
Once again (the first time was with Freud, more than 100 years ago), many psychotherapists have taken up the trauma-memory argument: that traumatic memories can be hidden from awareness by means of repression, dissociation, or some other psychological process; that unconscious memories can be expressed symbolically as symptoms; that the appearance of particular symptoms provides evidence that trauma occurred; and that the forgotten past can be exhumed and brought into the full light of consciousness. In this book, TERR, a psychiatrist on the faculty of the University of California, San Francisco, and prominent authority on childhood victims of trauma, presents seven case studies, some of which (like that of Eileen Franklin, who sent her father to prison for life with a recovered memory of the rape and murder of Susan Nason, her childhood friend) have by now become important elements in both professional and public discussions of this issue. These stories, which are presented as proof of the existence of recovered memories, are interwoven with discussions of the scientific literature on the psychology and biology of memory, which are in turn intended to explain, and thus lend plausibility to, the stories themselves. The result is a highly readable exposition and defense of the trauma-memory argument.

The liabilities of the case study method are well known, and need not be recited here, except to point out that even if these cases are taken at face value we have no idea how representative these individuals are of the population at large—and thus no means of assessing the generalizability of the trauma-memory argument. More critically, some of the case evidence is itself debatable. For example, the Franklin case has been documented exhaustively in Harry MacLean's book, _Once Upon a Time: A True Tale of Memory, Murder, and the Law_ (1993). Comparison of the two accounts indicates that Franklin's memories changed over time, and were factually incorrect in some important details; further, no verifiable recollection was not already part of the public record. Moreover, some of the critical assertions made in corroboration of Franklin's memories are either incorrect (e.g., that semen was found in Susan's vagina) or unfounded (e.g., that Franklin engaged in self-mutilative hair pulling). The status of Franklin's recovered memories as accurate, independent recollections of historical events is thus open to serious question. In this and other instances, the case material suffers from TERR's tendency to accept memories as true simply because they make narrative sense, or because they fit preconceived clinical theories of symptom formation.

The scientific evidence cited by TERR to bolster the clinical anecdotes provides unsteady support, and sometimes is wholly irrelevant to the issue. TERR discusses animal research on long-term synaptic potentiation as if it were particularly relevant to unconscious traumatic memory, when in fact it is critical to all memory, conscious or unconscious, malignant or benign (curiously, she accepts experiments on monkeys and sea snails as relevant to traumatic memory, while dismissing laboratory evidence from humans on the liabilities of memory reconstruction). She cites the distinction between explicit and implicit memory in support of her proposition that symptoms are unconscious symbols of past trauma, while ignoring the fact that the explicit-implicit distinction depends on objective evidence of the past which is generally unavailable in trauma cases. TERR misrepresents William's study of abuse memories ( _Journal of Consulting and Clinical Psychology_ , 1994) incorrectly, and perpetuates Williams's own confusion of repression, normal forgetting, and lack of disclosure.

Most critically, TERR bases much of her analysis on a dubious distinction between two classes of trauma: type I, in which isolated incidents are remembered well, and type II, in which repeated incidents are remembered poorly. On the basis of a comparative study of traumatized children, TERR has concluded that repeated trauma is most likely to be repressed (or dissociated, etc.). Unfortunately, this study is fatally flawed: the children who were subject to repeated trauma were all younger than 5 years of age, while those subject to a single trauma were all older. Thus, the forgetting observed in the latter group may have been produced merely by the passage of time, the replacement of individual episodic memories by accumulated generic ones, or normal processes of infantile and childhood amnesia, rather than any pathological process affecting memory.

In the final analysis, then, TERR's book offers little more than "stories" of unknown representativeness and uncertain historical accuracy, engagingly told by a practitioner who is much too sanguine about the value of case studies as evidence. In strictly rhetorical terms, _Unchained Memories_ is a dramatic defense of the trauma-memory argument. However, it should be understood that there are stories on the other side, too. _Vicissitudes of Memory: Incest Accusations and Shattered Lives_ (1995), written by Mark Pendergrast, an investigative journalist who himself has been accused of abuse by his daughters, provides a critical account of the practice of recovered memory therapy, its scientific foundations, the sociocultural context in which it has arisen, and its effects on those falsely or unprovably accused. It should be read as a counterweight to TERR's book. The issues raised by these books are critical, because the trauma-memory argument pervades contemporary psychotherapy, providing a framework for diagnosing, understanding, and treating posttraumatic stress disorder, dissociative disorders, eating disorders, substance abuse, borderline personality, and much, much more. But, as in Freud's time, clinical practice has raced far ahead of
its scientific foundations. We need fewer stories of traumatic memories, and more (and firmer) clinical and laboratory evidence, before theories about trauma and memory are put into practice.

References


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