

The Royal Australian and New Zealand College of Psychiatrists

Clinical Memorandum # 17

GUIDELINES FOR PSYCHIATRISTS DEALING WITH REPRESSED TRAUMATIC MEMORIES

1. Although the role of traumatic sexual experiences during childhood in influencing adult psychopathology has been a part of clinical psychiatry for some 100 years, there has recently been an upsurge of popular interest in what is being termed in the lay press "Recovered Memory Syndrome". The clinical and ethical issues involved in the present circumstances pose a real issue for psychiatrists and for the College.
2. There is general agreement about the following matters:
 - (a) Clinical experience, supported by relevant research, has shown that both physical and sexual abuse in early and later childhood occur with disconcerting frequency.
 - (b) Children who are subject to such developmentally inappropriate experiences are, in most (if not all) cases, adversely affected by such experience in respect of their mental development and evidence exists that varying degrees of psychological damage can be attributed to a child's experience of such abuse.
 - (c) Memory of such abusive experiences may be absent for considerable and varied periods of life and may be recalled under any of a variety of circumstances, including as a vicissitude of undergoing psychiatric treatment for (at least initially) apparently unrelated reasons.
3. In these circumstances psychiatrists should be mindful of the following:
 - (a) Modern day understanding of the nature of memory itself is that it is highly susceptible to influence and revision from the time of encoding up to and including the time and relationship context of the memory being retrieved.
 - (b) It is an appropriate role, as in therapy for any disorder, for the psychiatrist to facilitate and maximise the therapeutic potential of any memories of past experiences which may be relevant to the disorder for which the patient is seeking therapy.
 - (c) Psychiatrists must respect the right of patients to secure their own memory – free, as far as is possible, from contamination by external influences.
 - (d) It is important that psychiatrists, while supporting the clinical interests of the patient, maintain a position of neutrality in the consulting room – no matter what personal views they may have formed. This is no different from the stance which psychiatrists must take on many other matters raised by patients.
 - (e) It is not, generally, the clinical role of the psychiatrist to advocate for the patient 'as victim' – but, where necessary and possible, to support a process whereby the patient comes to feel able to deal with the experience of having recovered a hitherto forgotten aspect of their history in any way which they themselves deem appropriate.'

Adopted: May 1996 (GC1/96. R11), May 2005 (GC2/05. R21)

Amended: October 1998 (GC2/98. R55)

Date of current document: Revise for a further 3 years (GC2008)

4. The scientific literature carries a growing number of studies in this field and, in turn, a growing number of reviews of this literature. In addition, there is an explosion of books being published taking polemic positions in the controversy – there are instances of extremist positions on each side.
5. Regrettably the legal consequences of this have been a disturbing increase in the number of court cases (especially in America) where the concept of ‘repressed memory’ and the counterclaim of ‘false memory’ have been tested more in the style associated with television courtroom drama, than in a spirit of seeking the truth – difficult as that may be.
6. As a further consequence, unless carefully balanced, the airing of these vexed issues in the popular press can only serve to entrench fixed views held by the various proponents.
7. In a climate of such complexity, where psychologically positive outcomes are largely made impossible by the adversarial nature of the legal arena and the sensationalist nature of the popular press, it is important that psychiatrists maintain at least the hope of a clinical haven for those who need the opportunity to explore their own relevant issues in a neutral supportive environment.
8. The only thing that we can know for certain in this complex field is that it is almost impossible, without corroborating evidence, to know for certain what transpires privately between two individuals.

In view of the above complexities, it is recommended that psychiatrists seek consultation and/or supervision with appropriate colleagues when working in this difficult area.

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