

REMEMBERING AND FORGETTING: RECALLING ABUSE.

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- Royal College of Psychiatrists Patient Safety Group: Alderdice & Kennedy reports.
- Relevance of trauma in mental illness.
- Medicolegal practice.

Sharp Thread Sting Eye Pinch Sew Thin Mend

Wason's Four-card Trick

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Clinical relevance of abuse.

- Meta-analysis of 46 studies (n = 2604 women) & 31 studies (n = 1536 men) receiving psychiatric treatment showed:
- 48% women in MH services suffered childhood sexual abuse.
- 28% men in MH services suffered childhood sexual abuse.

Consequences.

- PTSD.
- Complex PTSD.
- Personality Disorder.
- Eating Disorders.
- Depression.
- Anxiety disorders
- Substance Abuse
- Dissociative Disorders.

WAITING TO BE TOLD?

- 50% waited >10 years to disclose.
- 28% never disclosed.
- < 50% patients asked about past abuse.

BARRIERS TO DISCLOSURE.

- Focus on immediate crisis.
- Clinician worried about upsetting the patient.
- Fears of vicarious traumatisation.
- Fears of false memory.
- Male patients.
- Patients > 60.
- Diagnosis seen as more biogenetic (psychosis).
- Clinician opposite gender of patient.
- Clinician lacking training.
- Clinician's personal experiences.
- Lack of care pathway.

WHAT AN EXPERT SHOULD BE ASKING.

- Early childhood.
- School.
- Family environment during childhood.
- Adolescence.
- Abuse history.
- Past & current safety issues.
- Mental health history.
- Legal issues.
- Substance misuse.
- Medical history.
- Employment history.
- Interests & hobbies.
- Major relationships.
- Support history.
- Spiritual, religious & other beliefs.
- Current relationships.

TRAINING FOR CLINICIANS.

- Prevalence & effects of abuse.
- Cultural issues.
- Learning how to ask.
- Learning how to respond.
- Notetaking & legal obligations.
- Resources available.
- Vicarious traumatisation.
- Staff safety.

CONSEQUENCES: COMMON SYMPTOMS.

DIRECT.

- Nightmares
- Flashbacks
- Sexual phobias & dysfunction
- Anger
- Inability to trust.
- Choosing abusive partners (cycles of abuse)
- Becoming an abuser.
- Amnesia.
- Multiple personality.

INDIRECT.

- Low self-esteem
- Depression
- Self-harm
- Self-hatred
- Suicidal behaviour
- Bulimia nervosa
- Substance misuse.
- Psychoses & borderline states

REMEMBERING AND FORGETTING - HISTORICAL ISSUES

- South Ronaldsay (Orkney) abuse scandal.
- Cleveland Child Abuse Scandal.
- “Nick” & VIP Paedophile Ring.
- Damage of false denial & dismissal of abuse.
- Denial dependent on: race, class, gender.
- Rotherham Child Sexual Exploitation Scandal.
 - Weir report.
 - Heals report.
 - Jay enquiry.

STRIKING A BALANCE.

- Brown et al (1998):

“From the very beginning, the debate has been characterised by a viciousness unparalleled in the annals of contemporary scientific disagreements.

Because of the zealotry, science has taken a backseat. In its place have been wild & inaccurate articulations or hyperbole & rhetorical devices... that have served, not a science, but as emotional soundbites for a gullible media.”

FALSE MEMORY & FALSE MEMORY RHETORIC.

Kihlstrom:

- “Within this sociocultural milieu, even a few probing questions & suggestive remarks by an authority figure such as a therapist may be sufficient to inculcate a belief on the part of the patient that he or she was abused, & start the patient on the road towards the recovery of false memories.”
- “There is nothing in the available literature that would permit us to have any confidence...that there are causal links between trauma, amnesia & psychopathology.”

EVIDENCE OF FORGETTING.

Brown et al.

- Severity of violence.
- Closeness of relationship with abuser.

Cameron: “forgotten” memories vs “never forgotten”.

- “Forgotten”:
- 73% recalled before any therapy.
- 65% - verifiable evidence.
- More severe abuse.
- Associated violence.
- Abuse by mother or father.
- No adult on whom the victim could rely.

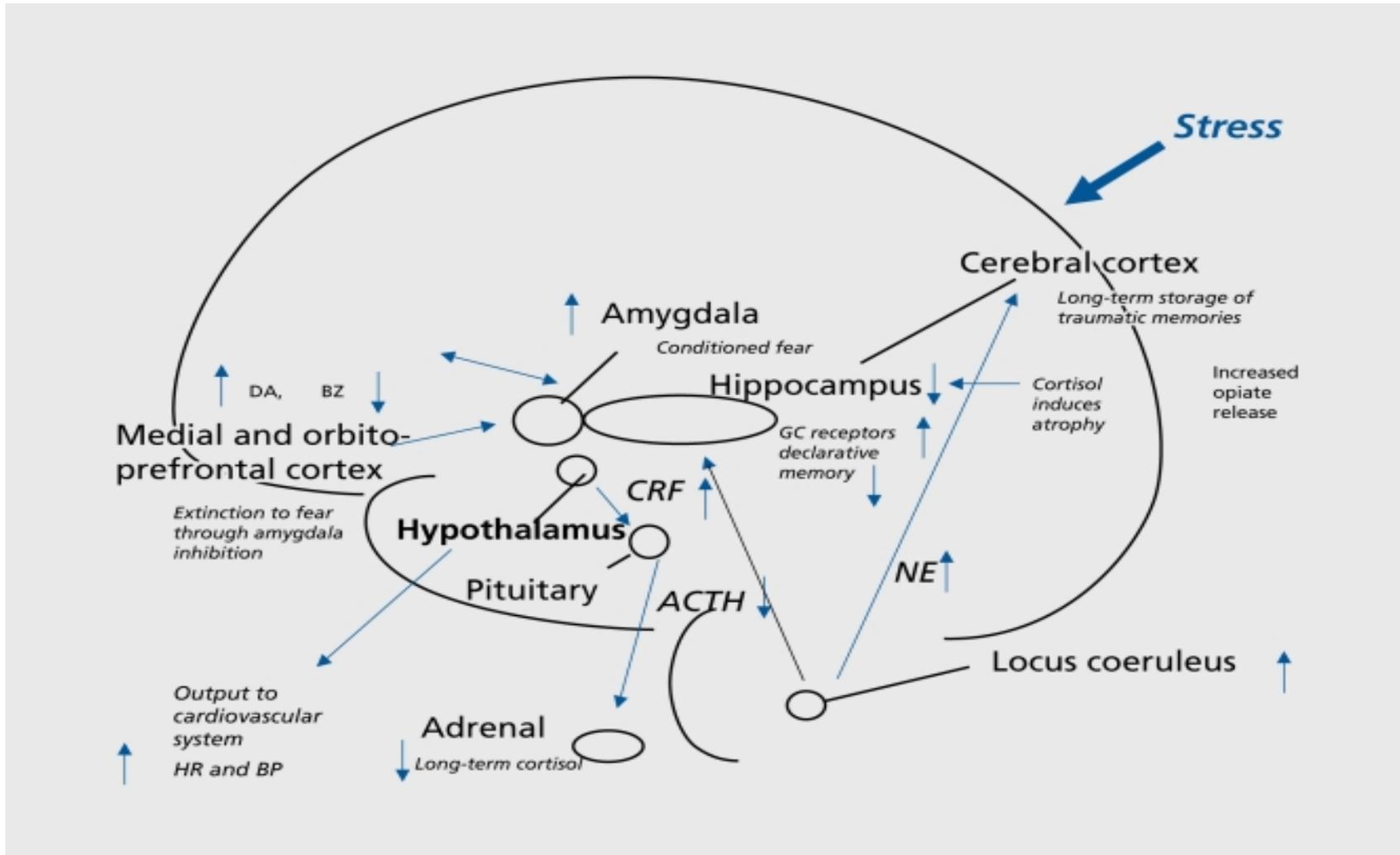
REPRESSION.

- Freud: “the essence of repression lies simply in turning something away & keeping it at a distance from the conscious.”
- Pope & Hudson: “One must first exclude cases in which victims simply tried not to think about the events, pretended that the events never occurred, what appeared to drive secondary gain by merely claiming to have amnesia (i.e. to avoid embarrassment).”

NEUROBIOLOGY.

- Memory not like a video or computer file.
- Remembering is an active process of reconstruction.
- Distorted memories common. Completely false memories rare.
- Emotion strongly influences memory recall.

BRAIN AREAS IMPLICATED.



CHANGES IN BRAIN CHEMISTRY.

- Increased cortisol & norepinephrine.
- Antidepressants modulate the hippocampus.
- PTSD - smaller hippocampal & anterior cingulate volumes, increased amygdala function, & decreased medial prefrontal/anterior cingulate function.
- Wordless & sometimes incoherent terror

AVOIDING FALSE MEMORY SYNDROME: WARNING SIGNS.

- Early memories.
- Reliance on dream interpretation.
- Reliance on hypnosis or guided imagery.
- (Survivors groups? Multiple personality?)

FALSE MEMORY & REAL HORROR. MURRAY CAISSIE.

- 4 years old.
- Nocturnal enuresis worsening.
- Infantile babbling.
- Sexually suggestive play with cousin.
- “Tooky pulled my pants down.”
- Mother contacts social services and police.
- Nude swimming parties.
- Taken to a magic room by a bad clown.
- Clown threw fire in the room.
- Molested them with a magic wand.
- R2D2.
- Lobsters.
- Animal sacrifices.

JUDICIAL RULING OF JUDGE BORENSTEIN

- “Overzealous & inadequately trained investigators, perhaps unaware of the grave dangers of using improper interviewing & investigative techniques, questioned these children & parents in a climate of panic if not hysteria, creating a highly prejudicial & irreparable set of mistakes. These grave errors led to the testimony of the children being forever tainted.”

BEWARE THE BACKLASH?

- Individual problematic cases used to discredit.
- False memories occur but are uncommon & can paint a distorted picture.
- Not helped by 'hired guns.'

CONCLUSIONS.

- Beware expert witnesses who adopt polarised positions.
- Memory unreliable (hypnosis, guided imagery & dream interpretation).
- Repression of traumatic memory is common (dissociation & extreme agitation).
- Similarly society oscillates between dissociation (scepticism) & extreme agitation (hysteria).
- Memory is an active process of reconstruction & is not like a video.
- Neuroscience adds to knowledge of memory.

END