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The Scientifically Based Opinion about "Recovered" or Dissociated Memories

A document published on the 12th of October, 2014 entitled "Opinion Regarding the Scientific Standing of Repressed and Reconstructed Memories," signed by forty-seven prominent academics, has been widely circulated in the press as support for barring recovered memories of childhood abuse as evidence admissible in Israeli courts.

Contrary to the views expressed in that statement, we support the Court's decision to admit the memories into evidence and hold that such 'recovered' memories are no more but no less reliable than other forms of memory retrieval, and should be relied upon in reaching decisions in court using the same evaluative tools employed to assess other forms of eyewitness testimony.

The statement refers to "serious dispute amongst the community of psychological scientists" that repressed memories for trauma can ever occur. Two broad arguments are offered. First, they claim that credible research shows that people can falsely believe in events that have never occurred, and therefore an alternative explanation for a given recovered memory may exist. Second, they assert that no litmus test yet exists that can guarantee that a specific recovered memory is true. We contend that both continuously recalled as well as recovered memories of alleged childhood sexual abuse deserve to be evaluated in a court of law based on a more careful reading of current research.

As academic and clinical specialists in the field of trauma, we urge that the reader to note carefully what the statement does NOT say. The document does NOT state that researchers have gathered continuous and recovered memories of alleged childhood sexual abuse, examined them for evidence of truth and falsity, and determined that the latter as a class are less credible than the former. Such comparative research does exist, but the virtually universal finding is that recovered memories of abuse are no less accurate (and no more accurate) than are continuous memories. Continuous memories AND recovered memories may be true or false, or a mixture of accurate and confabulated information. No reasonable scholar would deny this.

Research projects investigating the accuracy of recovered memories have taken many forms. Some researchers interview alleged perpetrators or recovered memory victims, finding convincing evidence for a subsample of memories (including confession by the accused individual). Another study design involves recontacting children whose trauma had been documented in prior research studies or clinical records decades before. Results of these studies show that some of these now-adult individuals do not recall the prior documented trauma, and others report that they had periods of time when they did not recall these documented traumas, but subsequently recalled them.

On the other hand, clever experimental paradigms have been designed to press individuals to recall "lost memories" that have been created by the experimenters or gathered from the research participants' relatives. This type of research does find that a minority of people will claim to recall pieces of a relatively benign memory that the researcher has created from whole cloth. However, subjects will also recall details from the true memories that the researchers have gathered from the individual's relatives, and which the subjects report that they had forgotten. The final result: evidence that memory is fallible and evidence that memories can be lost and found again.

It is true that there is no objective method to determine that the recovered memory is true before it is subjected to the examination of the court. The Opinion does NOT mention that the same is true of continuous memory. We would argue that the best evidence in recovered memory cases has taken exactly the same forms as it has in continuous memory cases that come to light after a period of time -- witnesses to the act, biological evidence, contemporaneous statements, and confessions in the strongest cases, and strong circumstantial evidence that convince the trier of fact in the rest.

Finally, the authors of the Opinion imply, but do not state, that "believers that repressed-reconstructed memory is possible" are a minority among relevant scholars. In fact, since the 1990's, "false memory syndrome" has been unsuccessfully championed again and again as an addition to the two most widely accepted compendiums of psychological and psychiatric diagnoses. It remains too controversial due to lack of sufficient scientific evidence to support inclusion. During this same period, the evidence for "repressed memory of trauma," more scientifically labeled "Dissociative Amnesia," has stood up to repeated examinations. The diagnosis of dissociative amnesia remains in place in the diagnostic manuals.

The authors of the Opinion are correct that the controversy generated in the early 1990's, when recovered memory evidence first entered the courtroom, brought to public awareness two warring factions. One group, largely trauma therapists, believed that recovered memories held a special truth and should not be questioned. Another group, largely nonclinical researchers, believed that no recovered memories were reliable. The largest group, consisting of most trauma researchers, many cognitive and biological researchers, and a large number of clinicians, believed that both false memories and recovered memories could occur. Studies since the First World War have repeatedly documented dissociative amnesia for combat in a subgroup of soldiers. Some of these soldiers were documented to later recall the dissociated information. On the other hand, a small minority of these soldiers was found to have confabulated or lied about these types of experiences.

The upswing in research and discussion from 1990 to the early 2000's left both extreme groups in disrepute. Researchers leaning toward belief and disbelief met in Port de Bourgenay, France in 1996, sponsored by NATO, and discussed the issue for eleven days, contributing to resolution. By the end of this period, dozens of major psychological organizations had made public statements condemning both extremes, and surveys of both clinicians and academicians found few remaining followers of either extreme view. Representatives from cognitive psychology and clinical trauma psychology wrote conciliatory pieces in the literature, and the controversy died.

In the last twenty-five years since the explosion and resolution of this controversy, much more has been learned about dissociation and dissociative amnesia. Dissociation is more prominently, rather than less prominently featured in the current Diagnostic and Statistical Manual of the Mental Disorders 5 (DSM-5), including a new Dissociative Sub-Type of Posttraumatic Stress Disorder (PTSD). The latter has been documented in many studies of individuals with PTSD. Indeed, in the DSM-5, dissociative amnesia for trauma remains a criterion symptom for the diagnosis of both PTSD and Acute Stress Disorder.



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December 27, 2014

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