

# Scrutinizing the Use of Repressed Memories as Testimony

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January 2025

In 1990, George Franklin, Sr. stood trial for the murder of 8-year-old Susan Nason—a crime that occurred nearly 20 years ago. Franklin’s daughter, Eileen, provided testimony that detailed her repressed memories of the crime. The repressed memories returned in fragments and include gruesome details, such as seeing her father raising a rock above his head and Susan covered with blood. Her detailed reports influenced the jury to find her father guilty of murder in the first degree. Six years later, George Franklin Sr. was freed, as there was mounting evidence and conflicting claims against Eileen’s testimony. This was only exacerbated by her invalid claims of a second murder that her father “committed,” for which he had an alibi. Violent crimes, child sexual abuse (CSA), and satanic ritual abuse (SRA) are serious, traumatic crimes for the victims, and there is no doubt that they occur frequently. According to contemporary research, memories can be implanted, altered by imagination, or altered by suggestion. On the other hand, certain types of repressed memories have been found to be factually corroborated. Given the severity of these crimes, it is imperative for the jury to be given testimony that is factual in order to prevent arresting innocent citizens and accurately deliver justice to criminals.

Severe violent, sexual crimes, such as CSA occur with frequencies of estimated rates of (10%-50%)—even the most conservative estimate is quite concerning [3]. Memories of these events can be split into continuous (always present in the victim’s mind) or discontinuous (later remembered after being repressed). Discontinuous memories are common, as the victims of these crimes tend to repress these memories as a protective reflex. These memories hold weight in the court room, as jurors have demonstrated that they believe both continuous and discontinuous memories (albeit with some skepticism). Naturally, the question becomes, how much can we really trust discontinuous memories? How often are discontinuous memories unreliable? Indeed, Loftus has demonstrated in a study where participants were asked to read a booklet containing three truthful events of their life and one fictitious event, 68% of the true events were quickly recalled, but more disconcertingly, 29% of the participants falsely remembered the fictitious event [4]. The recollection of false memories were exacerbated by social demands for the participant to remember, explicitly imagining events occurring, and not doubting the validity of these memories. Such practices are

promoted in books such as *The Courage to Heal* by Bass & Davis and in therapy, where therapists, perhaps clouded by confirmation bias, encourage their client to recall abuse and continue searching for evidence that may be “repressed.”

This is not to say that all repressed memories are inaccurate. To better understand the validity of such memories, Geraerts conducted a study of corroborating repressed memories uncovered in-therapy and out-therapy [2]. Although it is not a foolproof method, using independent sources that corroborate CSA claims gives credence to the truthfulness of such memories. By conducting a survey of 57 discontinuous-memory subjects and 71 continuous-memory subjects of CSA, they found that there were no significant difference between the amount of corroborative evidence for memories in the out-therapy group and the continuous-memory group. In other words, spontaneously discovering repressed memories outside of therapy is as verifiable as memories that are never forgotten at all. Subjects that remembered memories out of therapy were markedly more surprised—it is as if this “ah-ha” moment is a true unearthing of repressed memories. Notably, of the 16 in-therapy memories that were recovered, none could be independently corroborated! Therefore, it would be beneficial for the court to consider admitting evidence depending on whether it emerged within or outside of therapy.

Another point of contention is the cognitive profile of subjects, such as their susceptibility to false memories and proneness to forget prior incidences of remembering [1]. As discussed before, susceptibility to false memories can lead to therapists and societal demands to implant false or inaccurate memories. Schooler et al. describes a new phenomenon called the “forgot it all along” (FIA) phenomenon, where remembering events in different contexts leads the individual forget remembering the event from happening all along. This ties intimately with the *spontaneous remembrance* described previously, where subjects may be markedly surprised of remembering repressed memories despite having already recalled them before. To test this, Geraerts conducted the Deese-Roediger-McDermott (DRM) false-memory task and FIA paradigm. The DRM task contained a list of words (e.g. *sugar, honey, candy*) that are strongly related to *sweet*. Participants were asked if they falsely-recalled seeing the word *sweet*. In the FIA task, users saw a context word, such as *hand-palm*. Later, in the same context, they were asked to recall it (*hand-p\*\*m*). Finally, they were asked to recall if they had seen the same item in an altered context (*tree-p\*\*m*). They found that people with CSA memories recovered in suggestive therapy had significantly higher false recall rates in the DRM test than people with continuous memories or recalled memories out of therapy. A possible implication is that people who are more impressionable to false recall may be more impressionable to false memories. On the other hand, subjects who spontaneously remembered events of CSA had low rates of false recall and showed a striking tendency in the FIA task to forget previous instances of remembering cues when presented in different contexts. This supports previous findings that spontaneously recovered memories are likely to be corroborated and explains why individuals with spontaneous memories experience greater surprise.

Claims of victims of CSA, SRA, and other violent crimes should be taken

seriously. However, this must be balanced with protecting innocent individuals against unsubstantiated claims. These findings give credence to specific types of repressed memories, namely discontinuous memories discovered outside of suggestive therapy. Additional efforts to test the validity of such statements may be to test the cognitive profile of such victims and attempt to gather as much corroborative evidence for their claims. While in-therapy repressed memories may have an element of truthfulness, they should be approached with caution within the court room.

## References

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