

***Trauma's Legacy***  
***Psychology 607, Winter 2004,***  
***University of Oregon***

Discussion Questions for Denial of Abuse Readings  
Monday, Feb 23, 1:30-3:30

*Becker Blease, K.A. & Freyd, J.J. (under review) Research participants telling the truth about their lives: The Ethics of Asking and Not Asking about Abuse.*

General comments:

An additional belief which stands in the way of researchers asking about abuse (that can be implicitly or explicitly known) is that trauma has no relevance to their topic of investigation.

One avenue to increasing researcher awareness/willingness to consider trauma is graduate education. This seems to be particularly relevant to clinical psychology.

It may be a valuable study to survey faculty about topics they do/don't cover in their courses, including trauma. This could help us understand any obstacles to having trauma considered as part of the curricula.

The article compares asking about abuse to asking about income. Is this a valid comparison? Is asking about income equally stigmatizing regardless of income level? Could there be other reasons why subjects didn't want to disclose income level? Are there other things that would make better comparisons?

There are different reasons that people may choose not to report their income, one of which may be that it's highly stigmatizing. Given that, this seems to be a reasonable comparison.

BB&F discuss research that details how few abuse/trauma survivors are negatively affected by being asked about abuse. What is an acceptable risk: benefit ratio? Should the risk: benefit ratio be any different for this type of research than any other? Is it acceptable to conduct research at all when anyone is upset?

The way that IRBs define risk in terms of suicide potential is unscientific (i.e., we can't tell if not asking about abuse leads to suicide, and we can't be sure to attribute suicide to asking about abuse when it occurs after participation in research).

Is it fair to equate upset or mad with harmful?

What are the researchers' responsibilities when abuse is disclosed for the first time and the researcher knows it is the first time? What is the researcher's responsibility for intervention when a research participant is visibly upset by a study? What is the minimum standard of care/intervention?

The current protocol of dealing with disclosures of suicidality was presented as an example of an IRB approved strategy that seems to be acceptable to participants as well. The protocol requires informed consent of a 48 hour response offering clinical psychology resources. The protocol has been flexible so that it was modified after each incident of a suicide report, until it seemed that it was best meeting the needs of those involved. This would be the ideal model—that the benefit be flexible to reflect the magnitude of the risk, and that the intervention be matched for the risk as well. This is difficult to achieve in trauma research however since we often don't look at the data until after it is all collected, so that respondents have anonymity. We can only modify protocols between studies.

What about giving participants the option to waive their right of anonymity if they would like to receive follow-up attention and resources? Becker's dissertation study was able to find a happy compromise, in that when participants disclosed or asked for resources, the researcher was able to respond immediately by making community and counseling referrals.

*Campbell, S. (2003) Constructing the "Memory Wars" -- chapter 1 [p 1-24] in Relational Remembering: Rethinking the Memory Wars. Rowman & Littlefield Publishers, Inc.*

General comments:

The way that this author has reframed many of the arguments in this debate were appreciated. For example, that we should just accept the fact that memory and emotions are relational (shaped by our relationships) and that that does not mean that all our memories (nor our emotions) are false. This was a thought provoking chapter in that Campbell encourages the reader to think beyond the dichotomy of the memory wars.

Importantly, Campbell also discussed the resistance to recovered memories as a feminist issue.

Why does Loftus get hailed as a memory expert and seemingly unbiased by the media/public whereas Read gets presented only as a psychologist (i.e. not an "expert")?

Loftus' approach for making her points, refuting recovered memories etc. was contrasted to more conservative/traditional scientific approaches to presenting data and arguments.

Was Read's resignation the most effective way of making his case against Loftus being the keynote speaker? What would you have done if she was going to be a keynote speaker at Oregon?

Why did Loftus' presentation at AAAS receive so much media exposure when Freyd & Pezdek's recent symposium did not? It's easy to just chalk it up to media bias alone, but there are probably numerous other factors at play. What might they be? How can recovered memory researchers/advocates get more media attention? Or, is it old news?

In research the null hypothesis rarely gets published. This also seems to be the case in the media. I.e. studies that do *not* support FMS are not published. How can we educate the public despite this obstacle?

Advocating more media attention:

1. ridiculing out group
2. pack audience with supporters
3. make gross overgeneralizations

with integrity:

4. bring denial to light (e.g., in the form of inconsistency in proportion of false memory reporting in media versus reality of child abuse)
5. change the spin: false memory of childhood as idyllic, and recovered memories are debunkers of that myth
6. introduce new language

Question: could we create false memories in people of having shaken the penis of Mickey Mouse at Disneyland? It seems that this question is more ecologically valid when applied to the nature of recovered memories for child sexual abuse.

*Dallam, S. J. (2002). Science or Propaganda? An examination of Rind, Tromovitch and Bauserman (1998). *Journal of Child Sexual Abuse*, 9(3/4), 109-134.*

Should/can 'children' have sexual desires/experiences?

Is "children" a cultural construct?

Our culture defines childhood (lack of ability to consent) from 0-18 years. Therefore our child abuse definitions necessarily fall within these confines and our culture assumes the impossibility of consensual sexual relations by children. Other cultures, however, define childhood differently and consider some sexual relations between adults and children as consensual. For example, child brides in India; some cultures allow children to openly masturbate at an early age (sometimes on adults); older adults having sexual relations with youth as a learning experience. How do we reconcile this with our culture's views?

Consider this scenario: a 14 year old and a 17 year old having sexual relations and this is considered consensual, 1.5 years later, the now 15 year old and 19 year old would not be considered as having consensual sexual relations. Is there anything wrong with this picture?

Rind states that the child abuse industry negatively framing man/boy sex is what frames it as wrong. I.e. it is only bad because they say it is bad. Is this possible? Is it possible that children, in some cases, are only harmed because an adult tells them what they did was bad? Is this exacerbated by being made a witness in a criminal trial?

Are there any occasions that children can give full informed consent? For research purposes, we believe parental consent is acceptable. If that's the case, why don't we think it's acceptable in the case of sexual relations?

*Freyd, J discussion of [DARVO](#)*

Freyd made four disclaimers when presenting DARVO theory. Do you think it would have made a difference if the FMSF had made similar disclaimers about their 'false memory syndrome' in terms of its adoption into mainstream media and homes? Do you think it would have led to less polarized, more rational scientific enquiry (namely, scientific research of the syndrome itself)?

Or perhaps, the better question, if Freyd did NOT make disclaimers and called DARVO a syndrome, could this increase the media appeal to such a concept? Is this responsible?

Compare and contrast DARVO and FMS. For example, in terms of conscious and unconscious processes. How do they relate to each other? What are the possibilities/obstacles for finding empirical support for each concept? Can both concepts co-exist? Does one or the other seem to make more/less sense to different people? Why or why not?