

Introduction: In the Aftermath of the So-Called Memory Wars

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Abstract The term “memory wars” has been used by some to characterize the intense debate that emerged in the 1990s regarding the veracity of recovered memories of child sexual abuse. Both sides in this debate have been motivated by scientific and ethical concerns. Recent years have witnessed a burgeoning of relevant behavioral and neuroimaging evidence that when taken together, points the way toward reconciliation. All of the contributors to this volume acknowledge that true recoveries characterize a substantive proportion of recovery experiences and that suggestive therapeutic techniques may promote false memories. Disagreements continue to exist on the cognitive and motivational processes that can lead to true recoveries and the extent to which false recovered memories occur.

Keywords False memories • Memory wars • Recovered memories • Scientific debate

Debate in science, including psychological science, is an inherent part of the scientific approach that considers the critical examination of data and theory to be the primary means on which empirical truth can become established. Although scientific debates can become intense, psychology in the 1990s, with the recovered memory debate, witnessed a “heated and polarized debate” (Sivers, Schooler, & Freyd, 2002, p. 170) so strong to be considered by some as consisting of “memory wars” (Crews, 1995; Hyman, 2000; Schacter, 1996, Chap. 9) that were “raging out of control” (Toglia, 1996, p. 313) with “divisive, fierce, and destructive” force (Lindsay & Briere, 1997, p. 632), and which were “as much about politics as [they] ever will be about science” (Brown, 1996, p. 351). In editing a special journal issue on the debate, Banks and

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Pezdek (1994) were to lament that “we wanted vital social interest, but we got something closer to a religious war” (p. 265).

To understand the level of emotionality that has framed this debate requires an examination of the professional perspectives that came into conflict during this period. Adherents to both of these perspectives were seeking to understand the processes that have led to some adults—without apparent prior awareness—remembering having been sexually abused while they were children. The key struggle was to determine whether these memories are true recoveries of forgotten events, false memories induced via suggestions, or whether some of these experiences are true whereas others are false. Adherents who placed the bulk of their attention on one side or the other, and some who sought to take a middle position, recognized the importance of the consequences of either a true recovery or a false memory of such a socially and personally tragic event as leading to an opportunity for either healing or harming, and all were motivated by doing the right thing.

One of these perspectives had been principally advocated by clinical and counseling psychologists/psychiatrists who had not so distantly learned of the surprising and disturbing high prevalence of child sexual abuse (CSA) as reported by individuals who had continually remembered being victimized (Alpert, Brown, & Courtois, 1998a; Courtois, 1996; Harvey & Herman, 1996). Although principally advocated by those in these clinical professions, those who advocated for this position also included experimental psychologists (e.g., Freyd, 1996; Pezdek, Finger, & Hodge, 1997; Schooler, Bendiksen, & Ambadar, 1997). Being rightfully concerned about the potential for psychological damage that results from victimization, the phenomenon of recovered memory experiences provided even more troubling evidence that the prevalence of abuse was being underestimated. To these scientist-practitioner professionals, it was understandable that as sexual abuse victimization was most often accompanied by confusion, secrecy, shame, and potentially trauma, that in some individuals the memory for these experiences could become repressed, inhibited, fragmented, or psychically numbed in some fashion, only to return in more complete form years later. The overriding ethical concern that governed these advocates was to protect children, one of the most vulnerable groups in society. As an important corollary concern, these professionals sought to help those who had already been victimized.

The second of these perspectives has been principally advocated by experimental psychologists who had become troubled by a body of evidence that pointed to the unreliability of eyewitness testimony (Lindsay, 1994; Lindsay & Read, 1994; Loftus, 1979); those who were to share similar views also were to include those with clinical backgrounds (e.g., Lynn & Nash, 1994; Yapko, 1994). For adherents to this perspective, memory is an imperfect construction of past experience in which what was remembered as having occurred in reality could have its actual source in suggestions, imaginations, visualizations, or combinations thereof (Johnson, Hashtroudi, & Lindsay, 1993; Johnson & Raye, 1981). False accusations and inaccurate reports of what one had witnessed in forensic settings were an outcome of ordinary imperfect memory processes. To these professionals, it was noteworthy that there were elements of recovered memory experiences that indicated the presence

of false memories. Some recoveries were so outlandish as to almost certainly be false¹; evidence appeared that some in the helping professions through self-help books and in therapy were unwittingly engaging in powerful suggestive techniques that were highly prone to induce false memories of childhood sexual abuse (Lindsay & Read, 1994; Belli & Loftus, 1994). The overriding ethical concern governing these professionals was to protect the falsely accused, primarily in legal contexts, as court cases based on recovered memories of abuse were emerging (Loftus, 1997; Loftus & Ketchum, 1994). As an important corollary concern, these professionals noted that false memories would be the source of unfortunate family estrangements that should otherwise have been avoided (Belli & Loftus, 1994).

In an attempt to deal with this controversy, the American Psychological Association in 1993 sanctioned the formation of a working group to investigate the recovered memory phenomenon with the hope that the chasm that had formed between these conflicting advocates could be narrowed, if not closed. The working group consisted of three scientist-practitioners in law and clinical psychology (Judith L. Alpert, Laura S. Brown, and Christine S. Courtois), and three experimental developmental or cognitive psychologists (Stephen C. Ceci, Elizabeth F. Loftus, and Peter A. Ornstein). Although a short report on final conclusions had been produced (APA Working Group, 1998), what had become most noteworthy was a series of published papers that merely formalized the chasm that had already become apparent (Alpert et al., 1998a, Alpert, Brown, & Courtois, 1998b, 1998c; Ornstein, Ceci, & Loftus, 1998a, 1998b). There were some points of agreement in (1) recognizing the seriousness of the existence of CSA and its lack of historical recognition, (2) observing that most victims of childhood sexual abuse remember all or part of their victimization, (3) that both true recovery and false memory are possible, and (4) that there are gaps in knowledge and hence, there is the need for more research. Despite the recognition on both sides of the possibility of true recoveries and false memories, in terms of disagreement, each side had downplayed the position of the other in terms of differentiating between possibility and probability. Also noteworthy in terms of disagreement was an epistemic divide on the respective value of clinical experience and observations versus experimental memory research, to the point that the same sets of data were provided with conflicting interpretations.

Of course, a number of years have passed since the height of the so-called memory wars in the 1990s and the presentations of the 58th Nebraska Symposium on Motivation in April 2010. As a topic for the symposium, the recovered memory debate is most apt; in psychological terms either a true or false recovery² reveals a complex interplay of cognitive, motivational, and emotional processes. Moreover, as illustrated above, the conflicting professional and scientific points of view that

¹ Examples include recovery of satanic ritual abuse (Ofshe & Watters, 1994) and of alien abductions (Persinger, 1992).

² My use of the terms true and false recoveries is not intended to convey the notion that there is a simple and clear dichotomy between veracity and its lacking. Almost all memories contain true and false elements. Rather, the terms are meant to convey a distinction between recovered memories that are fundamentally true, or fundamentally false, with regard to one having been a victim of CSA.

have framed this debate are fueled by motivational, emotional, and ethical concerns. Importantly, pertinent research and scientific interpretations of the recovered memory phenomena has continued since the height of the so-called memory wars to the current day, and the contributors to this volume have represented some of the most active scholars exploring issues of true recovery and false memory during these years. My aim in extending invitations to this select few³ was to provide an updated and comprehensive set of perspectives that would shed new light in the search for a thorough understanding of recovered memory experiences.

A Burgeoning of Recent Research

A review of the contributions to this volume quickly reveals that an extensive body of research relevant to the recovered memory debate has accumulated since the height of the so-called memory wars in the 1990s. Electrophysiological and neuroimaging laboratory research have revealed neural activation correlates to basic cognitive processes relevant to the creation of false memories on one hand (Johnson, Raye, Mitchell, & Ankudowich, 2012, this volume), and on the other hand to the manifestation of motivated forgetting such as may occur with a victim of CSA (Anderson & Huddleston, 2012, this volume). New theories to account for the forgetting of traumatic events, including betrayal trauma theory have been developed and elaborated (DePrince et al., 2012, this volume), and an appreciation of the role of the self-concept in autobiographical memory has led to the perspective that the lacking of an integrated self which can accompany victimization will impact both the forgetting and later recovery of abuse experiences (Brewin, 2012, this volume). Cognitive processes relevant to the recovery experience such as the forget-it-all-along (FIA) effect—in which persons will forget prior instances of remembering—have been discovered (Schooler, 2001; Schooler et al., 1997; Shobe & Schooler, 2001), and laboratory-based cognitive research with persons who have continuous and recovered memories of abuse (Geraerts, 2012, this volume; McNally, 2012, this volume) have provided a firmer penetration on how individual differences in having FIA experiences and in susceptibility to suggestion may contribute respectively to the materialization of both true and false recoveries in the real world.

As noted by Johnson et al. (2012, this volume) and other volume contributors (Brewin, 2012, this volume; DePrince et al., 2012, this volume; Geraerts, 2012, this volume), the source monitoring framework (SMF) has often been implicated in the recovered memory debate as revealing processes that are relevant to the development of false or imperfect memories of CSA, as well as veridical ones. Specific to

³The tradition of the Nebraska Symposium on Motivation is to produce a symposium volume from those scholars who had been asked to speak (and to permit coauthorship at the discretion of the speakers). Because of budget constraints, I was limited in the number of invitees; those who participated in the symposium are a subset of scholars who have made substantive contributions to this debate.

issues regarding the recovered memory debate, the SMF provides a description of cognitive processes by which people come to believe that a mental experience consists of a memory for past events. According to the SMF, believing that one has remembered the past is an attributional process based on the characteristics contained in the mental experience. Most of the time, these attributional processes lead to correct inferences, and hence, when people believe that the source of a current mental experience is a memory of a past event, they are usually correct. However, attributions can be wrong, and one can misattribute a mental experience as being a memory, especially when suggestive techniques are used that encourage the visualizing or imagining of events, or combinations of events, that never occurred. In their contribution, Johnson et al. consider that the uncritical use of memory recovery practices among mental health professionals is all too common, raising concerns of induced false memories of CSA. Their detailed assessment of neuroimaging research reveals a complex interplay of hippocampal, amygdala, frontal and parietal regions that underlie both true and false memories, and also demonstrates that neural activation patterns correlate well with the experiential and attributional processes that are described in the SMF. Overall, then, Johnson et al. illustrate how fundamental neural and cognitive processes underlie remembering processes that can become implicated in veridical as well as false memories of complex events including those that are characterized as CSA.

Whereas Johnson et al. (2012, this volume) concentrate on the fundamental processes associated with remembering, Anderson and Huddleston (2012, this volume) devote their attention to describing fundamental neural and cognitive processes underlying forgetting, and especially the motivated forgetting of unwanted memories. Inspired by Freyd's (1996) betrayal trauma theory, which highlights the motivational aspects that would surround victims of incestuous CSA in desiring to not remember their abuse, Anderson and Huddleston detail a program of laboratory-based research that reveals how not thinking of an event when prompted by relevant cues will impair the ability to remember that event in the presence of cuing opportunities at later points in time. Two inhibitory mechanisms are revealed, thought substitution in which events that are different from the unwanted memory are thought about, and direct retrieval suppression in which all thoughts are suppressed in the presence of a relevant cue. Whereas the inhibition that follows from thought substitution does not generalize across different cues, the inhibition that follows from direct suppression does generalize across cues. Neuroimaging research reveals that inhibitory mechanisms are associated with increased activation in the prefrontal cortex and decreased activation in the hippocampal regions; with emotional stimuli, inhibition is also associated with decreased activation in the amygdala. Electrophysiological research has observed that direct suppression reduces the conscious recollection of an event having been previously experienced. By revealing the fundamental neural and cognitive processes that underlie motivated forgetting, Anderson and Huddleston are able to piece together a model regarding how victims of CSA may forget events associated with their victimization, especially when there are motives to do so. Further, the authors propose that shifts in the contexts that produce cuing opportunities may lead to the recovery of CSA events.

McNally (2012, this volume) challenges notions of motivated forgetting which assert that CSA events are so traumatic that a special forgetting mechanism, often-times termed as repression, is needed to keep CSA events out of awareness. By reviewing a number of claims for the presence of repression, McNally argues that different explanations, including everyday forgetfulness, failure to encode, psychogenic, organic, and childhood amnesias, and choosing not to disclose nor think about experiencing CSA, better fit the observations. In developing a laboratory based research program seeking to uncover the existence of repression, McNally and colleagues recruited participants who had continuous memories of CSA, who recovered CSA experiences, and who claimed to have repressed CSA events without explicitly remembering any abusive incidents. In examining these groups on depression, stress, dissociation, and in applying various cognitive laboratory paradigms that have induced either forgetting or false remembering, McNally observed patterns of results that did not support a repression interpretation. According to McNally, those who claim repression likely believe that their depressive symptomology is evidence of a traumatic CSA past that did not exist. As for recovered memory participants, they reveal induced forgetting patterns that are similar to control participants, even for trauma-related stimuli, and that their only differentiating characteristic is that they are more susceptible to false remembering. Although McNally rejects the notion that traumatic events can become repressed, he still believes that true recoveries happen. According to his model, CSA events—especially in the case of incestuous abuse—are likely confusing and anxiety provoking to those who are victimized, but they are usually not traumatic. Choosing not to think about these events gives victims a sense of their having been forgotten, especially when, years later, the events become spontaneously remembered. Hence, it is precisely because CSA events are not traumatic at the time of occurrence that they lose attentional force, and like other nontraumatic events that will not reach awareness for a period of time, may become open to spontaneous recovery. Ironically, however, with greater maturation and a fuller understanding of the nature of sexuality, the recovery experience is often accompanied by a sense of shock and betrayal, which can then lead to considerable psychological distress, including developing posttraumatic stress disorder (PTSD).

In direct contrast to the views of McNally (2012, this volume), Brewin (2012, this volume) asserts that traumatic events—including those that can be characterized as CSA—are sometimes forgotten. To fully understand the memory recovery process, one has to have an appreciation of the impact that emotional responses to trauma have on both forgetting and remembering. Recovery experiences provide insight into the role of trauma on memory; recoveries of CSA are sometimes similar to the intrusive memories of traumatic events that characterize PTSD in being fragmented, accompanied by emotional fear and shock, and provide a sense of reliving the past. Recent research into PTSD has uncovered that many sufferers do not experience symptoms immediately following exposure to traumatic events, but rather, their symptoms emerge over time. Such delayed onset PTSD results from an increased sensitization to general anxiety that eventually leads to a delayed full blown onset of symptoms. The course of development of delayed onset PTSD is consistent with

notions of delayed recovered recall with victims of CSA in which one can experience vivid intrusive memories of abuse events during adulthood that were not present in childhood. One factor that is implicated with delayed recovered recall of trauma, in contrast to continuous trauma recall, is that those who experience delayed onset have had prior exposure to trauma or other severe stressors. Extending perspectives from research on autobiographical memory that emphasizes the role of self-identity in the structure of autobiographical knowledge (Conway, 2005), Brewin presents a model in which exposure to severe trauma leads to a fragmented self, which in turn, may lead to difficulties in remembering traumatic experiences. Those persons with fuller self-integration are more likely to have full recall, providing that the exposure to trauma challenges notions of the self; those persons with prior exposure to trauma may not have a well-integrated self and hence there may be no immediate challenge from a traumatic experience to one's conception of whom one is. For example, the trauma experienced as a result of CSA may lead to a fragmentation of self—or parallel selves—that will keep aspects of the traumatic exposure hidden from awareness on most occasions, but that will also permit aspects to become recovered without a full self-integration or awareness as shown by the FIA effect. Full recovery is characterized by the presence of unexpected cues that trigger not only the remembering of the traumatic CSA events, but also a fuller appreciation and integration of an alternate identity that recognizes oneself as being a victim of CSA.

Extending a research approach initialized by McNally and colleagues (McNally, 2012, this volume), Geraerts (2012, this volume) seeks to uncover the cognitive underpinnings of those who have CSA recovery experiences. In the research of Geraerts and colleagues, a variety of cognitive tasks are examined that assess either the propensity to develop false memories or to forget prior instances of remembering (the FIA effect; Arnold & Lindsay, 2002) among participants who claim never to be abused (control group), those with continuous memories of CSA, and participants who have recovered CSA experiences either spontaneously or within the context of suggestive therapy. This research also includes attempts to independently corroborate CSA events among continuous and both types of recovered memory groups. The findings clearly differentiate the cognitive abilities among groups. In an initial study that compared a recovered memory group with participants who had continuous memories, those with recovered memories showed a stronger FIA effect with autobiographical memories in comparison to those with continuous memories; in follow-up research (Geraerts et al., 2009), it was found that those who recover memories of CSA spontaneously show FIA effects in a word pairing test that are more pronounced in comparison to control participants, participants with continuous memories, and with participants who recovered memories in suggestive therapy. In contrast, participants with suggestive therapy recoveries demonstrated a heightened propensity to falsely recall words in the Deese-Roediger-McDermott (DRM; Roediger & McDermott, 1995) semantic word association test in comparison to the other three groups. Moreover, whereas participants in the continuous and spontaneous recovery groups showed equivalent levels of independent corroboration of the CSA, there was an inability to independently corroborate the presence of an abusive

past among those whose recoveries occurred in suggestive therapy. Although the failure to independently corroborate abuse is not conclusive that abuse has not taken place, taken altogether, the results of this line of research indicates what Geraerts characterizes as a balanced picture that portrays individual differences in cognitive mechanisms that underlie the occurrences of both true and false recoveries. Geraerts's research also highlights the potential dangers of suggestive techniques in therapy among individuals who have a heightened propensity to falsely remember the past.

The contribution by DePrince et al. (2012, this volume) comprehensively evaluates betrayal trauma theory (BTT) and the implications that the theory provides to the recovered memory debate. Their views are wide ranging, and the most skeptical among all of the contributors with regard to the likeliness that false memories of CSA have readily occurred. According to BTT, the experience of CSA, and the impact that CSA has on forgetting and recovery, cannot be removed from the complex interpersonal dynamics that exist between perpetrators and victims. In the case of incestuous abuse, a child victim will be motivated to avoid awareness of the betrayal that CSA creates in order to maintain a sense of attachment to the abuser, as the victim is dependent on the perpetrator—at a minimum—for a sense of well-being. In addition, as awareness of the abuse would lead to traumatizing fear that one's well-being is in danger, BTT proposes two prongs for isolating the knowledge of CSA from awareness, both the betrayal and the trauma of abuse are to be avoided. Importantly, BTT does not argue that forgetting is always in the form of a complete lack of knowledge, as knowledge isolation for CSA includes both forgetting and misremembering. In terms of misremembering, a CSA victim may remember the relationship with the perpetrator as more positive, as more nurturing, than it actually was. A key prediction of BTT is that the extent of knowledge isolation will be a function of the closeness of the perpetrator-victim relationship, with closer relationships leading to greater levels of knowledge isolation. Although knowledge isolation occurs generally with the experiencing of traumatic events, a review of the evidence is supportive of their being increased knowledge isolation—in the form of heightened dissociation, reports of forgetting, and symptomology—among victims of incestuous abuse.

In terms of the implications of BTT, DePrince et al. note inherent difficulties in corroboration of CSA especially in terms of perpetrator confessions because perpetrators—like their victims—will also be motivated to isolate the knowledge of their abusive behavior from awareness, and hence, the importance of examining the accuracy of perpetrator memory in future research. Difficulties in corroboration challenge the conclusiveness of the evidence of Geraerts and colleagues (see Geraerts, 2012, this volume) regarding the notion that suggestive therapy will produce false memories of CSA; the evidence of Geraerts and colleagues is also considered to be ambiguous with regard to the extent that false recall in the DRM is generalizable to the notion that false memories of holistic events are readily produced in the real world. Although DePrince et al. are skeptical regarding the role of suggestive therapy in producing real world false memories of CSA, they nevertheless are disturbed that suggestive therapy occurs at all. In their view, the goal of the vast majority of

trauma therapy is not to uncover incidents of CSA, and that only a minority of incompetent therapists would be using techniques that could be considered as suggestive. Importantly, DePrince et al assert that researchers who study forgetting and misremembering need to be cognizant of the wider sociopolitical context that seeks to preserve the dominance of certain groups, and to acknowledge the reality and tragedy of child abuse as one symptom of an unjust status quo.

Toward a Reconciliation of the Debate

In seeking the latest thinking and evidence pertaining to the recovered memory debate, the aim of the symposium was to provide a forum for contrasting views that would provide a comprehensive picture of the differing perspectives that characterize the current state of affairs. Indeed, as revealed in the contributions to this volume, this symposium has successfully met this goal! Although the contributions may point to higher levels of discord than consensus, and portray a picture that the debate remains nearly as contentious as ever, there has been movement toward reconciliation since the height of the so-called memory wars.

It is important to emphasize that despite differences in points of view, the face to face atmosphere at the symposium was genial. As one participant noted, “after years of contentious ‘memory war’ battles, it was a welcome relief to be able to discuss controversial issues in an open, collegial manner guided by empirical findings and soundly reasoned arguments” (Gold, email correspondence, 2010). Such collegiality, in and of itself, demonstrates a reconciliation in civility, but should not be taken as evidence of reconciliation in terms of developing a consensus regarding the nature of recovery experiences. In organizing a NATO Advanced Studies Institute sponsored conference of 95 expert participants in 1996 to explore differing perspectives on the recovered memory debate, Read and Lindsay (1997) observed a “convivial atmosphere...[that] created opportunities for in-depth and probing discussions of difficult and controversial issues...[, which] did not, of course, eliminate differences in perspective” (p. v). There are no doubts that this NATO conference did lead some participants to come closer in agreement on policy issues (e.g., Lindsay & Briere, 1997), and further, that some of the interactions at this conference promoted valuable research collaborations that shed further light on the controversial issues surrounding the debate. But it is also apparent that more recent years have produced an even greater narrowing of differences that had not existed at the time of this conference, or in the few years that followed it.

At the risk of oversimplification, there have been two contrasting views that have characterized the chasm among those involved in the debate. Although there has been recognition from all concerned that both true and false recoveries are possible, the debate has centered on one side arguing that true recoveries are the norm, and the other side arguing the opposite. A total reconciliation would consist of a consensus of opinion that either true memories constitute the substantive majority of recoveries and that false memories are rare, or that the substantive majority of false

memories characterize the recovery experience with true memories being rare, or a consensus in which true and false memories are both seen to populate a substantive proportion of recoveries. Whereas the first two potential consensuses are asymmetric in that either true or false recoveries are found as characterizing the bulk of recovery experiences but not the other, the last potential consensus is symmetric in the sense that both true and false recoveries are found to have a nearly equivalent prevalence among recovery experiences.

Among the contributions to this volume, Geraerts (2012, this volume) provides the most explicitly symmetric perspective with evidence that points to true recoveries being the likely occurrence of spontaneous retrieval and false recoveries as a likely response to suggestive techniques used in therapy. All of the remaining contributions, with the exception of DePrince et al. (2012, this volume) whose examination of the available evidence leads to an explicit challenge of whether false recoveries populate a substantive proportion of recovered memories, reveal perspectives that do not take issue with a symmetric point of view. Hence, it can be seen that there is no clear consensus among the volume contributors with regard to whether a symmetric or asymmetric position best fits the available evidence, although, as noted below, there is movement toward reconciliation nevertheless.

While one must keep in mind that the volume contributors are a small subset of scholars who have been involved in the debate, each considers true recovery—to the extent to which any memory can be characterized as being veridical—as capturing a substantive proportion of recovery experiences. Although developers of the SMF (Johnson et al., 2012, this volume) characterize cognitive processes that may result in falsely believing mental experiences reflect past events, they also note that these same processes underlie veridical attributions of mental experiences to past events. In presenting evidence and arguments, Geraerts supports a symmetric position, and DePrince et al. endorse an asymmetric point of view in which the substantive majority of recovery experiences are seen as mostly faithful representations of abusive events. Although they differ in terms of the mechanisms that are responsible for the occurrence of true recoveries, McNally (2012, this volume), Brewin (2012, this volume), and Anderson and Huddleston (2012, this volume) each propose models to account for them.

As for false recoveries, Johnson et al. (2012, this volume) note that surveys of therapists indicate that suggestive techniques have been used in therapy and, according to the SMF, such techniques could lead to false memories. Both McNally (2012, this volume) and Geraerts (2012, this volume) present evidence that participants who reported having recovered memories of CSA are more susceptible to false remembering in the DRM task, which is a pattern of results consistent with the notion that there are recoveries that may be false. Both Anderson and Huddleston (2012, this volume) and Brewin (2012, this volume) point to the harm that suggestive procedures in therapeutic contexts may cause in leading to false memories. Although DePrince et al. (2012, this volume) express skepticism regarding the extent to which suggestive techniques in therapy have been used, they also express concern that suggestive techniques are used at all. In addition, they present evidence on what factors are most likely to lead to false recoveries, especially suggestions

that increase a client's sense of plausibility of being a CSA victim. Hence, although there is not a clear consensus with regard to the prevalence of false recoveries, all of the contributors raise concerns about the dangers of suggestive therapeutic techniques.

Although the movement toward reconciliation should be recognized, as noted above, the volume contributions also reveal an ongoing debate that center on issues that are difficult to resolve. These continuing points of contention deserve attention, and I address those which I have judged as being most profound in an epilogue to this volume (Belli, 2012). I have decided not to address these issues at this juncture because I cannot do so without exposing my own leanings (despite my best attempts to be impartial). My preference is for readers of this volume to experience first-hand the complex and at times controversial issues that underlie the current debate as the authors had intended via their excellent contributions. Readers are then welcome to compare their independent assessment of the current status of the debate against my concluding comments.

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