

ON THE NATURE OF
MEMORIES:
RESPONSE TO
"A REPLY TO GANAWAY"

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Mr. Smith's (1992) thoughtful critique of my article from the December 1989, issue of *DISSOCIATION* (Ganaway, 1989) addresses a number of complex terms and concepts that preclude a brief reply on my part. However, to fail to respond adequately to his comments and allegations would be to do a disservice to modern psychiatry as a whole, and the dissociative disorders field in particular.

To begin, it is true that I did cite a hypothesis proposed by some authors that widespread accounts of satanic ritual abuse (SRA) may constitute an urban legend, and I encouraged investigators to seriously explore this possibility. Since then several authors have published articles and book chapters expanding on the urban legend hypothesis, in which psychotherapists and some special interest groups in our society are implicated as the primary "carriers" of misinformation about the validity and prevalence of SRA (Mulhern, 1991; Hicks, 1991; Ganaway, 1991a). These are serious allegations that should not be taken lightly by the mental health profession if we are to maintain our integrity, respect, and public trust.

Regarding the concept of screen memories, Smith quotes Campbell's *Psychiatric Dictionary* as his only source for his definition of "screen memory." As is the case in most dictionary definitions, this one does not do justice to the complexity of the term. It would have been more useful to refer back to the original source material for the term to gain a better understanding of how I applied it in my paper.

In fact, as Freud originally described screen memories, he did not insist that the term be applied only to memories of factual events covering up less acceptable memories of other factual events or fantasies. More than once he acknowledged that there is no way to know for sure how many of the details of screen memories are accurate any more than one can be certain of the veridicality of those memories that are being screened.

In his 1899 paper entitled "Screen Memories," Freud (1962a) clarifies the concept of a screen memory as "one which owes its value as a memory not to its own content but to the relation existing between that content and some other, that has been suppressed" (p. 320). The screen itself need not be veridical to carry symbolic associational importance in relation to the less acceptable thought content that is

masked by it.

In a later work entitled, "From the History of an Infantile Neurosis," the famous case history of the "Wolf Man," Freud (1962b) elaborates further on his understanding of the nature of screen memories. In writing about spontaneous recollections from childhood that patients bring up in the course of psychotherapy, he remarks:

It does not necessarily follow that these previously unconscious recollections are always true. They may be; but they are often distorted from the truth, and interspersed with imaginary elements, just like the so-called screen memories which are preserved spontaneously (Freud, 1918 [1914]).

Contrary to Smith's assumption, then, a screen memory need not represent solely a "real" memory or solely a fantasy; it could be either, or in some cases a mixture of the two.

Smith's objection to the use of the term "screen memory" begs the question, "What is the nature of *real* memories?" Do they exist at all, and if so, how reliable are they?

Returning to Freud's (1899/1962) paper on screen memories, he writes:

It may indeed be questioned whether we have any memories at all *from* our childhood: memories *relating to* our childhood may be all that we possess. Our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal, the childhood memories did not, as people are accustomed to say, *emerge*; they were *formed* at that time. And a number of motives with no concern for historical accuracy, had a part in forming them, as well as in the selection of the memories themselves. (p. 322)

In this formulation Freud augured twentieth century experimental research on the nature of memory, which currently supports the hypothesis that memories are not *reproduced*, they are *reconstructed* in a complex mental process "that involves the relation of our attitude towards a whole active mass of organized past reactions or experience" (Bartlett, 1932, p. 213). Rosenfield (1988, p. 192) suggests that memory represents a recategorization rather than an exact repetition of an image in one's brain. Ornstein (1991)

writes:

Certainly, all our experiences contribute to our view of the world and affect the semblances we create. But to believe we have a complete memory of events is an illusion, as our view of consistency is an illusion. The mind evolved to keep us adapting, not to know ourselves, so even events we are sure we remember perfectly are just a *re-semblance*, the mind's I [sic] deciding on the fly. Memories are a dream. (p. 191)

Loftus (1980) and others have studied extensively the malleability of memory, demonstrating through numerous experiments the unreliability and distortion-proneness of memories occurring spontaneously as well as those retrieved using hypnosis or so called "truth serum" drugs such as pentothal or amytal.

Although Smith's reply starts by focusing on what he feels to be a misrepresentation of Freud's screen memory concept, the remainder of his text appears rapidly to deteriorate into a polemic chastising those who are reluctant to take a stand in support of the factual validity of psychotherapy patients' recovered trauma memories. Some of his comments and conclusions need to be addressed.

He cites the Toomin (Toomin, M. & Toomin, H., 1975) findings that the Galvanic Skin Response (GSR or SCR) rises when emotionally significant material nears conscious awareness in experimental subjects, whereas little or no reaction is noted to well rehearsed "horror stories" that subjects used as red herrings. It should be pointed out that the most consistent and replicable finding among individuals with severe dissociative disorders, including multiple personality disorder (MPD), is very high hypnotizability (Spiegel's Grade 5 Syndrome) (Ganaway, 1991a). These individuals may respond to retrieval of false memories *as if* they are real memories, reacting with the same level of physiological and emotional arousal as they do to memories of factual traumatic events. Therefore, when dealing with this patient population, the concept of "emotionally significant material" incorporates both factual traumatic memories and fantasied or fabricated traumatic memories which may be experienced as real in the hypnotic trance state. It would be important for Toomin to distinguish between high and low hypnotizable subjects in such studies, if this has not been considered.

Regarding Smith's remarks on iatrogenesis and MPD, although no one has been able to prove that MPD in its full-blown form can be created iatrogenically, the fact remains that no one has been able to prove absolutely that it *cannot* be done, either. One reason for this is that it would be unethical to attempt intentionally to reproduce clinically significant MPD. However, I am now familiar with several cases where I am convinced that entirely new systems of satanic cult-related entities appear to have been iatrogenically induced in individuals already diagnosed as having MPD or Dissociative Disorder, Not Otherwise Specified (Ganaway, 1991a). In one such case, there is blatant evidence of new material of a cult-related nature having been introduced through ideomotor signaling and verbal suggestion, result-

ing in the evocation in later sessions of the same level of abreactions routinely reported by therapists who claim to be treating patients diagnosed as suffering from "actual" satanic ritual abuse. The SRA memories and the cult-identified personality parts evaporated when the patient left that therapist and the memories were not further reinforced. In a twenty-six month follow-up, so far, there has been virtually no recurrence of any cult-related memories or cult-identified personality parts while in treatment with another therapist (not the author) who has been careful to strictly limit adjunctive hypnotic techniques.

I was perhaps being charitable and even overprotective of colleagues who were claiming to be uncovering spontaneous, allegedly uncontaminated cult-related material in numerous patients when I wrote my 1989 article for *DISSOCIATION*. Whereas the screen memory hypothesis has proven to be a likely possibility in a small number of cases I have seen since then, regrettably the most common likely cause of cult-related memories may very well turn out to be a mutual deception between the patient and therapist, wherein the therapist has either a conscious or unconscious investment in finding the cult memories. One of the most dangerous tools, in my opinion, currently in use in the service of uncovering alleged "cult alter personalities" and cult-related memories is the forced-response hypnotic technique using ideomotor signaling developed and promoted by Cheek and LeCron (1968) as a method for alleged rapid unconscious exploration. Such an interrogation involves running down an unvalidated checklist of cult-related questions, typically including a "grocery list" of alleged cult-associated phobic objects, such as candles, snakes, spiders, blood, the colors black and red, etc. The interviewer infers from the yes and no finger signal responses the presence of a previously covert cult-involved group of personality parts. Once reinforced by the therapist, this belief system may become fixed and highly elaborated, sometimes with tragic consequences. In these cases the common denominator in the satanic ritual abuse phenomenon may very well turn out to be the therapists themselves.

Elsewhere I have recently published an opinion on how trauma memories should be dealt with during the psychotherapy of severely dissociative patients if we are to be responsible clinicians (Ganaway, 1991b). This approach involves avoiding any leading questions, and avoiding reinforcement of either side of a patient's ambivalence about the factual validity of a particular trauma memory.

Some therapists say that when all is said and done, it really doesn't matter what is historical truth and what is narrative truth; that if the patient appears convinced that a memory is true, it is important to go with the patient's belief in order to facilitate the healing process. If this philosophy did not move beyond the consultation room, perhaps it would matter less. However, there is a dangerous trend among some psychotherapists to assume that alleged perpetrators are guilty until proven otherwise, and to accept dreams and hypnotically recovered trauma memories *prima facie* as factual accounts, rather than viewing them as the primary process productions that they actually are, subject to condensation,

displacement, distortion, and elaborative fantasy. If a patient is encouraged to "go public" with accusations as a soul-cleansing, healing experience, naming his or her parents as high priests and priestesses of a satanic cult (often feeling fully validated by the therapists), only to discover later through further exploration or outside corroborative efforts that these memories are *not* true, irreparable damage will have been done to the accused. Equally as tragic, however, somewhere inside the patient's mind a part of him or her will have known this all along, and eventually will have to deal with the guilt, shame, and rage associated with the realization that he or she has allowed himself or herself to be exploited in the service of seeking acceptance, approval, and caretaking from an identified parent surrogate (the therapist).

Clinicians in this field have a mandate to approach patients cautiously and prudently with respect to the handling of uncorroborated spontaneous trauma memories, and most certainly to avoid contaminating the therapy by introducing any exogenous material that might artificially invoke false memory responses. Anything less than this ignores the sacred dictum, *primum non nocere* (first, do no harm). In his zeal to discredit alternative approaches to SRA memories, Mr. Smith appears to be losing sight of the importance of clinicians remaining in the role of therapists rather than crusaders for a particular cause. ■

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