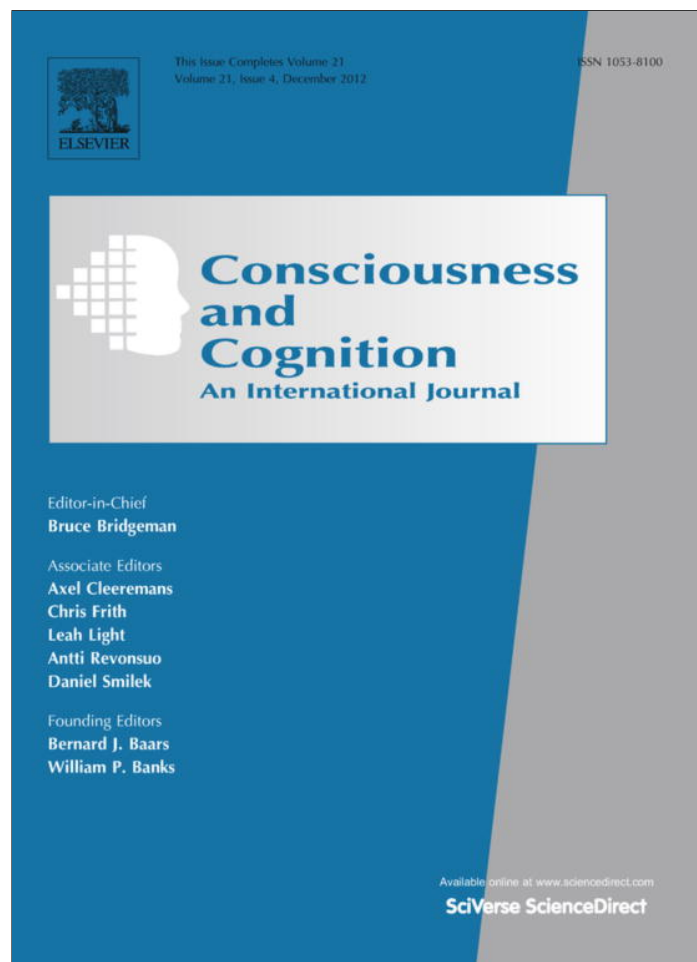


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Short Communication

The classification of recovered memories: A cautionary note

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ABSTRACT

Traditionally, recovered memories of childhood sexual abuse (CSA) have been classified as those emerging spontaneously versus those surfacing during the course of suggestive therapy. There are indications that reinterpretation of memories might be a third route to recovered memories. Thus, recovered memories do not form a homogeneous category. Nevertheless, the conceptual distinctions between the various types of recovered memories remain difficult for researchers and clinicians. With this in mind, the current study explored whether recovered memories can be reliably classified. We found that classification is rather problematic in a subset of cases. To reduce potential bias, we urge for the development and subsequent use of a more reliable classification system and multiple expert raters in research on recovered memories.

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1. Introduction

Recovered memories of childhood sexual abuse (CSA) do not form a unitary category, with at least two types of recovered memory experiences having been identified (Schooler, Bendiksen, & Ambadar, 1997). In the *recovered in therapy* type, people gradually become to believe that they experienced CSA and think they must have forgotten about it for a long time. These memories are often recovered due to suggestive therapeutic practices (e.g., hypnosis). The second, *spontaneously recovered memory* type concerns suddenly recalled CSA memories outside a therapeutic context that are usually accompanied with feelings of shock and surprise.

Recent research (e.g., Geraerts et al., 2009; Raymaekers, Smeets, Peters, & Merckelbach, 2010) has relied on these relatively general descriptions rather than detailed decision trees for differentiating continuous memories (i.e., memories characterized as having been continuously accessible to the individual) from spontaneous and in therapy recovered memories about CSA. This way, categorizing recovered memory reports becomes an inherently subjective process. Its reliability may be especially jeopardized by cases that are ambiguous. For example, one could distinguish spontaneously from in therapy recovered memories based on whether they surfaced *in* versus *outside* therapy. However, one could also focus on whether memories were prompted by another person. Consider an individual reporting recovered memories after having talked to a “paranormally gifted” woman. One could classify them as spontaneously recovered (*outside* of therapy) or, given the suggestive nature of the situation, as *in* therapy recovered.

Another interpretational problem concerns persons who *reinterpret* memories that have always been accessible. For example, victims might reinterpret CSA memories that were always accessible to them as traumatic only after they come to *understand* the abusive nature of these experiences. This experience can evoke a feeling of forgetting and may result in people reporting to have recovered CSA memories. Nevertheless, as argued by McNally and Geraerts (2009), reinterpreting continuous memories should not be confused with retrieving CSA memories after a period of amnesia. Also, the degree of

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forgetting is evaluated on the basis of retrospective self-reports, which might result in fuzzy demarcation lines between recovered memories that were previously forgotten and continuous memories people did not think about for years (Loftus, Joslyn, & Polage, 1998). Finally, some individuals have *mixed memory* profiles reporting, for example, continuous memories of abuse by person A along with recovered memories of abuse by person B (see Raymaekers et al., 2010).

With these considerations in mind, we tested how reliably memory reports are classified when evaluators rely on general descriptions of (recovered) memory experiences. As recovered memory reports are only seldom straightforward and uncomplicated (Alison, Keibell, & Lewis, 2006), we expected that making such categorizations is a process rife with subjective judgments. While general descriptions may be intuitively compelling, they may fall short of the type of precision that is needed for research purposes, thereby creating room for observer effects (Rosenthal & Rubin, 1978).

2. Method

2.1. Participants

Participants were recruited through advertisements in local newspapers. The advertisements specifically invited people to participate in our research when they had alleged recovered memories (i.e., defined as previously inaccessible or unavailable memories; Sivers, Schooler, & Freyd, 2002) of being sexually abused as a child. Inclusion criteria were that participants had to be 18 years or older and reported memories of having been a victim of CSA. Only people reporting memories of the abuse were included, meaning that individuals who believe that they harbor repressed memories that they are unable to recall were not included in this sample. CSA was defined as sexual behavior ranging from fondling to penetration imposed upon the victim before the age of 18 or forced sexual activity between a child prior to age 18 and a person who was at least 5 years older. Following an additional screening in which individuals were asked questions about their memory for the abuse (e.g., “Were the memories of the abuse always accessible or was there a period in your life in which the memories were inaccessible or unavailable?”), eligible participants were invited to come to our lab. The final sample consisted of 52 participants (36 women) with a mean age of 48.02 years ($SD = 10.62$). All 52 memory reports included elements of recovered memories. The study was approved by the standing Ethical Committee of the Faculty of Psychology and Neuroscience, Maastricht University.

2.2. Materials

2.2.1. Recovered memory interview

Participants completed a semi-structured memory interview (see for example Raymaekers et al., 2010) in which they provided information about the nature and duration of the abuse, information on the perpetrator, the nature and context of recovering memories about the abuse, etc.

2.2.2. Classification system

The classification system consisted of the following five categories: (1) spontaneously recovered memories, (2) memories recovered during the course of therapy, (3) memory experiences which could easily be confused with recovered memories but are more likely referring to a reinterpretation account, (4) mixed memory profile, and (5) suggestive – outside of therapy – category. The different categories were conceptualized as follows: (1) People with spontaneously recovered memories usually report that they had previously forgotten and then spontaneously recalled memories of CSA outside of therapy, without prompting from anyone else, or even a conscious attempt to seek such memories; (2) people with in therapy recovered memories usually state that they had gradually recovered their memories of abuse during therapy, prompted by suggestive therapeutic techniques (such as dream interpretation, hypnosis and guided imagery), during an active effort to reconstruct their missing pasts; (3) people who, at first glance, seem to report recovered memory experiences but are not clear or unsure about their prior degree of forgetting and are, therefore, likely to be considered having continuous memories that were reinterpreted; (4) a mixed memory profile can be viewed as a memory report involving different types of (recovered) memory experiences (e.g., continuous memories for event A in combination with recovered memories for event B); and (5) The suggestive – outside of therapy – category includes reports based on memories which were (presumably) prompted by a third person though occurring outside the course of therapy (e.g., memories suggested by a paranormally gifted person or a reiki master).

2.3. Procedure and data analysis

We examined how four independent expert raters who were instructed about the five categories (cf. supra) interpreted the 52 recovered memory reports. The raters (T.S./M.P./H.O./H.M.) were memory researchers with a PhD in psychology. They were familiar with the literature on recovered memories and had acted as expert witnesses in court cases that involved CSA. Memory reports were verbatim descriptions of CSA memories provided by women who volunteered to participate in a research project on recovered CSA memories (i.e. new, not previously published, sample of memory reports). Raters evaluated each memory report according to the above-mentioned heuristic descriptions (see “classification system”).

3. Results

Inter-rater reliability was assessed by calculating the intra-class correlation coefficient (ICCs; Shrout & Fleiss, 1979), using the two-way random effects model and absolute agreement type (McGraw & Wong, 1996). A single measure ICC of 0.78 was obtained which corresponds to “excellent” agreement (Fleiss, 1986). However, in only 63% (33/52 memory reports) of the cases, there was unanimous agreement between all raters. In 29% (15/52 memory reports) of the cases, agreement between three out of four raters was observed. An example of disagreement is that four reports were classified by two experts as spontaneously recovered, whereas the other experts classified these reports as reinterpreted continuous memories. This suggests that reinterpreting memories that were never forgotten can be confused with spontaneously recovered memories or vice versa, even by experts in the field (McNally & Geraerts, 2009).

Taken together, while an overall high level of agreement was reached (ICC of 0.78), all four raters agreed upon the classification category in only 33 out of 52 reports. Moreover, in only 28/52 cases all four raters agreed upon either a spontaneously or in therapy recovered memory classification.

4. Discussion

Our data indicate that expert raters can achieve a good level of agreement when classifying recovered memory reports in five categories, yet fail to agree in no less than 37% of the cases. It thus seems that the current guidelines used to classify recovered memory experiences are sensitive to disagreement. In fact, in only 54% of the cases, all raters agreed upon either a spontaneously or in therapy recovered memory classification. This illustrates that, according to the opinion of the present raters, 24 cases (46%) fell outside the commonly used classification categories.

To date, research has relied on global descriptions rather than detailed decision trees for differentiating between continuous memories and spontaneous versus in therapy-recovered memories. As a result, categorizing recovered memory reports seems to be an inherently subjective process, and its reliability may be especially jeopardized by cases that are ambiguous. Indeed, in practice, clear-cut criteria for a recovered memory are rare (Alison et al., 2006; see also Freyd, 1998). Also note that self-declared recovered memories cannot be accepted at face value. A case in point is the research by Melchert (1999) who found that how people describe the mechanisms that purportedly underlie their recovered memories largely depends on the framing of the questions you ask them: if repression is stipulated, some will endorse repression, but if ordinary forgetting is stipulated some will endorse that phenomenon. This is also related to the fact that people are not always consciously aware of their own memory states and previous attempts at remembering (e.g., people are often poor at recalling prior attempts of remembering; see Arnold & Lindsay, 2002, 2005; Merckelbach et al., 2006; Schooler, Ambadar, & Bendixsen, 1997). Moreover, prior accessibility of a memory is difficult to determine, as a continuum of possible prior memory states can be distinguished ranging from a mere impression of unavailability of memories to complete incapability of recalling the event(s) (Schooler, 1994). Several studies also suggest that people do not really understand the way in which they remember events. For example, a study by Read and Lindsay (2000) showed that extended retrieval attempts can induce an impression of amnesia in healthy people (see, for related findings, Belli, Winkelman, Read, Schwarz, & Lynn, 1998; Van Oorsouw, 2006, pp. 73–81). Given that the classification of recovered memory reports for the most part occurs on the basis of self-report (i.e., semi-structured memory interview), discretion is in order.

Importantly, some researchers have argued that the type of recovered memory is related to the extent to which memories refer to authentic elements (see e.g., Geraerts et al., 2007). That is, memories recovered during the course of suggestive therapy were significantly less often corroborated by collateral evidence than continuous memories and memories recovered in the absence of a therapeutic context. This research finding seems to indicate that the distinction between recovered during suggestive therapy versus spontaneously recovered might be helpful for discriminating between “false” and “true” recovered memories. Our data, however, imply that the distinction is not unproblematic and that it carries the risk that researchers tend to classify memories according to their superficial profile rather than looking at the context in which the claims were made. In addition, deciding whether a therapy is suggestive is feasible for clear-cut cases, but there are also many instances where the suggestiveness of the therapy remains unclear. Furthermore, a patient who undergoes radical recovered memory therapy may still recall a genuine CSA memory, whereas another person may develop false memories of abuse via other routes (e.g., watching a movie about incest; dreaming about CSA) in spite of receiving conventional therapy. All in all, the dimensions of suggestive versus non-suggestive therapy and true versus false memory are unlikely to be identical. Assuming that memories recovered during suggestive therapy are necessarily proxies for false memories, whereas spontaneously recovered memories always reflect authentic recovered memories would be overly simplistic. Ultimately, what really seems to matter most is whether the recollected memory surfaced in response to a *deliberate attempt* to recall it (i.e., was cued or not).

The potential misunderstanding that is created by the term spontaneously recovered memory deserves special consideration. Even though the term suggests that the process of recovery occurred suddenly and unexpectedly, spontaneous memory recovery does not imply the absence of identifiable retrieval cues (e.g., a movie fragment, a certain smell).

Some suggestions for future research are in order. First, the belief that one has previously (temporarily) ‘forgotten’ about the abuse is a vital aspect in deciding whether a memory is classified as continuous or recovered, yet people are often poor at recalling prior attempts of remembering (e.g., Merckelbach et al., 2006). Given that we cannot validate individuals’

judgments of prior forgetting, the diagnostic interviews used to evaluate memory reports should be optimized. Ideally, multiple questions should assess prior memory states in deciding upon classification as a recovered memory. In doing so, alternative explanations for a mere illusion of forgetting (e.g., for examples, see McNally & Geraerts, 2009) can be systematically ruled out.

Second, previous data suggest that a fair number of people have mixed memory profiles (see e.g., Raymaekers et al., 2010). Note that such a classification involves classifying a person rather than a memory (i.e., such a classification does not involve classifying a single memory, but rather a person and his/her multiple memories). These individuals should ideally be excluded from studies on recovered memory experiences. Nevertheless, one might consider including them in research on *continuous* CSA experiences (see, for example, McNally, Perlman, Ristuccia, & Clancy, 2006). Third, memories recovered outside the context of therapy, but prompted by someone other than a registered therapist should not be treated as spontaneously recovered memories, but preferably be classified separately or excluded from the analyses. Fourth, reinterpreting memories that were never forgotten should not be confused with spontaneously recovered memories. Finally, previous papers on spontaneous versus in therapy recovered memories – including those of our lab (e.g., Geraerts et al., 2009; Raymaekers et al., 2010) – that were based on the classification of a single expert should be interpreted with caution. We propose that a better approach would be one in which independent expert raters classify cases. By only including cases on which independent raters converge or at least by reporting on consistency and variability among the raters in future research, the risk of obtaining biased outcomes is reduced. A welcome side effect of such an endeavor would be that findings from different laboratories could be compared more reliably.

In sum, to reduce potential bias, we urge for the development and subsequent use of a more reliable classification system in research on recovered memories. When evaluating recovered memory reports, we advise to use an expert panel to check the reliability of the classifications or as a consensus model to yield a consistent classification.

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