The Newsletter of the British False Memory Society
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Serving People and Professionals
in Contested Accusations of Abuse

Dear Reader

There is a certain sense of new beginnings in the air at this time of the year - the first term of the new school year starts and academics and politicians will soon be back at their desks too. In our continuing quest for inspiration and innovative ways to deal with the challenges we face we decided to seek the opinions of our advisors and interested professionals by inviting them to an away-day. Considerable wishful thinking ensued with calls for mainstream acceptance; removal of stigma; more media interest and sufficient income to enable a sustained response. The overall consensus was that the priority remains to offer help and support to families whilst continuing to raise the profile of our work. One aspect of our future strategy is to welcome Matthew Smith to the staff to take responsibility for public relations and external communications. Matthew has a background in journalism, public relations and latterly in dealing with high profile work for some of the London Boroughs. He is no stranger to difficult topics and is keen to get started on this specialised area.

Indications that the therapeutic community is still at risk of perpetuating the myths of traumatic memory abound and a number of researchers' articles in this issue relate to this problem. In Scotland there is a desire to publish the booklet, *Can of Worms* aimed at frontline workers dealing with vulnerable clients. This publication has the potential to set back our cause by ten years but following a response by eminent professionals we hear the work is to be reviewed. The letter is published, in part, on page 23.

During the press coverage of this topic it came to light that the Royal College of Psychiatrists is to undertake a review of the college's guidance on memory, trauma and psychotherapy. It is ten years since they first considered the topic. On learning about this review the question of liaison with the BFMS was raised. We offered to assist with the new working party's research but the offer has been declined on the basis that some members of the college objected to our involvement the first time around and now the new chairman of the working party, Dr Chris Freeman, is determined to avoid even perceptions of bias by avoiding contact with the BFMS. We have asked him to reconsider. Dr Freeman has commented that the earlier college guidance published in 1997 was brief and uncontentious. He hopes to "provide more detailed guidance to clinicians on how to behave in this difficult area". This will be an important document with many looking to the college to provide the lead.

In this time of review and reflection, *The Psychologist*, the journal of the British Psychological Society has recently published a paper considering the evidence ten years after their report into 'recovered memory'. The paper is reproduced with permission on page 8.

The autumn also brings plans to publish the new booklet of case histories. 'Fractured Families' (its working title) will be a useful document for both members and professionals. Our thanks to everyone involved in developing this project; we understand that it is not easy to commit what are often bizarre stories to print.

Madeline Greenhalgh

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SPECIAL FOCUS

Taking a closer look at R *v* Thomas Bowman and R *v* X

by William Burgoyne

The coinciding of two court cases in February 2006, one an appeal and one a retrial, both involving, to a greater or lesser degree, evidence based on memories 'recovered' during therapy, offers an opportunity to study the way in which the use of expert witnesses can vary within the legal system.

That recovered memory is the biggest single issue dividing the profession of psychiatry, places a particularly heavy burden on counsel, judge and jury. Opinions on the validity, or otherwise, of long-forgotten recovered memories need to be treated with considerable care. To all involved, it is a seductive proposition that, while undergoing therapy, a witness is able to recall events that bring to book someone who has succeeded in escaping justice for many years. It is doubly seductive because those who 'remember' do so with convincing detail and colour. The more bizarre the events recalled, the more likely it appears the judge and jury are to believe "this could not have been made up".

The two cases discussed are those of R *v* X (Childhood Amnesia) and R *v* Thomas Bowman. The first was relatively straightforward:

R v X (Childhood Amnesia) was reported in the October 2005 newsletter. Briefly, having been convicted in 2000 and jailed for 12 years on the basis of his daughter's 'memories' recovered in therapy of being sexually abused as a child, the Appeal Court judged the conviction to be unsafe and ordered a retrial. At this, the prosecution decided not to offer any evidence and 'X' was free to try to rebuild his life and make sense of what had happened to him. The evidence of the expert witness (a professor of cognitive psychology with 25 years' experience) at the appeal was unambiguous, "the memories of a child were qualitatively different from the memories of later events. The period of 'childhood amnesia' usually extended up to the age of seven and he had never come across a person who had been able to provide a detailed account of something that had happened to them at the age of four or five… a detailed narrative account of an event during those years should be treated with caution".

By contrast the appeal by Thomas Bowman was extremely complex, involving factors other than that of 'recovered memory'. (See www.bailii.org (British and Irish Legal Information Institute) for the judgment which is referred to throughout this article.) Bowman's conviction and sentence of life imprisonment dates back to when his daughter, Diane, claimed that, while undergoing therapy and having read the self-help book, *Courage to Heal*, she 'remembered' him murdering his wife 22 years earlier. She reported this to the police, the body was exhumed and a second autopsy was carried out by Dr Armour, a Home Office pathologist. She concluded that death was due to manual strangulation. In 2002 Bowman was convicted of murder and sentenced to life imprisonment. It was the safety of this autopsy evidence that primarily figured in the appeal judgment.

The pathology reports are, of course, not for the BFMS to comment on, except to mention, as a further illustration of the problems surrounding the use of expert witnesses, the strikingly wide divergence in the views of the pathologists. Other pathologists accused Dr Amour of being dogmatic in her approach saying that her "comment to the effect that the changes in the lungs were 'typical of those changes seen in strangulation' was misleading and completely unjustified". The use of expert witnesses on the safety of the autopsy report and on the validity of recovered memory was far from satisfactory and it was not surprising that the court decided to make a number of additional recommendations (see "necessary inclusions" below) to those made by the Attorney General following the shaken baby syndrome cases. To the lay mind these will seem glaringly obvious. It was not surprising, therefore, that without this new guidance, those conducting the appeal failed to obtain an evidence-based opinion on 'recovered memory'.

Grounds for Appeal

Within the grounds for appeal the only ground allowed related to the pathologist's report at the original trial (para 29). The court refused leave on other grounds (paras 30 and 31). However, the

court decided to hear evidence on two other grounds, 3 and 5, *de bene esse* (that is, "well done for the present" but conditionally heard without making a decision on whether to receive it – para 33).

"Ground 3 alleged a failure by the defence team to seek expert advice in relation to the inherent incapacity of a five year old to retain complex facts, emotions and reasoning and a failure to elicit the precise state of the medical records in so far as they bore on the evidence of the children. Linked with this was Ground 5 which alleged that Dr Boakes, an expert on the cognitive ranges of memory of young children and available for the defence, ought to have been called. The court refused leave on both grounds on the basis that Dr Boakes was available to give evidence on behalf of the defence and that the decision by the defence counsel not to call her was not one which could be characterised as 'Wednesbury unreasonable'. (Note: Wednesbury unreasonableness is a legal term that, briefly, refers to a "decision or reasoning" that "no reasonable person acting reasonably could have made").

...in his opinion it was not possible for an adult to relate accurately conversations heard under the age of seven.

What followed was a far from convincing justification for this ruling. The trial defence counsel's decision not to obtain authoritative opinion on the validity of recovered memories affected the judge and jury's understanding of this complex and contentious subject, that is critical in ascertaining the truth of Diane's evidence.

Some comments on the Bowman Judgment

1. While there is disagreement within the profession of psychiatry on the existence of recovered memory, even those who believe in it would view with scepticism memories in lengthy, vivid detail, including dialogue and emotional feelings, recovered from the age of five, after a gap of over twenty years. In the Bowman judgment, the summary of Diane's memories occupy one page, closely typed (paras 8 and 9). It can be assumed that her evidence in court was considerably longer and in greater detail.

2. In 1998, Diane Bowman made a statement to the police that she had "never been sexually abused by her father". The judgment states, "In evidence she said that she believed that at the time she made the statement because she had suppressed the memories of what had happened. In late 1998 she started having counselling and began to remember incidents (Note: including sexual abuse by her father and the murder of her mother). As a result of her memory recall she contacted the police in 2000" (para 15). The juxtaposition of these two statements in the same paragraph of the judgment should have required an especially robust analysis of the qualifications of the counsellor, the nature and efficacy of the type of counselling employed and arguments for and against recovered memory (as the judgment recommended, following this case, in the section "Experts" – paras 174 to 178).

3. The judges summarise Professor Conway's evidence (para 162) as follows: "It was not impossible for a child aged five and a half to remember her mother being murdered. He added most people remember three or four 'hot spots' in their early life. However he said research shows that the memory of early events is recalled out of order and with inaccuracies as to the detail of the event or events. In his opinion the only way to test the accuracy of such evidence is by looking at independent reliable evidence which supports it. He said that in his opinion it was not possible for an adult to relate accurately conversations heard under the age of seven." Yet this is exactly what Diane Bowman claims to have remembered. This perhaps is relevant to the need defined in para 35 to establish "whether the evidence appears to the court to be capable of belief". A point that should have been critical in an assessment of Diane Bowman's evidence, not mentioned, is whether such 'hot spots' are always-remembered, not recovered.

4. Given the ongoing debate among eminent psychiatrists about the validity of 'recovered' memory theory, the judgment's view that, "essentially the professor's evidence of the results of research into memories goes little further than is common sense and well within the normal human experience" (para 168) may have been an assumption based on the following reported dialogue (para 163): "Generally he (Professor Conway) was sceptical about false memory syndrome. He said it was a hypothesis for which there was no proper evidence. He was asked in cross-examination if much of what he was saying was simply common sense. He said

he did not really know". While para 163 is to be expected under cross-examination at the trial, it is surprising that in the appeal court judgment the judge reduced something of such complexity and controversy to a matter of "common sense". Did this view affect the court's decision: "We are quite satisfied that if Professor Conway's evidence had been given at the trial it would not have affected the verdicts and it affords no grounds for allowing the appeal. In the circumstances we reject the application for leave to amend the grounds of appeal in the terms sought" (para 169).

5. No reference was made to the Brandon Report. This was a major omission, given that it is probably the most important document on recovered memory. Dr Boakes, as co-author of the report would have most likely referred to it in her written evidence. Yet it was not mentioned anywhere in judgment.

6. The uncertainty surrounding the reports of the five pathologists (paras 69 to 108) called to comment on the pathologist's evidence at the trial, should have elevated the importance of the other main consideration – whether Diane's memories were genuine – in deciding Bowman's appeal. Unfortunately equal rigour was not used in: a) defining the precise nature of so-called recovered memory, and b) in eliciting opinions from a wider range of 'experts' as was the case with the pathology evidence.

7. The defence counsel's decision not to call Dr Boakes to give evidence at the trial was discussed at length, as follows:

a) There are several references to the decision by the defence counsel at the trial not to call Dr Boakes (paras 166 to 168, 67, 30). The reasons given were not convincing. "He (defence counsel) told us, and we accept, that he felt he had sufficient ammunition from his cross-examination not to call Dr Boakes. He feared much of the inroads made by him in cross-examination might have been minimised if he called Dr Boakes and Dr Brewin was called by the prosecution". Clearly the appeal court was not entirely convinced, for para 168 of the judgment states, "Whether the reason for not calling Dr Boakes was right or wrong, having heard Professor Conway's evidence we are quite satisfied that his evidence would not have assisted the appellant if it had been given at the trial. In our judgment it is on the very borderline of admissibility".

b) In determining the grounds for appeal (paras 28 to 34), was the 'Wednesbury unreasonable' argument valid? (See "Grounds for Appeal" above.) This raises an important question. As the absence of Dr Boakes at the trial is such a frequently mentioned feature of the appeal, should she not have been called to give evidence at the appeal? As co-author of the Brandon report, she is, after all, pre-eminent in the field of recovered memory.

c) The appeal judgment quotes the precedent of R *v* Steven Jones 1997 (para 37), in which part of Lord Bingham's statement reads: "the crucial obligation on a defendant in a criminal case [is] to advance his whole defence and any evidence on which he relies before the trial jury." He then adds, "Expert witnesses, although inevitably varying in standard and experience, are interchangeable in a way in which factual witnesses are not. It would clearly subvert the trial process if a defendant, convicted at a trial, were to be generally free to mount, on appeal, an expert case which, if sound, could and should have been advanced before the jury. *If it is said that the only expert witness in an established field whose opinion supports a certain defence was unavailable to testify at the trial, that may be thought (save in unusual circumstances) to reflect on the acceptability of that opinion"* (italics added). When considering this in relation to the comment (para 168) on whether the decision to call Dr Boakes was right or wrong, could it be that the adherence to precedent overrode the need for a fair reassessment of alleged errors made by the trial defence? Were these not "unusual circumstances"?

...the crucial obligation on a defendant in a criminal case [is] to advance his whole defence and any evidence on which he relies before the trial jury.

d) The decision not to call Dr Boakes crops up in the consideration of "overwhelming other evidence of abusive behaviour". Para 67 reads: "Lord Carlile (a witness called by the court who, together with junior counsel Mr Parry-Jones, represented the appellant at trial. In 1998 he defended the appellant at his trial in Liverpool Crown Court on charges of sexual abuse against his stepdaughter Kelly) was asked about his decision not to call Dr Boakes." What follows is an attempt to justify this decision. In so doing, Lord Carlile sets himself up as an expert on the subject of recovered memory. It is regrettable

that the Appeal Court's desire to defer to Lord Carlile's explanation compounded the defence counsel's decision not to call Dr Boakes and does not follow their own "necessary inclusions" offered as a rider to the Attorney General's recommendations on the use of expert witnesses (see below).

e) Lord Carlile's defence of his action was described in the judgment as follows: (Para 67) "He said that in cross-examination of Diane he had elicited sufficient to enable him to construct an argument that her claimed recollection of what had occurred at the time of her mother's death was 'recovered memory'. Until this cross-examination there was no evidence to justify labelling Diane's evidence in this way. He said that although the suggestion that Diane's evidence was recovered memory was available he had real doubts this was so. The reality was more probably that the counselling she had undergone had reawakened horrible memories in a mechanism very different from recovered memory techniques. Nevertheless, as soon as the issue arose, he advised that Dr Janet Boakes should be consulted as a matter of urgency. She produced a report which was served on the prosecution. The prosecution in turn served a report from Professor Brewin (a psychologist acting for the prosecution) that expressed the view that Diane's recollection was not recovered memory and stated that Diane's memory processes were acceptable and explicable in conventional terms".

He said that in cross-examination of Diane he had elicited sufficient to enable him to construct an argument that her claimed recollection of what had occurred at the time of her mother's death was 'recovered memory'.

Paragraph 68 continues: In the end it was decided not to call Dr Boakes because it was thought that she would be liable to successful cross-examination by the prosecution in which event her views could not be used in the closing speech. Lord Carlile was also concerned that if he called Dr Boakes, the way would be open to the prosecution to adduce the appellant's conviction in 1998 for rape of Kelly."

Expert witness evidence at the Appeal

The last expert witness's evidence to be considered in the appeal judgment was that of Professor Conway. Whether this is an accurate report of the professor's views is not known. This section from the judgment (paras 160 to 169) is given in full:

"160. We turn finally to the evidence of Professor Conway which Mr Martin-Sperry sought leave to adduce. We had been supplied with a report from Professor Conway in respect of which Mr Martin-Sperry conceded that five of the seven paragraphs were inadmissible. This evidence affects the appeal on Ground 1 but more specifically is addressed to Grounds 2 and 3 for which leave to appeal has not been granted. We decided that we would hear his evidence *de bene esse*.

"161. Professor Conway is an expert in memory research. His written report set out general comments about the unreliability of memories of children of five years at a distance of 20 years removed or more. In general terms the report pointed to the difficulties of accurately recalling events occurring at age five when re-telling them after 20 or more years. In the summary to paragraph two of his report Professor Conway stated:

"The memories from below about seven years in age were formed during the period in which the brain, the self, memory, comprehension, language, and the emotions were all undergoing rapid and intense development. Memories from this time are likely to contain errors and in some cases will be entirely wrong. This is the case for everyone, there is nothing unusual about it and it simply reflects the fact that, in humans more so than in any other animal, cognition develops after birth. It means, however, that memories from this period, when the individual was aged five to seven years or less should be treated with caution. As a memory researcher I would not rely on the accuracy of such memories unless there was additional, independent, corroborating evidence."

"The third paragraph dealt with specific statements taken from Diane for the purpose of the trial.

"162. In his oral evidence Professor Conway was an impressively candid witness. He said that it was not impossible for a child aged five and a half to remember her mother being murdered.

"163. Generally he was sceptical about false memory syndrome. He said it was a hypothesis for which there was no proper evidence. He was asked in cross-examination if much of what he

was saying was simple common sense. He said he did not really know.

"164. Finally towards the end of his evidence he said that childhood memories are likely to be accurate as a theme, but may be coloured by inaccuracies.

"165. In submissions on this aspect of the appeal Mr Martin-Sperry relies upon the many inconsistencies in Diane's witness statements and her evidence. He points to the absence of medical records which ought to have existed for both Diane and her brother, Damien, which could have confirmed some parts of the evidence. Further, the medical records which do survive do not confirm either Diane or Damien's evidence.

"166. As to the submissions, the inconsistencies were all evident during the course of Diane and Damien's evidence as was the lack of documentary support. The transcript of Diane's evidence demonstrates how Lord Carlile made considerable use of these factors in his cross-examination. He told us, and we accept, that he felt he had sufficient ammunition from his cross-examination not to call Dr Boakes. He feared much of the inroads made by him in cross examination might have been minimised if he called Dr Boakes and Dr Brewin was called by the prosecution.

Essentially the professor's evidence of the results of research into memories goes little further than is commonsense...

"167. At the trial he was also fearful, that if he called Dr Boakes, it might risk the admission of the appellant's previous conviction for sexual offences against his step-daughter Kelly. That decision is also not the subject of any criticism by Mr Martin-Sperry.

"168. Whether the reason for not calling Dr Boakes was right or wrong, having heard Professor Conway's evidence we are quite satisfied that his evidence would not have assisted the appellant if it had been given at the trial. In our judgment it is on the very borderline of admissibility. Essentially the professor's evidence of the results of research into memories goes little further than is commonsense and well within normal human experience. He accepted that a traumatic event occurring when a person is under the age of seven can be recalled by that person in adulthood. Moreover, rejecting, as he does, false memory syndrome it would not have assisted Lord Carlile's attempts in cross-examination to sow the seeds of that hypothesis in the minds of the jury.

"169. Generally the contradictions in Diane's evidence and her failure to give a version of the killing which accorded with strangulation (the prosecution contended that her view of what happened at the crucial time was hidden by the appellant's body) were all before the jury. The judge directed the jury to take great care in assessing her evidence. We are quite satisfied that if Professor Conway's evidence had been given at the trial it would not have affected the verdicts and it affords no ground for allowing the appeal. In the circumstances we reject the application for leave to amend the grounds of appeal in the terms sought."

New 'Necessary Inclusions' to the Attorney General's guidance on expert witnesses – a reflection on the preparation of evidence on recovered memory

The Appeal judges' decision to recommend a number of 'necessary inclusions' (paras 174 to 178) to the Attorney General's guidance notes, post-Meadow and the review of shaken baby syndrome cases, on the provision of expert evidence, can only reinforce a feeling of unease at the reasons given for not calling Dr Boakes and for not allowing Professor Conway's evidence to stand.

Some of the proposed 'necessary inclusions' are given below:

1. "Details of the expert's academic and professional qualifications, experience and accreditation relevant to the opinions expressed… and the range and extent of any limitations upon the expertise".

2. "A statement setting out the substance of all the instructions received… documents, statements, evidence, information or assumptions which are material to the opinions expressed or upon which those opinions are based".

4. "Where there is a range of opinion... a summary of the range of opinions and the reasons for the opinion given… any material facts or matters which detract from the expert's opinions…".

7. "Where on an exchange of experts' reports matters arise which may require further or supplemental report the above guidance should, of course, be complied with".

Finally

The final paragraph (178) of the judgment contains a comment which, while not forming part of the "necessary inclusions" must indicate the Appeal judges' unease over the presentation of expert evidence in this case. "Mr Martin-Sperry (counsel for the appellant) explained forcefully the funding constraints and difficulties faced by those representing the appellant in approaching and obtaining expert's reports. We are mindful of these difficulties and aware of the constraints placed on the appellant's advisers in this appeal but they do not wholly explain why some of the material placed before the court was not included in the relevant expert's initial report. They also do not explain or excuse the failure to refer to the instructions given and material provided before the reports were written." The judges added, "these remarks are designed to help build up a culture of good practice rather than to be seen as critical of the experts in this case".

All the foregoing leads back to the case of R *v* X, and raises one vital question: should the decision by the Court of Appeal in the case of R *v* X also have been given in the case of R *v* Bowman: namely, a referral for retrial?

Unfortunately the consequences of this judgment will go far beyond the Bowman case. In the especially subjective and emotive area of memories of childhood sexual abuse 'recovered' during regression therapy, future hearings may use as a precedent the Bowman case, particularly repeating the words in paragraph 168, "… research into memories goes little further than is common sense and well within normal human experience".

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C'est la vie?

U.S. based psychiatrist, Dr Adrian Finkelstein in a newly published book reveals evidence that one of his patients is the reincarnation of Marilyn Monroe. Dr Finkelstein argues that this is a real case of past-life regression rather than an unhealthy over-identification with a dead celebrity. He has spent 20 years researching the scientific evidence for reincarnation and the existence of flashbacks to earlier lives. What is amazing about Dr Finkelstein's therapy is that his professional body, the American Psychiatric Association takes no position on the validity of past-life regression therapy.

Marilyn Monroe Returns: The Healing of a Soul, Adrian Finkelstein, Hampton Roads Publishing Co, US; 2006

RESEARCH

Debunking Myths about Trauma and Memory

A Review by Dr Janet Boakes

In a paper written in November 2005 and published in the Canadian Journal of Psychiatry, Professor Richard McNally, Professor of Psychology at Harvard University, and author of the seminal work on remembering trauma, debunks popular myths about trauma and memory. He highlights the misuse of empirical evidence to support untenable theories of repression and traumatic memory by authors who misunderstand the very evidence upon which they rely.

The first myth to be exploded is that of the **immutability of memory**. This applies to both explicit and 'narrative' memory (what is normally understood by memory) and the pernicious notion of **'body memory'**, that is feelings, symptoms, flashbacks and dreams as disguised expressions of forgotten trauma, stored as 'implicit' or 'perceptual memory' and not available to narrative recall.

It has long been accepted that memory is reconstructive rather than reproductive, is malleable and subject to alteration over time and is affected by new information. Memories are not stored unchanged as a photographic representation nor waiting for replay as a video, and while implicit memory does exist, it cannot be translated into narrative memory, and like other forms of memory it too is altered by the passage of time. Although some traumatologists argue that **repetition and intense emotion** increase the likelihood that memory will be dissociated (forgotten), the reverse is true: repetition enhances memory and the more often an event occurs the more likely it is to be remembered. Oft recurring events gradually blend into each other and details may become blurred, but the whole class of events is not forgotten.

Nor is the **emotional arousal** that often accompanies the recital of memory, evidence of fact, only of sincere belief. McNally describes research showing that those who sincerely believe they have been traumatised, such as individuals who report having been abducted and abused by aliens, can develop the symptoms and physiological changes of PTSD in response to their vivid imaginative constructions. Accordingly, says

McNally "one cannot confirm the veracity of a memory from the emotional response accompanying it'" Nor from the presence of nightmares, flashbacks or symptoms.

McNally then looks at a number of myths that arise from simple confusion of the evidence.

Traumatic dissociative amnesia theorists claim that a proportion of trauma victims are unable to remember their most traumatic experiences, which are forgotten in order to protect the mind of the victim. These theorists cite "overwhelming evidence" of repressed or dissociated 'traumatic amnesia'. But McNally argues that they fail to understand the evidence they rely upon. He suggests that they confuse 'traumatic amnesia' with a number of more ordinary explanations for poverty of recall: failure to encode; everyday forgetfulness; non-disclosure; not thinking about something for a long time. None of these are evidence of amnesia.

… adults are unable to remember events from early childhood, not because of their overwhelmingly traumatic nature, but because of normal developmental processes.

Finally he looks at some other confusions that rely upon scientific knowledge in place of ordinary human experience. Some individuals experience amnesia as a result of **brain damage**, either from injury or from illness, and any failure to remember is due to physical not psychological cause. The phenomenon of **childhood amnesia** prevents encoding of events that occur during the first four years of life and is due to delayed maturation of the brain and cognitive and language development. Thus adults are unable to remember events from early childhood, not because of their overwhelmingly traumatic nature, but because of normal developmental processes.

Finally he considers the differences between **psychogenic amnesia** and traumatic amnesia. In psychogenic amnesia there is a complete loss of all personal memory including identity, but it is rarely preceded by a significant traumatic event, and this rare condition usually remits spontaneously within a few days or weeks. By contrast 'traumatic amnesia' is said to follow a significantly traumatic event and the memory loss is specific to the trauma and does not affect other areas.

McNally's overall conclusion is that "when science is interpreted properly, the evidence shows that traumatic events - those experienced as overwhelmingly terrifying at the time of their occurrence - are highly memorable and seldom if ever forgotten".

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Ten Years After - What we know now that we didn't know then about recovered and false memories

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This article was first published in The Psychologist*, June 2006 and this slightly longer version is reproduced here with permission of the authors.*

In 1995 the recovered memory debate was near its most vociferous height. Hundreds of people were recovering memories of childhood sexual abuse (CSA), sometimes in therapies that used techniques geared for eliciting such memories. It was claimed that because these events had been so traumatic, memories of them had been repressed or dissociated, but that they then had to be recovered in order for the person to 'heal'. Many of the people who recovered these memories confronted the person whom they remembered abusing them, and some of these cases ended up in criminal courts with successful prosecutions. However, there were those who questioned whether all such recovered memories should be accepted as accurate reflections of events that had really taken place (e.g., Loftus, 1993). It was argued that some, perhaps even most, of such recovered memories might in fact be false memories produced, at least in part, by the therapists themselves. In response to such concerns, many psychological and psychiatric associations issued guidance to their members regarding the potential dangers of unintentionally implanting false memories in patients (e.g., American Psychiatric Association, 1993; American Psychological Association, 1994).

The argument is about the accuracy of such recovered memories, especially where they have been recovered with the aid of certain types of

therapeutic technique. The argument is critical for the science of memory, but also for thousands of people who have either recovered memories or have been accused of abuse on the basis of such memories, not to mention the families and friends of all concerned. Against this backdrop, the British Psychological Society's Working Party on Recovered Memories (BPS' WPRM) published their report, recommendations, and the results of a survey they conducted with BPS accredited practitioners (Andrews, Bekerian, *et al.*, 1995; Andrews, Morton, *et al.*, 1995).

Given the controversial nature of the topic, particularly in the mid-90s, it is not surprising that the WPRM report and survey attracted much criticism. We are not going to re-state any of the criticisms nor are we going to re-state any of the praise given to the report. Ten years on we focus on what research has been conducted since the publication of the report that helps to inform the debate.

Before we begin our review it is necessary to clarify two terms. By 'recovered memory' we are referring to cases where an individual reports an event of which they claim they were previously unaware. By 'false memory' we are referring to cases where an individual reports an event that does not map accurately onto past events. We are aware that these two terms are vague and loaded concepts (Ost, 2003; Smeets, Merckelbach, Horselenberg, & Jelicic, in press), but as they are also in common use, we use them in this article.

What we know now that we didn't know then

In 1995 there was little direct experimental evidence of the impact of so-called 'memory recovery' techniques and the relative ease with which some false reports can be created. Much of the evidence at that time was based on memory studies not specifically designed to address the recovered memory debate and case studies not specifically designed to examine the veridicality of memories. Before 1995 there was much literature showing that memories could be distorted (by misinformation, by stereotypes, and so on), but only a couple of studies of the creation of false memories for entire events (e.g., "the mousetrap study" by Ceci *et al.*, 1994; and "lost in the mall", cited in Loftus, 1993) and a small literature on errors in autobiographical memory (e.g., Conway, 1990). There were also some case studies of memories for bizarre events (biologically impossible events, alien abduction, widespread Satanic ritual abuse). While there were many case reports of recovered memories, there was little documentation about whether the memories were accurate, or about whether people actually had forgotten the events. Since the publication of the WPRM, there have been significant efforts directed towards designing studies that are more relevant to the recovered memory debate, and more emphasis within some case studies on investigating firstly the veridicality of the memories and, secondly, whether there had indeed been a period of forgetting.

The purpose of this paper is to review the last 10 years. Due to length constraints, this is a selective review both in relation to the topics chosen and the studies cited. As humans, this selectivity is guided by our own beliefs. We believe:

- that what appear to be newly remembered (i.e. recovered) memories of past trauma are sometimes accurate, sometimes inaccurate, and sometimes a mixture of accuracy and inaccuracy;
- that much of what is recalled cannot be confirmed or disconfirmed;
- and that, because of these two beliefs, reports of past trauma based on such recovered memories are not reliable enough to be the sole basis for legal decisions.

These beliefs are not idiosyncratic to us; many people on both so-called 'sides' of the recovered memory debate share these views.

Our selective review covers four areas: adding entire events into a person's autobiography, forgetting memories, remembering forgetting and forgetting remembering, and case studies of recovered memories. Further, we focus on research with non-clinical (usually student) populations. We do not cover the large trauma/ PTSD literature (see Brewin, 2003; McNally, 2003, for thorough reviews).

False reports of entire events

Before 1995 there were a couple of studies showing that false events could be added to people's memories. With the publication of the "lost in the mall" study (Loftus & Pickrell, 1995), several laboratories began showing that with a little encouragement (Ost, in press), it was possible for participants to come to report relatively unusual events (Hyman, Husband, & Billings, 1995; Lindsay *et al.*, 2004; Wade, Garry, Read & Lindsay, 2002), events occurring in the first few days of life (Spanos *et al.*, 1999),

medical procedures (Mazzoni & Memon, 2003), and negatively charged events (Porter, Yuille, & Lehman, 1999), and that this even occurs with trained interviewers (Ost, Foster, Costall, & Bull, 2005). The ease with which participants can be led to make such reports relates to aspects of both the event and the person's beliefs about the plausibility of the event (Pezdek *et al.*, in press; Scoboria, Mazzoni, Kirsch, & Relyea, 2004). Within the ethical constraints of the psychology laboratory, making somebody think that they were attacked by a dog as a child (Porter *et al.*, 1999) may be about as traumatic an event as can be added. This is an important point and is a necessary limitation of laboratory tasks. However, the case studies we discuss later provide strong evidence that it is indeed possible to implant false memories of extremely traumatic events.

Many researchers have also investigated whether people differ in how susceptible they are to such false memories (Read & Winograd, 1998). One of the most researched individual difference measures in this area is dissociative tendencies, or having difficulties integrating thoughts, memories, images, and so on. In lay terms, this is 'spaciness' and is closely related to cognitive failures (Wright & Osborne, 2005). People who report much dissociation are likely to be the most susceptible to memory distortions in experiments (Hyman & Billings, 1998; Ost *et al.*, in press; Wright & Livingston-Raper, 2001). Clearly, further research is needed on the link between dissociation and false reporting, especially given the problematic finding that a tendency to dissociate is often associated with a history of abuse (Brown, Scheflin & Hammond, 1998).

People who report much dissociation are likely to be the most susceptible to memory distortions in experiments.

Forgetting memories for events

The term 'recovered memory' implies that, at some point, the memory must have been inaccessible to conscious awareness (as opposed to being a 'continuous memory'). Although this terminology is not ideal, it is clear that people often fail to report important events, for example known hospitalisations (Loftus, 1993). Several surveys of people with documented CSA have found that some of the people fail to report these events. The most recent of these surveys, by Goodman *et al*. (2003), found a non-disclosure rate of around 19%. The authors suggested that a lack of willingness to disclosure, as opposed to a lack of memory, was the most parsimonious explanation for the apparent 'inaccessibility' of memories for these documented episodes of abuse (see also McNally, 2003 for a comprehensive review).

However, prior to 1995, two special mechanisms were generally put forward to explain the inaccessibility of memories for some events: repression and dissociation. Repression has historically been a difficult concept to define and several mutually incompatible definitions exist. This led to strong criticism of the concept and of the evidence for it (Holmes, 1990). As a result, recent investigations have focussed on more selected definitions of the concept, akin to motivated forgetting (Brewin & Andrews, 1998). The second account for explaining the inaccessibility of certain memories is dissociation, or dissociative amnesia (Brown, Scheflin & Hammond, 1998). The dissociative amnesia model suggests that, rather than people consciously or unconsciously 'repressing' memories, individuals learn to deal with traumatic events by dissociating from them. It is argued that in extreme cases this can lead to Dissociative Identity Disorder (DID, formerly called Multiple Personality Disorder, MPD). Problematically, given its relationship with memory distortions mentioned above, the most widely used measure of dissociativity is the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986). While researchers have found that people who have PTSD do indeed report higher levels of dissociation there has been a growing realization within mental health professions that DID can also result from therapy (e.g., Ross, 2001).

There is less laboratory work on forgetting memories (i.e. factors which may reduce levels of reporting for witnessed events) than there is on creating memories (i.e. factors that may lead individuals to report events that did not occur). The two most relevant procedures are the directed forgetting task and retrieval induced forgetting, which can be related to the concepts of repression and dissociation, respectively (see papers in Wessel & Wright, 2004, for studies using both of these procedures). Due to space considerations we focus just on retrieval induced forgetting. Anderson and colleagues (e.g., Anderson & Spellman, 1995) have shown that representing some associated words from lists of

studied words decreases the likelihood that other studied words will be reported. They call this retrieval-induced forgetting. Like the Deese-Roediger-McDermott (Roediger & McDermott, 1995) studies showing that people falsely report semantically related 'words', the applicability of these studies to memory for 'events' may be limited (Freyd & Gleaves, 1996), but important extensions have been made. For example, Barnier, Hung and Conway (2004) found evidence of retrieval-induced forgetting for positive, negative, and neutral autobiographical events. Wright, Loftus and Hall (2001; Wright, Mathews & Skagerberg, 2005) showed that re-presenting stories without certain critical scenes indeed lowered the likelihood that these critical scenes were recalled. They argued that this situation was analogous to the situation where a perpetrator acts as if the abuse has not occurred and that such behaviour could make memories of the abuse less accessible.

Most of the studies examining individual differences in forgetting have examined what is called repressor personality types. These are people who report being low anxious, but have high defensiveness (e.g., they state they are not anxious but show some of the signs of being anxious; Myers, 2000). Some of this research, showing that repressors are less likely to remember negative autobiographical memories (Davis, 1987) was conducted before 1995 and influenced the BPS's *WPRM*. Several laboratories are now looking at how repressors differ on different laboratory tasks (Barnier, Levin & Maher, 2004; Myers & Derakshan, 2004). While the results are complex, it is clear that repressive coping style is related to the failure to report negative stimuli in many circumstances. Further research is needed on the link between the repressive coping style and non-reporting to gain a greater understanding of the processes involved. However, as we will now show, conducting research assessing the extent of non-reporting is difficult as people generally lack a reliable metacognitive awareness regarding their memory.

Remembering forgetting and forgetting remembering

Is there any point during today where you had forgotten what you had for breakfast this morning? This is not a philosophical conundrum, but an important question about people's ability to make metacognitive judgments about their own memories. There are two aspects of these metacognitive judgments that are important for the recovered memory debate. The first aspect relates to a question some mental health professionals asked in order to help them determine whether a client might have experienced trauma as a child. They would ask if there were any periods during the client's life for which they had few or no memories (i.e., remembering forgetting). If a client reported such gaps in their memory this could suggest, to some, that some traumatic event had caused these periods of amnesia. The use of techniques intended to uncover or access these supposed 'hidden' memories might then appear justified. However, Belli *et al.* (1998) wondered whether the way this question was asked could produce the belief that the person had memory gaps. They found that if, before asking the question about periods of amnesia, participants were asked to recall several memories from that period, this increased the chances that they would indeed report significant gaps in their memory. Thus, responses to this question are liable to bias and are an unreliable way to show whether an individual really does have atypical gaps in memory compared to the general population.

… conducting research assessing the extent of non-reporting is difficult as people generally lack a reliable metacognitive awareness regarding their memory.

The second aspect of these metacognitive judgments is that people often forget that they have previously remembered an event (Padilla-Walker & Poole, 2002; Parks, 1999). Merckelbach *et al.* (in press) have conducted one of the most relevant of these studies for the recovered memory debate. They asked people to report vivid memories for some childhood events. After either a 1-hour or a 2-day delay, they were asked if they had recently thought about any of these events and several others. Despite recalling the events either an hour or a couple of days before, many participants reported not having thought about the events for years. Critically, Merckelbach *et al.* compared people reporting continuous memories of CSA with those who reported recovered memories of CSA. The people reporting that they had recovered memories of CSA were more likely to forget remembering the recent events in their laboratory tasks. This finding has important implications. Could it be that these people had recalled the CSA continuously (or at least fairly often), but just forgot remembering it?

Case studies

Different types of case studies have been used to illustrate the different processes described above. Illustrating false memories is simple. From biologically impossible events (Wagenaar, 1996) to alien abduction claims (French, 2001, 2003), people clearly come to believe in events that never occurred. Well-documented case histories exist for some cases, like retractor cases against therapists (e.g., Bennett Braun, Roberta Sachs; see Bikel & Dretzin, 1995). These show that, without the constraints of psychology ethics committees, it is possible to create memories for truly traumatic and abusive events that did not occur. The number of these case histories has increased dramatically since 1995.

For methodological reasons, case studies demonstrating true recovered memories are more difficult to find. While a memory for space abduction can be taken as *prima facie* evidence of a false memory, to show a true recovered memory it is necessary to show that a) the event occurred, b) the person could not remember the event for a period subsequently, and c) the information recovered could not have been gained from other sources (Schooler, Ambadar & Bendiksen, 1997).

The largest archive of cases consists of, at the time of writing, 101 cases of "corroborated recovered memories" (Cheit, 2005). To be included, the case must have "strong corroboration", but this can simply mean testimony from other witnesses (which can be problematic; see Garven *et al.*, 1998). Cases can also be included on the basis of "corroboration of significant circumstantial evidence". In reading through the cases, it appears being found guilty in court is another form of corroboration. Of course both inclusion in Cheit's archive *and* the court decision should be based on other evidence. Critical and detailed scrutiny of many of these cases can lead to a sceptical view of the accuracy of many of these memories. Further, Cheit does not list *not* remembering the event, and evidence for this, as a criterion. This does not mean that the cases on this list are not examples of true recovered memories, only that the requirements to be in this archive are not as stringent as, for example, in Schooler *et al.* (1997). Schooler *et al*. have produced a smaller archive, but one which we feel takes more care to make sure, for example, that there is a period of non-remembering.

Still, often even surpassing Schooler's criteria does not necessarily mean that the memory is a true recovered (or "discovered", which is the word Schooler prefers) memory. A case discussed by both Cheit and Schooler, and reported in Corwin and Olafson (1997), appeared to show a water-tight case of a true recovered memory. Corwin and Olafson provided convincing evidence of the abuse, and provided no reason to doubt that it took place. However, when Loftus and Guyer (2002a, b) looked more closely at the case it was clear that Corwin and Olafson had left out information that would have been useful to most readers to decide how water-tight this case was. It is worth reading these (all available on the web) to make your own mind up about this fascinating case. It is important to remember that this is just a case study. If you conclude that this case is not a water-tight example of a true recovered memory, this does not mean that some recovered memories are not true.

Summary

Since 1995 and the BPS' *WPRM* there has been much research on reports of memories for events that have allegedly been recovered after a long period of non-remembering. The belief that some of these claims are based on events that did occur, some are based on events that did not occur, and some a combination of the two was held by us then, and the research over the past decade has not changed this overarching view. There has been a great deal of laboratory and case study research showing that people can be led to report falsely that they remember events that never occurred. Research has also shown that people sometimes do not report events that did occur and that some people do this more than others. What we know now that we did not know then is much more about the conditions under which these situations occur.

How will history judge the discipline of psychology in relation to the recovered memory debate? Debate is bound to occur in any scientific field and when science impacts on society (which it should) this is going to create controversy. Psychology as a discipline should be judged on three aspects: how well the scientific findings are used to resolve the debate, how efficiently changes are implemented in concordance with the evidence, and, if necessary, how the discipline acts to rectify any mistakes.

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Freud's legacy

Since the days of Freud, the emphasis in consulting rooms has been on talk about negative effects of the past and how they damage people in the present. Seligman names this approach 'victimology' and says research shows it to be worthless: "It is difficult to find even small effects of childhood events on adult personality, and there is no evidence at all of large effects."

The tragic legacy of Freud is that many are "unduly embittered about their past, and unduly passive about their future", says Seligman. His colleague Aaron Beck developed cognitive therapy after becoming disillusioned with his Freudian training in the 1950s. Beck found that as depressed patients talked 'cathartically' about past wounds and losses, some people began to unravel. Occasionally this led to suicide attempts, some of which were fatal. There was very little evidence that psychoanalysis worked.

Cognitive therapy places less emphasis on the past. It works by challenging a person's thinking about the present and setting goals for the future. Another newcomer, brief solution-focused therapy, discourages talk about "problems" and helps clients identify strengths and resources to make positive changes in their lives.

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Dissociative Identity Disorder: The Stuff of Nightmares

by Katharine Mair, Consultant Clinical Psychologist (retired)

Dissociative Identity Disorder (DID) has been described as a serious mental health problem affecting about 1% of the population (Ross, 1991). People with this disorder appear to assume different identities, switching between them in an apparently involuntary way. This used to be known as 'Multiple Personality Disorder' (MPD), and had until the 1980s been regarded as extremely rare. Its diagnosis is still very patchy because most patients show no signs of the disorder when they first present for treatment (Kluft 1991). They are usually diagnosed only after a considerable period of counselling or psychotherapy; it is then that the nightmare begins. This is because therapists who diagnose DID believe it is an indication that their patient has suffered prolonged and severe abuse starting in early childhood. They expect their patients to have no recollection of this abuse at the start of therapy, because they have learnt to dissociate and assume different personalities from early childhood to protect themselves from acknowledging what was happening to them. It is only the alternative personalities who remember

Multiple Personality Disorder has now been recognised as a psychiatric classification in the United Kingdom with a corresponding rise in the number of cases...

the abuse, so the therapist will try to contact them and make the patient aware of their grim message. Those diagnosed with DID must expect to face many years of extremely disturbing treatment. Surveys have reported that it lasts on average around three years (Putnam and Loewenstein 1993, Mair 1998). They must also expect to have current perceptions of themselves and their families shattered by revelations of horrific, and often incestuous, abuse. This is a treatment that can tear families apart. Moreover, no benefits to patients have been demonstrated by outcome studies (Mair 1998; Piper and Merskey 2004).

The changing face of Multiple Personality Disorder

It was not until 1980 that Multiple Personality Disorder was recognised as a psychiatric disorder by being included in the Diagnostic and Statistical Manual used in the United States (American Psychiatric Association 1980). It had previously been thought too freakishly rare for inclusion, but since then there has been a striking rise in the number of reported cases, with more cases being discovered between 1981 and 1986 than during the previous two centuries (Piper and Merskey 2004). A painstaking review of the world literature had earlier come up with only 67 cases (Taylor and Martin 1944) but by 1986, 6000 cases were reported in the United States alone (Piper and Merskey 2004). There have been further increases in the number of reported cases and these are no longer confined to the United States and Canada. Multiple Personality Disorder has now been recognised as a psychiatric classification in the United Kingdom with a corresponding rise in the number of cases, and also the same substitution of the new label: 'Dissociative Identity Disorder'.

It is not just the name and the frequency of diagnosis that have changed. In the past there were many different theories about what caused some people to adopt multiple personalities. These included possession by spirits, the influence of past lives, hidden conflicts and neurological disorders. A fascination with the phenomenon itself often overrode speculation about how it came about, but in most descriptions of multiple personalities before 1980 there was an assumption that they emerged in adulthood as a response to some current situation (Sutcliff and Jones 1962; Goff and Sims 1993; Mair 1999). There was also widespread suspicion that the emergence of multiple personalities might be encouraged in susceptible people when an interest was shown in this phenomenon.

Dissociative Identity Disorder is now claimed to have a completely different significance. If we turn to the internet, where Google provides us with 867,000 references to it, we learn that 'DID …. and other dissociative disorders are now understood to be fairly common effects of severe trauma in early childhood, most typically extreme repeated physical, sexual and/or emotional abuse' (Sidran Institute - see ref), or that 'consensus exists that the most common cause of the disorder is early, ongoing, extreme

physical and/or sexual abuse' (eMedicine from WEBMD - see ref).

Origins of the new beliefs

How did such a consensus come about? It was certainly not by observing this process in children, since even those who most energetically promote the view that dissociation begins in early childhood admit that DID is extremely rare in children (Putnam 1993). It is not observed in children who have been rescued from severe abuse, even though health professionals will in these cases be watchful for any adverse consequences of abuse.

The only evidence for any link between DID in adults and severe abuse in childhood comes from the accounts of DID sufferers while in therapy. While they undergo their prolonged psychotherapy, their alternative personalities (usually referred to as alters) will transmit the information about abuse, information of which the 'host' personality was previously unaware. Belief that dissociation can enable someone to forget about severe suffering, often for several decades, is central to the concept of DID. So we have a situation in which someone who is thought to have DID is encouraged to dissociate during therapy. While she (most patients are women) is in a dissociated state, adopting a completely different personality, she 'remembers' the severe childhood abuse that her therapist already suspected must account for her DID.

Attempts at corroboration

Testimony that is given in an abnormal state of consciousness, and in the presence of someone who might exert influence, clearly needs independent corroboration. If we look again to the internet, it seems to exist. We learn that 98-99% of people with DID have "documented histories of repetitive, overwhelming and often life threatening trauma" (Sidran Institute). However we are not told where we can check this impressive claim. An on-line encyclopaedia is rather more cautious, but tells us North American studies show that 97-98% of adults with DID report abuse during childhood, and that abuse can be documented for 85% of adults and for 95% of children with DID or other closely related forms of dissociation. Once again there are no references and the last claim is especially suspect, given the extreme rarity of childhood DID. However the authors conclude: 'these data establish childhood abuse as a major cause among N. American patients' (Wikipedia).

There have been many investigations looking for independent corroboration of the patients' reports, and they give a very different picture. The samples are often small and the details inadequate. For example: 'collateral evidence' was claimed for abuse in a series of nine patients, but this was mostly confined to questioning relatives, and no details were given by which to judge this evidence (Bliss 1984). A more recent investigation claimed that it "establishes once and for all, the link between early sexual abuse and dissociative identity disorder". The authors did collect some independent data on childhood abuse, but they generalised from a sample of 12 men who were said to show "long standing dissociative signs" while they were in prison, appealing against their convictions for murder (Lewis *et al*. 1997). Is the testimony of convicted murderers on appeal always reliable, and is it really safe to generalise from evidence collected in such extreme circumstances?

There does not seem to be any agreement on what constitutes 'corroboration'. In another study patients were asked "have you had anyone confirm these events?" They were also asked about physical evidence, such as medical records or scars, but there is no mention that these were ever examined. The authors were satisfied that the memories of most of their patients were "strongly corroborated" (Chu *et al*. 1999). An earlier study claimed to have "documented" the abuse histories in 102 cases of multiple personality disorder when this was based entirely on their patients' uncorroborated reports (Ross *et al*. 1991). A recent review of all published attempts to corroborate patients' reports concluded "No evidence supports the claim that DID patients as a group have actually experienced the traumas asserted by the disorder's proponents" (Merskey and Piper, 2004).

The influence of Sybil

The belief that DID is caused by severe early childhood abuse has clearly not arisen from studies of children or adults who are known to have experienced this abuse. So where does it come from? The source of this belief appears, amazingly, to be a single case study written by a journalist and published as a book in 1973; it was made into a film in 1976. 'Sybil' describes an 11 year treatment for MPD. This gradually enabled an unhappy 32 year old woman to become aware for the first time of her 17 alternative personalities. Through them she was also to learn of the prolonged physical, emotional and sexual abuse she had suffered as a child from her mother.

We are told that Sybil's psychiatrist, Dr Wilbur, had welcomed the opportunity of undertaking the first ever psychoanalysis of a multiple personality, and that she theorised from the start about what might have caused her condition:

"Dr Wilbur didn't actually know, but she surmised that Sybil's first dissociation had taken place during childhood…. The doctor believed that Sybil's condition stemmed from some childhood trauma, though at this stage she couldn't be certain" (Schreiber 1973, pp74-75).

Treatment involved encouraging the emergence of alternative personalities, often through hypnosis, and it was the information supplied by these personalities that was apparently sufficient to turn theory into fact. Without mentioning any attempts at corroboration, Schreiber tells us what the infant Sybil experienced:

"Normal at birth, Sybil had fought back until she was about two and a half, by which time the fight had been literally beaten out of her …..she resorted to finding rescue within. First there was the rescue of creating a pretend world….but being a multiple personality was the ultimate rescue" (p185).

Wilbur herself gives no account of how she was able to reconstruct Sybil's early years with such confidence, yet Schreiber's colourful second-hand version has been treated as a factual description of Sybil's childhood. Experienced therapists have repeatedly used it as evidence of the role of severe early trauma in the development of multiple personalities. This led to a marked change in the presentation of MPD patients, so that from 1980 onwards there have been more of them, they have had more alternative personalities, they have been more likely to be depressed or suicidal women and they have been far more likely to report all types of childhood trauma (Goff and Sims 1993). There has also been an interesting escalation in the severity of the reported abuse. In reviewing this change, Ross noted in 1997 that an earlier writer had, in 1980, failed to appreciate its extreme nature:

"*Greaves seems to imply that the abuse suffered by Sybil was severe even for a DID patient. Anyone working with DID patients today….has heard patients tell equally horrific stories. Some patients have experienced trauma far beyond that inflicted on Sybil. In 1980 even leading experts in the field had not yet grasped the frequency or the severity of the abuse suffered by DID patients."* (Ross 1997, p45)

Escalating horrors

Belief in the importance of severe childhood trauma has certainly led DID therapists to discover it in ever increasing numbers of patients. When we look at the nature of the therapy we can understand how this has come about. It is usually both intensive and lengthy, and its aim is initially to encourage the dissociation that is the main symptom of the disorder. Hypnosis is often deliberately used, but even when it is not, the dissociated patient, acting out a completely different identity, would appear to be in some sort of trance state. It is while she is in this state that she provides the 'evidence' that confirms what her therapist already believes.

The readiness of DID patients to come up with increasingly horrific reports sometimes goes too far. When tales are told of alien abduction, cannibalism, widespread torture and murder, with the involvement of many famous people, the absence of any corroborative evidence does become rather embarrassing. Much of the information about 'ritual' abuse comes from people undergoing treatment for DID (Victor 1993). It is interesting that Ross, in a revision of his 1989 textbook, has deleted a passage relating to patients' experience of ritual abuse, and has added an admission that false memories do present a problem (Ross 1997). Other experts are now in the uncomfortable position of having to combine an emphasis on the importance of early trauma with an acceptance that memories of it can be false:

"It often seems necessary to work through traumatic material that appears likely to be historically inaccurate…. there is virtually no way to avoid the risk of investigating inaccurate recall" (Kluft 1996, p105).

Endurance of a harmful myth

One might expect that once the therapists start disbelieving the testimony of their patients, the whole concept of DID must fall apart. In the United States and Canada, it does now appear to be in decline. Several dissociative disorder units have closed down, and *Dissociation*, the main journal in this field, ceased publication in 1998. Some prominent DID therapists have been successfully sued by patients who felt that they had been harmed rather than helped by their lengthy and often very expensive therapy (Piper and Merskey 2004). However, belief remains remarkably robust in some quarters and it has been exported from North America. Despite having been sued, Ross continues to promote

the ‘trauma model’ of DID worldwide through The Timberlawn Trauma Institute website. There are even plans to remake the film of the book which started it all (Hollywood Reporter). Thus a new version of ‘Sybil’ will be able, once again, to fascinate audiences with its portrayal of multiple personalities, and to tell them that these are definite signs of severe child abuse. It is unlikely that it will point out the dangers of undergoing hypnosis during prolonged and intensive therapy, but that is really what the story of Sybil is all about.

There are still many enthusiastic promoters of treatment throughout the world, and because the notion of DID as a serious illness *and* an indicator of severe child abuse has been around for almost 30 years, it has stealthily acquired credibility. Familiarity can breed acceptance. When we turn to the internet, a trawl through the first 50 of Google’s DID references reveals several trenchant critiques. However, these are outnumbered by the many sites offering support to anyone who might unknowingly be suffering from DID or, more vaguely, ‘a dissociative disorder’. The Sidran Institute, whose aims include: “promoting trauma related advocacy and informing the public” tells us that the dissociative disorders are ‘one of the major health problems today’ and gives a list of 11 possible symptoms. These turn out to include the most common expressions of distress, such as depression, sleep disorders, panic attacks and alcohol and drug misuse. A similar range of symptoms, 13 this time, is provided by Wikipedia. The prevalence of DID is usually given as 1% of the population, but ‘previously undiagnosed’ DID is said to be several times more common among psychiatric patients. Recommended treatments usually include hypnosis (The Merck manual; Wikipedia; Sidran Institute).

There has never been a shortage of people sceptical about many of the manifestations of multiple personality, and ready to point out how readily it can be induced in imaginative and vulnerable individuals. Sceptics may have little impact on the true believers, but it is important that their voices are heard. Dissociative identity disorder is a condition in which the nightmare world of the therapist, in which almost any psychological symptom may be the result of suppressed childhood sexual abuse, is projected onto the hapless patient. The diagnosis of DID can have devastating effects on the patient: robbing her of the childhood she previously thought she had experienced, alienating her from her family and encouraging long term dependence on therapy. Dissociative identity disorder is the perfect medium for false memories because it owes its very existence to them.

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Carolyn is still up and running!

Despite having spent last year 'running the country' I have not retired in search of a quiet corner in which to put my feet up but have gone in search of my 8th marathon instead! The date is 17 Sept 2006, the location is the New Forest (apparently one of, if not the most, scenic routes) and sponsorship is extremely welcome! Details should be available on www.lggf.co.uk as soon as I've updated it.

Carolyn Asher

The winning ''T' shirt slogan

MEMBERS' FORUM

Think twice before making this journey

Our attention has recently been drawn to the impact of best-selling author Brandon Bay's therapeutic work. This includes publication of her book *The Journey* which has since developed into a burgeoning world-wide industry of teaching 'mind-healing techniques' through conferences, seminars and teaching in schools.

To quote Dr Sarah Brewer (Daily Telegraph, 2001) "The technique known as *The Journey* has been developed by Brandon Bays to access harmful, stored memories. While you are relaxed, with eyes closed, the therapist takes you on either an emotional or a physical journey to find and neutralise harmful memories. The physical journey is a guided visualisation through your body in which your inner awareness takes you to where a 'cell memory' is causing problems. Once there, the memory is replayed using new resources to which you did not previously have access, and you can visualise that part of your body being healed. In an emotional journey, you are guided through several layers of powerful emotions to find an inner place of calm and spiritual awareness known as the 'source'. When guided back through the emotional layers, you have the opportunity to address outstanding issues with one or more people from your past. Having recently attended a Journey weekend, I can confirm that it is an exceptionally powerful healing technique which you should find rewarding."

Brandon Bays was diagnosed with a uterine tumour at age 39; doctors advised surgery but having spent 20 years in the mind/body healing field she decided to put her healing theory to the test. Allegedly, less than seven weeks after the diagnosis, she was pronounced clear of the tumour without surgery or drugs. The type of tumour has remained vague – we have no indication that it was malignant. Yet she works worldwide with cancer patients. Caron Keating, the striking daughter of Gloria Hunniford was one of them. Her story is told by her mother in *Close to You*, (pub. Penguin 2005) but in her case the miraculous cure was not to be.

Undoubtedly, it must remain a matter of personal choice as to how one deals with a terminal diagnosis. What is concerning though is for

anyone vulnerable and seeking answers to believe unquestionably in the Bays process of unblocking memories. There is a high risk of false memories. Ms Bays claims that within her tumour was an old unresolved memory of childhood abuse that she was sure she had already dealt with. Once resolution and forgiveness had been reached and the lesson the tumour had been sent to teach her had been learned, her body went about the natural process of healing on its own.

Brandon Bays has written a new book Freedom Is, and the following is a personal account from two people who attended a 'Freedom Is' seminar in Dublin.

***Freedom Is* held on 6 July 2006, 7pm–10pm**

We attended the seminar to see for ourselves the workings of the Brandon Bays empire.

On entering the foyer of the hotel I noticed a large crowd waiting to gain admittance and was immediately struck by the atmosphere and the palpable air of excitement all around us. Most of those attending had pre-paid tickets, and despite the fact that we were informed over the phone that it was booked out, we managed to obtain two tickets without any bother. A flurry of helpers were organising the crowd and requesting everyone to fill out personal details on a questionnaire. I asked the reason for this and was told that it was requested - no explanation was offered.

She stated that already there were five practitioners operating in Ireland carrying on training programmes in the "Spiritual Journey".

The conference hall where the meeting was held seated over 500 people. Taped Indian music was playing and three camera crews were operating at the back of the hall making a video and, as we found out later, also relaying the seminar to another room. A lady from Bray, Co. Wicklow introduced Brandon Bays and informed us that the response to the seminar was 'huge' and likewise the response to her book *The Journey* was 'huge' in Ireland.

Brandon Bays, a formidable figure dressed in purple, entered the stage to rapturous applause. She told us she had been invited to come to Ireland to give this seminar. She made lots of complimentary remarks about Ireland, and said that coming from New York she felt half Irish (she mentioned some Irish connections). She stated that already there were five practitioners operating in Ireland carrying on training programmes in the 'Spiritual Journey'. She asked for a show of hands of how many had read her book, *The Journey*, and went on to talk about her latest book *Freedom Is* which, she reminded us, was on sale in the foyer plus CDs. Ms Bays reiterated the 'huge' response to all of her books and went on to explain how *The Journey* was in essence a truly 'Spiritual Journey' to recovering.

She elaborated on "how our emotions can cause blockages in our cells and that the blockages could bring on serious illness, both mental and physical. When we learn to control our emotions and unblock the cells we are on the road to recovery". She stated there was scientific evidence to prove this, but she was not forthcoming with that evidence. She also made the point that "arrogance is dangerous" and invited us to be humble and come with open hearts. I concluded from this that she did not want her authority challenged. At this point she asked us to stand up behind each other, massage each others back, scratch each others scalp and finally tapping and pummelling each other on the shoulders. I considered this very invasive with complete strangers. Such was the mood of the crowd, however, it caused much laughter and everyone obliged.

Then she related several anecdotal accounts about her work abroad in Australia, New Zealand, South Africa and Germany. The common factor Bays discovered was collective national guilt over historical injustices, such as the Holocaust. In each case she was brought in to help them cope, by taking them on 'The Journey'. Her books, she claims, are used in 132 schools in South Africa. She repeated that suppressing our emotions causes blockages and when you feel your emotions open up it releases hope and forgiveness. She said her great blessing is to pass this on and helping others to clear up blocked lines and 'shut downs'. Training in 'Journey' work opens up possibilities for healing. You need to invest in your own 'spiritual growth' to promote the power of healing. She asked what is 'The Journey' and by way of answer she talked about our potential when we are born and referred to several crushing experiences that could occur during our formative years that cause us to 'shut down'. She went on to explain "we present a polished veneer to the world – but we have to

give ourselves permission to crack through the layers and rid ourselves of all the bull…. finally breaking through to the root layer".

At this stage we were told to close our eyes and were then taken on a second guided meditation. We were told to drop our protective armour and become aware of any tensions within our bodies, and let them go. This session was longer than the first one.

We were then introduced to her new book *Freedom Is.* Bays went on to elaborate on the concept of freedom. "Freedom is freedom from struggle – the more you struggle the worse the problem gets – resulting in a drowning situation". She continued with a graphic description of literally drowning. All the above was acted out in dramatic fashion with big arm gestures and carefully modulated voice; all very effective and having the desired result on the audience.

Another guided meditation followed – eyes closed - emphasis on lightness of body and mind, deep breathing - very subdued voice. This was the longest meditation and time filler. The audience completely went along with the suggestions, without a single dissenting murmur. They were mostly female in their 30s, 40s and to a lesser extent 50s with just a sprinkling of males, about a dozen in an audience of approximately 500 people.

I am sorry to say that we left at this point which was about an hour and a half into the seminar. At this stage it appears that the audience were primed for her coming weekend session in Dublin and London in early September. There were many promises of what could be done "if only you follow the Journey" that was on offer, buy her books and sign up for the weekend seminars.

The presentation was dramatically set against a background curtain of glowing yellow lit from the back. Brandon Bays was dressed in vivid purple robes from head to foot, long skirt, long flowing sleeves (just like a spiritual icon) and long white hair. Everything about the presentation was staged for maximum effect and she certainly had the crowd with her all the way. It was a great lesson in marketing strategy and crowd control. She had a converted audience right from the start - she was a winner.

Before leaving I had a look at what was on sale in the foyer. The books were priced at €17 and €22 each. They were slim volumes with large print. A quick glance through the pages gave me the impression that I had seen it all before, in other self help books for which there is an enormous market, especially in Ireland. I could not bring myself to buy one. As we were leaving we were followed out and carefully watched and asked if we were leaving. A certain disquiet set in when we said we were not returning to the seminar. We felt as if we were looked upon with suspicion as we made a hasty retreat.

The meeting was a highly sophisticated and polished affair.

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Is it time to let go?

I would like to share something that I feel is relevant to all of us who find ourselves cut off from an accusing loved one. I have four daughters and a son. My daughter by my second wife chose, some five years ago, to side with her two half sisters, who had been my stepdaughters during my marriage to their mother. The false accusations brought against me by my stepdaughters related to supposed incidents some 30 years previously. It was my daughter's choice to support her sisters even though the alleged incidents would have taken place several years before she was even born. The important word here, as far as I am concerned, is choice. My daughter chose to give evidence against me, based entirely on hearsay. Hearsay that was entirely fictitious and which she had no means of verifying. I chose to respect her choice and from that moment on allowed her to walk her path without me. Neither my current wife nor any of my other children, friends or relatives, have had any contact with this particular daughter since - and nor will we. This is not out of anger, spite or any other emotion. We have just "let her go". It is as if she had decided to live in a remote part of Africa, where all forms of communication are permanently unavailable. I do not feel sad or unhappy and this particular daughter seldom, if ever, enters my mind. When people ask me about my children, I tell them that I have a son and *three* daughters, not four. It is as if she never existed.

I chose to respect her choice and from that moment on allowed her to walk her path without me.

Were I to dwell on the situation this daughter and my stepdaughters created - if I were to try to get in touch with them, there would be no chance for healing, forgiving or forgetting on either side of the fence. I remember so well E. M. Forster's off-quoted phrase from his novel 'The Go-Between': *"The past is another country - they do things differently there!"*

By remaining attached to a past hurt, the present is constantly re-wounded and the future spoilt. Many years ago a friend gave me the benefit of an excellent piece of Hindu wisdom: "*If you do not think about a misfortune for five years, it becomes a blessing".*

Well, for me the apparent misfortune was five years ago and I have long since ceased to think of it. Of course we must do all in our power to support those falsely accused; but for those mercifully at liberty, the way forward must surely be to recognise that all humans walk their own individual path. I happen to believe that it is not given to us to know why some choose the path they do and it may seem a difficult task to let a loved one go - yet, the more we reach out to one who does not wish to be reached, the more we exacerbate the critical situation. Only when we let someone truly **'**go**'** is there room created in our heart for them to truly develop. My daughter is free to walk her own path, just as she chooses, and I wish her well. When she was first learning to walk, I had to let go of her hand and let her fall over - that way she learned to walk. If I had continually clutched this daughter's memory to me, in a perpetual state of mental mourning, I think my other children would have suffered, so I'm really glad I let her go.

I hope you are open to my sharing the foregoing with you and perhaps, in some small way, it may help you to get things into perspective. I wish you all the peace and health and happiness that you so truly deserve.

(Name and address supplied)

AGM 2006
DVDs now available

If you missed our AGM this year you may be pleased to know that we have DVDs of the talks available to purchase.

If you are interested please contact Donna on 01225 868682. Price £6 inc. p&p.

NEWS FORUM

Cornwall Library service recommends *The Courage to Heal*

Despite being described in the House of Commons by MP Claire Curtis-Thomas, Chair of the All-Party Parliamentary Group on abuse investigations, as "one of the most dangerous self-help books ever written" the infamous book, *The Courage to Heal* continues to find people and organisations prepared to recommend it to the unsuspecting reader.

The latest to be seduced by its plausible yet unfounded theories is the Cornwall Library service which has included it in its leaflet "Books on Prescription" intended to direct the reader to self-help books for 21 conditions ranging from 'anger' to 'worry'. While most of the books it recommends offer advice that, no doubt, may be of genuine help, or at least contains no hidden risks, the reference to *The Courage to Heal* under the heading "Child Sexual Abuse (Adult Survivors)" should come with a warning that it may damage the health not only of the reader but also of his or her family or other innocents.

The library service's attention has been drawn to the dangers of vesting its authority in the book's message, further described by Claire Curtis-Thomas as follows: "Its authors encourage readers to search their memories for dark and shameful episodes of sexual abuse which, they are told, may have been completely hidden by repression". Another critic, GP and medical writer, Dr James Le Fanu, condemned the book in an article in the Daily Telegraph with the words, "its insights include the claim that 'if you think you were abused, and your life shows the symptoms, then you were'. It also encourages so-called survivors of recovered memory syndrome to engage in 'pleasurable fantasies of murder and castration against those who have hurt them so terribly' (I kid you not)".

The library service has also been informed of the concerns expressed by an eminent group of psychiatrists and fellow professionals about the support given by the Scottish Executive to the booklet, "Can of Worms – Yes You Can! – Working with Survivors of Childhood Sexual Abuse," which includes *The Courage to Heal* in its reading list (see BFMS website 1 Feb 2006). In response, the Scottish Executive appears to have suspended distribution of *Can of Worms*

and has set up a working party to assess what changes are required (see Letters).

It is understood that "Books on Prescription" is expected to become a nationwide service. It began in Wales and, apart from Cornwall, has also been adopted in Plymouth, although other library services may have already decided to participate.

In addition to *The Courage to Heal*, the service also recommends *Breaking Free* by C. Ainscough and K. Toon which, as Mark Pendergrast pointed out, "has had an impact nearly equivalent to *The Courage to Heal*, with all of the same assumptions about repressed memories and the like. "Memories and feelings may come back through dreams and flashbacks or surface unexpectedly. …many mental health problems such as anxiety, depression, phobias, sexual problems, eating disorders, drug addiction and tension can be the result of buried feelings and memories about the sexual abuse." (*Breaking Free,* Ainscough C. and Toon K, Insight, 1996 pp 87-88)

In the same way that *The Courage to Heal* is accompanied by a workbook, Ainscough and Toon published the *Breaking Free Workbook* in 2000. In it they state, "There are many different strategies that can be used to block out memories and feelings…. Dissociation is a strategy that many survivors use as children and as adults….They separate part of themselves off from what is happening…. Survivors often cope with their childhood abuse by burying their painful memories". Much emphasis is placed on 'unprocessed' and 'blocked out' memories but without any reference to research or support for the concept of 'false memory'. There is however a warning that if the person has no memories of abuse but they have the symptoms, then they should seek out a therapist rather than using the workbook.

A good therapist ought to be able to save a client with no memories from the inevitable downward spiral of false beliefs whereas relying on self-help survivor literature should carry a health warning.

D i a r y D a t e

AGM 2007

Saturday 17th March 2007 in London

BOOK REVIEW

Taking Stock

Shouldn't I be feeling Better By Now? Client Views of Therapy, Ed. Yvonne Bates, New York: Palgrave Macmillan; 2006.

This book consists of clients' descriptions of negative experiences of psychotherapy whilst at the same time acknowledging that two thirds of clients report a positive experience. It is long-term psychotherapy and counselling that takes the brunt of complaints but it is clear that it is time for the profession to take stock and to consider the negative consequences of psychotherapy. Failure to do so can be extremely damaging to some clients. This book should be read by clinicians and both potential and existing clients.

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LETTERS

Advisors open "Can of Worms"

Challenging a new pamphlet which received the backing of the Scottish Executive, BFMS Advisors wrote to the Executive's Director of the National Programme for Improving Mental Health and Well-being, Gregor Henderson.

Dear Mr Henderson,

Re: Can of Worms: Yes, You Can! Working with Survivors of Childhood Sexual Abuse

The new publication *A Can of Worms: Yes, You Can! Working with Survivors of Childhood Sexual Abuse* (http://www.scotland.gov.uk/News/Releases/2005/12/07104640) - hereafter *Can of Worms,* has come to our attention. As a group of professionals, both academic and clinical, we are extremely concerned with the document which, although written in a lively and accessible style, contains many inaccuracies and does not seem to draw on any of the relevant psychological scientific literature. We appreciate, and indeed are sympathetic with, the aims of this publication and recognise that there is a great need for accessible information for those working in this difficult and sensitive area. However, events in the last 15-20 years in both the UK and North America have served to illustrate the very real

dangers of not taking a measured and evidence-based approach toward determining the best way of helping and supporting survivors of childhood sexual abuse. In North America it has led to accusations of malpractice, professional incompetence and large and costly lawsuits (leading in some cases to awards of millions of dollars) both from patients who felt that they were not dealt with in an appropriate manner as well as from third parties who were able to claim that they had been adversely affected by poorly conducted therapy. It is our collective professional experience and knowledge of such events that gives us anxiety and compels us to write to you. We feel strongly that the lack of academic content in, as well as the general tone of, the *Can of Worms* document may, in some cases, serve to harm the very people it is intended to help. We will deal with some specific issues, but first will explain in general terms why this booklet causes us anxiety.

...this document demonstrates an almost total lack of awareness of the necessary information and relevant literature.

The key issue here is that it appears to draw on virtually none of the relevant psychological literature. When comments are made to known psychological phenomena (such as amnesia for childhood events) it is done in such a way that suggests that the authors of the report are out of touch with the literature. Some of the errors, and the surprisingly selective quoting of research, therefore lead an informed reader to wonder whether the authors are indeed simply insufficiently qualified to write in this field, or whether perhaps they have an 'agenda'. A glance at the suggested reading list inclines one to the latter view, since it contains a number of 'self-help' books that have been widely condemned, on both sides of the Atlantic, in both legal and scientific circles, for their damaging role in cases of so-called 'recovered memory.' The pseudo-science in such self-help books has been thoroughly discredited by high quality research, lucidly described by Harvard Professor of Clinical Psychology, Richard McNally in his book *Remembering Trauma*, published in 2003. More recent has been the publication in 2005 of *The Science of False Memory* by C.J. Brainerd and V.F. Reyna, which has a chapter summarising the harmful consequences of certain counselling and therapeutic beliefs and practices that flow from the theory of repression and memory recovery. It is extremely worrying to us that a document such as *Can of Worms* which does not appear to draw on any of this relevant, high quality and accessible psychological literature could be presented as an adequate guide for front-line staff working in this area.

It is beyond all doubt that leading a person to believe they were the victim of past trauma can have a devastating impact, both upon that person and also upon their family. We appreciate that *Can of Worms* does not overtly at any stage advocate trying to help people 'recover' things for which they have no memory. However, it does much that is almost as bad; we will mention two examples here. First, it offers a reading list containing books that do indeed suggest to the reader that they try to 'recover' memories of abuse. Second, it lists symptoms that are supposed to be indicative of having been sexually abused (see our comments below concerning this error), and suggests styles of questioning that might elicit a confession of such past events from the client. At the very least, this has the risk of getting a client wondering whether it ever happened to them. It is known that from such wonderings false beliefs can form. Overall, *Can of Worms* can easily be interpreted as conveying the message: *"Your client may well have been sexually abused without realizing it; you would do well to get them to talk about this, helping them to remember it if necessary".*

[Ed Note: the letter continues for several more pages with detailed comments on specific aspects of the publication with numerous page references; full references to all quoted research are also given. However since, as far as I know, the publication can no longer be viewed on the Scottish Executive website and with considerations of space, we are unable to reproduce the whole letter here.] It continues:

The preceding seven points list our more significant reasons to take issue with *Can of Worms*. As stated at the outset of our letter, we agree that some kind of guidance is needed for front-line workers about these sensitive and difficult issues as we are, of course, aware that such front-line workers will not have the time or resources to research the relevant literature themselves. However, far from serving the intended purpose of filling an information gap, this document demonstrates an almost total lack of awareness of the necessary information and relevant literature. Consequently, it is, at best, a long way from fulfilling its stated aims of providing "good practice guidelines for working with male and

female survivors" (p. v). At worst it is propagating pseudo-scientific and widely discredited beliefs about the effects of childhood sexual abuse.

An allegation of historical abuse is a diagnostic challenge and requires a diagnosis before any treatment. None would disagree with the need for sensitivity, empathy, and respect for the patient, but undue credulity does considerable disservice to the patient, quite apart from the harm done to associated people and to scientific enquiry. It is as damaging to treat someone for abuse that has *not* happened, as it is to ignore or minimise the experience of someone who *has* been abused. It often requires skilled diagnosis and detailed historic evidence to tell the difference.

If the guidance set out in this booklet is followed, then many vulnerable people could be damaged. Those with a psychotic illness risk having their treatment suspended or diverted, to the detriment of their mental health, while the reader of the document embarks upon a search for past trauma. Some people who have not been sexually abused, but who have the 'symptoms', will be led into a false belief that they were, and may experience false memories; their mental health will also be severely damaged. Some front-line workers are likely to get rapidly out of their depth. They are liable to be caught up in a collusive belief system that can even lead to a 'folie à deux' or shared delusion, in which the client uses the therapist's implications to develop 'memories', then the therapist believes the resulting story and assists in its further embellishment. Even those who have genuinely been abused may be made worse through over long therapy that focuses on their feelings but does not develop coping strategies.

In summary, the advice offered in *Can of Worms* harks back in its style and content more than a decade, to the start of the "Memory Wars". If those last ten years have taught us anything it is that a reliance on poor science, limited data and self-help books does nothing but harm those that it seeks to help.

We urge you to consider withdrawing, or substantially rewriting this booklet. We respectfully request a meeting to discuss the issues contained in this letter. Yours sincerely,

Dr James Ost
Dr. Janet Boakes
Mrs Madeline Greenhalgh
Dr Peter Naish
Gavin E. Oxburgh
Professor Larry Weiskrantz

The Response

Mr Henderson has replied stating that the Deputy Minister for Health and Community Care has asked that a working group be formed to consider the *Can of Worms* booklet in the light of comments that have been made.

***

LEGAL FORUM

Retractor's long haul

The case of Katrina Fairlie *v* Tayside Health Trust, was supposed to go to the Court of Session in Edinburgh in March 2006 for a Day of Debate. In Scotland this is a day of legal argument to determine whether or not there is merit in allowing a case to go to proof.

This date was fixed in March 2005, when the Day of Debate had to be postponed at the last minute because of a mistake in the legal papers presented to the Court. A few days before the hearing in March 2006, the Health Trust's legal team decided they would dispense with the Day of Debate and go straight to Proof. This meant that Katrina's case could not be struck out and, either the case would be heard in court or an offer would be made.

Katrina has been told it may be some time in 2007 before the case will be heard because of the complications of getting all sides to agree on a date. If this case is postponed until 2007, it will be eleven years since the legal action was started and thirteen years since Katrina was first admitted to hospital with abdominal pains. The person who said that any connection between the law and justice is purely accidental, had a point.

***

High Court hearing delayed

Paediatrician, Dr Camille De San Lazaro faced a General Medical Council Fitness to Practice hearing in April 2005. A number of the charges against her were admitted and found proven and the Council ruled that her work was "inappropriate, irresponsible and unprofessional" yet her conduct was deemed not serious enough for a finding of serious professional misconduct. This outcome was deemed less than satisfactory

by the Council for Healthcare Regulatory Excellence (CHRE) who decided in June 2005 to refer the GMC decision to the High Court, under Section 29 of the National Health Service Reform and Health Care Professions Act 2002. Since that time the appeal date has been postponed twice without explanation. Currently the CHRE are waiting for a new date to be set by the High Court.

Our deduction that the delay is linked to the GMC being granted leave to appeal to the House of Lords has been confirmed by the CHRE. This follows the ruling by Mr Justice Collins, in February of this year, that Sir Roy Meadow's appeal against the GMC decision that he be struck off the medical register, be granted.

The GMC appeal will not affect Sir Roy Meadow's position but it will focus on the GMC's ability to consider similar cases in the future. Attorney General Lord Peter Goldsmith, who supports the GMC's right to take disciplinary action in such cases said, "I think that the decision is wrong in principle. I think the public does deserve a degree of protection from people who go to extremes and go beyond their field of expertise, or give views which are not properly supported…. I think this is a very important point of public interest principle".

The GMC appeal began this July. The judgment is awaited.

***

Abuse of the CRB Checking System

by a friend of an accused person

The principle of Criminal Records Bureau (CRB) checking, introduced several years ago, is basically a good one. No responsible person would want someone to work with children if, by so doing, it put a child at significant risk. However, there appears to be large-scale abuse and misunderstanding of the CRB system that, quite simply, cannot be allowed to continue in a modern, democratic and fair society.

CRB checks are basically an opportunity for a potential employer to find out a person's background in order to assess whether they are suitable for a particular job. Article 8 of the Human Rights act would normally prevent this on the grounds that it interferes with a person's right to privacy. However, this right is waived in certain circumstances, for example where it is deemed necessary in order to protect children. The problem arises because many CRB Registered Bodies appear to be ignoring their own code of practice on this issue.

Essentially, Standard CRB checks can only be carried out for jobs listed as exceptions under the Rehabilitation of Offenders Act 1976. Enhanced checks can only be carried out for any job that, in addition, has normal duties that involve significant contact with children. It is these Enhanced checks that cause problems for people who have had false allegations made against them.

Some years ago a friend of mine was falsely accused of abusing someone 18 years earlier, with the usual police and Social Services investigations to follow. His accuser had a history of mental illness and had undergone much therapy. Nothing new there I would suggest! The problem arose because these false allegations showed up on his Enhanced CRB Disclosure. Although he has absolutely no criminal convictions, warnings or dropped charges against him, his Enhanced CRB Disclosure gives full details of what was 'alleged' to have happened 20 years ago.

This is bad enough, but what is even worse is the insistence on Enhanced Checks when they are not necessary, nor indeed legally allowed. To obtain an Enhanced Check, an employer or CRB 'Umbrella Body' has to state what 'exempt category' the job is, quoting from a list, and state that the job involves working with children. This statement is then signed by a senior person, with an acknowledgment that 'to knowingly make a false statement is a criminal offence'. In the past six months my friend has had Enhanced Checks sought from three organisations, in each case for administrative, office-based jobs that do not involve working with children.

In the first case, relating to an administrative post in a church, his Bishop wrote that Enhanced Checks were the 'default position' in the area. Soon after, the Child Protection Officer of a large charity, justifying her reasons for seeking an Enhanced Check for an office job at a festival held in a holiday camp, said that her organisation was planning to insist on Enhanced Checks for all their staff from next year. The worst example of discrimination came next:

The Director of Education in a nearby Local Authority wrote to my friend. Social Services had told him about the false allegations. He said that

he had just learned that my friend was working for (and he named his employer) and said he was asking permission from my friend so that he could disclose about the false allegations and also recommend that they seek an Enhanced CRB check. The Director finished his letter by saying that my friend had one week to agree and, if he did not, he would tell his employer anyway. My friend's current job does not involve working with any children or vulnerable adults and is not eligible for any level of CRB check, let alone an Enhanced one.

The above cases have been reported to various authorities and are currently being investigated. However, this abuse of the Human Rights of innocent people should not be allowed to continue. I would be interested to hear from anyone who knows of similar occurrences. Please contact me via BFMS. It may be that joint action may be possible to prevent many thousands of other people's lives from being blighted by this discriminatory and unfair behaviour. I would be happy to co-ordinate such a joint approach on behalf of those affected.

***

'Repressed Memory' Challenge

by Harrison G. Pope, Jr. and James I. Hudson

$1000 reward *to anyone who can produce a published case of 'repressed memory' (in fiction or non-fiction) prior to 1800*

Our research suggests that the concept of 'repressed memory' or 'dissociative amnesia' might simply be a romantic notion dating from the 1800s, rather than a scientifically valid phenomenon. To test this hypothesis, we are offering a reward of $1000 to the first person who can find a description of 'repressed memory' in any written work, either non-fiction or fiction (novels, poems, dramas, epics, the Bible, essays, medical treatises, or any other sources), in English or in any work that has been translated into English, prior to 1800. We would argue that if 'repressed memory' were a genuine natural phenomenon that has always affected people, then someone, somewhere, in the thousands of years prior to 1800, would have witnessed it and portrayed it in a non-fictional work or in a fictional character.

To qualify as a *bona fide* case, the individual described in the work must: 1) experience a severe trauma (abuse, sexual assault, a near-death experience, etc.); and 2) develop amnesia for that trauma for months or years afterwards (i.e. be clearly *unable* to remember the traumatic event as opposed to merely denying or avoiding the thought); where 3) the amnesia cannot be explained by biological factors, such as a) early childhood amnesia, in which the individual was under age five at the time of the trauma, or b) neurological impairment due to head injury, drug or alcohol intoxication, or biological diseases. Also, the individual must 4) 'recover' the lost memory at some later time, even though the individual had previously been unable to access the memory. Finally, 5) note that the individual must selectively forget a *traumatic* event; amnesia for an entire period of time, or amnesia for non-traumatic events does not qualify.

There are numerous examples of 'repressed memory' in fiction and non-fiction *after* 1800. A literary example that fulfils all of the above criteria is Penn, in Rudyard Kipling's 1896 novel, *Captains Courageous*, who develops complete amnesia for having lost his entire family in a tragic flood. He later goes to work as a fisherman on a Grand Banks schooner. On one occasion, after a tragic collision between an ocean liner and another schooner at sea, Penn suddenly recovers his lost memory of the flood and the death of his family and recounts the story to other members of the crew.

At present, we have been unable to find any cases of 'repressed memory' meeting the above criteria, in any work prior to 1800. We offer a prize of $1000 to the first person who can do so. Please contact us with any questions or candidate cases at harrisonpope@mclean.harvard.edu The first successful respondent, if any, will receive a check for $1000 from the Biological Psychiatry Laboratory, and the successful case will be posted on this website. In the event of any dispute (i.e., a respondent who disagrees with us as to whether a case meets the above 5 criteria), Scott Lukas, Ph.D., Professor of Psychiatry (Pharmacology) at Harvard Medical School, has agreed to arbitrate. Dr. Lukas has no involvement in the debate surrounding 'repressed memory' and has never published in this area; thus he represents an impartial arbitrator. We have agreed to abide by Dr. Lukas' decision in the case of any dispute.

Harrison G. Pope, Jr., M.D., M.P.H.
James I. Hudson, M.D., Sc.D.
Directors, Biological Psychiatry Laboratory
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Overseas False Memory Societies

Please feel free to write or phone if you have relatives in these countries who would like to receive local information. The American, Australian and New Zealand groups all produce newsletters.

AUSTRALIA
AFMA Inc.
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Email: bfms@bfms.org.uk
Website: www.bfms.org.uk
Registered Charity Number: 1040683

Management and Administration
Madeline Greenhalgh, *Director*
Roger Scotford, *Consultant*
Donna Kelly, *Administrator*

Examples of special focus in a sentence, how to use it. 18 examples: A new project cycle is beginning this year, and special focus will be placed on verbal semantics. - The above case is the default situation, where no word carries special focus or emphasis.Â A new project cycle is beginning this year, and special focus will be placed on verbal semantics. De Cambridge English Corpus. The above case is the default situation, where no word carries special focus or emphasis. De Cambridge English Corpus. 2. special focus: measuring leisure in OECD countries. What activities mainly make up personal care? The primary component of personal care across all countries is in fact sleep.Â Society at a glance 2009: OECD social indicators â€“ ISBN 978-92-64-04938-3 â€“ Â© OECD 2009. 27. 2. special focus: measuring leisure in OECD countries. Figure 2.4. A broader definition of leisure raises leisure time and changes country rankings. Focus (optics) â€” An image that is partially in focus, but mostly out of focus in varying degrees.Â Wikipedia. Special education in the United States â€” Special education programs in the United States were made mandatory in 1975 when the United States Congress passed the Education for All Handicapped Children Act (EHA) in response to discriminatory treatment by public educational agencies against â€¦ Wikipedia. Focus on the Family â€” Abbreviation FOTF Motto Helping Families Thrive Formation 1977 â€¦ Wikipedia.