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Why It Is Scientifically Respectable to Believe in Repression

– A Response to Patihis et al. (2014)

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A recent article (Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2014) reports data suggesting that among therapists belief in repressed memory is lower and belief in the fallibility of memory, particularly when retrieved through hypnosis, is greater today than in the 1990s. No difference was observed between clinical psychology researchers and practitioners in the percentage who now thought repressed memories could be true or could be false. Although the therapists involved were not the same individuals, these data offer welcome reassurance that clinical practitioners have generally been responsive to warnings about the dangers of false memories being uncritically accepted as true and adapted their practices accordingly. Paradoxically, however, clinicians and undergraduates reported high levels of belief in the possibility of repressed memories. Patihis et al. assume that repression is an unscientific concept, that there is a scientist-practitioner gap in beliefs, and that differences between researchers and practitioners in beliefs about repression mean that practitioners are insufficiently educated about memory research. We argue that these conclusions are unjustified.

It has been pointed out many times that throughout the entire corpus of Freud's writing he adopted two quite different meanings of the term 'repression', one corresponding to a fully unconscious defense and one corresponding to a conscious defensive strategy (Bowers & Farvolden, 1996; Brewin & Andrews, 1998; Erdelyi, 1990). Whereas attempts to find experimental evidence for the unconscious version have been largely unsuccessful (Holmes, 1990), the conscious version of 'repression' corresponds to everyday strategies such as thought avoidance and thought suppression. Avoidance of thoughts and memories is accepted as ubiquitous in psychopathology and the ability of individuals to deliberately forget unwanted material is well established in laboratory research (Anderson & Green, 2001; Anderson & Huddleston, 2012; Geiselman, Bjork, & Fishman, 1983). The implication is that investigations of beliefs about repression must specify what type of repression is meant if answers are to be interpretable.

In Patihis et al.'s Study 1 participants were asked to respond to items such as "Traumatic memories are often repressed (which means the person cannot remember the traumatic event due to a defense against painful content)" and "Repressed memories can be retrieved in therapy accurately" on a 6-point Likert scale anchored with 'Strongly disagree' to 'Strongly agree'. In our view the high percentage of undergraduates agreeing with these statements to at least a small degree is not 'surprising', as the authors claim, but reflects the belief that 'repression' can, as suggested by Freud, be an everyday process.

Further findings of this study (Table 1) indicated that belief in repressed memories formed a factor with other beliefs that, although controversial, do possess some empirical support. For example, the belief that "Hypnosis can accurately retrieve memories that previously were not known to the person" is consistent with evidence that hypnosis may sometimes lead both to additional accurate recall as well as to additional inaccurate recall (British Psychological Society, 2001). The belief that "Some people have true 'photographic memories'" is consistent with evidence for exceptional memory abilities in a very small number of individuals (LePort et al., 2012; Wilding & Valentine, 1994), and was endorsed by approximately 50% of researchers in Study 2 (supplementary Table S2.2). It does not seem unreasonable to agree to some degree with these statements. Interestingly, other straightforwardly erroneous beliefs such as "With effort, we can remember events back to birth" did not load on this factor, and beliefs in memory fallibility formed a separate and orthogonal factor. We are not persuaded that this pattern of responses demonstrates evidence for widespread faulty beliefs about memory.

In Study 2 undergraduates in the 1990s and 2011 endorsed the likely accuracy of a recovered memory at approximately the midway point on a 11-point scale (Fig. 3), reflecting the overwhelming view of professional bodies and independent commentators that recovered memories may be accurate, false, or a mixture of the two (Lindsay & Read, 1995; Wright, Ost, & French, 2006). Practitioners endorsed beliefs about traumatic memories being repressed and

recovered accurately to a markedly higher degree than researchers but again no clear indication was given about whether questions related to the unconscious or deliberate forms of repression.

Moreover, belief in memory fallibility was again simultaneously high (see Table S2.2). In contrast, this table identifies clear differences between clinical psychologist practitioners and alternative therapists, with the latter endorsing beliefs about memories going back to birth and the reliability of hypnotically-retrieved memories much more strongly.

In conclusion, we suggest that the paradoxical findings reported by Patihis et al. do not identify a gap between clinical psychology researchers and practitioners, but rather a scientifically respectable difference in the interpretation of ambiguous terms such as 'repression'. This is consistent with the other evidence that practitioners hold evidence-based beliefs about hypnosis, memory fallibility etc. In their turn, researchers need to be aware that memory is highly situation-dependent (Roediger, 2008), and that assumptions commonly made in laboratory research, for example about the integrity and stability of the remembering self, are often not applicable to individuals exposed to extreme adversity in early life (Brewin, 2012). What Patihis and colleagues have identified, we believe, is a highly significant difference in the beliefs of clinical psychology versus alternative practitioners, with the former showing clear evidence of having adapted their practice in accordance with changes in the evidence base.

Further, we believe an excessive focus on beliefs about repression risks hindering scientific progress by conflating the phenomenon of interest (the forgetting of traumatic events) with the theoretical mechanism responsible. There is abundant evidence in support of the fact that events such as traumatic deaths and murder, as well as sexual assaults, can sometimes be forgotten (Belli, 2012; Brewin, 2003; Pyszora, Barker, & Kopelman, 2003; Pyszora, Fahy, & Kopelman, in press), and many candidate mechanisms such as dissociation that have been the focus of cognitive and neurobiological research. We would like to see more active consideration of these possibilities.

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