Oversimplifications and Misrepresentations in the Repressed Memory Debate: A Reply to Ross

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Abstract

Ross (in press) argued that false memory researchers misunderstand the concepts of repression and dissociation, as well as the writings of Freud. In this commentary, we show that Ross is wrong. He oversimplifies and misrepresents the literature on repressed and false memory. We rebut Ross by showing the fallacies underlying his arguments. For example, we adduce evidence showing that the notions of dissociation or repression are unnecessary to explain how people may forget and then remember childhood sexual abuse, stressing that abuse survivors may reinterpret childhood events later in life. Also, Ross overlooks previous critiques concerning dissociation. Finally, we will demonstrate that Ross misrepresents work by Freud and Loftus in the area of repressed and false memory. His article confuses, not clarifies, an already heated debate on the existence of repressed memory.

Keywords: Repressed Memory, False Memory, Repression, Dissociation

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Whether people can repress or dissociate traumatic experiences, yet accurately recall them years later, has once again become a topic of controversy in psychology (e.g., Otgaar et al., 2019; McNally, 2022). A related concern is that certain therapeutic practices (e.g., hypnosis) intended to help patients recall otherwise presumptively inaccessible memories of trauma may inadvertently generate imagery confusable with memories of actual experiences (Loftus, 1993). Although some scholars concluded that skeptics of repressed (or dissociated) memories of trauma won these debates years ago (Barden, 2016; McHugh, 2003; Paris, 2012), recent evidence shows that the debate is still ongoing in clinical, legal, and academic settings (McNally, 2022; Patihis et al., 2014; Otgaar et al., 2022). The purpose of our article is to rebut the critique by Ross (in press) who argues that the skeptics of dissociated or repressed memories of trauma are mistaken in several ways.

In his article, Ross (in press) endeavored to show that scientists misunderstand the concepts of repression and dissociation, and therefore commit logical errors when discussing these concepts. He makes similar arguments concerning interpretations of Freud's early work on repression, hysteria, and Oedipal fantasies (Freud, 1896). In this commentary, we document how Ross oversimplifies and misrepresents the literature on repressed and false memory. To do so, we focus on Ross's key arguments and show the fallacies underlying them.

Recovered Memories ≠ False Memories

To begin, Ross (in press, p. xx) incorrectly stated that "various authors have argued that…recovered memories are almost always false memories" and that "Freudian therapists" are blamed for an "epidemic of false memories." These are strong, even extreme, words (i.e., *almost*

always, epidemic), but they surely do not represent the view of scientists in the field of memory, nor the findings in the empirical literature. For example, some child abuse victims did not understand nor experience their abuse as terrifying when it occurred, despite its moral reprehensibility (e.g., Clancy & McNally, 2005/2006). But not thinking about something for a long time does not indicate that one was *incapable* of remembering it (i.e., had repressed or dissociated the memory). Yet adult survivors who later encounter reminders of the experience and who now understand it as sexual abuse can experience symptoms of posttraumatic stress disorder after remembering and reinterpreting it through the eyes of an adult (McNally et al., 2006). A therapist seeing such a person with PTSD symptoms may mistakenly assume that the memory did not come to mind because of dissociation or repression when in reality it was forgotten because it was not understood or experienced as a terrifying trauma when it occurred. Research supports this "reinterpretation" mechanism (e.g., Clancy & McNally, 2005/2006; McNally, 2012; Joslyn, et al. , 1997)

A similar view was also expressed in Otgaar et al. (2019, p. 1074) who reported that "[a]n additional scenario offered by researchers is that some people may reinterpret childhood events as a result of therapy and come to experience this reinterpretation as a recovered memory of abuse." Furthermore, Dodier and Patihis (2021) recently examined the incidence of recovered memories outside therapy and concluded that some recovered memories may be reinterpreted as continuous memories of abuse. Specifically, of those participants who initially reported recovering memories of abuse, 30.8% (n = 137) eventually stated they always had a memory but reinterpreted it, over time, as abuse. In short, the empirical scientific literature supports the process of "reinterpreting" memories—a process that has much to do with memory's logical

adaptive function and nothing to do with repressed memories or false memories. Recovered memories are not always false memories.

Dissociative Amnesia = Repressed Memory

Ross (in press) criticized skeptics for failing to distinguish between *repression* and *dissociation* of a memory. Using spatial metaphors, he affirmed that repression implies "horizontal splitting" whereby a memory is pushed downward into the unconscious mind, whereas dissociation implies "vertical splitting" whereby a memory is sequestered sideways into a fragmented region of the conscious mind. For example, Ross (in press) claimed the following:

> Recovered memories in dissociative identity disorder are continuous memories that have never been repressed into the unconscious. When the host personality remembers them, what has happened is a continuous memory from one compartment in the conscious mind to another compartment in the conscious mind (p. xx).

Ross (in press) maintains that "key differences between repression and dissociation are best explained in Hilgard's (1977) neo-dissociation theory" (p. xx) of hypnotic and nonhypnotic phenomena. Ross (in press) cites Hilgard (1977) as devising the distinction between horizontal versus vertical splitting. In the case of dissociation in hypnosis, the split is vertical. According to this account, hypnotic experiences and responses reflect a division of executive functioning into two parts. One part, the hidden part, directs the person's behavior and experiences events normally, whereas the other part is unaware of self-agency and responds in a manner consistent with suggestions. These parts are hypothesized to be separated by an amnesic barrier, much like what purportedly occurs in dissociative identity disorder (DID). The non-hypnotized or "observing" dissociated part (called the "hidden observer"), which is supposedly present "all along" is segregated from dominant consciousness. Nevertheless, the hypnotist can access this

hidden observing part, which can comment on participants 'experiences in response to hypnotic suggestions when questioned by the hypnotist.

Despite these claims, Hilgard's argument for vertical splitting and dissociation is based on a wobbly empirical foundation. In fact, it is so flimsy that it has fallen out of favor even among some contemporary scientists who initially were amenable to the neodissociation formulation (see Jamieson & Woody, 2007). Numerous experimental studies have failed to support Hilgard's claim that the hidden observer phenomenon provides evidence of dissociated divisions of consciousness (see Kirsch & Lynn, 1998 for a review of studies). These studies have documented that participants' reports, when the hypnotist contacts their hidden observers, vary as a function of the contextual cues and the information that the hypnotist conveys to participants regarding the hidden observer. Depending on what participants come to expect and believe, "hidden observers" may report more or less pain in response to experimental stimuli, that numbers appear to be reversed or not, or that a task is perceived as effortful or not (see Kirsch & Lynn, 1998; Lynn et al., 2008). In short, hidden observer reports appear to be created by suggestions and contextual information and do not appear to reflect spontaneously occurring divisions of consciousness, as Hilgard (1977) claimed. The creation of hidden observers provides a cautionary tale that (a) might explain how "personalities" imbued with "memories" could be created in psychotherapy via suggestion and information provided by well-meaning therapists, and (b) illustrates the value of identifying and describing the mechanisms of apparent divisions in consciousness in the most parsimonious terms based on well-replicated scientific findings.

To date, scientists have neither devised empirical methods to reliably classify memories as repressed versus dissociated, nor established meaningful differences related to the alleged horizontal (repressed) or vertical (dissociated) "splitting" of memories in the following key

respects: their potential antecedents (e.g., severity of trauma, circumstances of memory impairment), consequences (psychological and physical symptoms), and associated behaviors (avoidance). Importantly, the supposed difference between horizontal and vertical splitting is a one without a real difference. A focus on subtle conceptual distinctions between horizontal and vertical splitting obscures the functional equivalence of these two conjectured processes: both allegedly defend the person from becoming extremely upset. That is, a traumatic experience is consolidated into memory and yet becomes inaccessible *because* it is so emotionally distressing.

Moreover, specialists in DID, frequently use the terms repressed memories and dissociative amnesia interchangeably, presumably because of their functional equivalence. For example, in his edited volume entitled *Repressed Memories*, Spiegel (1997) wrote:

> the nature of traumatic dissociative amnesia is such that it is not subject to the rules of ordinary forgetting; it is more, rather than less, common after repeated episodes; involves strong affect; and is resistant to retrieval through salient cues (p. 6).

Likewise, Brown et al. (1998) used the terms interchangeably, claiming also that hypnosis may be necessary to render these memories accessible, thereby fostering healing:

> Because some victims of sexual abuse will repress their memories by dissociating them from consciousness, hypnosis can be very valuable in retrieving these memories. Indeed, for some victims, hypnosis may provide the only avenue to the repressed memories (p. 647).

Ross (in press) discussed how concepts of dissociation and DID have appeared in various editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM).* But the appearance (or lack thereof) of a syndrome in the *DSM* is tangential to the main issue. Similarly, trained clinicians using a shared model may very well exhibit interrater diagnostic reliability of

the DID diagnosis, for example. The real issue is not *that* someone reports symptoms with the diagnosis, or that raters agree that they do so, but *why*. Analogously, the scientist and Puritan minister, Cotton Mather, relied on the putative signs and symptoms of bewitchment to diagnose this condition in citizens of 17th century Massachusetts (Boyer & Nissenbaum, 1974). But the presumptive reliability of the diagnosis does not establish witchcraft as its cause nor does the appearance of DID in the *DSM* say anything about its etiology.

Also, Ross (in press) argued that in our review paper (Otgaar et al., 2019), we created the impression that the American Psychiatric Association (APA) and the DSM-IV switched from mentioning repressed memories to dissociative amnesia as a result of the memory wars. We did not say the DSM used the word repression—we clearly stated "many clinicians adopted a new and perhaps more palatable term *dissociative amnesia*" (as also observed by Holmes, 1994). In a recent scientometric analysis (Battista et al., 2022), we indeed found support for this statement in that the term "dissociative amnesia" is used more often in recent writings than in earlier writings.

Furthermore, Ross claimed that we did not adequately review other papers on the purported dissociative amnesia of childhood trauma, such as those by Briere and Conte (1993) and Loftus et al. (1994). So, let's now focus specifically on the study reported in Loftus et al. (1994). Ross implied that this study shows clear evidence of amnesia for childhood trauma and the failure to cite it as such was blameworthy. But one cannot assume that the 19% figure means that these women "repressed" their memory. As Loftus et al. (1994) themselves explained in their discussion, a woman could classify her memory as "forgot then regained" even when it has nothing to do with repression or dissociation. She might do so if she spent a period of her life deliberately trying not to think about the abuse because it was upsetting to do so. She might also do so if she spent time away from the location of the abuse where she did not think about it at all

but was then reminded of it when she returned to that location. Later work by others (e.g., Melchert, 1996) took important steps to clarify what a person might mean when they claim they "forgot then regained" a memory. Furthermore, whether the women reported remembering or forgetting for some period was unrelated to the violence of the abuse. In fact, women who reported forgetting rated their abuse as less upsetting when it happened, compared to their counterparts who stated they had never forgotten.

The other papers ostensibly providing evidence of repressed memory or dissociative amnesia have already been critically reviewed by other scientists, who show that the proffered findings do not lend support for repressed memory (e.g., Loftus et al., 1994; McNally, 2003, 2005). A main criticism of this work (e.g., Briere & Conte, 1993) was that questions asked to participants concerning memory loss did not say anything about whether the memory was repressed or not. But when Mangiulli and colleagues (2022) recently reviewed 128 case studies reporting dissociative amnesia and examined whether they met the DSM-5 criteria for this disorder, none of these case studies convincingly met these criteria. Alternative explanations could plausibly explain the claims of alleged memory loss and excluded dissociative amnesia as a diagnosis—malingering, brain injury, substance use, etc. Finally, even if some case studies meet DSM criteria for dissociative amnesia, the cause of the amnesia would still remain an open question.

Freud's Work on Dissociation and Repression

Ross (in press) oversimplifies and misrepresents the role of Freud in the debate on repressed memory. Specifically, and noted in other writings as well, not the later writings, but the early Freud's writings inspired the repressed memory debate (Crews, 1995; Freud, 1896/1962; McNally, 2006). That is, in Freud's work on the causes of hysteria, he suggested that

patients 'symptoms are caused by repressed memories of childhood sexual abuse. Although Ross is correct that Freud's attention shifted towards fantasies in his later work (i.e., Oedipal fantasies), even in these writings, he sometimes stressed that memories of child sexual abuse refer to experienced events (Powell & Boer, 1995). For example, Freud (1917/1963) wrote that "phantasies of being seduced are of particular interest, because so often they are not phantasies but real memories" (p. 370). More importantly, it matters little whether Freud modified his views on repressed memories of abuse. Many clinicians still strongly believe in this idea that is undoubtedly in line with Freud's earlier writings (e.g., Otgaar et al., 2019; Patihis et al., 2014). Indeed, authors such as Masson (1984) and Herman (1992) argue that Freud got it right the first time, prior to his formulating classical psychoanalysis. Relatedly, many current advocates of dissociative amnesia build their work on theories from Pierre Janet's work (1907) on dissociation that shares similarities with the early writings of Freud (e.g., Dalenberg et al., 2012). It is also questionable whether we should be using the unfalsifiable writings and armchair theorizing of Freud as any kind of platform on which to build a cumulative psychological science.

Loftus' Story

In a casual *ad hominem* attack, Ross appears to be diagnosing Loftus as someone who had dissociative amnesia regarding child sexual abuse. Ross bases his professional diagnosis on an incident Loftus recounted in one of her books— about a babysitter named "Howard" who abused Loftus when she was about six years old. Was Ross's diagnosis based on a formal evaluation? No. Instead, he took a shortcut: he read the passage from Loftus's book, in which she described the court case that led her to speak about the abuse publicly for this first time. It was the persistent badgering of the prosecutor, insisting that Loftus knew nothing about abuse of five-year-old children, that prompted her to reveal this personal information publicly in open

court. But hers was not a repressed memory or a sign of dissociative amnesia. Instead, Loftus says she thought about the experience many times throughout her childhood, and especially in her teenage years. She told her former husband about the experience just a couple of years after they were married when she was in her mid 20s. If Ross is so quick to diagnose dissociative amnesia in a person he has never formally evaluated, it makes us wonder how much trust we should put in the same diagnoses he makes about other people.

Mechanisms Underlying Claims of Amnesia

Finally, Ross (in press) brushed away the importance of mechanisms that might explain dissociative amnesia. Specifically, he wrote that "a postulated mechanism can neither validate nor invalidate a phenomenon." But when it comes to phenomena, mechanism is the difference between plausible and magical. What Ross proposed, of course, puts no limit on accepting any phenomena as having a legitimate origin. When people start burnishing the reality of putative phenomena by declaring their existence is "not allowed by science," we are not far off from accepting claims of witchcraft, alien abductions, or the idea that shooting a beam of energy out of your eyes could open your garage door (Ross, 2007, 2010, n.d.). And even if there is more than one potential mechanism underlying a non-controversial phenomenon, that situation alone is insufficient to question the validity of a phenomenon. Take, for example, the phenomenon of false memory. A multitude of experiments show the existence of this phenomenon (e.g., Loftus, 2005) but whether these memories are caused by source monitoring errors, spreading activation, or some combination does not mean false memories do not exist. But it is an entirely different picture when this discussion is about a controversial phenomenon such as dissociative amnesia, which is both a descriptive and an explanatory concept (Mangiulli et al., 2022). The entire idea

of dissociative amnesia is controversial because it assumes that traumatic memories are successfully stored but lie dormant and inaccessible in pristine form, sometimes for many years.

Put simply, Ross's (in press) view defies the way memory functions, much like the idea of extramission defies the way the eyes work[1]. It is well accepted that our memory system is reconstructive not reproductive. That is, remembering is a process that does not involve the exact reproduction of events as they happened, akin to a videotape recording. Rather, remembering involves reconstructing events from whatever memory fragments remain from that experience and are reconfigured during retrieval in such a manner that the narrative forms a cohesive story of how the event must have unfolded, one that is consistent with our worldview (e.g., Conway & Howe, 2022; Howe, 2013). Moreover, once stored in memory, these fragments do not remain isolated from other memories or from new memories that are formed from other experiences. Indeed, through a variety of processes (e.g., neurogenesis), memories can and do interact and are modified by the construction of memories for new experiences (see Ackers et al., 2014). Thus, there is no evidence that any memory remains intact as it was originally stored or that it can be "walled off" from other experiences.

Also, the only way to evaluate whether a memory is stored is by a memorial report. But a memory report falsifies the claim that the memory was inaccessible (Otgaar et al., 2019). Therefore, when alternative mechanisms (e.g., ordinary forgetting) can account for claims of dissociative amnesia, it means that the tenets of dissociative amnesia are on shaky grounds. With this, we want to stress that claiming amnesia is not the same as suffering from amnesia and thus,

[1] See Ross demonstrate how he captures the energy beam that comes out of his eyes, at https://vimeo.com/1449829

the identification of such mechanisms is vital to understand what it means when people claim amnesia.

Concluding Remarks

In this commentary, we have shown that Ross (in press) has oversimplified and misrepresented research on repressed and false memory. This is alarming as it can increase polarization in an already heated debate on the existence of repressed memory potentially leading to *ad hominem* arguments by different scholars. Therefore, we want to end with a point that might seem tangential to memory but is actually crucial. In the title of Ross 'paper, he refers to "false memory researchers." Although we indeed study the phenomenon of false memories, we are scientists who examine other features of memory, such as how traumatic memories can accurately be retrieved (e.g., Otgaar et al., 2019) and the coherence of traumatic memories (Taylor et al., 2021). Labeling us exclusively as "false memory researchers" neglects the important fact that we are generally interested in understanding the functioning of memory and cognition. Labels such as those Ross deploys signal a non-existent agenda, and increase the dichotomy between scholars who accept the reality of repressed memory and those who are skeptical. A skeptical attitude does not mean that we, as scientists, view recovered memories "almost always" as false memories. Rather, it means that we remain critical towards claims that traumatic memories can be stored in the unconscious, and be recovered in an accurate form— in or out of therapy. Those claims can lead to false accusations, wrongful convictions, and tear families apart.

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