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# Repressed memories and the *body keeps the score*: public perceptions and prevalence

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## ABSTRACT

The “memory wars” resurgence has renewed debates over the validity of repressed memories. This revival appears linked to factors such as changing statutes of limitations, confusion about repression, and unchallenged social media content. In a nationally representative online survey of American adults ( $N = 1581$ ), we examined (a) beliefs in repression and *the body keeps the score*, (b) the prevalence of recovered memory claims, and (c) the impact of question phrasing on recovered memory reporting. An overwhelming 94% of respondents expressed belief in repressed memory, and 77% endorsed the idea that the body keeps the score. Additionally, 3.6% ( $n = 57$ ) of participants self-reported claims of recovered memories previously unknown to them, with an average of 75% confidence in the accuracy of those memories. We also found that asking about unwanted experiences provided a more conservative estimate for recovered memory claims compared to first asking directly about child abuse memories. Finally, qualitative analyses underscore adults’ confusion about repression and the media’s potential influence. Given the significant emotional and legal consequences of recovered memories, we suggest memory experts must be better at giving our science away if the “memory wars” are ever to really end.

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The recovered memory controversy remains one of psychology’s most hotly debated topics. Dubbed the “memory wars” in the 1990s, clinicians and memory researchers were at odds over the validity of recovered memories. The debate was believed to be settled when experiments demonstrated that false memories were possible, and patients who had recovered memories began to sue their therapists (and win; Berkowitz & Loftus, 2013; *Ramona v. Superior Court of Los Angeles County*, 1997) for implanting false memories. But recovered memories are now experiencing a resurgence in popularity (Otgaar et al., 2021; Radcliffe & Patihis, 2024). That resurgence is likely due to two factors. First, the proliferation of social media as a means of knowledge acquisition and dissemination (e.g., TikTok, Instagram, YouTube) has allowed popular psychology to flourish. Indeed, discussion of psychological problems on these platforms oftentimes perpetuates the idea that buried trauma and hidden memories of trauma is the cause (McNally, 2024). These platforms also now influence the subsequent media people consume (Wylesol, 2023). For example, during a reading challenge, Mayim Bialik (one of the stars of *The Big Bang*

*Theory*) posted a TikTok video promoting the controversial book, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van der Kolk, 2014). The video was viewed 1.2 million times and garnered 76,400 likes, likely driving further sales (Bialik, 2023).

Second, recent extensions to the statutes of limitations for child abuse in Europe (Deferme et al., 2024) and the United States mean that people now have until age 40 to report childhood abuse in California (Cal. Civ. Code § 340.1, 2019), age 48 in Connecticut (Conn. Gen. Stat. § 52-577d, 2023), and age 55 in New York (Child Victim’s Act, 2019). Additionally, the introduction of “lookback window” laws (e.g., Adult Survivors Act, 2022), which temporarily suspend the statutes of limitations, allows people to bring childhood abuse criminal or civil claims from decades earlier. These statutory changes have once again seen claims of recovered memories emerge in courtrooms across the United States (e.g., Hill, 2023; Nelson, 2022; Tokasz, 2023). Given these recent societal developments, we explored the American public’s views on repressed memories and, for the first time, whether *the body keeps the score*. We asked participants to describe

their experiences with recovered memories, allowing us to compare quantitative and qualitative data. Finally, we explored whether question phrasing about abuse experiences affects participants' tendency to report such experiences.

Far from a niche belief, international surveys have revealed a widespread belief in repressed and recovered memories. A review of the literature from 2014 to 2019 revealed that 65% of participants believed in repression, and 78% agreed that traumatic memories could be repressed. Furthermore, these beliefs were consistent across studies in the United States, United Kingdom, Netherlands, and France (see Otgaar et al., 2019, for a review). Notably, belief rates were somewhat higher in the most recent study of the United Kingdom's laypeople, attorneys, and judges (Radcliffe & Patihis, 2024).

The concept of *repression* suggests that an overwhelming traumatic experience can result in the automatic, unconscious forgetting of event memories for long periods (Loftus, 1993; McNally, 2005). People are then unaware of these events until the memory is triggered (Loftus, 1993; Otgaar et al., 2019). Despite being inaccessible to conscious awareness, the buried experiences purportedly cause various psychological problems such as depression and anxiety. Once triggered, these memories are deemed *recovered memories*. Proponents of repression suggest that recovered memories are accurate recollections of past trauma (e.g., Bass & Davis, 1988). This Freudian idea has taken root in the culture with buried memories the key to character development in diverse books and movies (Scheeringa, 2022). However, empirical evidence does not support repression as a viable explanation for recovered memories (Lilienfeld, 2007). Instead, researchers argue that the putative recovered memories are likely contaminated by external factors (e.g., misinformation; see Loftus, 2005), were forgotten until a cue enabled retrieval (e.g., Anthony & Janssen, 2024; Janssen et al., 2022), or false memories (e.g., Loftus & Pickrell, 1995).

Researchers' concerns about false memories drove the early surveys focused on determining how often people reportedly recovered memories (e.g., Loftus et al., 1994; Melchert, 1996). Experimental studies made a convincing case that these memories were more likely false, resulting from common suggestive therapeutic activities, than valid memories of experienced events. But subsequent surveys found that only 5–8% of those who recovered a memory claimed to have done so while actively in therapy (Dodier et al., 2019; Patihis et al., 2022; Patihis & Pendergrast, 2019). For example, Dodier and Patihis (2021) found that 2.5% ( $n=82$ ) of their French sample ( $N=3000$ ) reportedly recovered previously repressed memories. Of those 82 people, 10% claimed to have recovered their memory in therapy. Are memories recovered outside of therapy qualitatively different from those recovered in therapy? We hoped to answer that question with our survey.

Dodier and Patihis (2021) results suggest that, compared with the psychological community, laypeople have a broader definition of what constitutes a repressed and then recovered memory. Indeed, the participants who had initially claimed to have recovered a memory later clarified that they had either never forgotten the memories (7.5%) or had reinterpreted those memories as abuse later in life (13.2%). The purpose of our study was to replicate this clarification approach with an American sample. But their data also led us to wonder whether how we phrase the questions about memory recovery would influence people's responses.

McGuire and London (2020) found that when you directly ask "Have you ever experienced childhood abuse?" people are less likely to say "yes" compared to when you ask, "When you were 17 or younger, did you ever have any sexual experience with someone 5 years or older or any person who forced this experience regardless of their age ..." (p. 5). We can infer, therefore, that the "unwanted experience" approach captures some participants who do not consider their experiences abusive but have nonetheless been abused by legal standards. We wondered whether altering the question phrasing might also affect recovered memory reporting. Thus, we manipulated which phrasing our participants received.

Dodier and Patihis (2021) also highlighted the potential influence of media exposure on memory recovery. When asked whether they had engaged in various activities before memory recovery, 33% of participants reported exposure, such as "seeing videos on the Internet or TV or reading online or books", and 17% stated they were exposed to media while recovering their memory (p. 6). These activities could be benign, of course, acting as retrieval cues to authentic past experiences. However, it is also possible that the media they consume blurs the lines between imagination and real events, ultimately producing false memories (McNally, 2024; Scoboria et al., 2017).

Indeed, here we return to *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van der Kolk, 2014). As of February 2025, this book has been on the New York Times bestseller list for 331 weeks (<https://www.nytimes.com/books/best-sellers/paperback-nonfiction/>), sold millions of copies, translated into 43 languages (van der Kolk, 2024), has an average 4.8-star rating on Amazon with over 78,419 reviews, and as we noted, has been virally recommended on TikTok (e.g., Bialik, 2023). Arguably, nothing has had more of an impact on the way laypeople conceptualise trauma in the last two decades. Unfortunately, what is sold on those pages is unsupported by empirical evidence.

In brief, van der Kolk puts forth the idea that the memory for a trauma can be "entirely organised on an implicit or perceptual level without an accompanying narrative about what happened" (van der Kolk & Fisler, 1995, p. 512). He further argues that trauma makes it hard to remember and describe what happened, but does not stop memories that affect emotions and physical

sensations related to the experience. However, the theory is plagued by conceptual and empirical problems (McNally, 2003; Scheeringa, 2024, for full reviews). What we do not know is the extent to which van der Kolk's ideas have permeated the American public's beliefs regarding how memory works. We addressed that question with the current study.

To summarise our goals for the current survey, we first sought to replicate and extend Dodier and Patihis (2021) results to a nonclinical sample in the United States. Beyond a replication, our survey had three novel aspects. First, we examined whether definitional differences may be relevant when asking adults about their experiences with recovered memories of child abuse. Specifically, do people report higher rates of recovered memories when they are asked about "unwanted experiences" rather than about abuse directly? Second, we asked questions that would determine the prevalence of the belief that the *body keeps the score*. Third, we conducted a thematic analysis of participants' experiences with recovered memories. We compared the consistency of participants' responses to survey questions about repressed and recovered memories versus their narrative accounts.

## Methods

### Participants

We recruited 1634 nationally representative United States adults via Prolific between April and May 2022. Once participants consented, the survey was self-paced; thus, completion time depended on participants' responses. The average time for those who had recovered memories was 17 and 8 min for those who did not. After excluding those who did not complete the survey, our final sample was 1581 participants ( $M_{\text{age}} = 44.09$ ,  $SD_{\text{age}} = 15.99$ ). Participant demographics are depicted in Table 1. The SBE

Institutional Review Board approved the survey and procedures at the University of Toledo (301052-UT).

### Materials and procedure

The survey was hosted on Qualtrics. Our advertising and the consent form intentionally avoided phrases such as "repressed memory", "abuse", and "therapy" to avoid sampling or self-selection bias for people who may have a specific interest in the topic. Instead, we told participants the study would examine memory for childhood events. We modified Dodier and Patihis (2021) survey; for brevity, all filtering actions, questions, and response options can be found at <https://osf.io/w7k9v/>. The survey consisted of eight sections, with participants filtered based on their responses. However, all participants answered the survey's first and last sections.

*Part One* asked demographic questions about age, gender, race, ethnicity, and education. In *Part Two*, we randomly assigned participants to either **direct** or **unwanted experience** conditions. Those in the direct questions group were first asked, "Have you ever recovered a memory of being abused as a child when you had no previous memory of such abuse?" (Dodier & Patihis, 2021, p. 4). By contrast, those in the unwanted experience group were first asked four questions about neglect and sexual, physical, and emotional abuse. One example question (adopted from McGuire & London, 2020, p. 5) reads:

When you were 17 years or younger, did you ever have any sexual experience with someone 5 years or older OR with any person who forced this experience regardless of their age? Some examples include – touching, being touched, and/or having to touch yourself or someone else for their sexual gratification; having to watch or read pornographic material; having someone take pornographic pictures or videos of you; intercourse; oral sex; rape; having to watch someone else engage in sexual acts with animals; having to undress in front of someone else for their sexual gratification.

After the initial questions, both groups were asked conditional follow-up questions. Those in the direct group were asked: "You indicated that you [have/have not/don't know or are not sure whether you] recovered a memory of being abused as a child when you had no previous memory of such abuse. What do you mean exactly?" (Dodier & Patihis, 2021). The unwanted experience group follow-up questions varied based on the initial response provided. Those who responded "yes" were asked: "Which of the following best describes your memory for your childhood abuse?" Those who responded "no or I don't know" were asked "Have you ever considered that you may have been abused in childhood? If so, have you ever recovered a memory of being abused as a child when you had no previous memory of such abuse?" If participants responded "yes" they were asked to indicate which of the categories described their memories of childhood abuse. These follow-up questions allowed us to categorise participants into groups: (a) no recovered memories of child abuse, (b) continuous memories of

**Table 1.** Participant demographics.

	<i>n</i> (%)
Gender	
Male/man	755 (47.9)
Female/woman	801 (50.8)
Other gender	20 (1.3)
Race/Ethnicity	
Arabic	1 (0.1)
Black/African American	198 (12.6)
White/Caucasian	1165 (73.9)
Hispanic/ Latinx	68 (4.3)
Asian/Pacific Islander	96 (6.1)
Native American/American Indian	6 (0.4)
Multiracial	35 (2.2)
Other	7 (0.4)
Education	
High school diploma	448 (28.4)
Associate degree	193 (12.2)
Bachelor's degree	585 (37.1)
Master's degree	263 (16.7)
Doctoral/Law degree	64 (4.1)
Other	24 (1.5)

Note.  $N = 1581$ .

child abuse, (c) reinterpretation of continuous childhood memories as abuse, (d) recovered memories that participants previously knew about, but did not remember until later, (e) recovered memories that participants did not previously know about nor remember, or (f) declined to discuss their experiences. This categorization scheme was adapted from Dodier and Patihis (2021). Participants who were categorized as (e) recovered memories that participants did not previously know about nor remember continued to *Part Three*; all other participants were filtered to *Part Seven*.

*Part Three* included a series of follow-up questions to identify the overall scope of recovered memories. Participants responded to questions about the age of abuse onset, frequency of abuse, etc. One example question reads, "What was your relationship to the perpetrator of the abuse?" (a new addition to our survey). At the end of this section, we asked participants, "How did you first remember the abuse?": (a) alone with introspection, (b) informally with the help of other individuals or outside sources (not including therapy), (c) formally in therapy, or (d) in a different context.

Again, participants were filtered at this point. *Parts Four* and *Five* asked questions about factors surrounding memory recovery. Those who responded with a, b, or d completed *Part Four* of the survey, which asked questions about recovering memories outside of therapy. One *Part Four* question reads, "Did anyone ever suggest that you had been abused in childhood *before* memory recovery?" By contrast, participants who indicated they recovered memories in therapy completed *Part Five*. Both parts asked questions about participant activities participants before and after recovery. However, *Part Five* also included questions about therapeutic experiences—for example, "What type of therapy or therapeutic technique were you following when you recovered the memories of child abuse?"

*Part Six* asked questions about belief in the accuracy of the memory, the consequences of the recovered memory, and recovered memory confidence (Dodier & Patihis, 2021). For example, we asked participants to "Please estimate your level of confidence in the accuracy of your recovered memories of abuse."

In *Part Seven*, all participants indicated their level of agreement on statements about repressed and recovered memories (Otgaar et al., 2020; Patihis et al., 2014) and two "body keeps the score" items. The "body keeps the score" items were adapted from the main arguments in *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van der Kolk, 2014). The questions read, "Some therapists have claimed that 'the body keeps the score', meaning that if they are not dealt with, repressed memories can create problems in the [mind, such as depression, anxiety, or post-traumatic stress disorder]" and "[body, such as brain disfunction, organ disfunction, or hormone disfunction]. What is your view on this?"

Finally, in *Part Eight*, we asked all participants "If you, your family, or any acquaintances have been affected by repressed memories, please describe any personal experiences that you would like to share here" (Dodier & Patihis, 2021) and other questions to identify potential sampling biases. We then thanked the participants, debriefed, and compensated them for their time.

### Data analysis plan

We included several open-ended questions in *Parts Three* to *Eight* to gain more nuanced insight into the unique experiences that underlie reported memory recovery. For the open-ended questions in *Parts Three* to *Six*, we organised responses into common categories for ease and brevity of reporting.

In *Part Eight*, we used inductive thematic analysis to identify insights from participants' personal experiences (Braun & Clarke, 2006). The first author developed an initial codebook, and after that, the first and third authors completed all coding. Both coders independently coded the first 100 responses. Afterward, they met to resolve discrepancies and refine the initial codes, adding new ones as needed. To ensure reliability, the coders completed two rounds of subsequent coding, covering an additional 400 responses ( $\kappa = 0.80 - 1.00$ ). Any discrepancies were resolved after each round. Once good reliability was achieved, the remaining 1,000 responses were evenly divided and independently coded. Finally, overall themes were synthesised.

## Results

Due to the sensitive nature of the survey, participants could skip any questions they chose, resulting in some missing data. We first report the endorsement rates for the concepts of repression and *the body keeps the score* before exploring the prevalence of recovered memories and the characteristics of those memories. Then, we end with the thematic analysis for the final survey question. All quantitative analyses were conducted using IBM SPSS 29.0.2.0.

### Belief in repressed and recovered memories

Participants rated their agreement on statements about repressed and recovered memories, and the body keeps the score using 1 (*strongly disagree*) to 6 (*strongly agree*) Likert scales. The scales were adapted from Patihis et al. (2014). Previous studies have mentioned that participants may misunderstand the concept of repression (e.g., Briere & Conte, 1993; Dodier & Patihis, 2021). Thus, we did not provide a definition of repression to ensure participant responses reflected their interpretations of the term.

To analyze responses, we defined endorsement as any participant response from slightly to strongly agree. Overall, we found that 93.5% ( $n = 1,475$ ;  $M = 4.99$ ,



$SD = 1.00$ ) endorsed the statement “Traumatic memories can be repressed”. Furthermore, 93.9% ( $n = 1,481$ ;  $M = 4.99$ ,  $SD = 1.00$ ) agreed, “Traumatic memories can be repressed for many years and then recovered”.

### **Belief in the body keeps the score**

We asked two questions to determine belief in the assertion that the body keeps the score for trauma experiences (van der Kolk, 2014). Overall, 93.6% ( $n = 1475$ ,  $M = 4.92$ ,  $SD = 0.97$ ) agreed that unaddressed repressed memories can create problems in the mind. Moreover, 77.3% ( $n = 1277$ ,  $M = 4.29$ ,  $SD = 1.21$ ) agreed that repressed memories can create problems in the body. Thus, many participants accepted van der Kolk’s ideas in *The Body Keeps the Score* (2014), with higher endorsement of repressed memories causing problems in the mind than the body.

### **Prevalence of memory recovery**

Recall that one of our research questions was whether the question phrasing affects adults’ endorsements of recovered memories of child abuse. The results in Table 2 suggest that question phrasing does matter. When directly asked about recovering memories of “abuse”, 14.2% ( $n = 113$ ) responded affirmatively, a similar percentage as Dodier and Patihis (2021). However, when we asked participants to clarify their experience using the conditional follow-up questions, we found that 33.6% ( $n = 38$ ) had reinterpreted the events as abuse later in life, and 20.4% ( $n = 23$ ) stated they had continuous memories of the abuse; 27.4% ( $n = 31$ ) knew of the abuse but had no memory; and 18.6% ( $n = 21$ ) did not know they were abused and had no memories prior to recovery. Thus, of the original 113 participants who self-reported childhood abuse, 46% ( $n = 52$ ) reported experiences akin to classic

recovered memories, a higher rate than the 34.8% reported by Dodier and Patihis (2021).

By contrast, when we asked about experiences that fit legal definitions of abuse (i.e., unwanted experiences condition), 61% ( $n = 480$ ) reported experiencing at least one type of abuse (neglect, sexual, physical, or emotional; a breakdown is available in our supplementary materials). Here, the conditional follow-up questions revealed that 52.5% ( $n = 252$ ) had continuous memories of abuse, 39.2% ( $n = 188$ ) had reinterpreted their memories, 3.5% ( $n = 17$ ) knew about the abuse but had no memories, and 4.8% ( $n = 23$ ) did not know they were abused and had no prior memories. In other words, of the 480 individuals who assented to unwanted experiences, 8.3% ( $n = 40$ ) reported experiences akin to classic recovered memories, a lower rate than the 34.8% reported by Dodier and Patihis (2021).

Across both groups, 7.2% ( $n = 114$ ) of the total sample ( $N = 1,581$ ) reported recovering memories of childhood abuse that they either (a) previously knew about but had no memory or (b) did not know about and had no memory. Memory experts, however, are typically most concerned about those who had no prior memory and developed a memory over time (Dodier & Patihis, 2021). Thus, our remaining results primarily focus on the 57 participants who stated they recovered memories of abuse for which they had no prior knowledge or memory. These 57 participants represent 3.6% of our total sample.

### **Direct vs unwanted experiences conditions**

For the unwanted experience group, we sought to capture participants with self-reported experiences that were consistent with the legal definitions of abuse regardless of their cognitive appraisal of the experience as abusive. We hypothesised that including questions with legal definitions of abuse, but that did not specifically use

**Table 2.** Prevalence rates of recovered memories for the direct and unwanted experience groups.

Participant Response Options	Direct Questions <sup>a</sup>			Unwanted Experiences <sup>b</sup>			Total
	Yes ( $n = 113$ )	No ( $n = 612$ )	Not sure ( $n = 71$ )	Yes ( $n = 480$ )	No ( $n = 283$ )	Not sure ( $n = 19$ )	
I did not know I was abused before I remembered it, had no memory of any abuse, and the memories emerged at a specific time in my life.	18.6% ( $n = 21$ )	0.8% ( $n = 5$ )	5.6% ( $n = 4$ )	4.8% ( $n = 23$ )	1.4% ( $n = 4$ )	0.0%	3.6% ( $n = 57$ )
I knew I was abused, but had no memory of the abuse before I remembered it, and the memories emerged at a specific time in my life.	27.4% ( $n = 31$ )	0.5% ( $n = 3$ )	7% ( $n = 5$ )	3.5% ( $n = 17$ )	0.0%	5.3% ( $n = 1$ )	3.6% ( $n = 57$ )
I did not know I was abused, but I did have memory of what happened to me, and at a specific time in my life, I came to understand what happened to me as abuse.	33.6% ( $n = 38$ )	2.1% ( $n = 13$ )	38% ( $n = 27$ )	39.2% ( $n = 188$ )	1.1% ( $n = 3$ )	21.1% ( $n = 4$ )	17.3% ( $n = 273$ )
I knew I was abused, and I have always had a memory of what happened to me.	20.4% ( $n = 23$ )	10.8% ( $n = 66$ )	21.1% ( $n = 15$ )	52.5% ( $n = 252$ )	0.3% ( $n = 1$ )	0.0%	22.6% ( $n = 357$ )
I have never recovered memories of abuse that I previously had no memory of.	N/A	85.1% ( $n = 521$ )	22.5% ( $n = 16$ )	N/A	96.8% ( $n = 274$ )	52.6% ( $n = 10$ )	52% ( $n = 821$ )
Even if I have recovered memories of abuse, I choose not to discuss it here	N/A	0.7% ( $n = 4$ )	5.6% ( $n = 4$ )	N/A	0.4% ( $n = 1$ )	21.1% ( $n = 4$ )	0.8% ( $n = 13$ )

Note.  $N = 1578$ . N/A = not applicable to the subgroup, meaning participants in that subgroup did not see that response option.

<sup>a</sup> $n = 796$ . The question read, “Have you ever recovered a memory of being abused as a child when you had no previous memory of such abuse?” (Dodier & Patihis, 2021).

<sup>b</sup> $n = 782$ . Questions provided specific experiences that parallel legal definitions of neglect, physical abuse, and sexual abuse.

the term “abuse”, would help reduce ambiguity about the types of events we were focused on here. However, we acknowledge that some participants may not perceive these reported experiences as abuse even if they fit the legal definition. Despite this, the unwanted experience approach may have *reduced* claims of memory recovery.

Why do we say this? As shown in Table 2, among the 480 participants who reported unwanted experiences, fewer participants ( $n = 40$ ) reported experiences akin to a recovered memory compared to the direct group ( $n = 52$ ). Specifically, 3.5% ( $n = 17$ ) reportedly knew about the abuse but had no prior memory, while 4.8% ( $n = 23$ ) reportedly did not know and had no prior memory. Another 52.5% ( $n = 252$ ) reported having continuous memories, and 39.2% ( $n = 188$ ) reinterpreted their experiences later in life. Second, fewer participants in the unwanted experiences group changed their responses from initially “no” ( $n = 4$ ) or not sure ( $n = 1$ ) to later indicating they had recovered memories compared to the direct question group (no,  $n = 8$ ; not sure,  $n = 9$ ). This could suggest that asking about abuse first might provide a more conservative estimate of claims of repressed memory. Thus, we can conclude that the “unwanted experiences” method errs on the side of caution.

### Characteristics of abuse in recovered memories

We next examined characteristics of the recovered childhood abuse memories for our 57 participants. Participants reported recovering sexual (61.4%,  $n = 35$ ), emotional (40.4%,  $n = 23$ ), and physical (38.6%,  $n = 22$ ) abuse, and neglect (10.5%,  $n = 6$ ), with two (3.5%) selecting the “other” category but providing no elaboration. Participants averaged 19 years old ( $SD = 10.14$ ) when they recovered their memories; slightly younger than the 22 years reported by Dodier and Patihis (2021). The average age at which the abuse reportedly started was 7 years ( $SD = 4.43$ ), but participants estimated an average of 14.5 years ( $SD = 11.36$ ) between the onset of abuse and their memory recovery.

Interestingly, 56% of this group identified as women (see Table 3 for demographics), which differs from the 74.4% reported by Dodier and Patihis (2021). This unexpected result may be due to media attention on abuse cases involving male victims. For instance, the articles and documentaries from the Catholic church and Boy Scout scandals (e.g., Baker, 2020; Walsh, 2023) could have raised public awareness and contributed to a more even gender split.

We organised participants’ open-ended reports of abuse frequency into common categories of (a) one to five times, (b) often (a few times a month or any number above five—for example, “12” or “50”), (c) frequent (hundreds of times or too frequent to estimate), (d) daily, or (e) unknown frequency. The majority (53.7%,  $n = 29$ ) revealed their abuse occurred one to five times, and

**Table 3.** Demographics of 57 participants who reportedly recovered a memory of child abuse for which they had no previous knowledge.

	N (%)
Gender	
Male/man	24 (42.1)
Female/woman	32 (56.1)
Other gender	1 (1.8)
Race/Ethnicity	
Black/African American	7 (12.3)
White/Caucasian	35 (61.4)
Hispanic/ Latinx	7 (12.3)
Asian/Pacific Islander	5 (8.8)
Multiracial	3 (5.3)
Education	
High school diploma	22 (38.6)
Associate degree	7 (12.3)
Bachelor’s degree	16 (28.1)
Master’s degree	8 (14.0)
Doctoral/Law degree	3 (5.3)
Other	1 (1.8)

Note: The average age of this group was 39 years ( $SD = 14.02$ ). This sample did not include participants who identified as Arabic, Native American/American Indian, or any other race or ethnicity.

18.5%, ( $n = 10$ ) reported “often”. An equal number of participants (13%,  $n = 7$ ) reported frequent abuse or were unsure of the frequency (13%,  $n = 7$ ). One participant reported daily abuse, and one was not coded because the response was “not applicable”.

Next, participants reported their relationship to the alleged perpetrator, which we categorized according to the Office of Juvenile Justice and Delinquency Prevention’s (2024) list. Our highest alleged perpetrator category was relatives<sup>1</sup>, at 51.9% ( $n = 28$ ), followed by other nonparents (25.9%,  $n = 14$ ), parents (20.4%,  $n = 11$ ), and professionals (7.4%,  $n = 4$ ). Two (3.8%) participants indicated their perpetrator was an unmarried partner of a parent or an unknown individual.

Our results vary from the national averages, where most reported perpetrators are parents (76%), followed by other nonparents (10%; Office of Juvenile Justice and Delinquency Prevention, 2024). This variation may be because the majority (61.4%) of our 57-person sample reported recovering memories of sexual abuse. However, neglect and emotional and physical abuse are more commonly perpetrated by parents.

### Memories recovered outside therapy

We asked participants how they first remembered the abuse. Six (10.5%) participants reported recovering their memories in therapy, a rate similar to Dodier and Patihis (2021). Due to the low  $n$ , the descriptive statistics are not reported here but can be found in our supplemental materials; we will return to this issue in the Discussion. Instead, we focused on the 51 participants who reported remembering on their own (66.7%), outside of therapy (7%), or in a different context (15.8%).

Participants ( $n = 51$ ) answered open-ended questions about the context surrounding their recovered memories. In one question, participants described how they came to

remember the abuse. Participants reported remembering during classes (6%,  $n = 3$ ), while under the influence of drugs (4%,  $n = 2$ ), and while contemplating or repeatedly thinking about an incident (i.e., memory work; 14%,  $n = 7$ ). Another eight participants (16%) reported spontaneous flashbacks or dreams. However, the most common responses (40%,  $n = 20$ ) described external suggestions or triggers during conversations with friends, family, or media. For example, one participant shared, “My mother made a comment that I hated men as a child. And it flooded. I had to go upstairs and lay down”. Another reported, “I was reading a book that mentioned abuse”.

We asked participants to elaborate what led them to consider these memories more seriously. The predominant factors reported were emotional symptoms such as insecurity, uncomfortable feelings, or depression (31.4%,  $n = 16$ ). Others further reiterated receiving suggestions (17.6%,  $n = 9$ ), being unsure of specific instances or reinterpreting an event years later (13.7%,  $n = 7$ ), reactions to experiencing domestic violence or sexual encounters (11.8%,  $n = 6$ ), or after receiving education in a classroom or from a family member (3.9%,  $n = 2$ ). Four (7.8%) participants described having snippets of memories for extended periods of time. For example, one participant stated, “I kept getting vivid memories of people I knew in places I knew, but I didn’t remember the actual activity”. Five (9.8%) participants stated they had no specific symptoms or experiences that led them to suspect they had been abused as a child, and two participants chose not to respond.

### Activities before and after recovery

We asked about people’s ( $n = 51$ ) activities *before* and *after* recovering their memories. First, we wanted to know if people recovered these memories all at once or gradually over time. Most participants (47.1%,  $n = 24$ ) reported remembering in pieces over time. For example, one participant said, “I recovered the memories in small pieces, like clues that together formed the whole picture over a period of days or weeks”. Another 33.3% ( $n = 17$ ) of participants said, “It [the memory] all flooded back” at once. Six (11.8%) participants reported they had never considered abuse prior to recovering the memory.

Most had reportedly never discussed (86.3%,  $n = 44$ ) or been directly asked (88.2%,  $n = 45$ ) about the possibility of having been abused before recovery. But those who discussed the possibility spoke with family members, therapists, or friends. In contrast, after recovering memories, 51% ( $n = 26$ ) had discussions with friends or romantic partners ( $n = 12$ ), family members ( $n = 8$ ), or therapists ( $n = 3$ ). Although these findings suggest that people were willing to have broad discussions about their potential abuse after memory recovery, 94.1% ( $n = 48$ ) reported they had never directly asked anyone to confirm the alleged abuse had occurred.

Finally, we asked participants if they had encountered any information that could have triggered the recovered

**Table 4.** Activities participants engaged in before and after memory recovery.

Activities	Before		After	
	%	$n$	%	$n$
Read about memory recovery online	13.7	7	25.5	13
Read about child abuse online	25.5	13	37.3	19
Read about memory recovery in books		0	3.9	2
Read about child abuse in books	13.7	7	15.7	8
Watched videos (e.g., YouTube, documentaries, movies) on the internet or television about memory recovery	5.9	3	11.8	6
Watched videos (e.g., YouTube, documentaries, movies) on the internet or television about child abuse	17.6	9	23.5	12
Discussed memory recovery with other people	13.7	7	17.6	9
Discussed childhood abuse with other people	25.5	13	37.2	19
Went back to the place where the abuse took place	3.9	2	7.8	4
Cared for children	27.5	14	27.5	14
Other, please specify	11.8	6 <sup>a</sup>	7.8	4

Note.  $n = 51$ . The questions read, “Before [After] memory recovery, did you do any of these activities?” Percentages do not equal 100% because participants could choose more than one activity.

<sup>a</sup>One participant said they “read Reader’s Digest stories about prisoners of war and the Holocaust ...”. Another said they “watched tv on the topic”, and a third said none but in the question prior said they were watching TV about similar stories which made them realize they had been abused. The remaining three participants and the four in the “After” group said they did not engage in any activities.

memories, and 75% ( $n = 36$ ) said “no”. Interestingly, however, when we provided a list of activities and asked participants to indicate all activities in which they had engaged before memory recovery (modified from Dodier & Patihis, 2021), we found that 98% ( $n = 50$ ) said they engaged in *at least* one of the activities, and 33.3% ( $n = 17$ ) engaged in more than one. After memory recovery, overall activity engagement increased, especially reading. A breakdown is available in Table 4.

### Confidence and accuracy in recovered memories

We asked the 57 participants who had no knowledge of abuse before recovery whether they believed their recovered memories were accurate. Most participants responded “yes” (61.4%,  $n = 35$ ), 24.6% ( $n = 14$ ) were unsure, and 14% ( $n = 8$ ) did not believe their memories were accurate. Our rate of “yes” responses is lower than the previous 80.5% reported by Dodier and Patihis (2021) but is likely due to our inclusion of an “I don’t know” response, which allowed unsure participants to say so.

To further contextualize memory recovery, participants rated their confidence in the accuracy of their memories on a scale of 0 (*not at all confident; there may be some errors in my memory for the abuse*) to 100 (*completely confident; there are no errors in my memory for the abuse; I remember it exactly as it occurred*). The average confidence rating for the sample was 73.91% ( $SD = 26.33$ , Range = 0–100), with 24% ( $n = 14$ ) saying they were completely confident.

We asked our uncertain and disbelieving participants to describe why they questioned the accuracy of their



memories. The responses varied; participants shared, “I’m not sure how I could forget something so big and then have them flooding back”, and “It’s so confusing because I think about the memories every day and I have for years now, and I have no idea if they were real or not”. One participant mentioned that they started questioning accuracy after “reading about how human memories are faulty”, and another stated, “... [the] memories [are] from when I was a baby when I supposedly shouldn’t remember anything so it’s confusing”.

### Consequences of recovered memories

Next, participants described any downstream consequences of their memory recovery (Dodier & Patihis, 2021). Thirteen (22.8%) said they broke contact with their suspected abusers, family members, and romantic partners. Of those, 92.3% ( $n = 12$ ) said they had not resumed contact with that person, and 91.7% ( $n = 11$ ) stated they had no intention of resuming contact. When we asked participants why they cut contact, 61.5% ( $n = 8$ ) said it was for their own comfort and/or to promote healing.

### Group endorsement rates

We conducted an exploratory mixed Analysis of Variance to examine average belief in repression and whether *the body keeps the score* across the six conditional follow-up response groups: (a) no recovered memories of child abuse, (b) continuous memories of child abuse, (c) reinterpretation of continuous childhood memories as abuse, (d) recovered memories that participants previously knew about, but did not remember until later, (e) recovered memories that participants did not previously know about nor remember, or (f) declined to discuss their experiences. The response groups were treated as a between-subjects factor and the belief questions were treated as within-subjects. We found several significant effects and reported the differences in the supplemental materials (Supplemental Table 3). However, we urge caution against drawing strong conclusions due to the unequal group sizes. Overall, there were moderate to high endorsements for all three statements ( $M = 4.00$ – $5.42$ ).

### Thematic analysis

We asked all participants ( $N = 1581$ ), “If you, your family, or any acquaintances have been affected by repressed memories, please describe any personal experiences that you would like to share here” (Dodier & Patihis, 2021). Though we extracted several themes (see Supplemental Materials), we focus here on three themes not captured by the prior survey questions.

### Experiences with recovered memories

Participants reported a range of experiences with recovered memories. In response to the final question, 12%

( $n = 191$ ) reported they knew someone who had recovered memories. Specifically, participants mentioned family members. For example, one participant noted, “My mother accessed repressed memories as an adult of abuse she endured at the hands of her brother”. Other participants mentioned their romantic partners. For instance, “My ex-girlfriend use[d] to have repressed memories and a lot of times they would come back during new very traumatic experiences”. The experiences with memory recovery also extended to friends, co-workers, and acquaintances who participants knew or suspected had repressed or recovered memories.

When we focused on personal experiences, we identified 284 instances of participants reporting personally repressed memories of childhood abuse or trauma. Obviously, this number far exceeds the 57 participants in the quantitative section of the survey. The open-ended format may have made people more comfortable expressing their true experiences; However, 284 participants convert to an 18% prevalence rate for recovered memories, far exceeding the 2.5% Dodier and Patihis (2021) observed. Thus, we believe the most likely explanation is that participants’ understanding of what constitutes “repression” is far broader than ours.

To address this issue, the third author applied stricter criteria in a final round of coding to those 284 responses. Specifically, if there was any indication that the participant was referring to an alternative explanation for the memory (Dodier et al., 2024; discussed below), they were removed from the set. Under these stricter criteria, we identified 66 instances of personal experiences with repressed memories, nine more than the quantitative data<sup>2</sup>.

### Impact of memory recovery

Participants identified various ways the recovered memories had impacted their own and others’ everyday lives. A total of 119 participants reported the memories had impacted the rememberer’s emotional well-being, resulting in mental health concerns. One participant stated, “My friend suffered from repressed memory of a childhood abuse which led to her having depression ... She nearly committed suicide because she said she could not forgive herself”. Another shared:

I have been affected. I now have bipolar [disorder], PTSD, social anxiety, and OCD. I have been hospitalized many times in my life [since] the memory. I have tried and almost successfully several times on killing myself. Sometimes my reality doesn’t feel real.

Participants ( $n = 62$ ) also expressed that recovered memories had impacted their family relationships and dynamics. One shared:

I have some friends whose daughter claimed that she had recovered repressed memories of abuse. She was in her twenties when she claim[ed] to have recovered the memories. She believed the abuse occurred when she was a child, and it was her father. The parents ended up getting divorced.

The impact on the rememberer's relationships extended beyond family. Twenty-five participants described an impact on interpersonal relationships with friends and significant others. For instance, one person said, "I have been emotionally distant from my partner and her family since I have remembered what happened. I have been angry and easily triggered such that they walk on eggshells around me".

Finally, 13 participants mentioned that the recovered memory was related to drug use by the rememberer. One participant shared, "My sister suffered from sexual abuse as a child. She repressed the memories and self-medicated using opiates and did self-harming behaviour, promiscuity, etc. As an older woman now, she is very religious but has 'outgrown' the harmful behaviours".

### *Factors present before memory recovery*

Participants mentioned certain factors were present before recovering memories of childhood abuse. Specifically, 50 participants identified events or interactions that reportedly triggered the memory's resurgence. Some described not recalling the memory until after the death of the alleged perpetrator, while experiencing physical or emotional abuse again later in life, or while sharing their experiences with friends. One participant stated:

While attending a funeral for a family member, I saw them wearing something I [had] no memory of beforehand. Yet when I saw this item, it made a painful flashback of what I knew happened just never knew the man with the ring was him.

Notably, however, one participant shared, "I found repressed memories emerge as a result of having children myself. Many memories flood back as you go through the maturation of your own children". Here, the participant does not need to invoke repression as an explanation. Instead, previous research shows that forgotten memories can be cued after long delays (Campbell & Jaynes, 1966). Therefore, some discrepancies we observed between the recovered memory counts for our quantitative versus qualitative data may simply reflect examples where participants forgot and later remembered, non-traumatic experiences; evidence of an overly broad definition of "repression". Overall, participants described a variety of triggers for their recovered memories.

Another recurring factor—in contrast to what we observed in the quantitative section of the survey—was the involvement of therapeutic techniques during memory recovery. Specifically, 83 participants noted memory recovery happened while the rememberer was engaged in therapy or during a therapy session. Examples included: "In therapy, I was able to uncover several instances of abuse in my youth. Neglect being the most prevalent, but also discovering that I was a victim of sexual abuse as a child", "... my mother was affected by repressed memories of her childhood which she was able to recover through therapy and mindful meditation", and:

My mother was physically abused and repressed her memories until adulthood. I was physically abused and repressed my memories until adulthood. Both of us discovered ... during hypnotherapy sessions and have been working through the memories in talk therapy sessions.

My wife had repressed traumatic memories that were recovered during therapy using hypnotism. It wasn't a good experience for her, but that may have been the therapists fault and not the method of memory retrieval. She is going to try EMDR and hopefully have more control than using hypnotism.

Recall that during the quantitative portion of the survey, six participants (10%) were filtered to the questions about recovered memories during therapy based on their responses to earlier questions. However, the qualitative data highlights a limitation of our survey construction (which we will return to below). For example, one participant who was filtered early based on their responses revealed:

I was undergoing a series of hypnosis sessions to try to lose weight. During the 3rd or 4th session, when we tried to take me back past about 4 years old, apparently, I started moaning and shaking my head violently, "No." He quickly brought me out of it and told me what had happened. His thought was that something had happened that was so bad that my mind knew I couldn't handle remembering. When I told my mother about it, she commented, "Oh. I always thought you might have been abused." Just ignoring it is definitely my mother's MO, so it is entirely possible that something happened and life just went on.

Clearly, the therapist was the catalyst. But the apparent confirmation by the mother appears critical, and no memory was actually recovered in the therapy session; indeed, this participant appears to have a belief they were abused, but no memory; at least at this point (see Scoboria et al., 2014, for a discussion of how beliefs can evolve to memories).

### *Alternative explanations of memories*

In several instances, participants stated they or someone else had recovered memories, but their description offered an alternative explanation. For instance, a participant may claim they or someone else recovered a memory but then describe suppression. Suppression is when "victims of abuse understandably often do not want to think about their traumatic experiences but often cannot help it because of flashbacks and intrusive memories" (Otgaar et al., 2019, p. 1081). Indeed, 19.2% ( $n=91$ ) of the written descriptions fit the definition of memory suppression. Participants shared experiences like, "I don't know that it was fully repressed because I didn't forget what happened. I just actively avoided thinking about it, and if my thoughts strayed in that direction, I quickly turned those thoughts to something else", and:

... I think that I've repressed a few negative memories from my childhood in an effort to "move on." I try not to think of such events, but they still exist, and when I think of them, I end up remembering them more often. Such memories take me to a

negative head space, and I feel that repressing them is a coping mechanism for [me].

Participants also described childhood amnesia—the phenomenon whereby most adults have little to no memories from before age 3 or 4 (Bauer, 2015; Howe, 2024; Rubin, 2000), or what could have been a suggested event during the amnesic period. We found 24 (5.1%) such instances. For example:

I had repressed memories [of] emotional trauma I experienced at around age 4. One of my parents was cheating on the other, and one time, my parent took me along while they met up with their best friend and two members of the opposite sex. We were parked out in the middle of nowhere in a wide spot, and my parent left with someone who was a stranger to me. Later, I was sworn to secrecy. I remembered this and realized how traumatic it was while talking with a family member.

Ten (2.1%) participants described repressed memories around a physically traumatic event. We know “memory loss often occurs after a traumatic brain injury” (Mangiulli et al., 2022); thus, invoking repression as an explanation is not necessary. One participant described:

Sixteen years ago, I was involved in an altercation in which I was brutally beaten and suffered severe injuries, from which I nearly died. I unconsciously repressed many of the memories associated with that event, which I understand was a coping mechanism for me. It took 12 years for me to discover those memories after many counseling sessions for anxiety and depression ...

Finally, 25 participants described events that could be classified as normal memory mechanisms like forgetting. For instance, one participant shared, “I had repressed memories ... I completely forgot about an interaction I had with a man until my friend reminded me of the encounter”. Another noted, “The only thing I can think of is that I repressed the memory of pain during childbirth and how sick I felt during my first trimester of pregnancy. I’ve heard that this a normal biological occurrence”. Indeed, that participant is describing a memory error that allows the population to thrive!.

## Discussion

We conducted an online survey with a non-clinical sample to explore the American public’s views on repression and the concept of *the body keeps the score*. Building on previous work, we examined prevalence rates for claims of recovered memories and encouraged participants to describe their experiences with memory recovery. Finally, we explored how question phrasing could influence reporting rates. We first discuss the overall rates of abuse, recovered memory claims, and belief in repression, followed by a discussion of the potential impact of media and the broader implications of our findings.

We found 47.1% ( $n = 744$ ) of participants reported claims of childhood abuse memories, nearly double the 27% ( $n = 905$ ) reported in Dodier and Patihis (2021).

What might account for this discrepancy? One possible explanation lies in our methodology. We examined whether question phrasing influenced reported rates of recovered memory. Half the participants were asked about their experiences using legal definitions of abuse (unwanted experiences condition) before memory recovery. This approach appeared to be more consistent as fewer participants changed their responses in the follow-up questions. Similar to previous findings (McGuire & London, 2020), including these legal definitions also increased abuse endorsement rates. Therefore, although our participants may not have viewed certain events as abusive, they may still meet the legal criteria for abuse and self-reported as such.

Of those who reported childhood abuse, 7.2% claimed to have recovered the memories later in life. But, when asked for clarification, half of them indicated they had prior knowledge of the abuse. The remaining 3.6% reported having no prior awareness of the alleged abuse—a slight increase from the 2.5% reported by Dodier and Patihis (2021). How should we interpret such a seemingly small number? Small percentages can result in millions of cases and can have dramatic public health consequences. For example, depression affects 5% of the population each year (World Health Organization, 2023), and in 2021, stroke accounted for approximately 4.76% of deaths (American Heart Association, 2024). Thus, a rate of 3.6% of Americans believing they recovered memories of abuse has far-reaching implications. Of course, unlike depression and stroke, the reliability of recovered memories has been contested in courtrooms and academic journals for decades.

Yet, our participants overwhelmingly believed in repression and the legitimacy of recovered memories. Specifically, 94% believed traumatic memories can be repressed and recovered. Our results are similar to the 90% ( $n = 419$ ) observed in the UK (Radcliffe & Patihis, 2024) and 93% ( $n = 563$ ) in Ireland (Murphy et al., 2025). Only a decade ago, rates were 84% ( $n = 112$ ; Patihis et al., 2014), up from 62% in the 1990s ( $n = 766$ ; see Otgaar et al., 2019; also see Otgaar et al., 2021). These data points confirm a resurgence in repression beliefs; but why the increase?

One potential reason is that social media has provided a new platform for unchallenged discussions on trauma and memory. A search of “#repressedmemories” on Instagram and TikTok reveals over 3,800 posts.<sup>3</sup> In one social media analysis, the majority of posts endorsed the belief that memory for trauma can be repressed and recovered (Disalvio et al., 2024). Relatedly, “#thebodykeepsthescore” produces 92,800 posts.<sup>4</sup> It is not surprising then that 77.3% of our participants agreed with the idea that the body keeps the score. Indeed, one participant shared, “I’ve found that memories do get stored in my body. I’ve never had memories resurface through talk therapy, but through meditation and body awareness, I have spontaneously recovered memories that I did not know I had”.

The proliferation of van der Kolk's unempirical ideas are problematic, reminding us of the quote often attributed to Mark Twain, "A lie can travel half way round the world while the truth puts on its shoes".

But, the problem extends beyond *The Body Keeps the Score* (2014). People have reported media (TV documentaries and movies) as the primary source of their knowledge about how memory works (Radcliffe & Patihis, 2024). Unfortunately, the content they find is not always empirical evidence, and this misinformation can shape how people perceive and interpret their memories. Moreover, people do not always accurately remember the source of their information (Johnson et al., 1993; Lindsay, 2008). Indeed, 49% of our participants watched or read about memory recovery or child abuse before recovering their own memories. One participant shared, "I never believed in repressed memories until it happened to me ... I tried therapy, but it just retraumatized me, but some time later, I read a book on narcissistic mothers and the memories suddenly just came back ... "

Another said:

I had a former fiancé who had a repressed memory of being sexually abused when she was a young child. She was going through some counseling and just had the memory pop into her head one evening while watching a TV show ... She was in her late 30s at the time ...

Notably, however, when we asked if participants had encountered information that triggered the memory, 75% said no. Thus, our data implies a lack of knowledge about how media consumption could influence not just beliefs but memory recovery and confidence.

On the other hand, the increased media attention on memories may introduce doubt through documentaries exploring false memories. Indeed, the qualitative data revealed 25 instances of doubt. One participant reported, "... I don't know how reliable recovered memories are. I remember some stuff but I'm not sure if it's real or if my mind is making it up". That skepticism extended to other people's memories. One participant said, "A niece and a sister-in-law supposedly found suppressed memories. It is doubtful that they are accurate". Of course, we cannot say whether any of the memories reported are false; it is certainly possible they are true. But even non-believed memories can still impact people in helpful and harmful ways (Burnell et al., 2022). Indeed, one participant acknowledged that duality:

My boyfriend has a lot of repressed memories of trauma from his childhood ... He believes that his memory, in general, is really good, and often recalls things with vivid details. (I'll admit I sometimes wonder if it's fully accurate or not, especially knowing memories can be inaccurate/false sometimes, but I also don't think it's important in the long run whether they are or not, because they still affect him in the same way).

These expressions of doubt raise the question of how confident people are in their self-reported recovered

memories. We found they were not always highly confident. Overall, the 57 participants reported being 74% confident. That number should not be minimised; it is certainly cause for concern. It is not hard to imagine that more confident individuals are more likely to press charges, confront, or sever ties with their alleged abuser. And we know from related research that more confident witnesses are more willing to testify in court (Stebly et al., 2014). Indeed, our quantitative data supports this: 14 participants reported 100% confidence in their memories, and 13 later severed ties with someone. These data showcase the role that confidence in one's memory can play in shaping actions and decisions.

Another explanation for the overwhelming endorsement of the concept of repression is the significant confusion over what is meant by "repression". In the open-ended data, asking participants about repressed memories produced 284 reported personal experiences. However, when we removed individuals who described alternative explanations in that same response, that number dropped 23% to 66 participants. Indeed, in the quantitative section of the survey, when we asked people what they meant by their response, most did not categorise themselves as having repressed memories. Instead – like Dodier and Patihis (2021)—22.6% claimed to have continuous memories of abuse, and another 17.3% reported re-interpreting their memories of an event as they got older. The qualitative data also echoed themes of re-interpretation. One participant shared, "I have repressed certain memories that I later realised were possible instances of emotional abuse with certain family members involved", another revealed:

... I unconsciously repressed these memories, thinking of them as discipline instead of abuse. Then, when I got to college and had some time on my own, I realized that my dad is crazy and probably has some type of bipolar. This is the period when the memories began emerging in clearer detail.

Thus, further exploration of the reinterpretation mechanism should be a goal for the memory research field. Are there qualitative differences between reinterpreted memories and those that were purportedly repressed and recovered? Is the role of therapy greater in reinterpreted memories? What leads people to reinterpret their memories? Certainly, extant work suggests the importance of considering adult' appraisals of child abuse experiences across the lifespan (Danese & Widon, 2021; 2023). We know the #Metoo movement caused some people to question their earlier experiences (Amber et al., 2019) but understanding the boundary conditions of reinterpretation would be beneficial. Indeed, experiments that explore the variety of ways reinterpretation can occur would be a significant advance to memory research (e.g., Patihis et al., 2019).

Given the sensitive nature of the material, we repeatedly filtered participants to reduce their burden.



However, that filtering did not capture all the participants we would have liked. Due to the early filtering from participant responses, most were never asked how they first remembered the abuse (in or out of therapy). But, even if they had gotten the question, they may not have selected “I remembered the abuse in therapy”. Individuals may deny their memories were recovered in therapy because memory recovery was not the express goal of their therapy or because the memories did not specifically come to them during a therapy session. The open-ended responses from the six participants who saw this question support this explanation. Four of the six expressly noted they recovered their memory during a therapy session. Two participants shared, “I was doing hypnotherapy and my therapist was able to coax it out of me” and “I was talking about my past with my therapist and the memories which were vague slowly came out”. Although it had been one of our goals to compare memories recovered within versus outside of therapy, we no longer believe that distinction has much utility. Therapeutic ideas have infiltrated society to such an extent—via schools, media, and yoga sessions—that speaking to a therapist is no longer necessary for exposure to these ideas (McNally, 2024; Shrier, 2024). For example, one of our participants reported:

I was teaching a Reiki Master class, and at the end of the class, we all got a chance to receive a Reiki session<sup>5</sup> from everyone else. I had six Reiki Masters with their hands on me. It was silent – no talking, no music, and I was thrilled for the opportunity. Out of nowhere, I experienced the event with my mother – it was very clearly her, and I knew exactly where I was.

Given that our study and others indicate that 5%–10% of memories are reportedly recovered in therapy (Dodier & Patihis, 2021; Murphy et al., 2025), we propose that future studies focus on what people were exposed to before memory recovery. Additionally, it may be valuable to explore other distinctions. We may also need to investigate other pseudoscientific beliefs people hold (Martínez et al., 2024).

Of course, there were other limitations to our survey as well. The open-ended questions provided copious information that prior questions did not capture. But we cannot be certain participants interpreted the questions as intended. Indeed, some responses were so unclear that we could not code them, and others did not match the questions we asked. As just one example, when we asked participants to describe when they first considered that they were abused as children, ten responses were not coded because the answers were unclear. For example, “I got hit”; an obvious response, but it gave us no information about timing. Future surveys might benefit from clarifying the desired content of open-ended responses.

To summarise, most people lack knowledge of how memory works (Simons & Chabris, 2011) and often turn to TV shows, documentaries, and social media for education (Radcliffe & Patihis, 2024). Unfortunately, the information they encounter perpetuates the trauma myth—

the idea that we all have buried trauma influencing our personality and behaviour (Scheeringa, 2022). This belief leads people to misinterpret ordinary behaviours or experiences as signs of repressed childhood abuse. For example, claims on TikTok suggest that hair holds memories, and getting a haircut could unlock or erase them (e.g., Herod, 2022; Osuna, 2023). Another popular belief is that the absence of childhood memories is a sign of repressed childhood abuse, a theme echoed in our qualitative data (Supplemental Table 4).

Memory misconceptions are not limited to the general public. For example, 76% of Dutch police interviewers reported believing in repressed memories (Odinot et al., 2015, as cited in Murphy et al., 2025), as did 70% of international clinical psychologists (see Otgaar et al., 2019). It is reasonable to assume that criminal justice professionals who make the charging decisions in criminal and civil cases (e.g., police officers, judges, etc.) may also endorse these beliefs; UK lawyers and judges certainly do (Radcliffe & Patihis, 2024). This widespread acceptance likely stems from a lack of formal education regarding memory science. Indeed, surveys of psychology practitioners and trainees in Ireland and Germany revealed they had little training regarding memory distortion, the potential for false memories, and memory recovery (Murphy et al., 2025; Schemmel et al., 2024). Some trainees even noted that the training they did have referenced memories being trapped in the body (Murphy et al., 2025). This data suggests that van der Kolk’s (2014) slogan, “the body keeps the score”, has taken root in professional settings, even though it lacks empirical foundation (see McNally, 2003; Scheeringa, 2024, for full reviews).

These misconceptions may also influence how people interpret their experiences over time. People’s reinterpretation of their memories have been endorsed in ours and other samples (Dodier & Patihis, 2021). For instance, one participant shared:

I have a good friend who had what seemed like a very irrational fear of snakes. And, not just actual snakes, but images of snakes and anything “snake like.” He never understood this fear until he went through intensive therapy and ended up recovering a repressed memory of being abused/tortured, involving a snake, when he was very young.

The consequences of recovered memories are undeniable, with significant emotional, interpersonal (e.g., Patihis & Pendergrast, 2019), and legal consequences (e.g., Connolly & Read, 2006; Wright, 1995). We suggest that if the memory wars *are* truly to ever end, memory experts need to expand efforts to educate professionals and the public. Experts need to become active on all media platforms—correct unscientific ideas on TikTok, accept requests to appear in documentaries, write letters to the editor explaining the memory evidence that speaks to current events—and instill some empirical evidence into the cultural conversation. Put simply, we need to do better at giving our science away.



## Notes

1. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) identifies other nonparents as friends and neighbors, legal guardians, more than one non-parental perpetrators. Similarly, they define professionals as adults who care for children as part of their employment duties, such as child daycare providers, foster parents, and group home staff, as well as other professionals. We included babysitters in this category. The OJJDP did not include a description of relative, so the authors coded any family member that was not a parent or partner of a parent in this category (e.g., uncles, siblings, grandparents).
2. Coding for additional categories was completed for those who mentioned a personal repressed memory or knew someone with repressed memories. As such, we included all 284 participants because they believed they had experienced repression. Responses could be coded more than once if they fit multiple categories.
3. The social media search was conducted in February 2025.
4. This search was conducted on Instagram as getting accurate TikTok numbers proved more difficult. However, when searched via Google the TikTok results said there were 9 million posts using “#thebodykeepsthescorebook.”
5. Reiki is a technique wherein a practitioner (otherwise called a Reiki master) will use gentle touch or place their hands slightly above a person's body to guide a participant's energy to promote healing. However, there is no evidence supporting the existence of this energy field (National Center for Complementary and Integrative Health, 2018). Most recently Reiki has been combined with yoga (Meltzer Zepeda, 2023).

## Open Scholarship



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## Data availability statement

The de-identified data is available online on the Open Science Framework at <https://osf.io/w7k9v/>.

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