

**McNally, Richard J.: *Remembering Trauma*
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Over the last decade, few psychological topics have attracted as much attention as how and how extensively people remember trauma. Besides its intrinsic importance in both psychology and philosophy, it has practical ramifications in both the therapeutic and the political realms. We are fortunate that Richard McNally has produced a fine, thorough survey of what has been learned on this subject in recent years.

McNally starts with a discussion of why the topic of trauma memory so politics politically charged. Traumatic memory is tied to the sexual politics of the twentieth century, especially in the last decade with the rise of recovered memory therapy (in which patients, mainly women, suddenly remember childhood sexual abuse during therapy). Here, you have a maelstrom of ancillary issues, such as the rise in diagnoses of Multiple Personality Disorder, the formation of False Memory Syndrome foundations around the world, not to mention the lawsuits directed at parents by patients who have recovered memories of sexual abuse, as well as lawsuits directed at therapists by accused parents and by patients who have retracted their stories. Also, it is tied in with the rise in diagnoses of Post Traumatic Stress Disorder (PTSD), which is linked to antiwar politics.

McNally then moves on to survey current psychological research on how memory works in general. While research on memory is a hot topic in psychology and cognitive science, a certain consensus seems to be emerging. Psychologists distinguish short term or working memory from long term memory. There are two ways scientists conceptualize long term memory. Long term memory is divided into declarative memory (essentially verbal), such as episodic memory of life experiences and semantic memory of facts, and non-declarative memory (essentially behavioral), such as knowing how to ride a bike. Second, long term memory is divided into explicit (essentially, conscious or intentional) and implicit. The key point here is that while implicit memory is unconscious, it is not “unconscious” in the sense of “repressed into the unconscious mind.” As McNally notes (p. 34):

Indeed, the concept of the unconscious of contemporary cognitive science must not be confused with the psychodynamic unconscious of Freud, with its buried memories of

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childhood trauma and its forbidden sexual and aggressive urges struggling to burst through into awareness. The two are entirely different concepts. The unconscious of cognitive science, exemplified by research on implicit memory, simply refers to information that occurs outside awareness....

Regarding autobiographical memory, i.e., long term personal memory (both episodic and semantic), what is clear after much research is that it is a reconstructive rather than a reproductive process. That is, when we remember an event from our past, we don't simply replay an internal videotape, but rather we reconstruct it from various encoded elements distributed throughout the brain. Generally speaking, recent genuine memories are more vivid than are memories of childhood – memories to tend to fade, although thinking or talking about them can prevent details from fading. But it is similarly true that thinking or talking about an *imaginary* event makes a person more likely to confuse it with a real one. *Pace* Descartes, the vivacity of a memory is no guarantee of its accuracy. McNally notes that people who score high on measures of imagery ability and dissociation are especially apt to confound imagined with real events. Moreover, the empirical research that has been done on memory points clearly to the conclusion that emotional stress enhances rather than impairs memory, although it may cause the focus to be on the central features of the event rather than the peripheral. As McNally notes, this is what one would expect on evolutionary grounds – how adaptive would it be for members of a species to rapidly forget life-threatening situations? Finally, McNally reviews the large amount of recent work in the creation of false memories, which shows fairly conclusively that many (if not most) people can come to have memories of stressful events that never in fact happened, indeed, never could have happened.

McNally then considers the notion of psychological trauma itself. This is a tricky and controversial issue. The rise in interest in psychological trauma has an economic component: diagnoses of PTSD can be the basis of disability payments. Trauma has two sides: the objective (does the stressor constitute a real threat to life or of serious injury?) and the subjective (does the stressor humiliate or terrify the individual?). Research seems to show that there is no simple relation between the degree of objective trauma and the symptoms that may result (people do differ in how a given stressful event impacts them psychologically), and it is hard to measure the degree of objective trauma. Most researchers have relied on reports from patients relying on memories of past trauma, but such reports are in great part a function of the patient's current clinical state, and most people who undergo severe trauma do not develop PTSD.

Regarding the memory for trauma, the recent research has upheld part, but only part, of "clinical lore." Nightmares and flashbacks, especially for those suffering PTSD, are (again) not like videotape replays, although there is the vivid illusion of reliving the initial trauma. In flashbacks, what is experienced often differs from what really happened in the initial traumatic experience, and indeed, some people experience vivid "flashbacks" of events that never occurred. Moreover, very recent research indicates that people who were unconscious during the trauma (e.g., knocked out in an auto accident) have recurring emotional reactions to it, although it is still unclear whether those reactions are due to some kind of conditioning while unconscious or just learning about the event afterwards (say, from reading police reports or talking to family members).

McNally turns next to the mechanisms for traumatic memory. Here he notes (p. 156) that recent experimental research has debunked various assumptions about memory, trauma, and the mechanisms underlying traumatic memory. PTSD patients, despite anecdotal reports to the contrary, do not in general show memory impairment on standardized tests. And studies

do not support the idea that high levels of the stress hormone cortisol shrink the hippocampi of PTSD sufferers – first, the levels of cortisol are not typically higher in PTSD sufferers, and second, smaller hippocampi are likely genetic in origin. (A smaller hippocampus in fact may be a risk factor for PTSD, rather than an effect of it.) And experiments into the notion that trauma survivors (especially those who suffered childhood sexual abuse) develop skills for suppressing such memories have failed to support it, indeed, tend to indicate the opposite, i.e., that experiencing trauma impairs your ability to forget disturbing material.

McNally then gives a fair and comprehensive review of theories of repression and dissociation. He covers Freud's seduction theory in detail, as well as Lenore Terr's theory, Jennifer Freyd's Betrayal Trauma theory, up through Bessel van der Kolk's theory (a fusion of neuroscience with the theories of Pierre Janet). Such theories posit that: people can have traumatic experiences as children; they then repress/dissociate explicit memories of those traumas; they will express those memories in emotion and behavior; they can subsequently recollect as adults those memories with a high degree of accuracy; and recovering in narrative form those repressed or dissociated memories is therapeutically beneficial to them. Any such theory is posited as a best explanation of cases in which a person undergoes traumatic experiences, does not think about them for years, and then begins to think about them again, say, under therapy. McNally makes what ought be obvious points. First, again, what evolutionary scenario could we possibly imagine that would confer selective advantage upon members of a species that didn't remember severe threats? Second, such theories attribute "traumatic amnesia" to either repression or dissociation, overlooking the obvious explanation of ordinary forgetting of unpleasant memories. Amnesia means that you *cannot* remember, it is an *inability* to remember, and that is quite different from simply not constantly refreshing your memory at each moment. There are unpleasant, shameful or humiliating incidents in my life which I am perfectly capable of remembering at any given time, but which I avoid remembering because of the attendant pain they bring. In a word, suppression of unpleasant memories is different from repression or dissociation. Moreover, if the traumatic incident is perceived by the person to be shameful, even if he brings it to mind, he certainly will not be inclined to discuss or reveal it. Amnesia is different not only from suppression, but from silent remembering. Conflation of suppression with repression is not a minor problem, but is on the contrary a deep methodological flaw in theories of repression. As McNally notes (p. 184):

We cannot tell the difference between unavailability of the memory trace and refusal to disclose the abuse. To discriminate either of these alternatives from repression or dissociation, we would have to establish a way to detect and measure the operation of these inhibitory mechanisms independent of the facts they are adduced to explain: the person's failure to report abuse. That is, we cannot invoke the mechanism of repression (or dissociation) to explain memory failure if the only evidence for the operation of the mechanism is the very data the mechanism is invoked to explain. Trauma theorists must establish methods for measuring repression and dissociation independently from recall failure itself.

McNally then surveys the studies regarding traumatic amnesia, i.e., inability to remember trauma. Retrograde amnesia is the inability to remember events that occurred before the precipitating event (such as an auto accident or brain surgery), anterograde amnesia is the inability to remember events that occurred after the precipitating event. Organic amnesia is amnesia caused by events that damage the brain; psychogenic amnesia

is amnesia caused by events in which some psychological or emotional components result in memory loss without brain damage. Organic amnesia is relatively common, but psychogenic amnesia isn't, popular belief notwithstanding. The issue of psychogenic amnesia is complicated by the fact that psychological stressors can trigger retrograde amnesia in people with preexisting brain damage, and – worse yet – some people (such as criminals) will pretend to have psychogenic amnesia.

The sort of amnesia hypothesized to explain why a person would not remember childhood sexual abuse can't be psychogenic amnesia, because standard psychogenic amnesia starts right after the triggering episode, and involves sweeping retrograde memory loss (and loss of personal identity as well). This is quite different from the traumatic amnesia claimed by recovered memory therapists and others, where a single event is repressed for many years, but all other memories remain intact, as does personal identity, and the memory gets recovered in therapy (thus isn't a case of permanent amnesia). So the rare reports of true psychogenic amnesia do not support the peculiar "amnesia" supposedly operating in repression/dissociation and recovered memory theories. Similarly, the DSM-IV PTSD symptom "Inability to recall an important aspect of the trauma" is ambiguous – as Elizabeth Loftus and others have shown, during a traumatic event (such as, say, an armed robbery) the victim may focus on some features (like the gun the robber is holding) rather than others (such as the color of the robber's belt). This is hardly amnesia.

McNally again surveys the literature attempting to establish traumatic amnesia in general, and in particular amnesia for sexual abuse, homicide, genocide, torture, disasters, and combat. Moreover, he looks at various oft-cited studies of recovered memories. He cites numerous flaws to be found in these studies: simple failure to distinguish inability to remember from not remembering at a given time or for a long period of time; failure to grasp that some people molested as children didn't perceive what happened to them as sexual abuse at the time; failure to verify (or even to bother trying to verify) that the trauma really happened (or just accepting at face value the subjects' claims that corroboration exists); failure to distinguish the inability to remember an event from the lack of desire to talk about it; failure to rule out other possible explanations for not remembering besides traumatic amnesia (such as head injury, sleep deprivation, or outright lying); and failure to conduct follow-up interviews to ascertain why the subject didn't mention the traumatic event initially.

McNally considers next the recently highly researched topic of false memories (a topic the aforementioned Elizabeth Loftus has done so much to investigate). Among other criticisms, he points out the dark side underside of the recovered memory movement: reports of abduction by aliens from outer space, of torture and rape by roving bands of satanic worshippers, and of ritualistic sexual abuse of children. These reports are all incredible, in the face of the lack of any solid independent evidence of satanic cults and space visitors. He rightly quotes the sociologists Richard Ofshe and Ethan Watters that such bizarre reports put recovered memory therapists in a dilemma: either go along with those who believe E.T. is a real being with outrageous sexual habits, or admit that the methodology for supposedly recovering repressed memories is hopelessly flawed because it creates false memories in significant numbers of patients. A few such therapists have grasped the first horn of the dilemma, and have said that space molesters exist, and a few others have backed off from their therapeutic techniques. Woefully many, it seems to me, have simply failed to face the issue.

McNally finishes up by first sketching his own experimental research into some of these contentious areas, such as the rise of current therapeutic techniques like guided imagery, the

Deese/Roediger/McDermott (DRM) paradigm, directed forgetting, the emotional Stroop Task, as well as alien abduction. An important conclusion of his work on alien abduction (p. 273),

Some psychotherapists have claimed that recovered memories of childhood (or other) trauma must be authentic because the emotional intensity of recollection is so great. Our study indicates the fallacy in this argument. Indeed, the abductees we studied evinced objective signs of emotional, psychophysiologic reactivity while recollecting memories of traumatic events that almost certainly had not happened.

McNally closes by suggesting some areas of emerging controversy, such as whether some people are pretending to be PTSD-afflicted combat vets for the disability pay (he cites in this regard the recent expose *Stolen Valor*, by B. G. Burkett and Glenna Whitley), whether the very concept of trauma has been inflated beyond all reasonable bounds, and whether PTSD is itself a social construction.

Besides its obvious appeal to psychologists, McNally's book is extremely important for philosophers. The nature of memory is (and has traditionally been) a topic of much interest to epistemologists, and so McNally's literature review of current work on memory is certainly useful to epistemologists. In particular, this book is one more nail in the coffin of the video-recorder theory of memory. For those of us who work in the area of critical thinking, this work on the nature and reliability of memory is very applicable, indeed. In my own critical thinking classes, I utilize this recent work in discussions about the criteria for determining whether testimony is credible.

For philosophers working in the history and philosophy of psychology, or the philosophy of cognitive science, McNally's is timely as well. McNally's book is of course important in the ongoing critical assessment of Freudianism. But it is also of interest to those working in cognitive science generally. Memory is one of the hottest topics of research in cognitive psychology and cognitive neuroscience.

In sum, *Remembering Trauma* is an indispensable work for anyone interested in Freudian theory, current therapeutic methods, and the recent history of psychology generally. It is also useful for those interested in the epistemology of memory (and its application to critical thinking), as well as issues in the philosophy of psychology. I have seldom read as clear an exposition of a complex scientific topic, all the more remarkable because it is written by a highly respected, active researcher in the field. McNally has done us all a great service.