dominant political milieu as feminist challenges to the status quo gained momentum. Realizing, however, that feminism had become too powerful a force to attack directly, opponents began to focus instead, on those who were attempting to operationalize feminist principles. The consequence, according to the authors, is the current situation in which those opposed to the emancipation of the powerless have focused their energies on attacking the literature of the movement, and the credibility of the individual women who have dared to verbalize their experience.

In their discussion of the curious origins of the False Memory Syndrome Foundation, the authors point out that this increasingly influential and critical opponent of recovered memory was born of one family's tragic attempt to resolve allegations of incest (Enns et al., 1995, p. 186). Noting the positive correlation between the staggering growth of the False Memory Syndrome Foundation and public, media, and legal interest in the issue of recovered memories of historical abuse, Enns et al. point out that "sensational headlines...and...provocative anecdotes" (p. 183), have contributed to increased divisiveness, antagonism, and hostility amongst the participants in this debate. As a result of media willingness to abandon consciousness-raising efforts, and the decision to

focus on allegations that recovered memories are frequently false, a negative view of abuse victims and therapy, has begun to develop.

Noting that growth of the recovery movement is also positively correlated with the growth of false memory charges (Enns et al., 1995, p. 199), the authors suggest that this is the result of definitions of dysfunctional behavior that have become so diffuse as to obscure the meaning of abuse. When the message is delivered that everyone is a victim because everyone is dysfunctional, a pattern develops, according to the authors, in which acts of genuine abuse are discounted, disclosures are rejected, victims are reviled, and offenders are protected. Advising that media talk shows in the 1970s were a way to empower victims, the authors point out that such programs in the 1980s and 1990s have resulted primarily in the exploitation of sexual abuse survivors (Enns et al., 1995, p. 201). Noting that disclosures of abuse are frequently used to increase ratings and provide viewer entertainment, the authors suggest that such attention, typically focusing on the victim's rather than the offender's flaws, fails to expose the social structures that support abuse.

Conceding that problems also exist within the pro-recovered memory camp, however, the authors acknowledge that highly unusual or questionable disclosures, as well as New Age treatments that specialize in recovered memories of past lives, have resulted in skepticism regarding the credibility of all victims and therapists, and the validity of all disclosures. According to the authors, this skepticism and negativity is felt most keenly by survivors of incest, and their therapists. Frequently referred to as victims of "false memory syndrome," female clients are typically portrayed as highly suggestible, compliant, and gullible - terms which, from the perspective of the authors, echo traditional psychoanalytic thinking regarding the female character (Enns et al., 1995, p.

196). Along with the media's inclination to focus on implausible disclosures and unethical behavior, a negative view of therapy is promoted by authors such as Wakefield and Underwager (1992) who have suggested that ninety percent of adults alleging childhood abuse are female, while seventy-five percent of their therapists are female.

Although male therapists are occasionally criticized, it is mainly the credibility of female therapists that is called into question. This tendency, according to the authors, is consistent with the False Memory Syndrome Foundation's belief that unresolved Oedipal issues are the foundation stones upon which false memories of historical abuse are created (Enns et al., 1995, p. 190). Pointing out that indiscriminate attacks against the credibility of female victims reflect a view of women as incapable and/or incompetent to act in their own best interests, the authors stress that premature dismissal of abuse disclosures serves only to increase and strengthen denial at both individual and societal levels. Noting that concerns regarding suggestibility and coercion were not an issue as long as healing occurred in "private, unobtrusive ways" (Enns et al., 1995, p. 197), the authors point out that the growth of the sexual abuse treatment backlash coincides with legislative and judicial developments that have been increasingly supportive of victims' rights. These advances have also, however, resulted in greater awareness regarding the tremendous financial costs associated with the responsible implementation of measures designed to prevent and treat sexual abuse. Although essential, the allocation of funds to prevention, protection, and support programs is difficult to justify during periods of economic hardship (p. 199).

Noting that theory and treatment recommendations have outgrown research into the efficacy of interventions (Enns et al., 1995, p. 203), the authors stress the danger of either focusing exclusively on sexual abuse, or relying too heavily on a limited set of

techniques. Strongly urging therapists to scrutinize their practices, the authors stress the importance of providing high quality therapeutic services. Given the increasingly competitive therapeutic market, the temptation to focus on financial survival may at times outweigh ethical practice. Consequently, the authors note that self-examination must be a key component of therapeutic practice. Acknowledging the foolishness of dismissing criticisms of therapy without investigating and assessing current therapeutic trends (p. 202), the authors concede that some therapists deserve to be sanctioned. But, in spite of their belief that recognition of the destructive impact of unethical treatment and false allegations of abuse is crucial, the authors claim that the majority of disclosures are based on genuinely traumatic events.

Addressing research that seems to contradict some of the core beliefs currently held regarding memory, Enns et al. stress that studies involving public trauma have limited generalizability to secret, prolonged sexual abuse (Enns et al. 1995, p. 253). Noting, as well, the importance of working together in the best interests of clients, the authors suggest that tension between professionals, and competition over "turf," can result only in a diminished standard of care. Admitting the difficulty of achieving cooperation between academics and clinicians, the authors express optimism that the false memory debate will result in a renewed commitment to child and adult victims of sexual abuse that will lead to the establishment of programs concerned with research, advocacy, prevention, training, and treatment (p. 263).

Critique

Although acknowledging the existence of a dynamic relationship between their feminist politics and the therapy they provide, Enns et al. open their article with an expression of optimism that the arguments they will present will encourage cooperation

between professionals involved in the recovered memory debate, regardless of their differing views and/or conclusions (Enns et al., 1995, p. 183). Advising that the feminist values underlying their approach to the false memory debate are most evident in their discussion of its history, Enns et al. begin with a discussion of the False Memory Syndrome Foundation. Identifying a tendency on the part of this group to focus on female clients and therapists, factors such as the ratio of male sexual abuse therapists and clients to female sexual abuse therapists and clients, possibly influencing this focus are overlooked. Consequently, Enns et al. risk the perception that they are interested only in explanations that support their political agenda. Stating that the False Memory Syndrome Foundation's description of female clients reinforces traditional stereotypes of women, the authors do not address the fact that impressionability, conformity, high levels of suggestibility, and psychological vulnerability, are all listed as reactions to, and symptoms of, traumatic experiences. Rather than simply acknowledging that traumatized women and children may indeed be more susceptible to exploitation from within, as well as outside of, the therapeutic relationship, the authors choose instead to focus on the political, and by implication, more sinister agenda that may be at work.

Stressing the political motivation of those participants in the debate who have expressed concerns regarding the validity of recovered memories, Enns et al. overlook the fact that researchers and theoreticians alike have been pondering the issue of repressed memories and their recovery, for more than forty years. While, like the authors, other participants in this debate are no doubt motivated by their own political agendas, it is also possible that with the entry of therapy into the legal arena, more attention is being directed towards the quality of work being done by professionals providing treatment for issues related to childhood sexual abuse.

Pointing out that the protestations of innocence uttered by perpetrators in rape trials are given more weight than the charges made by victims, Enns et al. ignore the fact that this does not occur exclusively in the context of sexual crimes. Instead, this position, for better or worse, directly reflects society's preference to allow a guilty party to remain free, rather than imprison an innocent one. Another reality is the fact that once activated, the court process demands that the prosecution prove its case. As traumatic as this may be for victims of sexual violence, this approach to legal prosecution is not taken exclusively with sexual offenders.

Noting the importance of addressing violence as a social rather than personal issue, Enns et al. suggest that this will solve the problems experienced by women and stress that until this occurs, women will question their own realities. Although not difficult to understand the relevance of addressing issues at the social level, it is unclear how placing responsibility on society, will empower individual women. The authors' concern that women will question their realities may be in reference to the possibility that without societal involvement, women will deny the reality of their abusive environments. However, without a more explicit statement to this effect from the authors, the meaning of this claim must be assumed.

In spite of their acknowledgment that the recovery movement has been guilty of defining traumatic events too broadly, Enns et al. are critical of the narrow definition of traumatic events offered by the DSM III-R. Suggesting that the DSM-IV is even less supportive of survivors than the DSM III-R, because of its views regarding the accuracy of recovered memories and the suggestibility of informants, the authors overlook the fact that ethical practice does not diminish the therapist's ability to provide appropriate support. In light of the controversy regarding recovered memories, it would be

irresponsible for such a widely recognized resource as the DSM-IV, to present the issues regarding suggestibility, or the accuracy of recovered memories, in any other way.

With respect to their recommendation that clients be provided with information regarding the false memory debate, the distortion of issues, and the ways in which coverage by the media reflects societal denial, the authors fail to mention the importance of providing information regarding the fallibility of memory. In addition to being ethically obliged to discuss the false memory debate, and its implications for treatment, therapists are obligated to inform clients of the problems associated with memory and the techniques used in its recovery.

While advocating that clients become involved in letter writing campaigns targeting the False Memory Syndrome Foundation, editors, producers, talk show hosts, and authors who contribute to the proliferation of skewed and inaccurate information regarding sexual abuse, the authors appear to be confusing their own agenda with therapeutically sound methodology. Given that much of the work with traumatized clients involves teaching them to put themselves first, and to take responsibility only when appropriate to do so, this suggestion may be counterproductive. If clients feel obligated to defend recovered memory therapy at the expense of their own well-being because they have been made to feel responsible for the outcome of the recovered memory debate, dysfunctional patterns may be reinforced rather than altered. Additionally, some of the activities suggested may result in inappropriate self-disclosure and public ridicule. Again, this raises the question of how, as Enns et al. suggest, such action would increase a client's confidence and self-esteem. Additionally, therapists must not lose sight of the fact that there is more to a client's life than being a survivor or making "survivorship" into a career.

While acknowledging that some clients will not feel prepared to be involved in social change activities, and that this should only be presented as an alternative to those who show strong coping skills, the authors fail to recognize the fact that feeling ill-prepared may not be the only reason that clients do not wish to become involved in such activities. Although there is a subtle message that clients who are prepared to become involved should be interested in doing so, this may not be the case. Interpreted as pressure to conform to the feminist agenda, such suggestions may actually harm the therapeutic relationship, and impede the client's recovery. Sounding more politically than therapeutically motivated, the authors further suggest that clients be encouraged to transform their anger into activism, a suggestion that may benefit the feminist cause more than the client. Additionally, the statement that psychologists have an obligation to be involved in effecting social change, carries the not so subtle pejorative that therapists who do not wish to become political activists are somehow irresponsible. This is an interesting implication, given that the authors focus little, if any, attention on the issue of censuring therapists who are practicing in an otherwise unethical and incompetent manner.

In addition to their acknowledgment that problems associated with the recovery movement include definitions of dysfunctional behavior that have become so all-encompassing that abuse has become trivialized, Enns et al. also express concern that the dynamics of self-help groups too frequently lead to members bonding on the basis of shared pain, uncovering abuse memories, and exploring the dynamics of dysfunctional family systems. Although suggesting that a more useful focus would be on the gathering and sharing of resources in an effort to increase coping ability, this suggestion, when made by others, is dismissed as evidence of denial regarding survivor pain. In an apparent attempt to straddle both sides of this issue, complaints that abuse is rampant, and

that its occurrence and impact are denied make integration of criticisms of the self-help movement difficult. Presumably, what is meant is that the incidence of legitimate abuse is high, that the number of legitimate survivors is high, and that coping is preferable to wallowing. This conclusion, however, is not stated, and must be assumed.

Closely related to the problem of broad definitions of abuse, is the indiscriminate use of terms such as "not aware," "forgetting," "unconsciously avoiding," "banishing information," "loss of memory," "lose conscious awareness," "shut down all emotion," "split from consciousness," "motivated need to banish," "divided consciousness," and "loss of memory," to name just a few. Not surprisingly, the result of using these words and phrases interchangeably, is confusion. While sometimes an active, conscious process is implied, at other times, the implication is that the process is passive and unconscious. This loose lumping together of what may be quite different concepts and experiences may very well underlie much of the confusion and disagreement in this entire area.

Although discussing the steps involved in the memory process in a relatively thorough manner, questions arise regarding the extent to which information encoded in a chaotic and overwhelming environment can be recovered with any degree of confidence. It seems more reasonable to assume that, as an adult, the survivor "resonates" with the experience(s) of chaos, almost like the aftershock following an earthquake. In this case, it would make more sense to work with the resonance than to attempt to relive the earthquake. With respect to the statement that accuracy of recall is not altered by present mood, questions arise regarding research into depression which suggests that negative affect predominates, and significantly impacts cognition (Beck, 1976; Burns, 1989; Yapko, 1988). Given that cognition is involved in the process of memory retrieval, this claim may be problematic.

While stating that dissociation emerges as a consequence of powerlessness, the authors fail to clarify whether or not this is true for both genders. Additionally, a more thorough discussion of this issue should include identification of the necessary and sufficient conditions under which dissociation occurs, as well as the impact of factors such as chronological age, and developmental stage. Referring to Spiegel's (1989) suggestion that children become sensitive to changes in the abuser's demeanor, learning to use trance and dissociation in an automatic fashion (Enns et al., 1995, p. 217), the authors do not address the fact that children also learn to "please," which is a far more conscious process. Also requiring further consideration is the issue of identification versus dissociation. Here, the question is raised regarding whether or not females learn to dissociate from abuse while males learn to integrate it, thereby growing up identified with, and modeling themselves after, their abusers.

Stating that survivors find it difficult to process information regarding traumatic events, and that this results in incomplete or fragmented memory, the authors suggest that flashbacks and intrusive memories, signaling the return of traumatic material, mark the active and repetitive processing of information that occurs prior to integration. Unfortunately, this explanation does not offer any insight into the issue of where information that is processed with such difficulty is stored, or why it should be accepted as an accurate account of past events upon its return. Referring to Bower's (1990) statement that repression is facilitated during storage by way of the overwriting of memories and efforts to bury information by purposefully processing conflicting material (Enns et al., 1995, p. 220), the authors do not address the possibility that traumatic material is not processed at all. If not processed, or subsequently overwritten, it is unclear how traumatic material can be remembered at a later time.

Similarly, statements such as those suggesting that the amount of material remembered is related to the amount of material that must be avoided, that with new coping skills dissociation is no longer necessary and memory blanks can be filled in, and that it is more useful to see increased access to memories as a sign that the self structure is more whole and complete, are problematic. While the first statement implies that if memory is missing it must be because even more traumatic material is being avoided, the second statement has the potential to be correct only if storage actually occurred. Additionally, both the second and third statements also make the recovery of memories necessary in order to prove that coping skills have been acquired. It is possible that when clients are told of this, they may experience pressure to prove they have acquired coping skills. This is a subtle, but important point. Suggesting that single traumatic "memories" may be based on experiences that happened at different ages, locations, or with different people, the authors, stressing the role of "gut feelings," overlook the fact that if this is the case, it is not necessarily the memory of a single traumatic event that is being recovered. Also ignored are the problems that would be encountered in the investigation and/or corroboration of such claims, as well as other, court-related issues.

Acknowledging that allegations have been made by critics regarding the use of invasive and/or coercive techniques with clients reportedly recovering repressed memories of historical abuse during the course of therapy, Enns et al. take the position that such behavior is inconsistent with that advocated by early feminist therapists. This statement does not rule out the legitimacy of such concerns, however. While certain behaviors may be inconsistent with a feminist orientation, this cannot, in and of itself, be taken as proof that they are not occurring. At worst, this position reflects a belief that problems associated with the practice of therapy could not possibly develop from within a feminist orientation. Although paving the way for criticisms of practitioners operating

from different orientations, this position does not address the fact that, regardless of orientation, the importance of self-monitoring and accountability must not be overlooked, minimized, or prematurely dismissed.

In a similar vein, stressing that standards must be developed and that psychologists must become activists, the authors advise that issues related to quality of service should take precedence over financial concerns. Although sound advice, it is unlikely that the simple development of standards will result in adherence to them, or that just telling service providers to put quality before financial survival will suffice. What remains unaddressed in this recommendation, is the criticism that unethical therapists are continuing to practice. Until this crucial issue is resolved, critics will not be appeased. With respect to the recommendation that psychologists have an obligation to become activists, one can only wonder whose agenda this is.

Although not dismissing the importance of ethical practice, the authors take an educational perspective. Apparently believing that education will cure the problems currently plaguing the field, Enns et al. cite the work of Loftus and Loftus (1980) and Yapko (1993, 1994), suggesting that a majority of psychologists hold inaccurate views regarding memory that are neither accurate nor supported by current research. Meaningful discussion of this issue should include an exploration of the etiology of erroneous beliefs regarding memory, as well as factors contributing to the failure of therapists to take responsibility for educating themselves regarding such important, and potentially problematic, topics.

Referring to Briere's (1989) observation that, with the exception of memories of childhood sexual abuse, client reports are generally believed to be accurate, the authors

concur that this is a curious departure. Subtly implying that a political conspiracy or backlash is responsible for this phenomenon, the authors do not, however, clarify who it is that Briere is talking about. Is it society in general, therapists, family members, or some other group? What, specifically, do critics of recovered memory say about therapy in general, and the believability of client descriptions regarding problems other than sexual abuse? Do specific differences exist between the problem of sexual abuse and problems that are less difficult to believe - i.e. the amount of time that has passed between the event and its disclosure, issues related to recall, or issues related to the problem's potential impact on others. If so, what are they?

With respect to Terr's (1988, 1994) claim that verbal retrieval may not be possible but that behavioral/nonverbal memory is retained and that trauma is reenacted, the authors do not acknowledge difficulties associated with some of Terr's examples. Specifically, problems associated with evidence given by Terr in the Franklin case are not addressed, in spite of concerns raised by family members and others (Crews, 1995). Overlooking such criticisms, rather than acknowledging and addressing them, casts doubt on the points that an expert such as Terr is being used to support.

Referring to Courtois' (1992) suggestion that sexual abuse therapy and memory work often begin with a phase of denial, numbing, and avoidance, which is followed by a phase of intrusive images, memories, flashbacks, and nightmares, the authors do not discuss either the process by which this shift happens, or the problems associated with exposure to potentially contaminating experiences along the way. Although recommending that clients' denials of a sexual abuse history be accepted, and that the focus of treatment remain on the goals of the client, Enns et al. also stress the importance of remaining open to the idea that new issues may emerge as therapy progresses. While not contentious on

its own, this advice must not overlook the fact that hypotheses regarding abuse frequently remain unconfirmed.

Noting that disclosures of abuse are not always forthcoming during the initial assessment, the authors refer to Briere's (1992) suggestion regarding the exploration of nonabuse-related memories in an effort to establish safety and set the stage for disclosure of abuse-related information. Although sound advice from within a theoretical perspective that advocates exploration of the past in an effort to resolve the problems of the present, this approach does not suit all clients, therapists, or presenting problems. Somehow, as well, this suggestion must accommodate the authors' expressed belief that psychological maturity is associated with the ability to tolerate uncertainty and ambiguity.

Additionally, the suggestion by Enns et al. that efforts to remember the past should be framed as a method for creating greater meaning in the present, as well as their statement that memory work may be necessary to discontinue the reenactment of behaviors rooted in the traumatic experience, overlook the fact that these positions are not advocated by all therapists. In fact, some therapies focus primarily on working with what is available, which, in many cases is the problematic behavior. Such suggestions, contrary to being helpful, may actually increase the possibility that clients will feel pressured to "remember," and/or powerless to control their present and/or future if they cannot remember the past. Although a philosophical and theoretical issue as well as a practical one, it is not acknowledged as such.

Stressing the importance of communicating to clients that the primary role of therapy is to provide coherent organization of past experiences in an effort to chart a productive course of action, rather than to ensure verifiable, historical accuracy, the authors also

suggest that clients be advised that this is not a denial of abuse but a reflection on the nature of memory. Although important advice, this raises the question of why so many sexual abuse cases are finding their way into the courts. As well, not all therapies agree that it is important to organize past experiences and, as noted previously, it is not unanimously accepted that the past must be known in order to productively chart the future.

Similarly, with respect to Terr's (1994) recommendation to look for external confirmation of abuse, the authors do not explain why this is necessary. What, specifically, is the value of proving that something that cannot be remembered, happened? In too many cases, time spent recollecting, and/or trying to "prove"an unprovable past, is time that cannot be spent dealing with the present and/or planning for the future. Referring to surveys indicating that practitioners who are the least informed are using the most problematic techniques, the authors respond simply by suggesting that more research regarding the strengths and limitations of these techniques is necessary. The failure to ask whether or not we can afford to allow the ill-informed to continue using problematic techniques until research indicates that it is safe to do so, contributes to the kind of practice that creates the context in which criticisms flourish.

Adopting a somewhat idealistic approach to group therapy, the authors dismiss concerns that group work contributes to the development of false memories, on the grounds that empirical evidence has not been provided to support this claim. In light of the volume of research conducted by social psychologists regarding group behavior, this position does not seem reasonable. Admitting that groups have the potential to abuse power and that members must be reassured that the validity of their experience is not measured by comparison to others, the authors state that it is important to protect group

members from "undue pressure" (Enns et al. 1995, p. 245). This raises the question of whether or not there is a "due" amount of pressure that is acceptable. If answered in the affirmative, a description of "due pressure" should be provided, and examples of situations presented, in which its use is recommended. Apparently operating from the assumption that all group members are benevolent and nurturing, the authors do not acknowledge the possibility that abusive family of origin dynamics, as well as dynamics associated with the traumatic event itself, may be brought to the group experience.

Concurring with the rationale provided by Herman and Harvey (1993) regarding self-help authors' encouragement of clients to believe their own suspicions, Enns et al. contradict their earlier views regarding the importance of therapeutic neutrality, and seem to excuse the problems associated with the premature and/or false "certainty" that clients must live with, after acting on such advice. Citing Courtois (1988), who, according to the authors, has suggested that metaphors may be useful for clients who have trouble communicating explicitly about abuse, the authors fail to acknowledge or discuss the problem of suggestibility. Additionally, questions regarding what to do with such "disclosures," and how to help clients cope with the information that is "recovered" through the use of metaphor and other indirect methods of inquiry, are not addressed.

Although recommending that consumer-oriented educational materials and brochures be produced for clients and/or the public, that identify ethical and unethical practices in sexual abuse therapy, the authors do not make suggestions for dealing with unethical behavior. In an effort to ensure that clients have the information necessary to enable them to act in their own best interests, a discussion should be included regarding the complaint process, as well as any other avenues available should an ethical breach occur. In addition to their general failure to address relevant legal matters and their implications,

the authors do not discuss the issue of confidentiality as it relates to the obligation to report historical abuse when a current risk of re-offending exists.

Focusing on the impact of the false memory debate on family members' denials of abuse and desire for retaliation, the authors overlook the fact that this type of response to disclosure was identified as a problem at least ten years before the False Memory Syndrome Foundation was established (Herman, 1981). Stating that legal and judicial reforms offer new ways to seek restitution through the court system, the authors stress that, in addition to their affirmational value, legal and monetary settlements provide money for further therapy. This contradicts their earlier position that the goal of therapy is not to collect evidence for court, and fails to address the criticism that, by encouraging the retrieval of abuse memories, therapists are not only creating a market, but risking their clients well-being, in order to guarantee their own financial survival.

CHAPTER FOUR

ELIZABETH LOFTUS AND KATHERINE KETCHAM

Sexual Abuse

Stressing that they do not dispute the reality of sexual abuse, the existence and impact of traumatic memories, or the experiences of never forgotten historical abuse, Loftus and Ketcham (1994) advise that what they do not accept is the concept of repression, its relationship to sexual abuse, and its role in therapy. Describing numerous examples of therapeutic abuse perpetrated against vulnerable clients by therapists apparently unconcerned by the consequences of their actions, the authors advise that they are not concerned with compassionate and responsible therapists. This type of therapist, according to Loftus and Ketcham, creates a supportive and empathic environment that makes it possible for clients to verbalize memories that have previously been too difficult to share.

Acknowledging that statistics typically suggest that one in three women is sexually abused by the age of eighteen, the authors stress that, given the wide range of behaviors defined as abusive, the reliability of these figures should be questioned (Loftus & Ketcham, 1994, p. 34). Warning of the dangers of such broad definitions, and the potentially destructive nature of sexual abuse allegations, Loftus and Ketcham advise that families are too frequently destroyed when an adult child, seeking therapy for everyday problems, becomes a sexual abuse survivor. Referring to cases in which memories of sexual abuse did not exist until therapy began, the authors express concern regarding the impact of therapeutic techniques designed to elicit long forgotten information about the past.

Noting that shock and disbelief are common first reactions to therapeutically suggested sexual abuse, the authors suggest that clients become increasingly invested in the idea that they were sexually traumatized once convinced of the positive correlation between historical abuse and severity of current distress. Consequently, many clients, eager to believe that life will improve once the terrible truth is known, commit themselves wholeheartedly to the search for long-forgotten memories of abuse. Suggesting that the return of memories of sexual abuse is preceded by ambiguous feelings or images that become clear, detailed, and reliable recollections once the reader is ready, self help authors, according to the authors, promote the notion that "incest is epidemic, repression is rampant, recovery is possible, and therapy can help" (Loftus & Ketcham, 1994, p. 141).

Referring to a discussion (Hillman & Ventura, 1992) regarding the "current cultural obsession with incest and sexual abuse" (Loftus & Ketcham, 1994, p. 264), the authors summarize the view expressed by one of the participants regarding the place of hell in modern times. From this perspective, childhood, the new hell, "tilts precariously on the fulcrum of another metaphorical construct - the pure and innocent Inner Child" (p. 264). Such metaphors, according to Loftus and Ketcham, are too often treated as if they are literal representations of reality. While not dismissing the impact of actual sexual experiences that are genuinely traumatic, the authors point out the possibility that, sometimes, it is therapy rather than abuse, that makes childhood "the hell from which there is no escape" (p. 268).

Memory

Likening memories to "clouds or vapor" that do not "sit in one place, waiting patiently to be retrieved" (Loftus & Ketcham, 1994, p. 4) but rather, float through the

mind, Loftus and Ketcham stress that, given it's amorphous nature, memory has little to do with literal truth. Distinguishing between "happening-truth" and "story-truth," the authors note that in addition to preserving the past, story-telling functions to reduce the anxiety associated with ambiguity (p. 39). Cautioning, however, against becoming so enthralled with one's own stories that distinctions between these two truths are lost, the authors point out that story-truth, the more vivid and detailed of the two, is frequently mistaken for happening-truth.

Expressing concern regarding the devastating consequences of such confusion, Loftus and Ketcham stress the danger of overlooking or underestimating the potentially contaminating effect of factors such as the amount of time that has passed since the original event, and exposure to "facts, ideas, inferences, and opinions that become available to a witness after an event is completely over" (Loftus & Ketcham, 1994, p. 62). Referring to studies regarding post-event information, and the extent to which it is protected and/or cultivated by subjects following exposure, the authors point out that subjects whose memories have been experimentally manipulated, tend to report high levels of confidence in the accuracy of their memories, in spite of the fact that they have been altered. Consequently, resistance to the notion of suggestibility is, according to the authors, a commonly occurring phenomenon that serves to further erode the "permeable and unguarded" boundary between fact and fiction that "we cross...all the time in our dreams, desires, and imaginations" (p. 68).

Noting that metaphors proliferate in discussions of memory, the authors caution that comparisons that reinforce the idea that memory works like a library, computer, or videotape may result in an unwarranted sense of comfort regarding its accuracy and efficiency. Referring to a discussion of the work of Penfield (Loftus & Loftus, 1980),

whose research suggested that information was stored permanently in the brain as if tape recorded, the authors point out that questions have arisen regarding Penfield's conclusions (Loftus & Ketcham, 1994, p. 73). Noting Penfield's hypothesis that stimulation of the temporal lobes of epileptic subjects could result in the retrieval of memories, the authors suggest that Penfield's use of the term "memory" to describe what may actually have been sensations, may have been misleading. Noting that Penfield's interpretation of his data suggested that subjects experienced the return of auditory, visual, and olfactory memories, subsequent analysis of individual results has revealed that the majority of subjects experienced only a mental image or sensory experience, that was then interpreted as a memory (Loftus & Ketcham, 1994, p. 75).

Focusing on current research involving complicated brain mapping techniques, the authors advise that, contrary to popular opinion, memory consists of a variety of activities conducted in different parts of the brain. Stating that memory formation begins with visual identification of objects and/or characteristics, Loftus and Ketcham discuss the processes by which information is stored in brain cells for later retrieval. Remarking on specific physical changes that take place at the cellular level, the authors point out that different sensations are linked and integrated by the hippocampus into single experiences that become memories. Each time a specific memory is retrieved, the connections between brain cells are reinforced. Although noting the importance of the hippocampus in the formulation of memories of specific events, the authors advise that skill development, referred to as procedural learning, may involve other structures (Loftus & Ketcham, 1994, p. 75).

In their discussion of the complicated nature of neural functioning, the authors use the metaphor of overlapping nets to describe the connections among different neural sites,

as well as the manner in which the information within them is retrieved. Noting the fragility of these nets, the authors caution that knots, frays, and holes are naturally occurring, and that a great deal of care must be exercised whenever engaging in procedures that might result in further damage. Although acknowledging the brain's tendency towards self-repair, the authors warn that "it is not always a skilled or meticulous seamstress" (Loftus & Ketcham, 1994, p. 75). Overlooking or minimizing this fact, according to Loftus and Ketcham, may result in erroneous assumptions regarding the veracity of recovered memories.

Noting that observations have been made regarding the difficulty encountered by researchers who have attempted to experimentally produce repression, the authors concur that evidence for its existence is slim (Loftus & Ketcham, 1994, p. 49). Referring to Terr (1990), who has suggested that the mind, like an expensive camera, is capable of detailed photography, the authors point out that having the right equipment is only the beginning (Loftus & Ketcham, 1994, p. 57). Advising that stressful conditions frequently result in photographer error, the authors argue that memory equipment, no matter how sophisticated, is subject to the same type of operator error (p. 58).

In spite of these problems, however, modern therapists, maintain that the process of repression is always unconscious. This is contrary to Freud, who emphasized the defensive function of repression, and its active and deliberate quality. According to the authors, such therapists argue vehemently that historically accurate information is retrieved when repression is dissolved. Furthermore, a treatment approach is advocated which is based on a belief in the mind's ability to protect itself from painful events by removing them from consciousness. While the authors acknowledge that some pro-recovered memory participants have agreed that repression is an unusual event (Loftus &

Ketcham, 1994, p. 215), they caution that many professionals still believe that "repression is finally being rediscovered" (p. 145).

Advising that they are not opposed to the idea that forgetting, motivated forgetting, and amnesia are examples of commonly occurring memory processes, Loftus and Ketcham stress that repression is not such an example. Describing "forgetting" as the inability to recall details or events, the authors point out that this is a naturally occurring, and experimentally demonstrable process, that takes place over time (Loftus & Ketcham, 1994, p. 214). Motivated forgetting, more difficult to replicate in the experimental environment, is nonetheless a common part of everyday life, and defined as the act of consciously avoiding certain memories (p. 215). Amnesia, divided into three types, exists in anterograde, retrograde, and traumatic varieties (p. 215). Anterograde and retrograde amnesia, generally considered to be rare, result from injury to the brain, and represent a reduction in the ability to recall post-injury (anterograde), or pre-injury (retrograde) events. Most commonly confused with repression, traumatic or psychogenic amnesia, although manifested in a variety of ways, occurs when the biological processes involved in the storage of information are disrupted by an event that is "terrifying or emotionally disturbing" (p. 215). Unlike repression, however, traumatic amnesia is usually short-lived, and reversible. Additionally, individuals who have experienced traumatic amnesia, unlike those who claim repression, are typically aware of the fact that their memories have been affected, and that information regarding past experiences is missing.

Therapy

Therapy, according to Loftus and Ketcham, is the context in which the problems associated with recovered memories of abuse begin. Cautioning against therapists who spend too much time addressing questions that may not have answers, the authors stress

that the simplistic explanations and magical cures that typify recovered memory therapy are a recipe for disaster. Presenting numerous anecdotal accounts of therapy gone awry, Loftus and Ketcham point out that in these, and countless other cases, clients, encouraged to remember historical abuse that either did not happen, or could not be corroborated, have become survivors of therapy rather than abuse.

According to Loftus and Ketcham, recovered memory therapy is based on the general principles or beliefs that sexual abuse has reached epidemic proportions, that repression is rampant, and that recovery can occur (Loftus & Ketcham, 1994, p. 142-148). With respect to the notion that sexual abuse has reached epidemic proportions, that authors point out that while statistics citing the high incidence of sexual abuse frequently fuel fear, they are also meant to comfort clients who have felt isolated and alone. Noting the variety of ways in which sexual abuse is defined, Loftus and Ketcham stress that this dilemma is further exaggerated by therapists who maintain that if something feels like sexual abuse, it is sexual abuse. According to these authors, practices such as emphasizing subjective experience over objective assessment, contribute to inflated statistics.

With respect to the idea that repression is rampant, Loftus and Ketcham focus on the circularity that characterizes recovered memory therapy. According to the recovered memory perspective, memory loss is the result of repression, repression is the result of abuse, symptomatic behavior is the result of repressed material breaking into consciousness, and the break through of repressed material is an indication that the client is ready to remember and heal. Client intuition also plays an important role in this cycle, and in the opinion of the authors, is highlighted by Fredrickson (1992), who stresses the importance of encouraging clients to talk about their recovered memories until they can

be intuitively believed. Finally, therapists must be committed to working diligently, until all that was repressed has been uncovered. This diligence, according to Loftus and Ketcham, is motivated by the third principle of recovered memory therapy, the belief that recovery is possible.

Recovery, from the perspective of Loftus and Ketcham, is presented as the "land of triumph and renewal" (Loftus & Ketcham, 1994, p. 148), where it is possible for clients to become the people they have always dreamed of being. Noting the importance of the therapeutic relationship, Loftus and Ketcham advise that clients, desiring a special relationship with the therapist, may create false memories in an effort to obtain attention or gain approval. Suggesting that such memories are "wheeled in like a gaudy movie set to cover drab background scenery" (Loftus & Ketcham, 1994, p. 87), the authors stress that responsibility for neutralizing this troublesome dynamic rests with the therapist. Unfortunately, according to Loftus and Ketcham, therapists do not fully appreciate the relationship between their own subtly suggestive behaviors, the techniques they use, and the false memories that result.

Clients, informed that healing does not mean the end of pain are, in the opinion of Loftus and Ketcham, encouraged to view their personal struggles as part of the larger, and more general battle against oppression and injustice (p. 149). Warning that the suffering and anguish experienced in confronting the past implies a certain "specialness," the authors liken clients to members of an exclusive club. Recovered memory clients, led to believe that by healing themselves they have participated in healing the world, may display an attitude of "self-righteousness that separates and divides" (p. 150). This attitude, according to Loftus and Ketcham, is therapist-created and reinforced, and results in a "black-and-white dichotomizing of the world" (p. 150).

Discussing specific interventions, the authors identify twelve potentially problematic techniques used by therapists working with recovered memories of abuse. Included are the use of direct questions and symptom lists, imagistic and dream work, journal writing, body work, hypnosis, art therapy and feelings work, group therapy, confrontations, and suing the perpetrator. While not arguing that direct questions should never be used in therapy, the authors caution that the indiscriminate use of this technique may result in the confirmation of preconceived ideas, rather than the unearthing of reality. In short, therapists find what they are looking for. Symptom lists, according to Loftus and Ketcham, are troublesome in their tendency to pathologize. Noting that lists are typically so general as to apply to most people, the authors caution, once again, that just about any behavior can be seen as deviant when an investment exists to do so.

With respect to imagistic work, or the technique of creating stories to explain images, the authors caution against any technique that encourages clients to suspend their capacities for critical thinking. Advising that imagination exercises have been shown to result in a diminished ability to distinguish between reality and fantasy, the authors suggest that the risk associated with this technique is that people end up believing the stories they tell (Loftus & Ketcham, 1994, p. 158). Dream work, based on the notion that dreams are the vehicle by which the unconscious mind is accessed, involves the interpretation of dream events as symbolic indicators of abuse. Raising concerns similar to those expressed regarding imagistic work, the authors point out that dream interpretation probably reflects therapist bias more closely than it describes client reality.

Citing Fredrickson (1992), the authors describe journal writing as a method by which five different types of memory may be accessed. Consisting of three different methods, journal writing may take the form of writing down whatever comes to mind, writing a

story about an abusive experience that is real or imagined, or listing the responses that arise when asked prompting questions (Loftus & Ketcham, 1994, p. 161). Pointing out that research does not support the notion that different types of memory exist, or that they may be accessed through the use of methods such as those suggested by Fredrickson, the authors stress the need for caution when using this, or any technique that recommends the suspension of critical thinking.

Referring to Fredrickson's (1992) use of body work, the authors describe this technique as a three stage process which is based on the idea that memories unconsciously rejected by the mind are held in the body. These stages may involve any, or all, of the five senses. Loftus and Ketcham express skepticism regarding the reliability of information obtained in such a manner. While acknowledging the possibility that unconscious material may be manifested in physical or behavioral symptoms, the authors warn that evidence to support the claim that muscle responses provide reliable information about past events, does not currently exist.

Hypnosis, commonly believed to be a useful technique for recovering memories of abuse, most commonly takes the form of age regression, a process by which clients are first placed in a trance state. Traveling backwards in time, clients are directed to stop when they reach an age that seems important. At this point, they are asked to describe the repressed memories of abuse that are expected to surface. Pointing out that the relationship between suggestibility and hypnosis is frequently overlooked, minimized, or ignored, the authors stress the need for caution when using formal hypnosis, or any technique that has the potential to alter reality.

While acknowledging that art therapy and feeling work may help clients visualize and/or verbalize their feelings, the authors stress that the use of such techniques to explore, or expand suspicions of abuse, is highly questionable. Group therapy, described by the authors as a widely accepted form of treatment, is also, according to Loftus and Ketcham, a process that "can suddenly spiral out of control" (Loftus & Ketcham, 1994, p. 170). Noting the implications of combining clients who have memories of abuse with those who do not, the authors express concern regarding the pressure felt by group members to create memories in an effort to belong. While acknowledging groups as a potential source of support and understanding, Loftus and Ketcham raise the additional possibility that group members may become overwhelmed as they listen to one another's stories of abuse.

Confrontation of the offender, presented as an important development ritual that marks the client's transformation from victim to survivor is also, according to Loftus and Ketcham, described by therapists as a difficult and potentially dangerous process. Acknowledging that clients are encouraged to make their own decisions regarding whether or not to confront, the authors express concern that this choice is made more difficult by the fact that the healing power of confrontation is widely promoted. Expressing concern regarding the potentially devastating long term consequences of confronting people who may not be guilty, Loftus and Ketcham advise that the impact of such acts is felt by more people than just the client and alleged offender. Closely related to the issue of confrontation is that of suing the perpetrator, the final technique disucssed by Loftus and Ketcham. This technique involves attempts to gain financial compensation for damages resulting from the abuse. Noting the extent to which self help books address this issue, the authors note that readers are typically led to believe that they will experience significant benefit as a result of pursuing legal action. Pointing out that

financial compensation may be used to cover the cost of continued therapy, the authors express skepticism regarding the client centered quality of this technique.

Critical of therapists and their role in the creation of false memories, Loftus and Ketcham do, however, acknowledge that problematic procedures and outcomes are sometimes the result of good intentions. One such case, according to the authors, is the example of therapist empathy. Compassionately aware of client suffering, therapists do not wish to replicate the dynamics of the original abuse by giving the impression that they are minimizing, discounting, or invalidating their clients. Consequently, doubts and questions that may be valid as well as helpful, are too quickly dismissed, or ignored altogether. Although well-intended, Loftus and Ketcham advise that this type of behavior creates more problems than it solves. Another possibility, according to the authors, is that therapists, aware of the chaos around them, need to believe that something as personal as the mind is under the control of the individual attached to it (Loftus & Ketcham, 1994, p. 67). This belief, combined with the current cultural obsession with abuse, not only sanctions but promotes the kind of therapeutic excesses that drive the recovered memory debate and continue to polarize and divide professionals.

Approach to the Opposition.

The opposition, according to "The Myth of Repressed Memory" (Loftus & Ketcham, 1994), does not understand Elizabeth Loftus. Described as a research psychologist who has devoted her life to the study of memory, the authors point out that Loftus is considered an expert regarding the flexibility of memory. Having "testified in hundreds of court cases" (1994, p. 3), Loftus has tried to impress juries with metaphors designed to help them appreciate the complexities of memory. Describing challenges to her work as "resistance," the authors point out that, in addition to having worked with thousands of

subjects, Loftus has played an important role in the redefining of memory as a reconstructive process.

According to Loftus and Ketcham, Loftus is responsible for changing opinions, saving innocent people from jail, generating new research, and fueling intense debate (Loftus & Ketcham, 1994, p. 5). In the context of a professional life that involves answering hate mail, dodging threatening telephone calls, and defending her work "from a rapidly enlarging and increasingly hostile band of critics" (p. 5), Loftus feels "privileged to be at the center of an unfolding drama, a modern tale...that...rivals the pathos of an ancient Greek tragedy" (p. 6). Acknowledging that she is a skeptic, the authors point out that Loftus is not without sympathy for the cause of the "True Believers" (p. 32).

Pointing out that "I live, breathe, eat, and sleep repression" (Loftus & Ketcham, 1994, p. 37), the authors note that Loftus admits to being obsessed with memory distortion, at the same time that she is a "compulsive workaholic" whose yearning for security and unconditional love has remained unfulfilled (p. 39). Further described as a "seeker of balance and compromise" who prefers "rational discussion and intelligent airing of differences," Loftus is said to "refuse to stand in judgment over anyone" (p. 206). Stressing that she participates in, as well as declines, offers to collaborate with colleagues on both sides of the recovered memory debate, Loftus advises that "every bit of criticism wounds me, even the off-the-wall vitriol that occasionally gets thrown my way" (p. 224).

Acknowledging Loftus' position "at the center of an increasingly bitter and fractious controversy" (Loftus & Ketcham, 1994, p. 31), the authors advise that this situation has arisen because of the way in which therapists have responded to the issue of memory.

Dividing participants in the recovered memory debate into two groups labeled respectively, the "True Believers" and the "Skeptics," (p. 31) Loftus and Ketcham advise that these two sides are diametrically opposed. According to the authors, "True Believers" accept the concept of repression without hesitation, while "Skeptics" focus on its scientific shortcomings. Describing "True Believers" as laying claim to "the moral high ground", the authors suggest that the message associated with this perspective "is that anyone who refuses to join...is either antiwoman, antichild, antiprogress, or, at the worst extreme, 'dirty,' i.e., a practicing pedophile or satanist" (p. 32). Describing "Skeptics" as those who "talk of proof, corroboration, and scientific truth-seeking," Loftus and Ketcham point out that this group is "not afraid to hurl some deadly grenades of their own" (p. 32). Some of these attacks, according to the authors, include references to therapists as "misguided, undertrained, and overzealous...implanting false memories in the minds of suggestible clients...ripping families apart" (p. 32).

Conceding that the veracity of memories may be relatively unimportant in the therapeutic setting, Loftus and Ketcham caution that the issue of accuracy becomes central when information retrieved during the course of therapy becomes the basis of legal prosecution. Although acknowledging criticisms regarding the generalizability of laboratory research to memory for traumatic events, the authors point out that research regarding basic memory processes has resulted in the accumulation of data that have been successfully generalized to situations encountered in every day life. Describing repression as a concept that is unamenable to scientific investigation, the authors stress that it is "a philosophical entity, requiring a leap of faith in order to believe" (Loftus & Ketcham, 1994, p. 64). At the root of this willingness to leap, according to the authors, is fear. Pointing out that most people are profoundly disturbed by the idea that the mind is capable of creating the kinds of delusions "uncovered" in recovered memory therapy, the

authors stress that, as a result, society's investment in the myth of repression, continues to grow.

Noting the adversarial tone of the recovered memory debate, the authors caution that the emotionally stirring arguments presented in the "male vs. female, patriarchal vs. matriarchal battle in the war to end child abuse" (Loftus & Ketcham, 1994, p. 205) divert attention from other, more relevant issues. Referring to the impact of false allegations on all involved, Loftus and Ketcham suggest that therapists, predisposed to detect sexual abuse and caught up in their clients' pain, have oversimplified and distorted Freud's work in an effort to create a happy ending for those whose misery is otherwise inexplicable. The end result, according to the authors, is the creation of a "rickety theoretical structure" (p. 265) in which truth, and symbolic representations of truth, are confused.

Critique.

In relying on Loftus' status as an experimental psychologist, and their assessment of her as "a seeker of balance and compromise" (Loftus & Ketcham, 1994, p. 206), the authors attempt to enhance the credibility of the anti-recovered memory position while consistently presenting the pro-recovered memory position as unreasonable, irrational, incompetent, and scientifically uninformed. Although sometimes quite subtle, the tactics the authors use to convince readers of the validity of their position frequently contradict the description of Loftus as concerned with fair play. Contradicting their view of themselves as committed to rational discussion and unwilling to stand in judgment over anyone, Loftus and Ketcham do not hesitate to attack the character and motivation of those whose allegations of historical abuse have been successfully prosecuted. Adopting a decidedly pro-accused bias, Loftus and Ketcham's approach to the issue of allegations is twofold. Firstly, in an attempt to stir compassion for those who must contend with

allegations of historical abuse made by their adult children, the authors focus on characteristics such as age, deteriorating health, dedication to parenting, and the sorrow of betrayal, to arouse sympathy in readers. Secondly, insinsuating that no one is safe from the devastating impact of repressed memories, Loftus and Ketcham imply that allegations may be made against anyone, at any time. Delivering this type of message, the authors seem to be relying on fear to ensure support for their position.

Acknowledging criticisms that Loftus does not balance stories of clinicians who engage in questionable practices, with those who are skilled and competent, the authors concede, in passing, that good therapy is being done. However, relying primarily on the recommendations made by Fredrickson (1992) regarding therapeutic interventions in recovered memory therapy, Loftus and Ketcham provide, not so much a critique of recovered memory therapy, as they do of Renee Fredrickson's particular suggestions. Referring almost exclusively to extreme positions within the recovered memory camp, the authors give little attention to the contributions of more scientifically informed opponents such as VanderKolk and VanderHart (1981) (Loftus & Ketcham, 1994, p. 145).

Although presenting themselves as sympathetic to the cause of "real" abuse survivors, the authors contribute to the discomfort frequently associated with discussions of sexual abuse by referring to such works as, "We've Had a Hundred Years of Psychotherapy and the World's Getting Worse" (Hillman & Passy, 1992). Quoting authors, Hilman and Passy (1992), Loftus and Ketcham concur with their views regarding the "current cultural obsession with incest and sexual abuse" (Loftus & Ketcham, 1994, p. 264), and warn of the consequences of allowing this to continue. In a subtle admonishment of abuse victims whose traumatic experiences have not yet been

transformed into character strengthening ones, Loftus discusses her own abuse by a babysitter. Stating that she has never forgotten it, repressed it, or talked to her parents about it, she advises that she has chosen to leave this experience in the past where it belongs, even though she has been "deeply affected" (1994, p. 225) by it. The subtle implication that there is a "right" way to go about resolving abuse related issues, suggests a lack of concern regarding the possibility that this message could very well result in the negative evaluation, and stigmatization, of anyone who has dealt with trauma differently.

Describing challenges to Loftus' research as "resistance to my life's work" (Loftus & Ketcham, 1994, p. 4), the authors personalize the recovered memory debate, and in doing so, demonstrate a certain naiveté regarding the scientific and academic processes involved in addressing research questions. At the same time that Loftus and Ketcham stress the importance of scientific investigation, the approach they take to their opposition suggests a belief that the comments or criticisms of those whose beliefs differ fundamentally from their own are the result of a vendetta, rather than an earnest desire to address complex issues. Additionally, citing example after example of therapy gone awry, Loftus and Ketcham are so focused on the task of identifying and exposing therapeutic excess, that they subject their readers to the risk of vicarious traumatization.

Furthermore, given their concerns regarding therapeutic influence and suggestibility, the lack of concern that they apparently feel regarding the impact that their condemnations of therapy might have on those who would benefit from receiving competent treatment, is striking. Since "The Myth of Repressed Memory" seems to be written primarily for the lay public, failing to consider the effect that these stories might have on such readers does not constitute ethically sound behavior, regardless of its motivation. Such questionable ethics also are evidenced by the enthusiasm expressed by

Loftus at receiving recordings of therapy sessions, taped without the therapist's knowledge or consent (Loftus & Ketcham, 1994, p. 177). Although perhaps similar to the reaction of any research psychologist who has unexpectedly obtained "objective" data, it is disappointing that Loftus' excitement prevented her from considering the ethical implications of appearing to sanction this kind of behavior.

Pointing out that they do not object to therapists who "elicit" memories in therapy, the authors seem to suggest that some elicited memories are acceptable, while others are not. Except for their reference to the retrieval of repressed memories as " 'repressed' memories that did not exist until someone went looking for them" (Loftus & Ketcham, 1994, 141), it is not clear how the retrieval process differs with respect to acceptably and unacceptably elicited memories. While it may be that the authors are referring to memories that were never forgotten, although never before verbalized, this point should be clarified. Referring to a request in the 1980s for assistance with a journal article on the retrieval process involved in repressed memories of sexual abuse, the authors advise that the definition of repression offered by Loftus at that time was "memory for a real event that you haven't thought about for a very long time as compared to a memory...thought about periodically throughout your whole life" (p. 223). Apparently, when repression means "forgotten," it is an acceptable concept. This example also suggests that, in addition to the problem of clarity, a major difficulty associated with this entire debate is the open-ended, flexible way in which terms are defined.

In spite of their position that memory is malleable, their belief that the more a story is told, the more likely the teller is to believe it, and their cautions regarding the importance of differentiating between "story truth" and "happening truth," Loftus and Ketcham rely exclusively on recitations of "story truth" to build their case against repression and

recovered memories. Even when noting, in their anecdotal accounts of therapy, the prescription of anti-psychotic medications to patients whose lives then "consisted of one blurry dream after another" (Loftus & Ketcham, 1994, p. 16), the authors include direct quotes from these same patients. Citing conversations that took place between these women and their doctors, as long as ten or more years ago, Loftus and Ketcham apparently accept the veracity of these accounts. Describing these exchanges in exacting detail, sometimes even including the emotional tone of conversations (p. 12 -16), the authors bolster their case against recovered memory therapy by relying on memories that, according to their own description, have most certainly been altered by medication, as well as the passage of time. Given that their position regarding the veracity of recovered memories rests on the premise that memory is fallible, it is unclear where their confidence in these stories originates, or why they would rely so heavily on such questionable data to further their argument. Although perhaps a manifestation of their perception that Loftus is "at the center of an unfolding drama" (p. 6), such questionable tactics on the part of authors concerned with the devastating effect of recovered memories on the lives of clients and their families, seems self-serving and irresponsible.

CHAPTER FIVE

FREDERICK CREWS

Sexual Abuse

Acknowledging the legitimacy of claims made by feminist groups in the 1970s and 1980s regarding the under reporting of sexual abuse, Crews concedes that current allegations regarding recovered memories of historical abuse cannot be discounted simply on the basis of their compatibility with the feminist agenda. Crews also points out, however, that it is difficult to assess the veracity of recovered memories when repression, the very concept upon which they are founded, stands in doubt.

Noting that sexual abuse seems to have become a victim-defined experience, Crews points out that authors such as Bass and Davis (1988), Fredrickson (1992), and Blume (1990) have supported this perspective in their writings. According to Crews, it is suggested that sexual abuse has occurred whenever the victim thinks it has, that touching need not be a part of the abuse, and that words, sounds, and exposure to sexual sights and acts that do not involve the observer, may be considered sexually abusive. In addition to its physical and cognitive components, sexual abuse may also be an emotional experience. To this end, Crews notes that emotional incest has been defined as an unconscious attempt by parents, to satisfy their own unmet needs (Crews, 1995, p. 195).

Even more disturbing than diffuse definitions of abuse are what Crews refers to as "false positives" (Crews, 1995, p. 195). These are cases of women who did not experience sexual abuse as children, but who are coerced into believing that they did. Expressing concern that those who work with such women focus exclusively on reinforcing incest suspicions, rather than checking them against solid facts, Crews points

out that the guiding premise underlying this type of work is that to question such "memories" is to risk re-repression. Referring to the concept of "confirmatory bias" (p. 197), Crews notes that checklists commonly found in self help books often validate suspicions readers may have regarding historical abuse. According to Crews, this process frequently leads people to memory therapy where their fears are transformed into memories.

Noting the recovered memory movement's general tendency towards "puritanical alarmism," Crews states that this tendency is most obvious in the willingness to invest a "mere touch or look" with "traumatic consequences that supposedly remain virulent for thirty years and more" (Crews, 1995, p. 210). From Crews' perspective, Freud's modern day contemporaries are "adults who see toddlers playing doctor and immediately phone the police" (p. 210).

Memory.

Referring to the work of Elizabeth Loftus (Loftus & Ketcham, 1994), Crews advises that Loftus is considered by the recovered memory movement to be a foe of incest survivors. This perspective, according to Crews, is due to the fact that Loftus has scientifically challenged the principles upon which recovered memory therapy is based. Pointing out that research conducted by Loftus does not support the idea that memory functions in the way that many recovered memory therapists assume, Crews reiterates Loftus' conclusions regarding the sketchy, reconstructive, and unlocalized nature of memory (Crews, 1995, p. 164). According to Crews, memory decays over time, and is easily corrupted by purposeful experimental manipulation, or less intentional therapeutic effects. This perspective directly contradicts the notion that events are stored in a special

part of the brain, as if on videotape, to be recalled in almost perfect detail, many years later.

Although acknowledging that the deterioration of memory can be slowed, to some extent, by revisiting the information in question from time to time, Crews points out that this process is complicated by the phenomenon of retrospective bias, or a tendency to recall the past in a way that is compatible with one's current values. This view is consistent with Loftus' beliefs that memory always fades with the passing of time, and that post event information, once incorporated, becomes part of what is remembered about the original event, regardless of whether or not the information is true. Stressing that flashbacks are an unreliable source of information about the past, Crews again refers to Loftus, who claims that evidence for the gradual avoidance and atrophy of distressing events is greater than the evidence for repression (Crews, 1995, p. 165).

Identifying Lenore Terr (1994) as an advocate of recovered memory therapy who has not been afraid to challenge Loftus, Crews notes that Terr's criticisms have focused on the fact that Loftus's conclusions are derived from experiments with university students, rather than clinical observations. Noting Terr's claim that it is possible to confirm the veracity of recovered memories by carefully interpreting a client's symptoms, Crews points out that Terr's assumption of expertise in this area is based simply on her involvement as an expert witness in one court case regarding a decades old murder, and a collection of questionable anecdotes about therapeutically assisted memories of childhood incest (Crews, 1995, p. 170). Pointing out that Terr's testimony was critical in obtaining a conviction in the murder trial, Crews also notes that Terr, and the jury were impressed by the incredibly vivid and detailed nature of Eileen Lipsker's memory of the murder, an

event that had somehow been stored intact and uncompromised in her unconscious mind, for twenty years.

Noting Freud's influence on current theories of repression, Crews suggests that few proponents of the recovered memory movement have actually studied Freud's texts. Consequently, according to Crews, these practitioners are free of the ambiguities and contradictions inherent in the Freudian theory of repression. Explaining Freud's decision to redirect his attention from actual to imagined incest, Crews suggests that Freud made this move in an effort to keep the concept of repression alive, rather than to protect offending fathers, as has been suggested. Noting that Freud also found himself in the distressing position of needing to explain why his therapeutic efforts to uncover sexual abuse had not met with success, Crews states that this required sacrificing the integrity of the unconscious. In a dramatic about face, Freud betrayed his patients by holding them responsible for imagining the incestuous acts he had previously encouraged them to remember, and out of the ashes of repression, psychoanalysis was born. Subsequently, repression was used to explain the inability of patients to remember the unfulfilled sexual longings of childhood.

Although these developments in Freudian theory resulted in an abandonment of interest in the consequences and treatment of sexual abuse, Crews notes that Freud continued to interpret clinical data in ways that supported his hypotheses regarding disavowed sexual urges. Using the objections of his patients as proof that his theory was correct, Freud continued, not only to regard symptomatic behavior as evidence of repressed material, but also to search relentlessly for the causal connection between childhood sexual events, and later mental problems.

Noting that Freud himself could not even say, with any degree of certainty, whether or not it was events or fantasies that made up the content of the repressed, Crews (1995, p. 162) points out that advocates of recovered memory therapy such as Judith Herman (1992) have somehow resolved this dilemma in favor of actual events. Unlike Freud, who took the position that repression could be either a conscious or unconscious mechanism (Crews, 1995, p. 162), recovered memory therapists assume that repression operates only outside of consciousness. From this perspective, trauma victims are believed to exist in two separate and distinct realities, one in which family life is normal and loving, and one that occurs in an atmosphere of terror. While Freud only occasionally implied that the recovery of repressed material would yield reliable information regarding early life, modern day advocates of repression, according to Crews, claim that such material represents an exact replication of traumatic past events (p. 162).

Addressing Freud's contribution to two other currently problematic forms of "memory," Crews points out that it was Freud's early views on the photographic and phonographic nature of memory that have influenced contemporary therapists. According to Crews, Freud believed, as do current recovered memory therapists, that in addition to the mind's ability to take "snapshots" of very early events, adult conversations could be recorded and stored in the minds of preverbal children where they might await retrieval in adulthood (Crews, 1995, p. 212).

Referring to Loftus and Ketcham (1994) who have suggested that the belief in repression is like the belief in God, Crews agrees that while both of these beliefs may be true, neither can be scientifically proven (Crews, 1995, p. 164). Although acknowledging that some recovered memory therapists do not share the feminist perspective, Crews points out that therapists who practice recovered memory therapy are nonetheless united

by their commitment to the concept of repression (p. 163). According to Crews, the central feature of repression is a belief in the mind's ability to protect itself from traumatic thoughts, feelings, and experiences by banishing them from consciousness. Eventually, however, this disavowed material is manifested in symptomatic behavior. While research psychologists demand that repression pass the test of science, Crews notes that attempts to prove its existence have, at best, yielded results that are compatible with, but not proof of, repression. Because repression cannot be disproven and agreement cannot be reached regarding specific behavioral indicators, Crews notes that advocates can invoke the concept whenever necessary.

According to Crews, once it is acknowledged that variables other than repression can affect the storage of information, even the most convincing of recovered memory stories lose their power to persuade (Crews, 1995, p. 165). Referring to the murder case mentioned earlier, in which a recovered memory of a twenty year old event resulted in a criminal conviction, Crews identifies this as an example of how "conscious hunches and resentments" (p. 181) can, with the assistance of therapeutic suggestion or contamination, become "memories." Postulating a relationship between suggestion and repression, Crews argues that eventually it will be recognized that the important question is not whether or not a genuine case of repression exists, but whether or not there are any limits on the mind's plasticity.

Pointing out that therapists are not essential to confabulation, Crews advises that compliant subjects may, if operating from a belief structure that supports delusion, turn even subtle suggestions into memories of fictitious events. Referring to Lawrence Wright's (1994) account of the prosecution and conviction of a sheriff's deputy who confessed to satanically abusing his children, Crews notes how little effort was required

for the creation, maintenance, and expansion of a story with tragic consequences. This lack of difficulty, according to Crews, must be kept in mind, if the destructive potential of recovered memories is to be effectively contained or neutralized.

Noting the existence of studies demonstrating the ease with which children can be convinced that they have experienced something that did not happen, Crews points out that the only difference between adults and children is that the adult belief system must be amenable to the idea of demons, or repression, in order for the adult to be persuaded. Describing Freud's interventions as "monomaniacal" (Crews, 1995, p. 208), Crews notes that like Freud, therapists such as Bass and Davis are more concerned with conversion, than responsible treatment of the genuinely afflicted.

Suggesting that indifference regarding the impact of suggestion enabled Freud's belief that the torture of so-called witches resulted in valid disclosures of fantasies based on earlier sexual abuse, Crews notes that only a lack of commitment to theological concepts prevented Freud's discovery of satanic ritual abuse (Crews, 1995, p. 213). Recommending that repression be defined as "inaccessible and possibly nonexistent psychic material to which the theorist or therapist is nevertheless determined to assign explanatory power" (p. 208), Crews notes the relevance of this definition to the recovered memory movement.

Therapy.

According to Crews, of the approximately 255,000 licensed psychotherapists currently practicing in the United States, almost one fifth are willing to provide recovered memory therapy (Crews, 1995, p. 159). In addition, Crews notes the existence of an abundance of "operators" who practice without training, and promote themselves through

the yellow pages and flea market advertisements (p. 160). Referring to the "shock wave" (p. 159) generated by recovered memory therapy, Crews expresses concerns regarding whether or not this form of treatment represents a medical breakthrough or dangerous craze.

Stressing that recovered memory is not just a diagnosis, but an increasingly powerful sociopolitical movement, Crews identifies Judith Herman (1992) as one of its founding members, and "The Courage to Heal" (Bass & Davis, 1988) as its "most influential document" (Crews, 1995, p. 161). Expressing suspicion that so-called survivors of childhood sexual abuse may actually be victims of therapeutically created fantasies, Crews suggests that the story of repression is an epic tale "about a hidden mystery, an arduous journey, and a gratifyingly neat Describing therapists as reckless and irresponsible, Crews postulates that clients are encouraged to throw themselves into their fantasies. Suggesting that therapists are unconcerned with the accuracy of recovered material, Crews subscribes to a view of therapy as an exercise in deception, where vulnerable clients are manipulated into believing that the recovery of repressed material will result in healing. This expectation, however, is directly contradicted by the "disorientation, panic, vengefulness, and the severing of family ties" (Crews, 1995, p. 179) which, according to Crews, are the more frequent outcomes of recovered memory therapy.

Noting the proliferation of self-help books, which he refers to as "suggestion-at-a-distance," Crews identifies the motivation behind the use of such materials as "ideological and financial gain" (Crews, 1995, p. 189). Pointing out the risks inherent in the use of checklists, Crews is critical of authors such as Fredrickson (1992), who have suggested that the techniques by which abuse may be confirmed are only as limited as one's

imagination (Crews, 1995, p. 197). Noting that research does not support the use of many techniques currently used by recovered memory therapists, Crews stresses that tragic consequences too frequently result from treating the "memories" retrieved by such interventions, as if they represent the uncontaminated truth.

According to Crews, like Freud's patients, clients entering recovered memory therapy frequently present with relatively mild problems that, during the course of treatment, are exacerbated and accompanied by the destruction of pre-existing relationships, and a rapidly deteriorating ability to function. Pointing out that psychoanalysis and recovered memory therapy share a common set of beliefs regarding mental health, Crews identifies ten assumptions common to both perspectives. In Crews' opinion, these assumptions include the belief that mental health is achieved only when negative feelings are expressed and traumatic events are relived, and that this process requires the assistance of a therapist in whom authority, trust, and love have been invested. Such a therapist, according to Crews, is assumed to be capable of accurately diagnosing mental problems, as well as retrieving, without bias, historically accurate details of events occurring in early life.

Additionally, an unconscious component is believed to exist within the mind that operates according to a specific set of rules, and that contains a certain type of memory. This belief is coupled with the assumptions that all experience is recorded in either conscious or unconscious memory, that repressed material is primarily sexual in nature, and that it is repression, rather than physiological immaturity of the hippocampus and prefrontal cortex, that is responsible for the inability to remember events from early childhood. Consequently, it is also believed that repressed material is an intrusive and negative influence on daily life, and that dreams, like symptomatic thoughts, feelings, and

behaviors, are symbolic expressions of specific traumas which, if analyzed, may result in identification of traumatic experiences.

Crews notes that, like psychoanalysis, recovered memory therapy strives to reconstruct early childhood trauma according to a "universally distributed store of unconscious equations between certain symbols and their fixed sexual meanings" (Crews, 1995, p. 218). This, according to Crews, results in focusing on the past at the expense of the present. Skeptical regarding the validity of these principles, and suggesting that they may, in fact, be seriously in error, Crews expresses concern that widespread support for these assumptions has resulted in the perception that they form the basis of modern "psychological common sense" (p. 218).

Although highly critical of Freudian theory and practice, Crews does credit contemporary Freudians, and to some extent, Freud himself, with greater wisdom and integrity than that possessed by today's recovered memory therapists. For example, he notes that unlike Freud, who became increasingly uneasy and conflicted regarding the use of hypnosis, modern day recovered memory therapists are not troubled by any such discomfort. In addition, the recovered memory position that dreams are a legitimate and reliable source of information regarding historical abuse and/or the identity of offenders, is incompatible with the caution exercised by contemporary psychoanalysists with respect to the interpretation of such questionable data.

Perhaps most importantly, Crews notes that classically trained psychoanalysists, unlike advocates of recovered memory therapy, do not share the perspective that information regarding repressed traumas can be withdrawn from the unconscious "like bills from an automatic teller" (Crews, 1995, p. 215). Finally, according to Crews,

psychoanalysis, unlike recovered memory therapy, has given up on the claim that its methods possess curative power, and as a result, has reduced the risk of patient devastation when the promised cure does not materialize (p. 216).

Cautioning that, given the media's involvement in the recovered memory saga, the potential for mass hysteria is greater than during the seventeenth century, Crews describes a process in which "a vengeful or mentally unhinged adult" (Crews, 1995, p. 187), makes an allegation of sexual abuse that is accepted without question as "a source of unimpeachable truth" (1995, p. 189) by social service and law enforcement personnel. Adamant regarding the toxic potential of repression, Crews stresses, as do authors such as Ofshe and Watters (1994), that one of the most tragic consequences of recovered memory therapy is seen when positive early memories are used as evidence of denial. As a result of therapists who encourage false memories and "fanatical hatred" (Crews, 1995, p. 200), clients become victims who are increasingly unable to cope effectively with daily life. An inevitable outcome of recovered therapy, according to Crews, is induction into the cult of survivorship.

Noting that common sense would predict a therapist/client awakening, followed by a return to reason and logic, Crews postulates, as do others (Ofshe & Watters, 1994), that this does not occur because therapists feel an ethical obligation to prevent the retraumatization that they fear would occur if client memories were questioned (Crews, 1995, p. 201). Additionally, this perspective asserts that clients, having surrendered their pre-therapy identities, are unlikely to risk the rejection of a therapist they have become increasingly dependent upon for validation, support, and acceptance. The result, according to Crews, is "a potentially lethal folie a deux" (p. 202).

Approach to the Opposition.

Describing all who accept the possibility that memories of historical abuse may be recovered many years after the original trauma as "champions of survivorship" (Crews, 1995, p. 206) and Freud's "activist successors" (p. 162), Crews sets the tone for his discussion of the recovered memory debate. Using such terms as "modern memory sleuths" and "incest-happy legatees" (p. 211) to describe therapists working with recovered memories of sexual abuse, Crews further defines such therapists as incompetent practitioners, who are guilty of making false promises and recklessly encouraging clients to believe they have experienced historical abuse (p. 178).

Referring to judicial reforms extending the statutes of limitation in cases of historical abuse as "legislative backwardness," Crews advises that support for such reform is derived, not from valid and reliable scientific research, "but from a combination of broad popular belief and relatively narrow but intense crusading fervor" (Crews, 1995, p. 192). Stating that sexual abuse groups committed to the concepts and ideals of self help authors such as Bass and Davis (1988) have positively reinforced the notion of repressed memory, Crews suggests that a more probable explanation regarding the proliferation of such claims is that desperate and gullible group members have turned the quest to recover memories of historical abuse into a psychologically-driven, ritual of initiation.

Although acknowledging that legitimate concerns regarding the under reporting of child sexual abuse initially formed part of the recovered memory phenomenon, Crews suggests that the movement's subsequent growth and widespread acceptance are primarily the result of an ability to capitalize on public fanaticism regarding themes such as codependence, family dysfunction, and boundary violations. Accusing sexual abuse therapists of neglecting those who have always remembered their abuse in favor of those

who only suspect it, Crews states that the recovered memory movement has become a "highly lucrative enterprise" (Crews, 1995, p. 194). The consequence, according to Crews, is the creation of victims whose iatrogenically created injuries, are continually abraded during a process referred to as recovery.

Noting the feminist underpinnings of the recovered memory movement, Crews suggests that the tendency to regard women as victims is a disservice to all involved. Investing therapy with the power to irrevocably destroy reputations, relationships, and innocent lives, Crews canonizes those who have taken a stand against the advocates of repression. Applauding the scientific and literary achievements of Loftus and Ketcham (1994), Ofshe and Watters (1994), and Pendergrast (1995), Crews also expresses optimism that the "public enlightenment...forged, over the past two and a half years, by the False Memory Syndrome Foundation" (Crews, 1995, p. 199), will save the day.

Acknowledging the possibility that those with legitimate claims of abuse will perceive the legal and legislative reforms recommended by Pendergrast as permission to perpetrate abuse against children, Crews stresses that this only increases the need for resolution of the recovered memory issue (Crews, 1995, p. 204). Stressing the importance of distinguishing between true and false claims of abuse in order to properly address the problem of child abuse, Crews suggests that those convicted on the basis of the recovered memory argument should be exonerated. Expressing confidence in the belief that "sophisticated readers" (p. 206) will increasingly withdraw sympathy and/or support for the recovered memory movement once it's true nature is revealed, Crews expresses concern that the race to abandon one sinking ship, will prevent the thoughtful evaluation and rejection of yet another.

Advising that recovered memory therapy "bears strong kinship with every other style of treatment that ties curative power to restoration of the patient's early past" (Crews, 1995, p. 206), Crews stresses the importance of developing a wider perspective regarding the recovered memory debate. Citing recovered memory therapy as an example of Freudian regenerativity, Crews notes the connection drawn by Pendergrast (1995) between the persecution of "witches," practices such as mesmerism, hypnotherapy, and psychoanalysis, and the diagnosis of satanic ritual abuse.

Imbuing Freudian concepts with procreative power, Crews argues adamantly that unless psychoanalytic notions are obliterated once and for all, "the voodoo of the repressed can be counted upon to return in newly energetic and pernicious forms" (Crews, 1995, p. 223). Referring to Freud as an "exorcist," Crews warns that Freud's fervor, and its destructive potential, "has passed into coarser and more passionate hands such as those of Bass and Davis" (p. 220), where it has become nourishment for "religious zealots, self-help evangelists, sociopolitical ideologues, and outright charlatans who trade in the ever seductive currency of guilt and blame" (p. 223).

Critique

Refusing to consider, much less tolerate, opinions that differ from his own regarding recovered memories of childhood sexual abuse, Crews advises that his negative evaluation of recovered memory therapy arises primarily from the fact that his feelings for Freud are "completely lacking in respect" (Crews, 1995, p. 293). Stressing that the tenets of the recovered memory movement have evolved from a dubious belief in Freudian seduction theory and an unshakable faith in the concept of repression, the central premise of Crews' argument is that the recovered memory movement is a logical, albeit misguided extension of Freudian concepts, that are no more credible today than a

century ago. Unwilling to spare those who have publicly affiliated themselves with the recovered memory movement, Crews is quick to attack the moral self-righteousness of his ideological adversaries, although apparently blind to his own. Writing in a style that is more sensational and inflammatory than academic, Crews is either oblivious to, or unconcerned by, the fact that his own dissertation contains some of the same errors that he finds so loathsome in the arguments of others.

Oversimplifying an issue that, in addition to being extremely complex, incites strong emotional reactions, Crews sums up recovered memory as yet another manifestation of Freudian malevolence. Arguing vehemently that therapist gullibility and client suggestibility are responsible for keeping the myth of repression alive in modern times, Crews' strident and derogatory descriptions of practitioners and clients alike, reveal his belief in the black and white quality of this debate. Refusing to acknowledge the possibility that more than two sides exist, Crews levies attacks against the personal and professional characteristics of participants whose views differ from his own. Many of his assertions are, however, also weakened by the fact that very different criteria are used to evaluate the work of those who share his views, and those who oppose them.

Comparing recovered memories of historical abuse with hysteria, the "faddish malady whose distribution was suspiciously well correlated with possession of the means to pay for treatment" (Crews, 1995, p. 203), Crews suggests that the practice of recovered memory therapy is driven by this same dynamic. Although unwise to dismiss concerns and criticisms prematurely, the suggestion that recovered memories of historical abuse would not be an issue if clients did not possess the means to pay for treatment, reflects an impoverished understanding of therapeutic issues. In addition to the fact that it is access to service rather than need for service that is determined by ability to pay, issues

associated with the ability to pay for products and/or services are easily identified in many areas of life. To clarify this point, consider the following example: Person "A," with a financial ability to purchase nutritious food, shops and eats well. Person "B," without the same financial ability, buys only what is affordable, struggles to eat well, and seldom succeeds.

While, as Crews' remarks imply, it may be true that Person "A" sometimes buys more than what is needed, it cannot just be assumed that this is so, much less that it is always so. Also problematic, are the assumptions that Person "B," unable to afford nutritious food, does not require it, or that grocery stores should not expect to receive money for the goods they sell. Although of limited use, given the ethical obligation of therapists to ensure that clients purchase only the type and amount of service necessary, this example highlights the fact that subtle nuances exist within certain kinds of dilemmas, that cannot be as easily explained or resolved as Crews would have readers believe.

Drawing heavily on the work of Loftus and Ketcham (1994), Pendergrast (1995), and Ofshe and Watters (1994) to convey the message that recovered memory therapy is a dangerous sham, Crews stresses that studies have demonstrated that memory is easily contaminated by techniques used in the research environment. Apparently untroubled by questions that have been noted by others regarding the generalizability of Loftus' research to traumatic experiences (Schwarz & Gilligan, 1995), Crews maintains that similar contamination is being perpetrated in the therapeutic setting by therapists ignorant of the ambiguities and contradictions inherent in Freudian theory, and the dynamics of suggestibility. Although conceding that suddenly remembered abuse cannot be discredited solely on the basis of the political orientation of the therapist, Crews'

discussion of disclosures of historical abuse is peppered with an ill-concealed contempt that fails to identify the kinds of recovered memories that he would find acceptable.

Perhaps in an attempt to relieve clients of responsibility for the sometimes negative outcomes of recovered memory therapy, Crews frequently portrays them as gullible and suggestible pawns, who unwittingly participate in the destruction of innocent family members, under the guidance of unethical and negligent practitioners (Crews, 1995, p. 180). This view, persisting in spite of protestations from those who are content with their therapeutic progress, does little to empower or validate clients. At other times, Crews takes a different approach, and attacks clients who have reportedly experienced the return of repressed memories. In one particular case, Crews refers to the client's "taste for fame" (Crews, 1995, p. 180). This criticism, based on Lipsker's willingness to engage the media, does not address the fact that Loftus appeared on the same television program, that Crews' own writings have placed him in the center of a highly controversial and public issue (Prozan, 1995, p. 237), and that Loftus has benefited enormously from her willingness to appear in high profile criminal cases as an expert witness for the defense. Although Loftus' desire to "impress the jury" (Loftus & Ketcham, 1994, p. 3) has been acknowledged, it is Terr (1990) that Crews criticizes for "coordinating strategy with the prosecutor and tailoring her testimony" (Crews, 1995, p. 170) in an effort to sway her audience.

While acknowledging that one book cannot initiate and/or maintain a movement, Crews identifies "The Courage to Heal" (Bass & Davis, 1988) as the recovered memory movement's most influential document (Crews, 1995, p.161), a claim that, although neither supported nor explained, nonetheless implies some degree of culpability. Capitalizing on Bass' and Davis' acknowledgment that "The Courage to Heal" is not

based on psychological theories, Crews refers to these authors as "a teacher of creative writing and her student" (p. 192), while apparently finding his own status as " a professor of English," unremarkable. Similar contradictions are seen in Crews' attitude towards "Victims of Memory," a self help manual written by Mark Pendergrast (1995), a father accused of historical abuse by his now grown daughters. At the same time that Crews expresses concern regarding the credentials of authors such as Bass and Davis, and is critical of the lack of empirical support for their claims, he fails to identify Pendergrast's credentials as anything but a victim of the false accusations of his daughters, lavishing praise upon "Victims of Memory," and confidently reiterating Pendergrast's apparently empirically sound statistics. As noted by critics, the "confirmatory bias" of pro-recovered memory authors, and the "laudable emotional commitment" of anti-recovered memory authors, appear to differ only in terms of the positions assumed by these authors regarding this issue (Reid, 1995, p. 229).

In embracing the False Memory Syndrome Foundation and praising the group's efforts in the battle against recovered memory therapy, Crews is either unaware of the group's questionable origins, or knowingly withholds information that might result in less than positive conclusions regarding this group. Referring to the False Memory Syndrome Foundation's activities as efforts at "public enlightenment," Crews advises that the membership is composed primarily of "slandered relatives" (Crews, 1995, p. 199), again presenting only information that supports the perspective he wishes to see adopted. In so doing, Crews not only contradicts his stated beliefs regarding the importance of truth seeking, but confirms that his arguments and methods are as dependent on politics and war-like tactics, as those of the so-called militant feminist activists he has pitted himself against.

Accusing therapists of planting suggestions, using behavior to infer conscious and unconscious motivation, and refusing to accept clients' objections regarding therapist interpretations, Crews relies heavily on similar tactics in his capacity as a critic of recovered memory therapy. Consistently describing therapists working with survivors of childhood abuse in derogatory and inflammatory terms, Crews sets up an antagonistic mind set that serves to polarize participants in this debate. When individual differences are identified in therapists, it is to negatively characterize them as either weak-minded or intentionally malevolent. Assuming that the therapeutic community suffers from a lack of awareness regarding Freudian doctrine, referring to clients who disclose historical abuse as "vengeful or mentally unhinged adults" (Crews, 1995; p. 187), and offering a crude depiction of child protection workers, the police, and the legal system, Crews formulates hypotheses and conclusions that fly in the face of his demand for empirical accountability in all circumstances related to discussions of recovered memory.

While conceding that serious problems existed in the 1970s and 1980s with respect to the under reporting of sexual abuse, Crews does not discuss the extent to which sexual abuse continues to be a problem, the long term consequences of such experiences, or reliable statistics regarding the ratio of true to false allegations of historical abuse. Rather, Crews insinuates that most, if not all clients who have recovered memories of historical abuse, are victims of "therapeutically induced delusion" (Crews, 1995, p. 161). Such oversights, compromises, and generalizations as found in Crews' work, whether intentional or otherwise, seriously diminish the credibility of his argument, do little to clarify or enlighten, and demonstrate that Crews is as vulnerable to being blinded by his own convictions, as are his opponents.

CHAPTER SIX

OVERVIEW, ISSUES, IMPLICATIONS, AND CONCLUSIONS

Overview

Although participants on either side of the recovered memory debate have been portrayed as concerned either about the prevalence of sexual abuse, or the iatrogenic creation of memories of historical abuse, these two positions are not inherently incompatible (Lindsay & Poole, 1995). However, some participants, convinced of the malevolence of those whose ideologies differ from their own, seem to have lost the ability to critically examine their own views as well. Consequently, the discomfort that has resulted, has been felt more keenly by some than by others. Controversy inevitably involves interpretation, confrontation, and negotiation, if it is to prove useful. When successfully accomplished, the creation of new perspectives results. On the basis of the perspective created, existing views may be altered, or new ones developed.

According to this view, society is in the midst of a major dispute, with professionals and laypersons struggling to survive the confrontation that precedes possible negotiation. Many participants, fully involved in confrontation, accuse one another of having caused the problem. Complicating matters further, is the fact that politics have taken center stage in many discussions of recovered memory. This has resulted in a situation in which distinguishing between values and reality is becoming increasingly difficult. All of this suggests that the recovered memory debate will not be easily or quickly resolved unless participants on both sides make a concerted effort at understanding one anothers' positions, including the politics and values on which these positions rest.

Since some participants in the recovered memory debate, seem to place a premium on their particular way of seeing things, integration of existing views is unlikely to occur without continued struggle. Committed to a belief that their positions are incompatible, many participants in the recovered memory debate have exhibited strong reactions to challenges regarding the credibility of their particular views. Questions or criticisms are interpreted as slights, are personalized, and are responded to in kind. Apparently subscribing to the rule that prisoners of conscience must never risk the dangers associated with acknowledging the humanity of their enemies (Herman, 1992), participants have persisted in name calling and egocentric assertions regarding the superiority of their own morality - behaviors that do little to pave the way for negotiation.

Political Issues

Although it has been suggested that advocates of the recovered memory position are motivated by "the politics of liberation" (Kenny, 1995. p. 441), it may be that such politics are at the heart of this debate, regardless of one's perspective. There may also be as many versions of this particular political agenda, as there are participants. Some feminist practitioners view the concept of false memory syndrome as just another attempt on the part of those who wish to silence victims, while those concerned with the rights of the accused, refer to the cultures of victimization and accusation promoted by therapists (Loftus & Rosenwald, 1995). Yet others, fearing the worst, lament that psychology may be destroyed unless the recovered memory debate is resolved in a particular way (Kihlstrom, 1997). That psychology is in a state of flux seems clear. However, to imply that one position is superior to another, that one knows the truth while the other is intentionally misrepresenting it, that wayward transgressors must return home so that all may be saved, is to promote rhetoric rather than science.

At different times and places, the symptoms of sexual abuse have been thought to represent sorcery, spirit possession, or neurasthenia (Kenny, 1995). Today however, such symptoms are frequently interpreted as indicators of historical abuse. When abuse cannot be recalled, it may have been repressed. If it has been repressed, it may or may not be important to de-repress it. Unfortunately, attempts to "de-repress" it may actually create iatrogenic memories. Hence, the problem. Although finding meaning in experiences that were previous believed to be meaningless may be therapeutic in itself, questions must be asked regarding the nature of the meaning generated.

The current debate regarding the veracity of recovered memories is a "highly complex process through which real people grapple with their experience, indeed create their experience, in the context of time and place" (Kenny, 1995, p. 455). Consequently, the assumption that all criticisms of memory work reflect a "backlash" against the identification and treatment of sexual abuse must be acknowledged to be as erroneous as the assumption that all memories recovered in therapy are the product of suggestive and coercive techniques. Removing the absolutes associated with each of these claims may however, reveal each of them to be valid to some degree.

Legal Issues

Recently, as legal avenues are increasingly available to those alleging historical abuse, conversations regarding the veracity of recovered memories have begun to focus on the differences between clinical and legal truth (Pennebaker & Memon, 1996). Although the experiences and perceptions of the client have tended to dominate the therapeutic stage, with the advent of public allegations and legal action veracity has become an essential issue (Blackshaw, Chandarana, Garneau, Merskey, & Moscarello, 1996). And, as has been pointed out, intense emotions and intuition do not provide the

necessary corroboration of events that are alleged to have occurred in the far distant past (Knapp & Vandecreek, 1996). Further, researchers in developmental and cognitive psychology have raised serious concerns regarding the veracity of early childhood memories.

Research in developmental psychology suggests that the older the child at the time of event, the more reliable the memory (Blackshaw et al., 1996). As a result, the validity of recollections of events that took place before the age of two years, and especially those before the age of one year, is questionable (Knapp & Vandecreek, 1996). Additionally, childhood amnesia, or the inability to remember events from the first years of life is a common experience, with memory of events that occurred prior to the age of four generally considered to be quite poor. While it may be that very early traumatic events result in lasting and serious effects, it may also be that children sexually abused in early childhood are neither capable of cognitively identifying such events as abusive, nor able to form permanent and explicit memories of them (Blackshaw et al., 1996). Consequently, in the absence of cognitive rehearsal, these experiences may remain outside of awareness in adulthood.

Following from this, it is possible that memories believed to have been recovered in therapy may actually be reconstructions based on descriptions and conversations with family members and others. Additionally, a significant number of adults, victimized after three or four years of age, although aware of their abuse experiences and willing to think and talk about them with a therapist, may still find that some of the details have been forgotten (Lindsay, 1995). Although it has been argued that cognitive psychology does not have a model of memory that explains, or perhaps even applies to trauma (Courtois,

1995), such theoretical incompleteness does not justify risky procedures that may result in problematic outcomes.

In light of the fact that corroborating evidence is frequently difficult, if not impossible to obtain in cases in which historical abuse is alleged, the legal process is often reduced to "a credibility contest between accuser and accused" (Loftus & Rosenwald, 1995, p. 352). However, legal truth, like historical truth, is concerned with reliable and objective observations (Pennebaker & Memon, 1996). As a result, the narrative truth of therapy, when articulated in the courtroom, reveals itself to be problematic in ways not always anticipated in the treatment context (Moen, 1995). Consequently, it is not unusual to find that clarification of legal truth frequently results in interpretations of events that may have little to do with what did, or did not actually take place between the accuser and accused.

Although unconditional therapist support may be an essential component in the treatment of most problems presented in therapy, when examined in the courtroom, it may be viewed as evidence of a failure to engage in critical thinking. Furthermore, when issues related to therapeutic process are introduced as evidence in trials regarding the veracity of memories, serious problems may arise regardless of whether or not therapists believe they are responsible for the historical accuracy of their clients' memories (Moen, 1995). As a result, the view commonly held in the therapeutic community that therapists should not attempt to verify the accuracy of events, renders therapists vulnerable to the possibility that legal action may be initiated by family members who perceive themselves to have been unjustly accused (Knapp & Vandecreek, 1996).

An additional dilemma facing therapists occurs when clients, after leaving therapy, develop a belief that the memories they worked so hard to recover in therapy were actually false. Perceiving themselves to have been victimized by a manipulative and coercive process that encouraged them to disengage from their families, some clients may disavow their memories. Withdrawing their allegations of historical abuse, such clients may realign themselves with their families, and initiate legal action against the therapist they now believe not only failed to help them resolve the issues that were originally brought to treatment, but made their problems worse.

Although therapists are considered negligent if they prematurely dismiss legitimate allegations of abuse, they may appear equally destructive if they encourage or support the creation of false memories. Given the potential of false memories to destroy innocent lives, therapists must consider the possibility that legal principles such as "presumed innocence" and "burden of proof," may become difficult to apply when "clouded by the societal belief that 'No one would make up anything so horrible' as childhood sexual abuse" (Moen, 1995, p. 480). As members of a profession subscribing to the ethical principle of nonmaleficence, therapists can no longer afford to abdicate responsibility for their possible role in the productions of their clients.

Ethical Issues.

The recovered memory debate then, is as much about ethical practice as it is about science, politics, or the efficacy of therapy. Although ethical codes for psychotherapists exist, they are frequently limited in their ability to address the complexities of sexual abuse treatment. Additionally, these limitations are sometimes exacerbated by those who believe that following feminist principles guarantees ethical behavior (Enns et al., 1995). In reality, however, it is the practitioner rather than the perspective, who ultimately

creates ethical or unethical therapeutic processes. Furthermore, ethical dilemmas are not always easily identified or resolved. As has been noted, "in cases where law and ethics suggest contradictory action, the counselor must choose between two conflicting, yet legitimate loyalties" (Daniluk & Haverkamp, 1993, p. 16).

Having committed themselves to helping others, therapists must, in spite of the confusion and frustration that may result from the ambiguity of ethical guidelines, find a way to be helpful. In light of the asymmetrical nature of the therapeutic relationship, and the reality that therapist attitudes and values influence client attitudes, values, and productions (Bowers & Farvolden, 1996b), therapists must have a solid understanding of ethical principles. Although important in the treatment of any presenting problem, familiarity with the principles of autonomy, fidelity, justice, beneficence, nonmaleficence, and self-interest, may prove especially helpful in the treatment of sexual abuse that has always, or only recently, been remembered. Given that little information exists regarding the efficacy of sexual abuse treatment approaches, therapists are frequently "faced with the dilemma of proceeding with treatment without the assurance that intervention will not result in further harm" (Daniluk & Haverkamp, 1993, p. 18). To this end, awareness of ethical principles may prove useful in the identification of potentially problematic therapeutic situations.

Therapeutic Implications.

In spite of growing concern over the past twenty years regarding the issue of sexual abuse, little formal training in its treatment has existed (Rubin, 1996). Like other forms of trauma, sexual abuse is considered a nonspecific risk factor for many psychiatric conditions (Blackshaw et al., 1996), and critics should remain sensitive to the fact that victims of real sexual abuse vastly outnumber the victims of suggestive therapeutic

techniques (Lindsay & Poole, 1995). Although the focus of the recovered memory debate is on uncorroborated memories recovered through the use of techniques believed capable of retrieving supposedly repressed memories (Blackshaw et al., 1996), legitimate trauma survivors have felt the impact of the debate as well.

Therapists, increasingly aware of legal repercussions, are becoming more and more reluctant to work with clients who report sexual abuse. Frequently described as the most needy and vulnerable of all clients, trauma survivors must now face the dilemma of finding a therapist willing to provide service (Knapp & Vandecreek, 1996; Poole, Lindsay, Memon, & Bull, 1997). Although this consequence of the recovered memory debate is sometimes ignored (Freyd, 1997), it is nevertheless real. Media attention directed towards therapy has also resulted in therapists feeling the stress of delivering effective and reimbursable services to this population of clients. This situation may become even more difficult should inaccurate portrayals of therapy result in its devaluation by managed care companies and biological psychiatry (Brown, 1995; Loftus, Milo, & Paddock, 1995).

Although each client's story is different, a common pattern detected in situations in which memories recovered in therapy are later recanted, is that sexual abuse was not the original presenting problem (Moen, 1995). According to the ethical principle of fidelity, such therapists may find themselves accused of deviating from the problem presented by the client, and/or the agreed upon treatment plan. Therapeutic responsibility necessitates awareness of the ways in which coercion, disempowerment, and disrespect can be manifested in the therapeutic relationship, and involves finding alternatives that maximize clients' abilities to make choices and become self-directing (Gold & Brown, 1997). Therefore, therapists must not lose sight of the fact that therapy begins when a

problem is presented by the client and ends when, in the client's opinion, sufficient progress has been made. During the course of treatment, any deviations from the original therapeutic contract must be openly, and honestly discussed and negotiated with the client.

Therapeutic effectiveness, believed to increase as therapists assume a collaborative, non-pathologizing and responsibility-enhancing position, results in the development of a relationship in which adaptivity and resilience are identified and reinforced, and the identification of the client as a victim is challenged (Loftus et al., 1995). Trust, measured as much by actions as words, is an important component of the therapeutic relationship that cannot be established when the therapist has one agenda, and the client has another. Additionally, any attempt to undermine the autonomy and freedom of clients by moving them in a direction that is more consistent with the therapist's agenda than their own is irresponsible (Bowers & Farvolden, 1997)

Another therapeutic practice related to the ethical principles of autonomy and fidelity is informed consent (Daniluk & Haverkamp, 1993). Conceptualized as a therapeutic process rather than a procedure designed to satisfy record keeping, the importance of this practice has been heightened by the recovered memory debate. Described as an ongoing process, informed consent involves clarifying the nature of therapy, the rights and responsibilities of the therapist and client, and the potentially positive and negative consequences of treatment. Approached in this manner, informed consent may be seen as a way in which the integrity of the therapist, client, and treatment process may be established.

Although important to obtain corroborating information when the consequences of treating recovered memories as literal representations of the truth are grave, some therapists may be unwilling or unable to do so. When such is the case, the therapist must discuss, in detail, the possible consequences of legal or other actions initiated by the client on the basis of the material recovered (Pennebaker & Memon, 1996). Whenever clients plan to withdraw from their families or initiate legal proceedings, they are entitled to an informed opinion regarding the empirical validity of the techniques used in therapy, the veracity of their memories, and the possibility that accuracy may become an important legal issue should corroborating evidence prove to be nonexistent or difficult to obtain (Knapp & Vandecreek, 1996). Should memories be recovered in therapy, therapists should proceed with caution. Clients should also be informed regarding the ways in which therapy may affect and be affected by a legal investigation. This includes ensuring that clients understand the legal limits to confidentiality (Crozier & Pettifor, 1996). Specifically, clients should be aware of the therapist's obligation to report real or suspected abuse when the client is a minor, the therapist's responsibility to inform the appropriate authorities when an adult client reports historical abuse by an offender who continues to have access to children, and the possibility that the therapist, case file, or both, may be subpoenaed for use in legal proceedings.

Clients who report spontaneously recovered memories should be treated with the same care and concern afforded all clients (Golding, Sanchez, & Sego, 1996). Although therapists may engage in careful exploration of spontaneously recovered memories, treatment must not exceed the limitations imposed by current knowledge regarding memory (Blackshaw et al., 1996). All clients interested in recovered memory work should be informed of the reconstructive nature of memory, and the potential that exists for contamination when attempts are made to retrieve information that is currently outside

of awareness (Knapp & Vandecreek, 1996). Clients should be advised that some of the details of their memories may be accurate, that other details will be inaccurate, and that in the absence of corroboration, there is no reliable way to determine which is which (Pennebaker & Memon, 1996). Clients should also be aware of the current status of the recovered memory debate, and that serious questions have been raised regarding whether or not recollection is even necessary in order for therapy to be effective (Gold, 1997; Gold & Brown, 1997; Lindsay, 1995).

Sometimes, however, clients may express anger toward therapists who fail to uncritically accept their recollections. But, given that symptoms may have many origins and that different clients with different problems may experience similar symptoms, expressions of uncertainty regarding the literal truth of recovered material is justified (Knapp & Vandecreek, 1996). By participating in a thorough informed consent procedure and demonstrating a willingness to discuss particularly problematic aspects of the therapeutic process, the related concerns of both the client and therapist may, to some extent, be relieved. Additionally, a positive outcome of such conversations may be the development of increased client confidence regarding the integrity of the therapist and the beneficence of treatment.

As has been noted, ethical practice involves making decisions regarding which actions will best meet the needs of the client (Daniluk & Haverkamp, 1993). With respect to the issue of assessment, concern has been expressed regarding the suggestibility of clients. It is unlikely however, that simply asking about a history of sexual abuse is any more likely to create false memories, than asking about suicidal ideation results in clients becoming suicidal (Polusny & Follette, 1996). Consequently, inquiry regarding past and present experiences of any abusive event should remain a

regular part of the assessment process, while leading questions or the use of memory enhancement techniques concerned with the retrieval of hypothetically hidden or lost memories of trauma should be avoided (Blackshaw et al., 1996).

Also related to the issue of informed consent is the use of symptom lists to diagnose the presence of sexual abuse. Although there is considerable disagreement regarding which symptoms indicate sexual abuse (Lindsay & Poole, 1995), over-generalizations have been made regarding the psychological consequences of childhood sexual abuse and have resulted in a belief that sexual abuse can be diagnosed according to a certain set of symptoms (Rubin, 1996). As a result, in the case of recovered memory therapy, the possibility exists that (like war veterans arriving for treatment having already been exposed to information regarding the relationship between post traumatic stress disorder and their particular symptoms) some people who present for treatment may be well versed in the symptomatology of sexual abuse (Kenny, 1995).

Consequently, assessment and diagnosis may be influenced by the pre-existing assumptions of clients who suspect that sexual abuse is the problem before therapy even begins. Although much of the focus of the recovered memory debate has been on the therapist's role in recovered memory therapy, clients sometimes present for treatment hoping to access past memories. Given that specific symptoms have not been found to be positively correlated to any particular forms of abuse, the use of symptom lists is contraindicated (Blackshaw et al., 1996), and clients should be advised of the dangers associated with this form of assessment. Additionally, in light of the problems associated with memory retrieval techniques, clients should also be informed that evidence does not currently exist to support the idea that therapists can distinguish between clients with no awareness of abuse, and clients with no abuse (Lindsay, 1995). Clients may, however, be

invited to discuss their beliefs regarding the importance of recovered memory work, and helped to identify other areas that may be more usefully explored.

None of the foregoing considerations should prevent therapists from utilizing supportive or other mainstream therapies concerned with the strengthening of coping mechanisms, or improved client functioning (Blackshaw et. al., 1996). Operating from a belief that memory retrieval is essential however, may result in hazardous practice, the replication of abusive dynamics, and the possibility that clients may be overwhelmed by flashbacks that make coping and functioning difficult (Gold & Brown, 1997). There is also a seemingly legitimate concern that people who have no recollection of abuse are more likely harmed than helped by recovering those memories (Lindsay, 1995). Furthermore, until research supports the idea that it is useful to focus exclusively on memories of past events, doing so at the expense of present concerns may be irresponsible (Loftus et al., 1995), and result in treatment misdirection and unwarranted therapeutic delays (Blackshaw et al., 1996). As Gold and Brown (1997) have so prudently pointed out, if remembering was the ultimate prescription for recovery, clients who have intact memories should be asymptomatic. Instead, as noted previously, sexual abuse and other forms of trauma are believed to significantly increase the likelihood that psychiatric difficulties will arise (Blackshaw et al., 1996).

Although it is tempting to view sexual abuse, whether suspected or actual, as the most salient feature of the client's history, therapists are cautioned that focusing exclusively on just one aspect of the client's experience, may result in neglecting factors that may have contributed to, or increased the impact of the abuse. Variables such as family environment, rejecting parental attitudes, or devaluation of children depending on gender, may have had an even greater impact on the client than the reported abuse (Gold

& Brown, 1997). Since sexual abuse may be only one of many events that affected the client's developing sense of self, perceptions of others, and beliefs regarding the world, therapists must be alert to perceptions that, if neglected, may interfere with the client's attempt at adaptation. In spite of the possibility that obvious symptoms may be reduced by focusing on real sexual abuse, clients may be left poorly equipped to develop a more satisfying life (Pennebaker & Memon, 1996; Polusny & Follette, 1996).

The concept of boundaries is another important clinical issue, especially when clients do not know what to expect from therapy. Confusion regarding the therapeutic process, combined with issues related to trust, may result in the need to test boundaries, regardless of where they are set (Chu, 1990). Consequently, therapists must set clear, firm, and reasonable limits regarding the type of work they are willing and able to do. Satisfying ethical and professional considerations, appropriately set boundaries protect the integrity of all parties involved in the therapeutic contract. Since therapists may be accused of fostering client dependence when they encourage confrontations with the alleged offender or attempt to influence the amount of client-family contact that occurs, they should be particularly vigilant regarding actions that may be interpreted in this manner (Knapp & Vandecreek, 1996). While decisions regarding contact with one's family of origin must always be made by the client, therapists should be alert and open to discussing the impact that such decisions may have on the client's future relationships with significant others. Additionally, therapists should ensure that decisions to confront or disengage from family members are not made during what is perceived to be an acute period of heightened emotionality and confusion (Knapp & Vandecreek, 1996).

Methods such as self-hypnosis, guided visualization, and relaxation, although commonly believed to be problematic, may be appropriate when therapy is focused on

increasing clients' sense of well-being, or their ability to access internal places of comfort and safety. However, it has been pointed out that this is not the same as using such techniques for the purpose of memory retrieval (Gold & Brown, 1997). Abreactive work, frequently cited as evidence of manipulative therapist behavior by clients who later retract their therapeutically retrieved memories, should not be reinforced. Additionally, clients should not be led to believe that unless such obvious displays of emotional distress are present, significant work is not being accomplished (Gold & Brown, 1997). Given that research has not yet demonstrated that abreaction is necessary for the integration of memories, abreactions that occur spontaneously should be dealt with in a calm and professional manner, that neither overemphasizes, nor dismisses the experience of the client.

Referrals to group therapy must take into account the needs of the client and the nature of the group. Group leaders should be scientifically informed, have a thorough knowledge of ethical issues, and be aware of the possibility that dependence on the group may negatively impact the ability of members to leave (Knapp & Vandecreek, 1996). Bibliotherapy, used in either individual or group treatment, should include a discussion of any reading material suggested. Therapists should also ensure that the recommendation of specific books is not interpreted as a subtle, or veiled diagnosis of childhood sexual abuse (Knapp & Vandecreek, 1996).

According to the ethical principle of self interest, those interested in working with clients who may have been traumatized in early life must be willing to educate themselves regarding the risks associated with memory work, the use of empirically sound assessment and diagnostic methods, and the practice of less controversial approaches to therapy (Blackshaw et al., 1996; Lindsay, 1995; Polusny & Follette, 1996).

Participation in supervision and consultation experiences is recommended, as is the maintenance of accurate and detailed case notes. In addition to seeking consultation with colleagues whose views differ from their own regarding the issue of lost and recovered memories, therapists are also urged to carefully document presenting problems, diagnostic methods, treatment plans, and all consultations (Knapp & Vandecreek, 1996).

Outstanding Issues and Directions for Future Research.

As evidenced by the issues raised in the false memory debate, the role of science in clinical practice, cannot be overstated. While the empirical approach is only one of many ways to approach problematic claims about the truth, it may be a useful method when subjective experience must be counter-balanced, and "when the issues are determined by complex cognitive processes, differences are subtle, and distinctions are difficult to make" (Bowers & Farvolden, 1996b, p. 388). If approached as a scientific dilemma, the issue of recovered memory may be addressed through research and the application of reliable data (Briere, 1995). Although frequently referred to as a myth, repression, according to the scientific method, cannot be ruled out strictly because its underlying mechanisms remain unknown (Pope, 1997). Consequently, the scientific component of the debate consists of two equally valid positions (Briere, 1995). The first is that memory is fallible and can be contaminated by attempts to enhance it. The second cites cases in which memories of events, including historical sexual abuse, were recalled after a period of time during which they were inaccessible.

As a result, areas to explore in future, relevant psychological research might include memory and treatment efficacy in general, the efficacy of various methods of sexual abuse treatment, and the relationship between memory work and positive therapeutic outcomes (Blackshaw et al., 1996; Gold, 1997; Lindsay & Poole, 1995; Polusny &

Follette, 1996). Should memory work be found to benefit some clients, research will be necessary in order to identify exactly which clients might benefit from memory work, which techniques are the most beneficial, and which should be avoided (Lindsay, 1995). Although laboratory studies may demonstrate the creation of false memories, it must also be acknowledged that such situations are often different in important ways from the actual experience of abuse survivors (Alpert, 1997; Courtois, 1995; Gleaves & Freyd, 1997; Pope, 1997). Research does not currently support the idea that detailed histories of abuse can be implanted in therapy. However, much information regarding the impact of suggestion is needed (Alpert, 1997), as is information regarding the processes involved in the spontaneous and unprompted recovery of memory (Gold & Brown, 1997).

Cautioning against the "echo chamber effect" (Loftus et al., 1995, p. 300), in which a small number of findings are misinterpreted and repeated until they begin to sound like the truth, critics claim that in the absence of "scientific rigor," inflated statistics regarding the number of people who suffer from hidden trauma have resulted in the use of dangerous techniques. While therapists are frequently criticized for making unsubstantiated claims and practicing outside of their areas of competence, similar errors have been committed by some researchers and advocates of the false memory perspective (Courtois, 1995; Pope, 1997). The anti-recovered memory position, although presented as empirically sound, has been described as "an illusion sustained by the endorsement of prestigious scientists...conducted in the political versus the scientific realm" (Saakvitne, Pratt, & Pearlman, 1997, p. 997).

In spite of the fact that "false memory syndrome" has not been empirically validated, those who advocate its existence argue that the DSM, and the disorders contained within it, more accurately reflect politics and social consensus than hard science (Kenny, 1995;

Pendergrast, 1997). By taking such a position, advocates of the term "false memory syndrome" seem to excuse the scientific shortcomings of their own beliefs on the grounds that politics and social consensus make it difficult to engage in scientific pursuits. While it has been suggested that those promoting the idea of repression should be responsible for proving their critics wrong (Pendergrast, 1997), scientists committed to examining data, methodology, assumptions, and inferences have a responsibility to examine and verify all reasonable assertions (Alpert, 1997; Pope, 1997). Additionally, it has been noted that "if psychology is a scientific discipline, claims by false memory syndrome advocates should be subject to the same scrutiny and held to the same scientific standards as those applied to other claims" (Pope, 1997, p. 997). Following from this, the specific claims that the lives of thousands of innocent people have been destroyed, and that an epidemic of false memories has been created will be important to test empirically (Gleaves & Freyd, 1997; Pope, 1997).

Finally, in discussions regarding memory, it is frequently assumed that the memory of the alleged offender is accurate while that of the victim is false. It has been pointed out however, that those accused of sexual offenses and other family members, may have as much reason to "forget" the abuse as do victims (Courtois, 1995; Rubin, 1996). This is an important possibility, that seems too frequently neglected. Given that much of the relationship between trauma and memory is still a mystery, clinical issues may usefully be informed by research in cognitive psychology, social psychology, and psychotherapy.

What is required then, is a reasoned, balanced approach that, based on the values of the scientist-practitioner model, encourages collaboration between disciplines, does not result in the mislabeling or stereotyping of treatment advances, and does not narrow the field of inquiry or practice without just cause (Courtois, 1995). Critical thinking,

collaboration, and honesty regarding the limits of particular approaches should be encouraged (Bowers & Farvolden, 1996b), while continuous questioning of claims and hypotheses must remain a central feature of the scientific process (Pope, 1997).

Conclusions

The contributions of four major participants in the debate regarding recovered memories of sexual abuse have been presented as the major focus of this thesis. While Herman (1992), and Enns et al (1995) support the idea that memories of historical abuse may return after a prolonged period of time, Crews (1995), and Loftus and Ketcham (1994), do not. Although the arguments presented by each of these participants are worthy of thoughtful consideration, the conclusions and recommendations contained within them appear heavily influenced by political agendas. There is, however, much more to the issue of recovered memory, than politics.

While each of the participants has expressed a commitment to protecting the rights of those who are vulnerable, each has also defined this group differently. Recovered memory advocates, express concern for those whom they believe to have been victimized by sexual abuse, while recovered memory critics express concern for those whom they believe to have been victimized by therapy. As a result, areas of potential collaboration have frequently been missed. What has apparently been forgotten is that prevention and resolution of abuse are the primary concerns. Thus, pressure to "choose a side" is distracting and counterproductive. The presentation of different points of view, however, is essential. When used in a careful and controlled manner, a wide variety of therapeutic techniques may be used to move clients towards legitimate therapeutic ends, but without care, all such techniques may be used to move clients towards other ends as well (Bowers & Farvolden, 1996b, p. 387).

For the purposes of this thesis, recovered memories have been defined as memories that, for at least some part of the client's life, have been "somewhere else." Given the lack of information that currently exists regarding the impact of traumatic experience on memory, a more decisive definition is not possible at this time. Although some participants in this debate maintain that recovered memories represent forgotten, avoided, repressed, or dissociated material, the possibility that spontaneously or therapeutically recovered memories may be influenced by external factors cannot be ignored. This is not meant to suggest, however, that inaccuracies in recall should be interpreted as evidence of confabulation, or that recovered memories should automatically be assumed to be false.

With respect to the issue of methodology, this thesis has involved the identification of four participants whose contributions to the recovered memory debate have resulted in increased awareness regarding this issue. A thorough examination of each position has been conducted, similarities and differences amongst the contributions of the participants have been noted, and internal inconsistencies within each of their arguments have been identified and discussed. In an effort to present a more coherent alternative, the perceived strengths of these various accounts have been merged with other promising perspectives in the hope that common ground may be found, and good sense might prevail.

All involved in, and affected by, the debate regarding recovered memory are entitled to a fair hearing. But, when participants in discussions regarding controversial issues allow themselves to be seduced by their politics, the abilities to think critically and entertain possibilities, are compromised. The "no-holds-barred," intellectual free-for-all that results, does not encourage collaboration and the critical sharing of knowledge.

Participants in the debate regarding recovered memory are as entitled to ethical and responsible treatment by their colleagues, as are the clients who will benefit from receiving therapeutic treatment informed by such discussions. It can only be hoped that where such attitudes and behaviors do not currently exist, they may be developed.

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