

# The False Memory Fallacy

Safiyyah Shiraz Esat

University of Essex

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## Abstract

This article delves into the creation of ‘False Memory Syndrome’ (FMS), unravelling its origins and exposing its lack of scientific validity. A review of the relevant literature and empirical evidence finds that ultimately, FMS is an illegitimate diagnostic construct, fabricated by those with vested interests—primarily to downplay sexual trauma as a strategic, political manoeuvre aimed at sustaining patriarchy. The syndrome is shown to rely predominantly on anecdotal accounts, while the laboratory research often cited in its defence lacks both credibility and relevance to the specific context of childhood sexual abuse. In debunking FMS, this article aims to restore legitimacy and voice to survivors whose experiences have been dismissed under the guise of well-intended science.

**Keywords:** false memory syndrome, feminism, patriarchy, Marxism, sexual abuse, child abuse, psychology

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## Introduction

In the 1980s, Western media began paying attention to the growing number of childhood sexual abuse cases, seeking justice for the victims (Salter, 2021). For example, in 1984, Newsweek posted an article titled ‘*A Hidden Epidemic: Sexual Abuse of Children is Much More Common than Most Americans Suspect*’ (Beckett, 1996). The piece, like others, highlighted the pervasive nature of sexual abuse, bringing to light the number of perpetrators who are never brought to justice. In general, the media and the public were supportive of victims (Weatherred, 2015), aiding in the introduction of laws like the *Child Abuse Victims’ Rights Act of 1986*—which extended the definition of sexual exploitation, increased penalties for offences, and allowed victims to file lawsuits even after the statute of limitations had passed (Congressional Research Service, 1986). Celebrities were also coming forward with testimonies of past abuse, increasing public sympathies (Weatherred, 2015). Within a decade, however, the media and the public’s position on childhood sexual abuse had dramatically changed; by the 1990s, the focus had shifted from victim

experiences to false accusations (Salter, 2021). This shift can, at least partially, be attributed to the creation of the “false memory syndrome.”

False memory syndrome describes a social phenomenon whereby erroneous therapists cause patients to recall memories of childhood sexual abuse—memories that are false, planted (perhaps inadvertently) during therapy sessions (Loftus, 1996). Proponents of the syndrome maintain that it is an epidemic, with Freyd (1993)—founder of ‘The False Memory Syndrome Foundation’—describing it as an “unbelievably destructive hysteria that is being spread through the mental health system” (1993, p. 4). Going further, Gardner (1993, cited in Dallam, 2001) describes it as the mental health crisis of the 1990s. Critics with whom I agree, however, assert that the syndrome is based on unsubstantiated claims, which have no scientific basis (Dallam, 2001). In this essay, I will argue—in line with Dallam (2001), Orbach (2021) and Heaney (2021)—that the false memory syndrome is an invalid diagnostic construct, developed solely to undermine the efforts of feminists who fought to bring justice to child abuse victims by discrediting these victims and defending their perpetrators.

### How the Syndrome Came About

The term “false memory syndrome” was coined by Peter J. Freyd, a mathematician in the US, following a private sexual abuse allegation from his daughter, Jennifer Freyd, who claimed to have been assaulted throughout her childhood (Heaney, 2021). Jennifer, a respected professor of psychology and mother of two, had repressed her memories of molestation at the hands of her father, but recalled these after a conversation with her therapist whereby she was asked if she had ever been sexually abused. Initially, Jennifer responded with “No,” however, in the coming weeks, she began regularly experiencing distressing flashbacks of the sexual exploitation (Kendall, 2021). Though Jennifer never publicly accused her father of abuse, her parents soon retaliated, creating a non-profit organisation: the False Memory Syndrome Foundation (FMSF). The Foundation aimed to record how families were “torn apart” (Brainerd and Reyna, 2005) by false accusations, caused by false memories inserted by therapists (Brainerd and Reyna, 2005). Through the organisation’s efforts, as Heaney (2021) explains, the term “false memory” was popularised, soon spreading into the public domain, shifting sympathies from victims to the accused. Its organisers claimed that the syndrome was an epidemic, with Pamela Freyd (Jennifer’s mother) telling a reporter that “hundreds, perhaps thousands, of families across the country are grappling with fallout from false memories of sexual abuse brought on by psychotherapy” (Fink, Silberg and Whitfield, 2019, p. 70).

### The (supposed) Evidence

To date, FMS has never been recognised as a legitimate diagnosis by professionals; neither the Diagnostic and Statistical Manual (DSM) nor the American Psychiatric Association (APA) include the false memory syndrome. Furthermore, as Dallam (2001) notes, the diagnosis was rejected by a group of behavioural scientists who argued that it is “a non-psychological term

originated by a private foundation whose stated purpose is to support accused parents” (2021, p. 16). The creation of the syndrome seems to be based on personal anecdotes, as opposed to science—just look through the FMSF’s newspapers, now digitally archived on their website (see False Memory Syndrome Foundation, no date)—and when laboratory experiments on memory are cited, they have no relation to memories concerned with historical sexual abuse.

As Heaney (2021) points out, FMS is built on multiple overgeneralised assumptions; one of these assumptions being that it is easy to implant false memories. This premise is supposedly supported by a case study conducted by Elizabeth Loftus (a FMSF board member) over two decades ago; a study which has since been debunked (Crook and McEwen, 2019) and widely criticised, including by the participants involved, for the methodology employed (Coan, 1997). Loftus’s ‘Lost in the Mall’ study claims to prove that “people can be led to believe that entire events happened to them after suggestions to that effect” (Loftus and Pickrell, 1995, p. 720), however, the study only had a sample size of 24 individuals, rendering the findings ungeneralisable. The study was presented by Loftus (a Professor at the University of California) to her Cognitive Psychology students as a class assignment that would earn students 5 extra-credit points. She instructed her students to try and convince their younger family members that they had been lost in a shopping centre when they were young. The aim was to get the children to believe that the lie was in fact truth, thereby creating a false memory. One of the students who accepted the assignment was James Coan, who presented to his younger brother, 14-year-old Chris, three true stories relating to Chris’s childhood and the one false story. As Loftus predicted, Chris eventually came to believe the false story, saying that he could recall getting lost (Coan, 1997). According to Loftus, this was proof of the malleability of memory, and she proceeded to inform the media of her findings, publishing them in great detail in an article titled ‘Manufacturing False Memories Using Bits of Reality’ (2014). She also regularly regurgitated the findings in court cases—almost 300 times—to defend the accused (Kendall, 2021), profiting from giving expert testimonies in several child abuse cases (Blizard and Shaw, 2019). Furthermore, the study continues to be cited in the media and by academics, remaining one of the most well-known studies relating to the psychology of memory (Crook and McEwen, 2019).

### Debunking the ‘Lost in the Mall’ Study

But how reliable is the ‘Lost in the Mall’ study? Coan (the student at the forefront of the study) admits to its unethical nature; even at the time of the study, “there were concerns about the coercion of our participants, emotional stress put upon participants, and so forth” (Coan, 1997, p. 279). Coan also states that “I’d done real damage to my brother by deceiving him” (1997, p. 278). Concerningly, the study was performed without the approval of the Human Subjects Review Committee (HSRC)—though media outlets misled the public to believe otherwise (Crook and McEwen, 2019). The study has also been critiqued by Pope and Brown (1996) for likening being lost—a somewhat upsetting event—to childhood sexual exploitation. Furthermore, by examining the methods and results used, Blizard and Shaw (2019) have found that during the study the participants did not actually gain false memories. Though Loftus stated “7 (29%) of the 24 subjects

‘remembered’ the false event, either fully or partially,” (Loftus and Pickrell, 1995, p. 722), it seems this is not the case. The subjects were asked to rate the clarity of their memories from 1-10 for each of the four scenarios: 10 being “extremely clear” and 1 being “not clear at all” (1995, p. 722). From the seven subjects who internalised the false story, the average clarity rating for the false memory was 2.8—compared to 6.3 for the genuine memories. Evidently, the false memories were not really remembered at all (Blizard and Shaw, 2019), making it ridiculous for Loftus to claim that approximately 25% of individuals can develop a false memory of autobiographical experiences (Loftus, 1997). Additionally, as Pezdek and Hinz (2002) write, “subjects who were considered to have recalled the false event simply recalled some of the true information in the description of the false event: that is, the suggested false event was not really planted in memory” (2002, p. 101) Furthermore, there are many alternate explanations for why participants may have remembered being lost in a shopping centre—including the likely instance that they actually were lost at some point during their childhood without the older relative’s knowledge, and so were just recounting this instance. Likewise, it is conceivable that the subjects simply trusted their relative’s account, especially as these were often supported by family members claiming to be eyewitnesses. Overall, the ‘Lost in the Mall’ study is both unethical and unreliable, with further concerns discussed by Crook and Dean (1999), Brewin and Andrews (2017) and the referenced scholars.

While Loftus and Pickrell (1995) claimed to provide “proof of the phenomenon of false memory formation” (1995, p. 724), we have displayed thus far that this is not the case. Despite this, the syndrome is included in most introductory psychology/social-psychology books, creating a precedent for discrediting abuse survivors’ testimonies by establishing the notion that recollected memories are instead false, implanted by psychotherapists. Similarities have been drawn by authors between the falsely accused parents and the “Red Scare” (or the “witch-hunts” (Cheit, 2014)), advancing the idea that false memory is the fundamental problem, whilst the real sexual abuse children face is comparatively trivial (Orbach, 2021).

### What do the Statistics Say?

Despite the impression given by the False Memory Syndrome Foundation (FMSF), the majority of child abuse cases are actually undisclosed (Elkin, 2020a; Lawson and Chaffin, 1992). According to the Violence Reduction Unit (VRU), at least 40% of child-parent violence cases in the UK are unreported (Brussels, 2022). In instances where abuse is reported, perpetrators are rarely prosecuted (Dodd, 2023; Dziech and Schudson, 1989). For example, in 2019, only 4% of recorded child abuse offences resulted in a charge of summons (Elkin, 2020a). Alarming, police figures indicate that in the last five years, cases of adults neglecting, mistreating, or assaulting children in England have doubled (Dodd and PA Media, 2023). Furthermore, almost half of childhood sexual abuse offences reported to the police in England and Wales take place within the family environment (National Police Chiefs’ Council, 2023).

And yet—despite research making it evident that children seldom fabricate abuse claims (Jones and McGraw, 1987; Ney, 2013, pp. 23-34)—the FMSF is adamant that false accusations are the real issue. On the contrary, as Gushurt (2003) makes evident, children sometimes claim to have lied about being abused out of fear of facing repercussions at the hands of their perpetrator. Evidently, the FMSF have constructed a moral panic, which takes place when “the perception of a threat is not in alignment with the facts” (Weathered, 2015, p. 17).

“Between 1992, when the foundation was launched,” Heanley (2021) writes, “and December 2019, when it [the FMSF] abruptly shuttered, it bolstered the defence strategy employed by countless sex offenders, from Michael Jackson to Bill Cosby to Harvey Weinstein” (2021, p. 1). The FSM has done extensive damage, casting doubt on victims and undermining the #MeToo Movement (Miller, 2019, p. 15). Despite this, the nonprofit received almost \$8 million in donations from the public (Kendall, 2021).

### The Motives Behind Constructing the Syndrome

Therefore, this then compels the questions: Why has FMS been promoted so widely? Whose interests does it serve? For many Feminists, like Gaarder (2000), silencing victims is imperative to maintaining patriarchy since it allows for the continuation of abuse. As Gaarder explains, the creation of FMS is an attack on women—since the majority of child sexual abuse victims are women (Elkin, 2020b). FMS is not disputing memory and repressed traumas in general (such as traumas related to wars, famines, etc.) but concentrates specifically on women’s memories of childhood sexual abuse. Sexual abuse has historically played a vital role in creating and maintaining patriarchy (Federici, 2004), acting as “a punishment for deviance from the traditional feminine gender norms” (Canan and Levand, 2019). As radical feminists like Rennison (2014) argue, sexual violence should not be considered as individual random acts of violence but must be seen as a vast structural tool of domination. Whilst men are portrayed as rational victims by the FMSF, women are portrayed as attention-seeking, hysterical, and bitter (Gaarder, 2000). As Wakefield (FMSF advisory board member) wrote: “the adult children who ‘remember’ sexual abuse decades after they say it happened are . . . not just anybody. *They are women* who already have problems, such as personality disorder, and they’re likely to be unusually suggestible” (Sifford, 1991, p. 12). Within the FMSF newspapers themselves (see: False Memory Syndrome Foundation, 1993), Gaarder (2000) points out the men and women are also treated vastly differently, with the women being vilified and men treated with leniency. Female survivors of sexual assault are demeaned and labelled as crazy, mirrored by media outlets (see Goleman, 1992).

Furthermore, the blame of implanting false memories falls solely on female therapists (Gaarder, 2000), who are also accused of having a “feminist agenda” (Van Til, 1997, p. 127). As Gaarder (2000, p. 92) notes, newsletters from the False Memory Syndrome Foundation in the late 1990s also framed feminist rhetoric and “women’s programs” as hazardous, demonstrating how the debate was crafted to target not only women but also the women’s movement and feminism.

Evidently, despite efforts to present itself as gender-neutral, FMS discourse was deeply rooted in anti-women hostility.

Further, by utilising the works of Marxist Feminists, the subjection of women and children is understood as paramount to maintaining capitalism and individualism. For example, during the 1990s, the capitalist ideals of individuality and self-sufficiency were promoted. This developed the notion that memories built and understood in isolation were true and trustworthy, whilst “untrustworthy” memories were those “triggered or facilitated by other events or people” (Salter, 2021, pp. 133-134). As Salter (2021) explains, this produced a strict, heavily gendered, binary between “true/false, rational/emotional, and independent/dependent” (2021, p. 134). These were weaponised to continue the narrative that women are excessively emotional and dependent, incapable of autonomous thought.

### The Legacy of FMS

The legacy of FMS extends beyond just childhood abuse cases—courts often dismiss credible evidence of domestic violence, for instance, due to the precedent created to disbelieve women (Kendall, 2021). By creating a culture of silencing women, this allows for the continuation of multiple cycles of abuse. Furthermore, as Holtzman (2020) exposes, the creation of the FMSF played a part in covering sexual abuse crimes committed by the CIA. Project MKUltra, for instance, involved illegal methods (including sexual abuse of children) to gain information from Russian spies. The specifics of the project can be found in a *Newsweek* article, written by Andrew Whalen (2018), underscoring how memory and trauma research has long been entangled with systems of power and secrecy.

### Conclusion

In many ways, the creation of FMS is just another example of the “war against women” (a term coined by Faludi (1994)). Minimising sexual trauma is a strategic, political act which serves to maintain patriarchy. Frankly, we have not come very far at all if we are still accusing women of being too mentally unstable to testify for themselves. As Gaarder writes: “to acknowledge victims is to share in the burden of their pain” (2000, p. 104). This is not to suggest that memory is completely accurate and infallible, but to question the roots of FMS, a pseudoscientific syndrome which serves primarily to discredit victims and maintain patriarchy.

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