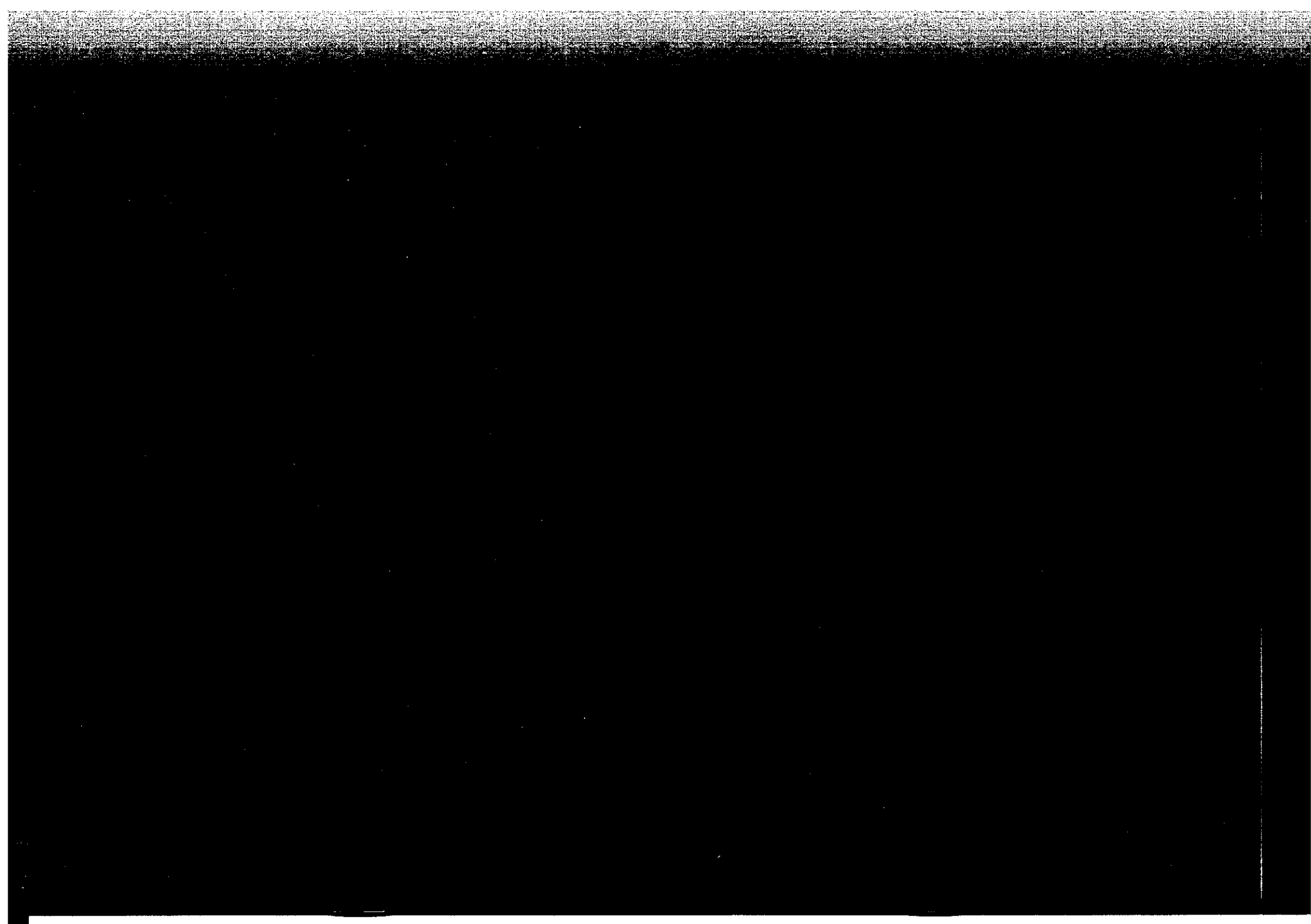




Recovered Memories

*The report of the Working Party of
The British Psychological Society*

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Executive summary

The working party was charged with reporting on the scientific evidence relevant to the current debate concerning Recovered Memories of Trauma and with commenting on the issues surrounding this topic. We have reviewed the scientific literature, carried out a survey of relevant members of The British Psychological Society, and scrutinised the records of the British False Memory Society. On this basis we came to the following conclusions:

- Complete or partial memory loss is a frequently reported consequence of experiencing certain kinds of psychological traumas including childhood sexual abuse. These memories are sometimes fully or partially recovered after a gap of many years.
- Memories may be recovered within or independent of therapy. Memory recovery is reported by highly experienced and well qualified therapists who are well aware of the dangers of inappropriate suggestion and interpretation.
- In general, the clarity and detail of event memories depends on a number of factors, including the age at which the event occurred. Although clear memories are likely to be broadly accurate, they may contain significant errors. It seems likely that recovered memories have the same properties.
- Sustained pressure or persuasion by an authority figure could lead to the retrieval or elaboration of 'memories' of events that never actually happened. The possibility of therapists creating in their clients false memories of having been sexually abused in childhood warrants careful consideration, and guidelines for therapists are suggested here to minimize the risk of this happening. There is no reliable evidence at present that this is a widespread phenomenon in the UK.
- In a recent review of the literature on recovered memories, Lindsay and Read commented that "the ground for debate has shifted from the question of the possibility of therapy-induced false beliefs to the question of the prevalence of therapy-induced false beliefs". We agree with this comment but add to it that the ground for debate has also shifted from the question of the possibility of recovery of memory from total amnesia to the question of the prevalence of recovery of memory from total amnesia.

1.0 Introduction

This report sets out to investigate the scientific evidence surrounding the phenomenon of *recovered memories*¹: where adults come to report memories of childhood events, having previously been in a state of total amnesia for those events. The members of the Working Party started their deliberations from a variety of standpoints. In the process of writing the report, we achieved consensus.

The cases which have evoked most public interest are those where the memories are recovered by clients in therapy, and those memories are of extended, traumatic sexual abuse. The amnesia could take the form that at the start of therapy, when the clients were giving their life history, they would not be aware of having been abused as a child.

The client would report not having had such a memory for some period of time previously, usually several years. One claim is that such memories bear a reasonable approximation to the historical truth. The counter claim is that amnesia and memory recovery of this kind are impossible and that the memories are manufactured in therapy.

Our first aim is to consider the scientific information that is relevant to the question of recovered memories of child sexual abuse. Our second aim is that of providing guidelines for clinical practice in the light of such information.

We do not question the existence of child sexual abuse (CSA) as a serious social and individual problem with long lasting effects. Very large numbers of children, boys and girls, have been and are being sexually abused, many of them by their parents. Estimates of frequency in the adult population vary with the sample and the definition of abuse. The minimum rate for women, reported in representative community samples, is 6 per cent for Child Sexual Abuse involving physical contact, but some estimates are several times larger. We are not directly concerned here with children who come forward to tell, or with adults who have known about abuse all their lives and only recently felt able to tell.

In some cases of public interest, the memories are reported in the course of therapy which employs *memory recovery techniques*² and the accused parents have denied the accusations. In the USA, an

¹ the term *recovered memories* should not be taken to imply that the content necessarily refers to actual events, as would be required by usages of the term memory whereby, as a matter of definition, one cannot 'remember' what never occurred. Our options are to place 'memory', 'remember' and other terms in scare quotes or to use some extended phrase such as "reported recovered memories". We have preferred to use memory unadorned in an unrestrictive sense.

² *memory recovery techniques* include: hypnosis, especially hypnotic regression, in which the hypnotised client is asked to imagine himself as a child; journaling, where the client keeps a journal to prompt and record recollections of the past; guided imagery; guided meditation; use of so-called truth drugs.

organisation called the False Memory Syndrome Foundation was formed in 1992 as a parents' support group. In the UK, an equivalent organisation, Adult Children Accusing Parents (ACAP), was formed in 1993; this was renamed the British False Memory Society. The position of the parents' associations is that the recovered memories have been implanted by therapists who believe that a wide variety of psychological problems - depression, eating disorders, sexual dysfunction, low self esteem or difficulty maintaining a relationship, suicidal or self-destructive thoughts - invariably indicate sexual abuse in childhood.

In the USA, one problem is that a therapist is legally required to report any allegation of sexual abuse, however long ago, however tentative, whether they believe the allegation or not. Professionals not reporting such information are liable to criminal prosecution. This leads to the early involvement of the criminal justice system.

As a consequence, the structure of the public debate, particularly in the USA, has led to people taking extreme positions. One such extreme position is to argue that recovered memories are in principle impossible, and that therefore those of the particular accuser must be impossible. Equally, attacks on the principle of repression, adduced by some to be the major mechanism in amnesia prior to recovered memories, are carried out to invalidate the explanation and turn all recovered memories into false ones. A further extreme argument is to say that if some recovered memories are unbelievable, then all must be. Examples given include that of focusing on clear recovered memories of being transported to past lives or to alien space ships or recovering memories of having been abused in the first year of life or even in the womb. Next, quotations are taken from one side of the debate and treated as though they were typical of all statements from that side. Thus the following quotation from a leading survivors' text, which most people would see as illogical and inflammatory is used against the whole survivors' movement.

"If you think you were abused and your life shows the symptoms, then you were"
(Bass & Davies, 1988, p.22).

On the other hand, some therapists and many members of the survivors' movement believe that the discovery that some recovered memories can be substantiated means that all recovered memories could be substantiated. Further, the claims that a proportion of known survivors of CSA suffer from particular ailments (e.g. depression, eating disorders) has led to the claim that all people suffering from these disorders must have suffered CSA, whether they remember it or not. The allegation that the FMS Foundation or the British FM Society could possibly function as a refuge for perpetrators who joined the society for protection (possibilities readily admitted by the founders of the respective societies) is argued to weaken the position of these societies. All of these extreme positions are clearly untenable from a logical, a scientific or a forensic point of view.

In the course of the debate raging in the United States, a number of claims have been made concerning the properties of human memory.

We intend to review the available evidence. The issues which we address from the scientific literature are as follows:

- ☐ How accurate is our memory under normal circumstances?
- ☐ To what extent can we be sure of the source of our memories?
- ☐ What special properties do early memories have?
- ☐ What can we say about repression and other mechanisms of forgetting?
- ☐ Is it possible to have false beliefs about the past?
- ☐ What are the effects on memory of hypnotic techniques?
- ☐ Is there a relationship between false confessions and false memories?

In following our enquiries, we have examined the records of the British False Memory Society to get some idea of the characteristics of accusers and the nature of their accusations. In addition we have carried out a survey of relevant members of The British Psychological Society to investigate the extent of recovered memories in clinical practice and to get some preliminary indication of prevailing views about their validity.

In terms of therapy, we will not aim at any evaluation (e.g. did the process have the desired effects on the condition?) but, rather, concentrate on the propriety and reliability of particular memory recovery techniques. From this basis we can then look at the application to recovered memories.

Note that we cannot, in any case, pass any judgement on any particular instances of recovered memory. These are forensic matters rather than scientific, and, as such, are beyond the scope of our enquiry.

1.1 A framework for memory

One view of human memory is that it is like a video-tape machine:

- ☐ it faithfully records, as if on film, every perception experienced by the witness,
- ☐ it permanently stores such recorded perceptions in the brain at a subconscious level, and
- ☐ the brain accurately 'replays' them in their original form.

We will see that this picture is greatly mistaken.

To facilitate the task of understanding what follows, we present one kind of simplified framework for the operation of our autobiographical memory system.

The framework represents the most important operations that take place during registering and retrieval of memories. First we consider

the setting up of the original memory, as represented schematically in *Figure 1*. When an event takes place, information from the senses is captured and the resulting representation is interpreted in the light of our previous experience. It is this interpretation that we are aware of. Some aspects of the representation and the interpretation are stored in memory. *Figure 2* represents an idealised view of the processes of remembering. Retrieval itself can be consciously driven or unconscious and automatic. In the latter case you might be reminded of some event involuntarily, or knowledge may be sought in order to help to interpret the current scene. In either case the retrieval process would start with an appropriate retrieval cue which is used to locate a particular memory record. The retrieved information will undergo some processing prior to awareness. This could include the incorporation of general knowledge or material from another record. When we are aware of our memory we might produce a narrative concerning it. Following the remembering, information will be stored again, as a record of the remembering. Thus, next time you go round the cycle and recall the event, you might be recalling the original, or you might be recalling the previous time you recalled. This framework is rather idealised and simplified. We will see the picture complicate in the following sections.

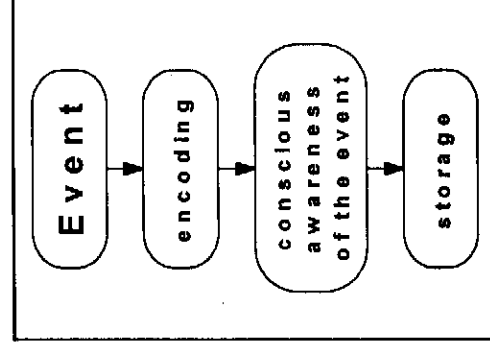


Figure 1

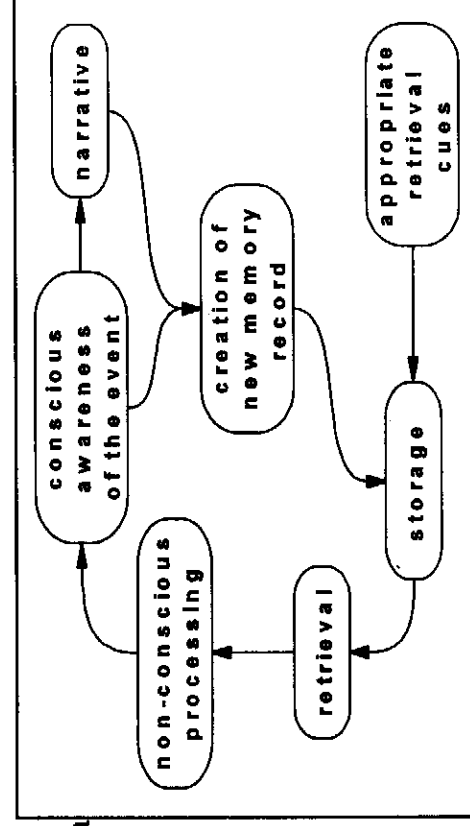


Figure 2

2.0 Evidence for claims

2.1 How accurate is our memory under normal circumstances?

Not every detail of our experience of an event is stored in memory. When the record of an event is retrieved, then, it will be incomplete and might need elaborating before it is intelligible to our consciousness. This would be carried out through the non-conscious processes referred to in *Figure 2*. What we are conscious of is a mixture of reproduction and reconstruction. Reconstructive memory is characterized by the conflation of different events, the filling out of detail and importation of information, an extreme example being when entire events are confabulated.

Factors that influence the degree of reconstruction include:

- ☐ the personal significance of the event,
- ☐ its emotive content,
- ☐ the amount of time elapsed between the event occurring and it being remembered,
- ☐ the reasons why the person is remembering the event, and
- ☐ the circumstances of recall.

Events that are personally highly significant evoke deep beliefs, attitudes and emotional reactions and may lead to a narrowing of attention. As a consequence, memories for peripheral details of such events may be more vulnerable to reconstructive error. Central details are likely to be remembered better but may still be in error. Research in autobiographical memory has demonstrated that people can sometimes dramatically misremember aspects of highly significant events, with these fictions being regarded as "fact". Importantly, this can occur without any conscious awareness on the part of the person. On the other hand, even minor details from highly significant events can be reproduced with little distortion. An analysis of the statements of 27 of the survivors of the Marchioness disaster produced 86 minor factual claims (such as who was where at different phases of the incident) which were in principle verifiable. Of these, 74 were verified in other statements. There was only one anomalous pair of claims.

Repeated events lead to a schematic, generalised representation which is used as a framework for recall of these events. As a result, individual events are liable to become confused. Thus, John Dean, Nixon's aide at the time of Watergate, claimed that he had a verbatim memory. His testimony, when compared with the tapes that Nixon made of White House conversations, showed that he generally got the gist correct, but often moved specific conversations from one time to another or combined two or more incidents into a new imagined one.

summary

- Normal event memory is largely accurate but may contain distortions and elaborations.

2.2 To what extent can we be sure of the source of our memories?

One of the strongest criteria for being certain an event has happened to us is that we are able to anchor it in time and place. Being able to do this enables us to link the event with our personal history. If an imagined event easily fits the mental record of our daily lives, then it would be difficult to distinguish from a real event.

Experimental research suggests that under most circumstances people can successfully distinguish events that happened from events that were imagined. However, if there is extensive rehearsal of an imagined event, the person can begin to believe that the event actually happened. The memory can become highly detailed and "vivid" to the person. Additionally, erroneous information given to the person after an event has been experienced can come to alter the memory for the event. The research demonstrating such breakdowns in reality monitoring has been primarily conducted with adults.

There are many experiments showing that recall for an event can be altered in matters of detail by suggestion or leading questions. The evidence suggests that such change often reflects factors such as compliance with the researcher's expectations, rather than genuine alterations in memory. Accordingly, people's suggestibility can be significantly reduced if they can be persuaded to pay more attention to locating the source of their memories.

summary

- With certain exceptions, such as where there has been extensive rehearsal of an imagined event, the source of our memories is generally perceived accurately.

2.3 How reliable is recall of early events?

It is sometimes claimed that there are circumstances where recall of an early event is exact. Such claims cannot be upheld.

A recent experiment on recall of events that are known to have taken place early in life is by Usher and Neisser (1993). They targeted university students known to have experienced the birth of a sibling, hospitalisation, the death of a family member or moving house when they were between the ages of one to five. Birth of a sibling was best remembered, though three quarters of the subjects who had experienced this between one and two years old remembered nothing of the event, the other quarter answering about half the questions they were asked about times, places, visits to the hospital and so on. Mothers largely confirmed details of the memories. No-one could recall anything at all of a house move that took place during the

second year of life.

From this study we may conclude that for some people, some events occurring in the second year could be registered in memory in a form that is partially recoverable in adulthood. However, it is also possible that these successfully corroborated memories were not the original memories laid down at the time of the events but, rather, at least partially manufactured through family stories with the aid of photos or other memorabilia concerning the event. Other studies, obtaining similar results, are less open to this objection, however.

In Usher and Neisser's experiment, memory performance increased steadily with age at occurrence for all events. For events occurring at five years, an average of about half the questions were being answered. The decrease in memory as the events become earlier represents the phenomenon of infantile amnesia which Freud had noted and accounted for by the concept of repression (e.g. Freud, 1933/1973, pp.58-59). However, a number of recent accounts of infantile amnesia do not require the concept of repression. Rather they rely on normal cognitive or social mechanisms and imply that memory is in some way organised differently during the first four years of life from the way it is organised later. The consequence of this is that early memories either cannot be accessed or do not exist in an accessible form. Infantile amnesia becomes a natural consequence of the development of the memory system.

Within this framework, then, we can see how abuse which takes place before the age of four or thereabouts and does not continue beyond that age might not be retrievable in adulthood in a narrative form. Even if a memory which had been created in the first few years were retrievable, there is an additional problem that it would not be in a form that the individual could fully make sense of. An example of this is given by Terr (1991):

Three and a half years after experiencing a series of traumatic events, a five-year-old child was discovered (through pornographic photographs confiscated by U.S. Customs agents) to have been sexually misused in a day-care home between the ages of 15 and 18 months. The girl's parents did not dare to speak to her about what they had learned from the investigators. They, in retrospect, realized that she had been sketching hundreds of nude adults beginning from the time when she had first begun to draw.

While playing in my office, this child told me that a baby she had just drawn was "all naked" and "a bad girl." Unknowingly, she had just depicted herself. Despite the fact that the little girl's only verbal memory of the events was "I think there was grave danger at a lady - MaryBeth's - house," her volumes of drawings represented strongly visualized elements that she had retained and had needed to recreate from these very early, nonverbal experiences. (Terr, 1991, p.12).

We have no reason to suppose that a very early memory, previously not recalled and intentionally recovered by an adult would be any

more intelligible. It would remain fragmentary. This is not to say that, as an adult, we could not interpret these fragments. What might happen is that the adult would create a frame of reference within which the fragments could be fitted, and a new memory would be created with all the imported material from the story frame. The existence of the fragments, including affect and imagery, could make the newly created narrative seem real, even though the actual source of the fragments remained undiscovered.

There is no doubt that children can learn and remember from the earliest months of life, but such 'memories' are implicit rather than explicit: they are reflected in behaviour but remain beyond awareness and so cannot be expressed verbally. Thus, Myers, Clifton and Clarkson (1987) traced a group of children now aged around three who had taken part in research on their hearing when aged between six and 40 weeks. These children were re-tested in the same room using the same equipment as previously and their behaviour compared to controls who had not taken part in the earlier experiments. Results showed that the experienced children played more, and looked longer at the sound sources like the rattle and drum, than did the controls. However, only one child showed any awareness of having been in the room before.

summary

- Nothing can be recalled accurately from before the first birthday and little from before the second. Poor memory from before the fourth birthday is normal.

2.4 What can we say about repression and other mechanisms of forgetting?

The literature is highly inconsistent in the use of the term "repressed memory". Most discussions of repression focus on the hypothesized active inhibition of previously clear conscious memories for events, whether as a result of a conscious or an unconscious process. In our framework, this is equivalent to a blockage between retrieval and awareness. This mechanism has been used as an explanatory principle for recovered memories and the reality of such a mechanism has been the focus of attack by proponents of false memories. However, there are a number of alternative mechanisms for not remembering, which correspond to interruptions at different points in the processing in *Figures 1 and 2*:

- The memory has never been consciously available because of "blacking out" at the time. The existence of "blacking out" in the course of some types of trauma is relatively well documented, although this has not generally been suggested in the case of childhood abuse and in any case memories from the period of "blacking out" are not thought to be ever recovered.
- The memory is not part of a person's habitual belief about themselves, i.e. the person does not routinely think "I am a

person who has experienced X". The memory would not be retrieved or would be excluded at the point of non-conscious processing in *Figure 2*.

- The memory has come to mind in whole or in part (flashbacks, fragments etc.) but was labelled or interpreted as something different.
- The memory has not come to mind because the person has never encountered the relevant retrieval cues.
- Event memory has been compartmentalised ("dissociated" is a term often used) so that certain events are only recalled when the individual is in a particular state of mind. The individual's state of mind would determine the nature of the retrieval cues which were formed and hence influence the success or failure of the retrieval attempt. In extreme instances, this condition may have the label multiple personality disorder or dissociative identity disorder (see DSM IV, p. 484) where different "personalities" are amnesic to each other's experiences..

Trauma has a variety of effects. Sargant (1967) reports that during World War II there were many cases of what he called acute hysterical losses of memory. After Dunkirk, a hundred and fifty of the first thousand admissions to his care were diagnosed that way. The treatment was to inject sodium amytal which brought the memory back, often accompanied by overwhelming emotional release and a reliving of the forgotten experiences. It has recently been argued that repeated or extended severe trauma or abuse is more likely to lead to extreme amnesia than single episodes. This is one of a number of possible reasons for the discrepancy between Sargant's data and the data from the Marchioness survivors already referred to.

In common with victims of some other forms of trauma, survivors of childhood abuse may sometimes experience periods when trauma-related memories intrude into consciousness and they routinely report attempts to avoid or block out these memories. There is also experimental evidence with normal subjects in support of active inhibitory processes in memory. Work on "directed forgetting" indicates that prior instructions to forget certain items renders those items more difficult to recall, although not to recognise. What is not clear is whether this deliberate process of blocking out specific memories can lead to a more general memory loss. The majority of the evidence cited in favour of this type of repressive process comes from clinical case studies. In a number of studies, surveys of sexual abuse survivors report between one third and two thirds having periods of time when they totally or partially forgot the abuse. Only one study made explicit the distinction between total and partial forgetting, reporting a rate of 19 per cent total amnesia. Two studies addressed the issue of the corroboration of the abuse but neither looked separately at cases where complete amnesia had been reported. This issue and the issue of the process of recovery of memories are in need of further enquiry.

summary

- Forgetting of certain kinds of trauma is often reported, although the nature of the mechanism or mechanisms involved remains unclear.

2.5 Is it possible to have false beliefs about the past?

First of all we wish to make a distinction between false memories (where the event never happened) and incorrect memories (where the event happened but the details are wrong). Since event memories are often fragmentary, there will always be a tendency to pad them out in order to make them coherent. The extent of this is not readily detectable by the individual since there is an unstable relationship between confidence and accuracy. An entirely false memory is quite a different matter.

The morning after the Challenger space shuttle disaster, Neisser & Harsch (1993) had freshman students write down what they had been doing at the time they heard the news. Three years later the students were asked again to recall the circumstances, particularly where they had been, what they had been doing and who told them. It is not surprising that 11 out of the 44 subjects got zero correct - they incorrectly remembered how they heard the news, where they had been, who they had been with and what they had been doing at the time; it is surprising that three of them rated themselves as absolutely certain of every aspect of their recall. When they were shown what they had written three years previously some subjects argued that they must have been wrong previously (24 hours after the event) because they were so certain that they were correct now! One thing that all the subjects had in common is that they recalled an event which was characterised as hearing about the disaster. None of them denied the fact that they had heard about the event nor did any claim complete forgetting of all detail.

More serious would be remembering an event that had not taken place. This would be an instance of a false memory. There are one or two preliminary, research-based examples of where adults have been persuaded that particular things have happened to them. For example, Loftus reports that certain adults and adolescents can be made to believe that they had been lost when young in a particular shopping mall, and they proceed to invent details of the fictitious event. We can think of this in terms of a memory record being created from material in the interview in such a way that the contents appear to be from a real event. Some people appear to be more susceptible than others to suggestion and people under hypnosis are particularly vulnerable to suggestion both that false things did happen and that real things did not happen. Authority figures would be more likely to influence memory. Much of the attack from the False Memory organisations is on therapists who strongly suggest to their clients that they have suffered CSA. However, it is also the case that people traumatised as children are more suggestible as well as susceptible to hypnosis.

There are a number of reports of individual cases of apparent false beliefs being created, often after extended directed therapy. These issues are complex and are more forensic than scientific matters. However, overall, we agree with Lindsay and Read (1994) in a recent comprehensive review:

There is little reason to fear that a few suggestive questions will lead psychotherapy clients to conjure up vivid and compelling illusory memories of childhood sexual abuse. p.294

summary

- While there is a great deal of evidence for incorrect memories, there is currently much less evidence on the creation of false memories.

2.6 What are the effects on memory of hypnotic techniques?

It is popularly believed that hypnosis can be used to help people to recall events or other material which had hitherto eluded them. In particular, the use of hypnosis has been common in criminal cases. It has sometimes been used in conjunction with age regression in cases where it has been claimed that memories have been recovered.

Hypnotic memory enhancement is based on the belief that human memory faithfully records every perception, permanently stores such recorded perceptions and accurately 'replays' them in their original form when the witness is placed under hypnosis and asked to remember them. None of these suppositions are correct, and experimental attempts to demonstrate improvements in memory as a result of hypnosis have failed even on highly susceptible subjects. Most studies also conclude that hypnosis increases the suggestibility of subjects to information suggested by the hypnotist.

There are one or two quite spectacular examples of the successful use of hypnosis in criminal cases. The problem is that there are innumerable failures. The successes, then, could be due not directly to the hypnosis, but indirectly to a factor such as increased relaxation. Where the possibility of objective verification has been present, it has been shown that recall under hypnosis is very insecure. In effect, under hypnosis, the individual's ability to track the source of individual bits of information is greatly impaired.

Hypnotic Age Regression is often used with the objective of encouraging individuals to relive past events which are unavailable for recall. The problem is that the relived episodes incorporate incorrect information. This was demonstrated in an experimental investigation of age regression conducted by O'Connell, Shor and Orne (1970). Subjects were required to try to recall names of their school classmates. They recalled more under hypnosis but they also tended to confabulate more. In checking the descriptions produced by the subjects, the experimenters discovered that some of the individuals described had not been members of the subject's class.

Nash (1987) carried out a survey of 60 years of empirical study on investigations of whether there is reinstatement of childhood psychological or physiological faculties during hypnotic age regression. Of those studies that met minimum standards for experimental control, none showed any reliable memory effects.

There are legal cautions against the use of evidence obtained through hypnosis. In the 1980s a number of American states ruled that evidence acquired from a witness who has undergone hypnosis could not be admitted in court. In a recent UK criminal case, *R v Browning*, an appeal was allowed where a key witness had undergone hypnosis prior to giving testimony. Reputable organisations such as the British Society of Experimental and Clinical Hypnosis have firm guidelines on the use of hypnosis, which warn against using it as a means of memory retrieval.

It is known that hypnosis can be used to induce amnesia. Routinely, hypnotised subjects are given posthypnotic suggestions ("when the bell rings you will scratch your ear") and are told to forget the suggestion itself. Under certain circumstances they will recall the suggestion when back under hypnosis. This state resembles the clinical condition of dissociation. People working with known child sexual offenders report that some abusers describe using techniques similar to hypnotic control during abuse. It would seem possible, then, that some abused children, at least, could be described as having posthypnotic amnesia.

summary

- Hypnosis makes memory more confident and less reliable. It can also be used to create amnesia for events.

2.7 Are false memories like false confessions?

There are numerous documented examples of innocent persons confessing to crimes they could not have conceivably committed, sometimes accompanied by otherwise convincing detail. Is there a parallel here with "false memories"? The answer seems to be if there is any parallel, it is a very imperfect one.

First, according to Gudjonsson (1992), many confessions are coerced, that is the individual is encouraged to make confession through threats or inducements offered by the interrogator; they make a confession in order to try to escape from the situation they find themselves in. There is no suggestion that they actually believe themselves guilty of the crime to which they confess. Perhaps a closer parallel is the voluntary confession: suspects on occasion will come to believe that they must have committed a crime despite their initial denials. Such voluntary confessions are frequently the result of a long period of interrogation when accusations are repeatedly put to the suspect that they are guilty. Such individuals may confess under the belief that they must have been responsible, even though they were

unaware of the event.³

However, even with voluntary confessions the analogy with "false memory" is very inexact. Both groups will show belief in their stories and display often quite convincing details. Both may arise from prolonged interviewing in which certain themes are repeated over and over again. However, apparent memories of abusive incidents from childhood can occur quite spontaneously, usually triggered by some outside event or agency quite independent of any ongoing therapy. Moreover, false confessions are quickly abandoned in the face of contradictory evidence - Carole Richardson rapidly came to the conclusion that the events she had described could not have happened - whereas "false memories" are persistent and survive repeated denials by others of the reality of the events victims describe.

summary

- There are a number of significant differences between false confessions and false (recovered) memories which preclude generalising from one to the other.

³ An example, of this was Carole Richardson's 'confession' of involvement in the Guildford bombings where she eventually concluded she must have been present but so far under the influence of drink and drugs as not to recollect the events clearly.

3 Our own enquiries

Public debate has focused on issues imported from the American experience:

- ☐ recovered memories occur during extended therapy,
- ☐ the therapists concerned have strong *a priori* beliefs concerning CSA,
- ☐ memories are recovered from impossibly early ages,
- ☐ accusers always recover memories from total amnesia.

We have carried out some preliminary enquiries to test the likely extension of these issues to the UK.

3.1 The Society's Recovered Memories Survey

One of the issues in the national and international debate concerns incidence of recovered memories and related phenomena among well trained practitioners. We decided to obtain some preliminary answers by circulating BPS accredited practitioners with a one page survey. This study will be reported in detail elsewhere and the results presented here should be regarded as preliminary. We had answers from 810 Chartered Psychologists who see non-psychotic adult clients⁴.

Over ninety percent have seen clients in the last year who report CSA (child sexual abuse). We asked particularly about clients who reported recovering memories from complete amnesia. About a third of our respondents said that they had had clients recovering such memories before they had any therapy. More than one in five have at least one client in the last year who recovered a memory of CSA and nearly a third (a total of 225) have clients recovering memories of a traumatic experience other than CSA. Over half the responders have had at some time clients recovering memories of some kind.

Recovered memories are seen as sometimes or usually "essentially accurate" by nine out of ten of our group. A negligible number of our sample believed that recovered memories were always accurate. Two thirds of our respondents thought that false memories were possible, and more than one in seven believed that their own clients had experienced false memories.

⁴ This was defined as follows: "we are interested in adult clients (over 18) with non-psychotic disorders - i.e. excluding schizophrenic, manic-depressive or organic disorders. These clients could be using or attending mental health services or being seen for mental health reasons in primary care or private practice."

summary

- There are high levels of belief, among qualified psychologists, in the essential accuracy of recovered memories of child sexual abuse. These beliefs appear to be fuelled by the high levels of experience of recovered memories both for CSA and for non-CSA traumatic events. The non-doctrinaire nature of these beliefs is indicated by the high level of acceptance of the possibility of false memories.

3.2 Summary of investigation of the records of the British False Memory Society

Considering the nature of the claims concerning children accusing parents in the USA, we wished to determine whether a similar state of affairs existed in Britain. The British False Memory Society had 250 enquiries at the end of 1993 according to its director. A record had been completed for 200 of these cases. The rest involved individuals who had given no information about themselves, but had requested information about the society. In the time available to us, over two visits during November 1993, we managed to examine all but 19 of the 200 cases (n=181). The information in the case records was inconsistent and varied. About half of those we examined were very brief sketchy unsystematically recorded notes from telephone enquiries revealing very little of the actual circumstances. The remaining 54 per cent (97/181) contained sufficient information to enable us to extract some crude statistics and it is estimated that around a third of the records contained

British Records (n=97)		US Survey (n=284)
Age of accusing child		
Under 30	47%	33%
30 or over	46%	62%
Not known	7%	5%
Age when alleged abuse began		
0-2		26%
0-5	27%	66%
6-12	20%	11%
13+	6%	1%
Not known	47%	21%
Age when alleged abuse ended		
0-5	5%	8%
6-12	10%	27%
13+	6%	24%
Not known	78%	41%
Allegations of Satanic/Ritual Abuse		
(open ended question)		
	6%	11%
(closed question)		
		18%
accusing child had Hypno/Regression		
therapy	21%	31%

other supporting material, most usually in the form of letters from the accuser.

In contrast to the British FMS, the False Memory Syndrome Foundation in the USA, founded in March 1992, had received several thousand enquiries by January 1994 according to its newsletter. At the time of writing there had been no report of any external or internal examination of FMS Foundation records, and it is not known what proportion of the contacts are genuine, or pertain specifically to accusations of sexual abuse involving recovered memories. However, 487 callers were mailed questionnaires in 1992 asking for details of family background and the adult life of the accusing child. There were 284 respondents. A report of the FMS Foundation's survey was produced in summer 1993 by the director of the FMS foundation. Findings from the British records are compared here with the results of this survey, wherever the same information is available from the two sources. It should be borne in mind, however, that both open and closed questions were asked of the accused in the FMSF survey, whereas the data we had available came from unsolicited information provided by the accused (67 per cent) or someone closely related to the accused (33 per cent), with supporting material from accusers in approximately one third of the records.

One major difference in the information collected concerns the recovery of repressed memories. Close examination of the 97 British FMS records with sufficient information revealed that in only just under half was there explicit mention of memory recovery from total amnesia. If all the records we examined are considered this proportion is reduced to a quarter (47/181). The FMS Foundation state in the report of their survey that all accusations 'are based on recovered "repressed" memories'. They give no information about how this has been documented, or the nature of recovery, i.e. from total or partial amnesia, although 18 per cent of the accused could not say how many years (within a 10 year range) the accuser's memory had been repressed.

summary

- There is not a lot of evidence that accusers fit a single profile. From the British records, at least, there is no good evidence that accusers have invariably recovered memories from total amnesia. Further documentation of the phenomenon is needed by the False Memory societies in order to obtain a more reliable picture. It appears that only in a small minority of instances do the accusations concern abuse that ended before the age of five.

4.0 Clinical issues

4.1 Characteristics of verified abuse in adulthood

Among the claims of the FMS Foundation are that the adult children who are now making accusations of abuse had happy and problem-free childhoods. No evidence has been offered by them in support of this claim, and it is contradicted by the Foundation's own data, which indicate a high rate of alcohol and drug problems in the families. It should perhaps be noted that, in general, parents consistently rate their children as happier and better adjusted than the children rate themselves, and rate the quality of family relationships as higher than they are rated by the children. Certainly it would be surprising if independent assessment of a group of sexually abused children did not reveal more dysfunction than in a control group. The kinds of dysfunction empirically associated with CSA in children are sexualised behaviour, behaviour and learning problems at school, depression and suicidal ideation, low self-esteem, sleep disturbance, withdrawal, anxiety, and running away. With the exception of sexualised behaviour, however, all these symptoms occur in dysfunctional families and are not specific to CSA. It is possible that CSA may also lead to sexually inhibited behaviour and to delay in forming sexual relationships with peers. Recently, a number of studies have examined the additional contribution made by CSA over and above general family problems. The general conclusion is that while CSA is embedded in general family problems, it makes an additional contribution to mental health outcome.

4.2 Long-term effects of childhood trauma

Most of the research in this area has focused on sexual abuse in childhood (CSA) with a limited literature on childhood physical abuse (CPA). The age at which childhood ends is usually defined as between 15 and 17.

Greater long-term harm is associated with more severe abuse, particularly abuse involving a father or stepfather, penetration, use of force or violence. Considering only evidence from representative community studies, with one exception, all studies investigating depression in adult life as an outcome for CSA have demonstrated significant results. In addition, about half the above studies have shown anxiety to be more common in CSA survivors. By way of illustration, in one study of over 1500 women (Stein et al, 1988) lifetime prevalence of anxiety disorders was 37 per cent in CSA survivors compared with 14 per cent with no CSA. Rates for lifetime depression were 22 per cent and 6 per cent respectively.

Eating Disorders have also been investigated in relation to childhood trauma, but with conflicting results. Most of the work has been carried out on clinical populations. In the main, it appears that bulimic behaviour may be more highly associated with a history of CSA than

anorexia. More representative studies are needed, although those that exist show CSA to be a risk factor for eating disorders. Andrews, Valentine and Valentine (in press) show a cohort effect: older women with CSA or CPA are more likely to be chronically or recurrently depressed, while younger women with such a history are more likely to have bulimic symptoms.

Studies of clinical populations show raised rates of trauma of between 90 per cent and 50 per cent of patients reporting a major physical or sexual assault at some time in their lives. Furthermore, a number of studies have shown that patients with such histories have more severe symptoms, borderline diagnoses and more suicidal symptoms than other patients. Three clinical studies of Multiple Personality Disordered patients in particular have shown rates of between 75 per cent and 90 per cent for CSA and 50 per cent and 82 per cent for CPA.

In conclusion, the examples we give indicate that CSA substantially increases the risk of a variety of mental health problems in later life, but it does not invariably lead to such problems. Factors such as severity of the abuse, quality of early and later support and biological vulnerability may all influence outcome. Similarly, CSA cannot explain all psychopathology and is not the only traumatic experience related to increased risk of disorders such as depression, anxiety and bulimia. Physical and emotional abuse, and other abusive and stressful experiences throughout the life course have been shown to be independent risk factors for these disorders (e.g. Mullen et al, 1993; Andrews, in press).

4.3 Issues in clinical practice

Although experimental evidence for repression and other forms of not knowing about trauma is scant, many clinicians report that forgetting of childhood trauma is common amongst clients with mental health problems. In our own survey (see 3.1 above) about half the respondents had clients who had at some time recovered memories of CSA. In the last 10 years or so, the recognition of childhood trauma of sexual abuse has become commonplace amongst mental health professionals. Many clients with severe mental health problems appear to have experienced disturbed and abusive childhoods. One problem with respect to recovered memories is assessing the likelihood of abuse given a presenting symptom.

We are agreed that it is important for both clinical and ethical reasons to avoid distorting the client's view of their background, particularly through suggestion; this would be a false solution for the client and could lead to considerable distress within the client's family. Moreover it is important not to form premature conclusions about the truth status of a recovered memory. The therapist should be genuinely neutral about this, helping the client to think about what his/her experiences might have been but without imposing the therapist's own conclusions. This involves considerable tolerance of uncertainty and reflects a very difficult discipline required on the part of the therapist. The therapist should help the client to consider a range of possibilities - that the material may be literally true, may be

metaphorically true, may derive from fantasy or dream imagery. Illustrations of metaphorical truth might be, for example, imagery of rape which represents experiences with a father whose behaviour was intrusive but not literally sexual. Imagery of the murder of a baby could represent a memory which is literally true or might metaphorically represent a baby part of the self having been "murdered". The therapist him/herself cannot know the truth.

4.4 Guidelines for therapists

The following guidelines are intended to apply to a range of psychological therapies.

1. It may be necessary clinically for the therapist to be open to the emergence of memories of trauma which are not immediately available to the client's consciousness.
2. It is important for the therapist to be alert to the dangers of suggestion.
3. While it is important always to take the client seriously, the therapist should avoid drawing premature conclusions about the truth of a recovered memory.
4. The therapist needs to tolerate uncertainty and ambiguity regarding the client's early experience.
5. Whilst it may be part of the therapists' work to help their clients to think about their early experiences, they should avoid imposing their own conclusions about what took place in childhood.
6. The therapist should be alert to a range of possibilities, for example that a recovered memory may be literally true, metaphorically true or may derive from fantasy or dream material.
7. If the role of the professional is to obtain evidence that is reliable in forensic terms, they need to restrict themselves to procedures that enhance reliability (e.g. use of the Cognitive Interview and avoidance of hypnosis or suggestion and leading questions).
8. CSA should not be diagnosed on the basis of presenting symptoms such as eating disorder alone. There is a high probability of false positives, as there are other possible explanations for psychological problems.

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6.0 Overall conclusions

- ☐ Normal event memory is largely accurate but may contain distortions and elaborations.
- ☐ With certain exceptions, such as where there has been extensive rehearsal of an imagined event, the source of our memories is generally perceived accurately.
- ☐ Nothing can be recalled accurately from before the first birthday and little from before the second. Poor memory from before the fourth birthday is normal.
- ☐ Forgetting of certain kinds of trauma is often reported, although the nature of the mechanism or mechanisms involved remains unclear.
- ☐ While there is a great deal of evidence for incorrect memories, there is currently much less evidence on the creation of false memories.
- ☐ Hypnosis makes memory more confident and less reliable. It can also be used to create amnesia for events.
- ☐ There are a number of significant differences between false confessions and false (recovered) memories which preclude generalising from one to the other.
- ☐ There are high levels of belief in the essential accuracy of recovered memories of child sexual abuse among qualified psychologists. These beliefs appear to be fuelled by the high levels of experience of recovered memories both for CSA and for non-CSA traumatic events. The non-doctrinaire nature of these beliefs is indicated by the high level of acceptance of the possibility of false memories.
- ☐ There is not a lot of evidence that accusers fit a single profile. From the British records, at least, there is no good evidence that accusers have invariably recovered memories from total amnesia. Further documentation of the phenomenon is needed by the False Memory societies in order to obtain a more reliable picture. It appears that only in a small minority of instances do the accusations concern abuse that ended before the age of five.
- ☐ Guidelines can be laid down for good practice in therapy.

7.0 Recommendations

1. We recommend that the Society use all means available to ensure that Chartered Psychologists who carry out therapy do so in accordance with our guidelines.
2. We recommend that BPS approved training courses in psychological therapies should include appropriate information concerning the properties of human memory.
3. We recommend that the Royal Colleges of Psychiatrists, Nursing and General Practice, and the psychotherapy training organisations affiliated to the United Kingdom Council for Psychotherapy and the British Confederation of Psychotherapists should initiate action equivalent to 1. and 2. above.
4. We recommend that the Department of Health, Medical Research Council and Economic and Social Research Council give increased priority to research in the areas covered in this report, particularly those which integrate cognitive and clinical approaches. Examples include naturalistic studies of recovered memory, basic research on inhibitory processes of memory and beliefs and practices in psychotherapy.
5. We recommend that the Department of Health take our findings into consideration in their review of NHS psychotherapy services, in relation to the quality of psychotherapy services and training.
6. We recommend that the Society and the Department of Health bring appropriate parts of our report to the attention of the general public to enable therapy clients to evaluate the conceptual and scientific basis of alternative therapies.

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