

Discuss Freud's theory of motivated forgetting

According to Freud (1901), forgetting is motivated rather than being the result of a failure to learn or other processes. Memories that are likely to induce guilt, embarrassment, shame or anxiety are actively, but unconsciously, pushed out of consciousness as a form of ego defence. Unconscious or repressed memories are exceedingly difficult to retrieve but remain available. They continue to exert a great influence over us, even though we have no awareness of them.

It is widely accepted that repression plays a crucial role in different types of psychogenic amnesia such as fugue and multiple personality disorder. These disorders involve a loss of memory associated with a traumatic experience and can be event-specific. For example, some violent criminals claim they cannot remember carrying out their crimes. Even ruling out malingering and the effects of intoxication at the time the crime was committed, there is still a substantial number of criminals whose memories of their crime seem to have been repressed (Parkin, 1993). This is especially likely when murder victims are close relatives or lovers of the murderer killed in a crime of passion (Taylor & Kopelman, 1984). Ian Brady repressed memories of his hideous crimes for many years before finally remembering where he had buried his victims (Parkin, 2000). However, in a study of children who had seen a parent being killed, none showed evidence of repression as the experience tended to be recalled all too frequently (Baddeley, 1990). This, and the observation that psychogenic amnesia can disappear as suddenly as it appeared, are difficult for the motivated-forgetting theory to explain.

Parkin (1993) also cites evidence that repressive mechanisms may play a beneficial role in enabling people with post-traumatic stress disorder to adjust. For example, survivors of the holocaust judged to be better adjusted were significantly less able to recall their dreams when woken from REM ('dream') sleep than less well-adjusted survivors (Kaminer & Lavie, 1991).

Levinger & Clark (1961) tested Freud's repression hypothesis and found that recall for negatively charged words was worse than for neutral words. During the experiment, the negatively charged words also produced higher galvanic skin responses. For some years the study stood as the best experimental demonstration of repression; however, subsequent research showed that the effect reverses after a delay (Eysenck & Wilson, 1973). If the words are being repressed, this should not happen, they should stay repressed, which suggests that arousal was the crucial factor.

There is currently great controversy over recovered memories (RMs) of child sexual abuse (CSA) and false-memory syndrome. Therapists are accused of implanting false memories of CSA into patients, while patients accuse their parents of the abuse. Whether we can decide that recovered memories exist or not depends on the evidence for the existence of repression, but this evidence is far from conclusive. The validity of RMs has also been questioned. A report published in the *British Journal of Psychiatry* (Brandon *et al.*, 1998) distinguishes between CSA that is reported in childhood or kept secret although unforgettably and RMs of CSA, previously completely forgotten, that emerge in adulthood during therapy, usually in women in their 30s or 40s. For some patients, RMs can escalate into false memories (FMs). Brandon *et al.* summarise the findings of studies that have compared these two kinds of CSA. Ninety per cent of RM patients are women, while in documented abuse cases the sex ratio is 50:50. While only three per cent of RM accusations are made against stepfathers, they are much more likely to be involved in documented childhood cases. Finally, while documented abuse usually involves older children or adolescents, RM cases recall abuse before the age of four, or even in infancy.

According to the 1995 British Psychological Society report on RMs, CSA which is alleged to have occurred before four years of age and which does not continue beyond that age, might not be retrievable in adulthood in narrative form, that is, describable in words. Very early memories are implicit rather than explicit, and are reflected in behaviour, outside conscious awareness. This means that we do not need the concept of repression in order to explain 'forgetting' of childhood experiences, but it also implies that some RMs could be false, or at least inaccurate.

According to Loftus (1997), false memories can be constructed by combining actual memories with the content of suggestions from others. This may result in source confusion. Consistent with the role of suggestion is the fact that RMs began to be reported more frequently after the publication of *The Courage to Heal* (Buss & Davis, 1993) in the USA. This book claimed that virtually every behavioural or emotional disorder is caused by CSA, and could be cured by recovering repressed memories of that abuse. It was largely responsible for the RM 'movement' in psychotherapy. Many therapists began to introduce 'memory work', which usually involved hypnosis, under the false assumption that hypnosis can unlock forgotten memories (Parkin, 2000). Mazzoni *et al.* (1999) simulated the kinds of activities that go on in psychotherapy and found they could affect a client's autobiographical memory. However, the fact that FMs can be created does not mean that all RMs are false (Loftus, 1997).