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Interrogative Suggestibility and "Memory Work"

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In 1982 Patricia Burgus entered therapy for depression. After being diagnosed with multiple personality disorder, Burgus was treated with a variety of techniques that led her to remember being sexually abused as a child and participating in a satanic cult. At one point in her treatment Burgus was committed to an inpatient service for 2 years. She recently won a $10.6 million lawsuit against her therapist and the hospital, claiming that the treatment implanted false memories of the abuse and cult activity (Belluck, 1997). The Burgus case illustrates an important legal and social phenomenon that has emerged over the past decade or so. People, mostly women, entering therapy for various problems, including anxiety, depression, eating disorders, and substance abuse, have recovered memories of incest, other forms of childhood sexual abuse, and even satanic cult activity. What to make of these memories?

It is one thing for a patient to bring into therapy an independently documented history of abuse, or a history of abuse that he or she has always remembered. But it is another thing entirely when a patient enters therapy with no inkling of past abuse, or perhaps only the hypothesis that he or she might have been abused, in the absence of any relevant memories. Under such circumstances, therapists—especially those who believe that childhood abuse and other trauma are salient causal factors in adult maladjustment and psychopathology (e.g., Blume, 1990; Briere, 1992;

Kirschner, Kirschner, & Rappaport, 1993; McCann & Pearlman, 1990)—may employ a variety of techniques, sometimes known collectively as *memory work* (McCann & Perlman, 1990), to help patients recover, explore, and integrate traumatic memories. Some observers of the recovered memory phenomenon have cautioned that some of these procedures are so suggestive that they may yield memories that are grossly distorted or false outright (e.g., Loftus & Ketcham, 1992; Ofshe & Watters, 1994; Pendergrast, 1996; Yapko, 1994; see also Kihlstrom, 1996a, 1996b, 1997, 1998).

THE PREVALENCE OF MEMORY WORK

Do clinicians actually use these memory retrieval techniques? Recent surveys suggest that many do. In a random survey of members of certain clinical divisions of the American Psychological Association, over one quarter of the respondents reported using specific memory retrieval techniques, such as guided imagery, dream interpretation, and bibliotherapy, with clients who had no specific memory of childhood sexual abuse (Polusny & Follette, 1996). The mean percentage of clients believed to have no memory of their sexual abuse was 22%. Even though only 8% reported this memory retrieval as their primary therapeutic goal, 34% reported that remembering sexual abuse is important in therapy. A survey with a different population found that most clinicians (71%) reported using memory recovery techniques, such as hypnosis, dream interpretation, and journaling (Lindsay & Poole, 1998; Poole, Lindsay, Memon, & Bull, 1995).

It is important to note, however, that the survey questions did not ask specifically about clients who lacked specific memories, so the questions could have been interpreted to include clients with preexisting memories. This criticism can be extended to suggest that the results of such surveys show that the majority of clinicians do not use memory retrieval techniques with clients who present with no memory of abuse—although the question remains why clinicians would use memory recovery techniques with clients who already have access to traumatic memories. Even if only a minority of therapists utilize these techniques, it still the case that a large number of people seeking therapy may be exposed to these methods.

No one can say for sure whether, and how often, memory work creates memories of abuse out of whole cloth, because in the absence of independent corroboration no one is able to determine how faithfully a person's memory represents his or her objective, historical past. However, it is clear that these techniques increase the risk of distorted or false memory, because they create, and capitalize on, the conditions for interrogative suggestibility to occur in therapy.

INTERROGATIVE SUGGESTIBILITY

The idea of interrogative suggestibility may be defined as "the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning, as the result of which their subsequent behavioural response is affected" (Gudjonsson & Clark, 1986, p. 84). Actually, the empirical literature reflects two quite different approaches to the study of interrogative suggestibility. The experimental approach is illustrated by the work of Loftus (1975, 1992) and her colleagues on the postevent misinformation effect in eyewitness memory. Although research continues to define the constraints on the effect (e.g., Pezdek, Finger, & Hodge, 1997), and debate continues over its underlying mechanisms (e.g., McCloskey & Zaragoza, 1985), it is clear that a substantial proportion of subjects incorporate into their memories erroneous information contained in leading questions posed by the experimenter. The individual differences approach is exemplified by the work of Gudjonsson (1984, 1987, 1989, 1991) and his colleagues, which documents individual differences in response to postevent misinformation, and their associations with various personality, social, and cognitive variables. Gudjonsson distinguishes between two types of suggestibility that are important in police interviewing: susceptibility to leading questions and response to negative feedback.

According to Gudjonsson (1987, 1992), interrogative suggestibility differs from other types of suggestibility in important ways: (a) The questions are concerned with memory recollection of past experiences and events, (b) the questioning procedure takes place in a closed social interaction, and (c) interrogative suggestibility builds on uncertainty of the individual and involves a stressful situation with major consequences for all involved. However, it is not clear that such a sharp distinction is justified. Certainly interrogative suggestibility differs from the direct suggestions for motor actions and sensory experiences characterized by Hull (1933) as personal heterosuggestion and by Eysenck and Furneaux (1945) as primary suggestibility; it also differs from the placebo response (Evans, 1989) and from hypnotizability (Register & Kihlstrom, 1988). However, interrogative suggestibility shares features with the implied suggestions (albeit for cognitive as opposed to sensory changes) characteristic of impersonal heterosuggestion (Hull, 1933) or secondary suggestibility (Eysenck & Furneaux, 1945). It also seems similar to social suggestibility (Hilgard, 1991), as represented by conformity, gullibility, and persuasibility—the tertiary suggestibility posed, but not empirically documented, by Eysenck (1947). Comprehensive multivariate studies of the relationships among various forms of suggestibility remain on the agenda for future research (Destun & Kuiper, 1996).

The paradigmatic differences between the experimental and individual differences approaches to the study of interrogative suggestibility are reminiscent of the two cultures in scientific psychology, experimental and correlational, outlined by Cronbach (1957). Like Cronbach, Schooler and Loftus (1986) suggested that the two approaches should be viewed as complementary, not competitive or mutually exclusive. In fact, Gudjonsson and Clark (1986) proposed an integrative social-psychological model stating that "interrogative suggestibility is construed as arising through a particular relationship between the person, the environment, and significant others within that environment" (Gudjonsson, 1991, p. 281).

INTERROGATIVE SUGGESTIBILITY IN MEMORY WORK

The model of interrogative suggestibility proposed by Gudjonsson and Clark (1986) consists of five interrelated components: (a) a closed social interaction between interviewer and interviewee, (b) a questioning procedure, (c) a suggestive stimulus, (d) acceptance of the suggestive stimulus, and (e) a behavioral response to the suggestion. Although this model was developed in a forensic context, the question that arises is whether there are other settings in which interrogative suggestibility has important consequences. For example, the situation in which a person enters therapy with no memory of childhood abuse, is exposed to memory retrieval techniques by a therapist who believes that abuse may have occurred, and then comes to believe that she has a sexual abuse history, seems to be one in which interrogative suggestibility may play an important role.

A Social Interaction and Questioning Procedure

In Gudjonsson and Clark's (1986) model, the initial component of interrogative suggestibility involves a questioning procedure within a closed social interaction involving the interviewer and the interviewee. Questions are asked of the interviewee by the interviewer, usually relating to some event that the person has either participated in or witnessed. In other words, recall of episodic memories is important. The interrogation situation sets the stage for the interrogator and respondent to adopt certain cognitive sets that affect the interaction between the two participants. This cognitive set consists of existing general expectations relative to perceiving, thinking, remembering, and social information, which results in either a suggestible or resistant response.

The form and content of the questioning are guided by certain expectations and premises that either party may hold, which may be ill founded and uninformed, and likely make each party's perception of the answers

selective. In sum, people see what they expect or desire to see. Interpersonal trust is another important prerequisite for yielding to suggestions. If the person believes that the interrogator's intentions are genuine and is not suspicious of him or her, then the person has already fulfilled a determinant of suggestibility. Interpersonal trust forms the catalyst for leading questions or suggestions to be perceived as plausible, believable, and without deception.

Individual therapy sessions consist solely of the clinician and the client, making the therapeutic encounter an exceptionally close social interaction between two people. Indeed, in the earliest phase or stage of recovery work, as in most forms of psychotherapy, one of the primary goals is to form a collaborative therapeutic alliance (Herman, 1992; Simonds, 1994). Moreover, the relationship between the clinician and the client is not equal; the clinician is assumed to be the authority—or, at least, more knowledgeable than the client. Herman (1992) bluntly stated that "the patient enters therapy in need of help and care. By virtue of this fact, she voluntarily submits herself to an unequal relationship in which the therapist has superior status and power" (p. 134). Brenneis (1994) provided a thoughtful analysis of how the analytic dyad promotes suggestion and how the authority of the clinician increases the probability for suggestions to be accepted. The mere fact that therapy consists of an unequal relationship between therapist and client provides the basis for interrogative suggestibility to develop.

By its nature, all psychotherapy requires the patient to trust the clinician. Specifically, in recovered memory therapy, trust and safety are deemed essential in healing from the effects of trauma (Herman, 1992). When the traumatic childhood history is known, this approach towards recovery is well advised. However, when the client presents with no memory of childhood abuse and is subjected to trauma therapy, trust may enhance the suggestibility inherent in interactions between the clinician and client, particularly when memory retrieval techniques are used. Because a person who believes an interrogator's motives are genuine, honest, and without bias is more suggestible than a person who is suspicious of the intentions, this blind trust of the therapist on the part of the client will further heighten the client's suggestible cognitive set. This situation is not unique to individual therapy—memory recovery can also be an important goal of group therapy as well (Herman & Schatzow, 1984).

A Suggestive Stimulus and Uncertainty

Another component of interrogative suggestibility is the nature of the suggestive stimulus (Gudjonsson & Clark, 1986). In a forensic interview setting, questions can be leading because they contain certain premises

and expectations, which would suggest wanted or anticipated answers. Suggestive stimuli such as leading questions will have the most influence on a person who has developed a suggestible cognitive set. In the therapeutic context, this is where memory retrieval techniques play a crucial role in building on suggestibility. Hypnosis, guided imagery, dream interpretation, and journaling are all techniques that encourage reduced source monitoring (Johnson, Hashtroudi, & Lindsay, 1993).

During interrogation, there is a large degree of uncertainty when a person's memory for events is incomplete or nonexistent. Uncertainty refers to the situation when the person does not know the right answer to a question, and relates to the strength of the person's internal frame of reference and knowledge states rather than feelings of confidence. According to Gudjonsson and Clark's (1986) theoretical model of interrogative suggestibility, when the person does not know the answer definitively she is potentially open to suggestion, because the stronger the person's frame of reference, or memory of events, the more likely she will detect being misled.

Typically, the second phase of recovery work, or retrospective incest therapy, involves accessing the traumatic memories (Courtois, 1988). This approach does not depend on whether the client has always remembered the abuse, remembered fragments of the abuse, or has no memory at all. Suggestive stimuli, or techniques, can have the most deleterious effects on clients who have no memory of abuse, but the therapist continues with memory retrieval techniques because the client's symptoms are interpreted as signifying the presence of unconscious memories of trauma.

According to some advocates of memory work, the use of memory retrieval techniques helps in memory recovery because the survivor of childhood abuse develops the ability to dissociate, and this ability is utilized to reach an all-knowing unconscious (Dolan, 1991). This explanation relies on the idea of state-dependency, a notion that an event encoded in one cognitive, emotional, or physiological state is better remembered when that same state is subsequently recapitulated (see Eich, 1989, for a review). So, if a child dissociates while being abused, later the memory will be unavailable to conscious awareness, and can only be retrieved when the person has access to the unconscious through dissociation or trance. Dolan (1991) stated, "The effectiveness of this rather direct approach to the unconscious probably derives in part from the highly developed natural hypnotic abilities characteristic of most survivors of sexual abuse" (p. 109). A similar view is advocated by Maldonado and Spiegel (1995). "Some clients approach memory work with little or no previous recall of traumatic events" (Simonds, 1994, p. 143), and "a traumatic memory may be entirely repressed" (McCann & Pearlman, 1990, p. 28), but retrieval of these forgotten traumatic memories is the catalyst for the integration, assimilation, and resolution of the trauma (Claridge, 1992; Courtois, 1988; Dolan, 1991; McCann & Pearlman, 1990).

Hypnosis. In trauma therapy, the use of memory retrieval techniques is justified when "both the client and therapist strongly suspect sexual abuse, the client is suffering from symptoms known to be indicative of sexual abuse, and these symptoms have not responded to less intrusive forms of treatment" (Dolan, 1991, p. 141). An example is the case of Nora (Dolan, 1991, p. 157) who entered therapy because of panic attacks, choking feelings, and intense fear. Traditional therapy was not helpful, so hypnosis was used to retrieve the suspected unconscious traumatic material. During hypnosis Nora was told that the therapist was talking directly to her unconscious and that this part of her mind knew what to do and could help in remembering what was necessary for healing. After this session, Nora "found out what I thought I would" (p. 161), that her father had sexually abused her. Fredrickson (1992) wrote about "repressed memory syndrome," describing people who have no memory of abuse but display symptoms that characterize adults who have unconscious memories of trauma. For any unusual reactions a client may have, she is told to ask herself if there is anything about the situation that could be associated with sexual abuse.

A prominent view of trauma therapists is that hypnotic techniques help patients gain access to unconscious memories (Dolan, 1991; Fredrickson, 1992; Maldonado & Spiegel, 1995; McCann & Pearlman, 1990; Simonds, 1994; but see Kihlstrom, 1994). The use of hypnosis to recover memories rests on the idea that the experience of the dissociated state of mind will trigger retrieval of memories associated with a previous state of dissociation. In other words, because the trauma was encoded while the person was dissociating, the only way to get back the memory is through a technique that ostensibly relies on dissociation such as hypnosis. A trance state is induced, and then several techniques may be used to help patients remember. A common approach is to use age regression in which the client is told that she is getting younger and younger, returning to the time of the trauma (Price, 1986). At that point the person becomes a child once again and talks about what she sees. Or screen techniques require the patient to project the traumatic images or thoughts onto an imaginary screen. The images and thoughts do not have to be accurate portrayals of the traumatic event that is to be remembered; they can be whatever the patient chooses. Simonds (1994) proposed that using the screen technique allowed the client to see the events of the past unfold on an imaginary movie screen by distancing the patient from the event.

Guided Imagery. Another memory retrieval technique, guided imagery, begins with the client picking a focal event or feeling and letting themselves imagine what would have happened next (McCann & Pearlman, 1990). Any images that emerge during this technique are thought to

be symbolic representations of the abusive event. Also, guided imagery is thought to rely on the use of "imagistic memory" to retrieve abuse memories by letting the client complete a picture of what happened (Fredrickson, 1992). The truth about whatever the client remembers while imagining what might have happened doesn't have to be decided immediately, but can wait until later. The client can even select the person who she thinks is most likely to have committed the abuse. A similar memory retrieval technique is journal writing, or journaling. This entails the client keeping a journal and writing spontaneously or free-associating to images she has had. As with the other memory retrieval techniques, accuracy of the discovered memories or images is of no importance. The client is instructed to go with whatever comes to mind and seems to feel right.

Dreams. Some clinicians have written that dream content can be interpreted to reveal unconscious memories of childhood events (Fredrickson, 1992; Williams, 1987). The idea is that dreams preserve the traumatic experience in an indelible nature, or that partial memories surface during dreams (Walker, 1994). Fredrickson (1992) suggested that unconscious memories often surface through dreams in fragments or symbols; therefore, examining dream content can be a gateway to unconscious memories. However, there is reason to be skeptical about the veridicality of flashbacks or dreams even in people who have documented trauma (Brenneis, 1997; Frankel, 1994). A study by Berger, Hunter, and Lane (1971) demonstrated with a group of college students in group therapy that dream content was determined by the person's presleep experience. The material that was aroused during the therapy sessions was represented and worked over in the dreams, such that the content of the dreams was related to the material discussed in the preceding group session. Extending this finding to a therapeutic situation that includes memory recovery as the central focus, it is easy to see how and why a client may dream of childhood abuse even if the abuse never happened.

Reality Monitoring. Is there a potential for these techniques to produce false memories? Everything we know points to an affirmative answer. Hypnosis, guided imagery, dream interpretation, and journaling allow the client to suspend reality orientation and lower her critical judgment (see Lindsay & Read, 1994, for a review). These techniques allow the client to rely on imagination and imagery to recreate a plausible scenario of abuse. Ideas and images generated during these techniques have the potential for being perceived as actual events later, mainly due to the person's diminished ability for source monitoring and the increased perceptual detail that accompanies each revisualization. It has been shown that memories of real events have more visual detail, are more vivid, include more information about space and time, while imagined

events have fewer of these qualities (Johnson, 1988). Yet, some sources promoting memory retrieval techniques claim that the memories uncovered will be vague, sketchy, and hazy, even after many workings, and moreover, that these qualities signify the authenticity of the memory (Bass & Davis, 1988; Fredrickson, 1992). Another potential for memory creation is when repeated induction of focal images is used to trigger the memory; this results in the image becoming more familiar over time with increasing confidence that it is real.

It is known that people can confuse imagined events, or self-generated thoughts, with real events or internal thoughts (Johnson & Raye, 1981), suggesting that people can remember experiencing events when they were only imagined. Hypnosis and other memory retrieval techniques facilitate the transformation of mental images and vague fragments into compelling memories that are believed with great confidence. Orne, Whitehouse, Orne, and Dinges (1996) state that these effects of hypnosis are not unique to hypnotically susceptible people; increased confidence, increased productivity, and source misattributions are exhibited by low and medium hypnotizables. In their words, "hypnosis provides a license for fantasy" (p. 172). Effects from one retrieval technique can be exacerbated when the result is used to spur more memories using another technique. This is exactly what Fredrickson (1992) suggested for hypnosis—to use a dream fragment or an image received from guided imagery as a focal point. The difficulty in this approach is that the more an inaccurate image or fragment is used, the more likely it will be accepted either by the process of repetition or through source-monitoring difficulties. This is similar to Dywan's (1995) idea of the illusion of familiarity; that is, during hypnosis, when a person attempts to retrieve information, the items remembered are generated more vividly and with greater fluency and are therefore likely to induce the feeling of familiarity.

It can be argued that spontaneously recovered memories of childhood abuse are less likely to be influenced by suggestions, while memories that are retrieved via a long, drawn-out process are more likely to be the result of suggestion. Claridge (1992) suggested that after some memory work is done, the clinician should ask the client, "If these experiences hold the pieces of your memories, what sort of memories do they suggest to you?" (p. 247). This question allows the patient's imagination to take precedence over the accuracy of the recovered images or memory fragments. Moreover, Claridge acknowledges that memory retrieval of childhood abuse proceeds by slow, fragmentary recall and that the abuse can be inferred before the completion of any memories (see also Fredrickson, 1992). Memory recovery therapy continues until the traumatic memories emerge.

Additionally, the social context of hypnosis provides another means for increased suggestibility. Spanos reported that subjects who were told before hypnosis that being hypnotized would increase their ability to re-

member past lives were more likely to remember past lives, and that the prehypnotic suggestions influenced the type of lives remembered (Spanos, Menary, Gabora, DuBreuil, & Dewhirst, 1991). This position is also argued by Lynn and Kirsch (1996), who state that hypnosis is often conducted in a context that the recovered memories are assumed accurate, which in turn suggests that people adopt a lax standard for distinguishing between reality and fantasy. So, the context in which retrieval techniques are used may be just as important as the techniques themselves in increasing suggestibility.

Making the Implicit Explicit. Some writers have suggested that traumatic memory relies more on state dependency than memory for ordinary events (Briere, 1992; Whitfield, 1995). Traumatic memory is sometimes equated with implicit, rather than explicit memory, in that it is encoded and stored at a somatosensory level and is nonverbal (Hovdestad & Kristiansen, 1996; van der Kolk, 1994; but see Kihlstrom, 1996a; Shobe & Kihlstrom, 1997). According to Hovdestad and Kristiansen (1996), "implicit memories return[ing] during times of extreme arousal suggest that the principles regarding state-dependent learning and memory may also apply" (p. 40), and "memories acquired in one neuropsychophysiological state are accessible mainly in that state" (Whitfield, 1995). Walker (1994) suggested that psychotherapy helps to translate subcortical, traumatic memories into the "cognitive areas of the brain so that they can be more easily communicated to others" (p. 86). Techniques that allow the person to return to the original abuse event will reinstate the original affective state and allow the person to retrieve the state-dependent memories. Does this mean that the person has to recapitulate the internal state of dissociation, or reexperience the state of extreme terror? It is not clear how a stress-related dissociative state is to be induced in therapy, and it is quite clear that any attempt to get the person to reexperience traumatic stress, even in imagination, would compromise another goal of recovered-memory therapy, that of creating a "safe place" for the patient. This appéars to be a major ambiguity in the literature.

Another major concern is the claim that memories initially encoded in a somatosensory state can later become accurate verbal narratives, which is the major goal of trauma therapy. Despite an intense implicit emotional memory, if the memory was not encoded explicitly in the first place, it can never become explicit. As LeDoux (1996) stated, "It is completely possible that one might have poor conscious memory of a traumatic experience, but at the same time form very powerful implicit, unconscious emotional memories through amygdala-mediated fear conditioning . . . there is no way for these powerful implicit memories to then be converted into explicit memories. Again, if a conscious memory wasn't formed, it can't be recovered" (p. 245).

As suggested earlier, when a person enters therapy for a host of problems that cannot be tied to any particular diagnosis, a therapist may believe and/or suggest that the person has a history of childhood abuse and has repressed or dissociated the memory, rendering it unconscious.[1] The client would initially have an overwhelming feeling of uncertainty as to the source of her problems and what the best approach to take in therapy would be. After listening to the therapist suggest a history of abuse, and after undergoing memory retrieval techniques to uncover memories, the recovery of memory offers a solution to this uncertainty.

Another way uncertainty can influence suggestibility in memory work is an extension of LeDoux's (1996) comment about forming a conscious memory. If a person conjures up images during hypnosis or guided imagery, and if there are no explicit components accompanying the image, then the uncertainty as to what the image is or represents may cause the person to hypothesize what happened in order to achieve a sense of closure or relief. As a result, this fantasy may later be interpreted as fact. As an example, Fredrickson (1992) stated that unconscious memories do not seem real when they are first recovered, and that the client will not be able to determine whether they are real or not for a year or more. Yet, processing and repeating the information as if it were a real event for 12 months will make it harder later to determine whether the event was imagined or accurate.

Acceptance of the Stimulus and a Behavioral Response

In addition to the use of suggestive stimuli, the person must exhibit some acceptance of the stimuli in order for interrogative suggestibility to continue, according to Gudjonsson and Clark's (1986) model. This doesn't require that the person incorporate the information into his or her memory, but rather that the suggestion is perceived to be plausible and credible. For example, rather then providing answers to questions they remember clearly, people may make responses that seem plausible and consistent within the context in which the suggestions are made.

In addition to interpersonal trust and uncertainty, another prerequisite for interrogative suggestibility is an expectation of success. When these

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[1]Theoretically, there are important differences between the concepts of repression and dissociation (Kihlstrom & Hoyt, 1990). For example, Janet argued that dissociated mental contents were accessible to conscious awareness under certain conditions (e.g., in hypnosis or naturally occurring somnambulistic states), whereas Freud asserted that repressed material could be known only indirectly, through inference and symbolic interpretation. For Freud, repression is a defense mechanism, employed to counteract anxiety, although dissociation, for Janet, is an inadvertent byproduct of stress. However, in the contemporary literature on traumatic memory, the terms *repression* and *dissociation* are often used interchangeably to refer to hypothetical processes by which memories are rendered inaccessible to conscious awareness. In this chapter, we follow the usage of the particular authors whose work we are discussing.

three factors operate together, the potential for the person to be highly suggestible is compounded. For example, if a person is uncertain about the events that took place, he or she can respond "I don't know" during the interview. However, if it is communicated during the interview that the person should know the answer, and that he or she is expected to know it and provide it, then it is more likely that the person will accept the suggestions imbedded in the context of the interview.

Feedback, especially negative feedback, is important during interrogation. Negative feedback attempting to modify an unwanted response can be either explicit or implicit; it doesn't have to be stated explicitly or verbally. For example, repeating the same question several times is a form of implicit feedback that conveys to the person that the answer is not acceptable. Interrogative suggestibility is also heightened by positive feedback when the interviewer reinforces wanted answers, perhaps by uttering "good," or by showing more interest after that response. It has been shown that negative feedback encourages people to change or shift their answers and heightens their responsiveness to further suggestions (Gudjonsson, 1984). Also, the more often suggestions are repeated, the more potent they become (Zaragoza & Lane, 1994).

The use of memory retrieval techniques in therapy allows the client to conjure up images and fantasies that will be accepted as valid memories if they are congruent with the client's belief system. If the client entered therapy with no memory of childhood abuse, she may come to form this belief merely by the fact that the therapist suggests it and attempts to retrieve the memories. In this circumstance the client's belief in abuse will mesh with the images retrieved during hypnosis or guided imagery, resulting in a pseudomemory.

Many trauma therapists have written that it is important to emphasize the recall of material that is necessary in order to heal or to live a satisfying life (Fredrickson, 1992; Herman, 1992). The client is informed that recovery of traumatic memories will clear the way for their symptoms and problems to recede and disappear. For example, McCann and Pearlman (1990) recommend that "uncovering techniques should be used only after the client and therapist agree that the client is ready to discover the hidden material" (p. 98). Statements like these provide the client with an expectation that memory retrieval techniques will undoubtedly supply the client with unconscious memories. In addition, the mere fact that memory recovery techniques are used implies that there actually are memories of abuse to be uncovered. One therapist suggested that unconscious memories indicate that the abuse happened in the client's own home and couldn't have possibly been done by a stranger (Fredrickson, 1992). If this is communicated to the person before undergoing memory work, it may suggest to the client what is expected. Moreover, if the book that includes

this statement is read by the client, it may unduly influence subsequent therapeutic developments.

Clinicians who suspect hidden memories of childhood abuse and use memory retrieval techniques provide a type of negative feedback when the techniques are repeatedly used. Essentially the therapist is conveying that previous attempts to recover memories failed or were not sufficient, and that the client should try again to provide an adequate response. When the client reports memory fragments after undergoing memory work, the therapist will interpret this as confirmation of the initial belief in childhood abuse, and will reinforce the client's behavior. This is analogous to the phenomenon of confirmation bias, in which the clinician may seek evidence that confirms her original belief of childhood abuse and will avoid gathering any conflicting evidence (Evans, 1989). Also, as soon as the person recovers previously unconscious memories of some long-forgotten trauma, then the uncertainty vanishes.

The completion of interrogative suggestibility is achieved when the respondent gives some kind of a behavioral response to the suggestive stimulus (Gudjonsson & Clark, 1986). This means that believing or accepting the suggestion privately is not sufficient; the person must make some kind of verbal or nonverbal indication that he or she accepts the suggestion. This is accomplished in recovered memory therapy when the client confers with either the therapist, a friend, or family about what she believes happened to her. When a person has a traumatic event in her past, and spontaneously recovers it, this approach of talking to someone about it is well advised. Support during recovery is necessary, otherwise the person will feel victimized once again. However, if a person comes to believe she was abused as a child after entering therapy for depression, undergoing many months of memory retrieval techniques, and providing the therapist with memories, acceptance of the suggestion of abuse is only prolonged when the person expresses it as truth to other people. One therapist suggested that when telling others, "avoid being tentative about your repressed memories. Do not just tell them; express them as truth" (Fredrickson, 1992, p. 204). This advice has been taken to heart. As of September 1997, more than 500 recovered memory suits had been filed in criminal and civil courts across the country.

BEYOND SUGGESTIBILITY

Interrogative suggestibility is as important an issue in therapeutic settings as it is in forensic ones. Several techniques used in "memory work" involve highly suggestive situations and interactions, and can lead to various types of memory errors. Furthermore, suggestibility effects may be magnified when a client has a feeling of uncertainty about the source of his or her

problems. However, suggestibility is not the only element in therapeutic or forensic situations that can give rise to distorted and false recollections.

Consider, for example, the McMartin Preschool Case ("Dismissal of Buckey charges," 1990; *People v. Buckey*, 1984), in which a number of nursery-school teachers were accused of abusing their pupils. In the end, most charges were dropped before trial, and none of the defendants were ever convicted, despite one of the longest and most expensive trials in California history. The core of the case was provided by a large number of interviews with children who had been enrolled in the school, which many of the jurors in the case criticized as leading. An analysis of these interviews (Wood et al., 1997) revealed that they did, in fact, contain many suggestive questions of the sort implicated in interrogative suggestibility. But they also contained a number of other "social incentive" elements that further increased the risk of error, distortion, and false recollection in the children's reports. For example, the technique of "Other People" informed the child that someone else had already provided a certain piece of information, and then asked the child to affirm it. In "Positive and Negative Consequences," children received, or were promised, praise, criticism, and other rewards and punishments for making certain statements. In the technique of "Asked and Answered," a question was repeated that the child had already unambiguously answered. In "Inviting Speculation," the child was asked to offer opinions, speculations, or fantasies about particular events.

An experimental study, in which young children were interviewed about a classroom visitor, showed that this package of interviewing techniques, administered even in relatively small amounts, led to a substantial increase in false memories and allegations (Garven et al., 1997). Further, the authors noted that the children became more acquiescent as the hour-long interviews progressed. Consistent with the model of Gudjonsson and Clark (1986), which emphasizes the entire situation in which leading and suggestive questions are posed and answered, the entire package of social incentive techniques produced far more errors than suggestive questions alone.

On the basis of these findings, Garven et al. (1997) proposed the SIRR model for eliciting false statements from interview subjects by virtue of Suggestive questions, social Influence, Reinforcement, and Removal from direct experience (including inviting speculation and the use of puppets). Obviously, the same elements are common features of memory work.

THE THERAPIST AND THE DETECTIVE

Why include a chapter on memory work, a clinical practice, in a book on suggestibility in the forensic interview? After all, "I'm not a detective; I'm a psychotherapist. It would be inappropriate for me to act like a detective.

I'm there to help my client heal" (E. Sue Blume, interview with Morley Safer on the CBS program *60 Minutes*, April 17, 1994). And, "As a therapist, your job is not to be a detective; your job is not to be a fact finder" (J. L. Herman, interview with Ofra Bickel on the Public Broadcasting Service program *Frontline*, 1995).

Many clinical practitioners appear to share Blume's and Herman's view of the therapeutic enterprise (Moen, 1995). From their point of view, the job of the therapist is to help patients construct coherent narratives of their lives that explain how they got where they are, and how the patient can recover and heal. This goal, they believe, can only be accomplished when the patient has a place of safety, and creating this safe place entails an attitude of acceptance and unconditional positive regard toward the patient. In therapy, so the claim goes, what is most important is what the patient feels and believes, rather than what actually happened. Even if the patient's narrative is inaccurate in some respects, it contains enough truth for the therapist to work with.

Such a stance may be defensible when therapy is focused exclusively on feelings and fantasies—on narrative truth as opposed to historical truth (Spence, 1984)—though frankly it is not clear that therapies focusing the patient's attention on the past are as effective, or as efficient, as those that emphasize the here and now. Whenever therapy begins, as recovered memory therapy begins, with the assumption that the patient's problems have their origins in historical experience; when the patient's memories, and beliefs about his or her past, spill over to affect his or her relations with parents and other family members, as they must inevitably do in recovered memory therapy; and when these memories and beliefs are presented as evidence in the civil and criminal courtroom, as they often are, then the therapist does become a detective, and the reliability of the fact-finding process becomes a legitimate target of scrutiny. It is under these circumstances that the therapist, no less than the detective, needs to pay attention to the process by which evidence is gathered. In this process, interrogative suggestibility, including the suggestive components of the interview situation as well as the vulnerability of the interviewee to suggestion, becomes a critical consideration.

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