

## **THE MYTH OF REPRESSED MEMORY: False Memories and Allegations of Sexual Abuse**

by Elizabeth Loftus and Katherine Ketchum  
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Report by Karen Albert

This book, as the author repeats often, “is not about the prevalence of sexual abuse or the hard-won gains of the women’s movement. . . . this is about memory, memory, memory . . .” —memories of childhood sexual abuse, memories allegedly long-forgotten until they were retrieved in the course of psychotherapy, memories that exploded into public consciousness with devastating social consequences. With vivid case histories and accounts of ideological controversies, as well as a sweeping overview of psychotherapy from its theoretical foundations to its current roles in modern culture, the author attempts to accommodate the various truths of clients and therapists, accusers and the accused, of Believers and Skeptics. Observing that the human mind “knows” only in terms of “meanings,” Prof. Loftus calls for caution in trusting the literal truth of human memories. She would have us remember that the memory, in making its register of the significant past, must focus selectively, make connections creatively, and inevitably distort “the facts.” Although this discussion focuses on memory of individual life histories, its insights also apply to the study of history.

### **So, What’s the Ruckus?**

In the late 1980’s, after two decades of study and teaching about human memory in academic settings, research psychologist Elizabeth Loftus, PhD found herself in the middle of a mass-culture commotion over childhood sexual abuse. She writes:

My world has been turned upside down. . . . I answer hate mail and struggle to defend my work from a rapidly enlarging and increasingly hostile band of critics. My feminist friends accuse me of defection. Fellow professors wonder out loud if I’ve abandoned the scientific method. . . . I spend my days talking on the phone to strangers accused of the most loathsome crimes imaginable. They write long, emotional letters, entrusting me with the intimate details of their lives. The letters start off calmly enough:

“My family is currently in a state of disruption.”

“I have a very serious problem.”

“I feel a great need to know about your work.”

But the succeeding paragraphs quickly reveal the extent of the horror.

“One week before my husband died after an 8-month battle against lung cancer,” writes a woman from California, “our youngest daughter (age 38) confronted me with the accusation that he had molested her and I had not protected her. This has broken my heart; it is so *utterly* untrue.”

“I am a seventy-five-year-old retired obstetrician,” a man from Florida writes, “and I am being sued for six million dollars by my forty-nine-year-old daughter who claims that I sexually abused her during her early childhood and teen years.”

“We were suddenly and inexplicably accused four years ago,” a woman from Maryland writes, “by our now 28-year-old daughter of having sexually and incestually [sic] abused and molested her, i.e., her father raped her as of age 3 months, I raped her repeatedly as of a very young age, one her two older brother raped her consistently. It is like a nightmare situation, where I feel that my daughter’s mind has been replaced with another’s.”

“Please help us,” a woman from Canada writes. “We were a normal, caring family, and we would like to become normal again.”

And a man from Texas writes, “Our youngest son is in a seminary and as part of his training he went through an intense two-week counseling session. It was shortly after this that he accused my wife and myself with not only condoning his sexual abuse by others, but also accused us of sexual abuse. He spoke of memories floating up like bubbles.”

Each of these stories, and hundreds more like them, began when a grown man or woman walked into a therapist’s office seeking help for life’s problems. Each of these stories involves memories of childhood sexual abuse recovered while in therapy—memories that did not exist, or at least were not remembered, before therapy began. Each story tells of a family wrenched violently apart.”

Furthermore, case histories presented in this book, with five examined in considerable detail, include one man convicted of first-degree murder, another sentenced to 20 years of imprisonment, three attempted suicides by women in therapy, and one man, acquitted on charges of molesting children in a day-care center, murdered as he shouted “I didn’t do it!” — all on account of memory, memory, memory . . .

### **The Author’s Credentials**

For twenty-five years,” Professor Loftus introduces herself, “I conducted laboratory studies, supervised graduate students, wrote books and articles, and traveled throughout the world attending conferences and delivering speeches, writing research papers with titles like “Distortions of Recollection After Misleading Information,” “Information-Processing Conceptualizations of Human Cognition,” and “Misinformation Effect: Transformations in Memory Induced by Postevent Information.” She designed and conducted experiments with thousands of subjects over two decades, investigating how memories are vulnerable to suggestion, the passing of time and the influence of newly acquired information.

### **The Malleability and Fallibility of Memory**

“I molded people’s memories, prompted them to recall nonexistent broken glass and tape recorders; to think of a clean-shaven man as having a mustache, of straight hair as curly, of stop signs as yield signs, of hammers as screw-drivers; and to place something as large and

conspicuous as a barn in a bucolic scene that contained no buildings at all. I've even been able to implant false memories in people's minds, and to make them 'remember' interactions with characters who never existed and events that never happened."

In hundreds of court cases where a person's fate depended on whether the jury believed the eyewitness's sworn testimony and pointing finger of blame, Prof. Loftus has served as an expert witness, providing authoritative testimony on the malleability of memory. She cautions the courts that human memory works less like video-tape than like the writer of a screen-play: creatively focusing, selecting, arranging, and fitting memories to beliefs and demands of the present moment—*reconstructing* the past, rather than simply recording it. The memory we form from the perception of any given event is vulnerable to the influence of other perceptions and concepts that we associate with it. Memory fades with time, losing detail and accuracy; as time goes by, the weakened memories are increasingly vulnerable to "post-event information"—facts, ideas, inferences, and opinions that become available after the remembered event is completely over. Our memories are not like a collection of snapshots that we can take out and examine separately. Rather, Loftus recommends, "Think of your mind as a bowl filled with clear water. Now imagine each memory as a teaspoon of milk stirred into the water. Every adult mind holds thousands of these murky memories. . . . Who among us would dare to disentangle the water from the milk?"

### **A Hard Sell**

Loftus had found that such a view of memory is usually "a hard sell," and generates resistance from a very deep level, as it attacks our confidence in the memories that give structure and definition to the person we think of as our "self." This view of memory tells us we cannot trust the evidence of our own eyes and ears, and would seem to undermine the very foundations of sanity. If we accept that our memory of Fact is vulnerable to the workings of Dream and Imagination, then how can we pretend to know what is real and what is not? We all would prefer the past to be solid and immovable rather than quicksand under our feet. It is uncomfortable to consider that our grasp on reality is so provisional, that reality is in fact impenetrable and unfathomable because it is only what we remember.

But Loftus pursued her findings into the territory of radical uncertainty, hoping to "change some minds, save some innocent people from being sent to prison, inspire some new research, provoke some heated arguments, to instill a sense of wonder and mystery of memory-making, and promote a healthy skepticism about holding up any memory, even a piece of memory, as the literal truth."

By 1990 people from every walk of life were desperately clamoring for what had been such a "hard sell," hoping it might enable them to account for the devastation that had descended upon them. Elizabeth Loftus the laboratory psychologist set out at that point to investigate what was going on "out there" in "real life."

### **The Myths of Psychotherapy**

It became evident that the people who became involved in Incest Recovery programs were not "crazy" when they entered their therapist's office. They typically entered therapy in

search of help for such problems as weight-control, eating disorders, depression, anxiety, loneliness, family and marital/relationship problems. Many voices in modern urban culture tell us that our suffering from such problems is “needless,” and that psychotherapy can provide remedies for them. We are told that wholeness and joy in living are our rightful possessions, that to be without them is abnormal, and that if we do not presently enjoy them, they must have been stolen from us. The psychotherapist offers to be our expert ally in the quest to recover our birthright.

“The central question — “Who am I?” — has been reduced by modern psychotherapy to “How did I get this way?”

To understand who we are and why we are the way we are, many therapists encourage us to go back to our childhoods and find out what happened to us there. According to the Myth of Psychic Determinism, our personalities and patterns of behavior are “set” in early childhood by the quality of our interactions with our parents. If we are in pain, we are told to seek the cause among our early memories of family life. The Myth of the Dysfunctional Family tells us that most of us carry deep scars from inadequate and/or “toxic” parenting, which functions as the Evil Spell in the mythology of psychotherapy. If we cannot locate the cause of our present unhappiness in memories of family dysfunction, we are told we have not looked deep enough. We must probe deep into our sub-conscious minds to gain access to memories we have “repressed” — lost or pushed out of conscious awareness. Here is the Myth of Repressed Memories, “here be demons,” and here is where Loftus’s work becomes an issue.

### **The Theory of Repressed Memories**

The concept of Repression—which is the bone of contention between those who believe in the mission of recovery therapy and those who denounce it—presumes a peculiar power of the mind. In order to defend itself from emotionally overwhelming events, it is proposed that the mind “represses” memory of them, removing certain experiences and emotions from conscious awareness. Months, years, or even decades later, when the mind is better able to cope, it is proposed that these “repressed memories” may re-emerge into consciousness. The branch of psychotherapy that has recently proliferated around the issue of childhood sexual abuse proposes that such “repressed memories” can be dredged up piece by piece from the watery grave of the past, studied, and painstakingly analyzed like ancient scrolls filled with literal truth. Believers in the Myth of Repressed Memory claim that even while the traumatic memories lie buried outside of consciousness, the emotions entombed with them seep into our conscious lives, poisoning our relationships and undermining our sense of self. This is why we are urged to go back to the past, excavate the buried memories, and expose them to the light of day. Only through this encounter with the dark truth of our past, it is proposed, can we discover understanding, knowledge, healing, and release.

Along with its vigorous approach to retrieving “repressed memories,” incest recovery therapy encourages clients to act upon them. The social impact of this kind of therapy is magnified by the unprecedented degree of support it has received from other institutions of mainstream culture. Clients are routinely referred by social workers and schools; and these therapies have been popularized by publicity from television talk shows and docudramas, celebrity endorsements, magazine articles, and a large body of literature.

## Entering onto the Path Toward Recovery

Loftus gives the reader an account of what an ordeal recovery therapy can be for the client by relating the experiences of five women who went through it under different therapists. All five, who ranged in age from 17 to 35 when they entered therapy, were asked outright whether they had been sexually abused as a child. In one case, the therapist baldly asserted, "Now, your father sexually abused you, didn't he?" The initial response to the suggestion, from every one of the five women, was shock and disbelief. Not one of them remembered having been abused. Each was assured by her therapist that her lack of recall didn't mean anything and was irrelevant, and each was instructed on how the mechanisms of "repression" and "dissociation" accounted for her inability to recall abuse. They were informed that they exhibited classic symptoms of having been abused, and were instructed to go home and try to remember.

These women all reported the same delayed response to this diagnosis: a sensation of relief edged with hope. "I felt a desperate need to remember what happened to me so that I could get well and get on with my life," said one. Each speculated upon how this might be the explanation for her pain and distress. "If I was abused, and if I can find these memories, maybe all my problems will go away, and I can start a new and better life."

Each read the voluminous book *The Courage to Heal*, by Ellen Bass and Laura Davis, in which they learned that many people who were abused as children often don't have memories of the abuse, and some people are never able to retrieve their memories. But the memories don't really matter, not in the sense of proving to yourself or anyone else that you were abused. What matters is how you feel. "If you think you were abused and your life shows the symptoms, then you were."

*The Courage to Heal* and a number of other books and pamphlets in common circulation contain checklists of "symptoms" supposedly characteristic of survivors of childhood sexual abuse. The "characteristics" in *The Courage to Heal* include: fear of being alone in the dark; nightmares; poor body image; headaches; arthritis; adult nervousness; fear of losing control; guilt; shame; low self-esteem; feeling crazy and feeling different. Each woman believed that almost every "characteristic" fit her, and took this as convincing evidence that she was indeed an "incest survivor," even though these "characteristics" are so generally applicable to people living in modern industrial societies that "Nobody *doesn't* fit."

## The Excavation of Memories

The profile seemed to fit, but where were the memories? The search for them became an obsession for all five women. One read through *The Courage to Heal* dozens of times. "I did little besides reading *The Courage to Heal* and crying and feeling depressed and angry," reports another. They searched and prayed and thought of little else, because their therapists insisted that their current pain was so severe that only repressed memories of traumatic abuse could explain it.

The women wanted so desperately to get better, to feel better, to be better; but their agony only seemed to get worse. And so they gave themselves up to therapy, surrendering their wills, their reason, and their control, becoming dependent upon the therapist. "I thought what he wanted me to think. I believed what he wanted me to believe. I became what he wanted me to become."

When the therapists recommended that joining a group might help in the recovery of their lost memories, several of the women resisted at first, but all agreed to give it a try. Sure enough, just being in the group seemed to speed things up. “I cut myself off from everything else except my group,” said one, and we were all talking about the same stuff—child abuse, incest, sodomy, torture—and we were all verifying it with each other. I wanted to belong somewhere, and in the group I finally got the feeling that I belonged.” Another commented, “We were all lonely, and confused and afraid, and we were all desperately searching for memories. I figured this search for long-lost memories must be real if all these women were looking for the same thing.” The search for memories in such groups takes some exotic forms: hypnosis, analyzing dreams, evocation of “body-memories” through massage and other sensory stimulation, fantasizing scenarios based on mental images that arise in the mind in a trance state, analyzing scenarios that emerge through free-association in a process of un-programmed story-telling, journal writing, or drawing of visual images, evoking intense feelings of grief and rage presumed to be connected with memories of the abuse, and “guessing.” Group members were encouraged to report “whatever pops into your head,” and afterward the therapists would assure them, “This is real, these events really happened.”

“Is this real? Am I making this up?” the women would ask. “No,” their therapists gently reassured them, “Ignore your doubts. Trust your feelings. Let go of denial. Don’t seek external proof, because in most cases it won’t be available.”

According to the program of therapy, “When you have retrieved enough memories, you will reach critical mass, which is a sense of the overall reality of your repressed memories,” the road to recovery will straighten out, and healing will begin. Recovery is a land of triumph and renewal, where the survivor becomes “wiser and more beautiful,” reclaims herself, takes back her power, sheds guilt and self-blame, regains her lost pride, and experiences new energy and vitality as she heals the wounds of her childhood. Survivors are assured that their cause goes beyond their own healing, for by healing themselves they contribute to the healing of the world.

Once the repressed memories have been retrieved, the survivor is told she has a choice: She can either continue with therapy, working to resolve her grief and rage in a private, noncombative way, or she can choose to stand up to the abuse (and stand up for herself) by confronting her abusers. While the decision to confront is never promoted as easy or risk-free, and the survivor is assured that confrontation is a choice that one can choose *not* to make, there is much talk about the healing power of speaking the truth. The purpose of confrontation is to free yourself, to take back your power, to prove to yourself that you will not be frightened or controlled any longer, and thus to guarantee that you will never be a victim again.

The women were warned in great detail about anyone who might question or doubt their memories. “They will try to discredit you, because they are caught up in their own denial.” If accused child abusers claim innocence, they are in denial. If they have nothing to say, it’s because they are guilty. If family members do not remember an event the way the survivor remembers it, they are in denial. When the question is whether child abuse occurred or not, “No” is never the right answer.

## **Facing the Darkness**

Therapists and therapy group members exerted pressure upon clients to remember, even when, as one woman reported, “I was starting to show signs of psychosis during the treatment

sessions. . . . I was rapidly losing the ability to differentiate between my imagination and my real memory.” Women cracked under the strain: a mental breakdown, a broken marriage, an attempted suicide. Four of the five women were given drugs to relive their depression, rage, anxiety, paranoia, or suicidal tendencies. It wasn’t long, then, before the memories began to invade and encroach. They started as flashbacks, sudden intrusive images or visions that jolted the mind out of its complacent routine, and they came without warning—while the women were vacuuming the floor, brushing their teeth, pulling a chair back to sit at the dinner table, dozing off for a nap. Afterward, with the distorted images firmly lodged in their minds—a leering grin, a hand reaching out, a scream of horror, a breast, and erect penis, an aborted fetus—the women would wonder what was real and what was imagined. If these grotesque flashes of horror weren’t real, what were they?

In group and in private sessions, hour after hour, week after week, the women worked with the flashbacks, writing, thinking and dreaming about them, discussing and analyzing them at every opportunity. Strobe-like images vaguely outlined, with no discernable features, were interpreted as pieces of memory; with a little more time and effort the “memories” became focused and three-dimensional images of an abuser, usually a father, mother, or brother. They enlarged to include uncles, aunts, cousins, grandparents, ministers, friends, and neighbors. When the memory was developing, the abuse involved touching, fondling, probing; but as time went by, the images expanded to include penetration, rape, and sodomy. Eventually, for several of these women, the mental spectacle included satanic cults, sadistic tortures, blood-drinking rituals, even murder. One member’s account of how her father, the king of a satanic cult practicing just a few miles down the road, had recently raped her in hopes of impregnating her and then sacrificing the newborn baby to Satan, was circulated in therapeutic circles as fact.

As therapy continued and the women were encouraged to stockpile memory upon gruesome memory, they became increasingly more shocking, and violent, and the women became consumed with fear and rage. “I wanted to break glass and rip apart phone books.” “The more anger I expressed, the madder I got. I was in a constant state of rage.”

## **Reclaiming Their Own Power**

*The Courage to Heal* contains a page devoted to the subject of “Getting Money,” and five pages of legal advice to survivors on how to sue their alleged abusers for monetary damages. By 1994, survivors had been awarded settlements of \$1 million and more.

None of the five women Loftus interviewed attained that victory. “I went on disability because I could not work without having flashbacks. . . . I became more ill with each therapy session. . . . I finally suffered a mental breakdown and was hospitalized.” “I was afraid to leave my house, I was afraid to even go outside. I was falling apart.”

A hospitalization, abandonment by a therapist, the successful interventions of a friend, a minister, and other therapists offering saner counsel, were the exits by which these five women escaped a nightmare existence of “incest-survival.” Years have gone by and each is still far from recovered: They all mourn for the time they lost; they grieve for the pain they caused their families; they ache for their lost innocence and misplaced trust; they struggle with feelings of shame, embarrassment, grief, and rage. They blame their therapists. They worry about friends still “caught up in the therapists’ ‘paranoid delusions,’” still trapped “in the bewildering labyrinth of lies and deception.” They fear for others who are innocently looking for answers to

unanswerable questions. They deplore the “misguided” and “injudicious advice,” the “extreme gross negligence” and “unethical, unprofessional treatment” that are contributing to the “senseless destruction” of families. They are haunted by the fear that their own children might someday accuse them of abuse.

### **True Believers vs. Skeptics**

“Something has gone wrong with therapy,” writes Loftus. The most outspoken and vituperative skeptics accuse therapists specializing in recovery from childhood sexual abuse of operating in “a never-never land of fairy dust and mythic monsters.” “Woefully out of touch with modern research,” engaging in “crude psychiatric analysis,” guilty of “oversimplification, overextension, and incestuous opinion citing,” overzealous clinicians are implanting false memories in the minds of suggestible clients, making “therapeutic lifers” out of their patients and ripping families apart. True Believers in the value of recovery therapy take the moral high ground, claiming that they are the ones on the front lines fighting to protect children from sexual predators and assisting survivors as they struggle through the arduous healing process. The implication, unspoken but not unheard, is that anyone who refuses to join the True Believers in their quest to uncover the hidden past and to gain legitimacy for the concept of repression is either anti-woman, anti-child, anti-progress, or, at the worst extreme, “dirty,” i.e., a practicing pedophile or Satanist.

The author’s research aligns her with the skeptics, but she also has sympathy for the concerns of the True Believers. Her scientific work and her observations of the social phenomenon led her to understand it in terms other than the exposure Truth or perpetration of fraud. In order to do justice to the truth as she saw it, Loftus found herself having to disappoint colleagues who made poignant pleas for her to choose the “right side” in the bitter controversy. In trying to clear out ground she could stand on with confidence, she found herself without a support group, in the midst of a battle waged between an army pledged to defend the safety of children, and another army pledged to defend scientific method.

Although in the case histories she focuses on there are allegations of sexual abuse that appear to have been mistaken, Loftus carefully avoids calling them lies. The “memories” of sexual abuse may not be true in a literal sense, but they do represent a reality of the psyche. The women who remembered being abused may not have been literally raped or tortured, but they had suffered. The literal facts of their life did not account, in the scheme of their conscious beliefs, for the pain they felt, while the imagery of sexual abuse and satanic torture provided an emotional “fit.” Although the fantasy content of their “memories” is unusually shocking, the infusion of imagined elements into our memory of “real” events is not unusual or abnormal. It is not unusual for emotional truth to register on our minds in fantastic forms, or for our perceptions of sensory data to be warped by the very system of ideas and values that enable us to make sense of them.

Rules of evidence and protocols of judgment have been developed by the legal and scientific traditions in order to “work around” such frailties of the mind in their pursuit of Truth; but such protocols are severely challenged by the introduction of “recovered memories” as the basis for criminal convictions.

## **If the Memories Aren't Real, What Are They?**

Loftus conversed with Professor George Ganaway, a respected authority in clinical psychiatry, hoping to gain some insight into the phenomenon of incest-memories exploding into so many minds at this time. "If the memories aren't real," Loftus asked, "where do they come from and why are patients so willing to believe them?"

Ganaway blames false memories on two basic sources of contamination: "We are all susceptible to influence by books, newspaper and magazine articles, sermons, lectures, films and television. For example, exposure to docudrama television shows, which mix fact with dramatic visual reconstructions of purported crimes, can be a potent source of contamination, creating fears, expectations, dreams and imaginings in susceptible minds. The second powerful contaminating source can be in the suggestions or expectations of an authority figure with whom the patient desires a special relationship [such as a therapist]."

Clients who come to a therapist for expert help with their problems are innately suggestible, typically desire the approval of the therapist, and feel the need to be interesting, unusual, or somehow special. In their interactions, gullible therapists can reinforce their patient's delusions or even unwittingly implant memories. Poorly trained therapists and therapists who operate under fixed beliefs (such as "Sexual abuse is approaching epidemic proportions and a great majority of the people who seek therapy have been sexually or ritually abused," "Memory operates like an interior video recorder," "Healing comes only when the client accesses buried memories, resolving and integrating the trauma experience") are at the greatest risk for confusing fact and fiction.

"But why," Loftus pressed Ganaway with questions so many people had asked her, "would patients want to incorporate into their history and sense of self such brutal and painful memories? What would motivate people to see themselves as victims and portray their loved ones as cruel and uncaring?"

"Screen memories impart a feeling of importance and specialness, even a sense of adventure," Ganaway explained. "A patient may have felt deprived or ignored as a child, or perhaps he felt unexceptional because nothing exciting or unusual ever happened to him. Any number of experiences can cause suggestible patients to retreat into fantasy. Their elaborate pseudo memories help them to feel special and worthy of a therapist's attention, even fascination. . . . Through tone of voice, phrasing of questions, and expressions of belief or disbelief, a therapist can unwittingly encourage a patient to accept the emerging "memories" as real, thus reinforcing the patient's delusions or even implanting false memories in the patient's mind. They must always, at all times, try to avoid implanting memories of abuse, either through suggestion or expectation, because once a suggestion is seeded it can sprout into an elaborate "screen memory" that serves to block out the patient's ambiguously painful but relatively unremarkable childhood experiences. A trauma fantasy is gradually structured into a believed-in memory that contains clear and logical distinctions between good and evil, allowing the patient to see himself as "special" and worthy of the therapist's attention and compassion.

Finally, Loftus asked, "As a clinician, how can you tell if a patient's memories are real or imagined?"

"Without independent corroboration, I don't know of any way for a therapist to be absolutely sure," Ganaway answered. "Actual deprivation and abuse certainly affect the nature of a child's developing psychic reality, but not in a way that allows a therapist years later to differentiate with certainty what is real and what is imagined."

When there are so many other cruelties and injustices around, the author wonders, why has this particular syndrome (incest and violence against children) seized American culture just now at the end of the millennium?

### **Becoming A Legend In Your Own Therapy**

Her account suggests that it may be, in large part, because Incest Recovery Therapy, to an even greater degree than more conventional psychotherapies, offers the client the opportunity to live out a mythical adventure in real life. The appeal and promise of therapy is familiar to us from myth and fairy-tales that start with a Crime or a Curse, often perpetrated by a wicked stepmother or an evil king. The Hero or Heroine needs supernatural help to find out who cast the evil spell and how to prevail against it. Obstacles must be overcome, certain labors must be accomplished, and a monster must be slain in order for the protagonist to right the wrong, free the land from the evil spell, attain the Treasure of Salvation, and Live Happily Ever After. While Jungian therapy encourages clients to re-vision their personal past in terms of archetypal figures and mythical narratives, it preserves a recognition that the emotional reality of the mythical narrative is distinct and separate from the literal facts of what happened in “real life.” The therapy of recovering “repressed” memories of childhood sexual abuse dispenses with that critical distinction.

Recovery therapy offers an extreme version of the “Healing Journey” that promises real-life adventure with real-life rewards. In it the divine purity of the Inner Child encounters the Hell of Childhood and many other richly symbolic and profoundly imaginative archetypes. In the Myth of the Dysfunctional Family, for example, we learn that family rules and customs “kill the souls of human beings.” In the Myth of Psychic Determinism we discover that our personalities, psyches, and behaviors are determined by events that occurred in our childhood. While we may think we are free to choose, the myth teaches us that we are passive characters acting out a script, moved and played upon by unconscious, uncontrollable forces.

But even in this land of metaphorical excess, where Evil is personified and Innocence is inevitably perverted, there is hope of a happy ending. The Myth of Healing and Growth promises us that we can “grow out of” our complexes and conflicts and “grow into more mature, stable, understanding, and loving human beings.” Salvation is possible—our wounds can be healed, our broken places mended, our impurities purged, our souls cleansed—through the Myth of Total Recall. Memory is imagined as a computerized process in which every action, expression, emotion, and nuance of behavior is imprinted into the soft tissue of the mind. If we are willing to search for the Truth, can we discover it (and in the process be cured) by going back to the past, facing our demons, and reclaiming our lost innocence?

### **Literal and Metaphorical Truth**

“But,” Loftus asks, “Do the myths hold up to reality? Does the Inner Child really exist? Are human beings ever wholly pure and innocent? [A further question might be: Is the trustful innocence of a sheltered childhood really what we need to regain?] Does such a thing as an ideal family exist against which dysfunction can be measured? Do our family histories determine our characters and fates? Do traumatic occurrences permanently and indelibly scar the mind? Can

total recall of the traumatic events really cure us of the wounds inflicted upon us? If we're constantly "growing," are we becoming more and more someone else's ideal of the mature, "together" human being—and less and less ourselves?"

"Asking these questions does not make us enemies of therapy," Loftus insists, "nor does it mean that we doubt the reality or the horror of childhood sexual abuse. We would only suggest that the "literal" and the "metaphorical" be respected as separate and distinct entities. If therapy chooses to deal with myth and metaphor (and many therapists would argue that meaning can only be discovered in symbol and imagination), it would seem wise and prudent to appreciate the metaphor for what it is—a symbolic representation rather than a literal re-creation. If therapy chooses to search for meaning in history (and many therapists believe that we cannot heal our psychic wounds without looking to the past), then memory must be recognized and appreciated as a creative mechanism in which fact and fiction are inextricably interwoven."

### Proper Goals of Psychotherapy

The time a client may devote in therapy to remembering and analyzing painful experiences is likely to be much longer than the time it took for the original events to occur, and for that reason therapy has the potential of being more traumatic than the original event. Psychotherapist James Hillman comments, "I'm not saying that children aren't molested or abused—they *are* molested, and they *are* abused, and in many cases it's absolutely devastating. But therapy makes it even more devastating *by the way it thinks about it*. It isn't just the trauma that does the damage, it's remembering traumatically." When it reinforces the child's passive, powerless point of view, therapy imprisons its patients in the painful past rather than releasing them from it. When we "remember traumatically," the violations and insults are revisited over and over again, and childhood does indeed become the hell from which there is no escape.

Because we are all "wounded" by life, the important question becomes: What are we going to do with the wounds? Recognizing that memory is a form of fiction, therapists might encourage their patients to ask themselves: What can my memory do with my experiences?

"Memory," says psychotherapist Michael Yapko, "is a reconstructive process in which new details can be added to old images or old ideas, changing the quality of the memory. A client says, "This happened to me, this hurt, this was painful," and you add in new perspectives, new ideas, new frames that alter the entire representation of the memory."

Psychiatrist Samuel Guze suggests that therapists abandon claims to understand the causes of behavior and settle for the more modest and achievable goals of helping patients "feel better, suffer less disability, and cope more effectively."

Others are not satisfied with "feeling better" as the ultimate goal of therapy. James Hillman, trained as a Jungian analyst, suggests that therapy might consider shifting its focus from "fixing" to consideration of the meaning, the essence, the purpose of our suffering. Why do we feel abused, whether we were or were not abused in fact? What is happening now, in the present, to make us feel victimized, wounded, injured? "Therapy might imagine itself investigating the immediate social causes, even while keeping its vocabulary of abuse and victimization . . . we don't want to get rid of the feeling of being abused—maybe that's very important, the feeling of being abused, the feeling of being without power. But maybe we shouldn't imagine that we are abused by the past as much as we are by the actual situation of 'my job,' 'my finances,' 'my government' — all the things that we live with. Then the consulting room becomes a cell of

revolution, because we would be talking also about, ‘What is actually abusing me right now?’ That would be a great venture, for therapy to talk that way.”

Concluding her book with this consideration of the proper goals of psychotherapy, Loftus proposes that what patients ultimately need from their therapists is not so much explanations and advice as to have their experiences witnessed, shared, and honored.

### **Personal Memories and Collective History**

Throughout her book, the author places her subject in the context of history:

I am privileged to be at the center of an unfolding drama, a modern tale filled with such passion and anguish that it rivals the pathos of an ancient Greek tragedy. Who would not be captivated by these tales of hypnotic trances, sadistic rituals, and bloody sacrifices? Oedipus would walk onto this modern stage and feel right at home, as would Medea, Hamlet, Macbeth, and Lear. So would Reverend Parris, John Proctor, Abigail Williams, and the others accused and accusing in Salem. Sigmund Freud and Carl Jung would have a field day with these stories of incest, lust and forbidden desire. . . . What is happening on this particular stage in the final decade of the twentieth century has happened before in other cultures and at other times. Much larger and more significant than any of its separate parts, this story rises about and beyond itself to raise questions that have haunted human beings for thousands of years.

Who am I?

What is Truth?

Why do we suffer?

What can be done?

At the turn of the 3rd Millennium, when we have deep questions about our individual lives, we often go to psychotherapists, hoping for insights. When we ask such questions about the life of societies, nations, and mankind as a whole, we often look to history for answers. We look to the past for causes of present conditions, we look for recurring patterns that tell us who we are as social creatures, and we look for trends that might help us predict the future. We use history to support our diagnoses of socio/political ills and to justify public policy. But the use of history, like the use of psychotherapy or of any powerful tool, has its perils. The fallibility and malleability of human memory, which make personal history such uncertain ground, are amplified and compounded in the stories of our collective past. The tendency to remember what fits our ideas and beliefs, the corrosive effect of the passage of time, powerful motivations for repressing, inventing, and distorting historical knowledge, the ease with which the chain of transmission from one generation to the next can be broken, all make historical memory uncertain ground. If we seek to be illuminated rather than misled by history, it behooves us to be mindful of its pitfalls.

The tendency to mythologize ourselves operates at least as strongly in history as in biography, and our discourse about history and current events is full of mythological elements: Golden Ages, Decadence, and End Times; Noble Savages, Chosen Peoples, Master Races;

Crusades and righteous wars; Tyrannical oppressors, brave Liberators, and The Traitors Among Us; The March of Progress, Economic Determinism, Dialectical Materialism; Evil Empires and the Workers' Paradise; Sleeper Cells and Total Information Awareness; Truth and Reconciliation. It might be fruitful to contemplate the question of why the myth of "Childhood As Lost Paradise," so prominent in American literature of the mid-twentieth century, gave way to the myth of "Childhood as Hell," so commonly portrayed in American literature of the latter decades. How is it that psychotherapy has inherited the loyalties formerly attached to family and religious associations?

The inevitable use of mythological patterns to extract meanings from history has had consequences both salutary and catastrophic. The rhetoric of Adolph Hitler, which roused the German people to live up to a mythical ideal of superiority and purity, precipitated the Holocaust and World War II, whereas the generally accepted post-war account of the Nazi episode—a cautionary tale of Innocents led to slaughter by a demon Bogeyman—exhorts us to make sure such an atrocity never happens again. Comparable myths are presently energizing cultural responses to Islamic terrorism and the globalization of Western capitalism.

Prof. Loftus's work should caution us about the perils of throwing ourselves into the eternal battle between Good and Evil, and should encourage us to consider other viable options. While we are reminded that absolute Truth and Righteousness are beyond the reach of the human mind, we see how an appreciation of the fallibilities and finite nature of Mind may enable us to approach Truth more closely.