Dissociation and the Fragmentary Nature of Traumatic Memories

Introduction

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In America, major social issues tend to get played out in the courts, which is no guarantee of scientific integrity or truth. The 'false memory syndrome' originates in the story of one family tragedy that has become a symbol for deep divisions in the social fabric (Fried 1994).

'False memory syndrome'; 'recovered memory therapy'; 'implantation of false memories'; by now, any American who reads the newspapers, reads the weekly news magazines, or watches television has heard these seemingly credible and scientifically-sounding words. Therapists of all persuasions are routinely told by friends, relatives and even colleagues that they understand how easy it is for therapists to implant false memories of abuse (always referring only to sexual abuse) in the minds of their unwary and disturbed patients. Lawsuits against therapists for practising 'recovered memory therapy' are proliferating. Some therapists are being picketed, their patients harassed, the privacy of their homes invaded (Doehr 1994). Attempts are being made in several states to introduce legislation that would disallow any therapy that had not been proven 'safe and effective' by the standards similar to those used to test new drugs and that would allow a patient's relatives, even against the wishes of the patient, to sue the therapist for malpractice (Quirk & DePrince 1995).

Sadly, there are several important things missing from this picture. One is that there is as yet no peer-reviewed, published study that supports the view that 'false memory syndrome' exists. Another is that there is no apparent way to distinguish between 'recovered memory therapy' and any other form of therapy that includes taking a good history from a patient. Another is that there is no scientifically validated evidence to support the proposition that it is possible to implant entire memories of traumatic events into anyone's mind. And finally, there has yet to be a balanced presentation about the vast body of theoretical and research data, deriving from several different disciplines and spanning over 100 years of clinical experience that indicates the significant differences between normal memory, normal forgetting, traumatic memory, and the intrusive re-experiencing of traumatic events. The fact that there has not been such a balanced presentation to the public – despite the obvious and overwhelming amount of data that contradicts most of what the false memory advocates offer as evidence – is what has convinced many in America that this is more of a political and social than scientific debate. Indeed, much of this debate has been conducted in the media, with a one-sided, distorted and sensationalist bias, rather than in professional journals.

Recently, the Journal of Traumatic Stress published a special issue on traumatic memory research. 'The issue is sparked, to some extent, by the controversy raging within and between mental health professionals and academics about whether individuals can "forget" traumatic events in their pasts, and whether they can "remember" events that never took place. While the issue is not focused on this controversy per se, it was undertaken to inform clinicians and researchers about a variety of topics related to traumatic memory, "recovered", or otherwise' (Green 1995). The lead article in the issue, by Bessel van der Kolk and Rita Fisler (1995), is reproduced, in part, here. Their overview reviews the literature on differences between recollections of stressful and of traumatic events, and reviews the evidence implicating dissociation as a central pathogenic mechanism in the development of post-traumatic stress disorder.

The overview from 'Dissociation and the fragmentary nature of traumatic memories: overview and exploratory study' by Bessel van der Kolk and Rita Fisler, Journal of Traumatic Stress (October 1995) 8(4): 505–525 is reproduced by kind permission of the authors, the journal, and Plenum Publishing Corporation. The British Journal of Psychotherapy is also grateful to Sandra Bloom for facilitating these arrangements.

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For references to Sandra Bloom’s Introduction, please see pp. 365–6. Readers may be interested in the information about the Journal of Traumatic Stress on p. 426.

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