

## Reconstructing Bartlett and revisiting retractions of contested claims of abuse.

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“Life is a continuous play of adaptation between changing response and varying environment ... Remembering is a function of daily life, and must have developed so as to meet the demands of daily life” (Bartlett, 1932, p. 16).

It was known as the ‘recovered/false memory controversy’ and started in North America in the mid-1980s and made its way across the Atlantic to the United Kingdom. The controversy surrounded alleged episodes of childhood sexual abuse that were remembered by adults. Sometimes these claims were made after a period of therapy during which the individual ‘recovered’ memories of such abuse. In most cases, the individuals claimed to have had a significant period of non-awareness of the occurrence of the abuse (the argument was that the trauma of the abuse had led the individual to ‘repress’ or ‘dissociate’ all memory of it happening). As one might expect the accused (often the individual’s parents) strenuously denied any wrongdoing. In some cases the accused was the subject of both civil and criminal proceedings. Professionals were divided over whether these claims of abuse were based on genuine repressed memories that had been recovered by careful therapeutic intervention, or whether they were false memories induced, in part, by suggestive and inappropriate therapeutic techniques. Partly due to the paucity of direct evidence at the time, psychologists became engaged in something of a turf war concerning the status of these contested abuse claims (see Brainerd & Reyna, 2005; McNally, 2003; Ost, in press).

As a result of this controversy, the last 15-20 years has witnessed an explosion of research into contested claims of childhood sexual abuse (Brainerd & Reyna, 2005; Wright, Ost & French, 2006). We now understand more about the nature of human memory for traumatic events – for example, that what might appear to be an inability to *remember* a traumatic event may, in fact, be more parsimoniously explained in terms of an unwillingness to *report* a traumatic event (McNally, 2003). Whilst a great deal has been accomplished, there are many unresolved issues. For example, in the clinical literature, the notion of what constitutes a ‘traumatic stressor’ has shifted considerably. In the DSM-III, a traumatic stressor was defined as an event that would evoke significant symptoms of distress in almost everyone and was outside the usual range of human experience (e.g., combat exposure, witnessing death). Yet conceptual bracket creep has led to the situation where overhearing sexist jokes in the workplace is considered a criterion A traumatic stressor, capable of triggering PTSD (McNally, 2003, 2006). Likewise, a recent exchange in the journal *Memory and Cognition* raised the issue of whether the growing body of research on ‘false memory’ actually examines ‘memory’ at all. In their article Pezdek and Lam (2007) argue that, as the majority of published studies of “false memory” focus on word list paradigms rather than entire autobiographical events, they should be referred to by another name (e.g., “memory flaws”; see the reply by Wade et al., 2007).

What these recent disagreements about terminology highlight is that psychological ‘objects’ have ‘biographies’ (Danziger, 2003). Ideas, concepts, events, people, experiences and so on become the object of psychological investigations and in the course of these investigations these ‘psychological objects’ change, are given new meaning, get neglected, or acquire new identities. Scientific or psychological objects are also given new meanings or take on new

meanings as a consequence of changing social, cultural, historical and political conditions (see Bruce & Winograd, 1998; Danziger, 2003; Pezdek & Lam, 2007). As the exchange in *Memory and Cognition* highlights, notions of memory and remembering are no exception to this. In this chapter we explore two biographies of Sir Frederic Bartlett's theory of reconstructive remembering. We show how adopting his relatively neglected social approach to remembering allows a more nuanced understanding of contested claims of abuse by applying this theory to the story of a woman who has made, and subsequently retracted, claims of childhood sexual abuse. As we will show, the status of any particular claim to remember can also shift according to the context of remembering. This is important because it demonstrates that legal considerations about the truth or falsity of any particular memory claim are likely to be too simplistic.

### (Mis)Remembering Bartlett

Bartlett's work has been invoked in work on the development of script and schema theory in cognitive psychology (Alba & Hasher, 1983; Brewer, 2000), parallel distributed processing (Costall, 1991; Rumelhart, Smolensky, McClelland & Hinton, 1986), cultural psychology (Cole & Cole, 2000), and theories of social remembering (Edwards & Middleton, 1987; Middleton & Brown, 2005). His work has also been cited in applied areas, such as the transmission of rumours during wartime (Allport & Postman, 1947), eyewitness testimony (Loftus, 1979; Tuckey & Brewer, 2003) and, more recently, in debates concerning contested memories of childhood abuse (Brainerd & Reyna, 2005; Ost, 2003; Ost, Costall & Bull, 2000). Bartlett's theory also has had a significant impact on other disciplines, such as anthropology (Klapproth, 2004; Saito, 2000) and English literature (Spivey, 1997).

Two distinct “biographies” (or trajectories) of Bartlett’s (1932) ideas about memory have developed in the psychological literature. The first (which we call the “cognitivist” biography) is dominant in mainstream psychology, and the literature on contested claims of childhood abuse. According to this cognitivist biography, memory is an internal, schema-driven process of reconstruction. False memories, in the sense of the correspondence between the schema and external events, are likely because memory and remembering are inherently reconstructive and unreliable (Brainerd & Reyna, 2005). In many textbooks, as well as more specialist literature, one can find the assertion, attributed to Bartlett, that *memory is reconstructive and inherently unreliable* (see Ost & Costall, 2002 for examples).

Yet attributing to Bartlett, and particularly his 1932 text, the idea that *memory is inherently reconstructive and unreliable*, is misleading for a number of reasons. First, although he made these claims in some sections of *Remembering*, neither his own experiments, nor the logic of his schema theory permitted him to draw such general conclusions. There is evidence that Bartlett, at least in some sections of his book, may have reconstructively remembered his own theory (Ost & Costall, 2002)<sup>1</sup>. Second, Bartlett gave many examples of detailed and accurate recall (e.g. Sonia Kovalevsky; the ‘wonderful’ memory of the Bantu; Bartlett, 1932, p. 230 & pp. 250-1). Although he states in the introduction that his aim was to challenge Freud’s notion of memory as a ‘static mass’, he accepted the idea that, under certain circumstances, remembering could be accurate<sup>2</sup>.

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<sup>1</sup> Bartlett appears to reconstructively remember his own findings, especially in the chapter summaries of his 1932 book. The logic of his schema theory in fact permits literal (i.e., accurate, reproductive) remembering – thus citing Bartlett’s work in support of the claim that remembering is reconstructive is incorrect.

<sup>2</sup> As he noted “the immediate return of certain detail is common enough and it certainly looks very much like the direct re-excitation of certain traces” (Bartlett, 1932, p. 209).

In fact, Bartlett's position on remembering is more subtle and nuanced than is generally acknowledged. We refer to this as the "social" biography and it has been adopted by researchers in a number of fields (Ost & Costall, 2002). According to the social biography of Bartlett, remembering is a process of meaning-making, dependent upon the context in which it takes place (e.g., 'occasioned phenomena,' Edwards, 1997). Put another way – rather than being an internal process of reconstruction - remembering is a dynamic, narrative, social and context-dependent activity that occurs between people as they attempt to understand and make sense of the past *in the context of the present* (Middleton & Brown, 2005; Middleton & Edwards, 1990; Reavey & Brown, 2006; see also Conway, 2005). For Bartlett, remembering is not about accurately (or inaccurately) recalling 'traces' of past events – it is a process of *effort after meaning*:

An organism ... might be able, not exactly to analyse the settings, for the individual details that have built them up have disappeared, but somehow to construct or to infer from what is present the probable constituents and their order which went to build them up. It would then be the case that the organism would say, if it were able to express itself: *This and this and this must have occurred, in order that my present state should be what it is*" (Bartlett, 1932, p. 202, italics added).

What are the implications of thinking of remembering as a process of inference? This theory of remembering reverses the traditional logic that "a 'chain of successive memories' creates a sense of continuity and stability in the self" (Reavey & Brown, 2006, p. 179). It suggests that remembering is a process of reasoning and making sense of the past *in light of the present* (Conway, 2005). In other words, remembering involves working backwards from what is known and inferring what must have happened in the past. So the depressed patient in

psychotherapy who is told that she/he displays all the indicators of an abuse survivor might reason “I am currently depressed and therefore *must have been abused* for me to be in this state” (see Blume, 1990 for a list of such indicators). Similarly, a participant in a psychological study on false memory who is asked to give an account of a doctored photograph of herself might reason, “The experimenter has just presented me with a photograph of myself in a hot air balloon therefore it *must have happened*” (see Wade, Garry, Read & Lindsay, 2002). Haaken (1998) points to another element of the present that might influence current narratives of abuse. Particular narratives of childhood sexual abuse gain currency due to their fit with culturally resonant ideas regarding femininity and powerlessness. In these contexts then, remembering is a process of weaving together a coherent, meaningful narrative about the past, based on information in the *present*. As we will show in the final section of this chapter, taking this approach to remembering can shed light on why people might come to make, and subsequently retract, claims of abuse. In the following section, we review available research on individuals who repudiate claims of childhood sexual abuse.

### Retractors and contested claims of abuse

Some adults who make claims of having been sexually abused as children repudiate those claims. These individuals have been referred to in the literature as ‘retractors’, or ‘returners’<sup>3</sup>. Studies of ‘retractors’ have employed case studies (e.g. Pendergrast, 1996; Goldstein & Farmer, 1993), surveys (Lief & Fetkewicz, 1995; Nelson & Simpson, 1994; Ost, Costall & Bull, 2002) or more formal interview techniques (de Rivera, 1997) to investigate the dynamics involved in coming to make such claims.

One inevitable problem with the study of the processes of recovery or retraction concerns the corroboration of the events (Coons, 1997). Retractors might seem at first to provide the ideal solution to the study of the development of 'false' abuse claims since they now distance themselves from their earlier reports. The authors of many studies of retractors appear disposed to take the retractors at their word and to accept that their claims of abuse were false. For example, Schacter, Norman and Koutstaal (1997), while acknowledging the inherent limitations of relying on retractors' self-reports of their experiences, nevertheless argue that retractions should generally be taken "at face value" (p. 78).

Other researchers suggest that retractors' retractions are no more - and perhaps less - reliable than their initial claims of abuse. Singer (1997) argues that "retractors are unlikely to be reliable informants [because] 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" (p. 328). Likewise Kassin (1997) also cautions that retractors are individuals "with a prior record of deception and with self-justification motives that might systematically have corrupted their self-reports" (p. 300). Others argue that this vacillation might be due to the fact that 'retractors' are in fact highly suggestible individuals who have been 'talked' into believing that they were not abused (Blume, 1995; but see Gudjonsson, 1997, p.297; Ost, Costall & Bull, 2001, 2002).

A further source of concern is that many individuals who make public retractions are associated with advocacy groups (e.g. the British False Memory Society or the False Memory Syndrome Foundation). Such affiliations raise concerns about biases that these individuals

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<sup>3</sup> A distinction is sometimes drawn between people who publicly retract their previous claims of childhood

may have in presenting events in a particular light. While such concerns are justified, they need not extend to dismissing their accounts. As Schooler, Bendiksen and Ambadar (1997) state:

“There is simply no principled reason why we should believe individuals when they recover memories but then disbelieve them when they retract them. Nor, for that matter, can we disbelieve recoveries and use retractions as evidence of memory fabrication. Ultimately, the fact that individuals can shift between believing and disbelieving illustrates the fundamental uncertainty that surrounds such memories” (p. 258).

Part of the problem concerns the evidential function of retractor stories in the false memory debate. For one group of researchers, retractors provide clear evidence of *remembering gone wrong*. For another group of researchers, the accounts serve as evidence that abused individuals can *re-repress* (or re-deny) memories of their abuse. Yet both of these positions take retractors’ stories as if they were a unified whole – as if, on some meta-level, the stories were the same and served the same function for the individuals concerned. Even the more nuanced position taken by Schooler and colleagues does not really advance beyond this stage. Although these researchers point out the “fundamental uncertainty” that remains, this position does not really help us understand the nature of that uncertainty. What is important, psychologically at least, is to understand how people make sense of such uncertainties (*effort after meaning*) and come to accept one theory about their past over another.

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sexual abuse (‘retractors’) and those who resume contact with their families but do not publicly retract the abuse claims (‘returners’).

In working through this dilemma, Bartlett's notion of remembering as a social *process* can shed light on retractors' experiences. Such an approach emphasises that both the initial story of abuse, as well as its retraction, were ongoing attempts at *effort after meaning*, rather than the recall of memories that are either 'true' or 'false'<sup>4</sup>. This allows us to investigate more closely some of the reasons for this 'fundamental uncertainty' and the vacillation between belief and disbelief. It also allows us to question (again) whether 'memories' (at least as traditionally defined) should be the focus of current concerns about contested claims of abuse.

### Researching retraction

Early research on retractors' experiences took the form of anecdotal, first hand accounts and single case studies (e.g. Goldstein & Farmer, 1993; Pendergrast, 1996; Pendergrast, 2000) and was therefore open to criticisms concerning the objectivity of the findings (e.g. Conte, 1999). Some researchers have used grounded theory (de Rivera, 1997) or a survey approach (Lief & Fetkewicz, 1995; Ost et al., 2001, 2002) to explore the dynamics surrounding the making and retracting of such claims. Both methodologies are limited in the sense that they necessarily make assumptions about what the participants' version of events will be before any data are gathered, rather than allowing participants to tell their own stories (see de Rivera, 1997, Lief & Fetkewicz, 1995; Ost et al., 2001, 2002).

Typically, psychologists have seen language as a resource for providing clues about what might be going on inside people's minds. The social constructionist perspective of this study acknowledges that meanings change according to social, cultural, political and historical

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<sup>4</sup> Although one can certainly try and establish whether specific events did, or did not, in order to satisfy legal

contexts. The analysis is guided by both Narrative Psychology (Sarbin, 1986; Crossley, 2000; McAdams, Josselson & Lieblich, 2006) and Discursive Psychology (Harré & Gillett, 1994; Edwards, 1997). Discourse analysis takes language itself as the locus for examining how people construct versions of events. Such linguistic versions of objects, people, ideas or events are referred to as discourses. Participants are positioned by their knowledge and social location (Davies & Harré, 1990), and from their cultural and historical location (Haaken, 1998) which can be revealed by examining the discourses used to describe their experiences (in this context, in making and retracting claims of childhood sexual abuse). As Billig (1997, p. 42) argues, the emphasis in discourse analysis is on “examining what people are doing when they make memory *claims* and how, in the course of conversations, people can, through their joint talk construct stories about past events” (italics added).

In the remainder of this chapter we present a discourse analysis of an interview we conducted with a retractor with the pseudonym Nicola. She made contact with the first author (JO) through the British False Memory Society (BFMS) whom she had contacted in order to further understand her growing doubt concerning her belief that she had been sexually abused as a child. The BFMS referred her to the first author as someone who might be able to tell her more about the memory literature in order to help her make sense of what she had experienced. When she contacted the first author she was having doubts about the veracity of her belief that she had been abused as a child. The first author met her to discuss her experiences in late 2001. He discussed with her why she was having doubts, and recommended some reading that she might find helpful. Throughout the discussion, which lasted roughly 90 minutes, the first author was careful to stress on several occasions that he could not, and would not, offer an opinion concerning the truth of her beliefs. He emphasised

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requirements (e.g., ‘beyond reasonable doubt’), most of us do not engage in this kind of verification when

that any decision had to be hers. Once this discussion was concluded, Nicola agreed that she would be willing to be contacted to participate in further research if such an opportunity were to arise. Thus, the second author (KN) subsequently interviewed Nicola in late 2002. The inductive interview covered a wide range of subjects with the interviewer taking the role of facilitating Nicola to tell her story from the current perspective of someone who has claimed to have been sexually abused by her father and has subsequently withdrawn the claim. The interview was transcribed verbatim.

In our discursive analysis of the interview, our intention here is not to provide a forensic or legal assessment of the likely truth or falsity of her claims. Rather, it is to show how the explanatory power of any narrative (or claim to ‘remember’) is transient and context dependent. We demonstrate how the ‘biography’ of Nicola’s story develops. From an initial feeling or sense that she has been abused she begins to vivid recall images of abuse. She comes to understand these experiences as being a consequence or part of her fragile mental health. Finally, Nicola comes to an understanding that she has not been abused. There are many actors in the story that Nicola tells and they will figure as the analysis develops. The actors include: Nicola herself, her father, her mother, the churchman she confided in, her childhood friend, various psychiatrists and other physicians, the child sexual abuse community/the British False Memory Society, her past husband, her children and her current husband/partner. For the most part we prefer to let Nicola’s own words speak for themselves but where we feel that the interviewer’s questions were particularly important, we have included them.

Nicola begins her story with her depression after the birth of her third child and the breakdown of her marriage.

*Karl: Alright. Well, let's, let's start saying 'what is your story?'*

*Nicola: Well I think...it started as I started to get ill...I think it began a year after I had my third child...I started getting very, very depressed (Page 4: lines 1-6)<sup>5</sup>.*

Her marriage had 'split up' for about a year when she sought support of the vicar in her local church. She went to talk about how she felt about her 'marriage breaking up'. Her father was also a vicar in the local church. In these initial sessions, Nicola talked about a vague remembrance of 'some sort of sexual incident,' but she did not recall that this incident involved her father.

*And I do remember at that time having some sort of belief about some sort of sexual incident but I was, I remember being very vague about it at first, and it certainly wasn't my father. It definitely was not my father. And I'd made that very clear. And I do remember, he kept- I think because he knew my father as a colleague...he did, sort of keep saying: "look, I do need to be really sure that it wasn't your father, because he is a vicar and I would need to report it. And I-I kept saying "no-no it isn't my father. And to be honest with you, I haven't got really strong memories of what ever about that section, so I don't even think I [was?] saying it was childhood abuse, it was an isolated incident, I don't think it as anything more than a one-off incident...(Page 4: lines 16-23; Page 5: lines 1-15).*

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<sup>5</sup> These refer to the page and line numbers in the interview transcript.

In the excerpt below a new meaning is added to what was a vague memory, as it becomes constructed as one of sexual abuse. When asked about the problems in her marriage, she disclosed to the vicar that *'sex was the big problem and that I didn't enjoy it'*. It is in this context that her *'belief about some sort of sexual incident'* gets elaborated.

*And he's asked what the problems were in the marriage, and I'd said, you know, sex was the-the big problem and that I didn't enjoy it, and that I couldn't relax, and he's started to probe from there. And I think all I'd really said was, I had some sort of memory that sometime, and I think I'd that I...when I was about sixteen and something had happened to me and I couldn't be more clear than that. He, I think he kept probing away, and he did give me books to read about sexual abuse and things like that...And it got to the point that he really started pushing, saying "I will have to say that what you've told me in confidence can't be kept confidential, if I decide I think your father's involved in it" (Page 6: lines 5-23; Page 7: lines 1-4).*

*I think I thought, "this is, you know, this is, I don't know, almost getting out of control here", I am almost, perhaps being forced to think something that I wasn't even saying in the first place. I think he was getting very panicky about the fact that my dad worked with children and everything (Page 8: lines 1-9).*

In this excerpt, Nicola offers a theory of the vicar's rationale for probing about the father's possible involvement. It is possible that the book given to Nicola to read was also the source for this man's theory about the involvement of the father as the perpetrator of Nicola's abuse.

Nicola is upset about the end/break up of her marriage – an ordinary enough story of everyday life. She identifies that one of the ‘causes’ of this break up was her inability to relax and find enjoyment in sex with her husband. Nicola also describes vague memories of something sexual happening to her (or involving her) around the age of 16. This element became woven into her story as a causal event - it was the reason for her low libido that eventually led to the marriage breaking up. Despite the fact that it is a vague memory with no actors or location, this recollection nevertheless has the power to be theorised and made meaningful by the vicar as the cause of her distress. Furthermore, if there was a sexual incident by definition there also was a perpetrator. The horror of this story is increased if the actor/perpetrator is the adolescent’s father. This is but one way that this story can be told - admittedly it is probably the most dramatic version. However, our point here is that the story *could* have been elaborated through an alternative discourse - that of resistance to a demanding and unhelpful husband for whom sex was a ‘*marital right*’. The point here is that, as we will see later, psychiatry appears to privilege the abuse story over Nicola’s story of resistance.

*Karl: So now that, that you know what you know, why do you think you kind of, you didn't enjoy sex with your first husband?*

*Nicola: I think, probably, and partly because we had a lot of problems in our relationship, you know, he was a, quite a, I suppose very old fashion bit of a bully; I would have to stay at home, look after the children, he, you know, and he didn't help with the children. I had three children under three, and no it just didn't work, and we split up obviously because we weren't happy. And I think it really was as simple as that really. Yes I don't think there were- you know, I've never had a problem in another relationship. So I don't think there were psychological reasons other than*

*that, that you know. I was completely exhausted, and he didn't help. And he was very unsympathetic to it, you know. He saw sex as his marital right and he was very, he used to get very angry about. And yes...And he I'm not saying – he certainly didn't force me to do anything, but he'd get very angry that I wouldn't* (Pages 27 & 28: lines 12-23 & 1-19).

The story told here, as with any other human story, is made up of events and plots. The plot is a way of making sense of events and these can be assembled into different narratives (Sarbin, 1986). Each narrative can serve different purposes. Storied forms of remembering can also serve different theoretical purposes for the rememberer. If one starts with the theory that Nicola's resistance or incapacity to respond to her husband's sexual needs, was caused by 'childhood' sexual abuse, it is relatively easy to incorporate these events (some with little or no evidence) into a story of childhood sexual abuse by her father. The question then becomes what makes this story (instead of others) believable?

*I think, I thought "this is, you know, this is, I don't know, almost getting out of control here" I'm almost, perhaps being forced to think something that I wasn't even saying in the first place. I think he was getting very panicky about the fact that my dad worked with children and everything. And that's all I really remember about that stage with the vicar, because he left our parish after that.... But he then did, I did remember he did write to my father and tell him, the things I'd been saying, which I was very angry about* (Page 8: 1-20).

(In the letter to Nicola's father, the vicar said "*It's (the allegations) a complete load of nonsense, she's made it up for attention*" (Page 9: lines 21-22).

*“If it is – if I decide it is your father you’re talking about, you know, this person you’re talking about is your father, I will have to take it further”* (Page 9: lines 17-19).

Note that the vicar has not yet established that Nicola is speaking about her father, although in the vicar’s mind, the absent person in this vague memory is indeed the father.

Constructing the story with the unnamed and absent perpetrator as Nicola’s father fits with the prevailing theory that her sexual troubles, which led to the failure of her marriage, were caused by childhood sexual abuse<sup>6</sup>. Although the vicar did inform Nicola’s father of the ‘allegation,’ the story leads to another interpretation—one where Nicola is cast as attention seeking and her story as ‘a load of nonsense’. Her vague memory of these same events leads to yet another interpretation. In this new interpretation, the father is not accused but, rather, is made aware that his daughter has been telling vague stories of sexual abuse.

*But he did contact my father. But when I went into hospital, I was very, very withdrawn, very quiet and they sort of started getting me into counselling...* (Page 11: lines 13-16).

Around that time, Nicola’s mental health deteriorated and she was hospitalised.

*And I think what’s unfortunate, is, looking back at it now, I-I think I had postnatal depression. I don’t think they knew as much about it, you know, back then as they do now. Because it really was very shortly after Christopher was born that (it) started happening. And Christopher was a twin birth and the twin had died. So it was a very*

*traumatic time, my marr- you know, my marriage had broken up as well...(Pages 10 & 11: lines 22-23 & 2-10).*

She was persuaded to seek medical help by the vicar.

*And then I think it was the vicar that persuaded me to go to my GP...and because I'd really got quite poorly by then, I think...(Page 12: lines 4-9).*

The result of her seeking medical help was a diagnosis of schizophrenia. At that time it was thought that she had schizophrenia and was treated for the condition. However, as she now claims, she doubts both this diagnosis and the need for the ECT treatment that she received. She also had counselling sessions with a psychiatrist, which included probing for recollections of sexual abuse.

The diagnosis of schizophrenia, and its association with the causal belief about childhood sexual abuse, exposes an interesting contradiction which also reveals the two competing explanations, each serving the disciplining purpose of the two camps in the theorising of repressed and false memory debate. This diagnosis both legitimates and denies claims of childhood sexual abuse: On one hand her madness is caused by the experience of childhood sexual abuse that has been repressed. On the other hand her claims of childhood sexual abuse are not believable because of her madness.

*And, I think around that time (treatments with anti psychotic medications and ECT) that's the counselling session started with my psychiatrist. And then I think that's*

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<sup>6</sup> Was she sexually active at 16? This is a question that no one dared to ask, including us as interviewers. Was

*when these beliefs really started to come into place. And I had just very amazingly strong beliefs, that it definitely was my father by then. It was my father and it was other people; it wasn't just my father, he was you know, the main one, but it...I remember it all happening in a church and you had, and I was very specific about it all. There was the man next door, who I just know him as 'uncle Burt'. And they were horrendous things I remembered really...* (Page 13 & 14: lines 11-23 & 1-14).

Here Nicola's narrative takes a new turn. It was now definitely her father and other men who abused her in a church. Is this the truth that was revealed to her through counselling? Before we address this question, it is important to bear in mind that Nicola was also taking antipsychotic medications and undertaking ECT for her depression and she believes that these were the cause of her 'experiences' of abuse whilst in the psychiatric hospital. The other factor to note is that the vivid experiences of abuse she relived in the hospital were different from the vague subject of her talk with the vicar about something that she felt occurred when she was about 16. Another significant point is that these 'rememberings' are described as 'beliefs. A 'belief' is not a fact. One can believe in God without ever encountering a divine presence, and this belief can be reinforced by the experiences of other believers. Did Nicola think that these were 'beliefs' at the time when the events were recalled in therapy? What does it mean to profess belief that an event took place as opposed to 'knowing' that this same event occurred (for discussions see Scoboria, Mazzoni, Kirsch, & Relyea, 2004; Smeets, Merckelbach, Horselenberg, & Jelicic, 2005; Tulving, 1989).

*No, it (the counselling) made me extremely ill...I'd say it's much, much worse, talking about it. I think they thought, if you get it all out I suppose, I suppose, you know, it's*

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this 'experience' a consensual one that she regrets? What is it about that event that a 16 year-old adolescent

*going to make her better if she talks about it...You know there were other sexually abused people in the hospital as well and they very much encouraged us to talk together and sort [of] share our experiences (Pages 14 & 15: lines 19-23 & 1-8).*

*Yeah, I-I think that they do almost dig for there to be a cause really. I mean, this sort of books, self-help books, that you're given to read when you go into hospital and things like that...I think, well, they do suggest. And perhaps you even start to think "well yes, that's..." I don't know...(Page 26: lines 5-8).*

It is possible that these 'encouragements to talk' about experiences of sexual abuse also created a 'culture' of shared experiences and that not to have an experience to share in this circumstance may make it difficult to be part of the culture (Nelson & Simpson, 1994). Furthermore this culture creates the language – forms of talk – that provides means of understanding each other's experiences. To have an experience to share legitimises the person's presence in the place (psychiatric hospital) and amongst the group of persons who have also been abused.

*Now these became things that had happened (in) very early childhood, when I lived at Newport. Which meant I could only (have) been about five, six, seven. I moved from Newport... to Bridlington at nine. And I don't think I talked about things happening after that time... But a lot of it, I remember saying, that it happened in the church, and I remember talking about things like my dad shutting me out in the garden in thunderstorms with no clothes on and just, I mean looking back now, really quite*

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simply cannot remember?

*bizarre. Bizarre things. And detailed exactly where it happened in the church and everything (Page 16: lines 4-21).*

The events in the church took place when Nicola would have been between 5-8 years old and are remembered in some detail (e.g., such as the thunderstorm, her nakedness and the location of the church). So are these the constructions of a mentally fragile woman in the specific psychiatric hospital culture of disclosure and the wider culture where self-help groups are commonplace and personal stories, biographies and diaries are literary commodities and public confession is a television genre? Or is this the recall of events that actually took place but were forgotten and are only now being remembered? How we answer these questions depends upon which of the two theories we espouse. The first theory suggests that these experiences are so damaging to the ego that they have been repressed and have 'leaked out' as mental illness and problems with sex for the adult. The second argues that these memories were themselves part of the vivid 'hallucinatory' experiences of a very troubled 'mind'. Both of these theories rely on the presence of mental illness. According to theory one, the illness is caused by the 'experience' that took place in early childhood and according to theory two, the experiences are lived cognitively and constructed through the therapy and the other events surrounding the 'talking cure' of mental illness<sup>7</sup>.

*And yet now, I-I can hardly even remember you know, even remember the church, but...I mean I would sit in my room and scream, it was so vivid, and so real. I became very frightened of men in hospitals, very few men I would interact with. Really, apart from the psychiatrist that, you know, I (had) very good relationship with him, I think I still do...And when I was in a psychotic state, I wasn't really aware*

*there was anybody else around me, and I would just relive all these things, and just be sitting there , screaming and crying and yeah, just in a terrible...it was horrible, horrible existence, it was yeah, I know and that, you know, went on for years on and on really...For the majority of those eight years I was extremely unwell, really really unwell* (Pages 16 &17: line 23 & lines 1-21).

Nicola's own theory is that the vivid (and horrible) experiences of abuse that she was relating whilst in hospital came from her mental illness at the time. What was being 'relived' or experienced in the above excerpt has an ambiguous status, these 'vivid and real' experiences are either recollections of these events, or reliving of the experiences or flashbacks. If she has not been abused, then one could consider these vivid and distressful experiences as hallucinatory. At the time, with the interpretations of the psychiatrist, Nicola interpreted these experiences as signs of her childhood sexual abuse and at that time in her own words she was really unwell.

However, after adopting the explanation that her suffering was caused by her childhood experiences of abuse, Nicola then retracts that explanation during a period when she was feeling well. As noted, her retraction could be seen as evidence of her coming to terms with the fact that the abuse had not occurred. Alternatively, it could be seen as evidence of her repressing (or denying) the reality of abuse she had suffered. Either case can lead to a final resolution for her. But as the next section shows, for Nicola, the issues are far from resolved. There is no clearly demarcated boundary between her 'old' belief and her 'new' belief. Rather, she is engaged in an ongoing process of *effort after meaning*.

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<sup>7</sup> It is worth noting that poorer women may not have these experiences because they are mostly prescribed drugs

*Then I had a period, for about six months, when I was very well, right in the middle of it, I suppose about five years, six years through my illness. I had about six months of being very well. And the beliefs started to go. I was (off) my antipsychotics, I was back living at home. And I really started at that point to question it, and I started to have a bit of contact with my dad again. I'd started to say to friends at that point "you know, I don't understand this. Why do I, you know, really believe this, when I'm that ill and on antipsychotics and every thing, and now I'm really starting to question it." But unfortunately I did get poorly again (Pages 19 & 20: lines 11-23 & 1-5).*

Depending on the theoretical (and ideological) position one takes, it is possible to suggest that Nicola 'got better' as a result of her pharmacological and therapeutic treatments, that she had dealt with the traumatic childhood experiences of sexual abuse, and that these experiences no longer troubled her. However she is suggesting something else with the above talk. She is questioning the veracity of the events that she experienced during her illness. Note also that 'being very well' did not entirely eradicate the 'belief' or the experience of abuse. One might question if the belief and 'experience' were the product of lived abuse or the product of her mental illness. Again depending on one's position, one could posit that it was the questioning of the lived experience of sexual abuse that contributed to her getting ill again.

One of the friends referred to in the above segment is Nicola's childhood friend and companion. This woman does not believe that Nicola's father sexually abused her:

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for their depression.

*Some friends, I-I would say my best friend didn't. My best friend has known me since I was nine. And its funny, because she doesn't actually particularly like my father. She thinks he's quite eccentric old...And she doesn't like the way, you know, just silly things, the way he brought us up. But she didn't believe he'd abuse me. She-she's always said that. And she's, you know, she'll say it now. She just thinks she was around far too much, around me, and spent enough time with me, that I would of told her...she'd listen but she would never go along with it really. Where as other friends do (Pages 20 & 21: lines 6-23 & 1-6).*

The childhood friend is brought into the story, at this juncture in the plot, because she has a privileged relationship with Nicola and knowledge of her childhood. Her account is given credence because she did not like Nicola's father and also that since they had spent a lot of time together, the friend would have been told of any abuse that had taken place. However, one could immediately offer a counter-argument that these events of sexual abuse were so traumatic that they were immediately 'locked' away in memory, only to emerge later as psychiatric trouble for Nicola. Yet to accept this theory, one would also have to believe that the 'repression' was so powerful that the events were immediately forgotten and that these did not have any influence or effect on her behaviours and emotion during the time when these abuses occurred.

*Karl: Was he (the father) upset?*

*Nicola: Oh, very, both of them devastated, yeah, really devastated, and "how c-how can you possibly be saying these things about us?"*

*Karl: Did you believe these things happened?*

*Nicola: Well I did, I honestly did at the time.*

*Karl: So how did you react to them telling you “why do you say these things about us. It did not happen”*

*Nicola: I think I was hurt and angry that, you know, they could at least admit that he had done it. And you know, and try to support and work through it, you know. And I think that’s where Doctor (name) was coming from, that he was trying to say “look, if we, if you can confront this and he will admit that he did it, we will be able to work together”. I don’t know, but then when they started to come and see me in hospital...the nurse and the doctors decided my, that my condition was hugely deteriorating after I had a visit from them. And they wrote, Dr. <name deleted> wrote to them and asked them not to come and see me (Pages 23 & 24: lines 11-23 & 1-12).*

*Karl: That letter implied that he was guilty...*

*Nicola: Yes. Yeah. Yeah. Oh isn’t it, I mean, there was no doubt in my mind that Dr. <name deleted> did believe he was. Yeah. Dr. <name deleted>) did believe it happened (Pages 24 & 25: line 23 & lines 1-2).*

*Karl: Looking back at your childhood...*

*Nicola: I remember, yeah, sort of patchy bits and that was the strange thing when I started to get better. That really when I was ill, I couldn’t remember any good bits. No I didn’t remember all the good bits that I can remember now. No. (Page 26: lines 15-19).*

*There was no way, until I got ill, I had any beliefs at all about my dad abusing me. My husband was afraid that he, for some reason my ex-husband is convinced now that my dad did abuse me, but he’d have to admit that until I got ill, I’d never said*

*anything to him or to anybody else, not to anybody. I had no beliefs at all until I'd got ill that I'd been abused (Page 29: lines 5-17).*

It may be that casting 'abuse' as the cause of Nicola's resistance to the sexual demands of her husband serves the purpose of the husband. Another aspect of this account is Nicola's association of her 'belief' about being abused with her illness. The tension here is between either a) her illness being caused by childhood sexual abuse or b) her recollection of sexual abuse being a by-product of her illness and the psychotropic medication that she was taking at the time. For Nicola, the latter theory has more credibility, although she had started off by believing the former version. Her understanding that her mental illness, its treatment and how the culture of disclosure of the psychiatric hospital contributed to her belief about her childhood sexual abuse, led to her doubt about the abuse itself. Now that she is no longer ill, no longer in a sexually demanding relationship, she has no need for the story of abuse as the cause of her troubles.

*Nicola: ... the psychiatrist who works for me now, we're both absolutely adamant "leave well alone, just get on with...you're really well now, and you are lucky to be this well. Don't go down that road, digging it all back up again and risk getting ill, just move on with your life and be happy"*

*Karl: How did you interpret that? I mean what he said...*

*Nicola: I've spent eight years of absolute...it's been absolutely a nightmare of an existence. And that's all it was, it was an existence. It wasn't living. And I was very frightened, very frightened to risk ending up in hospital again, by going down that road.. You know I-d, I thought "no, I am going to have to go on with their advice really"... And I really cried and I said to my husband "no I've got to do it, I've got to*

*know, partly for my dad's sake, but also for my own sake, I've got to know whether it happened or whether it didn't happen. I must admit, at the time my husband was saying "look, you've been told by everybody not to do it. You know, just listened to them, you must take their advice. But I just couldn't, I had, I had to find out...so I went back to Dr. <name deleted> who's the psychiatrist that I see now and I said " I am sorry, I do need t-to take this further, I need to find out, even if I just start reading books or something...I am going to say to my father that, you know I am going to do something, and I wrote to dad and I said "no, I-I owe it to you and to our relationship that we at least explore this a bit further now.... and he said "well I know somebody that might be able to help us" (Page 30: lines 21-22; Page 31: lines 1-23; Page 32: lines 1-23; Page 33: lines 1-7 & 12-23; Page 34: lines 1-2 & 23).*

It is difficult to be certain whether Nicola's doubts about the abuse preceded her belief that the recollections of abuse were the result of her experiences in hospital (i.e., as opposed to genuine recollections of lived abuse). Regardless of which came first, Nicola's account takes a new turn - that of seeking confirmation from the father that he did not abuse her. The absence of visits from her parents after the birth of her child seemed to be a pivotal moment in her determination to meet with her father. This meeting was not to establish her father's role in her childhood sexual abuse. Rather, the meeting grew out of her desire for reconciliation. The absence of her parents in her life and her children's needs of their grandparents is more important than maintaining the belief that she had been abused as is her need to resolve the cognitive dissonance between two different versions of her remembered childhood.

*And we came together to see <name deleted>. And I think it was just at that stage that I, you know, I was prepared, I was prepared to delve a bit deeper really and more objectively and I think I'm going to, you know just, think for myself, lets not, this time, and not listen to what everybody's telling professionally is right, and-and I did a lot of reading. <name deleted> gave me quite a lot of materials to read. And I started to read other things as well. And other books, and I remember something that <name deleted> said to me when I was here, that ermm "one way, the-the pieces of the jigsaw puzzle will either fit together or they won't". And I think that's the thing that stayed most in my mind, and they didn't fit. You know, that I had some really good memories of being little that just didn't go with the other memories. They didn't fit together at all. And the memories that I had when I was ill, although I couldn't, I certainly can't remember them anyway. I mean I remember when, when I was ill. I could tell you huge, vivid graphic detail of all this, I wouldn't even be able to do that now. I really wouldn't. And ermm, it was almost like I can see now, it, it's like some sort of story. Some, some different things that happened and it really didn't happen. You know, and I can see that, it, it really- And I could- I think what really made me realise is when I let my dad see the children again, and I had no fear at all about him being round my children. None at all. Now I knew then, if I really believed it had happened, I wouldn't want him anywhere near the kids. I wouldn't. You know, and now he's had them on his own, you know with just my mum, he's taken them out, and I have no fear about that at all. I am totally convinced that it was totally a thing of my illness. And it didn't happen, and I would never, never ever let my children be alone with him if I believed now that it happened (Page 34: lines 4-23; Page 34: lines 1-23; Page 35: lines 1-23; Page 36: line 1).*

Just as the psychiatrist relied on theory to explain Nicola's 'recovered memories', she too needed knowledge and theory to explain why she could have believed that she was sexually abused when, in her new understanding, events she remembers about her childhood did not fit into the story of abuse. At the time of the interview, Nicola has already decided that the abuse was imagined during her illness. What she is now seeking is an explanation of how she came to believe so vehemently that an event took place that did not in fact occur. In confirming her new belief that her father was not an abuser, she is able to leave her children with their grandfather.

## Conclusion

We opened this chapter with a quote where Bartlett asserts that life is a continuous play of adaptation between changing response and varying environment. Given that remembering is a function of everyday life, Bartlett argues that mechanisms of memory must have developed to meet these needs. We then considered in more detail the social nature of Bartlett's theory of remembering – specifically his notion of *effort after meaning*. Finally we introduced Nicola, a woman who at first believed, and then disbelieved, that her father had sexually abused her when she was a child. Nicola's story provides a concrete example of the *effort after meaning* to which Bartlett was referring.

For example, remembering in different contexts at different times served a range of social functions. When she made her claims of abuse, it was in the context of seeking treatment for her illness. One interpretation would be that the abuse caused her illness. However, her claim to remember such abuse cannot be divorced from the environment in which she was 'doing' the remembering. Nicola and those around her were all engaged in a process of *effort*

*after meaning* in order to explain why she was ill. Similarly, when the claims of abuse were retracted, it was in the context of seeking reconciliation with her parents. Again, one interpretation would be that Nicola retracted the claims because she realised they were false. But as she states herself, this was not the case. Rather, she had some doubts that may have been strengthened by her visit to the first author. Thus, the immediate context now supported, and allowed for, an element of doubt. More than that, it provided an alternative theory to explain what had happened to her. Each time different forms of evidence are marshalled in support of her position. It is therefore entirely possible that, should Nicola become ill again, that a repressed memory narrative might once again become a useful explanatory device. This retractor could, in fact, retract her retraction.

A related point is that at any given time, there can be competing frames for understanding the same ‘memory’ (recall that Nicola’s initial claim was taken seriously by the vicar, but then dismissed as an ‘attention-seeking’ ploy). For example, for a lawyer, the initial act of remembering might serve as evidence for childhood abuse whereas the retraction of the veracity of that act would serve as evidence for a claim of professional malpractice. For the psychologist, the initial memory might serve as an example of the effects of trauma, and the retraction might serve as evidence of the malleability of memory. For Nicola, her initial remembering provides evidence that supports an explanation for her distress: the retraction then serves as evidence of her illness.

The availability of multiple interpretations of the same ‘remembering’ highlights that legal (and experimental) considerations about the ‘truth’ or ‘falsity’ of any particular memory claim are likely to be too simplistic. While terms such as *false* memory and *recovered*

memory may serve legal functions in adjudicating claims about the past, they do not promote or facilitate clear communication and understanding. As Hyman (2000, p. 374) puts it:

“For any given individual, interpreting a recovered memory is always an either-or question: the memory is either false or true ... In contrast, the scientific aspect of the recovered memory question need not be posed as an either-or question.”

How then should we pose this question scientifically? From a Bartlettian perspective, we also need to ask what *purpose* the remembering served, and what *needs* did it meet at the time? Rather than simply speaking of static and internal concepts like ‘true’ and ‘false’ ‘memories’ of abuse we also need to understand that people are constantly engaged in a process of narrative construction of their lives (Bruner, 2002). Thus any claim to remember needs to be understood, not just as a claim about the past, but also as an attempt at *effort after meaning*. In doing so we may be able to resolve the either-or dichotomy that has dominated this debate and promote a more fruitful dialogue about the status of contested claims of abuse.

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