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RE-VIEWING THE MEMORY WARS

Some Feminist
Philosophical
Reflections

Shelley Park

Questions concerning the accuracy of memory are both frustrating and important to consider. They are frustrating because it is often difficult to determine when memory can and cannot be trusted. They are important because often our accumulated memories are fundamental to our sense of who we are. As individuals, our personal memories are integral to our sense of personal identity. As members of groups, our collective memories help define our shared identities, for example as members of a particular family, profession, culture or gender.

Because memory is fallible, discrepancies in our accounts of the past frequently arise. In some cases, differing perceptions of past events can be overlooked. When the stakes are higher and serious disagreements arise concerning our accounts of the past — as they do concerning women's incest recollections — such disagreements symbolize a deeper conflict. At stake here is our conception of ourselves, not merely as truth-tellers, but as persons who have experienced certain events or as communities shaped by a shared history.

Current debates over the accuracy of women's delayed recollections of childhood sexual abuse are not simply disagreements over whose testimony is a more accurate rendering of the past. Being accepted as a reliable witness to the past is very important for the abuse survivor. Indeed, seeing ourselves as reliable witnesses to the past is important for all women in a society that has too often depicted us as less credible than men. But more than our status as witnesses is also at stake here. Debates between those who believe and those who do not believe women's memories of abuse also signify conflicts over core identity beliefs. In particular, accusations of widespread abuse of female children by fathers (and other adults entrusted to protect them) threaten core beliefs about the safety of the nuclear family, the equality of women and men, and the protection of human rights. The allegations of false memories protect these core beliefs by threatening women's identities as survivors and as healers, while maintaining stereotypes of women as gullible and manipulative.

Also at stake in these debates are notions concerning the objectivity and truth of science. Indeed, the personal and political significance of current debates over the accuracy of memory often involves questions of empirical evidence and scientific theory. The first section of this article "The Memory Wars" provides a brief overview of the current scientific debates in which science has become an ideological tool for holding core patriarchal beliefs and practices in place. The second section outlines feminist considerations that arise from current debates about abuse and memory. The third section describes some of the various ways that definitions of truth are utilized in these debates. Here I suggest that we need a more flexible definition of truth than that utilized by the empirical psychologists who have argued that abuse memories are false. Finally, in the last section, I describe what I see as the cultural truth revealed by women's collective memories of childhood abuse, namely, that they have been individually and culturally victimized by patriarchy. Ironically, as I suggest here, patriarchy itself has contributed to revealing this truth.

The Memory Wars

False memory syndrome, a phrase coined by the False Memory Syndrome Foundation (FMSF), is not (yet) an officially recognized diagnostic category. (It is not listed in the most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM-IV)*.) However,

the FMSF has drawn so much publicity that political rhetoric has become confused with medical diagnosis. Both the FMSF and its supporters assert that many adult memories of childhood abuse are fabricated imaginary experiences. This contention is based on a series of experiments conducted by experimental psychologists, including Elizabeth Loftus, Jean-Roch Laurence and others. These experiments aim to demonstrate that "false" memories — or, less oxymoronically, pseudomemories — can be created when experimental subjects are given misleading information concerning an allegedly witnessed event or episode that did not, in fact, occur. For example, a subject may be misled, by erroneous narrative, into believing that he saw a yield sign instead of a stop sign in a series of slides depicting a traffic accident. In all of these experiments, misled subjects performed more poorly than control subjects on test questions concerning the critical items. Loftus et al. have interpreted this as evidence of the malleability of memory.

A series of studies conducted by experimental psychologists Campbell Perry and his colleagues provides another interpretation of false trauma memories retrieved in therapy, especially when such memories are retrieved under hypnosis.¹ In a typical study, highly hypnotizable subjects chose a recent night during which they did not recall waking or dreaming, were age-regressed to the night in question, and given the suggestion that they were awakened by loud noises. Post-hypnotically, nearly half the subjects responded that they had been awakened that night and many remained certain even after the details of the experiment were revealed to them.

According to the FMSF, these and related experiments suggest that pseudomemory creation is relatively easy. Experimental psychologists have further suggested that such experiments reveal a host of variables that may be related to memory creation. The profile of subjects most likely to exhibit pseudomemories that can be gleaned from these experiments includes subjects who are highly hypnotizable, imaginative, task-motivated and confident about their ability to retrieve memories.

Whether these research results lend credence to the claims of the false memory movement has become a subject of heated academic debate. According to the FMSF, overzealous therapists have encouraged clients' false memories by suggesting that childhood sexual abuse may be the cause of their present psychological difficulties and by emphasizing the need to recover their memories of these events if they are to be cured. According to Richard Ofshe, an academic member of the organization's

advisory board, "in effect, therapists prep these victims-in-training for key turning points of the therapy drama."² Therapists take a depressed or anxiety-ridden client and educate her about the prevalence of child abuse, the probability of repression of such episodes, and the correlation between past victimization and present symptoms. They spend numerous sessions encouraging her to try to remember childhood episodes. According to critics of recovered memory therapy, this approach to treatment takes advantage of clients who fit the profile of subjects most likely to exhibit pseudomemories. Moreover, these critics claim that a variety of suggestive techniques are used in helping the client to remember, including hypnosis, free association tasks, guesswork, guided fantasy, group therapy with other survivors, and reading of popular self-help books. According to sociologist Richard Ofshe and journalist Ethan Watters, the net result of all of this is that:

"Clients become sufficiently knowledgeable of the therapy's plot-line that they can improvise their way through the next scene ... Clients discover that playing the sexual abuse victim is both a demanding and engaging role ... they will eventually become committed to the role of victim and will emote. Whatever doubts they may have are subordinated to the therapist's judgement, the images they have fantasized, the stories they have confabulated, and the identity they have developed through participation in ... this process."³

The use of the phrase "false memory syndrome" accurately depicts three sceptical views: first, that false memories of childhood abuse are common; second, that false memories of childhood abuse have a typical cause or reason; and third, that it is possible to provide a profile of the character type most likely to manifest pseudomemories.

In response to these conclusions, clinical psychologists and therapists have argued that the experimental and therapeutic situations do not closely correspond. Most notably, the two situations differ in the amount and importance of material forgotten and subsequently reconstructed. For example, as critics have noted, the Loftus subjects erred regarding a singular detail of a witnessed event that was otherwise recalled accurately. Thus, the terminology "false memory" in Loftus and others' studies may itself be misleading.

While it is plausible that an experimental subject could be led to misremember a stop sign as a yield sign or to misremember having slept through the night, it seems less plausible that a person would systematically

misremember a happy and uneventful childhood as a traumatic one characterized by ongoing abuse. In the former case, the error concerns a momentary incident of little personal consequence, while in the latter case, the alleged error typically concerns a long-term pattern of immense personal significance. As Swiss psychoanalyst Alice Miller⁴ and others have suggested, it seems unreasonable to suggest that trauma memories could be implanted with the ease that the FMSF supporters claim. Of course, the terms of this debate blur a range of traumatic experiences. "Sexual abuse" covers a wide range of violations, some of which are one-time events and some of which do not involve family members. The differences from the experimental situations will be greater in cases of long-term incestuous abuse.

In response to criticisms of her work, Loftus has more recently attempted to buttress the arguments of the FMSF by experiments designed to implant a trauma memory that is entirely false. In these more recent experiments, parents of experimental subjects asked their adult children to "remember the time" they were lost in a shopping mall (no such event, in fact, occurred). When their children initially claimed to be unable to recall this, the parents prompted the recall by "recollecting" their own fright at losing the children — and their subsequent relief when a stranger reunited them. The results of this experiment paralleled those of earlier studies: a significant portion of the subjects, although initially having no memory for the fictional episode, eventually began to (mis)recall it, expanding on the fabricated incident by adding details of physical environment and emotional state not offered in the original parental version.⁵

Although these results provide additional support for the false memory movement's claims, further differences between the experimental and therapeutic contexts remain, including duration, resolution, severity and personal significance of the respective traumas. Clearly, there is an important difference between temporarily losing a loved one — even when the loss is through that person's neglect — and being subjected by a loved one to systematic, long term and willful violation of personal integrity. These differences between experimental and therapeutic contexts are unavoidable, insofar as ethical considerations make it impossible to inflict trauma on experimental subjects.

There is also an important distinction to be made between experimental and therapeutic aims. While Loftus and her colleagues were deliberately attempting to confuse their subjects, clinical therapists hope to

enlighten their clients. This difference largely explains the two-sided nature of these current debates. Experimental psychologists and others who seek recall errors — and devise methods and strategies to produce such — are apt to find memory malleable. On the other hand, clinical therapists and others who seek autobiographical truths — and devise methods and strategies for producing such — are apt to find memory reliable.

Research concerning child abuse suggests that 12 to 38 percent of girls in the U.S. (and 3 to 16 percent of boys) are the victims of sexual abuse. Yet less than one-half of these abuses are reported to police.⁶ Reasons for not reporting abuse include sympathy for the abuser, a desire to forget the incident, fear concerning disruption of the family, and doubt that the abuse actually occurred. These rationales indicate that many unreported cases may involve perpetrators in the family.⁷ One might also speculate that these same reasons might cause the incest victims themselves to repress their memories of abuse.

While experimental psychologists have interpreted studies concerning the malleability of memory as evidence against the theory of repression, recent clinical studies indicate that a significant portion of abuse survivors may be unable consciously to recall their abuse. Researchers utilizing clinical samples of women in treatment report that 28 to 59 percent of survivors fail to remember their childhood abuse at some time during their lives.⁸ And a longitudinal study of 200 women, who reported sexual abuse as children in the early 1970s, found that more than one-third of these women failed to remember the abuse, the report and the (documented) hospital visit.⁹ That experimental researchers studying memory have largely ignored such findings strongly suggests motivations stemming from "personal biases, such as distrust of therapists, desire to support male perpetrators, denial that 'nice' men can molest children, enjoyment of the recognition provided by groups that rally around men who are allegedly falsely accused, prior experience with one or more unfounded (not untrue, but unprovable legally) cases, and need to stand by a previously expressed position."¹⁰ This suggestion contradicts our culturally received notion of a scientist as a completely impartial observer. Nonetheless, given conflicting bodies of scientific research, the belief that "science proves" the possibility (or even probability) of widespread and systematically false memories of childhood sexual abuse strongly indicates a predisposition to disbelieve sexual abuse reports.

From a Feminist Perspective

The publicizing of false memory syndrome should alarm feminists for a number of reasons. First and most obviously, the notion that false memories of abuse are commonplace casts suspicion on *all* women's and children's testimonials of abuse, thus silencing voices that have only recently begun to be heard. Prior to the 1980s, both therapists and the lay public discounted claims of child sexual abuse and "concluded that it rarely, if ever occurred."¹¹ This prevalent disbelief negatively impacted abused children's ability to heal from the abuse. Most adult survivors claim they "gave up trying to get someone to help them and instead adopted coping strategies to protect themselves."¹²

The growing belief in children's reports of abuse was undoubtedly responsible for the sharp increase in reported child abuse in the mid- to late 1980s.¹³ Yet, many victims still fear that no one will believe them and that their testimony will be dismissed as a fabrication or exaggeration.¹⁴ Current publicity surrounding false suspicions, reports, and even memories of abuse threatens once again to silence abuse victims by further encouraging this distrust of others and even promoting self-doubt. Moreover, such publicity has effectively shifted public attention from the prevalence of child abuse and its under-reporting to the alleged prevalence of false accusations and the alleged over-reporting of abuse.

Clearly, the primary purpose of false memory allegations is to protect men accused of sexual abuse by devaluing children's and women's testimony. False memory allegations uphold patriarchy's core beliefs about the nature of men as protectors of women and children. The discounting of victims' memories of abuse often proceeds by utilizing well-known stereotypes of women as "evil" or "sick." Women who report abuse where (allegedly) no abuse occurred may be depicted as active and malicious — in short, as liars.

This is a common depiction of mothers who file false reports of abuse against their children in order, it is often suggested, to exact revenge upon a spouse or lover. Fathers accused of abuse by their minor children and threatened with losing custody may accuse mothers of poisoning the child's mind as some sort of revenge. While this accusation is nothing new, it has now received scientific credibility through the invention of the label "parental alienation syndrome." While no credible body of research supports the claim that such a syndrome exists, many psychologists and judges appear ready to accept the idea that children's reluctance to visit their

fathers is caused by undue maternal influence. Not surprisingly, some of the people promoting the existence of parental alienation syndrome are also involved in the FMSF.¹⁵

Alternatively, women may be depicted as well-intentioned, but passive and gullible. This is the stereotype of the victim of false memory syndrome. Her false reports of abuse, and the subsequent tearing apart of her family, are not viewed as her fault. She is, according to prevalent scholarly and public opinion, merely the unwitting pawn of her therapist, who has "brainwashed" her with therapeutic "propaganda." This is certainly the image of recovered memory clients put forth by Richard Ofshe and Ethan Watters, who depict clients as "blank canvasses on which the therapists paint." Those who seek therapy, they suggest, are "completely ignorant" and hence "exceedingly vulnerable to influence."¹⁶

The notion that therapists (wittingly or unwittingly) implant false memories of abuse is yet another indicator of anti-feminist backlash. Current discussions of false memory serve to devalue "women's work," in addition to devaluing women's testimony. Psychotherapy, and in particular recovered memory therapy, is women's work in two senses. First, it is one of the few places within the fields of psychology and psychiatry where female practitioners are well-represented.¹⁷ Secondly, the style and fundamental presuppositions of such therapy exemplify methods and values commonly perceived as feminine. The therapeutic process relies heavily on establishing a relationship of trust between the client and practitioner, since it is only within the safety of such a caring relationship that the client will be able to find her voice, share her secrets and get in touch with her feelings.

The publicity surrounding false memory syndrome has cast suspicion on this therapeutic practice and its practitioners. Outside observers refer to recovered memory therapy as "quackery," its practitioners as "reckless" and its consequences as "dangerous."¹⁸ In response to these charges, insiders have responded by attempting to distinguish between competent therapists (themselves) and "others," arguing for higher admission standards to professional organizations.¹⁹ This advice to raise admission standards to exclude those who are contaminating the profession is both cause and consequence of devaluing women and other therapists who adopt a feminine style. Indeed, this movement to "professionalize" clinical psychology is reminiscent of the movement that professionalized physiological medicine a century ago. Just as the earlier movement led to the rise of (male) obstetricians and the demise of (female) midwives, this movement

seeks to raise the status of (male) psychologists and devalue the work of (female) therapists.

The blurring of the lines between professional and personal relationships that characterizes psychotherapy is characteristic of much of women's work. For psychotherapists, just as for secretaries, teachers, nurses, stewardesses, social workers and prostitutes, personal care-giving is inextricably intertwined with carrying out one's professional duties. Simply put, one cannot take care of business without caring for — and at least successfully pretending to care about — individual people. Yet, it is this appearance of emotional involvement (whether real or illusory) that codes these tasks as unprofessional.

Elizabeth Loftus sums up her (and the scientific community's) code of professional ethics succinctly: "I've trained myself to be wary of emotions, which can distort and twist reality, and to be as objective as possible ... [one must stay] detached and dispassionate."²⁰ In light of these professional and widely shared (masculine) norms, feminists should be wary of proposals to "regulate better" therapeutic practice and to "restrict access" to scientific programs. The subtext of these proposals is an injunction to draw professional boundaries that will — intentionally or unintentionally — exclude the feminine.

Finally, feminists need to respond to the allegations of false memory syndrome because these allegations directly affect the public image and valuation of feminism itself. First, consider the demographic profile of a typical victim of "false memory syndrome": a single, white, middle-class, college educated, aged 25 to 45, economically independent, professionally employed female.²¹ This is the poster child for (bourgeois, white) feminism. Women who fit this description are women who have "made it" according to our culture's concept of success. The notion, disseminated by the false memory movement, that these women are also those most apt to confuse fantasy with reality strongly suggests a conservative backlash against feminism. This backlash is further indicated by the recurrent and familiar refrain that such women are responsible for the breakdown of their families.²²

Scholars and journalists also more explicitly scapegoat feminism, claiming that "[b]road concerns about child protection and feminist thought have contributed to" and "provide the muscle behind" the institutionalization of recovered memory therapy.²³ In an interesting — but disturbing — reversal, the false memory movement has depicted feminists and child advocates as creating a "hysterical" cultural climate akin to the

Salem witch hunts.²⁴ The import of this analogy is clear: feminism is a dogmatic religion, psychotherapy is brainwashing, children's and adults' testimony of abuse is made up, and the accused are innocent victims of a modern-day inquisition.

The dissemination of the ideas of the FMSF among the general populace simultaneously marginalizes the biologically female, the culturally feminine and the politically feminist. Those ideas, therefore, clearly require a feminist response. Among the issues that need to be addressed are the selective interpretation and use of experimental research results. One wonders why, for example, research demonstrating the malleability of human memory has not been used to explain the less than credible — indeed, often inconsistent — memory reports of agents involved in events surrounding the Kennedy assassination, Watergate or the Iran-Contra affair.²⁵ For that matter, one wonders why research demonstrating the malleability of human memory is not used, in the debates under consideration and in courts of law, to explain, and render less credible, the apparently sincere testimony of some men who deny accusations of sexual abuse and those who corroborate their denials.

If memory is a *human* phenomenon, then how does false memory syndrome become a *women's* disease? Clearly we need a political analysis of patriarchy in order to understand the prevailing applications and interpretations, as well as origins, of the present scientific research on memory. In addition, we need an analysis of the ways in which ageism, racism, classism, heterosexism and other forms of oppression intersect with patriarchy. False memories of childhood abuse are not, after all, depicted simply as a (any) *woman's* problem, but are more specifically depicted as a widespread problem for *young, white, middle-class women*. In a society characterized by multiple forms of oppression, methods of suppressing abuse testimony will vary.

To see this, we need only consider the ways in which age, race, class and other variables intersect the therapeutic, psychiatric, social service and legal communities. To begin with, few women can afford to avail themselves of these services. Cultural differences may also render these services less than beneficial to many women whose needs, expectations and styles of communication diverge from those that professionals are trained to anticipate. Moreover, both within and outside of these professional communities, stereotypes pertaining to age, ethnicity and poverty serve to devalue some women's testimony independently of invoking false memory explanations. Women of colour, poor women, elderly women and

lesbian women — familiar with the cultural biases and stereotypes enabling a hasty dismissal of their testimony — may be reluctant to offer public testimony to the media, a jury, a social service agency or even a private therapist.

Of course, factors such as race, ethnicity and poverty may — despite a variety of cultural mechanisms for devaluing the testimony of marginalized women — lead to reduced scepticism regarding their sexual abuse accusations. Yet, women of colour, poor women, rural women and others may also harbour concerns that their testimony, if believed, could be used to strengthen already prevalent negative stereotypes of families of colour, poor families and rural families. Thus, in the current debates over the credibility of women's abuse testimony, the erasure of many women's voices is already ensured.

These considerations suggest that while sexual abuse is not culturally confined, it is largely the abuse testimony of young, educated, professional, white women that threatens patriarchy. Such women have the financial and social resources to make themselves heard. Related to this, they are the women most likely to be deemed credible in public forums. And they do not risk racist, classist and other forms of backlash in going public.

Privileged women do risk anti-feminist backlash, however, and this is precisely what women who have spoken about their childhood abuse, their therapists and other supporters have encountered. The FMSF has filed lawsuits against therapists and authors whose actions, they contend, lead people falsely to believe they were sexually abused. They have picketed therapists' offices; they have advocated following children to therapists' offices, prying information from children's confidants, hiring private detectives, and pretending to be an abuse survivor in order to expose therapists' incompetency. They have, moreover, stereotyped women who claim to be abuse survivors as gullible, angry, hostile, and paranoid, and ridiculed them as "whiners."²⁶ These techniques are fairly crude, however, and have the disadvantage — especially when applied to educated, professional, white women — of appearing reactionary and coercive. It is no surprise, therefore, that science has become the primary tool for silencing privileged women's reports of incest. In its guise of objectivity, science perpetuates scepticism regarding women's memory itself, thus maintaining the patriarchal status quo while enjoying the presumption of political innocence.

What is a Valid Memory?

How can we, as feminists, respond effectively to the backlash against women's testimony of abuse? One way is to attempt to "prove" the truth of individual abuse claims by providing evidence to support survivor's testimony. Relevant evidence here, suggested by some therapists themselves, includes three types: evidence arising from the client's testimony in court, evidence about the client (her childhood, her behaviour and her current psychological profile), and evidence pertaining to the event(s) remembered. Unfortunately, none of these types of evidence is likely to be conclusive. In effect, the truthfulness of a trauma memory may often be less than proven by available evidence.

In addition, the FMSF has been successful at undermining any abuse survivor's testimony. To the extent that a woman's memory fails to match the public record, on the one hand, the content of that memory is suspect. To the extent that her memory does match the public record, on the other hand, the status of her beliefs as memory is suspect. Compounding the difficulties faced by survivors, sexual abuse almost always occurs in the absence of witnesses. Therefore, holding women up to the public standards of evidence will effectively silence them about abuse in the private sphere.

Given the difficulties involved in providing clear and unambiguous evidence for women's abuse claims, feminists might simply accept women's abuse testimony on faith. Some might argue that those who listen to testimony have a general responsibility to believe survivor's claims about the past. Indeed, it seems odd to suggest that a third party might be in a better position to validate autobiographical events than the first-person narrator. It seems easier to believe that the bearer of abuse memories would be in the best position to validate her own autobiographical past. Hence, it seems presumptuous to challenge her memories of her own experience.

There are two ways to support therapy clients regarding their accounts of the past — and those retrieving memories of an abusive past outside of therapy. One is to uphold women's memories as subjectively true (an accurate depiction of her internal psychic reality); the other is to uphold women's memories as objectively true (an accurate depiction of external, historical reality).

For many therapists interested in psychodynamics, the only reality of therapeutic interest and utility is the client's subjective reality. With this approach, a client's memories are always (subjectively) true, insofar as the reality she remembers is her own reality and nobody else's. Unfortunately,

this subjective definition of knowledge secures the truth of women's individual narratives at the price of accepting a belief that truth is relative; a belief that goes against feminist purposes. This strategy shields women's testimony of abuse from criticism, but simultaneously trivializes it and renders it politically ineffective. If feminists want to criticize certain patriarchal beliefs (such as the belief that recovered memories are always false) and have these criticisms regarded legitimate, we cannot simply abandon the notion of objective truth. Moreover, as feminist philosopher Lorraine Code argues, a more robust form of realism is necessary if we are to be responsible knowers. "An intellectually virtuous person," according to Code, "would value knowing and understanding how things 'really' are, to the extent that this is possible, renouncing both the temptation to live with partial explanations when fuller ones are attainable, and the temptation to live in fantasy or illusion."²⁷

For many therapists who treat abuse survivors, the reality of therapeutic interest is the client's actual, historical past. In this approach, a client's abuse memories are interpreted as mirroring objective reality. Indeed, the goal of survivor therapies that focus on retrieving abuse memories is to enable the client to understand how things "really" were, renouncing her temptation to forget, repress, deny, gloss over, or otherwise avoid painful truths about her past. Unfortunately, some therapists — and feminists — who work with survivors refuse to acknowledge that feminist therapeutic communities, like the consciousness-raising groups of the 1970s on which they are modelled, participate in the creation and not merely the discovery of knowledge. Thus, they also fail to acknowledge the possibility that therapeutic communities may be implicated in memory creation. This is ultimately unpersuasive.

Despite the conservative rhetoric of the false memory movement, experimental evidence suggests that pseudomemories (including memories of limited traumas) can be created when subjects are exposed to misinformation by a trusted authority figure. Anecdotal evidence offered by therapists themselves, moreover, supports this contention. The malleability of human memory raises serious philosophical questions with which feminists must be prepared to grapple.

Feminist reluctance to acknowledge the possibility of false memories stems from multiple sources. On a psychological level, none of us wants to believe that we could be so easily and dangerously manipulated. Even less do we want to believe that we might so easily and dangerously manipulate others. Therapy clients may have invested a significant amount

of time, energy and money to therapy and may be emotionally attached to — even dependent on — their therapists.

Therapists who treat abuse survivors have a professional investment to protect and a public image to uphold. Voicing any doubts publicly could well result in professional ostracism by their colleagues and legal charges by their enemies. Nonetheless as clinical psychologists Kenneth Pope and Laura Brown note, "the reality of abusive psychotherapy makes it doubly important that complaints about improper handling of recovered memories be taken seriously by individual therapists and mental health professions as a whole."²⁸ In keeping with Code's injunction to renounce the temptation to live with partial answers, Pope and Brown suggest that even where therapists have meant well and done their best, they should "repeatedly and seriously" ask themselves the following question:

"Despite all other factors, is it possible that I have done something wrong for which I should be honest and responsible?" The answer that comes from within may be the most difficult news that the therapist has ever had to endure. Temptations to shunt it aside are likely numerous (e.g., 'No one will ever really know,' 'I can prove it never happened,' 'The client doesn't know how to tell that what I did was wrong,' 'I'll never get any more referrals if I admit I did something like this,' 'I'll lose my job'). To disclose such an answer to others can be all but impossible, but can in fact have quite positive consequences in the long run, preserving the therapist's self-image as a healer."²⁹

Similar considerations pertain to feminists who are not professional therapists. We must frequently examine our beliefs and practices and ask difficult questions of ourselves, if we are to preserve our self-image as persons who support, empower and liberate other women.

Such honest self-examination would, of course, be easier were we, as abuse victims, therapists, activists and scholars, accorded the social authority to make knowledge claims. In the case of survivors' testimony of abuse, abuse survivors are held to high standards of legal evidence and listeners are encouraged to act as if they were adjudicating a criminal proceeding. In the case of clinical theory and practice, therapists and other mental health practitioners are held to high standards of empirical evidence and listeners are encouraged to act as scientific critics. In both cases, the burden of proof imposed is considerably higher than that typically required outside of courts of law and scholarly journals. And, in both cases, the burden of proof is placed solely on the shoulders of survivors and witnesses of abuse.

Here, as elsewhere, feminist theories of knowledge, as marginalized discourses, develop in a context in which they are constantly threatened by the forces of epistemological imperialism. The epistemological imperialist, as defined by Code, takes little responsibility for his own knowledge claims believing that "a person or situation is summed up" by a stereotype or conjecture.³⁰ Clearly this is the position of Ofshe and Watters, who stereotype women in positions of authority as pushy and manipulative and women in positions of need as passive and gullible, thus "summing up" the therapist-client relationship and "proving" the probability of false memories of sexual abuse.³¹ Epistemic imperialism is also manifested by experimental psychologists who would label clinical psychology as a pseudoscience and thereby claim to have shown its potential danger. Similarly, epistemic imperialism is manifested by academic scholars who harbour stereotypes of feminists as dogmatic, thus dismissing the possibility of feminist objectivity.

Given these and other all-too-familiar stereotypes, it is no surprise that we, as clients, therapists, activists and scholars, may be reluctant to admit the potential shortcomings of our theories or practices. Yet if we are to uphold our private and public image, we must acknowledge and attempt to remedy such shortcomings where they truly exist. This means, with regard to the present issue, that we should not close ourselves off to the possibility of some false memories.

Part of the difficulty in sorting out true from false memories is that:

"The use of the terms 'false memory' and 'true memory' [is] problematic in light of research and theory about memory. Most paradigms seem to suggest that 'true' and 'false' are naïve or misleading labels when applied to memory, which tends toward a mixture of the accurate and the inaccurate."³²

Indeed, Loftus' own paradigm of memory as socially reconstructed itself suggests that memory is a mixture of truth and falsity. As we have seen, many of the experiments performed by Loftus and others demonstrate the possibility of partially (not entirely) false memories. The exception is the "lost in the mall" experiment. But even there, closer examination of the differences between those who were and those who were not misled by their parents' false stories, might reveal an element of truth in these implanted memories. Perhaps, for example, the misled subjects had experienced being lost on other occasions, or perhaps their childhood experiences contained elements of minor parental oversights that rendered this story plausible and hence internalizable for them.

Loftus uses her experiments to disparage the theory of repression, claiming it absurd to believe that memories, inaccessible to consciousness for many years, could be later retrieved in their original form. In response, some psychologists have suggested that memories of traumatic experiences, especially when these experiences involve betrayal by a trusted caregiver, can be rendered inaccessible to consciousness until such time as it is safe to remember.³³ Discussions of "false memories" often make it sound as if these theories are incompatible. But they need not be. Experiments demonstrating the malleability of memory show that it is implausible to suggest that memories can be replayed in their original, unadulterated form, but they have little bearing on the claim that certain memories may be isolated from consciousness for some period of time. Conversely, although some advocates of repression theory may imply that memory flashbacks are accurate in every detail, this is not a necessary part of this model of memory.

Loftus and others criticize all models of memory that include a repression mechanism by calling those models a "videotape theory of memory." Ironically, this phrase may suggest precisely the richness that is needed to explain why memories can rarely be termed either "true" or "false." Indeed, the metaphor of a videotape captures historian Donna Haraway's notion of situated knowledge,³⁴ suggesting new concepts for objectivity. According to Haraway, attaining objectivity is not a matter of achieving a disembodied ("pure science") point of view, but of accepting partial perspectives and being accountable for how and what we learn.³⁵ The responsible knower here is one who, in Haraway's terms, does not eclipse the perspectives of others but instead learns to see in multiple ways, like a travelling lens rather than a stationary, passive mirror. The videotape theory of memory invites us to acknowledge the fallibility of memory by allowing for its fading, editing and perspective distortions. At the same time, it mandates that we continue to listen to, and sympathize with, survivors's narratives because autobiographical memory originates in perceptions of real events and thus contains partial, but nonetheless historical, truth.

A Cultural Analysis of Incest Memories

Unfortunately, the videotape metaphor of memory may fail to offer much help to the individuals (the victim, the accused, the therapist, the juror, the

friend) who want to know what actually happened in a particular case. Here, the lines between historical (material) and narrative (psychic) truth begin to blur. As one feminist philosopher, Stephanie Nelson, has suggested, perhaps the current phenomenon of women remembering childhood abuse should simply be read as a "collective cultural spitting-up of patriarchy."³⁶

On first encountering this interpretation, I (like Nelson herself) worried that such a suggestion risked typing women as both the victims and the perpetrators of yet another "hysteria." These are, of course, precisely the stereotypes of women perpetuated by members of the false memory movement. Nevertheless, if we are to take responsibility for our knowledge claims, such private musings must finally be voiced — although we may want to be cautious concerning how, where, when and to whom we voice these concerns.

We might want to begin, in the feminist community itself, to develop a cultural critique of false memories similar to feminist philosopher and cultural theorist Susan Bordo's interpretation of anorexia nervosa.³⁷ Such an account of the recovered memory phenomenon has, I think, several advantages. Among them are its potential to explain why recovered trauma memories seem most prevalent among young, white, educated, middle-class single women. Like the anorexic — also young, single and middle-class — the bearer of false memories might be viewed as rebelling against cultural expectations for her to become wife and mother.³⁸ While we might anticipate that a woman's protest against adult domesticity would manifest itself most clearly when her childhood experience of family was traumatic, economically privileged, educated women might protest this expectation independently of such a history.

A second advantage of this account is its potential to explain the bodily symptoms preceding and accompanying recovered memories of abuse. Like the anorexic's protest, the recovered memory client's protest against the patriarchal family may be "written on [her] body ... not embraced as a conscious politics."³⁹ Indeed, the hysterical symptoms of the woman who is recovering traumatic memories are often interpreted as alien and beyond her control: memories flood over her, abdominal pains disrupt her sexual relations, panic attacks overwhelm her while shopping. This phenomenology of the abuse survivor closely parallels that of the anorexic who experiences her body and its appetites as an enemy, an "alien invader, marching to the tune of its own seemingly arbitrary whims, disconnected from any normal self-regulating mechanisms."⁴⁰

The most prevalent example of this is the phenomenon of dissociation in which rape and incest victims "other" their body in order to insulate the "self" from violation or (mis)perceived complicity in moral vice. Decades later, women subjected to childhood incest or rape may continue to experience sexual appetite and fantasies as "alien" and disconnected from the self.⁴¹ They may likewise be numbed to their other physical and emotional desires and needs. Survivors may also consciously or unconsciously punish their bodies by self-starvation, bingeing and purging, drug or alcohol abuse, or skin-carving.

The phenomenon of "othering" the body is not, however, unique to the incest survivor. As Bordo suggests, there is a peculiarly contemporary obsession with control over the body linked to a need for "self mastery in an increasingly unmanageable culture."⁴² Viewed in this light, the incest survivor's focus on controlling her body through self-starvation, sexual abstinence, body carving and other measures may simply be the extreme end of a continuum characterized by the beauty rituals, diet regimens and exercise routines that preoccupy most contemporary women (and increasingly many men) in contemporary post-industrialized cultures.

For women recollecting childhood abuse, however, the body is not the only locus of attempts at self-control. Centrally important here is the attempt to control memory and, hence, self-definition itself. That the incest victim will exert control over her memories via repression — a pushing away of surfacing incest memories — is a common presumption of much psychotherapeutic work. Less noted, but just as important, however, is the need for control signified by the deliberate undertaking of memory work. Although the sexual abuse survivor undertakes memory recovery work in order to consciously reconstruct her history and hence herself, she retains a view of memory as alien to self and thus attempts to subject it to her will.

Spontaneous memories (flashbacks) are unwelcome. She does not wish to have memories "flood over her," but instead to "retrieve" memories at will via learned techniques. Such techniques may include such things as imagining that one is watching a video-tape of one's past, so that one may view it in slow-motion, fast-forward it, reverse it, adjust the volume and clarity, or shut it off when needed.⁴³ That a woman wishes assurances of safety in exploring a traumatic past is hardly surprising. The notion, however, that we can so readily control our memories — turning them on and off at will like a TV program — signifies a desire not only for safety, but a desire to micromanage the self that is endemic to modern culture.

As critics of incest survivor therapies are quick to point out, most contemporary women and men can find themselves in the symptomatic profile of the incest victim. Who, for example, hasn't been afraid of being alone, had nightmares, or failed to take proper care of her body? Who hasn't had headaches, feared losing control, felt the need to be perfect, taken too many or too few risks, felt nervous about being watched or felt different? This is a virtual profile of the ordinary citizen — or more accurately the ordinary middle-class citizen — in contemporary post-industrialized society. We all too typically feel overworked, micromanaged, dislocated from our families, isolated within our communities and generally "stressed out."

It is women, however, who are most likely to discover themselves in the symptomatic profile of the incest victim. There are several reasons for this. First, and most obviously, women are more likely to *be* incest victims. It is important to note, however, that although incest is a crime typically perpetrated against girls and young women by male family members, boys and young men may also be the victims of childhood sexual abuse. Cultural norms of masculinity, however, mitigate against male admissions to feeling out of control. Moreover, to the extent that men can admit such feelings to themselves or to others, they are much more likely to attribute their stress to workplace issues than to a history of sexual abuse. Patriarchy cannot countenance an image of men as sexual victims.

For women, however, quite the opposite is the case. Patriarchal norms of femininity easily encompass a portrait of women as weak, nervous, frightened and powerless, making it relatively easy for women to find themselves suffering the above listed symptoms. They may also experience fear of entrapment, feelings of suffocation, poor body image, gynaecological disorders, the need for privacy, eating disorders, depression, inability to express anger, humourlessness, the need for security, trust issues, boundary issues, guilt, shame, low self-esteem and an inability to say "no."⁴⁴ These symptoms of an incestuous past are all "utterly continuous with a dominant element of the experience of being female in this culture."⁴⁵ They are also fairly consistent with dominant stereotypes of femininity under patriarchy.

Ironically, it appears that patriarchal expectations themselves may contribute to increased reporting of incest and other sexual crimes against women. Despite the fact that patriarchy cannot countenance the notion of widespread incest, it can usefully depict a social reality that includes isolated cases of incest and other forms of sexual abuse. This is especially

so within a context of feminist consciousness-raising. As some women become increasingly discontent with their societal position, it becomes imperative for patriarchy to insist that their negative reactions are pathologies attributable to unfortunate, but (allegedly) anomalous, personal circumstances. Both implicit resistance to patriarchy (depression) and explicit resistance to patriarchy (fear of, or hostility towards, men) are thus usefully explained as pathologies resulting from early betrayal by one's father (or another trusted male figure).

For this explanation to be serviceable to patriarchy, however, it is imperative that such dysfunctional (abnormal) families be starkly contrasted with "normal" childhood circumstances. This technique for stabilizing patriarchy in the face of feminist resistance thus backfires, as women's distress becomes more widespread and increasingly more women find themselves depicted in the medical profile of the incest survivor. At this point, patriarchal science has to invent a new explanation that discounts the possibility of widespread incest. Diagnoses of false memory syndrome provide just such an explanation.

In labelling women as suffering from "false memory syndrome," the FMSF and its supporters perpetuate the notion of middle-class women as prone to hysteria. My own analysis runs a similar risk. Unlike traditional analyses of hysteria, however, an analysis of women as regurgitating patriarchy avoids labelling individual women as "sick," and instead interprets their behaviours as intelligible manifestations of cultural sickness. At the same time, unlike accounts of women suffering (solely) from "recovered memory syndrome," it does not subscribe to the hypothesis that the negative circumstances in question must be circumstances of childhood sexual abuse.

In many cases, it may be impossible to determine the complete historical truth of a woman's or child's specific memories of childhood abuse. The current analysis, however, invites us to overcome our obsession with this question. As Bordo notes, the problem for the anorexic is not merely that she incorrectly believes that she is too fat, but that she is so obsessed with staying thin that it "render[s] any other ideas or life projects meaningless."⁴⁶ Similarly, the problem for the bearer of abuse memories occurs not merely — perhaps not even — when her memories are false, but when she becomes so obsessed with those memories that she cannot enjoy the present or plan for the future.

Certain forms of therapy may disempower women even when the recovered memories are true. This happens when questions concerning the

validity of a woman's memories are reduced to questions concerning the factual accuracy of those memories without critical reflection concerning how her present circumstances may shape her interpretations of the past and its relevance to her future. To focus exclusively on whether the content of memories accurately captures the historical facts, as the current debate encourages us to do, risks perpetuating a woman's obsession with discovering the details of her past to the detriment of the client's present and future well-being. To counteract the client's tendency to subordinate all other endeavours to the pursuit of discovering historical truth, those who care about her may need, ultimately, to shift their own focus.

I am not suggesting that we abandon truth. What I am suggesting is that we may need to broaden our horizons on this issue to include a focus on metaphorical, as well as factual, truth, and on practical, as well as assertable, knowledge.⁴⁷ While the literal truth of a woman's beliefs (when this can be discovered) may be relevant to her well-being, questions concerning the validity of a woman's memories cannot be reduced to questions concerning the factual accuracy of those memories and her reluctance to take responsibility for the ways she re-enacts them in her present-day life.

A primary difficulty with both sides of the false memory debate, as currently constructed, is the assumption of client passivity and the subsequent failure to hold the client responsible for her beliefs, feelings or behaviours. As we have seen, the false memory movement typically depicts the bearer of false memories as simply the passive, ignorant and gullible victim of therapeutic interventions. While advocates of recovered memories deny that women are so easily brainwashed by their therapists, they too may risk depicting adult women as passive, ignorant victims. This occurs when, in an effort to avoid "blaming the victim," therapists and others portray the present attitudes and behaviours of adult women as determined by their past experiences, failing to acknowledge women's participation in the recollection, interpretation and use of those experiences.

Conclusions

What is a responsible feminist viewpoint on this issue? One simple response might be to acknowledge that in some (but not all) cases, women's experiences of "remembering" may be misleading and therapist-induced, but that in other (but not all) cases, the experiences are genuine

memories caused by earlier life events — although the catalyst for now recalling those previously repressed episodes is, in part, the therapeutic technique. Thus, memories must be considered on an individual basis, paying close attention to the myriad details of a given case. Such a response avoids the politically destructive effects of global scepticism concerning women's testimony of abuse while acknowledging grounds for local scepticism in at least some cases.

A more promising approach, I believe, is to view all memories as containing elements of truth and falsity. The question is not *whether* women's incest memories are true; rather, it is *how* they are true. To discern this, we must look to empirical evidence that pertains to a woman's past and present. We must also be sensitive to issues raised by science concerning the malleability of memory. But neither historical nor scientific evidence will be adequate for determining the overall significance and truth of a woman's memories. To determine the truth(s) of women's recollections of abuse, we will need to adopt also the interpretive techniques of a cultural critic, examining these memories in their appropriate personal, social and political contexts.

Middle-class white women living in post-industrial societies share a cultural context that makes it plausible to view their incest memories as signifying a rejection of contemporary patriarchal values and practices. I do not mean to imply that these memories are literally false; indeed, in many cases these memories may also contain personally significant, historical truth. Yet, even when recollections of incest contain elements of historical inaccuracy, they may still reveal fundamental truths about the lives of women living under, and struggling against, patriarchy.

Of course, if the current phenomenon of women recovering incest memories signifies a cultural regurgitation of patriarchy, then feminism, as well as patriarchy, is implicated in this cultural phenomenon. One part of the shared cultural context of educated, middle-class women is feminist consciousness-raising regarding women's oppression and victimization.

As feminists faced with backlash, we may be hesitant to acknowledge this. Yet, as feminists, we must consider how this shared social context shapes our own private and public responses to this issue. In addition, we must consider how our sometimes diverse political and intellectual allegiances, as well as our personal positions, may affect how we perceive the present issue. For my own part, my reflections here are grounded in the experiences of a white, middle-class feminist with traditional analytic philosophical training. My openness to the complexities of memory has

been influenced by a friend who engaged in the painful process of retrieving abuse memories, but has since rejected these memories as literally false. It might be difficult to accept ambiguity in accounts of a traumatic past, except for my experiences with this friend. These and numerous other factors (my own happy childhood, my trust in the father of my own daughters, my never having been a therapy client myself, and so on) no doubt influence my perspective on the present issue. Therefore, I do not claim to have offered the definitive approach to this issue. My aim here has been merely to offer some tentative suggestions concerning how we might approach questions concerning truth in women's incest memories. I hope these suggestions prove useful in our continued efforts to reshape the public dialogue about abuse memories, with positive consequences for the women directly and indirectly affected by this dialogue. And I trust that others occupying vantage points different from my own will correct my vision where it has been unduly myopic.

Endnotes

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