Lessons From the Study of Psychogenic Amnesia

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Many people who have experienced traumatic events report that their memory for these events is completely inaccessible to them for extended periods of their lives; this phenomenon has been referred to as memory repression. Some of these people report that later in life they recover memory for the previously repressed trauma. Articles debating the veracity of repressed memory and recovered memory have flooded the psychology literature in recent years (for reviews, see Loftus, 1993; Pezdek & Banks, 1996; Pressley & Grossman, 1994), but political conflict has plagued progress in the field. Most scientists who have engaged the issue recently have done so within the specific arena of memory for childhood sexual abuse (but see Cohen, 1996). Unfortunately, the debate has elicited the personal views of the researchers regarding victimization of children and women, domestic violence, and the feminist issues of power more generally—that is, core beliefs recognized as intractable by policy analysts. Even the American Psychological Association’s six-person Working Group on Investigation of Memories of Childhood Abuse could not agree on the content of a final report; rather, the group split and drafted two final reports.

Our purpose is to expand the study of repression and recovery of memory beyond the circumscribed realm of childhood sexual abuse, to reduce the political heat surrounding this area of study and to promote cooperative scientific pursuit. In this article, instead of the designations repressed memory and recovered memory, we use the more general terms amnesia and recovery so as not to presume the mechanism for amnesia. The thesis of this article is that amnesia for sexual abuse is just one specific type

Recommended Reading


Pezdek, K., & Banks, W.P. (Eds.). (1996). (See References)

of psychogenic amnesia, a deficit in memory that is precipitated by psychological stressors rather than by structural brain damage and that has as its major symptom the loss of memory for information acquired normally prior to the onset of amnesia. In addition, we suggest that researchers interested in psychogenic amnesia more generally should be familiar with a wider range of types of psychogenic amnesia. We assert that the models, processes, and mechanisms developed to account for amnesia and recovery of memory for sexual abuse should account, as well, for psychogenic amnesia from a wide range of sources. Alternatively, constraints on the general models of psychogenic amnesia should be developed to explain why processes that operate on amnesia for and recovery of other types of traumatic memories do not operate on memory for sexual abuse.

As is the literature on childhood sexual abuse, the case literature on other types of trauma is skeptical of self-reported claims of amnesia and recovery. However, although investigators’ own judgments of amnesia and recovery are often questioned in cases of childhood sexual abuse, such judgments tend not to be questioned when it comes to other types of trauma. Our second assertion, then, is that the same critical eye that is often applied to reports of childhood sexual abuse should be similarly applied to cases involving other types of trauma, for which even more vigorous memory recovery techniques are typical.

This article is not intended to provide a comprehensive review of the literature on psychogenic amnesia. Rather, we have widely sampled the extensive but amorphous case literature on psychogenic amnesia and report here some examples of six major classes of events that have been documented as sources of psychogenic amnesia: disasters and accidents, combat, attempted suicide, criminal acts, experiencing the violent death of a parent during childhood, and adult rape. Each case we present was independently documented or otherwise compellingly credited by the investigators. To foster neutrality and bring historical perspective, we have preferred sources that predate the recovered-memory–false memory debate regarding childhood sexual abuse.

**DISASTERS AND ACCIDENTS**

To provide a baseline for the extreme cases of psychogenic amnesia, we first describe ordinary memory disturbances resulting from impersonal disasters and accidents. In such cases, the availability of public information and reminders of the event would presumably enhance memory.

Impersonal disasters and accidents reveal memory disturbances as very ordinary responses to emotional trauma. Survivors of automobile accidents have shown extreme misperceptions, hallucinations, and amnesia, even after minor rear-end collisions. It can be several weeks before symptoms occur, and after they disappear they may return periodically (Quirk, 1985). Significant proportions of survivors (25%-80%) of various earthquakes, fires, and airplane crash landings have reported memory impairments (Koopman, Classen, Etzel, & Spiegel, 1995), as well as derealization ("this is not happening") and depersonalization ("this is not me here"). Survivors of the 1972 Buffalo Creek flood had cloudy memories and magical fantasies and dreams of undoing the disaster; some identified with the dead in their dreams, behaviors, and attitudes; and some denied they had been personally altered by the flood that left 125 people dead and 4,000 homeless in a small community (Titchener & Kapp, 1976). In 1984, an airplane carrying the East Tennessee University basketball team and support staff crash-landed. Although the passengers had no serious physical injuries, they exhibited a wide range of memory disturbances, including memory impairment (79%), thoughts about the accident that intruded unexpectedly into daily life (71%), depersonalization or derealization (54%), and dreams about the crash (50%), with a few cases of loss of affective responses. These symptoms diminished rapidly over the first 2 months after the crash for most but not all survivors. One month afterward, there was an unrelated fatal airplane crash on the campus. Most survivors of the first crash showed strong reactions in interviews. The gravity of symptoms did not correspond to players’ subsequent performance playing basketball nor to fear of flying (Sloan, 1988).

**COMBAT**

The military context provides a vast laboratory for the study of psychogenic amnesia. In World War II, 14% of the first thousand military cases admitted to the neurological unit of a British hospital exhibited psychogenic amnesia, and 35% of the patients arriving from severe combat conditions were classified amnesic (Sargent & Slater, 1941). Investigators advanced a wide range of root causes for combat amnesia and the encompassing syndrome now called posttraumatic stress disorder: constitutional inferiority (Sargent & Slater, 1941), anxiety evoked by separation from primary attachment figures (Torrrie, 1944), neurotic mother-son relationship (Henderson & Moore, 1944), con-
Conflict between what one wants to do (flight) and what one “should” do (fight) (Fisher, 1945), malingering (Kalman, 1977; Parfitt & Gall, 1944), and trauma that occurred from combat (Grinker & Spiegel, 1943). Working from a field hospital during the Tunisian Campaign, Grinker and Spiegel explained the range of symptoms and the proposed etiologies of war neuroses in terms of the distance of patient and diagnostician from the combat zone. The same combatants who exhibited severe amnesia in the forward areas of combat exhibited instead psychotic reactions and chronic anxiety states at safe ports of embarkation. Therefore, these researchers warned that analyses of diagnoses should take into account the location of the patient; general statistical reports of clinical syndromes and predisposing causes can otherwise be misleading. The ensuing “false amnesia controversy” (Parfitt & Gall, 1944) has continued into the debate over dissociation (psychologically removing oneself to escape intolerable fear) in Vietnam combat veterans (Bremner et al., 1992).

World War II military psychologists employed high-speed techniques of abreaction (cathartic reliving of traumatic experience), instead of psychoanalysis, to restore memory and to return the soldier to duty, ideally within 3 weeks. The main agents were hypnosis, “truth serum” drugs such as pentothal and amytal barbiturates, and forceful suggestion, with some use of group discussion, free association, dream analysis, memory triggers, and electroconvulsive shock treatments. Two notable risks in application of these techniques were subsequent amnesia for the abreacted combat experience and unintentional evocation of childhood traumas (commonly sexual) instead of combat experience (Grinker & Spiegel, 1943; Rosen & Myers, 1947).

More recent literature has explored the phenomenon of long delay in recovery of combat memories. In one case, a World War II veteran had amnesia for his service as an intelligence agent, including his capture, torture, and escape in the Far East in 1951. Thirty-seven years later, hospitalized with a neurological impairment, he recalled these traumas, speaking an Asian dialect during flashbacks (Cassiday & Lyons, 1992). The sociologist Wilbur J. Scott was amnesic for his entire tour of duty as an infantry platoon leader in Vietnam in 1968–1969, but during the stress of a divorce in 1983, a flashback of jungle combat and discovery of his medals and souvenirs from Vietnam restored his memory (Peter- son, 1995).

**ATTEMPTED SUICIDE**

Suicide researchers have conceptualized psychogenic amnesia as an individual coping mechanism, an alternative to suicide. Takahashi’s (1988) case studies of “Suicide and Amnesia in Mt. Fuji’s Black Forest” represent this view. Mr. A, 21 years of age, attempted suicide after the loss of his fiancée, whom his parents had forbidden him to marry. He was amnesic when rescued by police. He showed a normal range of emotional reactions and normal intelligence, and he had no physiological disorders nor signs of drug abuse to explain his amnesia. His family recognized him through a television program and took him home, but he left again. When his sister found him in a hotel 3 months later and tried to persuade him to return, without a word he threw himself through a window to his death. In another case, Domb and Beaman’s (1991) Mr. X suffered complete loss of identity after the death of his wife, even when exposed to people and places he had previously known. After 2 months, he suddenly recalled he had promised his wife that he would kill himself from grief if she died. Amnesia had substituted for suicide.

**CRIMINAL ACTS**

Defendants claim amnesia in a quarter to a half of homicide cases (Gudjonsson, 1992; Kopelman, 1987). Although the ready explanation is simulation of amnesia to mitigate punishment, many amnesic defendants have reported their own crimes, made no effort to escape, or persisted in amnesia that delayed their acquittal. Kopelman (1987) cited the case of an elderly man who had amnesia after battering his wife to death without evident motive. When he saw her corpse, he reasoned that he must have been the assailant and turned himself in to the police. In another case, a young woman, a wife of a firefighter, was found taking a shower while her living room burned. Subsequently, she was charged with arson in connection with a rash of neighborhood fires. Her amnesia and anxiety led to her confinement in a state mental hospital. In the course of hypnosis sessions for relief of anxiety, she suddenly recalled setting the fire in her own house, thereby incriminating herself (MacHovec, 1981).

**VIOLENT DEATH OF A PARENT IN CHILDHOOD**

Cain and Fast (1966) studied 45 children who had witnessed, discovered, or otherwise observed a parental suicide. The trauma in these cases was confounded by the fact that almost all of the surviving parents had grossly lied to the children about the suicide and demanded that the children not know...
or not tell about the event they had witnessed. For example, a boy who saw his father kill himself with a shotgun was told by his mother the death was due to a heart attack. The investigators reported the children’s sense of unreality surrounding the suicide and a tendency to systematic “not knowing” that manifested itself in learning disabilities, “conditions of pseudostupidity,” stutters, and loss of speech despite having the physiological ability to speak (Cain & Fast, 1966, p. 879).

Memory impairment resulting from a parent’s violent death may persist into adulthood. A 58-year-old Israeli social worker, with long-standing bodily complaints, sought therapy for insomnia, depression, and rage. She could not remember much of her childhood or her 1-year internment in Auschwitz at age 11, where she had been adopted by a non-Jewish physician to work in the infirmary. When her therapist introduced hypnosis as a therapeutic technique in the 19th session, the woman recalled her train trip to Auschwitz and the final moment with her parents before they were selected for extermination. After 18 months of treatment, her symptoms abated (Somer, 1994).

ADULT RAPE

Two extensively documented cases illustrate the power of a rape experience to produce amnesia, even when secrecy is no longer possible. A 27-year-old man was found lying in a busy intersection and was brought to a hospital, disoriented and hopeless, completely unable to remember autobiographical information. Sexual assault was suspected from psychological testing. During the course of five daily hypnosis sessions with relaxation and mental imagery techniques, the man pieced together his background and his recent rape at gunpoint by two men. He discovered his own identity last, on the 10th day after the assault (Kaszniaik, Berren, & Santiago, 1988). In another case, a 23-year-old Swedish woman was raped while jogging. Found by another runner, she could not explain her bruises or shock. The rapist, however, confessed to police. When police accompanied her to the scene of the assault about 5 and 11 weeks afterward, she responded emotionally at appropriate locations. She first remembered the assault while jogging again. She regained all her personal memory, beginning with the rapist’s odor of beer, within 4 or 5 months after the attack (Christianson & Nilsson, 1989).

CONCLUSION

The purpose of this review is to expand the study of amnesia and recovery of memory beyond the domain of childhood sexual abuse by offering researchers a sense of the broader range of traumatic events for which psychogenic amnesia has been documented. We have presented evidence from six classes of traumatic events to support the psychogenic origin of many cases of amnesia and to illustrate strategies of memory recovery. Unfortunately, the incidence of amnesia and recovery is largely unstudied except for criminal and combat cases.

There are certain to be some differences in the specific mechanisms underlying amnesia for childhood sexual abuse and other types of traumas, but significant similarities may be expected, as well. Across a range of types of traumatic events, implicit memory for the traumatic event has been documented despite the absence of explicit (conscious) memory for it. Memory recovery has been aided by exposing individuals to contextual cues as well as by forceful techniques of abreaction, for example, with combat amnesia and police investigation of homicide. Also, the degree of amnesia generally relates to the severity of trauma but may vary according to the circumstances operative when the memory is prompted. There are also lessons for evaluating investigators’ possible bias or incompetence. Identification of symptoms has been found to differ with the assessment criteria used. For example, after the airplane accident involving the East Tennessee University basketball team, the players exhibited memory problems but no impairment in athletic performance. Also, malingerers showed gradations and variability in malingering. Investigators’ attributions of motives have generally corresponded poorly to amnesics’ behavior. And, especially for combat amnesia, the institutional role of the investigator with respect to the amnesic has affected the symptomatology.

Although in the literature, traumatic events are classified by the stories surrounding the events, such a classification of cases may not facilitate the cognitive study of amnesia. In any case, some of the conceptual roadblocks that have impeded researchers studying amnesia and recovery of memory for childhood sexual abuse could be circumvented by considering, as points of reference, these other types of real-life traumatic events that have produced psychogenic amnesia.

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Note

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References


