

another. In this connection, a literary model of mind control is the late-19th-century novel *Trilby* (1894), which features Svengali as the master hypnotist who controls the behavior of his protégé. The Svengali stereotype persists in popular entertainment conceptions of hypnotism.

Recapitulation

In de Rivera's four cases, the following sequence of events applies:

1. An unhappy person seeks help from a therapist with Aesculapian authority.
2. The search for causes guided by the beliefs of the therapist that adult disorder is caused by childhood abuse.
3. The search for memories when the client reports no memories of abuse.
4. The therapist's authoritative assertion that causes are to be found in childhood memories.
5. The repression notion is advanced by the therapist.
6. The client employs imaginal skills to construct memories.
7. The client assigns credibility to imaginings.
8. Pseudomemories become objects of belief.
9. The client accuses the parent of abuse.

The recantation follows from doubt about the conferral of Aesculapian authority on the therapist and on the lack of improvement in therapy. With the expansion of doubt, the women withdrew credibility from the pseudomemories and returned them to the status of imaginings.

The implications of de Rivera's study are consonant with the growing body of literature that focuses on iatrogenic contributions to the diagnosis and treatment of psychological distress.

Notes

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References

- Benedict, R. (1934). *Patterns of culture*. Boston: Houghton Mifflin.
- Danziger, K. (1990). *Constructing the subject: Historical origins of psychological research*. New York: Cambridge University Press.
- DuMaurier, G. (1894). *Trilby*. London: Osgood, McIlvaine and Company.
- Gerrig, R. J. (1993). *Experiencing narrative worlds*. New Haven, CT: Yale University Press.
- James, W. (1890). *Principles of psychology*. New York: Henry Holt.
- Lanning, K. (1992). *Investigator's guide to allegations of "ritual" child abuse*. Quantico, VA: National Center for the Analysis of Violent Crime.
- Mulhern, S. (1994). Satanism, ritual abuse, and multiple personality disorder. *International Journal of Clinical and Experimental Hypnosis*, 41, 265-288.
- Ofshe, R. J., & Singer, M. T. (1994). Recovered memory therapy and robust repression: Influence and pseudomemories. *International Journal of Clinical and Experimental Hypnosis*, 41, 391-410.
- Sarbin, T. R. (1995). On the belief that one body may be host to two or more personalities. *International Journal of Clinical and Experimental Hypnosis*, 43, 163-183.
- Sarbin, T. R., & Allen, V. L. (1968). Role theory. In G. Lindzey & E. Aronson (Eds.), *Handbook of social psychology* (Vol. 1, pp 488-567). Reading, MA: Addison-Wesley.

How Recovered Memory Debates Reduce the Richness of Human Identity

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De Rivera's target article on the experience of retractors raises several troubling questions that go beyond the specific problem of false memory syndrome (FMS). How do individuals construct a narrative identity and what relation does this narrative identity bear to the "objective" truth? How powerful a role does therapy play in narrative revision and even reconstruction of

identity? How do cultural factors shape or influence personal constructions of narrative identity? Finally, what legitimacy may we ascribe to models developed from retractors' accounts of their false memory ordeals? I address each of these questions in turn, but they all share a common thread. Narrative identity is a psychosocial construction that depends both on personal

and cultural factors. The current emphasis on abuse as a critical issue in family dynamics treats simplistic cultural and political constructions as explanatory of survivors' and retractors' lives. As psychologists, our job is to provide rich and elaborated models of human behavior. These models will inevitably reflect the dominant cultural themes of our particular era and society. Yet we should exercise extreme caution when ideological influences reduce complex behaviors into political caricatures of "good" and "bad." As I attempt to demonstrate, both survivors and retractors are susceptible to operating within a hermeneutic circle that turns complicated human beings into cartoonish villains. Both the scientific and humanistic underpinnings of clinical psychology ask that we move beyond stereotypes into the acknowledgment of the multidetermined nature of personality in relation to both psychological and cultural influence.

The Construction of Narrative Identity

What immediately troubles me in de Rivera's four case studies is the minimal background detail we receive about the retractors. These individuals serve as our informants, and we will build our models of FMS from their accounts. A charge of abuse or a retraction of abuse plays a central role in the narrative identity of an individual and we know virtually nothing of the life stories they had constructed prior to their "discovery" of abuse.

Charges of abuse and later retractions are significant chapters in the ongoing life story of identity developed by a given individual. McAdams (1988, 1990) elaborated a rich and well-researched model of how individuals fashion a life narrative that links past, present, and future into a unified and purposeful identity. In his model, individuals create their life story out of archetypal characters, critical or "nuclear" episodes, and overarching themes (the tension between autonomy and interpersonal relatedness). In addition, their life develops in the context of certain ideological stances about the justness of the world, the goodness of people, and the possibility of having influence on outcomes in one's life. Finally, he proposed that our actions are also guided not simply by what we have experienced, but by what we anticipate and desire in the future. This last component, *generativity*, may influence greatly the enthusiasm individuals bring to the carrying forward of their personal stories—their view of how the story ends affects what they are building or tearing down in the present.

If individual identity corresponds to a complexly crafted story, then what role does veridicality of personal memories play in this construction? At various

points in describing his model, McAdams (1988, p. 18) used the words *myth* and *fable* (p. 60) to capture the essence of the life story he believes individuals create. One meaning of the use of such words is that the individual's self-understanding takes precedence over the actual details or facts of a given life. Social cognition research in the 1980s and 1990s has demonstrated that individuals' interpretations of events offer greater explanatory value in predicting their behavior than the events themselves. We cannot expect therefore that individuals' identities will be responses to the objective circumstances of their lives. Their narrative identities will be constructed out of their subjective interpretations of interpersonal relationships and encounters.

For this reason, I find the term *false memory* unhelpful with regard to memories of childhood experiences. It implies that we have a capacity to give accurate renderings of affectively laden events from our childhood. As the Winograd and Neisser (1992) analysis of inaccuracies in the so-called "flashbulb" memories beautifully revealed, even our most vivid personal memories contain inaccuracies. In almost two decades of studying autobiographical memory, I have continually confronted the intersection of needs, goals, defenses, social and cultural influences, and the content of individuals' narrative memories. The presumption that the affectively laden memories of any child-parent interactions are going to be accurate in an absolute factual sense is in my opinion highly suspect and even more dubious when considering traumatic and soul-wrenching memories. Psychologists must (and with great relief) leave the matter of facts and evidence to the legal and justice system. Our job, and it is a critical one, is to report on the meanings individuals construct of their memories and the roles these meanings play in their lives.

Having made this statement, I do not mean to imply facts and objective occurrences do not exist. No one can deny that the Japanese did indeed bomb Pearl Harbor on December 7, 1941. What makes this historical information enter the realm of evidence is tangible physical evidence and a consensus of eyewitnesses. In the vast majority of cases that emphasize childhood experiences, therapists have the benefit of neither. As they listen to the stories told them by their clients, therapists must understand them for exactly that—narrative constructions of the world that have a vital internal meaning for the narrator. They may hold an "emotional truth" in the sense that the individual believes in them and organizes their lives around them, but to treat them as statements of facts begs another kind of truth that is exceedingly difficult to obtain. Many times as a therapist, I have listened to a detailed description of a spouse that paints a compelling picture of his or her personality.

When this same person enters my office for couples treatment, I encounter a man or woman who is markedly different than the image evoked by the partner. In sum, the narrative constructions clients offer of their past and sometimes of their present worlds should not be reified into truths or falsehoods. They are inevitable distortions, some more accurate than others, but language that weights veridicality as a critical issue at the expense of meaning should be avoided. In exploring the narrative construction of identity with our clients, our task is the mapping of a psychological reality for the client, not an external reality that accurately describes an objective world.

The Role of Therapy in Narrative Revision

Individuals who know the answers to their problems in living and their personal suffering seldom come to therapy. People in confusion and distress, who have reached dead ends and repetitive cycles of defeat, are the most likely ones to find their way to therapy offices. When they do, they often look to the therapist to give them a structure or explanatory framework that will help them make sense of what seems incomprehensible and chaotic in their lives. Therapists, by offering diagnoses, medications, treatment protocols, homework, techniques, and interpretations, allow the client a means to bring rationality and control back into their lives.

The plot has thickened once again. Individuals bring to therapy narrative constructions in their life that cannot usually be assessed for truth value. These constructions meet head-on the therapists' theoretical constructions that guide their understanding of their clients and their clients' therapeutic problems and needs. Given the inherent imbalance of authority and power, the client's narrative will shift in the direction of the therapist's constructive influences. Our question is then how radical a shift will this be and does this shift depend in part on the prior narrative identity an individual brings to therapy? Let us look at de Rivera's case of Ann.

De Rivera claims that Ann's case fits his model of mind control producing FMS in a client. The therapist is portrayed in Ann's case study as an intrusive manipulator who seeks to dominate Ann's every thought and action. According to this case, the therapist encourages Ann to end contact with her father, leave her husband, and change her will. After 5 years of therapy, Ann has moved from a person who could not recall abuse to someone who is convinced that her father raped her between ages 5 and 15 and mutilated her sexual organs, among other atrocities. Throughout her years in therapy, Ann's life began to decline rather than improve; both her work life and marriage suffered. Finally, when

she retracted the claims of abuse and reconciled with her husband and parents, she saw a positive change in her life. After a halfhearted suicide attempt 1 month after retraction, "Ann began to recover her sense of self-worth and appears well on the way to full recovery." Her current physician feels a more appropriate set of diagnoses are an anxiety disorder and a Type A behavior pattern.

I find something quite incomplete about de Rivera's presentation of Ann's history in this manner. As he constructs the case history, Ann appears to have a normal and untroubled history before she has the bad luck of seeing a domineering therapist. We are told she is highly intelligent and successful in school and work. We also learn she is from a stable working-class family and that she is self-sufficient. Her anxiety and panic at work is attributed to her coworker's intimidation, and her sense of inadequacy is in response to his behavior. De Rivera provides us with little understanding based in Ann's past of how she could move from her solid background to psychoticlike accusations and near self-destruction. One attribution, and clearly the one with which Ann is now most comfortable, is that the therapist made her do it—that she was a victim of a sick woman who controlled her mind. In fact, I think one could accurately say that Ann now believes her therapist abused her, not physically, but in an equally damaging emotional way.

A troubling aspect is de Rivera's characterization of what happened to Ann as an example of what can happen to "relatively normal" persons from "relatively functional" families when they meet therapists who are "pursuing a personal agenda." I have already suggested that therapists may indeed play important roles in shifting the narratives of their clients toward constructions that fit more closely the therapists' theoretical frameworks. Having said this, I wonder strongly about the capacity of therapists to shift so-called "relatively normal" clients' narratives into radically different and fictional directions. We need to know more about the way Ann had constructed her life story before she sought help from this most unhelpful therapist. What kinds of archetypal characters figured in her story? What ideological setting with regard to levels of trust and safety did she bring to her interpersonal interactions? How prominently did themes of autonomy versus themes of dependence figure in the major memories of her life? Without knowing this information, Ann's story of how she came to feel abused followed by her retraction is reduced to an ideological vehicle for attacking psychotherapy. De Rivera claims that he sees the mind-control model as based not on a malevolent therapist, but a "strong-willed" one. However, Ann's therapist is depicted as going far beyond the boundaries of strong-willed.

The rhetoric and terms of Ann's retraction and renunciation of her therapist seem little different than the language used to attack her parents. The question that remains unanswered by each successive claim of abuse is who is Ann and what is her story? Therapy has the capacity to shape and even direct our narratives, but "normal" stable individuals are not empty vessels when they enter the therapist's office. The idea that all Ann really suffers from is a little anxiety and an overbearing attitude about her work priorities strikes me as a bit ludicrous and even dismissive of the entire concept of personality. Ann can jettison the bad therapist, but the way she constructs the world and her relationships within that world will not go away so easily.

How Do Cultural Factors Shape or Influence Personal Constructions of Narrative Identity?

De Rivera is correct that individuals' narratives of identity do not emerge in a vacuum; they bear the heavy imprint of cultural and social context. Whether the retractor succumbed to therapeutic mind control or fashioned a story of abuse out of her own imagination, the fact remains that the abuse-survivor script is currently highly visible in our culture. The retractors and therapists (at least as the retractors describe them) engage in certain cultural terms that emphasize the boundedness of individual identity and the entanglement of others with that bounded identity as forms of intrusion and violation. For example, when Cath goes to see her therapist, he immediately defines her in the survivor role of an "adult child of an alcoholic." Many of the characteristics associated with an upbringing in an alcoholic family have to do with boundary violations, reversal of roles for children and parents, and defensive withdrawals from the world outside the family. Not only does Cath raise these same dynamics in her relationship with her therapist, but they become the chief substance of her accusations against her therapist when she retracts.

What we are currently seeing in the proliferation of charges of abuse and subsequent retractions may have a great deal to do with our societal overemphasis on individualism and self-fulfillment. When each person strives to express personal rights and to reach his or her full potential, other people may appear to be impediments to these goals. As we live more isolated and atomized lives in a highly private and consumer-oriented society, relationships to family and community become more attenuated. Any human interaction can be viewed as a potential threat or violation rather than a connection and relationship. Recently in my undergraduate practicum class, a male student intern was

dismissed from a child-care setting because he restrained a 9-year-old boy from hitting another child. Despite the staff's support, the parent-run board of directors (which included the boy's parents) voted unanimously to dismiss the intern because he had been instructed that interns should not touch any of the children. The staff's argument that he had put his arm around the waist of the boy in order to prevent injury to another child was insufficient to sway the parents. Somehow the lesson that touching is bad had been deeply inculcated in their minds. The student's supervisor called me to apologize for the situation. She told me in her 20 years of teaching she had always given children hugs, but now she was afraid to embrace a child unless the child first approached her for a hug. This general distrust in our society of physical contact and intimacy, depicted brilliantly in Greenberg's *The Self on the Shelf* (1994), creates the context for abuse memories and retractions, as well as their flip side—therapists and recovery groups that offer intimacy within bounds and relationships with built-in limits. Simplified depictions of abusive fathers or mind-controlling therapists only reinforce our general fear of being close to each other. The retractions switch the emphasis of victimization from parent to therapist, but they do not step out of the cultural terms that define this particular narrative text. Most dangerously, the pervasive influence of this abuse victim narrative undermines the legitimacy of actual tragic cases of sexual and physical abuse. By seeing abuse everywhere, we run the risk of dismissing or overlooking individuals who are most in need of help.

The Legitimacy of Developing Models From the Retractors' Claims

I have already raised the general issue of the questionable veridicality of autobiographical memory. In this last section, I would like to address the difficulties I see with de Rivera's claim that interviews with the retractors would allow us to develop conceptual models of FMS. We can grant, *prima facie*, that retractors are unlikely to be reliable informants. They have produced two dramatically divergent accounts of significant events in their lives and at different times held adamantly to the truth of each contradictory account. To make their constructions the central feature of an "objective" explanation of how false memories develop seems to me a risky venture. De Rivera acknowledges the need for independent confirmations from therapists and parents. Unfortunately, we do not know how many family members were interviewed and no therapists participated in the study (understandably from a legal standpoint). Yet family members and therapists could

only add further interpretations and personally tainted perspectives. Although extreme situations exist in which parents confronted with abuse admit to acts that later seem unlikely to have happened, I venture to say that in the vast majority of retractors' cases the parents have denied the acts of abuse they are accused of committing. How surprising would it be then that when survivors recant, their parents are likely to confirm and support their retractors? Are there any cases in which the individual has retracted the abuse and the parents have rejected the retraction and maintained the position that abuse did occur? My point is simply that the task of extracting an accurate and conceptually meaningful account out of the parties most invested in the retractions (the retractor and her family) seems a tall order indeed.

De Rivera's methodology has an additional wrinkle that further complicates the value we can attribute to his models. De Rivera relies on his conceptual-encounter interview technique that uses a two-step process—unfettered narration followed by the presentation of two alternative conceptual models. Given the clear suggestibility and authority-conforming nature of the retractors (at least as they present themselves and as de Rivera presents them), I wonder how prudent presenting them with yet another set of narrative structures into which they can fit their pliable life stories is. Granted, that they are offered two choices instead of one is preferable, but how does the interviewer avoid indirectly encouraging the adoption of one of the models over the other? After all, these retractors are self-admitted masters at picking up and conforming to the cues offered by therapists, self-help books, and recovery groups.

Finally, de Rivera lists the following three reasons that "privileges the family's reality over that of the therapist's." First, the patient's memories of abuse are extant only during isolation from the family. Second, it is highly questionable that a person could be abused and acting in loving ways toward the abuser without signs of dissociation being detected by third parties. Third, as therapy progresses, the individual declines and with retraction, the individual improves. None of these reasons seems to extricate us from the circularity of charges and countercharges. All one needs to presume is a rigid and repressively "loving" family. In such a family, appearance and "happiness" are everything. Any deviation from the message of togetherness and "perfect family" is a dissonant violation and betrayal. The retractor's membership in this kind of family (as any individual's membership in a totalitarian state) is based in total compliance and acceptance of the family's ideology and vision of truth. As long as the individual participates in the family on its terms, she can

feel genuinely convinced of her love for her parents, even if they engage in acts of abuse. In such a family dynamic, she could only see the consuming lie or myth of the family from a comparative distance and isolation. Finally, she may find that her own will has been so corrupted and her dependency so highly cultivated that any break from this structure causes a decline in functioning and worsening depression.

This family mind-control model seems to me no less plausible than the therapist mind-control model. For this reason, I can see no benefit in "privileging" one over the other. Ultimately, the real solution to FMS does not appear to lie in entering its particular hermeneutic circle and then favoring one biased account over another. The more fruitful path is to recognize the rhetoric of survivors, actual abusers, retractors, falsely accused family members, and therapists as all part of an overdetermined cultural tale of victimization. When the most complex and multiple-meaning human interactions are reduced to talk-show versions of good guys/bad guys, everybody loses. In some cases, survivors endured horrific abuse by disturbed and sociopathic parents. In other situations, sexual contact between parent and child was a confused and lonely gesture for a desperately desired intimacy. In yet other scenarios, no physical contact occurred but psychological and emotional boundaries were violated and betrayed. And in some instances, absolutely nothing that could fit under the rubric of abuse took place. Our goal as experts in human interaction is to honor the variegated texture of family relationships and to pursue the most accurate and encompassing explanation possible. What is lost in the whole FMS debate is the opportunity for survivors, retractors, family members, and therapists to recover a sense of humanity that would transcend the caricatures of an ideological battle. Rather than the rich novels that each human life story should be, we end up with cartoons.

Note

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References

- Greenberg, G. (1994). *The self on the shelf: Recovery books and the good life*. Albany: State University of New York Press.
- McAdams, D. P. (1988). *Power, intimacy and the life story: Personal inquiries into identity*. New York: Guilford.
- McAdams, D. P. (1990). Unity and purpose in human lives: The emergence of identity as the life story. In A. I. Rabin, R. A. Zucker, R. A. Emmons, & S. Frank (Eds.), *Studying persons and lives* (pp. 148–200). New York: Springer.
- Winograd, E., & Neisser, V. (Eds.). (1992). *Affect and accuracy in recall: Studies of "flash bulb" memories*. New York: Cambridge University Press.

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