

# OPINION Misplaced Attention to Delayed Memory

—by Roland C. Summit

The phenomenon of delayed memory provides another bullet for the bushwhackers of the backlash. With a popular mindset that the most important events should be the most vividly memorable, there is predictable distrust toward someone who claims to remember salient trauma after years of amnesia. With various experts already mobilized to discredit children who allege sexual assault, experts who have publicized a supposed witch hunt by nefarious child abuse "validators," any clinician who helps an adult discover lost memories is at risk of being ambushed by established opposition. The delayed discovery of child sexual abuse in the seventies had some ten years of relatively unprejudiced exploration before the explorers were themselves attacked. The discovery of delayed memory offers made-to-order ammunition to a growing army of professional skeptics, attracting opposition even from highly respected authorities who had previously been at least passively supportive of a child victim's right to complain and of a clinician's right to explore.

*Before these enigmas can be resolved in adversarial disputes we must appreciate the profound gaps in our available knowledge.*

The major ingredients of this escalating conflict are the use of the courts as the beachhead, the high financial stakes of civil litigation, and the increasing invasion against constitutional rights to due process. The emerging battle of the experts could end in the rout of well-intentioned victim advocates

by equally righteous defenders of civil rights, losing in that process the vital opportunity to explore and define the last frontier of human consciousness.

I believe this is the time to cap a century of progress with a monumental achievement in awareness. We must cherish and develop the concept that what we don't know can hurt us. We can establish, for the first time, that our lives and even the nature of

our society can be shaped by experiences so terrible that they are, in the words of Josef Breuer a century ago, "forbidden to consciousness" (1895, p. 225). We may learn that huge chunks of oppositional thought, cruelty, perversity, helplessness, self-destruction and mental illness are derived from this hidden reservoir of suffering, and we could inspire unprecedented achievements in healing, prevention and enlightened peacemaking. Such gains will not be made through battle, and such enlightenment will not come from impertinent opinion. The great victory for humankind could emerge only from new coalitions of clinical exploration and dedicated research. A magnificent opportunity will fade into the next century, once again unheeded, if we sacrifice our credibility to the demands of adversarial pretense in pecuniary skirmishes.

The purpose of this article is not to predict the future of research nor to discourage appropriate support for present-day survivors. Rather, it is to urge caution against a premature rush to judgment and to focus on the importance of what we might learn tomorrow as opposed to what we might be asked to prove today.

## Dissociation

In order to understand what it means for an adult to access something unremembered from childhood, it is essential to understand what it means for a child in the midst of trauma to de-access that experience. Consider the report of Marilyn Van Derbur, Miss America of 1958, who describes sexual victimization from ages 5 to 18:

*In order to survive, I split into a day child, who giggled and smiled, and a night child, who lay awake in a fetal position, only to be pried apart by my father. Until I was 24, the day child had no conscious knowledge of the night child. During the day, no embarrassing or angry glances ever passed between my father and me . . . because I had no conscious knowledge of*

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sexual abuse that took place in the lives of 100 women is missed in a retrospective study designed to maximize reporting. Further analyses will explore the nature of the sexual abuse which is forgotten and thus missed by retrospective studies, and the abuse and victim characteristics associated with amnesia for the abuse.

These preliminary findings confirm the reports from clinical samples that a large proportion of women do not recall childhood sexual victimization experiences. The relationship of amnesia for the abuse to adult social and psychological functioning will be the subject of further analysis.

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*This research was supported by the National Center on Child Abuse and Neglect (90-CA-1406).*

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*what he was doing to me. (Van Der Ber, 1991b, p. 90)*

*But the more degraded the night child became, the more the day child needed to excel . . . from skiing on the Univ of Colorado's ski team, to being a debutante, to graduating with Phi Beta Kappa Honors, to being named Miss America.*

*I believed I was the happiest person who ever lived. I truly believed that (Van Derbur, 1981a, p.2).*

Think of the apparent paradox of a child who can turn the most crippling experience into spectacular outward achievement, but at the cost of genuine self-awareness and self-esteem. Consider the parallel to a statement written in 1987 by "Sarah," suffering from what had been diagnosed until then as a disabling borderline personality disorder:

*My dad molested me for 15 years, starting when I was three or four. During that time I split my life into compartments. During the day I forgot that Dad was touching me at night and on the weekends . . . Sometimes things would jar me into awareness. Mushrooms that looked like penises, tongue depressors, tapioca pudding, fear of getting anything wet and goeey on me, etc. Otherwise I just didn't know about the sex (Sarah, p. 1).*

We have been slow to consider the implications of dissociation for protective awareness of child sexual abuse. We base our prevalence statistics and intervention priorities on complaints, not on behavioral suspicion. If Sarah's distracted and increasingly self-destructive behavior had led to questioning about sexual abuse, Sarah could have said most sincerely and eagerly, "No nothing like that. I love my father. He's the most important person in my life". And he was. The rest of Sarah's narrative describes how desperately important this respected man was in her development because he had absolute control of her life and her consciousness.

The ability to accept that childhood dissociation of trauma exists requires an alien paradigm of human consciousness. We are forced to understand that unremembered terror can happen, that it can affect a person's identity, world view, emotional

balance and mental health, and that neither that person nor those looking can discover the festering wound. We must come to grips with what we can and cannot do to protect a child if we come to know, clinically, that a child is suffering severe abuse, but can not know, legally, who is responsible. Before these enigmas can be resolved in adversarial disputes we must appreciate the profound gaps in our available knowledge. And

we should respect the painful threat that enlightenment poses for our comforting faith in a just and fair society. We would have to consider that we may be

capable as a people of hiding our most grotesque activities under the cover of dissociation, so that we don't know we're doing it, our victims can't say it's happening, and as an outer society we will insist that no such thing could possibly exist. Dissociation, the touchstone into a golden era of understanding, is at first glance the pitfall into hopeless confusion. Until dissociation awareness is incorporated into common sense, courtroom advocates can be dismissed as tour guides to La La Land, espousing beliefs which insult basic logic.

Although we lack authority to legally validate the credibility of a given survivor, it is imperative to realize, and to help others to recognize, that the phenomena of childhood dissociation and adult remembering of trauma are not only very real but also not at all uncommon or pathological. It is vitally important to know, as Briere and Conte (in press) have demonstrated, that among a sample of 450 adults in treatment for childhood abuse, 59% went through periods of amnesia when they were not aware of their prior abuse.

While it is urgently important to know that dissociation is real, it is doubly important not to endorse as accurate, in fact, details or encounters that may be part of a still unknown process of distortion. Client growth and therapist credibility both depend on empowering the client, not the therapist, to resolve the daunting ambiguities of unfamiliar images. The capacity to explore the potential of forgotten trauma within the privacy and ethical constraints of treatment must not be confused with a mission to give scientific authority to incriminating recollections in the glare of adversarial tournaments. Even when we feel confident that the abuse was real, we should exercise a different order of restraint before applying clinical intuition derived from helping presumed victims in private toward the end of hurting presumed offenders in family confrontations and public accusations.

## In the Interests of Defense

What we choose to believe depends on whom we rely on as teachers. If we learn from children we will be most impressed by the painful lessons of child abuse and least impressed by the predictable denials of accused adults. Yet the more typical reaction, following the normal tendency to learn primarily from other adults, is to feel primary sympathy for the dilemma of the falsely accused. By now there are recognizable and organized camps in the battle and the backlash of the child sexual abuse war (Hechler, 1988). It is dangerous to continue to polarize these camps, as if one is enlightened and the other perverse. In the light of history, including the history of psychoanalysis and other schools of psychology and of law, traditional, adult-based knowledge has prevailed over impertinent, victim-generated concerns (Summit, 1988, 1989). Child advocates must be willing to learn also from the adult victims of accu-

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sation, without judging whether the accusation is true or false, in order to appreciate the potential tragedy of one-sided judgment. Otherwise, in the absence of traditional assurances, we may avoid fraternizing with the other side in order to protect our cherished sympathies against the risk of ambivalence and uncertainty. This same admonition, of

course, applies equally to those who isolate themselves from the pain of abused children in defense of adult comfort. We all would do well to seek crossover experiences to test unwarranted bias.

One such crossover experience occurred for me in consultation with "Rachel," a bereaved mother.

Rachel is a survivor of internment in the Holocaust, someone with a tremendous investment in the integrity of her family.

Her adult daughter, who Rachel believed was happy and well-adjusted, estranged herself from her parents after entering therapy. She announced that she was the childhood victim of extended sexual assault by her father, Rachel's husband. Rachel cried as she recounted the shock and outrage of that accusation and of her husband's patient, loving attempts to discuss with his daughter how she could have come to believe such an atrocious fantasy.

The more he tried to find common ground the more angry and withdrawn the daughter became. When Rachel tried to intercede, her daughter turned vicious and blamed her for allowing it to happen and not being there for her. Ultimately when Rachel and her husband tried to see their beloved and only grandchild, the daughter refused to allow any contact with them ever again.

The daughter had recovered these memories of incest after entering into therapy with a young social worker in her 30's who specializes in the treatment of sexual abuse. When Rachel asked for an audience with the therapist to discuss her concerns, the therapist refused and said it was her judgment that the young woman should have no further contact with her abusers.

The family is now totally divided, with the parental generation rejected and emotionally destroyed. Rachel has plunged into reliving the loss of her own parents in the holocaust and the fearsome limbo of displaced survival. She feels there is nothing left of meaning in her life.

There are many speculative explanations to this dilemma. Perhaps the father is lying. Perhaps he is sincere in denying assaults which he cannot allow himself to remember. Perhaps he is totally innocent, but his daughter has confused him with the real perpetrator of her childhood victimization. Could it

be that she was not sexually abused at all, but in the excitement of trauma-seeking therapy the theme of incest gave a reasonable explanation to inexplicable pain? The therapist in question is my close friend and respected colleague. It's hard to imagine how she could preside over such an error. But the obvious pain of the victim in my office seemed more credible than the grievance of an alleged victim in the office of my friend. There is no way to know. We are all victims of inevident facts and inadequate knowledge.

Rachel sent me a syndicated column which echoed her despair and which presages the gathering of new and formidable coalitions of challenge to trauma-centered therapists:

*About a year and a half ago a close friend of mine, a man I've known for many years, told me an alarming story. His daughter, in her 30's and professionally successful, had announced that she would have nothing to do with him and never wanted to see him again. Stunned, he pressed for an explanation, which when it came rocked his very core. She claimed that he had sexually abused her when she was a child.*

*"You know that's not true," he told her, but he asked, "Honey why are you doing this now after all these years?"*

*Her answer was that her therapist, a woman in her 30s, helped her remember.*

*My friend offered to meet with the therapist and his daughter, but he was turned down.*

*"Why would she do this," he asked me. "How could she remember something that never happened?"*

*Earlier this fall I got a telephone call from a woman. She, too, told an alarming story.*

*Her daughter, in her 20s, had accused her father, the woman's husband, of sexually abusing her as a child — and raping her in early adolescence. The father was devastated, the woman told me, and she had no doubt that he was telling the truth when he said he had never violated their daughter.*

*The daughter's recollections of the abuse had come during therapy, the woman said. When she and her husband tried to meet with the therapist, a woman in her 30s, they hit a stone wall. The therapist wouldn't talk to them (Sifford, 1991, p. 1-F).*

The columnist goes on to describe an audience with Harold Lief, a distinguished psychiatrist, who shared another story that rang in the same vein. The therapist, a woman in her 30s, subsequently told Lief that with her help 70-80% of her clients remembered childhood sexual abuse. Lief wrote of his growing concern to a psychiatrist colleague renowned in the field of human sexuality, Richard Green Dick was my officemate in our first year of training at the Neuropsychiatric Institute in Los Angeles: a good friend, now a lawyer, a scholar who has never stopped searching for the truth. He is quoted as replying to Dr. Lief:

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*"I agree with your outraged view of the damage to people in science being perpetrated by the new sex abuse industry. One of the many consequences is the disbelief that will be afforded to genuine abuse. My view of what we should do as a legitimate profession in psychiatry... is not to be intimidated by the fervor of these 'sex abuse is everywhere and explains all psychopathology' fanatics. We should have the courage to demand legitimate, non-political, clinical investigation and intervention"* (quoted in Sifford, 1991, p. 5-F).

The column then goes on to applaud the contributions of a special institute devoted to understanding child sexual abuse and the implications of false allegations: The Institute for Psychological Therapies (IPT).

According to the columnist, Darrell Sifford, that column drew a reader response that was "larger and more passionate than anything that's come to me in more than a decade," with about 75% in sympathy with the falsely accused parents (1992, p. 1-D). That second column offered a hotline resource: IPT.

Within months the Institute spun off a new illness, *false memory syndrome* and a Philadelphia-based, non-profit organization, the FMS Foundation (Freyd, 1992). Promotional mailings include a 36 page article fortified by 111 references (Wakefield & Underwager, undated) which challenges the presumption of widespread and specific consequences of child sexual abuse. Typical conclusions include "There is no empirical research on (a relationship between) child abuse and

multiple personality" (p. 15), and "there is nothing in the literature supporting the assertion that it is common for repeated episodes of sexual abuse to be 'repressed' and inaccessible to memory and to be only remembered years later in bits and pieces" (p. 9).

The position of the IPT is backed by impressive authority in the new mailing. The FMS Foundation boasts a Scientific and Professional Advisory Board of 18 M.D.s and Ph.D.s, 14 of whom are full professors in major universities, including such leaders in their professions as Elizabeth Loftus, Martin Orne, George Ganaway, and Harold Lief.

The most distinguished clinicians, the people who occupy the platform of authority as scientists and educators, are joining with those who, until now, have been recognized mainly for their adversarial positions. Now those two poles are coming together in aroused opposition to the phenomenon of delayed memory, especially when acquired in therapy with young women in their 30's, especially when those therapists lack an M.D. or a Ph.D. diploma. We face,

once again, an ageist, sexist, elitist professional standoff around an issue that deserves to be explored in harmony. In deference to the distress of age as well as youth, we must at least understand that there is extreme pain in the experience of people who may be quite sincere in their belief that they've never raped or sexually molested anyone, confronted with people, dear to their heart, who are sure they did. It's not a confrontation to be taken lightly or to be approached with a prejudicial belief that one or the other must be in touch with objective truth.

This latest flareup of interprofessional alienation is fueled not just with the old ideological conflicts but with a new capacity to bring these arguments into court. In California and several other states the statute of limitations has been suspended for individuals who can demonstrate delayed discovery of childhood trauma. Now a person who acquires a memory of childhood sexual assault at any time in adult life has the right to take civil action against whomever might be remembered as being the abuser.

The California law seems designed for professional disaster, directing clinicians to participate in challenging a cherished adult protection against delayed, indefensible incrimination. The statute requires the plaintiff to provide certification by a licensed mental health professional that the process of remembering is authentic. This requirement offers the specter of a clinical victim advocate in every courtroom, and, of course, an adverse expert as well. Clinical support for new-found survivors is still tentative, but the adverse argument is preordained and stereotypic: the plaintiff was lured into false belief and malicious litigation by the prejudicial questioning of an overzealous therapist, one of the "sex abuse is everywhere and explains all psychopathology" fanatics.

The rush to judgment is not confined to civil litigation. There is no statute of limitations on murder, and there is already one criminal conviction of a man on the basis of the delayed memory of his daughter. When Eileen Franklin confronted her own daughter as the child happened to look up at her in distress, there was something about the expression on her daughter's face that triggered a mental picture: the face of Eileen's childhood playmate looking up at her in despair at the moment her skull was crushed by a rock wielded by Eileen's father. Not long after the trial I received calls from journalists in Pittsburgh, where there were three murder cases being reopened on the basis of delayed memory of child witnesses. How many kids have hidden the memory of unspeakable assaults which can be unearthed years later to plunge them into courtroom testimony? How many free citizens could be sued or imprisoned by such remote discoveries? What should we do as scientists in support of or in opposition to those delayed memories?

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## Conclusion

Unraveling the mysteries of post-traumatic dissociation and delayed memory requires a continuing process of clinical exploration and empiric, trauma-centered research. An unprejudiced acceptance of the outcome of such studies would challenge our familiar paradigms of child development, human consciousness, mental illness, and criminal responsibility. While this could prove to be an epochal achievement in peace of mind, the process of discovery is already girded with the trappings of war. The immediate battlefield is the court of law, and the generals are the trial lawyers and clinical expert witnesses already skilled in tactical conquest. The footsoldiers are freshly-emerging victim-witnesses and their young, innovative therapists, who strengthen one another in the faith that justice will be served and knowledge advanced by taking this case to court.

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Such lopsided contests have never been won before. Isolated victories have only sharpened the tactical advantages of the defenders. Even when the court of opinion was professional rather than constitutional, the upstarts have always yielded to the weight of authority. Tardieu lost to Forel. Freud lost to Krafft-Ebing. Ferenczi lost to Freud. Freud lost to himself; his youthful discoveries were overpowered by his own later reflections from the scornful mirror of his elders (Summit, 1988, 1989; Masson, 1984).

In Freud's time, as in our own, the perceived reality of survivor memories varies with the progress of the therapeutic relationship and with the bias of the therapist. We know that skepticism can quash the emergence of dissociated memories. Can we prove

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that therapeutic zeal cannot enhance such memories? Survivors who gain a clear picture of sexual assault in the climactic period of discovery tend to fade out the sharp edges as they achieve resolution and healing. The most seasoned survivors may discount the intermediate memories which once provided the impetus for their recovery. Similarly,

each of us, as we pass through the seasoning of the years, becomes more conservative and less committed to the revolutionary discoveries which seemed so compelling in our youth. Shepherding the tender sensitivities of childhood injury into the harsh domains of seasoned beliefs will require patience, diplomacy, careful preparation, and overwhelming data. The bearers of these troubling messages must not be seen as lackeys for the defeated but rather as peers, whose experience in the trenches will be

respected by the generals behind the lines.

With so much at stake, and in the light of historic reflection, the courtroom is the worst possible venue for such an adventure in discovery. If we go to court, on either side, it should be to educate the jury on the nature of the process of dissociation and retrieval, not to contrive scientific authority in support of adversarial contestants. The more we avoid unwarranted pretenses of authority on behalf of purported plaintiffs and defendants, the less we provoke the ideological outrage which can drive once-neutral authorities into warring camps. As much as possible, we should leave the courtroom arena to the professional gladiators, avoiding a mission to become unarmed footsoldiers in a civil war. The impending war between the states of consciousness might still be averted if we can help change the venue from courtroom to clinic, and if we encourage an agenda to explore and settle, rather than to divide and conquer.

There is a vast disparity in the risk of error between confidential therapy and public accusation. I am not urging anyone to withdraw from individual activism toward better public and forensic understanding. I am urging that each individual consider the personal and societal consequences of advancing opinion beyond authority, and feelings beyond facts. Fact and authority must be developed within the human service disciplines as a whole, working in concert to respect the security and personal rights of all concerned.

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