



Serving People and Professionals
in Contested Accusations of Abuse

Dear Reader,

Eleven years ago the seeds of BFMS began life in the laundry room of a private house. The work grew out of a quest for information as to how it could be possible for someone to come to believe in horrible abuse when in fact there was none. When a personal tragedy could not be put to rights in a matter of days, months or years, it became a driving force to help other parents caught up in similar cases and to try to ensure that it would not continue to destroy more families.

We have come a long way since those early days. For a start, we were naive enough to think that the problem could be dealt with and our existence would no longer be necessary after a few years. But back then we were not fully aware of the extent of the impending invasion of therapeutic thinking upon our culture. The far-reaching implications for living in a “therapy culture” were debated at a recent conference in London which coincided with the publication of Professor Frank Furedi’s book on the subject. We now understand the enormity of the challenge as we see the erosion of clear thinking from our daily lives. In this issue, Claire Fox, the Director of the Institute of Ideas, the organisation that hosted the conference, offers her understanding of why the cultural climate enables false allegations to occur. Margaret Jervis follows with an examination of the hidden effects of therapeutic culture in criminal trials.

How has this widening horizon affected the focus of BFMS? All our original aims and objectives still stand: public education, research, and support. We are now dealing with something so pervasive that we have to challenge the myths that pervade the whole child protection system including the mental health professions, police, social workers, child specialists and their training. Working together with other groups concerned about false accusations in the United Campaign

Against False Allegations of Abuse (UCAFAA) network, we are determined to improve the quality of decision-making in abuse investigations.

Recently we have taken the opportunity to re-ignite press and media interest in false allegations of childhood sexual abuse. We attended the hearing of the General Medical Council Professional Conduct Committee concerning psychiatrist, Dr John Eastgate (see page 2). He was accused of leading his young patient to wrongly believe that another clinician had sexually abused her. At the hearing in London we briefed journalists; and members rallied to respond to the press coverage during and after the hearing when several useful stories highlighting the issues were published culminating in the publication of members’ letters and our own in the *Daily Telegraph*.

During the year we have helped to publicise several fascinating and revealing retractor stories, with more due in the spring of next year. One retractor gave her full story in the *Daily Mirror* article (30 September 2003) and following our

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subsequent television appearance we received over 50 new cases. Not every case was about accused parents; some were retractors explaining how they related to the story and others, survivors, who were unsure about the authenticity of their “memories”. Of the 50 cases, 23 indicated the involvement of National Health therapy services at one level or another. Our star retractors have also found the courage to face members who have travelled far and wide to attend our regional meetings to hear first-hand accounts of how they got sucked into, and eventually clawed their way out of, the mire of false belief in the idea that they had suffered horrendous trauma in childhood.

The surge in retractors joining us is an encouraging development in which we place hope for the future.

We all send our very best wishes for the Christmas season.

Madeline Greenhalgh

Did you know...?

There is an all-party parliamentary group looking at abuse investigations. The group of MPs and Members of the House of Lords is chaired by MP Claire Curtis-Thomas whose inquiries into police “trawling” in children’s homes allegations led to the critical Home Affairs Select Committee inquiry and report.

Mrs Curtis-Thomas is now a member of the busy official Home Affairs Select Committee and is aware that the vast majority of complaints about abuse investigations and wrongful convictions concern domestic cases. But because of the weight of her existing and new commitments, and the paucity of active members in the all-party group, Mrs Curtis-Thomas cannot see the group examining the defects in the domestic case investigations over the coming year.

If you have experienced injustice in abuse investigation by the criminal justice, social services or mental health authorities have you written to your MP? If not, now is the time to make the problems known and to suggest s/he join the group. Contact the BFMS for facts, figures and useful articles.

NEWS FEATURES

Cleared psychiatrist reprimanded by GMC

The role of psychiatry in the creation of false abuse allegations came under scrutiny at a General Medical Council (GMC) public hearing in September.

Dr John Eastgate, a child psychiatrist with Swindon NHS Trust, was cleared of gross misconduct when put before the GMC’s Professional Conduct Committee in September.

But the Committee criticised the doctor’s conduct as being “inappropriate” and “unprofessional” in putting leading questions about sexual abuse to a 13 year old girl.

The case was the first medical “false memory” hearing in the UK. Under the care of Dr Eastgate, the girl had firstly made an allegation against another doctor, a specialist she had been referred to some years earlier and had seen with her mother present. Later she had gone on to make further allegations against her father and a family friend. Subsequently she had retracted all the allegations and is now a 20 year old Oxbridge student.

The hearing attracted widespread media coverage and comment. Dr James Le Fanu in the *Sunday Telegraph* (14 September 2003) wrote: “Doctors have the regrettable habit of believing they know more than they really do and thus embrace pseudo-explanations for things they do not really understand.

“It is of course a most serious matter to accuse parents of having harmed their child . . . and to deal with their anguished denial. So what do the doctors do? They pass the buck by alerting the police and social services, and thus evading the direct responsibility for their faulty diagnosis. But the process of informing the police changes the whole tenor of their charge.

“The doctors may just suspect child abuse – but the police, with their high regard for doctors’ reliability and trustworthiness, take the view that doctors would not have involved them without

first having excluded other innocent explanations. They thus pursue their investigations from the assumption that the parents are likely to be guilty – and so orchestrate events, harassing them, keeping them in the dark, ambushing them with courts orders, in order to build as strong a case as possible.”

It is understood that the GMC Professional Conduct Committee will be examining a number of cases involving child physical and sexual abuse misdiagnoses over the coming year.

Panel to probe domestic cases

Defence lawyers have joined together to challenge the proliferation of miscarriages of justice through retrospective abuse allegations. The formation of the Historical Abuse Appeals Panel (HAAP) is the first time that legal knowledge has been pooled among professionals who are working to restore the rights of defendants to a fair trial in uncorroborated abuse cases.

The HAAP is a group of solicitors and lawyers who have specialised in defence work in historic cases. Founding members include Leeds solicitor Mark Newby, barrister Mark Barlow and Southport solicitor Chris Saltrese.

The group was launched at a conference organised by Falsely Accused Carers and Teachers in Dinas Powis, South Wales, at the beginning of September.

At the UCAFAA Annual Conference in London on 27 September 2003, Mark Newby outlined the workings of the panel: “It uses unique central resources to bring all the evidence in a case together. We sort the papers and produce databases to assist the lawyer in preparing an appeal.”

Although the original panel members came together through defending care workers in police “trawl” cases, Mr Newby stressed that the HAAP would be highlighting the problems of domestic cases with the Criminal Cases Review Commission (CCRC).

Mr Newby told the BFMS *Newsletter* that the HAAP had received 75 new cases since its launch, of which the vast majority were domestic cases. “There’s a huge problem here and we have to raise their profile,” said Mr Newby. Mr Newby thinks that the attention given to police institutional “trawling” through the media and Home Affairs Select Committee report has obscured the problems faced by individual domestic cases where the evidence is similarly flawed and where a number of family members giving prejudicial evidence may convince the jury of a weak and unreliable case.

The response to the panel reflects the balance of the workload at the CCRC where 39 per cent of applications are sexual abuse cases.

The HAAP is currently negotiating with the Legal Services Commission (LSC) for panel funding in mounting applications to the CCRC. At the time of going to press funding was available for individual applications with a named representative only, but Mr Newby stressed the LSC is amenable to panel members’ requests for trial transcripts and other materials that are sometimes difficult to fund.

With a website providing up-to-date Court of Appeal and related news, the HAAP produces a newsletter and plans to provide training and supervision to ensure a high standard of work at trial and on appeal. “The HAAP is a strong challenge to the inherent bias in the current system,” Mr Newby told the UCAFAA conference. “The time has come to work together.”

For further information contact 01302 309831 or email: help@appealpanel.org.
Website www.appealpanel.org

Correction

In the BFMS newsletter, Vol. 11, No. 1, July 2003 in the News Features article “Commons debate attack on ‘recovered memory’” we attributed Tim Boswell to the wrong political party. He is in fact the Conservative Member for Daventry. We apologise for any inconvenience caused by this error.

SPECIAL FOCUS

Victims of culture

Obviously, for campaigners, the specifics of how false allegations of sexual abuse are constructed is a key issue. But it is also worth taking a step back and positing a broader cultural critique and asking what creates a climate wherein false allegations can so easily occur, and why when they are shown to be false, there is no universal outcry. Allegations are often made against those perceived to represent authority in some way or another. It is also true that those in authority, from politicians to teachers, from doctors to parents, no longer command social respect; indeed conversely they are more likely to be treated with suspicion and hostility. Is it possible that shifting attitudes to authority can shed some light on the growth of false allegations of abuse? What it is about authority that commands such contemporary hostility?

Even at the most informal level, authority is questioned. Parental authority is now the subject of public debate. Legislation is likely to prohibit parents from smacking their children. The Department for Education and Skills (DfES) has issued guidelines to parents telling them how and when they should read to their children; and teachers are charged with checking up on whether parents are fulfilling these duties. Parents can no longer decide what their kids can eat for lunch without some official body intervening with strict lectures on nutrition and the dangers of obesity. Parents who do the school run are told off for not encouraging their children to walk or cycle and blamed for society's lack of fitness. Shops are full of parenting manuals and the government can now issue parenting contracts and even has the mandate to order people to attend state-run parenting classes.

Other professionals in whom society vests authority, but who are now in a much more ambiguous position, are teachers. On the one hand, the issue of sexual abuse has been wholly destructive of the teacher's authority in disciplining pupils. How can you keep control of

a class if you live in dread that your actions might lead to malicious accusations? But more broadly, the teacher's autonomy and authority over recent years has been undermined by a range of measures and changing attitudes. Every aspect of the teacher's work is now inspected by outside agencies.

In this climate, it is hardly surprising that teachers feel a sense of paralysis and a crisis of authority. But it also illustrates how many of the values associated with authority are being demonised. On my teacher-training course I was warned:

“...many of the values associated with authority are being demonised.”

“Don't abuse your authority. If you fail a child, you could scar them for life.” Scarring someone for life is a pretty hefty charge for giving an E grade for a terrible essay. The authority of a teacher making decisions about who should pass or fail is now

recast in the therapeutic language of “damage” and “abuse”.

In other spheres, it is interesting how today we characterise certain behaviours in a negative fashion. In workplaces, managers who make decisions without endless consultations are deemed as “dictatorial” and “macho”. Anyone who acts as a leader and demands a lot of his/her staff is in danger of being labelled a bully. Similarly, lecturers who put their students under intellectual pressure can be accused of academic bullying.

The association between exerting authority and aggressive bullying starts to make the implicit link between authority and abuse. Increasingly, anyone in a position of authority is assumed to be in a position to abuse. This is often an explicit claim of those involved in the child-abuse “industry”. Peter Saunders, the founder of the National Association for People Abused in Childhood (NAPAC) states, “people who are abusive are going to be attracted to positions of power” (21 November 2002, *The Guardian*). He goes on to warn against abusive doctors, policemen, lawyers and clergy. Saunders' organisation is not some marginal pressure group, it has official backing. It was launched at the House of Commons at the end of 2002 where speakers included Jacqui Smith MP, then Minister of State at the Department of Health,

from which NAPAC “received a substantial grant towards running costs”.

This creeping association of power and authority with abuse also means abuse is becoming much more broadly defined. Many experiences hitherto interpreted as the normal part of life can now become defined as damaging and abusive. Children shouted at by teachers, getting a bad mark for an essay, or being slapped for naughtiness can now cry abuse and legitimately phone ChildLine.

With abuse so widely defined, it’s no wonder that the Association of Child Abuse Lawyers (ACAL) can say that the adversarial legal system is, quite literally, abusive. Lee Moore, former barrister and president of the ACAL, explains her objections to cross-examination in the following way: “The goal is to control and entrap the witness, which mirrors the grooming process paedophiles use to ensnare their victims. I feel we are inflicting terrible psychological injuries on people.” (cited in *The Guardian* “Scottish moves to protect young court witnesses gather pace”, 1 August 2001). When the authority of the legal system which is designed both to protect the innocent from malicious allegation and to get at the truth, can be so glibly written off as mirroring sexual abuse, one can see just how far the demonisation of authority has gone.

The present climate of mistrust of traditional authority is often characterised positively as the end of deference; we no longer blindly accept the word of those in power. But it is worth considering that rather than being less deferential, society has refocused its deference on a new set of social players. The “new kids on the block” who ironically gain unquestioning authority for their status, are those who claim the victim label and those who become professional advocates of those victims, such as the aforementioned Lee Moore and Peter Saunders.

Claiming the label of “victim”, especially of childhood abuse, has become a popular pastime. Why do so many people queue up to declare their victim status today? Sometimes, it’s no more than an excuse for bad behaviour. Which cocaine

snorting, alcoholic, deviant celebrity hasn’t tearfully revealed childhood abuse? Hilary Clinton went so far as to explain her husband’s philandering as the outcome of earlier psychological abuse inflicted on him: “He was so young, barely four, when he was scarred by abuse.”

But there is more to this than cynical and sickening excuse-making. Claiming to be a victim of emotionally damaging abusive experiences has become a new way of gaining social recognition. Victimhood is now affirmed as a positive identity, and can provide a convincing and sympathetic explanation for who and what you are. The collapse and discrediting of other

“Victimhood is now affirmed as a positive identity...”

identity-forming ideologies has created a vacuum for victimhood to fill. The political identities of the past, whether socialist, conservative, or trade unionist for example, assume less coherence in today’s post-ideological era, which is

characterised by apolitical cynicism. Religious identities are certainly a thing of the past, at least in the West, where church attendance slumps and even the Church of England cannot seem to decide what it stands for theologically. National identity stands under pressure from devolution and multiculturalism; the government has even had to set up a committee under Professor Bernard Crick to decide what being a British citizen means. In such a morass of identity confusion and disorientation, being a victim has become an unchallenged identity label.

In explaining why so many former residents of children’s homes queue up to make false allegations of abuse, campaigners often emphasise the dangers of “trawling” campaigns and the pecuniary temptation of compensation claims. But this can miss the point; it’s more complicated than that. These accusers have also picked up the fact that by acknowledging oneself as a victim, they will be culturally esteemed and treated with respect. Public revelation and seeking help have both acquired positive moral connotations. Look at what happens on the confessional TV programmes that dominate the daytime schedules. Guests are chided and prodded until they agree that their experiences have made them damaged goods and they

eventually agree that they need to see an expert or enter a support group. Once they relent and allow themselves to be dubbed “victims”, they are awarded a metaphorical badge of honour, treated as brave heroes and clapped and cheered by audience members.

Once one has achieved recognised victim status, one can accrue enormous privileges. Victims are treated with a deference the old authorities could only envy. On TV discussion programmes, alleged victims are treated with awe and reverential silence. Anyone who challenges this is characterised as insensitive, brutish and in collusion with the perpetrators. In discussions on paedophilia, victims who tell of their experience are often used to silence those who, for example, have reservations about the civil liberties implications of the sex offenders’ register or warn against a moral panic. Every train accident or medical misdemeanor now has advocates from victims’ families who claim special privilege as authorities in the incident, simply by virtue of their victim status.

This deference to victims easily elides into the idea that the self-defined victim is always right. Indeed the injunction that we should automatically believe the victim has almost become a moral imperative. “Believe the child” has long been the slogan of child protection activists. In their view, the victim’s rights are synonymous with the right to be believed. Worse, they insist that those who subject such claims to critical inquiry are responsible for “re-wounding” or “re-abusing” the victim. Consequently, an insistence on a search for the evidence and a close interrogation of a claim is rejected on the grounds that they will inflict further psychological damage on the “victim”. Putting victims centre stage can thus have damaging implications for justice, and a chilling impact on public debate, providing the climate in which false allegations can go unchallenged.

Despite this, because of the positive connotations of victimhood, even those on the receiving end of witch-hunts are keen to get in on the victim act. Priests and clergy, so frequently on the receiving

end of abuse allegations, sometimes legitimately, often unfairly, are trying to reposition themselves as victims. A website has been set up called BALM, Bullied and Abused Lives in the Ministry, an “international and inter-denominational Christian support group for damaged ministers”. Their biggest complaint seems to be bullying bishops and abusive hierarchies. Similarly, teaching unions in the UK have tried to turn the tables on abuse allegations by presenting themselves as helpless victims of abusive pupils. Pete Townsend’s explanation for why he accessed child pornography websites, is typical. In his words, “I believe that I was sexually abused between the ages of five and six and a half... I cannot remember clearly what happened.”

One can understand that those who feel unfairly charged and campaigners involved in exposing false allegations, may well be tempted to assume the victim status. It is hoped that claiming loved ones as falsely accused, and their families as victims too, is a way of gaining some recognition and of being believed. But there is a serious danger here: working within the victim framework simply endorses the values and

climate of opinion which has fuelled these allegations in the first place. And there is another cost to letting the canonisation of victimhood go unchallenged: it means giving legitimacy to a new breed of professionals and “experts” who act on behalf of victims and who so regularly whip up a climate of moral panic about child abuse.

It is the emergence of victimhood as a new source of authority that has created this new elite; a new priestly class, whose authority is vested in their claim to advocate for, protect and counsel victims and, of course, hunt down abusers. They too, like the victims they claim to represent, are treated with unprecedented deference. Look at today’s “abuse aware” Catholic Church. Parish priests and bishops, the traditional embodiment of authority, now look rather pathetic, ridiculed as perverts or protectors of abusers. But in their place, an army of counsellors and therapists are engaged in training and supervising relationships

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within the church. Armies of abuse consultants hire themselves out to seminaries where they deliver lectures on see-through confessionals and preach at priests who are told to repeat mantra such as the new orthodoxies of “inappropriate behaviour”. “Don’t hug first communicants”, “never meet a grieving widow alone”. This is the new “behaviourally correct” catechism for our times. Those who elect to become priests or nuns now have to endure the humiliation of being interrogated by therapists charged with analysing their sexual orientation. Even closed orders are required to select protection coordinators under the 50-point strategy recommended by Lord Nolan’s committee. And dare you refuse to cooperate with such intrusions? You are forced to defer for fear that anything less will make you look guilty, with something to hide.

This new priestly class of therapeutic experts promotes the idea that there is a danger of abuse in all relationships. The presumption that no one can be trusted dictates the need for external regulation of all institutions in the form of guidelines, codes of conduct and chaperones to enforce them. This atmosphere of mistrust is corrosive and is in danger of leading to the collapse of adult solidarity as we all eye each other suspiciously.

Again, another warning to campaigners: too often those vulnerable to accusations of abuse inadvertently fuel this climate of mistrust. While teachers and residential care workers deflect heat from themselves as potential perpetrators, they sometimes point the finger at parents and assert that most abuse happens in the family. Meanwhile, parents, outraged and under siege from professional busybodies labelling everything from bottle feeding to smoking as abusive, point the finger back at nursery workers, priests, babysitters, educators. This vicious circle of distrust means we view other adults not as allies, but as potential abusers.

Sometimes the rightful rage about specific injustices and the inevitable and rightful narrow focus of single-issue campaigns can mean that the broader trends, which create the conditions for false allegations, are overlooked. But, however focused campaigners are, it is worth bearing the broader cultural trends in mind. The increased preoccupation with child abuse is often bound up with a growing suspicion of those in authority per

se, a new deference towards self-proclaimed victims and their therapeutic advocates and a climate of mistrust in which we are all either potential victims or abusers. We must wage an intellectual war against these trends if we are to ensure that false allegations do not continue to be a hidden injustice and if real justice is ever to be done.

This is an edited version of an address to the UCAFAA conference, 27 September 2003.

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Therapy culture in the courtroom

by Margaret Jervis

Last month a conference was held in London on “therapy culture”ⁱ – the title of Frank Furedi’s new bookⁱⁱ. One of the points stressed was that “therapy culture” was not primarily about therapy, which could be good, bad or indifferent, but about a linguistically-foisted view of humanity that was ultimately controlling and self-defeating.

Therapy culture in this sense is now ubiquitous. And that is why it is so insidious. For it has wormed its way into the fabric of our institutions to form a consensus of powerful but often misconceived dogmatic opinions. The conference tackled far-reaching aspects of the therapeutic milieu, including those in the workplace and international war zones, but it did not address a central issue: therapy culture in the courts and criminal justice system.

In criminal trials involving alleged sexual abuse, the judge will usually tell the jury to put aside “emotions” and “feelings” when dealing with the case. However, what passes by is the number of therapeutically-driven presumptions that routinely shore up cranky evidence with the full support of the Court.

The prosecution and sometimes the judge will tell the jury that “we now know” it is, in fact, quite normal for hideous sexual crimes to be committed

by a parent or carer and then not disclosed until decades later. In fact, we know no such thing. The basis of this “common knowledge” is claims that have been made selectively by groups with vested interests in flagging up the prevalence of sexual abuse in the home, together with dubious claims by alleged victims who have modelled their assertions on the therapeutic rubric. The key test here is that the mounting “discovery” of a large number of alleged victims, whose experiences echoed a prescribed pattern, only came after a decade of unwarranted assertions by the new wave of sexual abuse theorists in the 1980s. This expectation was satisfied by promoting the “therapeutic” use of techniques of memory creation and inflation while focussing on unknown or unacknowledged sexual abuse as a likely cause of current problems.

“It is now standard fare in the courts for evidence of abuse to be proffered implicitly through claims about effects, such as low self-esteem, drug and alcohol excesses or an eating disorder.”

Yet the claimsmakers’ figures do not even stand up to their own scrutiny. Take the NSPCC which led the crusade in the early 1980s, stating that between one in four and one in ten girls were sexually abused, predominantly by fathers, with cases that were coming to light the “tip of the iceberg”. The NSPCC’s own research has revealed a quotient of only one per cent of respondents claiming to be sexually abused at all by the broad category of a parent or carer – and note these are claims, not verified cases. The largest category of abuser was not other relatives but “other known people” followed by “strangers/ or someone recently met” this latter group frequently being contemporaries.ⁱⁱⁱ

Figures like these suggest that the sexual abuse victim stereotype – years of horrific abuse at the hand of a parent or carer that is hidden from the world – is not a routine occurrence but a therapeutic construct that has permeated through the media into popular consciousness and the courts.

At no point has the NSPCC or any other promotional organisation admitted that much of their evidence for their original scare campaigns depended on the circularity of assumptions and flawed clinical practices that were manufacturing

victims. Rather a whole generation of social workers, police and mental health professionals followed suit. By the early 1990s there was a groundswell of support resting on two pillars. Firstly, the linking of abuse claims to compensation and secondly, the soft landing provided by the media and the broader social fabric to therapy culture and victimhood.

It is now standard fare in the courts for evidence of abuse to be proffered implicitly through claims about effects, such as low self-esteem, drug and alcohol excesses or an eating disorder. Rarely is there any questioning of likely causation – it is taken as read that sexual abuse does cause a myriad of delayed psychological problems. But again there is no reliable evidence to support this, only clinical speculation and unthinking belief.

Then there is witness demeanour. While the jury may think they are putting aside their own “feelings”, it’s a fair bet that in the absence of any external proof, the jury will rest heavily on what they regard as the authenticity of the complainant’s emotions. Getting upset when giving evidence, particularly the graphic descriptions, might well move jury members, in fact it’s pretty well programmed to disgust them. As the judge directs, they may be assiduous in putting aside their feelings, but will they similarly be able to dismiss the display of emotion and lurid detail by the complainant as an arbiter of truth? Of course real victims can get upset retelling a crime and true details can appal. However, it would be rash to rely on these factors alone – because contrary to popular opinion, emotion is not a reliable guide to truth and visual details, such as the colour and pattern of a dress allegedly worn during an assault 20 years ago, do not provide any guide to authenticity of recall or truth.

These and other prejudicial factors go some way to explaining why it is that so many of the people who come to the BFMS for advice after conviction complain that the conviction took place despite there being “no evidence” and

massive inconsistencies and contradictions. “Would an abuse victim have left her children with an abuser?” is a common complaint. “How could she have led a normal life with all that going on?” is another. Or, “If she was being raped day in day out without contraception, how come she didn’t get pregnant?”

The answer is simple. The jury do not believe abuse victims behave as would ordinary rational beings in the face of other serious crimes, or bear detectable signs of extreme abuse contemporaneously. Instead they accept the bottling up and delayed signs and effects theory as being the norm and apply it. There need be no mention of “repression”, “blocking out”, and “recovered memory” or even of therapy. Yet unwittingly the jury may be swayed to convict by inferences drawn from specious therapeutic dicta rather than actual knowledge.

Not every case, judge or jury is therapeutically hoodwinked, but too many are as a matter of course. And there are numerous other misconceptions drifting through the courts such as the theory of “denial”. This dictates that when people of good character deny sexual offences this denial is in itself supportive of guilt. Again, this notion has a foundation in therapeutic fiction, not fact. Yet a bare denial may be all an innocent person can offer in his defence.

As anybody wrongly convicted knows, it is extremely difficult to challenge a jury’s verdict on appeal unless there is new evidence or a binding legal point. However, when, as is arguably the case at present, the trial process itself has been systematically contaminated by therapeutic misapprehensions about the nature and reliability of evidence in sexual abuse cases, the wrongfully convicted may have very little recourse to justice in the higher courts.

What is really worrying is that the need for safeguards is not acknowledged because of a failure to recognise the existence of the problem. Belatedly some members of the senior judiciary seem to be sensing that something is wrong. Lord Justice Woolf’s comments in an Appeal Court case^{iv} hint at the possibility of a large class of convictions being unfairly decided. Given its caseload, the Criminal Cases Review Commission must harbour similar fears.^v In the current climate, it would be altogether astonishing

if the courts, much less the politicians, were to act on their fears. But with the critique of “therapy culture”, a significant section of people and the media are now beginning to question the shibboleths that have come to dominate popular discourse. It’s time we did likewise in the courts.

- i. King’s College, London, 22 November 2003
- ii. *Therapy Culture: Cultivating Vulnerability in an Anxious Age*, Routledge, London (2003)
- iii. Cawson, P. et al *Child maltreatment in the United Kingdom* NSPCC, London (2000)
- iv. *R v Selwyn Bell* [2003] EWCA Crim 319, para 25-29
- v. 39 per cent of applications to the CCRC as against one to two per cent of convictions on indictment concern alleged sexual offences.

MEMBERS FORUM

The following is an extract from a copy of an edited letter to Clair Curtis-Thomas, MP, chair of all-party group on abuse investigations

As a family, we have recently come through a long seven months during which one of my sons was falsely accused of sexual abuse by the 12 year old daughter of his then girlfriend. After the child’s mother took the complaint to the police it was almost three weeks before he was interviewed, and a further month before he was charged. He pleaded not guilty to all charges, and eventually the case was referred to the Crown Court. We were fortunate to find an excellent solicitor whose expertise was dealing with just such cases. We also made contact with the British False Memory Society in Bradford on Avon, who were to prove invaluable in their support. They have found over recent years that a lot of their work is in supporting victims of teenage allegations of abuse. They referred us to experts to help him in his defence.

We were able to have the video interviews of the child, her brother and a school friend analysed by a forensic criminologist, Dr Bill Thompson, a Practising Associate of the British Academy of Experts. He concluded that the policewoman who interviewed the children used none of the Protocol guidelines in Best Practice. He describes her interview technique as inadequate, and leading. He states, “The interviewer adopted a leading methodology complete with closed suggested prompts on information not offered by

the child, and a failure to offer ‘don’t know’ options in two-part lists. There was a failure to explore several pertinent issues in any detail, as the interviewer appears more interested in securing allegations than a free recall account of them. By failing to encourage free recall and resorting to open ended questions whenever possible, several transgressions of the Best Evidence guidelines took place..”

Like the Memorandum of Good Practice that preceded it, Best Practice interviewers are reminded that a failure to follow the guidance recommended, not only undermines their ability to make viable assessments of various facets of the disclosures, but may cause difficulties in court. The major difference between the two guidelines is that Best Practice includes:

- A greater stress on securing Free Narrative accounts before asking even open-ended questions.
- The need to add “don’t know” to two-option questions.
- A greater stress upon the summarising during the Closure phase.
- The guidelines now allow one to utilise a prior account, but it also suggests one secures a “history of the allegation”.

In summarising his report, he makes the following points:

- Children’s interview statements should not be taken at face value.
- Interviews should be analysed to determine the extent of, or negate the possibility of, interview influence through leading and suggestive questioning, supportive methodologies, and cueing upon prior belief and information.
- As children’s accurate recall depends upon a complete lack of suggestible techniques (Ceci & Brook, 2000) any failure to maintain interview guidelines raises the possibility of a final account shaped to a lesser or greater extent by the methodologies employed.
- Every effort should be made to secure a history of the allegation as a test of adult’s accounts and fears.

If we had not had the time and energy and advice as to where to go for support and guidance, we would have been immeasurably worse off.

A week before the case was due to be heard, the Criminal Prosecution Service (CPS) suddenly advised us that they were dropping all charges. They stated that this was because on reviewing the case the Crown was not satisfied regarding the complainant’s account, and that a recent re-interview had cast doubt upon her credibility. This, and the complete lack of medical evidence to support her claim, caused the judge to stipulate that our son’s not-guilty pleas would be formally converted into not-guilty verdicts. The relief in getting the matter concluded in this way cannot be described.

We find it appalling that he has no recourse to recovering any of his financial loss, that the girl and her family go without any form of punishment, and that the press are entitled to print details of his charge before trial. It seems that there is gross infringement of human rights in such cases. Events like this can ruin lives. Thankfully, we are strong and resourceful as a family and he has shown great strength and dignity in his determination to clear his name. Countless others faced with all he has endured might not be so able to cope. The government must do something to help victims of false accusation, not only financially, but emotionally and socially too so that they can recover from the trauma.

The mother of an accused man

Survival tips for those falsely accused

My husband was arrested on 2 October 2001 and charged with gross indecency involving three girls in incidences alleged to have taken place some 30 years ago. The case took some 15 months to come to trial, during which time, while he was free on bail, he dismissed first one legal team and then another. Finally, he was led to an excellent solicitor and an exceptional QC. Although acquitted on three of the eight charges, a re-trial was ordered but, some six months later, the remaining charges were suddenly dropped without explanation and he was miraculously a free man!

For almost two years, my husband and I, despite

numerous setbacks and incompetent legal back-up, struggled to piece together the true story behind the false accusations and mount a powerful defence against seemingly insurmountable odds. As my husband had to occupy himself with making a living, much of the research dealing with the minutiae of the defence fell to me. During almost two years of gruelling battle to present the truth of the case, I learnt the hard way of the many vital tasks that only a defendant, or his close confident can, and must, perform to ensure even a chance of acquittal. I therefore feel drawn to pass on a few tips for your consideration that I feel are vital for the survival of your sanity and the ultimate insurance of your liberty.

Shock – The unbelievable has happened. You’re accused, charged and on bail, awaiting trial. You’re in shock. Realise that this is a stage that may well last for weeks or months. Look after yourself physically, emotionally, mentally, spiritually. Take it easy with yourself but do not be passive. Some pro-active planning is necessary.

Telling others – Tell only the few who you can really trust and make sure, even before you tell these people, that they won’t pass anything on, *no matter what*. Only tell people who you know will be positive, helpful and supportive. They must be people who believe in you. If you have any doubt about this – say nothing. These people need to hear from your lips that you are “*not guilty!*”

Escape – If you possibly can, get away from the place where you were arrested as soon as you can. If this is not possible, make sure you get out and about as much as you can (day trips to the sea or the country).

Feelings – Don’t stifle or suppress your feelings. There’s a time for you to have angry, sad, disillusioned feelings.

Thoughts – Watch your thoughts. Check out if you actually have had very negative thoughts in the past. Practise the art of thinking positively.

Planning – Plan your campaign. Treat the whole thing as though it is not happening to you. It’s a

job that has to be tackled. Get all the help you can in typing, finding facts, sorting, telephoning, researching on the internet, etc.

Patience – Be as patient with yourself and partner as you can be. Be as loving as you can be. Remember, your family and those close to you can be under as much strain as you.

Physical activity – Keep active. Get as fit as you possibly can. Even join a gym. If you let your body run down, your mind will too. If you go to trial it will be like running a marathon. You have to get in training.

Health – Eat properly. Eat well. Take extra supplements and vitamins.

Support – First of all, support yourself. Make a time every day to devote yourself to your case. Stick to this, don’t let it “bleed” over into all your other activities. Ask for help from BFMS. Get help from other people who, like us, have been “through the mill” and can give you invaluable first-hand knowledge about the “experience”.

Legal team – Check out which solicitor you want to represent you. Find one who has dealt with similar cases, who doesn’t talk all the time about their own successes, but listens to you. Write out your story, fully, in detail and, if you need to, get help typing this out. Give this to your solicitor, it may contain a vital clue for them. Write out the accuser’s story, as you know it, but try to do it from their point of view. Try to find out what might be their motive. Meet the barrister. Ask questions.

Preparing your case – Start keeping lever-arch files of all correspondence, marked in code. Locate any photographs relevant to the case, date them, sort them. Find letters, correspondence, etc. Do not leave anything to the solicitor if you can possibly do it yourself. They are very busy people and you are just one of many clients. Make sure that you are confident that you have a sharp, powerful solicitor who will move mountains for you. If you are unhappy with the way you are being represented, complain (politely) but complain, express your concerns, ask for advice, have the courage to change solicitors. (We did,

twice). Do not take “no” for an answer! If you are on legal aid, they will not want you to change representation. Take no notice! Insist! Write up a really good reason for changing. *Do not be intimidated by the system!*

Facing reality – Take time to look at the “worst possible case” – what that is for you and how you and your family would cope and be supportive. Once you’ve faced your worst fear, it’s easier to put all that aside and get on with what you have to do.

The court – Sit in at a Crown Court to see how it operates. Become familiar with Court procedure. Find out who the judge will be in your case and find out what sort of reputation he/she has. Get your real friends to support you by being there, in Court with you when you have to appear.

Presentation – Get help with this. How you present yourself in the witness box is crucial. How you speak, with clarity and confidence, openly and honestly, is how you will come over to the jurors. Look at the barristers directly, and look also at the jurors. They will be judging you and you will only have this one chance to make the right impression. Remember, the jury will hear only a small part of the “story” and it is on this small part, that they will base their judgement. Listen to your barrister’s views on how the case should be conducted but listen also to your own ideas and views.

Finally – This is *war*. Fight the good fight – there are two sides – the prosecution and the defence and you have to have the best men/women to plead your case. Tell your story. You need to have the biggest guns and the most powerful ammunition. You *must* be the winner. Go for it!

The wife of an accused man

Informal lunch meetings for local groups

Sometime ago I suggested to Madeline that, in addition to the regional meetings, perhaps localised groups of BFMS members might be a good thing, meeting on an ad hoc basis and

mainly for mutual support. The first teatime meeting we held had members from far and wide and was fairly formal. This was not quite what I had envisaged, so the next one, sometime later, was less formal but still with Madeline’s and Roger’s support (they lead the first meeting too).

After one or two more teatime meetings on our own, I hit on the idea of American lunches with everyone bringing a dish. This offered more structure and involvement for everyone, and was far more successful. We have kept it up since and have had several lunches, averaging four or five meetings a year, avoiding summer, as most people seem to be busy.

The nuts and bolts of starting up are time consuming but not difficult. Because of data protection, the original invitation has to come from Madeline, who writes to members over a given area, outlining our plans and asking anyone interested to contact me. I only hold names and telephone numbers and no addresses unless they are given to me by those concerned.

I keep a record of what dish people bring and try to vary the format each time. Numbers vary from seven or eight to about 20, and while we have the space to seat everyone (changing seats halfway through) there is no reason why it should not be a buffet and balance on the knee occasion where space is limited. The most important thing is to meet people with similar problems, chat, exchange views and news of returners/retractors.

The feedback is favourable – we all draw strength from our meetings, we enjoy a good lunch, discussion is lively, plenty of laughter and as one member said, “it is wonderful to let down one’s guard and not feel a freak”.

If anyone is interested in getting together a group and would like to talk it through, do ask Madeline for my number, and I will gladly do what I can to help. It is not difficult and very rewarding – try it!

Jocelyne, BFMS Trustee

DIARY DATE

The 11th BFMS AGM will be held in London on Saturday, 24 April 2004

Carers to be involved in mental health plans

This is an extract from a letter from Rosie Winterton, Minister of State, Department of Health to an MP taking up a constituent's complaint about the treatment of an 18 year old mentally ill accuser following a recent hospital admission and the block on communication between the hospital and her mother, Mrs X, who was her carer.

Involving patients and carers in decision making is essential for the effective delivery of mental health care. Empowering patients to take an active role in their care is also a key theme in the NHS plan. We know that people are more likely to take their medicines correctly when they understand and agree with their treatment and have been active partners in prescribing decisions. Information collected by the DoH Common Information Core shows that 94 per cent of mental health patients on the enhanced level of the care programme approach now have a written care plan setting out the details of care including drug treatment.

Mrs X has also stated that the family experienced difficulties in obtaining treatment for their daughter. We are aware that there is at present varying levels of access to different types of services across the country. To address this problem, mental health services in England are going through a radical programme of improvement. This includes increasing capacity, improving access to effective treatment and care, reducing unfair variation, raising standards and providing quicker and more convenient services. The National Service Framework (1999) for mental health, published September 1999, set out general standards for treatment and care. This will be supported by additional investment of over £300 million to assist in the implementation. A significant part of this investment has been ring-fenced to develop robust community based services such as crisis resolution teams that can prevent unnecessary hospital admissions in the first place. The National Institute for Mental Health in England (NIMHE) has recently appointed a new Fellow to lead on "experts by experience". The Fellowship is one of a series being established to bring a national profile and focus on service-user and carer involvement at all

levels in mental health services in the NHS and social care. More information about this work can be found on the NIMHE website at www.nimhe.org.uk.

One of the complaints of the family was that a care plan was not drawn up for their daughter on admission and the "enhanced" level of the care programme, which would have given greater access to information for carers, was not instituted though it ought to have been. The daughter has now rejoined the family at home and a police investigation has been dropped.

For further information on joining the mental health services user and carer project contact:

Jan Wallcraft, London Development Centre for Mental Health, 40 Eastbourne Terrace, London, W2 3QR
email: jan.wallcraft@londondevelopmentcentre.org
Tel: 0207 725 5504

Therapy in the dark

This story is about distorted memory – it is not a "recovered" memory one – yet there are very close similarities. It is about my ex-wife's psychotherapy: how people were made ill, and the shattering of a happy family with two children. Surprisingly perhaps, and with a bearing on the way events unfolded, I have worked in the field of psychotherapy and counselling myself.

Fifteen years ago, my wife went privately to a psychiatrist who was a qualified Jungian analyst. She had had a complicated childhood. I was interested in Jung, and my wife felt therapy could help her. After the second session, she returned home in an odd state saying, two or three hours later, "You have never loved me or cared for me". I went into shock, never dreaming at the time this was a permanent state of mind. But after a few days I thought the analyst might have triggered a sort of nervous breakdown and I was relieved my wife was with a good psychiatrist.

After a few weeks of my wife's anger and hurtful remarks, I decided to see an analyst myself (who was not a psychiatrist) from the same Jungian organisation. This was for support, but also to inform him of what was going on at home. I saw this person for three and a half years.

My wife was soon to fall in love with her analyst. This greatly confused the situation regarding her original state of mind. My knowledge of psychotherapy, of the transference, and of Jung's work, which I admired, probably worked against me now for I was convinced my wife would eventually get better so that we could discuss the marriage sensibly. I had faith in the Jungian organisation. However, after some weeks, I started to question her therapy to my analyst, and this in time gave way to my insisting something was wrong.

I am acutely aware now that when a therapist is told certain things s/he may not know whether they have any basis in reality; that it is possible for a whole course of treatment, lasting months possibly years, to be based on a wrong diagnosis. At the time I knew nothing of this, and of course had no idea for certain what was going on in the therapy.

The family scene was now so painful, and complex, that my health became affected. My wife, clearly a vulnerable person, was unhappy and was now convinced Dr X was going to marry her. We tried to talk. In the course of time, I discussed the whole situation with three psychotherapists, two of whom were psychiatrists. Two of these therapists were known to me and had been practicing since the 1950s. Many issues were discussed, amongst them were: (i) should I try to go and see my wife's therapist? and (ii) should I continue to pay for the sessions?

I was advised to keep notes regarding events at home. This I did. Although the background may be referred to, in this article my aim is to describe some of my attempts to help my wife and family through contacts with professional people and organisations. In view of our original loving marriage and normal family life with the two children, I was advised by one psychiatrist I consulted that what was called a delusional neurosis (described as virulent) had come into being at the time my wife returned in her disturbing state of mind. The fact was that she was unable to recall the nature of our marriage. It seemed painful for her to try and remember it. Past events were recalled normally, but only to show me how insensitively or badly I had

behaved. At one time my own analyst, too, had stated that it looked as if a "latent delusional state" had come into being in my wife's treatment. If this was so, I took it that it was being treated.

Her anger on occasions was appalling and of a peculiar nature. After three years, she said she wanted a divorce and I started seriously to worry about the children, now aged 11 and 8. I began to notice that my own analyst, who up till now had been very helpful, was becoming defensive, and I began to sense that behind him was also a defensive Jungian organisation.

We lived in the country and after three and a half years we divided the house in two. My wife had gone to a divorce solicitor and I was terrified of being separated from the children. So negative was her view of me, on two occasions she threatened to take out a court injunction to prevent me seeing the children. She needed her own space, which I understood, and I myself was now on the very edge of a complete breakdown. She had started a part-time degree course in

“...it is possible for a whole course of treatment, lasting months possibly years, to be based on a wrong diagnosis.”

London in order to train as a Jungian analyst! I was shocked. The idea became an obsession for her. She also started some part-time counselling in one of the hospitals where her analyst worked. It may sound extraordinary, but my wife asked me if I could give her some kind of supervision for the counselling, as apparently she could not get any at the hospital. I told her this was hardly in order but I agreed on an informal basis. The fact was our old relationship from the days before her therapy had somehow never completely disappeared. I would describe it as submerged, albeit sometimes almost totally. The vestige of her past personality was one of the straws I was clinging on to. She did sometimes confide in me, and on one strange occasion of considerable pathos she said in a low voice – and it came out almost as if she did not mean to say it – “It's hard for me to be separated from you (i.e. divide the house in two) as I still love you”.

I was overcome by a sense of frustration at not being able to put forward a different version of events. I suggested that we should both go to an independent mediator, but my wife could not

agree to this. Her therapist knew of the suggestion. It is possible that what I would have wanted to say in this mediation could have had a questionable effect on her extremely fragile state of mind. All this was discussed with one of the psychiatrists I saw regularly. I also talked with him about the question of putting in a complaint to the Jungian organisation. If only I had gone to see my wife's analyst right at the beginning. At the time, I thought her state of mind would change. I was now in a terrible impasse. By not taking action the situation could only get worse – that is, if the delusional neurosis was not recognised. But action, too, could worsen the situation. The consequence was that I spent countless hours wondering how I could get myself and my family out of what looked like an ever-closing net.

My wife's therapy continued like a runaway train. If I put in a complaint, and it backfired, I ran the risk of being separated from the children. I grieved terribly over the loss of our happy domestic life. A time came when, in spite of the severe stress it would entail, there was little more that I could lose, and so I felt I must complain.

I had checked out my legal position with a barrister (an action against the therapist was not encouraged). The barrister and my solicitor spent almost three months trying to obtain the Jungian organisation's Code of Ethics. My psychiatrist friend and my solicitor helped with the complaint. I knew by this time (after six years) what a serious one it was. The complaint went in and was a disaster. The organisation did not take complaints from third parties. (Their letter said that, if appropriate, the Ethics Committee would pursue the complaint on behalf of the organisation if I sent them all the evidence. This, however, seemed most unsatisfactory.) The therapist was informed of the complaint and he now told my wife of it. She told me he said I could come in and discuss it with her present. In a note, my wife said she was now divorcing me. Her analyst had apparently told her that the complaint was something to do with a delusional neurosis.

I declined to meet my wife's psychiatrist. Here are the reasons:

- The marriage was destroyed.
- My health had worsened. I might not

have had the strength to fight my corner.

- Her therapist appeared to know nothing about the delusional neurosis. In listening to me he might have to accept that six and a half years of his treatment was conducted on a wrong assessment.
- With my ill health I was at the mercy of my wife's anger even in the divided house.
- How could I count on her therapist changing the treatment? Rather, what I had to do was cut my losses and see my wife's psychotherapy for the time being (tragically for all of us) as a lost cause. I should not take any unnecessary risks.

Some months after the complaint, I was suffering such severe anxiety attacks I had to move out of my side of the house into a small bungalow in a neighbour's garden. Blessedly, it had no telephone. I still worked from home during the day, knowing that I had a refuge in the evening.

I was nevertheless devastated that the complaint was not going to be heard. After the divorce was eventually sorted out, the house was sold. The children were to share their time with each parent on a 50/50 basis.

Everything the complaint said was now, in the course of time, to be confirmed. Firstly, my step-daughter, now aged 16, found she could not live with her mother in the holidays and went to live with her father and stepmother. The complaint said the delusional neurosis would damage my wife's relationship with her children (this has proved true also in relation to our son). Secondly, after obtaining a degree my wife was taken on for training by a psychoanalytical training organisation (United Kingdom Council for Psychotherapy (UKCP) registered) specialising in child psychotherapy. She did not complete the course. The complaint said that encouraging her to train was irresponsible.

After the divorce, my ex-wife and I both moved to separate addresses in London. A short time before that, having discovered and found the support of the British False Memory Society, I contacted Dr Boakes and also considered the question of an appeal to the UKCP regarding the handling of the complaint. My family story was clear and I had proof of it. Yet I could not influence the therapy and help my wife and family. It is impossible to describe how this

made me feel. Family money was being used to harm us and shatter family relationships.

I met Dr Pokorny who was in charge of complaints at UKCP at the time, and also wrote to the then Chairman, Professor Digby Tantam. The question of an appeal seemed complicated and was never followed through. In the course of time two leading positions at the UKCP were filled by members of the Jungian organisation that my wife's therapist belonged to.

Yet I simply could not accept that nothing could be done about malpractice in psychotherapy. I felt truly indignant about this in view of my previous counselling work. My ex-wife found her daughter more and more impossible, and was utterly devastated by the situation. This was particularly so in view of her training in psychology. She was determined to be a good mother. It was a deeply tragic situation for mother and daughter.

I had to let the two children find out about their mother in their own way. It took time. I discussed all of this with my psychiatrist friend. I was incredibly careful about what I said to the children: in fact, I said nothing other than to agree with them when what they said about their mother was transparently correct. As the months went by they would speak together with more and more openness and forcefulness about their mother's odd behaviour.

Having moved to London I slowly started to rebuild my life. About three and a half years ago I started to regain a little strength (11 years after the beginning of my wife's therapy). It was after my step-daughter finally moved out of her mother's house and came to live with me. This eased the whole situation. Then, five years after the divorce, my ex-wife applied for further maintenance. Some months later, and after a court appearance, this was finally sorted out.

I would like to finish by returning to the practice of psychotherapy and giving two quotations from the psychologist and philosopher, C.G. Jung from *Memories, Dreams, Reflections* (ch. 6):

- [These] latent psychoses are the *bêtes noires* of psychotherapists, since they are often very difficult to recognise.
- In general one must guard against theoretical assumptions.... In my analyses they play no part.

My wife went through hell in her therapy, to which she was totally committed, courageously working through and recalling her difficult childhood. For years, the attempts by the two of us to talk resulted in a form of emotional torture. She could not appreciate why I stayed in the marriage and why I could not understand her point of view; and I was relating to her "pre-distorted memory" or "pre-delusional neurosis" personality. All this was before I understood about false memory, and what really had happened.

An ex-husband - a third party complainant

Oxfam worker found courage

For the past eight years I have worked in a busy branch of Oxfam. During this period the book trade has become an increasingly important part of our business and, like all our other goods, the books are donated by the public. One day when I was alone in the stockroom I happened to glance at the bookshelf labelled "Medical" and saw a copy of *The Courage to Heal* in good condition which had been marked as £2.99 by a well-meaning colleague who probably knew nothing whatsoever about it. I had great pleasure in removing the book and placing it in the wastesaver bin. As I did so I heard myself muttering "That's saved one more family!"

The book has gone to the waste recycling plant.

A mother

Figuring the facts

"...I am uneasy, first of how the allegation came to be... Gavin ... made no complaint until... he was sent to a Californian therapist who, in turn, diagnosed abuse.

"All I have to say to this is that here in the staid old UK, the British False Memory Society, which advises in cases of sexual allegation 'remembered' ages after the supposed event, says that of 1,600 cases currently on its books, nearly two thirds involved a therapist before any allegation surfaced. You figure."

From "Truth will be the real victim in Jacko case"
Carol Sarler, *Daily Express*, 26 November 2003

NEWS FORUM

The BFMS, in partnership with SW London and St. George's Mental Health NHS Trust, organised and sponsored a one-day scientific conference for all mental health professionals. Rosie Waterhouse in the New Statesman reports on the event.

When the mind plays tricks; observations on sexual abuse

by Rosie Waterhouse

What do stories of alien abduction and false memories of child sexual abuse have in common? Most of them, it seems, emerge during some form of psychotherapy.

The dangers of misguided therapy were highlighted when psychologists from Britain and the US met at a conference, Remembering Trauma, at the Royal Society of Medicine in London this month. According to one survey, 3.7 million Americans believe they have been abducted by space aliens and experimented upon, or forced to have sex to produce hybrid children as part of an extraterrestrial fast-breeder programme. A recent BBC poll found that at least 300 people in Britain hold similar beliefs.

In the late 1980s and early 1990s, in a panic that spread across the English-speaking world, people claimed to have recovered long-forgotten memories of "Satanic" abuse in bizarre rituals by devil-worshipping cults which raped and murdered children, drank blood, ate faeces, and impregnated women to breed babies for sacrifice. As no forensic evidence has been found anywhere to corroborate any such stories, most of us would conclude they, too, were false.

But claims by adolescents and adults that they have suddenly realised that they were sexually abused in their childhood are less easily dismissed. During the 1990s, many psychotherapists latched on to a theory that victims of incest and sexual abuse had been so traumatised that they repressed the memory. And so therapists used techniques including hypnosis

and regression therapy to assist memory recovery. Most doctors in the mental health field now accept that some so-called recovered memories can be false memories unwittingly induced in therapy by leading questions and suggestions.

Now some researchers go further, arguing that it is impossible to have forgotten a truly traumatic event. All recovered memories are therefore necessarily false in the same way as memories of alien abduction. Richard McNally, Professor of Psychology at Harvard University, says: "The notion that the mind protects itself by repressing or dissociating memories of trauma, rendering them inaccessible to awareness, is a piece of psychiatric folklore devoid of convincing empirical evidence." McNally studied Vietnam veterans who suffered from post-traumatic stress disorder and concluded that their memories were all too clear and had never been forgotten. But research on people who claimed to have been abused during rituals of secret Satanic cults showed that most of them recovered the "memories" during psychotherapy. And when he studied people who believed they had been abducted by aliens, he found that the majority had undergone "quasi-hypnotic" memory recovery sessions.

Is the same true of many "victims" of "ordinary" childhood sexual abuse? Janet Boakes, Head of Psychotherapy Services at St George's Hospital, London, told the conference: "Most clinicians now accept the reality of the 'false memory syndrome', but few recognise that they could themselves be responsible for creating or fostering false memories."

"...seventy three per cent of the therapists involved were employed by the NHS..."

In the past five years, Boakes has been retained by the defence in nearly 100 cases involving "historical" allegations of sexual abuse. Of these, 65 cases involved criminal prosecutions and, in more than three-quarters of them, the complainant had

received a "therapeutic intervention" that ranged from counselling to long-term psychiatric in-patient care.

And those responsible for engendering false memories were not just unregistered, unqualified quacks. Boakes reported that 73 per cent of the therapists involved were employed by the NHS and seven per cent by social services departments, with just 20 per cent in private practice.

“Sometimes,” she said, “clinicians seem to suspend all critical faculties when given a history of abuse and fail to recognise a prima facie unlikely tale. I think of a young woman who claimed that her father raped her on the grand piano in the garden shed. Her father was a local music teacher working from home. One imagines that if he really kept his piano in the garden shed, he would have been the talk of the neighbourhood.”

Boakes cited another “but not untypical” case of a woman with gynaecological problems, who, after hearing a talk about incest, became anxious when she saw a pillow and hot-water bottle. As her mental health deteriorated, she was referred to a community psychiatric nurse who gave her *The Courage to Heal*, known as the bible of the recovered-memory movement. The book encourages a belief that many of life’s problems are rooted in forgotten sexual abuse. Over a few weeks, the patient recovered “memories” of being sexually abused by her grandfather, father and husband. Eventually, she accused five men and two women of abusing her. “Often, she would announce a couple of days in advance that she felt a memory coming through,” said Boakes.

She advises therapists: “Avoid any treatment aimed at facilitating or recovering memory. If the patient gets worse, review the case from the beginning. Consider whether you could have got it wrong. There is good evidence that the mental health of patients treated for sexual abuse that did not happen may deteriorate alarmingly as their view of themselves and their world is rewritten. Some of them never recover.”

Reprinted with permission - this article first appeared in the *New Statesman*, 15 September 2003

Irish compensation fiasco

Claims of widespread abuse in Irish “industrial schools” have been rejected by the Christian Brothers, the religious order running the homes.

Thousands of claims for abuse suffered at the hands of religious orders have been made to an “open-handed” compensation redress board with 1,700 complaints of abuse lodged with the Laffoy Commission, set up by the Irish government to inquire into abuse at the schools.

Since the original claims were made in the wake of media publicity, allegations have escalated to include false accounts of “hundreds” of boys murdered and buried by the Brothers.

Now the Christian Brothers have issued a statement denying that the order was responsible for more than a handful of cases over many years. They have been backed by a former resident of a religious child care institution, Florence Horsman-Hogan who has set up a support group, Let Our Voices Emerge (Love).

Ms Horsman-Hogan, a nurse, says that many people have only happy memories of the homes. She says Love is already backed by hundreds of supporters with similar experiences. False claims, she says, are rampant, and there are reports of some claimants having never been in the homes.

The *Irish Independent*, reporting on the development, stated: “Patrick Flaherty, who spent some years in the Holy Family School in Renmore, Co Galway said he made two allegations against members of the Brothers of Charity because of ‘false memory syndrome’. He later withdrew the allegations. He has also said that while attending a public meeting of the Laffoy Commission some months ago he overheard other former residents discussing among themselves whether or not to accuse a particular Brother. Some in the group said the Brother had never abused anyone. Others said he should be accused anyway.” (1st November, 2003)

The furore is reminiscent of the Shelborne, Nova Scotia scandal (see BFMS *Newsletters* Vol. 7, Nos 1,2, Vol. 8 No.1 available on www.bfms.org.uk) where a compensation fund attracted 1,300 abuse claimants. Subsequent inquiries suggested that a large proportion of the allegations were false and could not have occurred.

Victims of Memory

Recently we were contacted by a distressed young woman seeking help with her “memories”. She was living on state benefits. One of the responses was to offer her a copy of *Victims of Memory*, by Mark Pendergrast, at no cost to her. Thankfully, the week before a member had donated to the BFMS her own copy of the book, along with other books which she and her husband no longer required. We sent off this copy of *Victims of Memory* to be put to immediate use. Currently, the book is out of print and our own supplies are nearly exhausted. If you no longer need your own copy sitting on the shelf at home please consider donating it to the BFMS so that we can pass it on to someone else for whom it might be invaluable.

BOOKS AND REVIEWS

Just deal with it

Remembering Trauma by Richard J. McNally, Harvard University Press. £23.50 (US \$35)

Out of the Dark by Linda Caine and Robin Royston, Bantam. £16.99

Reviewed by Carol Tavris

One of these books is the problem; the other, the solution. No two works could more clearly illuminate the issues in the bitter fight over the nature of memory and trauma that has been waged for more than two decades in America and Britain. It has not been the usual academic dispute, where opponents accuse one another of woeful ignorance and disgraceful sloppiness and then adjourn to the nearest pub. The memory wars, like all wars, involve territory, face-saving, livelihoods, reputations and politics. No other dispute in psychology and psychiatry touches people so passionately, because we are our memories.

The dispute concerns an array of beliefs and practices promulgated largely by psychotherapists, including psychiatrists, clinical psychologists and social workers. In their view, the mind tries to protect itself from the horrors of traumatic experiences either through “repression” – the mechanism that allegedly prevents threatening memories from reaching consciousness – or through “dissociation” – a disruption in consciousness in which the bad memory splits off and the victim suffers amnesia for the disturbing event. Many therapists further assume that sexual abuse occupies its own special category of horror, a trauma worse than being imprisoned in a concentration camp or witnessing the murder of a parent. For those who take this view, it is not only possible, but common, for a woman to be sexually molested and even raped by her father, sometimes for years, only to repress the memory until it is recovered in therapy. These beliefs, widely held today, actually developed quite recently. Before 1980, clinicians who were treating survivors of war, torture, incest

“Trauma therapy is a growth industry around the world.”

and other ordeals observed that clients were reluctant to talk about their experiences, but all remembered them.

No Holocaust survivor had “repressed” the horrors of the camps. Yet by the end of the 1980s, as Richard J. McNally writes, “reluctance to disclose became inability to remember”.

The appropriate therapy for “recovering” the repressed memory involved dream analysis, hypnosis, interpreting symptoms as evidence of trauma, and similar suggestive techniques. For the thousands of people who do not forget traumatic experiences, help arrived for them, too. In 1980, the American Psychiatric Association gave its imprimatur to the diagnosis of “post-traumatic stress disorder” (PTSD), and by the end of the decade the trauma industry was in full swing. In the aftermath of any disaster, natural or human-made, swarms of therapists now appear on the scene to help victims recover and head off PTSD at the pass. Trauma therapy is a growth industry around the world.

The beliefs concerning recovered memory and the treatment of trauma are the latest in a long line of psychological ideas and diagnoses that have gained ascendancy before collapsing under the weight of scientific evidence – such as phrenology, mesmerism, penis envy, Munchausen by proxy syndrome and multiple personality disorder. The losing factions have not yielded gracefully. They are reacting as I imagine phrenologists must have done in the twilight of phrenology, as evidence accumulated that one cannot identify a thief by the “stealing bumps” on his head: by dismissing the data and doubling their fee.

McNally, a professor of psychology at Harvard University, is both a clinician who studies anxiety disorders and one of the leading scientific investigators in the field of trauma and memory. *Remembering Trauma* is an exhaustive review of the scientific research and clinical evidence pertaining to trauma and memory, including what is known about dreams and nightmares, flashbacks, repression, dissociation, amnesia, and PTSD. No relevant question escapes his scrutiny: are nightmares literal memories? What is

repression, exactly, and how does it differ from normal forgetting? What is a trauma and why do some people continue to have emotional symptoms when most recover? McNally resists the conciliatory impulse to take a middle ground, perhaps along the lines of “recovered memories occur more often than some people think but less than others think”. Nonsense, he says. Some people think the world is round and others may say it is flat, but “neither science nor reason requires us to conclude that the world is therefore oblong”. There are no oblong compromises in *Remembering Trauma*, only the most scrupulous conclusions based on what the evidence shows, or fails to show. “The notion that the mind protects itself by repressing or dissociating memories of trauma, rendering them inaccessible to awareness”, McNally summarises, “is a piece of psychiatric folklore devoid of convincing empirical support.” So, too, is the belief in the widespread occurrence of psychogenic amnesia, in which a person cannot remember key events because they are psychologically shocking. This phenomenon is as beloved by novelists and filmmakers as by clinicians, but it is extremely rare. Most cases of amnesia in the aftermath of trauma or accident are organic, caused by damage to the brain.

McNally’s goal is to explain and to persuade, which he does with a dazzling accumulation of evidence from a vast array of sources: laboratory research, physiological studies of the brain, clinical case studies and studies of survivors of war, torture, rape, incest, sniper attacks and other horrific experiences. The problem for survivors is not repressing their memories; it is that they have trouble forgetting them. People may not think about disturbing events or talk about them for long periods of time and then recall them later, but there is no reason, McNally observes, to “postulate a special mechanism of repression or dissociation” to explain this. Further, the remembrance of things past is always distorted; memory is neither a perfect recording of events that can be replayed at will nor a “buried” object that can be “dug up” whole. All memories – of upsetting experiences or exhilarating ones, of sudden, shocking events or happy, mundane ones

– are subject to modification and change over time. This is not welcome information to most of us, and certainly not to therapists who rely on their client’s memories as the key to the client’s problems. Therapists who regard a patient’s dreams and nightmares as a road to the unconscious or as evidence of buried memories will not like McNally’s review of this research, either.

Nightmares, it turns out, are common in the general population and are unrelated to any measures of anxiety or psychopathology. Although many trauma survivors complain of having frequent nightmares, they actually have them no more often than anyone else.

“...most survivors of trauma eventually overcome their emotional distress – particularly if they can avoid the well-meaning interventions of trauma counsellors.”

Especially damning for the claims of the trauma industry is that most survivors of trauma eventually overcome their emotional distress – particularly if they can avoid the well-meaning

interventions of trauma counsellors. (A recent Cochrane report found that psychological counselling in the aftermath of trauma is useless at best and harmful at worst, prolonging or worsening the symptoms.) Of course, some survivors do continue to suffer extreme emotional symptoms years after a trauma, but the reasons seem to have less to do with the nature of the trauma itself than with their own genetic predispositions, brain anomalies and psychological resources. Thus, some people survive unspeakable horrors with no lasting PTSD symptoms, whereas others develop PTSD after non-life-threatening events, such as seeing *The Exorcist* or, as in one clinical case, after accidentally killing some frogs with a lawnmower.

Remembering Trauma is full of such surprising and illuminating findings, but it is not only about the mechanisms of memory and trauma. Its larger story is about the differences between scientists and clinicians in how they reason and the evidence they rely on to draw conclusions. Therapists tend to speak in grand generalisations: one wrote that children who experience repeated traumatic events “may forget whole segments of

childhood – from birth to age nine, for example”. Scientists cannot tolerate this vagueness. Their research finds that most of us forget “whole segments” of our childhoods and no one remembers anything from birth to age two or three; such forgetting is perfectly normal and not evidence of trauma or repression. Likewise, the reader will come to share McNally’s frustration with clinicians who refuse to yield a beloved concept even when they cannot define, measure, or demonstrate it. When scientists take one definition of repression or dissociation and demolish it, the clinicians say, “well, we meant something else, and in any case we know it when we see it, and you don’t”.

If no one took it seriously, *Out of the Dark* would make an excellent companion volume to McNally’s, for it perfectly illustrates every false assumption, cliché and misunderstanding about the mind and memory that McNally demolishes. Reading these two books in tandem reveals the vast chasm between psychologists trained as scientists and those trained only to do therapy – the chasm that created the memory wars.

Linda Caine and her therapist, Robin Royston, alternate chapters in telling the story of Caine’s therapy for depression and her “harrowing journey to discover her past”. Royston was a physician, intending to specialise in anaesthesia, until his wife gave him a book on dreams by Carl Jung. He immediately decided that he could best help people by becoming a Jungian analyst. Unfortunately, Jungian analysis is an approach that bypasses not only the entire field of clinical psychology, including the part about the utility (and failure) of different therapeutic methods, but also the entire field of scientific psychology, including the part which explains that dreams are not memories, nor evidence of anything that has actually happened. “We know so little about the human mind”, says Royston, presumably using the royal “we”. “My knowledge of blocked memories comes from practical experience.” This is precisely the problem.

Caine’s life was a procession of tragedies, all of which she remembered perfectly: a mother who abandoned her as a child, an unnecessary

mastectomy at 14, a painful, self-inflicted abortion at 16, a violent husband whom she left, a rape by a potential employer. “Happily” remarried, she is nonetheless depressed and suicidal, and seeks therapy. It does not occur to her to wonder how many women with her history would not be depressed. Yet when Royston asks her what is wrong, she replies: “I don’t know. I feel awful and I don’t know why I think there is something evil in me”. Ah. Evil! Now we may perhaps begin! Now we have a book! And so she and Royston start hunting down the Ur-memory, the great repressed event that must be the source of her current misery and suicidal impulses. We get countless dreams, because you cannot be in Jungian therapy without recounting the minutiae of your brain’s normal night-time sorties with horrid creatures. For hundreds of pages, with Caine’s symptoms getting worse – as they typically do when patients spend years ruminating about their symptoms without getting proper treatment – she and Royston persist in trying to “dig out” the greatest horror.

“We know so little about the human mind”, says Royston... “My knowledge of blocked memories comes from practical experience.”

It is a shame that Caine hadn’t read *Remembering Trauma*, where she would have learned that her problem was depression, not repression. (Depressed people do often have impaired memories, McNally shows, not for the specific traumas of their lives, but for other autobiographical details.) Nonetheless, at last the Ur-memory is uprooted: a vague impression that her mother, before leaving her family, had brought a man home to abuse Linda sexually while the mother watched. Even Caine finds this “memory” improbable and, with her mother dead, there is no way for her to corroborate the story. “But it has to be real. It can’t be my imagination.”

(Why not? Dream analysis is entirely about imagination.) “I wouldn’t know about them and exactly how they would feel if I hadn’t experienced them.” (Of course she would; that’s what it means to have an imagination, and in my case false memories feel as real as true ones.) “I buried it so deeply it only came up in nightmares.” (Memories are not “buried” and nightmares are not evidence of memories anyway.) “If what I’ve written . . . is true, why don’t I remember it as clearly as I do the other horrible things in my life?” (Because it probably isn’t true.) “Why does it have a dream-like,

evasive quality?" (That is what pseudomemories are often like.) Of course the book has a happy ending: Caine terminates therapy and moves to California. But if there is to be a happy ending to the epidemic of psychological ignorance and therapeutic malpractice in the domains of memory and trauma, it is McNally's book that the public should read, and that every therapist must.

Reprinted with permission - this article first appeared in the *Times Literary Supplement*, 15 August 2003 (pp. 10-11)

Me, myself and I

In a recent review in the *New Statesman*, Jonathan Headwood extolled the virtues of Matt Ruff's "MPD" novel stating that "Dissociative identity disorder – also known as multiple personality disorder (MPD) – must be one of the most frightening psychological conditions. The sufferer's body becomes like a puppet, with a range of puppeteers and ventriloquists fighting over the strings and the voices. Whenever an alter ego wins control, the owner of the body becomes oblivious to whatever he or she is doing in the outside world. Weeks, even months, may pass while the victim is unconsciously carried around within their own animated corpse, only to wake up in a strange town, with strange people, having done something very strange, perhaps even criminal.

"MPD is often the result of childhood abuse, as victims compartmentalise various elements of their personality. Thus, an extremely shy person will generate a violently aggressive persona. Some sufferers even have a caretaker soul, like a nominated driver, who will protect them from their worst excesses, or leave notes to explain what has happened." (27 October 2003)

BFMS Addvisory Board member, Ray Aldridge-Morris, responded. Here is his letter published in the *New Statesman*, 10 November 2003:

Whatever the merits of Matt Ruff's novel *Set This House in Order*, I am sure he will be amused by Jonathan Headwood's review (*Books*, 27 October 2003), which discusses multiple personality

disorder (MPD) at length. MPD is itself fiction. I debunked this psychiatric hoax in a book in 1989. There is no such clinical entity as MPD and no psychopathologist with any credibility would ever make such a diagnosis. It was always largely a North American phenomenon, and those clinicians foolish enough to so label their patients are now facing the consequences. These include lawsuits from the patients themselves and their families. MPD is exciting stuff and has been inspiring novelists since Stevenson created Dr Jekyll and Mr Hyde, but let's leave it where it belongs – in the world of fiction.

Dr Ray Aldridge-Morris
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Funding the anxiety state

"Never before have so many people been dependent on some form of therapy. Night after night, our televisions instruct us to pick up the phone 'if you have been affected by any of the issues in this programme': the message is that every difficult experience requires expert help. We must all raise our 'awareness' - of stress, low self-esteem or some recently identified personality disorder.

"Government, social workers and charities work tirelessly in this cause. It costs money, of course, since awareness-raising requires special training; and, despite ritual denunciations of underfunding, it is usually forthcoming. In a recent disbursement of National Lottery money earmarked for health, 25 per cent went to advice and counselling schemes; only six per cent was allocated to research charities.

"Furedi believes that these developments are playing havoc with social relations in Britain, shrinking us into a state of self-indulgent anxiety."

From Damien Thompson's review of *Therapy Culture* by Frank Furedi. Daily Telegraph, 1st October, 2003.

LEGAL FORUM

Unfair conviction is a ground of appeal

In the last Newsletter we published a barrister's commentary on R v Selwyn Bellⁱ, the case that has rocked the Court of Appeal in retrospective abuse cases.

Since then, as might have been predicted, the Court of Appeal in R v Hooperⁱⁱ has attempted to partially distinguish Bell, thus limiting its applicability. There are also reports that the Criminal Cases Review Commission is turning down applications resting on the Bell principle by substituting its own interpretation.

In order to clarify the significance of Bell, we publish the barrister's exclusive further commentary below.

It really does the Court of Appeal no credit when it distinguishes cases on wholly false premises. The real distinction between *Hooper* and *Bell* is "complaint by volume". It has nothing to do with the distinction postulated by Lord Justice Rose in *Hooper* that in *Bell* the defendant had claimed the complainant had been "confused" whereas *Hooper* claimed his alleged victims were "lying".

The only reference to confusion in *Bell* is the passing comment that "the experience of all the members of this Court is that complainants do on occasion fantasise or imagine that abuse may have occurred when it hasn't".

The Court noted that the jury in *Bell* were clear that the girl was telling the truth, and indeed it is hard to see how a girl who recalls "wiping her abuser's semen from her body" is or could said to be "confused" or "mistaken".

Further the reason given for dismissing *Hooper* (quoting from *Bell*) is that "the jury who have seen and heard the witnesses are in a better position than the Appeal Court to determine where the truth lies". The whole point in *Bell* was that even where the jury have come to a sensible conclusion on the evidence, and have been impeccably directed by the trial judge, the Court reserved to itself discretion to allow the appeal where it felt that the conviction might be unsafe or unfair.

The "unfairness" (a new ground for allowing appeals) was constituted by the fact that there was one uncorroborated complainant in *Bell*, and that where conviction depends upon one complainant's uncorroborated word against the bare denial of an accused, the accused is incapable of realistically defending himself.

In *Hooper* there were some 27 complainants and features of detail common to their accounts which lent support to their truthfulness *inter se*. Pure complaint by volume, allied to similar fact evidence.

- i. [2003] EWCA Crim 319, para 27 ll 1-2.
- ii. [2003] EWCA Crim 2427

Living with the abuse excuse

Living with Murder on Channel 4 (27 October 2003) looked at four murderers 20 years on – Rex Bloomstein having first interviewed them in 1982 for a programme *Lifers*. Television reviewers were deferential, by and large, noting that three of the four had been sexually abused as children – as though this explained a chilling causal chain. It was left to the sardonic Stephen Pile in the *Daily Telegraph* to point out that none had in fact mentioned sexual abuse in the original programme, so we were no wiser either as to whether it really happened or that it cast any kind of light on their subsequent criminal careers.

Pyrrhic victory on licence

In the *Queen on the Application of Uttley v Secretary of State for the Home Department* [2003] EWCA Civ 1130, it was found that the restrictions on licence imposed by the 1991 Criminal Justice Act were not applicable to prisoners sentenced for offences committed before the Act came into force. A rare "declaration of incompatibility" of the statute under the Human Rights Act 1998, section 37(4) (a) was issued. The restrictions place obligations on prisoners on licence (not parole) to live under probation supervision and attend offender courses.

The Government ought now to amend the statute, but in the meantime the restrictions may still be ordered.

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.

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