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False Memory Syndrome: A Feminist Philosophical Approach

SHELLEY M. PARK

In this essay, I attempt to outline a feminist philosophical approach to the current debate concerning (allegedly) false memories of childhood sexual abuse. Bringing the voices of feminist philosophers to bear on this issue highlights the implicit and sometimes questionable epistemological, metaphysical, and ethical-political commitments of some therapists and scientists involved in these debates. It also illuminates some current debates in and about feminist philosophy.

Recently a spate of media attention has focused on the veracity (or lack thereof) of adults' recovered memories of childhood sexual abuse. This media attention has been fueled (although not solely) by precedent-setting legal cases, both criminal and civil, wherein eyewitness testimony of incest, rape, and murder that took place decades ago has been the crucial prosecutorial or plaintiff evidence.¹ This has sparked a public debate between those therapists, psychologists, and psychiatrists who testify for the victim and those who testify for the accused. Victim advocates sometimes suggest that all memories of abuse are trustworthy, and that attempts to cast doubt on these memories further victimize the already violated. Defenders of the accused sometimes suggest that false memories are common, and that this casts reasonable doubt on all accusations of abuse stemming from recovered memories. Given the highly public nature of this debate, the lay public itself has begun to divide into believers and skeptics concerning survivor reports of childhood abuse.

In a recent article aimed at promoting "rational discourse" between victims' advocates and advocates for the accused, the polarization of this debate is explained as follows:

The question of belief and abuse allegations evokes such intense debate partly because how the issue is resolved has such great implications for individuals and social policy. But the

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heatedness of the debate is fueled by how the opposing camps characterize or perceive themselves. Putting it simplistically, the world gets divided into those who care about victims and those who care about the truth. The temptation to believe that the other guys do not value what we value fuels righteousness and vitriol. But this is a false dichotomy; ultimately, we all care about the truth and about the suffering of victims. (Berliner and Loftus 1992, 570)

While it is probably overly optimistic to suggest that all people care about both truth and suffering, or even that all psychologists do, we, as feminist philosophers, should care about both of these things. Given our dual commitment (as philosophers) to developing coherent epistemologies (and metaphysics) and (as feminists) to alleviating the suffering of victims, we are thus well positioned to contribute to the memory debates. In particular, as feminist philosophers, we have a special concern about what theories of knowledge and metaphysical accounts of memory and subjectivity are implied by the currently competing positions on women's recovered memories of sexual abuse. By making these (sometimes questionable) views explicit and offering alternative philosophical views, perhaps we can reshape the current bipolar debates in ways that more adequately reflect the tensions, complexities, and varieties of women's abuse memory experiences. By exploring these timely, relevant, and important topics, moreover, we, in turn, may gain a new (or renewed) perspective on our own discourse.

This paper offers several reasons that feminist philosophers should be interested in the false memory debates, outlines a feminist philosophical response to these debates, and sketches a meta (feminist) philosophy that emerges from these considerations. More specifically, after describing the contours of the false memory debates in section 2, the paper reviews the reasons for developing a feminist critique of so-called "false memory syndrome" (section 3). Section 4 surveys the reasons for developing a philosophical critique of "recovered memory" therapy.² Section 5 addresses the philosophical difficulties inherent in assessing evidence pertaining to abuse recollections. Finally, in section 6, the work of several feminist philosophers and epistemologists is used to outline a feminist philosophical response to allegations of false memories. This sketch, in turn, is used to draw some tentative conclusions about the need for and nature of feminist philosophy itself.

WHAT IS FALSE MEMORY SYNDROME?

"False memory syndrome" is a phrase coined by the False Memory Syndrome Foundation (FMSF), a network of parents and relatives who claim that their adult children have falsely accused them of earlier (usually sexual) abuse. The

FMSF describes the “False Memory Syndrome phenomenon” as “one in which people (mostly well-educated, financially comfortable women in their thirties) recover memories which others say are false, become obsessed with the memories and then isolate themselves from their family” (Elliot 1994, 10). The FMSF was established in 1992 by Pamela and Peter Freyd, after Peter was accused of abuse by his adult daughter Jennifer—now a professor of psychology (Kandel and Kandel 1994). It is a political advocacy group devoted to publicizing the (alleged) prevalence of false accusations of abuse and garnering moral, political, legal, and financial support for the falsely accused. It has been joined in this cause by an advocacy group of “recanters” and has also coined the phrase “false lack of memory” to “make people wonder why these accused parents have no memories of abusing their own children” (Terr 1994, 164).

Lenore Terr, a clinical psychologist and critic of the false memory movement, notes, “these are catchy phrases, but they are not psychiatry” (1994, 164). False memory syndrome is not an officially recognized diagnostic category; it is not listed in the American Psychiatric Association’s *Diagnostic and Statistical Manual*, nor are there currently any public plans to include it in future editions of this manual. Recanting of abuse reports, moreover, is nothing new. As Lenore Walker suggests, recanting is common in children who fear or feel guilty about family disintegration. It is also common for adult survivors to recant, to others or themselves, in order to diminish the horror of their recollections. Indeed, clinical data suggest that “recantations are far more common than false accusations” (Walker 1994, 105). The political cause of the FMSF has drawn so much publicity, nevertheless, that this cause has become confused with a diagnosis. Terr, for example, recounts being asked by a colleague at a professional meeting of psychologists whether or not a client they were discussing suffered from false memory syndrome. This confusion of political rhetoric with medical diagnosis is further exacerbated by the presence of academic researchers, such as sociologist Richard Ofshe, on the advisory board of the Foundation (Elliot 1994, 11) and experimental psychologists, such as Elizabeth Loftus, testifying in court on the malleability of memory (Loftus and Ketcham 1991; Loftus et al. 1994).

Indeed, the FMSF bases its assertion that many adult memories of childhood abuse are confabulated on a series of experiments conducted by Loftus and her colleagues (Loftus 1975, 1977, 1979; Loftus and Greene 1980; Loftus, Miller, and Burns 1978). These experiments aim to demonstrate that false memories—or, less oxymoronically, pseudomemories—could be created when experimental subjects were given misleading information concerning an allegedly witnessed episode. In a typical experiment, subjects were shown a series of slides depicting an event, such as a theft or a traffic accident. Following the slide presentation, subjects were given additional information concerning the event (in the form either of a written narrative or leading questions pertaining

to the event). The post-event information given to one group of subjects contained material that contradicted some details from the slides (for example, a stop sign that appeared in the slides might be described in the narrative or question as a yield sign). The post-event information provided to a second group of subjects (the control group) contained no such conflicting information. After this reading or questioning, all subjects were given a forced-recognition test concerning what they saw in the slides. In all of these experiments, misled subjects performed more poorly than control subjects on test questions concerning the critical items (such as the stop sign). Loftus et al. have interpreted this misinformation effect as evidence of the malleability of memory. Several others have since replicated these results (McCloskey and Zaragoza 1985; Belli 1989; Tversky and Tuchin 1989).³

A series of studies conducted by Campbell Perry and his colleagues provides another source of skepticism concerning trauma memories retrieved in therapy, especially when such memories are retrieved under hypnosis (Barnes 1982; Laurence and Perry 1983; Laurence et al. 1986, Labelle and Perry 1986; Labelle et al. 1990). In a typical study utilizing Orne's "nocturnal paradigm" (1979), highly hypnotizable subjects were asked to choose a recent night during which they did not recall waking or dreaming. Subjects were then age-regressed to the night in question and given the suggestion that they were awakened by loud noises. Post-hypnotically, subjects were asked whether or not they had been awakened that night. Nearly half the subjects responded positively, thereby contradicting their pre-hypnotic memory claim to have slept through the night. Many of these subjects, moreover, remained certain that they had been awakened by loud noises even after the details of the experiment were revealed to them; several subjects even elaborated on the noises heard (claiming, for example, to have been awakened by crickets or by a car backfiring).⁴

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 pseudomemory 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. Contextual factors affecting pseudomemory rate include repeated questioning (especially from a trusted authority), task demands, present mood, perceived unverifiability of the remembered event, base-rate information, and information pertinent to the perceived likelihood of an event's occurrence. This last category may include the subjects' implicit or explicit beliefs concerning themselves and others, and their general conceptions of human nature and the nature of memory.

Whether or not 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 one academic member of the organization's advisory board, "in effect, therapists prep these victims-in-training for key turning points in their therapy drama" (Ofshe and Watters 1993, 10). Therapists take a depressed or anxiety-ridden client (present mood state) and educate her about the prevalence of child abuse (base-rate information), the probability of repression of such episodes, and the correlation between past victimization and present symptomologies (information pertinent to perceived likelihood of a potentially unverifiable event's occurrence); then spend numerous sessions (repetition) encouraging her to try to remember childhood episodes (task demands). According to critics of recovered memory therapy, moreover, a variety of suggestive techniques are used in helping the client to remember. These include hypnosis, free association tasks, guesswork, guided fantasy, group therapy with other survivors, and reading of popular self-help books, such as Bass and Davis's 1988 *The Courage to Heal* (Kandel and Kandel 1994; Loftus 1993; Ofshe and Watters 1993). According to Ofshe and Watters, the net result of all 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 eventually become committed to the role of victim and will emote. Whatever doubts they may have are subordinated to the therapist's judgment, the images they have fantasized, the stories they have confabulated, and the identity they have developed through participation in . . . this process.(9-10)

In sum, the use of the phrase "false memory syndrome" accurately depicts three skeptical views: first, that false memories of childhood abuse are common; second, that false memories of childhood abuse have a typical etiology; 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 are disanalogous. Most notably, the two situations differ in the amount and importance of material forgotten and subsequently reconstructed.⁵ 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 much less plausible that a person would systematically misremember a happy or 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 Miller (1990) and others have suggested, it seems *prima facie* unreasonable to suggest that trauma memories could be implanted with anywhere near the ease that the FMSF supporters claim.⁶

In response to such criticisms, 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 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 (entirely 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 (Loftus 1995).

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 such loss is through that person’s neglect—and being subjected by a loved one to systematic, long term, and willful violation of personal integrity. 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 bipolar 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.

This suggests that if we are to find a way out of these bipolar debates, we must broaden our vision, as well as our methodological and strategic frameworks, so that we can see the elements occluded by each of the partial perspectives. Before attempting to formulate such a vision, however, it will be useful to examine more closely and sympathetically the cogent (albeit one-sided) considerations that lead to these antithetical positions. Because the experimental grounds for false memory allegations have already been summarized, let us turn to the feminist concerns regarding those allegations.

FEMINIST CONCERNS ABOUT FALSE MEMORY ALLEGATIONS

The publicizing of false memory syndrome should alarm feminists for at least three reasons. First and most obviously, the notion that false memories of abuse are commonplace casts suspicion on all women's (and children's) testimonies of abuse, thereby silencing voices that have only recently begun to be heard. Children (as well as adult rape victims) will report their victimization only if they perceive that they will be supported. Before the early 1980s, both therapists and the lay public discounted claims of child sexual abuse and "concluded that it rarely, if ever occurred" (Walker 1994, 82; see also Herman 1981, 1992; Lerman 1986; Masson 1984; Rush 1980). This prevalent disbelief had a negative impact on abused children's ability to heal from the abuse. Most adult survivors declare that they "gave up trying to get someone to help them and instead adopted coping strategies to protect themselves" (Walker 1994, 104).

An emphasis on believing children's reports of abuse was undoubtedly responsible for the sharp increase in reported child abuse in the mid- to late 1980s (Whitcomb 1992, 5). Yet many victims still fear that no one, including their therapist, will believe them; that their recollections will be dismissed as a fabrication or an exaggeration (Walker 1994, 240). 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. Such publicity, moreover, has effectively shifted public attention from the prevalence of child abuse and its underreporting to the (alleged) prevalence of false accusations and the (alleged) overreporting of abuse.

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 only one-half of these abuses are reported to the police (Whitcomb 1992, 2-4). The 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 of the unreported cases may have involved perpetrators in the family (Whitcomb 1992, 4). One might also speculate that these same reasons might cause the incest victims themselves to repress their memories of abuse. Indeed, this is one of the guiding assumptions of recovered memory therapy.

While experimental psychologists have interpreted studies concerning the malleability of memory largely 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 (Briere and Conte 1993; Herman and Schatzow 1987). And Williams's 1992 longitudinal study of two hundred women who reported sexual abuse as children in the early

1970s found that more than one-third of these women were amnesiac for the abuse, the report, and the (documented) hospital visit. Why might experimental researchers ignore such findings? Walker suggests:

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 may figure into such motivation. It is also important to understand why other professionals, the media, and other people would be so willing to believe the stories of false accusations of abuse. (1994, 85)

However honorable or dishonorable the personal motivations of researchers supporting the FMSF may be, there can be no doubt that false memory allegations function to protect (primarily) the men accused of sexual abuse by devaluing children’s and women’s testimony.⁷ This discounting of victims’ memories of abuse proceeds largely 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 on a spouse or lover.⁸ 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 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 Ofshe and 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” (1993, 9).

The notion that therapists are the cause of such false memories is a second reason for feminist concern. Current discussions of false memory serve to devalue “women’s work,” in addition to devaluing women’s testimony. Psychotherapy, particularly recovered memory therapy, is women’s work in two senses. First, it is one of the few places in the fields of psychology and psychiatry where female practitioners are well represented (Philipson 1993). Second, 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 the practitioner, because it is only within the (relative) safety of such a caring relationship that the client will be able to find her voice, share her secrets, get in touch with her

feelings, and learn to “nurture her inner child” (Bass and Davis 1988; Briere 1989; Courtois 1988; Fredrickson 1992; Miller 1991).⁹

The publicity surrounding false memory syndrome has cast suspicion on this practice and its practitioners. Outside observers of therapeutic practice refer to recovered memory therapy as “quackery,” its practitioners as “reckless,” and its consequences as “dangerous” (Ofshe and Watters 1993). Insiders have responded to these charges by attempting to distinguish between competent therapists (themselves) and “others.” Yapko (1994b) is “disheartened” by “some psychotherapists’ arbitrary beliefs about symptoms and memories,” and Gravitz (1994) suggests that “higher admission standards” for training programs in hypnotherapy and “more rigorous criteria” for admission to scientific meetings should be implemented. In the meantime, Gravitz encourages “responsible scientists and professionals” to “decline to participate in programs where unqualified persons are allowed to attend” (1994, 181).

This advice to raise admission standards to exclude those who are thought to be contaminating the profession is both cause and consequence of devaluing women and other therapists who adopt a feminine style. Indeed, this movement to (further) “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.¹⁰

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, flight attendants, social workers, and prostitutes, personal caregiving is inextricably intertwined with carrying out 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 non- or unprofessional. The lines currently being drawn in the psychological community over the issue of false memories reflect this logic: pure psychological theory is pitted against messy clinical practice; dispassionate experimental research is used to criticize compassionate therapeutic relationships; and objective experts testify about subjective memories.

Elizabeth Loftus, who has served as an expert witness for the defense in several cases centering on eyewitness memories, 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” (Loftus and Ketcham 1991, 278). In light of these professional norms—aspired to by individual women yet not very woman-friendly—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 “disciplinary” boundaries (in Foucault’s sense) 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 (McHugh 1993). This is the poster child for (bourgeois, white) feminism. Women who fit this description are women who have “made it” according to our (perhaps dubious, but nonetheless operative) cultural norms of success. The notion, disseminated by the false memory movement, that these women are also most likely 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 “monstrous” to, and responsible for the breakdown of, their families (Ofshe and Watters 1993, 4, 11).

Feminism is also more explicitly blamed for the phenomenon of (allegedly) false memories. Ofshe and Watters, for example, claim that “broad concerns about child protection and feminist thought have contributed to” and “provide the muscle behind” the institutionalization of recovered memory therapy (1993, 11). In an interesting but disturbing reversal, the false memory movement has depicted feminists and child advocates as creating a “hysterical” cultural climate akin to that present during the Salem witchhunts (Gravitz 1994, 181; Loftus 1991, 141-42; Ofshe and Watters 1993, 13-14; Selkin 1991, chapter 1; McHugh, quoted in Terr 1994, 161). The import of this analogy is clear: feminism is a dogmatic religion, psychotherapy is brainwashing, children’s and adults’ testimony of abuse is confabulated, and the accused are innocent victims of a modern-day inquisition.

In short, the dissemination of the ideas of the FMSF among the general populace simultaneously (re)marginalizes the biologically female, the culturally feminine, and the politically feminist. Those ideas, therefore, clearly require a feminist response. Yet it is too facile, and ultimately unpersuasive, simply to denounce or deconstruct those views. Despite the conservative rhetoric of the false memory movement, empirical 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.

PHILOSOPHERS AND THE POSSIBILITY OF FALSE MEMORY

While feminists have good reason to be concerned by the false memory movement, philosophers have good reason to be concerned about the recovered memory movement. Recovered memory therapy raises a host of philosophical issues concerning the conceptual coherence, empirical plausibility, and verifiability or falsifiability of therapeutic models of memory; the ethics of therapeutic practice; and the reliability and utility of therapeutic methods. In the present context, the most vexing philosophical questions are epistemological ones (although, as we shall see, these cannot be completely disentangled from ontological, methodological, and ethical questions).

Philosophical skepticism concerning retrieved trauma memories has been motivated largely by experimental evidence documenting the ease of pseudo-memory creation.¹¹ While the extent to which the Loftus experiments apply to the present issue may be questioned, they, together with the Perry experiments, suggest that we might want to be wary of memories retrieved by means of guided hypnosis and related therapeutic techniques. At least some anecdotal evidence, moreover, suggests that (partially or entirely) false trauma memories may occur.

In addition to the current “recanters’” stories circulated in the popular media, there are verifiable accounts of children who (mis)recall witnessing traumatic events at which they were not present.¹² For example, Terr tells of a child, Winnie, who remembered “seeing” her older sister eviscerated in a freak accident in a swimming pool, when, in reality, she had heard the story from her other siblings who were present (Terr 1994, 162-63). Terr also describes Anne, a client whose adult daughter, Viveca, while in therapy “remembered” her grandfather, Anne’s father, sexually assaulting her, “standing at her feet and putting something painful into her vagina.” Anne was unable to believe this, given her own childhood recollections of her father as “benignly uninterested” in her. On further investigation into the daughter’s history, it was revealed that Viveca, at three years old, had (traumatic) urological surgery performed on her by a physician who bore a striking resemblance to Viveca’s grandfather (Terr 1994, 162). These two anecdotes demonstrate two different types of false memory. Winnie falsely thought she remembered a true incident, while Viveca truly remembered a falsely reconstructed incident.

Piaget provides a personal anecdote that is false in both of these ways: At two years old, Piaget overheard his governess tell his family that someone had tried to kidnap him and that she had rescued him. Thirteen years later, the governess recanted. She had concocted the entire story to impress the wealthy family. Piaget claims that, before discovering that the story was wholly false, he had a clear and exceptionally detailed “memory” of this nonexistent traumatic event (Piaget 1951).

If we admit, in light of such examples, that false memories are possible, the central question becomes: How do we (indeed, can we) distinguish false memories from true ones? Closely related to this question are questions concerning the meaning of truth, the nature of epistemic justification and evidential criteria. What does it mean to say that a memory is or is not true? When and why are we justified in accepting the testimony of memory? What evidence is relevant to ascertaining the truth of a memory report?

Many philosophers (for example, Aristotle, Locke, Moore, Russell, the early Wittgenstein, and J. L. Austin) have contended that truth consists of a correspondence between statements and features of the actual world. Although neither philosophical nor operational definitions of truth are explicitly stated in the therapeutic literature, many recovered memory therapists appear implicitly to embrace this notion of truth as correspondence. According to this theory, a memory report accurately represents how the world was by virtue of corresponding to actual historical events. According to Judith Herman, for example, the therapeutic memory retrieval process involves arranging memory fragments as “recitations of fact” by filling in the “missing historical details and contexts” (1992, 177). Like Locke and others, moreover, some recovered memory therapists appear to adopt an account of correspondence as a literal “picturing” or “mirroring” of the world by memory reports. Certainly, the depiction of surfacing trauma memories as “flashbacks” implies such an account. Unfortunately, recovered memory therapists adhering to this view of truth as correspondence seem unaware of the notorious difficulties involved in joining such an account of truth to a claim to knowledge. As contemporary philosophers have pointed out (Barwell 1994; Fiumara 1994; Rorty 1980), claims to know that a statement mirrors reality appear to presuppose some God’s-eye view from which to compare the statement with the way the world is (or was). But such a disembodied, transcendent vantage point is humanly unattainable. How, then, can we be justified in believing that memories faithfully depict historical reality?

One strategy for justifying belief in women’s testimony of childhood abuse takes the form of an inference to the best explanation. This appears to be the justificatory strategy recommended by therapist Alice Miller, who claims that “inventing traumas is absurd” because human nature is such that people will always avoid pain rather than seek it (1990, 73). It also appears to be the implicit strategy adopted by Herman, who agrees that “survivors hate getting their memories back and cling to their doubts long past the point where any impartial witness would be convinced. . . . Survivors want to believe [that abuse occurred] least of all” (quoted in Elliot 1994, 13). Trauma memories, it is suggested here, admit to only two explanations. As therapists explain them, they are the involuntary product of actual historical events that took place. As the FMSF explains them, they are the voluntary product of psychic invention. The latter explanation is ludicrous,

because no one would deliberately subject herself to unnecessary pain. Ergo, the former explanation must be the true one.

Unfortunately, this line of reasoning has several flaws. First, as clinical practice itself reveals, human beings do sometimes inflict pain on themselves. The *Diagnostic and Statistical Manual* of the American Psychiatric Association lists numerous pathologies (for example, masochism, eating disorders, alcoholism) in which subjects routinely engage in behaviors that are self-destructive. To be sure, therapists often explain these behaviors as attempts to escape painful or traumatic situations. The pathology, in these accounts, is no mere psychic invention but is generated by external causes. Thus, it might be argued that a client's symptoms (including her beliefs) correspond, in some sense, to features of the actual world. But clearly the correspondence asserted here cannot be analyzed as a simple picturing or mirroring relation. The subject's beliefs are, after all, distorted. The anorectic's belief that she is overweight, for example, misrepresents certain observable features of reality (the actual size and weight of her body).¹³ The correspondence asserted here is a causal relation. The subject's distorted beliefs can be explained as originating in certain events and features of the external world. For example, the anorectic's beliefs and behaviors might have origins in childhood sexual abuse and, in this sense, "reflect" a history of sexual abuse. But effects do not literally mirror causes. Thus, even if we assume, along with Miller and Herman, that trauma memories are best *explained* as the result of certain historical events, we are not entitled to make the further assumption that the memories *mirror* their historical causes. Yet without this further assumption, Miller's and Herman's argument against the false memory movement fails to be persuasive.

While it is indeed difficult, as recovered memory therapists contend, to imagine anyone wanting to invent a trauma memory, this observation largely misses the mark, because those who are skeptical of recovered memory therapy rarely contend that confabulations are voluntary psychic inventions.¹⁴ The FMSF, as we have seen, depicts recovered memory therapy clients as the unwitting victims of therapy gone awry. According to the skeptics, pseudomemories of childhood abuse are created for the client (without her knowledge) by the therapist—aided and abetted by other feminists. Thus, the false memory movement, like recovered memory movement, provides a material and historical explanation for the painful recollections of sexual abuse. The issue is therefore misrepresented as a choice between viewing the bearer of abuse memories as voluntarily self-deceived or involuntarily suffering from past events. What is at issue here is which events in her past best explain her present unwelcome suffering.¹⁵

One factor that motivates the acceptance of the therapeutic explanation of trauma memories is the confidence with which most clients of recovered memory therapy relate their recollections of abuse (Weekes et al. 1992). The images clients access through guided fantasy, hypnosis, or some other therapeu-

tic technique are often forceful, vivid, detailed, and accompanied by a sense of familiarity. Indeed, it is partly these marks of trustworthiness that lead clients to feel subjectively certain that their mental images, thoughts, and feelings depict (mirror) actual, material episodes in their autobiographical past; and it is the clients' subjective certitude that, in turn, leads therapists, as well as jurors and judges, to believe their narratives.¹⁶ This reasoning reflects a longstanding philosophical assumption that memories can be distinguished from non-memories by introspection. Hume, for example, claimed that remembered events could be differentiated from imagined events by their greater "force and vivacity." James claimed that various thoughts could be referred to one's autobiographical past insofar as they were accompanied by feelings of "warmth and intimacy." And Russell likewise suggested that the accuracy of memories was connoted by "feelings of familiarity"—feelings that lead one to "trust" the images.

Recovered memory therapists, as well as many lay believers who inherit these philosophical assumptions, may implicitly adopt a foundationalist epistemology. In their most radical versions, both recovered memory theory and folk theory about memories suggest that memories (when characterized by features such as forcefulness, clarity, vivacity, or familiarity) are indubitable and therefore guarantee the truth of beliefs about the past. Clearly, though, memories come with no such guarantee. As both empirical and anecdotal evidence for pseudomemories indicates, subjective certitude concerning memories entails neither their objective status as memories nor the objective truth of what is remembered. Although introspectable features of mental states may facilitate a distinction between ostensible memories and imaginings, such features will not tell which ostensible memories are veridical; that is, which memories correspond to or mirror historical reality. Therefore, introspective evidence cannot serve as a foundation to ensure the indubitability of the testimony of memory.

A more modest and plausible version of foundationalism with regard to memory admits this, but suggests that memory is nevertheless a reliable causal origin for beliefs about the past (Moser and vander Nat 1995). The justification of beliefs about the past is, in this account, a function of the reliability of belief-forming processes (most notably the reliability of memories, but also the reliability of perceptions and introspections). As C. A. J. Coady claims, these processes are largely truth-conducive insofar as they tend to produce true rather than false beliefs. Therefore most testimony based on these processes is indeed reliable, and therapists are justified in believing what clients tell them, unless they have some specific reason to think that the truth may be jeopardized in a particular case (1992, 145). The difficulty with invoking such a reliabilist theory here, however, is that it begs the question raised by experimental and anecdotal accounts of false memory. While memory may be a reliable source of beliefs about the past under most circumstances, the issue at

the heart of the current debate is whether or not the memory retrieval processes used in therapy are actually truth-conducive.

Those who believe that therapeutic techniques are truth-conducive (or at least not error-producing) base their beliefs on a specific philosophical model of memory. The assumption that trauma memories cannot be confabulated stems from the assumption that the human mind passively records and stores everything perceived. This “storehouse” theory of memory, together with a theory of perception as the passive reception of sense impressions, is what led many classical philosophers (most notably Locke) to believe that memory was a reliable source of knowledge about the world.¹⁷ As Ofshe and Watters note, it is the assumption that the mind records and stores all of its perceptions that makes it

reasonable to presume that minutely detailed recollections of the remote past are feasible. . . . Freud’s ideas about psychological processes influencing recall—what is remembered, distorted, forgotten, or repressed—all rely on this assumption. He also assumed that absent any adverse psychological influences, all information should be available to be accurately recalled—in present-day terms, it should be played back as if it had been recorded on a video camcorder.(1993, 6)¹⁸

Experiments illustrating pseudomemory creation challenge this videotape theory of memory by suggesting that memory is active, not passive, and therefore reconstructive, not (simply) reproductive.¹⁹ Such experiments strongly suggest, therefore, that we should abandon the notion that memories reliably mirror events of the past.

Perhaps, however, we can justify our belief in recovered memory claims by adopting a different definition of truth than that offered by classical philosophy. According to Barclay and DeCooke (1988), literary autobiographies are truthful insofar as the allegories they include contain integrity, but are misread as “mirroring” an author’s actual life experiences. Therefore it would be naive to interpret an autobiographical novel as a factual historical document. Likewise, they suggest, it may be a mistake to interpret autobiographical memory as a literally true record of the historical past. Autobiographical memory, like literary autobiography, may be a constructive (and reconstructive) process by which the events of daily life are condensed, “extracting those features that embrace and maintain meaning in one’s self-knowledge system” (1988, 92). Seemingly unrelated episodic memories, in turn, serve as examples of “generalized life experiences” further “conveying one’s sense of self” to oneself and others.²⁰ Accuracies and inaccuracies in one’s memories, in this account, will result largely from judgments about what could or should have happened in one’s life.²¹ They do not necessarily result from privileged or immediate access to “event representation isomorphic with the way in which events actually

occurred" (121).²² In what sense, then, might these memories be true? And what justifies believing them?

In the constructivist theory of memory, the realist notion of truth as correspondence to the world may be (although, it need not be) replaced with an idealist conception of truth as narrative coherence.²³ This appears to be the implicit philosophical recommendation of therapists such as Spence (1982) who suggests that subjective reports tell their own kind of truth (namely, "narrative truth"), whether or not they are compatible with the historical record. Similarly, Schwaber claims that therapists should concentrate on the client's perception of reality, refraining from judging what is misperceived, misremembered, or otherwise distorted, because "the only truth we can seek is the client's psychic truth—of the past or of the present" (1986, 930). In this view, one's beliefs about the past are subjectively true insofar as they contribute to (or at least do not detract from) the construction of a coherent narrative for one's life.

Because it is plausible, according to the constructivist theory of memory, to suggest that memories containing subjective truth may fail to correspond to factual events, some clinicians have suggested that memory therapy—like dream therapy—is valuable whether or not memories retrieved by a client mirror states of affairs that obtained in the historical past. Thus Briere suggests that therapists should put aside questions concerning the "real facts" and treat adult reports of childhood abuse as if they are true, just as "in other areas of psychotherapy, it is often benignly assumed that clients' reports of past events—although frequently distorted by defenses and previous experiences—are essentially true" (1989, 53). Briere supports his recommendation for "as if" treatment by utilitarian reasoning.

Although little harm may come from accepting a distorted or technically false disclosure, much damage can be done by a trusted therapist who disagrees with a client about injurious experiences that have actually transpired. (1989, 54)

Similarly, Lynn and Nash (1994) state "clinical utility may have nothing to do with uncovering the truth about the client's past" (203-4). In general, as Good (1992) notes, obtaining external evidence to distinguish real from fantasized events has been considered clinically unnecessary and ineffective (97). In the present context, however, this position with regard to reality is troubling. This is because, in the present context, it is possible for a great deal of private and public harm to result from treating memories that fail to correspond to facts "as if" they did.

The harm that may result from a therapist's uncritical acceptance of a client's uncorroborated trauma memories includes harm to the client, her family and friends, the therapist, the field of psychotherapy and the true victims of abuse.²⁴ Given the recent trend toward urging abuse victims to

confront (and sometimes sue) their abusers, therapists need to concern themselves with the objective (historical), as well as subjective (psychic) truth of clients' recovered memories. While uncovering the historical facts is no easy matter, therapists need to keep in mind that in forensic situations, "it can and does matter whether [they] pursue false leads, and whether [they] base [their] interpretations and conclusions about clients on real events or historical fictions" (Lynn and Nash 1994, 204). If a confabulated memory is made the basis for a public accusation, it could lead to irreparable harm to the lives and reputations of innocent people (Loftus 1993, 534). Family and friends of the accused and the accuser will also suffer significant emotional and social upheaval.

Therapists themselves may also suffer harm. If memories of childhood abuse are subsequently disconfirmed, therapists maybe sued or charged with ethics violations, charges that have been successfully pressed in some states (Loftus 1995).²⁵ The harm caused by such charges may extend beyond those who behave irresponsibly, casting suspicion on all recovered memory therapists and other psychoanalytic practitioners, as well as on psychoanalysis itself.

Additionally, there is the backlash against feminists, victim advocates, and ultimately, the victims themselves. As Loftus suggests, one "tragic risk" of uncritically accepting all accusations based on recovered memories (including those that are extremely dubious) is that it may cause harm to the true victims of abuse: "society in general will disbelieve the genuine cases of childhood sexual abuse that truly deserve our sustained attention" (1993, 534). No matter how sincerely offered or internally coherent it may be, a subject's testimony of ritualistic abuse by space aliens cannot be treated "as if" it were true without undermining the credibility of the entire anti-abuse movement.²⁶

Finally, although this is too often overlooked, the uncritical acceptance of a client's false memory of abuse may result in harm to the client herself, even if the memory is never made public. This potential harm is illustrated by Good's case study of Mrs. E., who falsely believed that she had been clitoridectomized as a child. Mrs. E.'s psychic reality "demonstrably failed to fit the facts," and her case illustrates the clinical relevance of distinguishing between "historical (actual, material) truth" and "narrative (intrapsychic) truth" (Good 1992, 79).

Mrs. E., fifty-one years old, was referred to therapy by her internist because of anxiety, frequent difficulty in speaking, and occasional difficulty in swallowing, symptoms for which her internist could find no physiological basis. Her anxiety concerning speaking on the telephone was beginning to interfere with her ability to perform at work, and she feared that she might lose her job. Mrs. E. also sought improvement in her sexual relations with her husband. In therapy, Mrs. E. described a childhood in which her mother censured her for using "forbidden words" and forced her to wear an antimasturbatory device. She also recalled being taken to a doctor who removed her "little penis" at age

five. Good reports, at first, responding to these recollections with shock and dismay: “her affectively charged description sounded credible, albeit astonishing. At no time did she express doubt about her memories, which she related with conviction” (1992, 86). As therapy proceeded, however, Good began to wonder if Mrs. E. had ever spoken with her gynecologist about the operation. When Mrs. E. said she and her doctor had never discussed it, Good began to wonder “what had actually happened” (89). He suggested that she discuss the matter with her gynecologist, which Mrs. E. initially resisted but eventually did—finding out, to her surprise, that she was anatomically normal. As with Terr’s interpretation of Viveca’s false memories, Good interpreted Mrs. E.’s memory of clitoridectomy as a result of a child’s (explicitly) fearful misinterpretation of a medical appointment, in this case a gynecological exam, probably scheduled by her mother in response to her masturbation and experienced by the child as traumatic punishment. On realizing that she was genetically intact, Mrs. E. experienced “catharsis” and an immediate and sustained decrease in the symptoms that had brought her into therapy, along with increased marital satisfaction.²⁷

Mrs. E.’s case illustrates how the acceptance of false trauma memories may act as “screen memories” that divert clients from actual childhood trauma and thereby lead to false diagnoses and sidetrack therapy (Glover 1929; Good 1992; Lynn and Nash 1994; Ross 1989; Sandler 1967). As Ross suggests, accepting falsehoods as literal truths may result in a “conspiracy of ignorance in which both the helper and the helped erroneously believe in the achievement of their common goal” (1989, 354). Clients may be harmed in a variety of other ways by accepting such memories. These include depletion of their financial resources and estrangement from their family and friends (Ofshe and Watters 1993), inability to enjoy the present or plan for the future (Bloom 1994), and even suicide (Loftus 1993, Loftus and Ketcham 1994).

While serious personal and political consequences may flow from misinterpreting real memories of abuse as mere fantasies, serious personal and political consequences may also flow from misinterpreting imagined abuse as accurately remembered. This suggests that therapists should not adopt a cavalier attitude toward objective truth or falsity of abuse memories. In many instances, permitting their client’s subjective truth to go unchallenged may be detrimental to their client and others. In such cases, therapists ought to seek (or encourage their client to seek) evidence relating to the client’s interpretation of trauma memories.

EVIDENTIAL CONSIDERATIONS

The obvious difficulty for therapists concerned with evidential considerations is the potential role conflict engendered by searching for evidence.

Kuehnle (1995) sums up the mental health profession's division of labor as follows:

The mental health professional's role of therapist or forensic evaluator must be identified. Therapist and forensic evaluator roles *should not be engaged in by the same professional*. The professional should perform only the tasks of the specific role identified. (2, emphasis mine)

This imperative stems from considerations pertaining to the respective aims, methods, and attitudes appropriate to each professional role. According to Kuehnle, forensic evaluators "must act as scientists," as "impartial objective fact finders," whereas therapists "adopt an advocacy role." Thus, when "therapy becomes blurred with investigation," both roles are jeopardized (1995, 2).

Therapists can seek evidence pertaining to their clients' abuse recollections without adopting the role of "forensic evaluator," however, and thereby avoid jeopardizing their advocacy role. Insofar as empirical evidence may bear on a therapist's ability to make appropriate treatment decisions for (or with) her client, the therapist's ability to function as a client advocate may depend on uncovering relevant evidence. As a client advocate, however, the therapist needs to seek evidence in a framework of cooperation with and sympathy for her client. Therefore, she cannot adopt the adversarial scientific method of hypothesis testing, which would attempt to falsify her client's abuse claims. The therapist might, however, adopt an advocate's method of corroborating testimony by gathering supporting evidence. Searching for evidence that supports her client's version of events would remain consistent with the therapeutic stance of sympathy and credulity necessary for clinical effectiveness, while demonstrating openness to the possibility of misleading memories. The relevant evidence here, suggested by some therapists themselves, includes three types: evidence arising from the client's testimony, evidence about the client, and evidence pertaining to the event remembered. Unfortunately, none of these types of evidence is likely to be conclusive. Therefore, while a combination of such evidence may satisfy the therapist that her client's testimony is true, the presentation of such evidence is unlikely to convince the skeptic. The search for evidence may be required, nevertheless, for epistemic responsibility—even when such evidence is inconclusive.

Evidence concerning the client's narrative includes the results of polygraph exams and voice stress tests (McHugh 1993; Loftus and Ketcham 1991) as well as close scrutiny of testimony for its clarity and internal consistency (Loftus and Ketcham 1991; Terr 1994, 159). Neither passing lie detector tests nor providing clear and coherent testimony, however, provides conclusive proof that a client's memories are an accurate record of the past. Pseudomemories are often related with great confidence and therefore are unlikely to be accompa-

nied by vocal or other bodily signs that might accompany the stress of lying. Similarly pseudomemories, such as Piaget's memories of being kidnapped or experimental subjects' memories of being lost, may be recounted in vivid detail. The internal consistency of testimony, furthermore, is compatible with inaccuracies in its content. Misremembering a stop sign as a yield sign or urological surgery as rape may not result in any discernible inconsistencies in the content of the overall testimony. Utilizing consistency of testimony as evidence for its truth, moreover, is questionable insofar as inconsistency may also count as evidence supporting the truth of trauma memories. As Briere reminds us, inconsistency in actual survivors' memories is common (1989, 53).²⁸

Evidence pertaining to the client herself includes again three types of evidence: evidence concerning the client's childhood, evidence arising out of the client's (nonverbal) behavior, and evidence relating to the client's present psychological profile. McHugh (1993) suggests that it may be important to locate pediatrician's reports, school attendance records, and grade records, to confirm or disconfirm the existence of childhood trauma. Aside from the difficulties of locating such materials decades later, however, this evidence entails problems in interpretation. McHugh implies that overall health and grade school success may be correlated with the absence of abuse, but there is little reason to assume that academic success conveys a happy childhood. For a child who is abused at home, school may be a safe and pleasant place. Conversely, academic failure has multiple causes and we cannot assume that poor attendance or grades imply sexual victimization. Insofar as such reports can be taken to corroborate a client's memory of abuse, moreover, they will not corroborate the client's memory of who abused them. As Viveca's case illustrates, real trauma memories may include misidentifications of the perpetrator or his motivation.

What about the client's current observable behavior? Many therapists have suggested that a client's body language may be important to confirming her memory reports (Briere 1989; Kandel and Kandel 1994; Miller 1990, 1991; Terr 1994). That body language may convey implicit knowledge of abuse is vividly illustrated in the Franklin case, recounted by Terr (1994). Eileen Franklin Lipsker, who as a child witnessed her father, George Franklin, Sr., rape and murder her best friend, Susan Nason, did not explicitly recall this traumatic episode until many years later, when she had a child of the same age. For years, however, Eileen pulled out the hair in her head (often until it bled), leaving a round bald spot in exactly the same location that her father had hit and killed Susan with a rock. (The location of Susan's mortal wound was confirmed by reference to the autopsy report, Terr 1994, chap. 2).²⁹

This is a compelling story. Yet its application to the present issue is difficult. Therapists have suggested that trauma victims will exhibit a suggestive array of signs and behavioral symptoms, which can be used to confirm their memory

reports. The syndrome as defined is both vague and open-ended, however; it includes, among other things, insomnia, weight loss, headaches, stomach-aches, dizziness, anxiety attacks, difficulty breathing, and both low and high sex drive (Briere 1989, appendix 2). None of these physiological difficulties or behaviors is trauma-specific (many nonabused persons may exhibit one or more of these symptoms, and many abused persons could fail to exhibit any of these symptoms). A convergence of these signs and symptoms, moreover, can be taken to corroborate reports of childhood sexual abuse, only insofar as there is reason to believe that the symptoms are the effect of abuse itself, rather than the effect of belief that such abuse occurred. If suggestible (but nonabused) clients may develop the signs of abuse suggested to them by their therapist, then those signs and symptoms cannot be used to distinguish between true and falsely suggested memories.³⁰

These considerations suggest that it may be important to examine the client's psychological profile in determining the veracity of her memories. According to the literature on childhood sexual abuse, incest victims often cope with the unpredictability of their situation by attempting to please their abuser. In addition, children who cannot escape their abuser physically are apt to develop coping mechanisms that enable psychological avoidance. Such mechanisms may include imagination and fantasy, or even self-hypnosis and dissociation. Therapists, therefore, may interpret a client's eagerness to please or her tendency to fantasize or dissociate as evidence of a history of childhood abuse. The experimental research, however, as we have seen, reveals subjects of pseudomemories to be highly hypnotizable, imaginative, fantasy prone, suggestible, task-motivated, and eager to please others (including their therapists). Thus, it is inherently difficult to utilize these criteria to determine the truth of a client's narrative.

This Catch-22 was explicated by psychiatrist David Spiegel, who testified for the defense at the Franklin trial. As Terr, a witness for the prosecution, recounts, Spiegel testified as follows:

A child exposed to horrors such as a father-assisted rape and murder would have had to hypnotize herself and then sequester her mental processes into a separate kind of consciousness in order to handle the traumatic circumstances [Eileen] reported. . . . Once she had dissociated, however, she would not have later been able to produce a particularly accurate recollection of the trauma. . . . She would also be highly suggestible as an adult, because those who can self-hypnotize are almost always too easily influenced by others. (Terr 1994, 57)

Spiegel concluded that Eileen's testimony was inherently unreliable. And clearly, by implication, he was suggesting that the testimony of any trauma survivor is suspect. A similar problem arises for other potential corroborating

evidence for childhood sexual abuse. The diagnostic profile of trauma victims often includes a history of drug and alcohol abuse disorders, for example (Bass and Davis 1988; Briere 1989; Walker 1994). But these mechanisms of psychological avoidance, like those considered above, while linked to a potential abuse history, simultaneously give rise to skepticism concerning the reliability of a client's memory. Therefore, it is difficult to utilize such aspects of a client's psychological profile as unequivocal corroborating evidence for her testimony.

The third general type of evidence that might be used to corroborate a memory report is evidence (independent of the client's testimony) pertaining to the event recalled. Relevant evidence here may include news reports (or other public records of events) and the testimony of other potential witnesses to the events recounted by the client. The difficulty in using public records to corroborate a client's memory is twofold. First, while evidence pertaining to kidnappings and murders may be publicly recorded, little or no public evidence may pertain to previously unreported sexual assault. Second, when relevant public records do exist, it is always possible that the client has seen or read these records and (falsely) incorporated them into her memory.³¹ This once again constitutes an evidential paradox. To the extent that the client'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.

McHugh (1993) discusses the memories of other potential witnesses as a source of external evidence pertaining to the veracity of a trauma memory. This evidence is also difficult to interpret. Relatives of a client who recalls incest will either remember things that corroborate the client's memory, or they will not. Their lack of corroborating memories clearly will not disprove the accusation, because the events may have taken place without their knowing. Sexual abuse almost always occurs in the absence of witnesses. Therefore, holding women up to public standards of evidence will effectively silence them about abuse in the private sphere.³² Even where other family members have direct or indirect reason to suspect abuse occurred, furthermore, they (like the victim herself) may have powerful psychological reasons for repressing their suspicions. Conversely, corroborating memory reports will not confirm the existence of past abuse, either. Just as the original accuser's memory is malleable (which is why we are seeking confirmation in the first place), so, too, are the memories of those others. Concern about the trustworthiness of, for example, a sibling's memory may be especially acute if she has been exposed to and potentially influenced by her sister's accusations or her parents' denials.

In sum, the veracity of a trauma memory may often be underdetermined by the available evidence. The phenomenological data will seldom tell whether a recovered memory is true or false. Gathering external evidence, although useful, may be of limited help, first, because of the paucity of external evidence

relating to putative adult memories of childhood abuse and second, because of the difficulty of providing an unequivocal interpretation of the evidence that is available. Recovered memory claims thus confront the philosopher with a host of vexing epistemological problems that can lead quickly to skepticism.³³

FEMINIST PHILOSOPHY ON THE FALSE MEMORY QUESTION

A feminist analysis of false memories will explain both how and why false memory syndrome came into being and what personal and political ramifications its existence entails. A feminist analysis formulated without special concern for developing a coherent epistemology, however, may fail to offer criteria for distinguishing between true and false memories. Indeed, in some extreme cases, feminists—with nonphilosophical tasks at hand—may even reject the idea that such criteria are necessary, claiming that we should simply believe all abuse accusations. A philosophical analysis of recovered memories will recognize both the importance and the difficulty of ascertaining when a memory is true, and may even attempt to formulate tentative criteria for distinguishing between true and false memories. It will, however, most probably conclude that certainty with regard to the veracity of memory is unattainable. Philosophers (and scientists) without special concern for developing a feminist praxis will ignore the social context in which such doubts are voiced, and thereby will also ignore the political import of their own ultimate skepticism. This problem suggests the need for an account of false memories that engages simultaneously with the epistemological grounds for, and the political ramifications of, doubt concerning the veracity of recovered trauma memories. This need is filled by bringing a feminist philosophical viewpoint to the issue of false memories; a viewpoint that recognizes the gendered politics of knowledge. The following is a sketch of such an account.

Feminist philosophy, while far from homogeneous, is characterized by several recurring and interlocking themes. Among those that are relevant to this discussion are the imperative to attend to contexts of epistemic discovery and justification; a related emphasis on the subjective and intersubjective elements of knowing and the situatedness of knowers; the attendant notion that all knowledge is theory and value-laden; and the subsequent attempt to re-evaluate and reformulate traditional notions of objectivity. A fifth theme, and a central thread of the following discussion, is the feminist philosophical claim that an adequate epistemology must include a normative account of epistemic responsibility. Other themes that apply to the present issue but remain outside the primary focus here include attempts to broaden epistemic paradigms to include nonpropositional and nonverbal knowing; the depiction of emotions as a source of, rather than a barrier to, cognitive insight; and the suggestion that knowing should be analyzed as a creative and dynamic process rather than

a finished and static product. A full reconstruction of the debates over false and recovered abuse memories would need to develop these themes more fully than is possible in this essay.

The emphasis on the actual process of epistemic discovery differentiates feminist philosophy from traditional philosophy, which has focused primarily on the idealized logic of justification (Alcoff and Potter 1993; Lennon and Whitford 1994). This emphasis has enabled feminist philosophers to make visible the variety of extraphilosophical and extrascientific considerations that may influence the choice of research projects and, related to this, the normative assumptions that may underlie specific formulations of questions and hypotheses. Certainly, as feminists, feminist philosophers need to challenge the notion that experimental psychologists are impartial witnesses to the phenomenon of false memories. As suggested earlier, the false memory movement represents a backlash against women, both individually and collectively, as persons, professionals, and political activists. The proliferation of empirical research on false memories needs to be understood in the context of the interpersonal relations that precipitate the formation of institutions such as the False Memory Syndrome Foundation, and the political and cultural climate that this sort of institution and its media followers create (see Addelson 1993).

The selective interpretation and use of empirical research results also needs to be understood in this cultural context. The assumption that Loftus's research results conclusively demonstrate the possibility and, in some interpretations, the probability of widespread and systematically false memories of childhood sexual abuse makes sense only in a context in which people are already predisposed to disbelieve sexual abuse reports. Similar considerations pertain to the selective application of pseudomemory research. 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.³⁴ One wonders why, for that matter, research demonstrating the malleability of human memory is not used in the debates under consideration to explain the apparently sincere testimony of some men who deny accusations of sexual abuse and those who corroborate their denials. If the malleability of memory is a *human* phenomenon, then how does “false memory syndrome” become a *women's* disease? Clearly a political analysis of patriarchy is needed to understand the prevailing applications and interpretations, as well as the origins, of the present scientific research on memory. In addition to analyzing how gender hierarchies affect the choice and use of scientific research projects, a feminist philosophical analysis of the present issue also needs to address how race, class, and other hierarchies are implicated as contextual variables guiding the present debates. As Alcoff and Potter suggest,

gender hierarchies are not the only ones that influence the production of knowledge. Cognitive authority is usually associated with a cluster of markings that involve not only gender but also race, class, sexuality, culture, and age. Moreover . . . gender as a category of analysis cannot be abstracted from a particular context while other factors are held stable. (1993, 3)

False memories of childhood abuse are not, after all, depicted simply as a (or any) woman's problem, but more specifically depicted as a widespread problem for (primarily) *young, white, middle-class* women. To understand why this might be so, an analysis is needed of the ways age, race, and class (as well as other potential variables, such as sexual preference) intersect the therapeutic, psychiatric, and social service communities.³⁵ Stereotypes pertaining to age, ethnicity, and poverty may serve to devalue the testimony of marginalized women, independently of any false memory explanations, thereby rendering false memory diagnoses unnecessary for silencing their voices. On the other hand, the factors of race, ethnicity, and poverty may, despite a variety of cultural mechanisms for devaluing that testimony, help reduce the attendant skepticism regarding sexual abuse accusations. In the current debates over the credibility of white professional women's testimony, the erasure of "other" women's voices is overdetermined. Women of color, 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. Some women may also be concerned that their testimony, if it is believed, could be used to strengthen already prevalent negative stereotypes of families of color, poor families, and rural families. To raise these issues regarding the social, cultural, and political context of discovery is to gain critical perspective on both the false memory movement and the recovered memory movement. This is crucial if we are to reframe, rather than simply describe and take sides in, the current bipolar debate.

While some philosophers (Quine 1969; Rorty 1980) have attempted to reduce philosophical questions of justification to sociological questions concerning the social construction of knowledge, this is not, and should not be, part of the feminist philosophical project. An account that would reduce epistemology to a description of current epistemic practices leaves no space for feminists to provide a normative critique of those practices or a normative vision of more adequate practices. As Tanesini suggests,

What we do when we do epistemology is to create new norms. Feminists should not abandon this normative enterprise in favor of describing current practices; what we should do is engage in the production of new and progressive epistemic norms. (1994, 214)

Although epistemic norms such as “knowledge” and “justification” may arise out of certain describable justificatory practices, these norms are not static but subject to revision. Rather than simply abandoning or deconstructing epistemological endeavors, therefore, we should instead re-envision epistemology as a site where negotiation over disputed practices and concepts takes place (Tanesini 1994).

As both naturalized epistemologists and feminist philosophers have pointed out, traditional epistemology has largely presumed that standards of justification are universal and can be established a priori without considering the motivations, roles, and purposes of the would-be knower. In raising issues concerning the social contexts of knowledge production, both have challenged the ideal of “an Archimedean point where a universal knower can stand and see the world without perspective,” arguing that knowledge inevitably bears the marks of its producers (Lennon and Whitford 1994, 3). This recognition of the subjective element in knowing does not necessitate abandoning normative epistemic endeavors, but it does require evaluating knowledge claims in light of subjective and intersubjective concerns. As feminist philosophers have argued, methods and standards of justification are relative to what specific, embodied knowers want or need to know (Alcoff and Potter 1993).

The problem with global skepticism about women’s recovered memories of abuse rests not only in its misogynistic consequences, but also in its philosophical failure to recognize that evidential requirements vary according to types and goals of enquiry. In an attempt to achieve reconciliation between the therapeutic and scientific communities, Berliner and Loftus (1992) note this, suggesting that standards of justification are relative to the context (which includes the purposes) of justification. The normative practice of giving reasons for belief, like the social practices of formulating questions and testing hypotheses, occurs in a context. Thus, “who we choose to believe is not strictly a scientific process; it is in some ways a leap of faith” (1992, 573). Such leaps of faith may be related to the specific relationship the subject of knowledge has to one or more of the parties in the debate. Hence, “therapists are trained to basically accept clients’ versions of events,” while “lawyers must act as advocates” for their clients (either the complainant or the accused). Unlike both therapists and lawyers, juries and judges may have “minimal exposure to both parties” and, therefore, simply need to “operate within the rules of evidence” (573-74).

Certainly it is important to recognize that evidential requirements, or standards of justification, are context-relative. We seldom require friends, for example, to provide us with evidence of their experiences other than their first-person testimonials, and with good reason. Most friendships would deteriorate rapidly if Cartesian standards of indubitability were regularly applied to conversational narratives. Analogously, therapists have good reasons for

approaching their clients' narratives with sympathy rather than incredulity; therapeutic relationships would be undermined by therapeutic insistence on criminal legal standards of indubitability. As James (1948) suggests, the Cartesian fear of error and subsequent suspension of belief may be positively irrational in certain contexts. If we are motivated by a desire for truth, it may be rational to believe on the basis of evidence that falls short of logical proof. We should proceed cautiously, nevertheless, when considering "leaps of faith" related to the testimony of memory. As suggested previously, error in a woman's memory of her childhood may lead to serious harm to her and others. When this is a real possibility, fear of error may be reasonable. Therefore it is too simplistic to suggest that "the real facts" matter less in therapeutic contexts than in scientific or legal contexts.

To care for, or play the role of advocate for, another person does not necessitate accepting all of her beliefs at face value. Clearly it is sometimes necessary for parents, for example, to disabuse their children of false beliefs about the world in order to keep them safe from harm. Similarly, those concerned with the well-being of an alcoholic, a paranoiac, or a battered woman who refuses to leave her abuser may need to challenge the cognitive frameworks that perpetuate those persons' self-destructive behaviors. Unfortunately, these analogies have the uncomfortable ring of paternalism, which may lead us to reject criticism in favor of sympathy. But this rejection is a mistake. It assumes that criticism is incompatible with sympathy, overlooking the possibility of sympathetic criticism of the sort, for example, that a feminist philosopher may make of a particular strand of feminist theorizing or that a friend may make of her companion's faux pas. It also fails to recognize that sometimes—even within an egalitarian and reciprocal caring relationship—one party may be better situated epistemically than the other with regard to a particular issue.

The rub here, of course, is that it seems, *prima facie*, odd to suggest that a third party might be better epistemically situated than the first-person narrator concerning the autobiographical events narrated. Belief regarding women's abuse recollections stems not only from role-related epistemic considerations, but also from considerations concerning respective epistemic position. It seems that the bearer of abuse memories occupies a position of epistemic privilege in relation to others with regard to her own autobiographical past. Hence, it seems presumptuous to challenge her memories of her own experiences. We may thus be tempted to concur with Habermas (1972) in granting the therapy client an epistemic monopoly with regard to interpretations of her life.³⁶ We need, however, to resist such temptation.

A feminist focus on women's experience—like the empiricist focus on firsthand (direct) observation—needs to acknowledge that our experiences, like our perceptions, may be deceptive. In the present case, we need to acknowledge that a woman's felt experiences of remembering, like anyone's

“inner” observation of mental states, might lead her astray. To their credit, feminist epistemologies, including most standpoint epistemologies, are fallibilist with regard to women’s knowledge—claiming only that women’s knowledge, including self-knowledge, is grounded (not founded) in lived experience (see, for example, Dalmiya and Alcoff 1993; Harding 1991, 1993). Yet despite this disclaimer, there is sometimes a strong underlying suggestion that beliefs grounded in personal experience—especially those grounded in the personal experiences of the marginalized or oppressed—are (almost always) justified or, at any rate, better justified than the propositional knowledge imparted by those in the intellectual-political center (see, for example, Hartsock 1983).³⁷ In particular, a woman’s standpoint may be depicted as neutral—or at least less partial than a man’s—insofar as it is not interest-bound (see, for example, Jaggar 1983, chap. 6, 11). Alternatively, a woman’s perspective may be depicted as more radical and liberatory than a man’s, insofar as it emerges from the experience of resistance to oppression (Hooks 1984). Unfortunately, the former claim obscures the reality that women (and other oppressed persons) do have interests and the latter claim obscures the reality that women (and other marginalized persons) do not always resist oppression. As Frye (1983) points out, in a patriarchal culture, individual women’s putative interests may be grafted to male interests.³⁸ Thus, while feminists have good personal, historical, and political reasons for maintaining a healthy skepticism regarding epistemic claims issuing from so-called objective intellectual authorities, there may also be good reasons for maintaining an active skepticism toward women’s so-called subjective truth. These reasons for skepticism need to inform our stance on women’s recovered trauma memories.

Some therapists, as we have seen, uphold women’s subjective experience as a reliable guide to (external) reality, and other therapists uphold it simply as a guide to subjective (psychic) reality—the only reality reputed to be of therapeutic interest and utility. The first group of therapists shares the realist presumption that a gap exists between knowers (subjects) and that which they know (states of affairs in the world), but fails to acknowledge the possibility that a woman’s experiences may, thereby, fail to correspond accurately to the world. The second group of therapists recognizes the possibility of non-correspondence between subjective experience and a postulated extraexperiential reality and thus secures experiential truth by denying or bracketing a knower-independent reality. Both of these positions are untenable from a feminist philosophical perspective.

Those who believe that women’s experiences mirror reality are often feminist empiricists in Lazreg’s sense (1994).³⁹ Such feminists typically treat experience as a “given,” as an unmediated form of knowledge about the external world. Indeed, it is only by rejecting the possibility of therapeutically and socially mediated experiences that one can effectively foreclose the possibility of therapeutically and socially influenced memory formation. As this explana-

tion suggests, the assumed purity of women's experiential knowledge is closely related to an assumption that experience is an individual phenomenon. In this view, feminist theory (including feminist therapy theory) is built on the foundation of women's experience when "women's experience" is given an additive analysis. It is because this woman and this other and this other have experienced abuse that we can draw the empirical generalization that most women are abused.

This empiricist view of women's experience is naive; indeed, it has much in common with the nonfeminist philosophical view that has been disparagingly termed "naive realism."⁴⁰ Over the past two-and-a-half decades, philosophers of science, following Kuhn, have persuasively argued that our perceptions and, more generally, our modes of experiencing the world (including our ways of experiencing ourselves) are inevitably theory-laden (Gergen 1991; Garfinkle 1981; Harding 1991; Kuhn 1970; Longino 1990; Nelson 1990, 1993; Potter 1993; Quine 1969; Van Fraassen 1980). If we take this claim seriously, we should be cautious about suggesting that women's individual perceptions are free of the impurities associated with socially constructed theoretical knowledge. Insofar as women, as well as members of other oppressed groups, implicitly accept prevailing theoretical paradigms, they may suffer from false consciousness in experiencing and interpreting the world. Quite simply, individual women may not experience sexual abuse (subjectively) as abuse without benefit of a feminist perspective.⁴¹ But in the naive empiricist view of women's experience, such a perspective would be impossible to attain unless the experiences of oppression were there first. This suggests we need to abandon the framework of naive empiricism, acknowledging 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. To do this, however, is also to acknowledge the possibility that therapeutic communities may be implicated in memory creation.

These difficulties may account for some therapists' attraction to the psychic conception of reality. In this empiricist but idealist approach, the therapy client enjoys an epistemic monopoly on reality, insofar as that reality is her own and nobody else's. Unfortunately, idealism secures the truth of women's individual narratives at the price of accepting a relativism antithetical to feminist purposes. It abandons not only the mirroring goal of the objectivist paradigm, but also the referential function of knowledge (Lennon and Whitford 1994). This strategy thereby shields women's sincerely uttered testimony of abuse from criticism, but simultaneously trivializes it and renders it politically ineffective. If feminists want to criticize certain patriarchal narratives and have these criticisms regarded legitimate (not just for themselves, but for members of other communities as well) we cannot simply abandon the notion of objective truth. As Lazreg claims, feminist projects rely on "an idea

of truth . . . that has an independent existence from individual experience” (1994, 56; see also Lennon and Whitford 1994, 4).

Lorraine Code argues for an account of epistemic responsibility that is tied to “realism” understood as a normative, as well as an epistemological and metaphysical, notion (1989). This realism contrasts to the naive realism described above. According to Code, “an intellectually virtuous person 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” (160-61). To succumb to either of these temptations is to participate in the vice of “epistemic indolence” (161). Arguably, some recovered memory therapists, as well as their unconditional supporters, manifest this vice. Simply to assume that women’s experiences are unproblematic reflections of the world or, alternatively, to admit that they might be problematic but to assert that how things “really” are is irrelevant, suggests a certain intellectual laziness, a “reluctance to inquire further lest one face the necessity of having to reconsider a range of treasured beliefs” (161).

Feminist reluctance to inquire further into the possibility of false memories is readily explicable, however; it 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. Both of these possibilities—even considered abstractly—threaten our self-image and open us to self-doubt. Those of us specifically situated as clients and practitioners of recovered memory therapy have additional reasons for refusing to consider the possibility of false memories. 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. Recovered memory therapists have a professional investment to protect, and therefore a public, as well as a private, image to uphold. Considering the possibility of false memories and therefore the possibility—no matter how remote—that their work might indirectly harm, rather than liberate, some of their clients would be emotionally difficult. Voicing any doubts publicly could well result in professional ostracism by their colleagues and legal charges by their enemies.

Even feminist academics, who are less directly implicated in these debates, are certainly challenged by them. The possibility of false memories, if taken seriously, may require us to rethink our epistemological and methodological assumptions insofar as they presuppose a privileged epistemic vantage point for women. This could well be a positive thing. Yet in a context of backlash against feminism, all feminists, whatever their specific personal or professional position, would be justifiably concerned that their recantations will be used against them or other women. This is what makes us reluctant to break ranks

and wonder aloud whether the current trend of recovering memories should be met with skepticism.

The problem is that feminist epistemologies, as marginalized discourses, develop in a context in which they are constantly threatened by the forces of epistemological imperialism. "Epistemic imperialism," as defined by Code, is manifest in the belief that "a person or situation is summed up" by a stereotype or conjecture; that in labeling someone or something, "the putative knower has . . . claimed it as part of his/her stock of cognitive concerns" (1989, 161). Certainly this is the attitude of those who, like Ofshe and Watters (1993), stereotype women in positions of authority as pushy and manipulative and women in positions of need as passive and gullible, thus putatively "summing up" the therapist-client relationship and "proving" the probability of false memories of sexual abuse. Epistemic imperialism is also manifested by experimental psychologists who would label clinical psychology a pseudoscience and thereby claim to have shown its potential danger. Similarly, epistemic imperialism is manifested by traditional philosophers who harbor stereotypes of feminists as dogmatic, thus dismissing a priori the possibility of feminist philosophy.

Given these and myriad other all-too-familiar stereotypes, it is no surprise that we, as clients, therapists, and feminists, may be reluctant to admit the shortcomings of our theories or practices. Yet epistemic responsibility demands that we do 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 false memories, that we should not draw hasty conclusions about the worth of scientific investigations into memory creation, and that we should not make illegitimate appeals to the authority of women's experiential narratives (compare Code 1989).

What might a responsible feminist philosophical viewpoint on this issue be? One simple response might be to acknowledge that in some (but not all) cases, women's experiences of "remembering" may be misleading and iatrogenically caused (that is, 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 these previously repressed episodes is, in part, the therapeutic technique. Which cases are which will have to be decided on an individual basis, paying close attention to the myriad details of a given case. Such a response resists epistemic indolence by taking the empirical evidence for pseudomemory creation seriously, and thereby admitting the possibility of false memories. At the same time, it resists the imperialist conclusion that a pseudomemory hypothesis can explain all memories of abuse. Such a response, moreover, is in the spirit of feminist philosophy's injunction to examine abstract philosophical questions—including questions of epistemic justification—in the concrete contexts in which they arise. Thus, such a response avoids the politically pernicious effects of global skepticism concerning

women's testimony of abuse while acknowledging grounds for local skepticism in at least some cases.

Unfortunately, we cannot simply suggest that the framework of experimental psychology presents the truth in some instances while the framework of psychoanalytic theory presents the truth in others, because these two theories appear fundamentally incompatible. In particular, as suggested above, they provide two substantially different and apparently antithetical models of memory. The model of memory used by clinical therapists presents recovered memories as memories previously inaccessible to consciousness yet permanently stored in their original form for later access. But the model of memory utilized by Loftus and her colleagues suggests that recovered memories as described by clinical therapists are not only unlikely, but impossible. Indeed, the social constructivist theory of memory, advanced by experimental psychologists, suggests that all our memories are subject to rewriting in light of new experiences—whether or not these memories have been or are being consciously recalled.⁴²

Is there any way to reconcile these two views? One possibility is to conjecture that each model of the mind applies to a limited domain of memories. The apparent conflict between the two models of memory is generated, after all, only by the experimental scientists' assumption that all memories are malleable. But perhaps experimentalists are simply being imperialistic in claiming that their model of memory sums up all memory. Perhaps, as some therapists have suggested, there are two different types of memory, ordinary memory, which is malleable, and trauma memory, which is not (Terr 1994).

The problem with this suggestion is that it implies a firm distinction between these two sorts of memory. But drawing such a distinction is difficult, to say the least. While we can all agree that a survivor's memory of long-term, systematic abuse by her father is a trauma memory and that a person's memory of eating eggs for breakfast yesterday is an ordinary memory, not all experiences remembered will conform to such easy categorization. It is difficult, for example, to decide whether a recollection of losing one's parents in a shopping mall more closely approximates a traumatic or an ordinary memory. This difficulty is precisely what generates the controversy over the applicability of Loftus's research results to the issue of abuse memories. While there are clear differences between temporarily losing a parent and being systematically abused by a parent, there are also similarities. Both events may precipitate fear, dread, and subsequent distrust of the loved one. Of course, such emotional responses seem more warranted and are apt to be of greater intensity and longer duration in the latter case than in the former, because long-term sexual abuse occurs with greater frequency, is more willful, and constitutes a greater threat to the child's personal integrity and security. But this way of putting things suggests that the difference between the two sorts of memories is a complicated difference in degree, not a simple difference in kind. This implies that even

when we can clearly differentiate between a traumatic and an untraumatic memory, we may not be capturing a difference in kind, as suggested by a dual-memory hypothesis, but simply clarifying the difference between two extremes in a spectrum of cases.

A more promising approach is to negotiate between the experimental and clinical models of memory by developing a single model that incorporates the insights of both. A videotape model of memory may be precisely what is needed here—despite the disparagement of this model by experimental scientists. The videotape metaphor is not, after all, as simple a metaphor as Loftus and Ketcham (1994) and Ofshe and Watters (1993) suggest. First, videotape is a form of storage of perceptions that is subject to deterioration and editing. Some segments may fade and blur over time. Others may be deleted altogether, leaving gaps in the documentary record, later to be filled in with creative, but not arbitrary, reconstructions that maintain the narrative integrity of the story originally filmed. Second, the videotape metaphor is perspectival. The documentary of a life is not filmed from an Archimedean point of view. The position of the camera and the orientation of the camerawoman provide a version of a life that, as Barclay and DeCooke (1988) suggest, attends to certain events and details and not to others. Thus the resulting tape does capture real events, but it also leaves out various elements of context that might lead to different interpretations of those events.

The videotape model of memory, as reconstructed here, captures Donna Haraway's notion of situated knowledges (1991), thereby suggesting a reconceptualization of objectivity. According to Haraway, attaining objectivity is not a matter of achieving a disembodied point of view but of accepting partial perspectives and being accountable for how and what we learn to see (see also Harding 1986). Such accountability requires the knower to consider how her own situation may influence her beliefs. In the present context, this means that a therapy client needs to consider how her therapeutic (as well as other) involvement may influence her beliefs about the past. Likewise, a therapist needs to consider how her political commitments, professional position, and personal history may influence her conjectures concerning what may have occurred in the client's past. Similar considerations pertain to the accountability of experimental psychologists, jurors, and other parties judging the veracity of abuse memories. 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 traveling lens rather than a stationary, passive mirror.⁴³

In keeping with the methodological and moral imperatives of epistemic responsibility, the videotape theory of memory invites us to acknowledge the fallibility of memory by allowing for its fading, editing, and perspectival distortions. At the same time, it mandates that we continue to listen to, and sympathize with, survivors' narratives because autobiographical memory orig-

inates in perceptions of material reality and thus contains partial but nonetheless historical truth.

Unfortunately, the videotape metaphor 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. How can we know which details are distorted or occluded by the survivor's (past and present) positionings, and which are not? How can we tell, for example, whether the truth in a woman's memory of being raped by her father is that she was abused (but not physically raped) by her father or that she was raped by her uncle (but not her father)? Or might the truth contained in her memory be less literal than either of these renderings? Perhaps the partial truth in a woman's trauma memory is that she has been abused, emotionally, financially, intellectually, psychologically, or in some other way, by a father figure (or several father figures): a priest, teacher, mentor, or employer, for example. Here, the lines between historical (material) and narrative (psychic) truth begin to blur. As one feminist philosopher has suggested to me, perhaps the current phenomenon of women remembering childhood abuse should simply be read as a "collective cultural spitting-up of patriarchy" (Nelson 1994).

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."⁴⁴ Nevertheless, epistemic responsibility suggests that 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 philosophical community itself, to develop a cultural critique of false memories similar to Bordo's interpretation of anorexia nervosa (1985). Just as Bordo interprets women's eating disorders (and demonstrably false body images) as symptomatic of the "psychopathology" of both our contemporary beauty ideals and our inherited philosophical ideals of mind over body (and reason and will over emotion), we might interpret false memories of childhood abuse as symptomatic of the psychopathology of the patriarchal family and of our inherited philosophical ideals of the self as determined by its accumulated memories. Using Bordo's model, we could also read the ultimately self-destructive behavior of the bearer of false memories (like the ultimately self-destructive behavior of the anorectic) as a site of active struggle against felt powerlessness.

Such an account of the recovered memory phenomenon has, I think, several advantages, which can be sketched only briefly here. Among them are its potential to explain why recovered trauma memories seem most prevalent among young, white, educated, middle-class, single women. Like the anorectic—also young, single, and middle-class—the bearer of false memories might be viewed as rebelling against cultural expectations for her to become a wife and mother (Bordo 1985, 102-03). In this context, it is interesting to note that the narratives of both anorexics and recovered memory clients emphasize a

return to childhood. According to Bordo, “adolescent anorectics express characteristic fears about growing up to be mature, sexually developed, potentially reproductive women”; they voice the desire to “stay a child forever” (102). In similar fashion, therapy clients recovering abuse memories express anxiety over their own ability to parent, retreat from sexual relations, and focus on “nurturing the child within” (see, for example, Wisechild 1988). While we might anticipate that a woman’s protest against adult domesticity would manifest itself most clearly when her childhood experience of the 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 anorectic’s protest, the recovered memory client’s protest against the patriarchal family may be “written on [her] body . . . not embraced as a conscious politics” (Bordo 1985, 105). Indeed, the hysterical symptoms of the woman who is recovering trauma 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 anorectic 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” (Bordo 1985, 94).

Unlike traditional analyses of hysteria, however, Bordo’s analytic framework avoids pathologizing individual women by interpreting their behaviors as intelligible manifestations of cultural pathologies. Thus, it captures recovered memory therapy’s commitment to reconceptualizing “symptom formation as a creative adaptation to negative circumstances, rather than as a pathology” (Courtois 1988, 120). At the same time, it does not subscribe to the hypothesis that the negative circumstances in question must be circumstances of childhood sexual abuse. Whether a woman’s flashbacks and other symptoms reflect adaptations to childhood abuse or adaptations to her current sexual, emotional, physical, social, economic, or even therapeutic circumstances (or some combination of these) remains a live question. Answering this question will require a detailed examination of her entire life circumstances, not merely her childhood.

Even then, it may be impossible to determine the truth of a client’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 anorectic 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” (1985, 105). 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.⁴⁵ To focus exclusively on whether the propositional or pictorial content of memories accurately captures the historical facts, as the current debate encourages us to do, risks perpetuating this obsession to the detriment of the client's present and future well-being. To counteract the client's tendency to subordinate all other endeavors 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. Nor am I suggesting that we abandon the normative aspect of the epistemic enterprise. What I am suggesting is that we may need to broaden our epistemic horizons on this issue to include a focus on practical, as well as propositional, knowledge (see Alcoff and Dalmiya 1993). Even when we do not know that someone was (or was not) abused by her father, therapists and others may have nonetheless sufficient evidence to determine that she knows how abuse feels, and sufficient skill to help her learn (if necessary) how to cope with situations that precipitate those feelings. To note this is to acknowledge the partial insight of the idealist strand of psychotherapeutic work: questions concerning the validity of therapeutic practices cannot be reduced to questions concerning the truth of propositions about the past. At the same time, however, we need not conclude that the truth of a client's beliefs (when this can be discovered) is irrelevant to her well-being. Neither she nor her therapist nor anyone else can be held to a standard of omniscience, but all of us can be held to standards of epistemic responsibility.

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 behaviors. 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. Not only is this claim misogynistic, it is also highly implausible, given the relatively privileged status of the (white, educated, middle-class) women who enter therapy. While the recovered memory movement denies that women are so easily brainwashed by their therapists, the movement also risks 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 behaviors of adult women as determined by their past experiences, failing to acknowledge women's participation in the recollection, interpretation, and use of those experiences. This failure to acknowledge the client's agency is, no doubt, linked to the client's own lived experience of her memories and symptoms as beyond her control.

In developing a feminist philosophical response to the present (and any other) feminist issue, we need to be careful not to portray victims as mere victims, devoid of agency.⁴⁶ This caution also applies in our cultural analyses of both the clients and practitioners of therapy, as well as our cultural analyses

of feminism itself. Just as it is a mistake to portray the client as entirely ignorant and powerless in the client-therapist relationship, it is a mistake to view recovered memory therapists as merely victimized by encroaching psychologists and psychiatrists. The therapist clearly occupies a position of epistemic authority, and therefore must be held accountable for her epistemic methods and interpretations. If we are to make a decisive break with logical positivism and its fact-value and theory-practice dichotomies, we feminist philosophers cannot distance ourselves from the various manifestations that a rejection of patriarchy may exhibit. If the current phenomenon of women remembering childhood abuse really is a cultural regurgitation of patriarchy, then feminists are implicated in this cultural phenomenon. Insofar as all experiences are theory-laden, it is not implausible to suggest that the experienced trauma memories of educated, middle-class women may be invested with at least folk versions of feminist theories of women's oppression and victimization. As Addelson reminds us, "we feminist philosophers who work within the academy are ourselves part of an elite." In making knowledge, "we exercise cognitive authority" (1993, 268). The question is how to exercise this authority virtuously.

Implicit in the previous pages are my own tentative views concerning how we, as feminist philosophers, might exercise our authority virtuously. Let me conclude, in the hope of precipitating further dialogue on this issue, by stating these views explicitly. First, I believe that we exercise our authority virtuously when we use it to address problems of real personal and social significance for women. This is not to suggest that we should never engage in purely theoretical activities, but our theorizing should ultimately be of positive consequence for women outside as well as inside the academy. Second, for our theorizing to be of positive consequence for women, we cannot abandon the normative aspect of theorizing. The point, as Marx once said to Feuerbach, is not merely to interpret the world, but to change it. While deconstructing reigning paradigms may be a necessary component of implementing such change, it is not, I think, sufficient.

Third, when we are engaged in the deconstructive enterprise, we need to be careful not to assume simply that theories emanating from those in positions of authority are entirely false and completely oppressive. Remembering that we, too, occupy a position of cognitive authority can help us guard against this temptation. Fourth, when engaged in the reconstructive enterprise, we cannot simply assume that those occupying positions of cognitive marginality have perspectives that are entirely true or liberatory. Recalling that victims of abuse and oppression are not mere victims but, indeed, agents with cognitive abilities and complex, sometimes unconscious, sometimes falsely conscious, interests of their own can help us guard against this temptation. Fifth, we need to resist the temptation to "take sides" in bipolar public debates. Because the world is not neatly divided into oppressors and victims, and because any issue always has

more than two sides, our goal should be to use our skills to reframe public dialogues of consequence for women in ways that accommodate perspectives and interests occluded by the dialogues' configuration.

As feminist philosophers, we are, I have been suggesting, well situated to view objectively the issues surrounding false and recovered memories of abuse. This is not because we are more detached or removed from such issues (although some of us might be); it is, instead, because our attachments are multiple and therefore require us to see the problem from more than a single perspective. Nevertheless, given the nature of the public problem (Addelson 1993), it is easy (indeed, disturbingly easy) to be led astray. The currently bipolar debates strongly encourage us to choose sides. Thus, as feminists, we may be tempted, given our concerns about the motivations and consequences of the false memory movement, to side with the proponents of recovered memory therapy. But, as philosophers, we may be tempted, given our skepticism concerning the veracity of recovered memories, to side with the proponents of the false memory hypothesis. When we are thus tempted to suggest that one side is unequivocally correct, we should construe this as an invitation to reexamine our own epistemic frameworks and contexts of discovery. As feminist philosophers, we must consider how our own 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 and a personal relationship with someone engaged in the painful process of retrieving abuse memories. These and numerous other factors (my own happy childhood, my trust in the father of my own daughters, my friendship with a specific therapist, 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 applications and misapplications of feminist philosophical insights to a social issue that needs our attention. I hope these suggestions provide a useful starting point for reshaping 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.

NOTES

Portions of this paper have been presented to the Florida Philosophical Association (1994), my epistemology and metaphilosophy seminars at the University of Central Florida (1994, 1996), the Orlando Council for the Continuing Education of Women

(1995), the University of North Florida (1996), the University of Winnipeg (1996), and the National Endowment for the Humanities Summer Seminar in Feminist Epistemologies (1996). Thanks to all participants in these forums who freely shared experiences, insights, and concerns. In addition, I am immensely grateful to Louise Antony, Susan Bordo, Kate Lindemann, and Nancy Tuana for encouraging my research on this topic, and to the anonymous reviewers for, and the editors of, *Hypatia* for their constructive criticisms of earlier drafts of this manuscript.

1. A partial list of civil cases includes *De Rose v. Carswell* 1987, *Lofft v. Lofft* 1989, *Barton v. Peters* 1990, *Mary D. v. John D.* 1990, *Peterson v. Bruen* 1990, *Collier v. Collier* 1991, *Philips v. Johnson* 1992, *Byrne v. Bercker* 1993, *Ault v. Jasko* 1994. A noteworthy criminal case concerns the successful prosecution of George Franklin, Sr. in 1990 for the murder of eight-year-old Susan Nason on the basis of Franklin's daughter's subsequent recovered memories of witnessing this event. The case is described in some detail in Terr 1994 and is also briefly discussed here.

Local, national, print, and television media have run stories on recovered memories of incest and, more recently, on false memory syndrome. For coverage sympathetic to the accuser, see Darnton 1991, Dornen 1991, Edminston 1990, Fields 1992, Kantrowitz 1991, Oldenberg 1991. For coverage sympathetic to the accused, see Aquilera-Hellweg 1994, ABC News 1992, CBS News 1994, Gordon 1991, Hewitt and Mullen 1994, Jaroff 1993, Jones 1994, Laker 1992, Nathan 1992, Smolowe 1994, Toufexis 1991, and Watters 1991, 1993.

2. I have used scare quotes here to emphasize that both the phrases "false memory syndrome" and "recovered memory" are pieces of rhetoric that reflect the beliefs and values of their respective users. As such, these terms (like the terms "pro-life" and "pro-choice") may beg important questions when used uncritically. Yet the ongoing use of scare quotes is cumbersome and may convey unintended skepticism, or even sarcasm. Therefore, for the remainder of the essay I will use these and related phrases without such demarcations. This does not imply that I share the metaphysical or sociopolitical commitments that underlie their common usage. Indeed, my attempt here is to examine critically the philosophical commitments of both sides to this debate.

3. The interpretation of these results is not unanimous. Indeed, these results have prompted an ongoing debate among researchers concerning whether misleading information replaces ("overwrites") the original information, or leaves the original information untouched but inaccessible in the testing context. This is an important debate, which has implications for the veracity of survivors' and recanters' narratives, but I am bracketing it here for the sake of simplicity and brevity.

4. Here again, researchers disagree concerning the proper interpretation of these results.

5. 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" may itself be misleading.

6. Of course, 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 disanalogies with the experimental situation will not be as telling here as with long-term incestuous abuse. This is a point to which I return in section 4 below. My concern here is primarily with recovered incest memories.

7. False memory allegations function largely to protect men because men are primarily the accused. As some readers and discussants have pointed out to me,

however, some perpetrators are female, and some reports of recovered memories involve mothers who have allegedly violated their daughters, as well as female daycare workers who have allegedly violated the children in their care. A complete analysis of the memory debates would need to provide comparative data on the cultural, medical, and legal responses to sexual abuse testimony by women and children when the accused is a female.

8. 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 research has appeared to support the claim that such a syndrome exists, many psychologists and judges appear ready to accept the idea that children's reluctance to visit with 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 FMS Foundation. See Walker 1994 for further discussion of these issues.

9. I emphasize that such psychotherapeutic methods are *perceived* as feminine. Inasmuch as both women and men practice psychotherapy, claims that therapeutic methods and values are feminine are questionable, as are attempts to exclude female practitioners because of these methods.

10. See Dalmiya and Alcoff 1993 for an account of how the professionalization of medicine and the medicalization of childbirth have led to the devaluation of midwifery and the erasure of women's experiential knowledge.

11. For further literature on the phenomenon of pseudomemory creation see Barrier and McConkey 1992; Labelle et al. 1990; Sheehan, Statham and Jamieson 1991; McCloskey and Zaragoza 1985; Murrey, Cross, and Whipple 1992; Tversky and Tuchin 1989; Zaragoza and McCloskey 1989.

12. The most widely circulated recanter's narrative has been that of Paul Ingram, a deputy sheriff in Washington State, whom his daughters accused of Satanic-ritual abuse, including sodomy, infanticide, and cannibalism. Ingram initially denied the charges, but under pressure from investigators and a pastor to "remember" (and "pray on") what he had done, Ingram subsequently pled guilty in 1988 and was sentenced to twenty years imprisonment. In 1989, Ingram (with the help of Richard Ofshe) became convinced that he had been "brainwashed" into "recollecting" involvement in such practices, and recanted. He has since sought to withdraw his guilty plea. This narrative was the lead story for a *Sixty Minutes* episode and has been forwarded as a paradigm case by the false memory movement. See CBS News 1994, Jones 1994, Laker 1992, Nathan 1992, Watters 1991.

13. The anorectic's self-image is thus mirrored in much the way that a person's image is refracted in a fun-house mirror. If one mistakes this image for an accurate depiction of reality, however, the result is not much fun.

14. Except, perhaps, with regard to Ofshe and Watters, who *do* seem to imply that the client enjoys her identity as a victim.

15. Note that both of the proffered explanations treat the bearer of memories as a passive victim of abuse. This shared assumption of client passivity is an important point to which I later return.

16. For evidence suggesting that jurors are more impressed by a witness's confidence than is warranted, see Wells, Lindsay and Ferguson 1979. Although witness confidence should not be disregarded, there is good reason not to utilize this as the sole measure of testimonial truth.

17. This model of memory as a storehouse also has a long philosophical heritage. Locke is perhaps its best-known proponent, explicitly defining memory as “the storehouse of our ideas” and suggesting that memories are either just “revived” perceptions ([1690] 1970, 1st ed. of his book 2, chap. 10) or else numerically distinct but qualitatively similar “copies” of those earlier perceptions ([1694] 1970, 2d ed.). The former claim parallels Augustine’s “great cave” theory of memory, which depicts memory as a dark recess of the mind where images are stored, to be “brought forth” when needed (1955, X: 13). Hume concurs with Locke’s latter claim viewing memories as ideas that copy earlier impressions (1978, book I, part 1, sec 3; part III, sec. 5). Locke’s “tabula rasa” view of memory is also predated by Plato’s analogy between memory and a wax tablet in the *Theaetetus* (191c-196b), where Plato also suggests a storehouse model of memory by comparing memory to an aviary (197e-200c).

18. This is a reasonably true depiction of early Freud. Later, however, Freud accepts a more narrative and less literal view of memory. The difference between the reproductive and (re)constructive theories of memory explored in this essay largely parallels the difference between early and late Freud’s views on autobiographical memory.

19. This way of putting it is not completely accurate. As I argue below, the experimental research does not actually rule out a videotape theory of memory, but it does rule out the interpretation of this theory that would guarantee that such memories correspond to reality in the simple way suggested by some recovered memory therapists.

20. This should not be taken to imply that the self is static. The process described by Barclay and DeCooke is ongoing, and therefore, the self is always in the process of development.

21. Of course, neither one’s beliefs concerning what is meaningful in one’s daily life (that is, what is extracted and how it is remembered) nor one’s beliefs concerning what could or should have happened in one’s past are formed in isolation. Thus, the construction and reconstruction of memory is ultimately a social affair. Meaning and (narrative) truth are “negotiated” in Aronsson and Niholm’s sense (1990).

22. Barclay and DeCooke’s conclusions are based on a comparison of women’s daily diary entries with their answers on memory recognition tests concerning their self-selected, normal, daily activities. Tested memory was highly accurate whenever the forced options offered (an original entry and a foil) differed in both meaning and detail. Inaccuracies were detected, however, when the options held meaning constant but simply varied details.

23. I use the term “idealism” here for lack of a better contrast term. But I do not intend to suggest that therapeutic “idealists” dispute the very existence of external reality, nor that such therapists view psychic reality as controlled, totally or directly, by the person herself. Of course, few idealist philosophers have held these views either, despite stereotypes to the contrary.

24. I do not intend, here or elsewhere, to suggest that all therapists are uncritical or unconcerned with the truth of their clients’ narratives. Yet some may be unconcerned and others may be less concerned with truth than with fostering their clients’ well-being. To prioritize concerns is readily explicable—even professionally commendable. My point here is simply that the epistemic and ethical concerns cannot always be easily disentangled. For this reason, relegating concerns about the truth of a client’s memory to a secondary status, although well intentioned, may have undesirable consequences.

25. *Ramona v. Isabella* (1991) was the first case in which a father successfully sued a therapist for harm resulting from his daughter’s therapy. Both Isabella, a recovered memory therapist, and the hospital at which she worked were found civilly liable for

“implanting and reinforcing false memories” in his daughter and thereby causing father-daughter estrangement. Since this precedent-setting case more than fifty similar cases have been brought to court. Many of these have resulted in findings for the plaintiff. This suggests the solidification of a precedent wherein third parties—and not merely therapy clients themselves—may receive compensation for harm incurred by therapists. For a discussion critical of this legal trend, see Bowman and Mertz (1996).

26. Some cases of allegedly recovered memories include detailed memories of long-term widespread ritualistic abuse by Satanists and even alien life forms trying to take over the world. See Mulhern 1991 and Ofshe and Watters 1993 for a description of such cases.

27. See also Lynn and Nash 1993, 194-95 for Lynn’s account of a client’s confusion between a dream and reality. Lynn doubted his client’s report of a dissociative episode in which she crawled into a grave and almost died. He subsequently took the client to the alleged gravesite, only to find that the grave did not exist. His client was relieved to discover that she had not actually engaged in “such extreme and ‘crazy’ behavior.”

28. “Survivors’ unconscious attempts to deal with the painful affect surrounding victimization experiences may have generated periods of amnesia or confusion regarding the specifics of the abuse and may be associated with conflicting memories and perceptions (including mixed flashbacks to more than one victimization episode).” Briere 1989, 53.

29. See also Terr’s account (1988) of the trauma-related behaviors of children who were kidnapped in Chowchilla.

30. See Humphrey and Dennett (1989) for a philosophical discussion of Multiple Personality Disorder as, at least sometimes, therapist-induced. As they suggest, however, iatrogenic causes of the disorder do not make it (as Ofshe and Watters [1993] suggest) less “real.”

31. This issue was also raised by the defense in the Susan Nason case.

32. Indeed, this condition has led some feminists to be suspicious of any private-public distinction.

33. This is especially true for philosophers trained in the analytic tradition. My treatment of these issues falls within the Anglo-American analytical tradition, and some of the problems in resolving questions about alleged false memories may be a function of how this tradition conceives memory, testimony, and evidence.

34. I thank Kate Lindemann for pointing this out to me.

35. Thank you to an anonymous reviewer for *Hypatia* for mentioning this.

36. Habermas suggests that therapeutic interpretations can be tested only by the subject whose behavior they interpret. Thus, Habermas not only grants the client a privileged epistemic status; he actually grants the client an “epistemic monopoly” with regard to interpretation testing (as Grunbaum [1994] remarks).

37. Bat-Ami Bar On (1993) provides a useful discussion of this feminist epistemological current.

38. This is not to say that women’s interests, considered as long-term group interests, are concurrent with men’s. Clearly they are not. Yet it would at least appear to be in the short-term interest of an individual battered woman, for example, to try to keep her batterer happy.

39. This should not be confused with Harding’s use of “feminist empiricism” (1991), which stresses feminism’s desire to rid science of its gender bias by strict adherence to scientific methodology and increased involvement of women in scientific research.

40. This view has been attributed to philosophers as diverse as J. L. Austin, Gilbert Ryle, and H. H. Price, although it is not clear that any of them actually held such a position. The view is also attributed to the “common man” (sic). See discussions of the position in the *Encyclopedia of Philosophy* under “Memory,” “Perception,” and “Realism.”

41. As Kuehnle (1995) points out, this makes “trauma” a slippery term. A preschooler, for example, may not be traumatized about nonpainful (even pleasurable) sexual acts (such as touching or licking her genitals) unless she already knows that such acts are culturally taboo. We need, therefore, a way of capturing the notion that one can be abused without being traumatized.

42. For an account of how not only our memories but also our identities and self-conceptions, more generally, are socially constructed, see Gergen 1991.

43. In Code’s terms (1989), examining this issue from a variety of perspectives illustrates a willingness to survey all the evidence—even when such evidence threatens one’s own view.

44. These are, of course, precisely the stereotypes of women perpetuated by members of the false memory movement.

45. As I argue elsewhere (Park 1995), certain forms of recovered memory therapy may disempower women even when the memories recovered are true.

46. Developing a more complex analysis of subjectivity than that typically contained in “victimization” studies is one of the tasks of feminist philosophy.

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