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Invasion of the Mind Snatchers: A Nation Full of Traumatic Memories

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Abstract

The new national survey by Patihis and Pendergrast (this issue, p. 3) suggests that millions of people may have recovered traumatic memories that they spent large parts of their lives not thinking about. We wondered whether they are better off and suggest that more than a few may be worse off rather than better. Given this risk of therapy, should therapists be warning patients of the potential risks before conducting therapy? The answer is not clear as warning about risks can be risky itself. Overall, we propose that with so many people living with “recovered” memories, future research now needs to address whether they are indeed better off and which methods would help achieve that goal.

Few would doubt that some people sometimes remember things that did not happen. The typical family Thanksgiving gathering can remind us that even people who love each other can vehemently disagree about a past event, and at least one of them has to be wrong. Despite the prevalence of occasional experiences of memory distortion, some will resist the idea that people could come to believe that something so awful as child sexual abuse (CSA) could be remembered if it did not happen. And even if doubters accept that false CSA memories might happen, they would insist that the occurrence is very rare. Are they rare or common?

When the Memory Wars were in full bloom, Pendergrast (1996) tried to estimate the number of recovered repressed memories that might concern us. His method for estimation involved simple multiplication: If 62,500 memory-focused therapists are seeing 50 clients in a year, of whom 34% recover memories, this amounts to over a million cases of “recovered memories each year” (p. 504). But Pendergrast went further when he pointed out that the hunt for repressed memories came to full flower in 1988, which meant to him that several million people may have recovered memories at the hands of “hard-core, memory-focused, licensed therapists” in recent times (p. 504). By what he called a “conservative analysis,” he reached the conclusion that there were, at that time, millions of cases, each of which represented shattered lives and families shredded. One of us (E. F. Loftus) remembers thinking at the time, “Could this really be true? Is he exaggerating? Could he simply be believing the figure is higher than it actually is?”

And now, here, Pendergrast has teamed up with Patihis, a scientist who has been studying the Memory Wars for more than a decade, to produce a one-of-a-kind survey that hints that Pendergrast may have not been exaggerating at all. In the current study, Patihis and Pendergrast (2019) surveyed ordinary Americans and discovered that roughly 4% reported recovered memories that they had previously not known about. Extrapolated to the U.S. population, that translates into an estimate of over 9 million people who were over the age of 20 during the years of 1950 to 2017. Of those reporting recovered memories of abuse in therapy, more than a few reported that they came to believe that they suffered from multiple personality disorder (MPD) or dissociative identity disorder (DID).

So, given that we have evidence that millions of people have recovered traumatic memories in therapy, we ought to ask this question: What is the impact of recovering “memories” if they are false? What is the impact of recovering traumatic memories, even if they are true, on patients who spent their lives not thinking about these experiences? And, regarding the more extreme MPD/DID cases, what happens to them? Are they better off? For a hint about the potential harm, we thought back to an older study that suggested that some of this recovered memory might be harmful. The data

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for that study came from individuals who had sought compensation from the State of Washington's crime victim's compensation fund. During a 4-year period in the early 1990s, 682 repressed memory claims were registered with the program, and just under half received some compensation, typically to pay for therapy. Labor department employees reviewed more than 100 and randomly selected 30 for deeper analysis. What was most alarming about their findings was that before the memories, only 3 (10%) had attempted or thought about suicide; after the memories, 20 (67%) were suicidal. Before the memories, only 2 (7%) had been hospitalized; after memories, it was 11 (37%). Before memories, only 1 woman (3%) had engaged in self-mutilation; after memories, 8 (27%) did so. Many remembered being abused in satanic rituals, although corroboration was lacking. Sizable numbers lost their jobs, lost custody of children, and were estranged from their extended families (for more details, see Loftus, 1997). Of course, this preliminary study could be done again with many improvements in methodology, but until that time, the study should leave us with serious concerns that some patients who recover repressed memories may be getting sicker, not better.

In their survey, Patihis and Pendergrast (2019) did not inquire about the potential negative consequences of recovering traumatic memories, such as increases in suicidality or self-mutilation. They did ask about patients' experience with becoming estranged from their families. They found that more than 40% reported that they had cut off contact with family members as a result of their new memories, with many continuing to have no contact. If families being broken up is a cost, then this is a very real potential cost of this therapy.

We weigh concerns about the hazards of recovered memory therapy with the authors' recommendation to include warnings in the informed consent before starting therapy. At the end of their article, Patihis and Pendergrast (2019) suggest that "clients entering therapy should be given information about the potential hazards of recovered memories of abuse as part of informed consent" (p. 17). On the surface, this sounds like it might be a good idea. But thinking more deeply, we realize that it opens a can of worms. Talking about risks has its own risks. What would the impact be of telling potential patients of the possibility of recovering false memories and that the process could be harmful? Would this message deter patients from seeking treatment? Would the patients have less trust in the therapeutic process or the therapist him- or herself? Or perhaps including risk warnings in the informed consent

materials would merely be a self-fulfilling prophecy. There is other evidence outside the memory domain that suggesting possible symptoms to patients leads some of them to experience symptoms that they otherwise would not have (Loftus & Fries, 1979, 2008). Even if we could solve these problems and construct a beautifully written document, are we even sure the patients will read it? Patients may gloss over the informed consent; anecdotally, many quickly scroll down to the bottom and hit "I accept" or sign without reading a lengthy consent form, defeating the purpose of informing patients of the potential hazards of memory. So a great deal more thought needs to go into considering how to prevent harms and ensure that the patients are indeed better off after "recovering" traumatic memories, not worse off. None of this discussion of informed consent should diminish our appreciation of the unique efforts of Patihis and Pendergrast (2019) in shedding light on the continuing pervasive problem in our society of patients recovering "repressed" memories and should force us to continue thinking about what we can do to fix it.

Action Editor

Scott O. Lilienfeld served as action editor for this article.

Author Contributions

E. F. Loftus was asked to write the commentary and invited J. Teitcher to write it with her. Both contributed to the ideas and writing of the manuscript. Both authors approved the final manuscript for submission.

Declaration of Conflicting Interests

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

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