Trauma and Memory
This page intentionally left blank
Contents

Contributing Authors, ix

Introduction, xiii

I The Controversy Over the Delayed Recall of Traumatic Memories

1. Some People Recover Memories of Childhood Trauma That Never Really Happened, 3
   Ira E. Hyman, Jr. and Elizabeth F. Loftus

2. The Argument for the Reality of Delayed Recall of Trauma, 25
   Richard P. Kluft

II Current Concepts of Memory

3. Neuroanatomical Correlates of the Effects of Stress on Memory: Relevance to the Validity of Memories of Childhood Abuse, 61
   J. Douglas Bremner, Steven M. Southwick, and Dennis S. Charney

4. Inaccuracy and Inaccessibility in Memory Retrieval: Contributions from Cognitive Psychology and Neuropsychology, 93
   Wilma Koutstaal and Daniel L. Schacter

5. Psychoanalysis, Memory, and Trauma, 138
   Robert M. Galatzer-Levy

6. The Nature and Development of Children’s Event Memory, 158
   Michelle D. Leichtman, Stephen J. Ceci, and Marjorie B. Morse

7. An Integrative Developmental Model for Trauma and Memory, 188
   Mark R. Elin
### III The Memory of Trauma

8. Memory and Posttraumatic Stress Disorder, 225  
   Julia A. Golier, Rachel Yehuda, and Steven M. Southwick

9. Traumatic Memories, 243  
   Bessel A. van der Kolk

10. Continuous Memory, Amnesia, and Delayed Recall of Childhood Trauma:  
    A Clinical Typology, 261  
   Mary R. Harvey and Judith L. Herman

11. Traumatic Experiences: The Early Organization of Memory in School-Age  
    Children and Adolescents, 272  
   Robert S. Pynoos, Alan M. Steinberg, and Lisa Aronson

### Part IV Trauma and Memory: Evaluation and Treatment

12. Psychoanalysis, Reconstruction, and the Recovery of Memory, 293  
    Howard B. Levine

13. Psychodynamic Therapy for Patients with Early Childhood Trauma, 316  
    Julia A. Matthews and James A. Chu

14. Hypnosis and Hypnotherapy, 344  
    Fred H. Frankel and Nicholas A. Covino

15. Cognitive Therapy of Dissociative Identity Disorder, 360  
    Colin A. Ross

16. Memories of Trauma in the Treatment of Children, 378  
    Maria C. Sauzier

17. Diagnosis, Pathogenesis, and Memories of Childhood Abuse, 394  
    Lisa A. Uyehara

### V The Trauma Debate and the Legal System

18. Legal Rights of Trauma Victims, 425  
    Wendy J. Murphy

19. For Whom Does the Bell Toll? Repressed Memory and Challenges for the Law—  
    Getting Beyond the Statute of Limitations, 445  
    Rose R. Zoltek-Jick
20. Ethical and Clinical Risk Management Principles in Recovered Memory Cases: Maintaining Therapist Neutrality, 477
   Robert I. Simon and Thomas G. Gutheil

21. Child Victims in the Legal System, 496
   Diane H. Schetky

VI Reflections on Trauma and Memory

22. Reflections on Trauma and Memory, 511
   Paul S. Appelbaum

Index, 529
This page intentionally left blank
Contributing Authors

PAUL S. APPELBAUM, M.D.
A.F. Zeleznik Professor of Psychiatry,
Chairman, Department of Psychiatry,
University of Massachusetts Medical Center,
Worcester, MA

LISA ARONSON, PH.D.
Director of Evaluations, Trauma Psychiatry
Program,
Department of Psychiatry and Biobehavioral
Sciences,
University of California at Los Angeles

J. DOUGLAS BREMNER, M.D.
Assistant Professor of Psychiatry and
Fellow in Diagnostic Radiology/Nuclear
Medicine
Yale University School of Medicine
Research Psychiatrist,
VA Connecticut and National Center for
PTSD

STEPHEN J. CECI, PH.D.
The Helen L. Carr Professor of Developmental Psychology,
Cornell University

DENNIS S. CHARNEY, M.D.
Professor of Psychiatry and Associate Chair for Research,
Yale University School of Medicine
Chief of Psychiatry,
VA Connecticut and National Center for PTSD

JAMES A. CHU, M.D.
Assistant Professor of Psychiatry
Harvard Medical School
Clinical Director,
Dissociative Disorders & Trauma Program
McLean Hospital, Belmont, MA

NICHOLAS A. COVINO, PSY.D.
Assistant Professor of Psychology,
Harvard Medical School
Director, Psychology Division,
Beth Israel Hospital, Boston, MA

MARK R. ELIN, PH.D.
Assistant Professor, Tufts University School of Medicine,
Department of Psychiatry, Division of Neuropsychology
Baystate Medical Center, Springfield, MA

FRED H. FRANKEL, M.B. CH.B., D.P.M.
Professor of Psychiatry,
Harvard Medical School
Psychiatrist-in-Chief,
Beth Israel Hospital, Boston, MA

ROBERT M. GALATZER-LEVY, M.D.
Lecturer in Psychiatry,
University of Chicago
Training and Supervising Analyst,
Chicago Institute for Psychoanalysis

JULIA A. GOLIER, M.D.
Department of Psychiatry
Yale University

THOMAS G. GUTHEIL, M.D.
Professor of Psychiatry,
Harvard Medical School
Co-director, Program in Psychiatry and the Law,
Massachusetts Mental Health Center,
Boston, MA

MARY R. HARVEY, PH.D.
Director of Victims of Violence Program,
Cambridge Hospital
Assistant Clinical Professor of Psychology in the Department of Psychiatry, Harvard Medical School
Contributing Authors

JUDITH L. HERMAN, M.D.
Director of Training at Victims of Violence Program, Cambridge Hospital
Associate Clinical Professor of Psychiatry, Harvard Medical School

IRA E. HYMAN, JR., PH.D.
Associate Professor of Psychology, Western Washington University

RICHARD P. KLUFT, M.D.
Clinical Professor of Psychiatry Temple University School of Medicine
Director, Dissociative Disorders Program
The Institute of Pennsylvania Hospital, Philadelphia, PA

WILMA KOUTSTAAL, PH.D.
Post-Doctoral Researcher, Department of Psychology, Harvard University

JOHN H. KRYSZTAL, M.D.
Associate Professor of Psychiatry, Yale University School of Medicine
Director of Clinical Research
VA Connecticut and National Center for PTSD

MICHELLE D. LEICHTMAN, PH.D.
Assistant Professor of Psychology Harvard University

HOWARD B. LEVINE, M.D.
Faculty, Boston Psychoanalytic Institute
Faculty, Massachusetts Institute for Psychoanalysis
Private Practice, Brookline, MA

ELIZABETH F. LOFTUS, PH.D.
Professor of Psychology, University of Washington

JULIA A. MATTHEWS PH.D., M.D.
Assistant Professor of Psychiatry, University of Massachusetts Medical School
Attending Psychiatrist, Adult Mental Health Unit, University of Massachusetts Medical Center, Worcester, MA

MARJORIE B. MORSE, M.A., J.D.
Department of Psychology Harvard University

WENDY J. MURPHY, ESQ.
Of Counsel, Law Firm of Brody, Hardoon, Perkins, and Kesten
Boston, MA

ROBERT S. PYNOOS, M.D., M.P.H.
Professor of Psychiatry and Director, Trauma Psychiatry Program, Department of Psychiatry and Biobehavioral Sciences, University of California at Los Angeles

COLIN A. ROSS, M.D.
Associate Clinical Professor of Psychiatry, Southwestern Medical Center, Dallas, Texas
Medical Director,
The Colin A. Ross Institute for Psychological Trauma,
Richardson, Texas

MARIA C. SAUZIER, M.D.
Faculty, Harvard Medical School, The Cambridge Hospital

DANIEL L. SCHACTER, PH.D.
Professor of Psychology, Harvard University

DIANE H. SCHETKY, M.D.
Associate Clinical Professor of Psychiatry, University of Vermont College of Medicine (at Maine Medical Center)
Private Practice, Rockport, ME

ROBERT I. SIMON, M.D.
Clinical Professor of Psychiatry and Director, Program in Psychiatry and Law, Georgetown University School of Medicine, Washington, DC

STEVEN M. SOUTHWICK, M.D.
Associate Professor of Psychiatry, Yale University School of Medicine
Director of PTSD Program, VA Connecticut and National Center For PTSD

ALAN M. STEINBERG, PH.D.
Research Health Scientist, Trauma Psychiatry Program, Department of Psychiatry and Biobehavioral Sciences,
University of California at Los Angeles
LISA A. UYEHARA, M.D.  
Private practice of psychoanalysis and psychiatry.  
Assistant Professor of Psychiatry,  
Tufts University Medical School

RACHEL YEHUDA, PH.D.  
Associate Professor of Psychiatry,  
Mt. Sinai School of Medicine  
Director of Trauma Studies,  
Bronx VA Medical Center

BESSEL A. VAN DER KOLK, M.D.  
Professor of Psychiatry,  
Boston University  
Clinical Director, Trauma Center,  
Human Resources Institute, Brookline, MA

ROSE R. ZOTZEK-JICK, LL.B., LL.M  
Associate Professor of Law,  
Northeastern University School of Law
Introduction

Rarely in our world of subspecialized knowledge have disparate disciplines been so joined in the cauldron of public debate as by the controversy over trauma and memory. Psychology, psychiatry, neuroscience, and law each have struggled to understand and respond to the perplexities that attend the recollection of memories of traumatic events. This book presents the contributions of these various fields with the aim of shedding light on the theoretical and practical aspects of trauma and its impact on memory.

The heart of the controversy lies in the question that has captured headlines, generated television documentaries, and sparked debates among professionals and laypeople alike: can persons who have been severely traumatized—especially by sexual abuse in childhood—endure prolonged periods during which they fail to remember the traumatic episodes, only later to recover accurate memories of the events? Critical issues of science, psychotherapy, and law turn on the answer to this question. Before considering some of these issues, it may be worthwhile to reflect on how the relationship between trauma and memory rose to prominence in public discourse.

Abuse of children burst onto the social agenda in the 1960s and 1970s, as researchers began to document the stunning rates of physical abuse to which children were subjected. In the wake of these accounts, other investigators reported an equally horrifying incidence of sexual abuse of children, usually, though not invariably, girls. The short-term consequences of sexual abuse—anxiety, depression, and behavioral problems among them—were documented first. Other evidence soon pointed to the conclusion that long-term effects were common as well. Links between childhood sexual abuse and some of the most difficult adult psychiatric disorders, including depression, eating disorders, and borderline personality disorder, were suggested by patients’ accounts of their early experiences.

Some patients who related histories of abuse, however, had not always recollected these events. A number had recovered their memories prior to entering treatment, while others developed them in the course of therapy. Given the highly charged nature of their recollections, which often implicated family members in acts of sexual abuse, and the enormous consequences they held for those involved, controversy soon erupted over the legitimacy of the memories. Were they veridical, or had they been induced by the popular media or the suggestive techniques of therapists themselves? Was it possible for people to forget traumatic events that nevertheless caused them great psychic
distress, only to remember them years later? Or had we entered a world of fantasy, a latter day version of the witch trials of Salem?

The debate implicated major theoretical and practical issues in every field that it touched. From the perspective of neuroscience, if memories can be recovered accurately years or even decades after the events they record, the brain must have mechanisms for retaining memories out of consciousness and permitting their retrieval. What are those mechanisms, and how do they function at the level of neural systems and cells? Are only some memories—specifically those of traumatic events—susceptible to being put aside in this way, or does this represent a more general means of dealing with memory? If the former, how does the brain distinguish between traumatic and non-traumatic memories? When memories do return, are they always accurate? If they are sometimes inaccurate, what variables influence the degree to which they deviate from fidelity to the actual occurrences?

These questions of neuroscience have profound implications for the practice of psychotherapy, so much of which is devoted to the treatment of persons plagued by events that occurred in the distant past. Clinicians now debate whether accurate memories of patients' personal histories can be retrieved in the consulting room. Moreover, the technical necessity for veridical recollection is also in dispute: some theorists argue that assisting patients to arrive at a coherent belief system regarding their past is more important than establishing the accuracy of their memories, while others disagree.

Where clinicians stand on the relationship between remembering and successful treatment shapes their approach to the role of memory in therapy. Some psychotherapists encourage recollections, especially of trauma, often using special techniques derived for this purpose. Others believe that doing so raises an unacceptable risk that inaccurate memories will result, which can distort the course of therapy and have untold consequences for patients' lives. Cautious practitioners urge that patients be warned that even memories they have long held or retrieved spontaneously may be inaccurate. Meanwhile, worries grow about the effect of such practices on the therapeutic relationship, as clinicians ponder the consequences of overtly expressing skepticism about their patients' accounts.

Trauma is inherently about harm, and harm in our society usually calls for a remedy. Little surprise, then, that the courts have played so prominent a role in the trauma and memory debate. Indeed, the courts—in some cases more so than the scientific literature—have become the battleground on which opposing theories of memory and its vicissitudes have struggled for ascendance. Highly publicized criminal cases have turned on memories of witnesses that were lost to consciousness for decades. Victims of sexual abuse, seeking delayed recompense, have brought their alleged abusers into court up to scores of years after the traumas were inflicted, their claims based on newly recovered recollections. Therapists, too, have found themselves the targets of suits by patients who believe "memories" of abuse were negligently implanted in the course of therapy, or by patients' family members who now find themselves accused—falsely, they argue—of having perpetrated abuse.
What constitutes a just outcome of such cases seems to have evoked different intuitions among many observers. Courts and legislatures have created, and then in some cases set aside, special mechanisms for granting access to civil remedies for victims who claim to have lost the ability to retrieve their memories for long periods of time. The proper bounds of suits against therapists, including whether family members should have standing to seek redress, are a matter of active contention. Whether child witnesses, who are often alleged victims of abuse, deserve special protections as they testify has been considered by courts at every level up to the U.S. Supreme Court, and no one is persuaded that the issue is settled.

These are some of the questions with which this volume is concerned. Unlike books that focus only on the scientific or clinical aspects of this area, we have sought to provide a bridge for researchers, clinicians, and policymakers from their own area of expertise to the other fields of knowledge that impact this controversy. In doing so, we have recruited many of the leading experts in diverse disciplines. No effort has been made to restrain controversy. Our contributors take different views on unsettled issues of science, therapy, and policy. By maximizing the perspectives presented, we hope to offer readers the chance to reach their own conclusions on these contentious issues.

Part I of the book begins with presentations on the core of the controversy: the question of whether memories of trauma can be repressed. To understand the issues raised by this debate, we turn in Part II to recent advances in understanding relevant aspects of memory, from neurobiological, cognitive, psychoanalytic, and developmental perspectives. Moving from the basic science of memory to more clinical concerns, Part III addresses memories of trauma per se: how they are manifest in both adults and children, and how they may differ from nontraumatic recollections. Part IV focuses on the concerns of clinicians with regard to the treatment of patients with memories of trauma, including contributions from psychoanalysis, psychodynamic psychotherapy, hypnotherapy, cognitive behavioral therapy, and eclectic approaches. In Part V we consider the ways in which these debates over science and clinical technique have spilled over into the courts and some of the implications for social policy towards victims of trauma. Finally, we close in Part VI with an attempt to integrate the responses to the controversies detailed in the earlier chapters, and to reflect on the broader impact of the trauma and memory debate.

Trauma and memory is the proverbial moving target. New data appear continuously, innovative theories are proposed, new treatments are developed. No volume can fully anticipate what the future will bring. It is our hope, however, that the chapters in this book will serve readers as a framework of knowledge into which they can integrate the information that will appear in years to come. If we have provided that intellectual scaffolding, we will have accomplished our aim.
This page intentionally left blank
THE CONTROVERSY OVER DELAYED RECALL OF TRAUMATIC MEMORIES
Some People Recover Memories of Childhood Trauma That Never Really Happened

IRA E. HYMAN, JR.
ELIZABETH F. LOFTUS

A woman in her late 20s enters therapy for problems that she is currently experiencing, perhaps an eating disorder, depression, or relationship difficulties. Early in therapy, the therapist asks the woman if she was ever sexually abused and the woman answers that she was not. The woman honestly believes that she was never abused. Over time, the therapist keeps returning to the issue of child abuse. The therapist tells the woman that her problems indicate severe childhood trauma and that the woman cannot expect to improve until she remembers the childhood trauma. The woman starts to think more about sex abuse, she reads about abuse in popular books, and she eventually has nightmares about sex abuse. Finally she recovers a memory of sexual abuse that happened when she was young. She begins to participate in group therapy for adults recovering from child sexual abuse and she uncovers more memories of childhood sexual abuse. In this situation, the woman may be recovering memories of abuse that actually occurred or she may be creating memories in response to the demands of the therapy situation. This is not the story of one individual, but rather the story of many individuals (both men and women, but predominantly women).

Child abuse is a horrible crime. Abuse is damaging to the child and may result in severe long-term consequences. Many adults remember their abuse (or at least part of their abuse) and these memories may be the source of psychological distress. When