

Empirical Investigations of Betrayal and Memory Impairment

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References to works cited at:

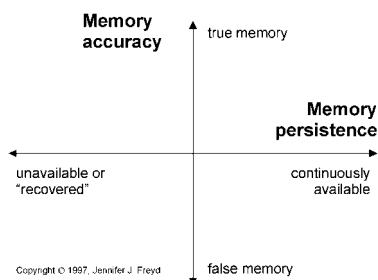
<http://dynamic.uoregon.edu/~jjf/ISTSS2000.html>

Initial Question

- *Observation:* Sometimes people remain unaware of (or forget) a traumatic experience
 - For example, Frank Fitzpatrick forgot (and later remembered) being abused by James Porter (Freyd, 1996; 1999)
- *Question:* Why and how would individuals remain unaware of (or forget) traumas they had experienced?
- *Proposed Answer:* Betrayal trauma theory (Freyd, 1991, 1994, 1996, 1999, in press)

A different question often asked:

- "Are recovered memories accurate?"
- Common conflation of memory accuracy with memory persistence
- Separate dimensions (Freyd, 1998)



Betrayal Trauma Theory Addresses

- *Motivations:* Why remain unaware of (or forget)?
- *Mechanisms:* How to remain unaware of (or forget) trauma?

The Core of the Motivation Hypothesis: Betrayal Blindness

- Human Sensitivity to Betrayal
- Dependence in Humans
- Betrayal Blindness

Human Sensitivity to Betrayal

- Ability to evaluate trustworthiness highly important to social species
- Empowered individuals are likely to be exquisitely aware of betrayal
- Cosmides proposed humans have evolved “cheater detectors”
- Typical response to betrayal is withdrawal or confrontation

Dependence in Humans

- Social animals depend on others
- Human children are extremely dependent
- Attachment system protects dependent person/child
- Baby has “job:” (love and be lovable):

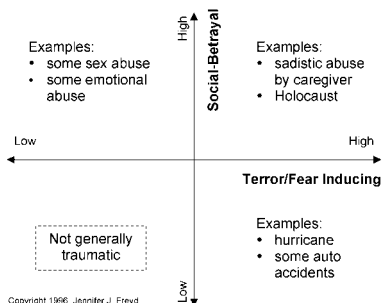


Betrayal Blindness

- What does a child do when caregiver betrays?
- Betrayal blindness occurs when awareness would threaten necessary (or apparently necessary) relationships
- Example: a child abused by a caregiver would risk further mistreatment if awareness caused withdrawal or conflict
- Thus unawareness and forgetting are sometimes an adaptive response to *betrayal*

Betrayal Trauma theory

- Two distinct dimensions of traumas:
 - Life-threat** may be primary for anxiety, hyperarousal and intrusive memories
 - Social-betrayal** may be primary for symptoms of unawareness and forgetting.

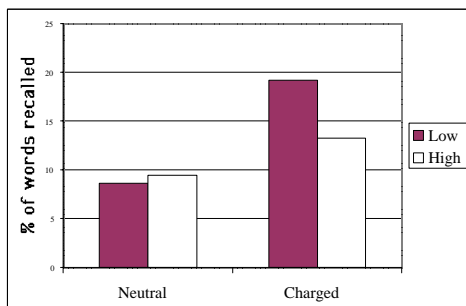


Investigating Mechanisms

- Research Strategy:
 - High dissociators more likely to be trauma survivors
 - Select individuals with high dissociative tendencies and compare to low dissociator controls in cognitive laboratory tasks
- Basic attentional differences between high and low dissociators observed (Freyd, et al 1998; DePrince & Freyd, 1999; Freyd & DePrince, in press)
- Divided attention may help dissociators keep betrayal trauma information out of awareness

Investigating Mechanisms (cont.)

- High dissociators remember fewer trauma words than do low dissociators relative to neutral words (DePrince & Freyd, 1999; DePrince & Freyd, under review; DePrince & Freyd poster)



Example charged words: *victim, incest, assault, rape*
DePrince & Freyd, 1999.

Investigating Motivations

- BT theory predicts that forgetting and unawareness will be greater for betrayal traumas than non betrayal traumas
- Specific prediction: childhood abuse perpetrated by a caregiver will lead to more memory impairment than will abuse perpetrated by a non-caregiver.
- Freyd (1996) reported preliminary support for prediction by comparing memory for incestuous versus non-incestuous and parent versus non-parent perpetrated abuse based on re-analysis of extant data sets.
- Freyd, DePrince, & Zurbriggen, (under review) used a more detailed measure (the BTI) of perpetrator caretaker status and victim memory

The Betrayal Trauma Inventory (BTI) Under Development

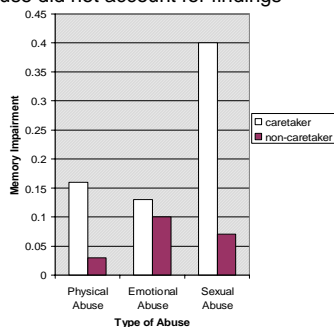
- Assesses physical, emotional, and sexual abuse in childhood and some adult traumas.
 - Behaviorally defined events (e.g. "Before you were the age of 16, someone held your head under water or tried to drown you.")
 - Items based on Lisak, et. al with modifications and expansions
 - If participant indicates "yes" to the event, he or she is asked to answer subquestions.

The Betrayal Trauma Inventory (cont.)

- Many factors in subquestions, including age, relationship, severity of injuries, memory for the event, etc.
 - Caretaker question regarding perpetrator: "Was the person responsible for caring for you (for example providing you with food or shelter)?"
 - Memory subquestions: Series of questions regarding knowledge of the event and event details over time; single scale of memory impairment (0-1) derived for preliminary analysis.
- BTI used on college student, community, and clinical samples.

Preliminary Results from the BTI (Freyd, DePrince, & Zurbriggen, under review)

- College student population of 202 participants
- Abuse perpetrated by a caregiver is related to less persistent memories of abuse.
- Caretaker status significant for sexual and physical abuse.
- Follow-up regression analyses: Age and duration of abuse did not account for findings



Concluding Remarks

- Memory for physical and sexual abuse by a caretaker found to be less persistent than memory for non-caretaker abuse.
- Limitation: retrospective recall for abuse experiences and memory; external corroboration not obtained.
- Future studies with a prospective design and/or external corroboration would be useful.
- Implications for several controversies
 - Does not support Read & Lindsay's (2000) claim that childhood events (including abuse) are forgotten at similar rates.
 - Does not support Terr's (1991) hypothesis that repetition is a cause of forgetting (repetition likely co-varies with perpetrator relationship)
- Additional analysis and research is required for further disentangling of many co-varying factors
- Clinical implications include suggestion that focusing on the victim-perpetrator relationship, the role of betrayal, and healing human relationships crucial for some trauma survivors.