



Serving People and Professionals
in Contested Allegations of Abuse

Dear Reader

“Tonight after a year of heartbreak, my husband and I stumbled upon your site... Perhaps for the first night in a year we will be able to sleep.” This moving statement arrived a few days ago by email and set me thinking about the importance of the Society’s work. My immediate reaction was one of relief that they had found us but that turned to disappointment that it had taken a whole year. No one should be facing the level of suffering induced by a false accusation of an historic sexual crime alone. Why did it take so long? To begin with the subject is understandably one that most people feel unable to talk about but if it is raised in confidential surroundings, perhaps to a GP or a solicitor there should be no reason why those professionals would not know about, and be able to refer them to, the BFMS. Press and media coverage of the subject of false memory had its heyday in the mid-to-late 90s but it still gains space from time to time either with the publication of new research or a reference to it in an agony column or a feature about a retractor telling how he/she realised they had false memories. On page 5 we have reproduced an article from *The Psychologist* which discusses the unreliability of autobiographical memory. During the summer this topic caught the eye of journalists from both local and national press and we managed to interest them in case histories to include in their coverage. The British Psychological Society also published guidelines on Memory and the Law (June 2008) aimed at helping the legal system to evaluate evidence based on memory (see page 22) which raised much discussion on radio and in the press. We thought it would be interesting to see if we could assess the impact of this exposure on the numbers reaching the services of the BFMS. With the wonders of Google wizardry we have been able to analyse our website traffic. Not only do we have the figures for the number of hits but we can see

which countries these are coming from and we are amazed to see that although the majority come from within the UK all continents access the site. The analysis confirms that during the time of press exposure there has been a surge of interest.

Without a peg on which to hang our important topic there will not be the slightest interest from the media and we know that fame is short lived so how do we keep the subject to the forefront? One way, brought to my attention recently by a member, is to make use of our book, *Fractured Families*, whenever possible. He mentioned that whilst chatting with a new colleague about how he had dealt with being falsely accused, she declared that her daughter was an accuser too but she hadn’t heard of the Society’s work. He gave his colleague a copy of the book and now she is keen to educate the lawyers she works with and very soon a further twenty people will be aware. Another method came into play when we mailed a document detailing the powerful story of this year’s AGM speaker about her treatment, false memories and retraction, to every Child and Adolescent Mental Health Unit in the UK. Although acknowledgement has been less than forthcoming we are still optimistic about this

Table of Contents

| | |
|----------------------------------|-----------|
| Editorial..... | 1 |
| News..... | 2 |
| Research | 5 |
| Members’ Forum..... | 14 |
| Letters | 18 |
| Books & Reviews | 18 |
| Legal Forum..... | 22 |

project as we have been told that the document provides a rare and useful training tool for unit staff. We don't know what the numbers are but if we conservatively assume ten staff per unit that means potentially over 1,000 newly informed individuals.

Many readers will recall our concern about the Scottish publication, *Can of Worms: Yes You Can!* written for frontline workers dealing with vulnerable people. Following our letter in early 2006 the book was withdrawn pending a review. Two years on, the second edition has appeared albeit with the same emphasis as the first one but now minus much of the unsuitable and potentially harmful material. In addition, two pages on 'recovered' and 'false memories' have been included referring readers to research the subject and decide for themselves 'where the most informed, accurate and scholarly opinion lies.' Regrettably, the book offers no scientific references and so uninformed readers could stumble into yet another 'can of worms'. In some measure, we made a difference.

Times readers will have noticed Dr Tanya Byron's column in July in which she proffered advice on what to do when memories of childhood abuse start to harm family relationships. Not impressed by her advice many of us wrote to respectfully suggest she needed to educate herself about the subject of false memory. This month she has covered the subject again, this time referring to Harvard research and offering an informed response.

Checking and challenging maybe a piecemeal approach but it pays in the end. So long as we all commit ourselves to challenging misinformation when we see it, we will make a difference. Then maybe people will not have to suffer in silence and certainly not struggle for a year without help.

Thanks to those of you who are helping to keep the topic in the news.

Madeline Greenhalgh

AGM 2008 DVD now available
priced at £10 (inc. p&p)

To order contact Donna on 01225 868682

NEWS

Fortune-tellers targeted in new Consumer Protection Regulations

Based on an article in *The Times*, 23 May 2008

This year saw the biggest overhaul of consumer laws for 40 years, tightening controls on everything from door-to-door salesmen to children's advertising.

Fortune-tellers, faith healers, astrologists and the like will be bracketed with double-glazing salesman under the new Consumer Protection Regulations which will, for the first time, require businesses to act fairly towards consumers. Hopefully this will lead to a decline in disreputable trading activities.

Fortune-tellers will have to tell customers that what they offer is "for entertainment only" and not "experimentally proven". This means that disclaimers will have to be put on display for example on the websites of faith healers, spiritualists or mediums where appropriate, as well as on invoices and at the top of any printed terms and conditions.

Andy Millmore, a partner at the law firm Harbottle & Lewis in London, said: "What is significant is the sweeping nature of the regulations. They will effectively criminalise actions that might in the past have escaped legal censure, even if they may perhaps have been covered by industry voluntary codes.

Mr Millmore said that the changes created a lower test for prosecution. "Before, a prosecution had to show that there was a false or misleading trade description. Now the test is, is it an unfair commercial trade practice? So we are likely to see more prosecutions," he said.

The new test would also take account of the context of the sale, he said. If the target were an elderly or vulnerable person, the courts would take a harsher view.

The rules state that anyone offering a service must not engage in unfair commercial practice, misleading statement or omission or aggressive

sales practice. Those who break the new laws, which will be enforced by the Office of Fair Trading or trading standards officers, will face fines of up to £5,000 if their case is heard in a magistrates' courts or a fine and up to two years in jail if the case is severe enough to be heard in the Crown Court.

The Great Depression Debate - a Potential for Patient Harm?

by William Burgoyne, author of *Counselling or Quackery?*

On the morning of Tuesday 26 February 2008 the Great Depression Debate exploded onto the media scene with the publication, in the *Public Library of Science: Medicine*, of research findings by a team at the University of Hull, led by Professor of Psychology Irving Kirsch, that for people with mild to moderate depression, placebos may be just as effective as pills. Perhaps it was because anything described as 'mild to moderate' is not sensational enough for today's media that headline writer chose to omit these words.

The *Press Association's* headline, "Anti-Depressants 'a waste of time'" could well send anyone who takes pride in maintaining journalistic standards rushing to the medicine chest. Nowhere in the ensuing article was the alleged quote 'a waste of time' attributed to any individual or organisation. *The Daily Telegraph* responded in similar fashion with the headline, "Anti-depressants 'no better than dummy pills'".

Although a number of reports that followed these headlines offered a more balanced précis of the review, there is a danger that such headlines may cause some patients to make the wrong decisions (as they did in the case of the letter-writer referred to below) whether or not to continue their medication.

The Independent's front page headline, "Antidepressant drugs don't work - official study" (note the gratuitous underlining and the questionable use of the word 'official') was

followed by a full page report (headlined "Revealed: 'happiness pills' do little to relieve the misery of depression"). In its view, they definitely do not work except for "any but the most severely depressed patients."

Two days later, *The Independent's* letter columns illustrated how complex the issue is and how damaging such headlines can be to sufferers from depression. Professor Wintemute from King's College, London wrote "...Your campaign (*The Independent* had previously been running a campaign against antidepressants) helped cause me to stop my own medication in 2006 after six years without symptoms. I suffered a horrible relapse... After consulting a psychologist who urged me not to go back and to use only talk therapy and a psychiatrist who concluded I should stay on medication for the rest of my life... I chose medication. Since then I have been happy, productive and symptom-free." The other letters agreed and disagreed in equal measure, with contributions from a professional and the Royal Pharmaceutical Society. To be fair, a week later, *The Independent* did publish a lengthy, more objective report which avoided the extremes of earlier stories.

Although a number of papers followed the *Press Association* report with sheep-like obedience, *The Times* is to be commended for not playing 'follow my leader' by taking a more responsible approach and drawing a clear distinction in its second paragraph between mild to moderate and severe depression.

Over the ensuing week, many newspapers did, however, provide a more balanced debate on the value of anti-depressants, the published responses from readers being equally divided between the pros and cons. *The Guardian's* regular 'Bad Science' column, having stated, "The new study added nothing (and it was ridiculously badly reported)", went on to question the underlying theory and validity of placebo trials.

On the day of publication, it was left to *Radio 5*, in an hour-long phone-in programme from 9 to 10am, to provide a balanced view of the issue (for and against). Chaired by *Radio 5* presenter, Victoria Derbyshire, with the help of two guest psychologists, the programme attracted a wide range of opinions from listeners with first hand experience of depression and selective serotonin reuptake inhibitors (SSRIs).

The listener who, following his estrangement from his wife and children, described his clinical depression in terms that will be familiar to many BFMS members; 'it saved my life', like a deep, black hole from which there was no escape, the problem dominating his mind from waking to bedtime, complete lack of motivation, emotional instability, and suicidal feelings. At the other extreme, a husband whose relationship with his wife had caused them both to go into depression said that they both became physically ill while taking one form of SSRI. One caller said therapy was of no benefit, but that SSRIs lifted his depression. Another caller testified to the value of a little known form of group therapy which did not concentrate on going backwards and 'seeking blame and retribution' - she did not need drugs. The problems caused by the lack of a clear definition of the term 'depression' were mentioned by some. Most, however, reported various levels of benefit from SSRIs. But the main message that came through from callers and the panel was the need for doctor and patient to have choice; choice between therapy, therapy combined with drug treatment, or drug treatment only.

Hopefully it will not stop patients seeking help from their GP as their first response to depression. If as a result of the publicity more people go, unguided or misinformed, into therapy without knowing whether the type of therapy they choose is right for them, then considerable harm may be done. Cognitive Behavioural Therapy (CBT) has had a very good press recently but there remain many counsellors and therapists practising other, totally unproven and possibly dangerous treatments. If the BFMS experiences a surge in demand for its services, then this may be the cause.

An amusing postscript to the debate was provided by Mariella Frostrup in *The Observer* (2 March 2008). Writing from personal experience, she related how, after she developed a weight problem when her first marriage ended, her doctor prescribed a pill which she believed was to help her diet. "Three months later, I'd shed barely a pound, but I found myself curiously happy with both my figure and my life. As I believed it was a diet pill, not an antidepressant, it's hard to see how I can have imagined I felt better without knowing that I ought to. If that's still considered a placebo, I'm all for it."

Regulation of the Talking Therapies still in treatment

It is no surprise that Government plans to have regulation of the talking therapies in place by 2008 have been delayed. By just how much is not clear for although some therapists call for some form of official regulation, many professional therapy bodies are resistant to the plans.

Andrew Billen in *Times2*, 15 July, reported the warning from Philip Hodson, spokesperson for the British Association for Counselling and Psychotherapy (BACP) that any form of regulation which is unacceptable to 'the cream of practicing therapists' was likely to render the goal unworkable. Although the Government has been advised that attempting to introduce a prescriptive code of skills and techniques would be inappropriate to cover the relationships formed between Britain's 100,000 therapists and their clients, a new quango called *Skills for Health* has been formed to develop a competency framework for psychological therapies.

Therapists covering so many different disciplines are concerned and disagree that any one form of treatment is the right one, and even more so, that any particular style should be imposed upon them. Acknowledging a field that is pluralistic in its aims and methods, its theories and its view of clients, *Skills for Health* engaged in consultation with the sector to seek views and feedback on ways to develop National Occupational Standards for Psychological Therapies. They aim to complete the draft NOS by February 2009.

An argument from outside the sector is that perhaps statutory regulation could give undue credibility to a practice that frequently allies itself to science although it lacks the necessary rigour resulting in a blossoming of the talking cure. Following regulation, patients and clients need to be assured that they will not be lured into some false sense of security, believing that all regulated therapies are safe, tried and tested. They need to know that 'approved' therapeutic practice is evidence-based. How can the risk that personal beliefs will continue

/continued on page 11

RESEARCH

Time to rewrite your autobiography?

Kimberley Wade and Cara Laney on why your most treasured childhood memory may be false

Dr Kimberley Wade is at the Psychology Department, University of Warwick

Dr Cara Laney is at the School of Psychology, Forensic Section, University of Leicester

This article appeared in the July 2008 edition of The Psychologist, Vol 21, No. 7 and is reprinted with permission.

Oscar Wilde described memory as “the diary that we all carry about.” Autobiographical memory defines us – it is the foundation on which we build our identity, so we like to believe that our memories are accurate, comprehensive and robust. But over the previous decade, psychologists have shown that autobiographical memory can be inexact, sketchy and frail. Various suggestive techniques can encourage people to generate memories of whole events that never happened. These illusory memories are often held with great confidence, emotion, clarity and vividness – but they are not real. In this article, we discuss research showing that suggestion can create false memories and change our autobiography.

Remember that time you went on a hot-air balloon ride at a fair when you were little? You went with your dad – here’s a photo of him. You were worried at first but he reassured you... it made you a much more trusting individual. Quite a momentous day.

Except it never happened. As strange as it might seem, plenty of psychological research shows that it is possible to plant these kinds of false autobiographical memories, using various techniques.

Suggestive interviews

One method for creating wholly false memories involves multiple highly suggestive interviews. In these studies, adults (usually undergraduates but sometimes members of the public) are

asked to read descriptions of events that they experienced as children. However, unbeknownst to them, one event is fabricated by the experimenter.

For example, Loftus and Pickrell’s (1995) participants read a fictional story about getting lost in a shopping mall when they were five, and being rescued by an elderly person who reunited them with their family. (The false events in suggestive interview studies are always moderately significant personal experiences that participants’ family members can verify never happened.) Over two or three sessions, the participants are encouraged to recall their unremembered events, sometimes using techniques that purport to aid memory, such as mentally recreating the physical context of the event.

Once the study is over, independent judges are trained to code transcripts of participants’ memory reports and to determine who reported false memories of the target event. Some studies have differentiated, in various ways, between participants who reported ‘partial’ and ‘complete’ false memories. The gist of the distinction is that participants who provide evidence that they genuinely believe they are remembering the false event (‘I remember feeling scared when I couldn’t find my mum’) and details beyond those that are provided in the false description, are classified as having *complete false memories*. Participants who merely accept that the event occurred or speculate about it (‘Well, it might have happened in the mall down the road from our house’) are classified as having *partial false memories* (See also the recent debate on distinguishing between false memories and false beliefs: e.g. Scoboria et al., 2004; Wade et al., 2007).

So how many participants report partial or complete false memories? We calculated that one third of the 560 participants in 10 published studies were scored as having partial or

complete false memories. And in the studies that differentiated between partial and complete, 17 per cent were scored as partial and 17 per cent as complete. The highest rate of complete false memories in an individual study was 26 per cent (Porter et al., 1999), but recent studies have modified the suggestive interview procedure and revealed even more dramatic rates of false recall (for a brief review see Wade & Garry, 2005). We return to this point later.

The content and qualities of these false memories vary widely between participants and studies. Sometimes the false memories are emotional (Porter et al., 1999), sometimes they are held with great confidence (Hyman & Billings, 1998), sometimes they are extremely detailed (though on average they tend to be somewhat less detailed than comparable true memories; see Heaps & Nash, 2001). That is, false memories tend to vary in the same sorts of ways that true memories do (Heaps & Nash, 2001; Laney & Loftus, in press). Considered as a whole, the suggestive interview research shows that false-memory creation is a robust phenomenon.

How is it then, that simply thinking about an event can lead people to create false memories? There is some debate, with two main theories.

According to the ‘fuzzy trace’ account (see Brainerd & Reyna, 2005), people create two kinds of memory traces: verbatim traces that record surface-level sensory details (smell, colour, sound) and gist traces that record more abstract details (meanings, interpretations, elaborations). Verbatim traces are thought to be susceptible to interference and to fragment quickly over time, whereas gist traces are more robust. According to fuzzy trace proponents, false memories arise when people rely on gist memories alone or when verbatim memories from one source are mistaken as memories from another source (see Brainerd & Reyna, 2005 for a detailed description).

Alternatively, the source monitoring framework (SMF) argues that the process ultimately comes down to an error in source monitoring – sometimes people mistake imagined details for genuine memories (Johnson, 2006; Johnson et al., 1993). According to the SMF, people do not know the source of a memory outright. Instead, we use a variety of cues to infer the source of every thought, image and memory we experi-

ence. This process works well, most of the time, because there are noticeable systematic differences between externally perceived (real) memories and internally generated (imagined) memories. Real memories, on average, contain more sensory details (colours, sounds, smell) and conceptual details (spatial, temporal) than imagined events. Real memories also tend to be more coherent, logical and consistent. Together these differences allow us to make accurate judgments about the source of our memories. But when an image or thought has the hallmarks of a real memory, we sometimes confuse imagined events for genuine experiences.

In the suggestive interview technique, the act of imagining a counterfactual childhood event presumably causes participants to generate perceptually rich and coherent false details about the suggested event. Over time, these images and thoughts become increasingly like real memories, and participants become confused about what is imagined and what is real. Support for this premise comes from studies that show that the more times people imagine performing an action, the more likely they are to incorrectly claim that they actually did perform it (Goff & Roediger, 1998).

Suggestive interviews and props

Recently, one team of false-memory researchers extended the suggestive interview technique to include props, specifically childhood photographs (Lindsay et al., 2004). Trauma-oriented psychotherapists sometimes encourage clients to peruse photographs to help cue long-forgotten memories of upsetting experiences. Lindsay and colleagues predicted that personal photographs, when combined with suggestive interview techniques, might foster the creation of false memories. The researchers were right. They asked some adults to try to remember three childhood events; as usual, one event was false, describing how the participant was reprimanded at school for sneaking Slime (the gooey green toy) into their teacher’s desk. All of the participants heard descriptions of the Slime event, but half also received a class-group photo from the relevant school year. Of those subjects who did not receive the class photo, 23 per cent formed false memories of the Slime event. But with the aid of a photograph, the false memory rate soared to 65 per cent.

The 'Slime event' differs dramatically from the types of events clients recall in therapy. Yet these findings warrant concern about the riskiness of encouraging people to review photographs during attempts to cue suspected but forgotten memories of childhood trauma. Indeed, there are good reasons to believe that the mechanisms responsible for false memories in the laboratory may also contribute to other types of false memories (Wade et al., 2007).

A series of related studies have used digitally altered photographs to implant false childhood memories (Garry & Wade, 2005; Wade et al., 2002). They showed some adults three real childhood photos, and one fake photo depicting the participant taking a hot-air balloon ride as a child (Figure 1). Hot-air ballooning was chosen because it is a moderately significant personal experience that typically requires parental consent; thus, family members could verify it never happened. Participants considered their set of childhood photos and tried to remember the depicted events in three sessions over a maximum of two weeks, and by the end of the study, 50 per cent remembered something about the hot-air balloon ride. The false-memory reports were often rich with detail. One participant said:

"I'm still pretty certain it occurred when I was in Year 6 at the local school – basically for \$10 or something you could go up in a hot-air balloon and go up about 20-odd metres. It would have been a Saturday and I think we went with, yeah, parents and, no it wasn't, not my grandmother. I'm not certain who any of the other people are there. I'm pretty certain that Mum is down on the ground taking a photo."

In addition, participants were surprised during the debriefing to learn that one of their photos was a fake.

These studies show that a doctored photograph, without any accompanying verbal description, is enough to lead people to report entirely false memories of significant childhood events (Garry & Gerrie, 2005 provide a comprehensive review of how photographs affect memory). But a new study by Nash and Wade

(2007) shows how powerful false evidence can really be.

Significant advances in digital technology mean that fake video evidence can be highly compelling and almost impossible to refute. Indeed, in the last five years, computer scientists having begun developing complex mathematical and computational techniques (called digital forensics) to detect alterations in digital media (Dreifus, 2007). This led Nash and Wade (2007) to examine whether tampered video evidence could lead people to believe they committed an act they never did: cheat on a psychological experiment.

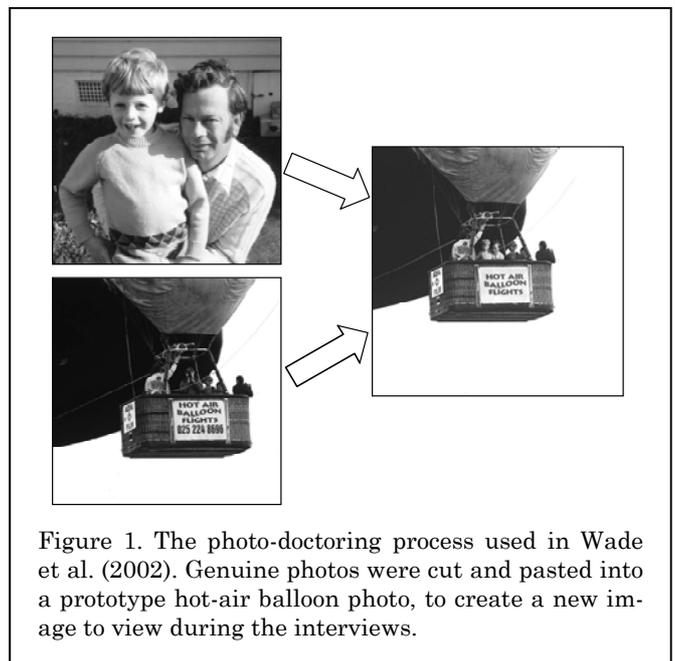


Figure 1. The photo-doctoring process used in Wade et al. (2002). Genuine photos were cut and pasted into a prototype hot-air balloon photo, to create a new image to view during the interviews.

The experimenters filmed participants carrying out a computerised gambling task. The task required participants to answer a series of general knowledge multiple-choice questions and to bet (fake) money on their answers every time they responded to a question. When they answered a question correctly a green tick appeared on the monitor and they were instructed to collect money from the 'bank', whereas when they answered a question incorrectly a red cross appeared on the monitoring and they were instructed to return money to the bank. Two hours later participants returned to the lab and the experimenter accused them of taking money once (Experiment 1) or three times (Experiment 2) in the first session when they should have returned it. In addition, the participants were told that their data could no longer be used and that they would have to forfeit payment for taking part in the study.

Half of the participants were told that incriminating video evidence existed, and half were exposed to a doctored video that depicted them committing the act (a green tick was digitally replaced with a red cross so that the participant was apparently taking money from the bank when an error message appeared: see Figure 2).



Figure 2. The video-doctoring process

In two studies, almost all of participants who viewed the fake video falsely confessed to the act. Over 70 per cent told a research confederate that they had made the mistake, indicating that they genuinely believed the false act occurred.

This is the first study to demonstrate the dangers of modern digital-manipulation technology when encouraging people to remember recent autobiographical experiences. This study also mimics real-world situations that may lead to false memories. For instance, police interrogators can and do lie about the existence of evidence during interrogations and this oft-used tactic is legal in the United States (Kassin & Gudjonsson, 2004).

False feedback

Another, even simpler procedure has been used recently to implant false memories. In the false feedback paradigm, participants are first given a series of questionnaires on a particular topic,

such as childhood experiences with food (Bernstein et al., 2005; Laney, Morris et al., in press). Participants are then told that their data will be analysed by a sophisticated computer program, which will produce a profile of their results. On a subsequent visit to the laboratory, participants are given 'feedback profiles' which say that, for example, they once got sick after eating hard-boiled eggs as a child. But these profiles are not actually created by a sophisticated computer program. Instead, there is just one version of the profile per experimental group. After they read their profiles, participants complete a second series of questionnaires. The data typically show that this very simple manipulation – 'the computer says you had this experience' – can produce false memories in approximately half of manipulated participants. In addition, these participants also demonstrate false-memory consequences: to continue with the egg example, participants often claim to like hard-boiled eggs less, and to want to eat them less in the future.

In a more complicated twist on this false-feedback theme, another group of researchers gave participants false feedback that was designed to mimic information that they might receive in certain kinds of therapy. Mazzoni et al. (1999) assessed participants' confidence that they had been bullied as children, along with other childhood events, using a paper-and-pencil questionnaire. Some participants who were initially confident that they had *not* been bullied were then asked to participate in an additional study (actually the second phase of the same study) in which a recent dream was interpreted for them by a clinical psychologist. Participants reported a wide range of dreams to the study's two clinical psychologists, but the content of the dreams was irrelevant to what happened next. All participants were told (regardless of the content of their reported dreams) that their dreams were actually evidence of a repressed memory of being bullied at a young age. After the dream interpretation phase, participants' confidence that they had been bullied as children was again assessed. Compared to control participants (whose dreams were not interpreted), experimental participants became more confident that they had been bullied, and those whose confidence increased were also likely to produce concrete (false) memory reports of being bullied.

Social influence

We have shown how direct suggestive methods can play havoc with memory. But a less direct method, and a relatively new area of research in the false autobiographical memory domain, is the role of social influence in creating false memories.

Discussion is an integral part of our lives. We reminisce with family members about shared experiences and attempt to agree on what 'really' happened (Ross, 1997). When we witness surprising or spectacular events we talk to other witnesses and consider whether our versions of events match up. These discussions in the name of accuracy testing can have serious implications for eyewitness memory (see Gabbert et al., 2003).

But can discussion like this influence autobiographical memory? French et al. (2006) showed that it can. The experimenters used an internet-based version of the suggestive interview technique to examine how discussion influenced both genuine and false memories for childhood events. Pairs of adult siblings attempted to recall some real childhood events plus a fake childhood event, which was a hot-air balloon ride. At first, the siblings recalled the events independently, but then they discussed their memories with each other (using the online learning environment *Blackboard*) before reporting, independently once again, what they could remember. The results showed that participants incorporated snippets from each other's real and false memories into their own recollections; and, although almost 25 per cent of participants reported false memories, the false-memory rate dropped dramatically after participants discussed their memories. One explanation for this drop could be that sceptical participants – those who doubted the authenticity of the false event – pressed their siblings to carefully consider the true source of their memories. As a result, participants became more conservative when accepting and reporting images and thoughts as genuine experiences.

Discussion does not only affect autobiographical memories for middle and late-childhood experiences, it also affects memories for early childhood. Peterson et al. (in press) asked adult participants to describe their earliest memories; but beforehand, half were exposed to con-

federates who described their own earliest memories, including their second birthday or first few steps. The participants who were exposed to confederates' very early memories reported memories that were, on average, one year younger than the memories reported by the control participants. Together, the French et al. (2006) and Peterson et al. results show that simply listening to others share their own memories might be enough to transform autobiographical memory.

Conclusions

If memory is the diary we carry about, then it is likely to include truths, half-truths, gaps and falsities. We have shown that memory can be inexact and unreliable – various suggestive techniques can lead to wholly false memories for personal experiences. We hasten to add, however, that substantial errors in memory, and completely false memories, also occur in real life, far outside of the laboratory (see Schacter, 2001). In fact, it is very likely that everyone reading this article has a collection of false autobiographical memories that they are completely unaware of.

The research on false memories has raised some significant questions. For instance, how do participants feel about being deceived in false-memory studies? Together, we have conducted over 25 false-memory studies with over 3200 participants, and between us only one participant has expressed significant concern about the use of deception. We carefully debrief our participants at the end of their participation, both to ensure that the deception used in our studies has minimal long-term effects and to allow participation in our studies to be a learning process for participants. The vast majority of participants in false-memory experiments enjoy the experience and learning about the fallible nature of human memory.

How do we know that participants genuinely believe the false events happened? There are several reasons why, we believe, participants are not confabulating details to please the experimenters. First, we have already mentioned that participants are often surprised to learn, during debriefing, that their (newly acquired) memories are likely to be false. Second, in research that parallels that on detecting deception, there is evidence that third parties are quite poor at distinguishing between

true and false memory reports (Laney, 2006).

Third, a new study has been specifically designed to both assess the role of social demand in false-memory research and minimise its effects (Laney, Kaasa et al., in press). Participants in false-memory studies are always given some kind of cover story designed to hide the true nature of the study. But it is possible that participants may be able to see past these cover stories and determine the true nature of the study. If they do so, then they may yield to the demand of the situation and produce evidence of false memories in the absence of any real change in memory. In this study, the participants were told that the researchers were studying 'food preferences and personality', when they were really trying to implant false memories of loving asparagus the first time it was tried. But beyond that cover story, these participants were also led to believe that the study had a different focus, the American obesity epidemic. This other, implied purpose has been dubbed the 'red herring'. Although almost half of the participants in the study bought into the 'red herring' explanation – and just 8 per cent figured out that the study was attempting to implant false memories – the study still produced false memories in 40 per cent of manipulated participants, a proportion equivalent to previous similar studies. In addition, the few participants who did figure out that they were participating in a study of false memory were no more likely than other participants to produce false memories. The researchers concluded that social demand could not be the primary explanation for the observed false memories. Another question is whether false memories have behavioural repercussions. Do they cause us to change our behaviours outside of the lab? In addition to the food preference study mentioned earlier (Bernstein et al., 2005), other research has shown that getting people to believe that they had a specific experience with the character Pluto at Disneyland can have behavioural consequences, including reduced willingness to buy a Pluto souvenir (Berkowitz et al., in press).

Finally, one of the ultimate purposes of conducting false-memory studies is to determine whether there is some characteristic that differentiates real from false memories. If such a characteristic could be found, then psychologists might be able to look at a particular memory and determine whether that memory is

true or false. Thus far, there is no such characteristic (but see Okado & Stark, 2005, for some promising future directions). Like true memories, false memories can be held with great confidence, can be detailed, can be vivid, can have behavioural consequences, and can even be emotionally rich. But the fact that a particular memory is confidently held, detailed, vivid, consequential or emotional, or even all of these, cannot guarantee that the memory is real.

Resources:

- Loftus, E.F. (2003). Our changeable memories: Legal and practical implications. *Nature Reviews: Neuroscience*, 4, 231-234.
- Schacter, D.L. (2001). *The seven sins of memory: How the mind forgets and remembers*. New York: Houghton Mifflin.
- Elizabeth Loftus's homepage:
<http://socialecology.uci.edu/faculty/eloftus>

References:

- Berkowitz, S.R., Laney, C., Morris, E.K. et al. (in press). Pluto behaving badly: False beliefs and their consequences. *American Journal of Psychology*.
- Bernstein, D.M., Laney, C., Morris, E.K. & Loftus, E.F. (2005). False memories about food can lead to food avoidance. *Social Cognition*, 23, 10–33.
- Brainerd, C.J. & Reyna, V.F. (2005). *The science of false memory*. New York: Oxford University Press.
- Dreifus, C. (2007, 2 October). Proving that seeing shouldn't always be believing. *New York Times: Science*.
- French, L., Sutherland, R. & Garry, M. (2006). Discussion affects memory for true and false childhood events. *Applied Cognitive Psychology*, 20, 671–680.
- Gabbert, F., Memon, A. & Allan, K. (2003). Memory conformity. *Applied Cognitive Psychology*, 17, 533–543.
- Garry, M. & Gerrie, M.P. (2005). When photographs create false memories. *Current Directions in Psychological Science*, 14, 321–324.
- Garry, M. & Wade, K.A. (2005). Actually, a picture is worth less than 45 words: Narratives produce more false memories than photographs do. *Psychonomic Bulletin & Review*, 12, 359–366.
- Goff, L.M. & Roediger, H.L., III. (1998). Imagination inflation for action events: Repeated imaginings lead to illusory recollections. *Memory and Cognition*, 26, 20–33.

- Heaps, C. & Nash, M. (2001). Comparing recollective experience in true and false autobiographical memories. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, *27*, 920–930.
- Hyman, I.E., Jr & Billings, F.J. (1998). Individual differences and the creation of false childhood memories. *Memory*, *6*, 1–20.
- Johnson, M.K. (2006). Memory and reality. *American Psychologist*, *61*, 760–771.
- Johnson, M.K., Hashtroudi, S. & Lindsay, D.S. (1993). Source monitoring. *Psychological Bulletin*, *114*, 3–28.
- Kassin, S.M. & Gudjonsson, G.H. (2004). The psychology of confessions. *Psychological Science in the Public Interest*, *5*, 33–67.
- Laney, C. (2006). Emotional content of true and false memories (Doctoral dissertation, University of California, Irvine, 2006). *Dissertation Abstracts International*, *67* (12-B), 7429.
- Laney, C. & Loftus, E.F. (in press). Emotional content of true and false memories. *Memory*.
- Laney, C., Kaasa, S.O., Morris, E.K. et al. (in press). The red herring technique: A methodological response to the problem of demand characteristics. *Psychological Research*.
- Laney, C., Morris, E.K., Bernstein, D.M. et al (in press). Asparagus, a love story: Healthier eating could be just a false memory away. *Experimental Psychology*.
- Lindsay, D.S., Hagen, L., Read, J.D. et al. (2004). True photographs and false memories. *Psychological Science*, *15*, 149–154.
- Loftus, E.F. & Pickrell, J.E. (1995). The formation of false memories. *Psychiatric Annals*, *25*, 720–725.
- Mazzoni, G.A.L., Lombardo, P., Malvagia, S. & Loftus, E.F. (1999). Dream interpretation and false beliefs. *Professional Psychology: Research and Practice*, *30*, 45–50.
- Nash, R.A. & Wade, K.A. (2007). *Innocent but proven guilty: Fake video evidence and false confessions*. Manuscript submitted.
- Okado, Y. & Stark, C.E.L. (2005). Neural activity during encoding predicts false memories created by misinformation. *Learning and Memory*, *12*, 3–11.
- Peterson, T. Kaasa, S.O. & Loftus, E.F. (in press). Me too! Social modelling influences on early autobiographical memories. *Applied Cognitive Psychology*.
- Porter, S., Yuille, J.C. & Lehman, D.R. (1999). The nature of real, implanted, and fabricated memories for emotional childhood events. *Law and Human Behavior*, *23*, 517–537.
- Ross, M. (1997). Validating memories. In N.L. Stein, P.A. Ornstein, B. Tversky, & C. Brainerd (Eds.) *Memory for everyday and emotional events* (pp.49–82). Hillsdale, NJ: Erlbaum.
- Scoboria, A., Mazzoni, G., Kirsch, I. & Relyea, M. (2004). Plausibility and belief in autobiographical memory. *Applied Cognitive Psychology*, *18*, 791–807.
- Schacter, D.L. (2001). *The seven sins of memory: How the mind forgets and remembers*. NY: Houghton Mifflin.
- Wade, K.A. & Garry, M. (2005). Strategies for verifying false autobiographical memories. *American Journal of Psychology*, *118*, 587–602.
- Wade, K.A., Garry, M., Read, J.D. & Lindsay, S. (2002). A picture is worth a thousand lies: Using false photographs to create false childhood memories. *Psychonomic Bulletin & Review*, *9*, 597–603.
- Wade, K.A., Sharman, S.J., Garry, M. et al. (2007). False claims about false memory research. *Consciousness and Cognition*, *16*, 18–28.

Regulation of talking therapies continued from page 4

to impinge upon practice be controlled? Is it feasible to imagine that regulation will bring every aspect of the therapy session under scrutiny?

The task of regulation falls to the Healthcare Professions Council (HPC) which currently oversees the regulation of thirteen other healthcare disciplines, (e.g. chiropractors, physiotherapists, radiographers) and now the talking therapies are to be added. The Government requires the regulator to ensure that this regulation meets five key principles: transparency; accountability; proportionality; consistency and targeting. The work of the HPC will be overseen by the Council for Healthcare Regulatory Excellence, which we know has the power to challenge a regulator's action if it is shown to fall below the required standard. Although the regulatory hierarchy has been put in place the agreement between the diverse therapy groups as to how they are going to fit into this regulatory framework remains elusive for the time being.

See also therapist's letter on page 18

What is Sleep Paralysis?

‘Something wicked this way comes: causes and interpretations of sleep paralysis’ by Christopher C. French and Julia Santomauro, in *Tall Tales about Mind and Brain, Separating Fact from Fiction*, edited by Sergio Della Sala, OUP, 2006

Ed note: The subject of sleep paralysis is a fascinating one with implications linking it to false memory. The following are extracts taken from the above.

Definition of sleep paralysis

“The international classification of sleep disorders, Revised¹ offers the following definition:

Sleep paralysis consists of a period of inability to perform voluntary movements at sleep onset (hypnagogic or predormital form) or upon awakening, either during the night or in the morning (hypnopompic or postdormital form).

Sleep paralysis is classified as an REM (rapid eye movement) sleep parasomnia; that is, an undesirable sleep disturbance that occurs during sleep that is characterised by the kind of rapid eye movements typically associated with dreaming.²

During an episode of sleep paralysis, the individual is fully conscious and aware that it is not possible to move limbs, head and trunk, and there may also be respiratory difficulties.³ When a person experiences their first episode of sleep paralysis they may think that they are dying.⁴ In addition to this, the individual may experience acute anxiety and hypnagogic or hypnopompic hallucinations.

The neurophysiology of sleep and sleep paralysis

One of the most detailed neuropsychological models of sleep paralysis is that proposed by Cheyne et al.⁵ They identified three factors that grouped together commonly reported symptoms of such episodes. ...The first factor in the model of Cheyne et al.⁵ is labelled *Intruder*, and consists of the sensed presence, extreme fear, and visual and auditory hallucinations. They argue that the experience of the

Intruder begins with the sense of presence and extreme fear caused by brainstem-induced activation of the amygdala. Neuroimaging studies^{6,7} have indicated significant activation in the amygdala during REM dreams. Under normal circumstances, the amygdala is involved in emergency reactions, causing a heightened state of vigilance and a lowering of detection thresholds for threat cues in the environment⁸... Normally, this entire sequence, from alerting response to confirmation or disconfirmation of threat, takes only a fraction of a second, but the state of alert apprehension at the onset of sleep paralysis is likely to last much longer, from a few seconds to even minutes, because there is no external source to allow resolution to the perceived threat. According to Cheyne et al., this state of heightened fear and alertness may well be perceived as a sense of presence. As time goes on, efforts to disambiguate the perceived threat, mainly based upon the reciprocal interaction between thalamocortical and amygdalocortical pathways, will produce increasingly elaborate interpretations based upon exogenous input (e.g. ambient sounds, shadows, etc.) and endogenous dream-like imagery. The end result will be vivid auditory and visual hallucinations of a terrifying nature.

The second factor identified by Cheyne et al.⁵ was labelled *Incubus* and comprised feelings of pressure on the chest, difficulty breathing and pain. This factor was substantially correlated with *Intruder*. It is argued that this cluster of experiences reflects the fact that sufferers may try to control their breathing (e.g. to take a deep breath) during sleep paralysis and thus become aware that voluntary control of breathing is no longer possible. Even though there is no real danger of suffocation because involuntary breathing will continue normally, it is understandable that the sufferer may interpret this inability to take voluntary control as an indication of pressure on the chest and may well feel that they are choking. Apnoea associ-

ated with the adoption of a supine sleeping position may also be a factor. Painful spasm might occur as a consequence of strenuous efforts to breathe. Both *Intruder*- and *Incubus*-type experiences imply an ‘other’ who is present and threatening, with the qualities of a monitoring, stalking predator.⁹ Given the symptoms described, it is not surprising that a significant minority of sufferers, especially women, spontaneously describe their experience as feeling very much like being raped or sexually assaulted.

The third factor identified was labelled as *Unusual Bodily Experiences*, and consisted of flying/floating sensation, out-of-body experiences and feelings of bliss...

Strategies for preventing and coping with sleep paralysis

For sufferers there is a dearth of studies giving effective strategies for preventing and coping with the condition. The authors give a few suggestions for readers to try if they suffer with repeated attacks of sleep paralysis.

“It has been noted that simply learning that there is a recognised phenomenon known as sleep paralysis often brings a great deal of comfort to sufferers. It is not at all uncommon for individuals to suffer in silence with this condition, afraid to tell family and friends of the terrors that visit them in the night for fear of ridicule. They may even fear that they are suffering from some kind of serious mental illness. To learn that sleep paralysis, although terrifying, is typically quite harmless and that they are not alone in having such experiences is often a great comfort in itself. It is not uncommon for the frequency of the attacks to diminish as a direct result of learning more about the condition, presumably because the sufferer no longer feels so anxious about going to sleep and thus their sleep patterns are less disturbed. There is a great need to educate the public and, even more so, healthcare professionals about the nature of sleep paralysis.”

References and Notes

1 American Sleep Disorders Association. *The international classification of sleep disorder, revised: diagnostic and coding manual*. American Sleep Disorders Association, Rochester, MN. 1997.

- 2 Lavie P, Pillar G, Malhotra A. *Sleep disorders: diagnosis, management and treatment*. Dunitz, London. 2002.
- 3 Dahlitz M, Parkes JD. Sleep paralysis. *Lancet*, 1993; **341**:406-407.
- 4 Hishikawa Y. Sleep paralysis. In C Guilleminault, WC Dement, P Passouant, ed. *Advances in sleep research*, Vol. 3. Spectrum, New York. 1976:97-124
- 5 Cheyne JA, Rueffer SD, Newby-Clark IR. Hypnagogic and hypnopompic hallucinations during sleep paralysis: neurological and cultural construction of the night-mare. *Consciousness and Cognition*, 1999; **8**:319-337.
- 6 Maquette P, Peters J-M, Aerts J, Delfiore G, Degueldre C, Luxen A, Franck G. Functional neuroanatomy of human rapid-eye-movement sleep and dreaming. *Nature*, 1996; **383**:163-166.
- 7 Hobson JA, Stickgold R, Pace-Schott EF. The neurophysiology of REM sleep dreaming. *NeuroReport*, 1998; **9**:R1-R14.
- 8 LeDoux J. *The emotional brain*. Simon & Schuster, New York. 1998.
- 9 Cheyne JA. The ominous numinous: sensed presence and ‘other’ hallucinations. *Journal of Consciousness Studies*, 2001; **8**:133-150.

Elizabeth Loftus

Quoted in *The Psychologist*, Vol 21, No. 10, October 2008

One great thing psychology has achieved:

Psychological science has given us the gift of knowing how to ask the right questions about any claim. When someone tries to tell us that people are being abducted by aliens, or that exercise is good for us, anyone could ask ‘What is the evidence?’ But psychologists don’t stop there. We can get more specific about what we ask next: What kind of study was done? What was the dependent variable? Was there a control group? What kind of statistical tests were used to analyse the data? Was the study replicated? In other words, we’re asking ‘What *exactly* is the evidence?’ We understand that some evidence is so flimsy or fragile that it is not really evidence at all.

MEMBERS' FORUM

Justice for whom?

The author maintains his innocence but was incarcerated in jail earlier this year.

Innocent until proven guilty so the law says!
(Human Rights Act 1998, Article 6(2))

In reality the very opposite applies when trying to defend allegations of abuse, especially historical ones. With very few exceptions it is virtually impossible to defend such cases.

At a trial involving historical delays with little or no prospect of obtaining medical, DNA, forensic, photographic or witness evidence or of long ago destroyed records, there is no realistic defence that can be mounted.

In the appeal of *R v Robson and Others* (2006, para 22) Lord Justice Moses, when commenting on the verdicts of the jury, said "The way they approached this case, acquitting the defendants on some counts but convicting on others demonstrates to our satisfaction that they [the jury] approached this case with care." I have no legal expertise and I mean no disrespect to his Lordship, but, in my view, what is not considered is that juries are human and therefore not infallible and might well convict on the dangerous presumption of 'no smoke without fire'. (One has to wonder if this is why the Crown Prosecution Service seem to introduce excessive counts on indictments under the guise of 'specimen charges'.)

In historical allegations courts seem to take the view that delay in complaining is caused by the difficulty for some accusers to come forward. This may be so in some cases but, in my opinion, it cannot possibly be so in all cases.

In 1994 Michael Howard QC, MP (the then Home Secretary) brought in a change in the law so that corroboration was no longer a requirement in sexual abuse cases. And my word didn't the floodgates of false and historical accusations open, especially when it was found that accusers could obtain quite substantial compensation from the Criminal Injuries Compensation Board. Such was the opening of this 'can of worms' that little regard was given to

the devastation caused to the falsely accused and their families. False allegations became not only 'historical' but also 'hysterical'.

Having recently been so convicted and sentenced to 12 years imprisonment for something that never happened, I am dismayed at the attitude shown by some courts. In my case, the first judge quite properly excused himself from my trial having mentioned that he was not a great believer in 'false memory syndrome' (FMS). My trial judge, however, was not so forthcoming even though his attitude to FMS appeared as less than favourable.

And so having been falsely accused and convicted of abusing two stepdaughters from a previous marriage over 30 years ago, I have experienced the devastation and heartbreak inflicted by such allegations. It did not matter that both accusers had made false and malicious allegations against others in the past. Nor was it considered relevant that one accuser had read that notorious book of misinformation, *Toxic Parents*, in which most of the allegations made against me were to be found.

I therefore await the decision of the Court of Appeal as to my fate, but I do so knowing that I have the BFMS beside me and the support of a loving wife who, after 25 years of marriage, knows better than any jury that I am just not capable of such hideous allegations. Without such courageous support I know I could not endure this ordeal.

Bill

Footnote: Bill would welcome correspondence via BFMS from others falsely accused.

What started out as unkind words...

My wife and I have been married for nearly 40 years. We have two children and now three grandchildren and our lives up to the end of 1999 were very happy, we worked hard and devoted ourselves to our children.

What started out as unkind words from one of my wife's younger sisters, who my wife had

never fallen out with before, turned into the most horrific and traumatic nine years of our married life and has totally changed family life as we knew it. The family is now fractured irrevocably.

My wife was verbally attacked over the phone by her younger sister about the way we supposedly treated persons visiting our home - initially the unkind comments came from a third party. Ironically, the person who made the remarks had only just been introduced to the family and knew nothing at all about us.

After the remarks had been made known to my wife, her sister decided to visit my wife's place of work. Rightly or wrongly my wife decided to ignore her which started the whole situation off.

After that instance nothing was said for a week or so until my wife received a phone call from her sister demanding in a very monotone voice, "Why did you ignore me?" She told her why and also added another comment, which had been made by the person who initially made the unkind comments in the first instance, that she found her sister's husband to be the "most intimidating person she had ever met." This comment proved to be the ultimate catalyst for all the trouble we have faced.

On hearing this remark the sister lashed out and retorted by saying "What about your husband?" (meaning me) "what he did to me thirty years ago ... I could turn your world around and I will never speak to you again" and slammed the phone down.

My wife nearly collapsed on hearing this remark, and phoned me directly at work, and asked me, "What did you do to my sister thirty years ago?" I could not believe what she was saying, it was an horrendous shock, and I told her that I had done nothing, nothing whatsoever.

The situation did not finish there. Unbeknown to us, the sister then made matters even worse by phoning my wife's two other sisters to try to coerce them into saying the same, that they too had been abused.

One of the sisters she spoke to was, and still is, extremely vulnerable. She has suffered over

the years from acute anorexia; in fact she spent many years in the hands of consultant psychiatrists and therapists as both an in/out patient in hospitals and clinics and even today continues to do so. Apparently, after a very long time on the telephone, the sister managed to convince her that she too had been abused and, as we eventually found out, in her own words, used her story to reinforce her own accusations.

When she contacted the other sister she was told in no uncertain terms that no abuse ever took place, in fact quite the opposite, she had nothing but good to say about me as a person.

The initial accusing sister then decided to tell her mum and dad, which blew the situation wide open and the result had a catastrophic effect on everybody.

When the vulnerable/coerced sister realised what her sister had done she immediately broke contact with her and did not speak to her for approximately three years there after.

After destroying the family, the accusing sister decided to leave the matter as it was and to get on with her life!

In 2006 my wife's mother became very ill and spent quite a lot of time in and out of hospital. She eventually needed 24 hour care. This was not possible at her own home and both my wife and I promised her that we would not allow her to be taken into a home, which was her greatest fear. So at her request we decided to look after her at our home.

After five years of silence the original accusing sister decided to re-emerge, interpreting the care situation as "taking mum away from them." This was the last thing we wanted to do - it was mum's wish that she live with us and no one else was prepared to give her 24 hour care.

Unfortunately mum died in 2006 and everyone was very uneasy at the funeral. We kept well away from the two accusing sisters and their partners. We were made aware at the funeral reception that the original accusing sister had run out shouting "They are doing it to me again" (meaning my wife and me). I do not know what we were supposed to have done because we did not say a word to them at all.

After the funeral everyone went home to get on with their lives. Unbeknown to my wife and me the two accusing sisters, along with their partners, began to plot and plan. From late 2006 they, especially the younger sister, arranged therapy sessions/hospital visits. The sessions were all recorded by the doctors/therapists and throughout their treatments they both made the doctors and therapists aware that they had been allegedly abused when they were younger - these comments were added to the reports.

The sessions went on throughout January, February and March of 2007 and when they had enough sessions/reports under their belts they reported the alleged abuse to the police.

I got a phone call from the police round about mid March and was asked to report to the police station to discuss the accusations made by the two complainants.

I attended two more interviews under the Police and Criminal Evidence Act (PACE) and was officially charged with the alleged abuse in August 2007. To make matters worse I felt obliged to let my company know of the allegations and, as my boss decided that it may bring the name of the company into disrepute, I lost my job.

I was summoned to appear at the Magistrates Court on three occasions in total. On one of the appearances in particular the charges were read out in graphic detail in front of a classroom of school children who were standing in the public gallery. This was extremely distressing. I was eventually sent to Crown Court for trial.

The first trial was set for January 2008 but it was cancelled because the CPS had not obtained most of the information my legal team had asked for.

The second trial was set for May 2008. Again I had demanded to see the hospital and therapy reports of the younger accuser that had been undertaken before the original accusations were levelled at me in 1999. I was told in no uncertain terms by the prosecution that I had no right to have or to see such information and unfortunately my legal team agreed with them. I could not believe it and decided to write to my legal team telling them that I had no confidence in their ability to defend me and asked

that I be given the opportunity to seek alternative representation - in other words I dismissed them - not realising that I would be left high and dry with no representation two weeks away from the trial date. I was told by my solicitor at the time that the Judge was not prepared to move the trial date - panic set in.

With the help of the BFMS and a close friend who had been through a similar situation I eventually found a solicitor who was sympathetic to my desperate plight and I was advised to write to the court to explain why I had taken the actions I did. Fortunately, the court accepted my reasons for dismissing my previous legal team and with the help of my new legal team I was granted a new trial date in September 2008.

I am convinced that if I had attended either of the two previous trial dates I would have gone to prison. The reason I say this is because during the additional time allowed both my wife and I unearthed evidence that proved to be absolutely critical to my defence.

My wife and I worked very hard with my new legal team, a witness statement was acquired from the other sister that was supporting me and because I was of good character, i.e. never been on the wrong side of the law, I acquired very good character references from a number of people.

Between my wife, solicitor and barrister we managed to get prepared for the pending trial. I was extremely nervous; my barrister told me it was 50/50, especially as it was of an historical nature.

The trial started promptly and the first day was taken up by swearing in the jury and the summing up of the eight indictments by the prosecution, all of which were subsequently proved to be absolutely false.

After lunch on the first day, one of the complainants gave her evidence. Firstly a DVD was shown to the court and jury. After the DVD had been seen, the sister came into court to give her evidence hidden behind a curtain. She was asked by my barrister why she had moved a hundred miles down the country to live near us, allowed my wife and me to babysit her children, why she allowed her daughter to stay overnight at our house on at least three

occasions, why she visited our house on a regular basis. He ask her why she went on holidays with my wife and me, sent me loving birthday cards from all her family and why she asked me for a job in a department that I managed. She was then asked the ultimate question by my barrister - why would she do these things if I was the 'monster' she made me out to be. She stuttered and could not give a rational reason why. Obviously her malicious, destructive lies had caught up with her.

On the second day it was the turn of the other complainant. She attended court in a wheelchair even though she could have walked and stood up in the court to give her evidence. She was also asked by my barrister why she had accused me of the alleged abuse when my wife and I had helped her more than any other member of the family, especially when she was suffering from anorexia. She had even lived with us on at least three occasions for months on end - why would you want to stay at an alleged abusers house? She was then asked if the alleged abuse happened why didn't she tell anyone. Her excuse was that she did not want to cause trouble in the family. My barrister reminded her that if she had told the doctors or therapists of the alleged abuse then they would not have been allowed to tell other family members. The fact is that nothing appeared on the reports - she had no comment or excuse to offer.

The third day was taken up with my defence. I, along with my wife and the non-accusing sister, stood there and told the jury, without hesitation, the absolute truth. After that the prosecution along with my defence gave a summary of the respective evidence arguments.

On the fourth and final day of the trial the judge gave her summary to the jury. It was still very much 50/50 as to which way the verdict would fall. The jury was sent out at around 12.20pm to decide. Within half an hour I was called back into court as the jury needed to hear one of the prosecution witnesses statements again. The jury then went back to deliberate.

No verdict was allowed to be given between 1 and 2pm so at two minutes past 2pm I was asked to attend court. My barrister told me that a verdict had been agreed. I thought the worst.

The jury came back into court. I was flanked by two guards, my wife, son and close friends were in the public gallery. The jury foreman was asked by the Judge if they had all agreed the verdict, she said yes - in other words it was a unanimous verdict.

The court official read out the indictments one at a time and to each and everyone 'not guilty' verdicts were greeted by cries of sheer relief from my wife, son and friends. Even though I knew I was not guilty, I stood there half expecting one of the charges to be returned 'guilty'.

After the final verdict of 'not guilty', the Judge asked the guards to release me; the Judge also added that she concurred with the jury's verdict.

The relief inside me was overwhelming, I hugged and cried with my wife, son and friends.

I walked out of the court a free man, looked up to the clear blue skies and thanked God. It was a day that no one would forget - time to get on with our lives in whatever direction it takes us.

The situation I found myself in could happen to anyone, no matter who they are and I wouldn't wish it on my worst enemy.

For all the support given to me I thank Madeline and Donna of BFMS, my direct family, my sister-in-law and her husband, my close friends, one of whom stayed at my wife's side throughout the trial, and obviously my solicitor and barrister.

A father

D i a r y D a t e

BFMS AGM

**Saturday 28th March 2009
London**

LETTERS

Psychotherapy must be regulated now

From *The Times*, Letters, 29 July 2008

Ed. Note: This letter is in response to the letters sent following Andrew Billen's article. See comment on page 4.

Sir, The opinions of Darian Leader, chairman of the College of Psychoanalysts (*Times*2, 15 July), and Paul Atkinson, chairman of the Guild of Psychotherapists (*Letters*, 21 July), show a profound lack of insight into the need for psychotherapy to be externally regulated. They have missed the vital point that the regulation of any service exists for the benefit of users, not providers.

A snapshot of the current situation might be useful. For 18 months I have been bringing a serious complaint against a member of the Guild of Psychotherapists. I faced an inadequate code of ethics and procedure, the stipulation that I could be required to pay costs, criminal standard of proof and an intimidating quasi-judicial process with a barrister and solicitor representing the therapist. Proper information on procedure was refused and the panel was made up only of Guild therapists.

A large part of the hearing was conducted in a manner that was neither fair nor just - for example, the panel tried to prevent me from attending part of the hearing in breach of its code of ethics.

In upholding the complaint the panel reported "still having serious concerns" about this therapist's treatment and standard of clinical judgment, but only issued a warning "suggesting" supervision and psychoanalysis.

Throughout, the therapist stood by the logic of his bizarre form of therapy. He is still a Guild psychotherapist, so vulnerable people will turn to him with trust and confidence.

This is the reality of self-regulation of psychotherapy in 2008. I hope this puts Messrs Leader's and Atkinson's support of the current system into perspective and illustrates why external regulation is so urgently needed.

Dawn Devereux

BOOKS & REVIEWS

Mistakes Were Made (but not by *me*): Why We Justify Foolish Beliefs, Bad Decisions, and Hurtful Acts



by Carol Tavris and Elliot Aronson
(published by Pinter & Martin, London 2008),
£8.99

Ed. Note: Some of you may recognise the name Carol Tavris. She wrote the scathing review in The Times Literary Supplement (published in BFMS Newsletter December 2003) of the book Out of the Dark by Linda Caine and Robin Royston - an account of Linda Caine's psychotherapeutic treatment during which, after months of self-harm and attempted suicide, she eventually recovers memories of sexual abuse aged five. It became a best seller.

This book, published originally in the USA and now in this country, was discussed on the BBC *Today* programme. It is written by two very eminent social psychologists and is of great importance and significance. It covers the area of politics, memory and psychotherapy, the police and miscarriages of justice and disputes in marriage. The work conducted by the authors adheres to strictly scientific methods and procedures which recognise the need for proper independent verification. The two chapters on memory and the findings of scientific research should engross readers of this newsletter. This is true particularly of the chapter about recovered memory therapy, and the reaction of therapists who have practised it to the findings of this research. As the authors say,

"All the claims these therapists made have since been scientifically studied. All of them are mistaken."

The authors quote from Richard McNally's *Remembering Trauma*, which they describe as "a meticulous review of the experimental research of the clinical evidence" and agree with his statement,

"...people have been remembering atrocities that never happened and have been experiencing the emotional distress congruent with belief in their authenticity."

What a tragedy accused parents were not listened to in the first place.

The authors describe McNally's book as a "meticulous review of the experimental research of the clinical evidence."

The theme of *Mistakes were made* is how we deal with the bad and difficult feelings we all experience when we have made a serious mistake – particularly a mistake which may have damaged others. They call the state of mind accompanying these feelings 'cognitive dissonance'. So powerful can be our need to avoid these feelings that,

"..when people are forced to look at disconfirming evidence, they will find a way to criticize, distort or dismiss it so that they can maintain or even strengthen their existing belief."

In the chapter titled 'Memory, the Self-justifying Historian' they cite the case of Holly Ramona who came to remember, through her therapy, being repeatedly raped by her father. Her outraged father sued both her therapists, and won. How did Holly and her therapists resolve their dissonance - that is the unpleasant and difficult position they were now in - after hearing the court's verdict? The book tells us how Holly did. She rejected the verdict and "bolstered that decision by going to graduate school to become a psychotherapist."

In the next chapter 'Good Intentions, Bad Science: the Closed Loop of Clinical Judgement' we hear of some of the ways therapists have tried to resolve *their* dissonance. One method described is 'killing the messenger'. D.C. Hammond, Fellow of the American Society of Clinical Hypnosis, advised his clinical colleagues at a convention,

"I think it's time somebody called for an open season on academicians and researchers. In the United States and Canada in particular, things have become so extreme with academics supporting extreme false memory positions, so I think it's time for clinicians to begin bringing ethics charges for scientific malpractice against researchers, and journal editors..."

In the wide-ranging chapter 'Law and Disorder' about police interrogation and miscarriages of justice, the authors speak of a type of interrogation where the interrogator is 'reasonably certain' of the suspect's guilt. They write, "Once an interrogation like this has begun, there is no such thing as disconfirming evidence."

In the last chapter, however, the book moves on to more positive things. It cites how Kennedy's popularity soared when he admitted responsibility for the failure of the Bay of Pigs invasion. The authors describe the predicament of Linda Ross, a former recovered memory therapist, who had the courage to confront the true facts. "The pain in these parents' faces was so obvious", and she asked for their forgiveness. Traditionally doctors are adamant in their refusal to admit mistakes for fear of malpractice suits. "They are wrong", say the authors. Studies have shown this. They quote Dr Lucian Leape, a physician and professor of health policy at Harvard School of Public Health,

"Being assured that it won't happen again is very important to patients, more so than many caregivers seem to appreciate. It gives meaning to patients' suffering."

This is an extremely telling insight.

The book seems to be pointing to the way forward. As one *Times Literary Supplement* reviewer said, "Both scientifically accurate and wonderfully readable. There is no overstating the importance of the book's message."

A father

Satanic Panic

Private Eye 1213, 27 June 2008

Despite the lack of evidence for the existence of Satanic ritual abuse, a book is due to be published in Britain featuring chapters written by some of its most prolific proponents.

To believe in Satanic or ritual abuse (the terms are used interchangeably), you accept that devil-worshipping paedophiles go round sexually abusing children, sacrificing animals, drinking blood, eating faeces and breeding babies for abortion and/or sacrifice. Countless investigations have concluded there is no physical, forensic or corroborating evidence for this myth.

Nevertheless the scientific-sounding *Forensic Aspects of Dissociative Identity Disorder*, published by Karnac Books, is being marketed as essential reading for professionals in the fields of child protection and adult psychotherapy. Contributors are from the ritual abuse 'survivor' movement which is growing around the world and comprises psychologists, psychotherapists, counsellors, social workers, sociologists, survivors and a new breed of 'survivor advocate'.

The book's contributors include many names already familiar to *Private Eye* readers: Dr Joan Coleman, founder of RAINS (Ritual Abuse Information Network and Support), writing on "Satanist Ritual Abuse and the Problem of Credibility"; Valerie Sinason PhD, a child and adult psychologist and psychotherapist who practises in Harley Street and has written two chapters, including "When murder moves inside"; and Ellen Lacter PhD, a psychologist from San Diego, California, who writes about "Mind Control: Simple to Complex".

Like all flat-earthers, believers in ritual abuse refuse to accept they have been proved wrong and continue to promote the myth and provide mutual support of each other.

When news of this book reached Professor Jean La Fontaine, who conducted the official UK government inquiry into the existence of ritual abuse and concluded, definitively, in 1994 that it was a myth, her reaction was succinct. "It fills me with rage," she told the *Eye*.

Sybil: an MPD hoax

The following is taken from a press release from Pam Freyd (FMSF in America)

On 7 June 2008, CBS aired its remake of the movie *Sybil*, (based on the 1973 book with the same name) about an early, alleged case of 'multiple-personality disorder' (MPD).

Sybil was the first major book/movie to tie MPD to child abuse. Before *Sybil* was published, there were fewer than 50 reported cases of MPD worldwide. By 1994, over 40,000 cases had been reported.

Sybil, however, is well known to be a hoax. See, for example, The New York Review of Books, 44(7), 24 April 1997, *Sybil - The Making of a Disease: An Interview with Dr Herbert Spiegel*, by Mikkel Borch-Jacobsen.¹

Dr Spiegel (Faculty, Columbia Medical School) reported that statements from the real Sybil convinced him that her 'memories' were the result of suggestion by Dr Cornelia B. Wilbur. He reports that Wilbur engaged author Flora Rheta Schreiber to write Sybil's case for a popular audience only after professional journals refused to publish it. He refused to lend his name and credentials to co-author the work when asked to do so by Wilbur and Schreiber.

The 2006 book *The Bifurcation of the Self: The History and Theory of Dissociation and Its Disorder* (Springer) by Professor Robert Rieber (Fordham University) documents how the hoax was perpetrated. Rieber had access to the original Schreiber/Wilbur interview tapes made when *Sybil* was being written. We learn that the memories were a result of prolonged hypnosis and, to quote Dr Wilbur: "Uh, the first time we got any memories back was when I gave her Pentothal ..." (Rieber, page 217)²

Wilbur's treatment of Sybil required eleven years and a total of 2,254 sessions.

In a letter to Dr Wilbur, (reprinted in Rieber page 91) Schreiber reports that she had visited Sybil's hometown but was unable to find anyone to corroborate the awful things that supposedly happened to Sybil there. Schreiber was also unable to find the 'woods' where many incidents allegedly occurred.

Did the CBS remake of *Sybil* include the information documenting Sybil's MPD as a hoax? Does it matter? Yes! Bitter experience shows that when the media give credence to psychological anomalies, they spread wildly.

Media coverage played a pivotal role in the dissemination of McMartin preschool copycat cases in the mid 1980s, the spread of the 'Satanic Panic' and alien abduction sightings in the 1990s, and in widely held beliefs about 'repressed' memories of childhood abuse.

Sybil played a substantial role in a cultural and psychiatric tsunami, later known as the 'false' or 'recovered' memory debate. In spite of professional skepticism about MPD and multi-million dollar malpractice suits by former MPD patients, there is danger of unleashing another tsunami unless the truth is told.

Does anyone care? Yes! As Oprah Winfrey's recent experience over the fraudulent James Frey memoir *A Million Little Pieces* shows, the public really does care to know whether the material served them by the media is fact or fiction.

For more information visit www.fmsfonline.org/sybil.html

- 1 Available from the FMS Foundation. See also www.nybooks.com/articles/article-preview?article_id=1199
- 2 This book contains more than 75 pages of transcripts of conversations between Wilbur and Schreiber.

The Spiegel interview (well worth reading) from the New York Review of Books is also available on: homepage.psy.utexas.edu/homepage/class/Psy394U/Bower/Xtra--Multiple%20Personality%3F/Sybil-debunked

20 years of 'healing'? - *Caveat Emptor*

The Courage to Heal is 'celebrating' 20 years since its initial publication by releasing a 20th Anniversary edition. Known in survivor circles as the 'bible' of the recovered memory movement, many psychiatrists and therapists regard the book as 'one of the most dangerous self-help books ever written'. Thousands of

families have been destroyed because people who read this book followed its advice.

The revised edition incorporates some 140 extra pages covering topics such as 'self-care and pacing', 'the body's role in healing', new research on trauma and the brain, additional 'healing tools', new prose writings and poetry and an updated Resource Guide. At the time of writing the BFMS has been unable to see a copy of the new edition. I think we must continue to urge caution in the use and recommendation of the book until the new edition can be reviewed.

The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse 20th Anniversary Edition, published November 2008.

The Secret of Bryn Estyn now in paperback

Richard Webster's *The Secret of Bryn Estyn* tells the story of the greatest series of miscarriages of justice in recent British history - how innocent lives have been destroyed, the public deceived and millions of pounds wasted in a witch-hunt against innocent people

In 1991 journalists on broadsheet newspapers began to publish stories claiming that Bryn Estyn, a home for adolescent boys on the outskirts of Wrexham, lay at the centre of a network of evil - a paedophile ring whose members included a senior North Wales police officer. A massive investigation was launched which, over the next ten years, spread to care homes throughout Britain. Thousands were accused, hundreds arrested, and the prisons began to fill up with convicted care workers.

The revised edition contains a postscript on the recent Jersey care home case, Haut de la Garenne, and will be published on 26 January 2009.

The Secret of Bryn Estyn by Richard Webster
ISBN: 978 09515922 67 - £11.95 in the UK.
Available from www.richardwebster.net.

LEGAL

Adult Memory for Childhood

This item is based on a section in the recently published British Psychological Society's report, Guidelines on Memory and the Law¹ about psychological considerations which looks at the characteristics and properties of human memory relevant to memory in legal contexts.

It is now understood that most people remember little or nothing in the period of infantile amnesia, i.e. up to three years of age. Most people can recall only limited memories for their experiences prior to about the age of five. Such memories are typically recalled in a general way, as a form of 'knowing' rather than for specific details and it is difficult for adults to distinguish between real memories and ones based on what they have been told, as in a 'family story', or from photographs they have seen.

From the age of five to seven more memories are typically recalled but it is not until the age of eight and older that many can be recalled and from about eight to ten years memories begin to take on the structure, content and organisation similar to adult memories.

The guidelines on memory and the law¹ describe childhood memories as having the following characteristics:

- They are usually enigmatic in nature and feature only a few details. The information that is recalled is isolated, not associated with other memories, and is often perplexing to the individual. Unlike memories from later in life, early childhood memories lack detailed conceptual frameworks linking them into the personal history of the individual in complex and meaningful ways.
- Early childhood memories have been found to be much more open to suggestibility than later childhood memories.^{2,3}
- Children below the age of five years have many memories that cannot be recalled in adulthood.

- The period from birth to five years is characterised by rapid neurological development, especially to those areas of the brain that in adulthood will control learning and memory. At the same time there is equally rapid acquisition of language, concepts and understanding of the world, including social interaction. It is important to note that infants and young children have yet to acquire many of the concepts familiar to adults, including complex emotions such as guilt, embarrassment, and shame. It would therefore not be possible for a child younger than five years who lacked, for example, the concept of 'embarrassment' to have an original memory that contained features labelled by the term, although this might of course be added later in adulthood, perhaps for purposes of 'presenting' a memory⁴.

When it comes to assessing the reliability of childhood memories recalled by adults, and by children older than about the age of ten, the report recommends the following guidance:

- Detailed and well-organised memories dating to events that occurred between seven to five years of age should be viewed with caution.
- Detailed and well-organised memories dating to events that occurred between five to three years of age should be viewed with considerable caution.
- All memories dating to the age of three years and below should be viewed with great caution and should not be accepted as memories without independent corroborating evidence.

In summary, memories prior to the age of about seven cannot be relied upon without independent corroborating evidence.

- 1 *Guidelines on Memory and the Law: Recommendations from the Scientific Study of Human Memory: A Report from the Research Board*, (June 2008) The British Psychological Society,
- 2 Ceci, S.J. & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psychological Science*, 11(5), 360.-364
- 3 Ceci, S.J. & Bruck, M. (1995). *Jeopardy in the courtroom: A scientific analysis of children's testimony*. Washington, DC: American Psychological Association.
- 4 Bauer, P.J. (2007). *Remembering the times of our lives. Memory in infancy and beyond*. Mahwah, N.J.: Lawrence Erlbaum Associates.

How ‘the innocent’ become ‘the guilty’

The Criminal Records Bureau (CRB) agency has been found to be plagued by delays and mistakes which not only jeopardise its own efficiency but also the careers of those working with vulnerable people.

In the year to February 2008, 680 people were issued with incorrect information on their background checks by the CRB and people applying to take up jobs as teachers, nurses, childminders and even volunteers working with youth groups are likely to have been among those wrongly accused by the CRB.

But ministers are planning to increase the number of checks carried out on members of the public. The past year alone has seen the number of checks double from 1.5 million between 2002 to 2004 to almost 3 million. Under future plans, more than 11 million adults will have to be vetted and registered on the authority’s database.

The CRB, an agency of the Home Office, was set up to vet those working with children or vulnerable people. It carries out checks on criminal convictions, cautions and reprimands, while enhanced checks also examine any other “relevant and proportionate” information held by local police forces.

Conservatives have called for an urgent overhaul of the CRB system and when you consider the statistics below it is not hard to see why:

- More than 50,000 people requiring detailed ‘enhanced checks’ because they work unsupervised with children had to wait more than two months for their applications to be processed;
- CRB forms are now so complicated that 240,000 applications are wrongly filled in by organisations confused by the forms;
- The system is so inflexible that thousands of people are being forced to have multiple CRB checks for different jobs because the checks are currently not transferable from one to another.

David Ruffley, a shadow Home Office minister, said: “Nearly 700 mistakes that could ruin people’s lives is 700 too many. There is an

emerging crisis of public confidence in the handling of this public information.”

The Home Office admitted that mistakenly branding innocent people as criminals was ‘regrettable’. A CRB spokesman said: “The Criminal Records Bureau’s first priority is to help protect children and vulnerable adults, and we will always err on the side of caution to help ensure the safety of these groups.”

Anyone who has received a CRB check containing inaccurate information can appeal to the CRB.

False allegations to stay on record

This article is based on a report in *The Daily Telegraph* on 13 September 2008.

False child abuse claims will be kept on file a spokesman for the Department for Children, Schools and Families has confirmed. Since the Bichard Inquiry (following the Soham murders), the Government published guidance informing local authorities to investigate allegations of harm of children. All adults volunteering or working with children, who are subject to abuse allegations, will be subject to investigation by council officers.

Local authority staff looking into the claims will have the authority to track cases contacting police, social services and employers as necessary. The guidance lists four possible outcomes for each claim: ‘substantiated’, ‘unsubstantiated’, ‘unfounded’ or ‘malicious’, stating that ‘unsubstantiated’ does not imply guilt or innocence but a lack of evidence, while for the classifications of ‘unfounded’ and ‘malicious’ the council must have evidence to disprove the claim.

The new move has been criticised for the potential to encourage unfounded, even anonymous, allegations. It gives power to unaccountable council officers which could lead to innocent professionals having their careers ruined with records remaining on file until retirement. Professor Frank Furedi highlighted that the accused could become lifetime victims of the allegations.

Overseas False Memory Societies

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

AUSTRALIA

AFMA Inc.
PO Box 694
Epping NSW 2121, Australia
Tel: 00 61 300 88 88 77
Email: false.memory@bigpond.com
www.afma.asn.au

CANADA

Paula – Tel: 00 1 705 534 0318
Email: pmt@csolve.net
Adriaan Mak – Tel: 00 1 519 471 6338
Email: adriaanjwmak@rogers.com

FRANCE

www.psyfmfrance.fr

NETHERLANDS

Email: info@werkgroepwfh.nl
www.werkgroepwfh.nl

NEW ZEALAND

Donald W. Hudson
COSA New Zealand Inc
80 Avondale Road
Christchurch, New Zealand
Tel: 00 64 3 388 2173
Email: cosanz@clear.net.nz
www.geocities.com/newcosanz

NORDIC COUNTRIES

Åke Möller – Fax: 00 46 431 21096
Email: jim351d@tninet.se

USA

False Memory Syndrome Foundation
1955 Locust Street, Philadelphia
PA 19103-5766, USA
Tel: 00 1 215 940-1040
www.fmsfonline.org

The Scientific and Professional Advisory Board provides BFMS with guidance and advice concerning future scientific, legal and professional enquiry into all aspects of false accusations of abuse. Whilst the members of the board support the purposes of BFMS as set out in its brochure, the views expressed in this newsletter might not necessarily be held by some or all of the board members. Equally, BFMS may not always agree with the views expressed by members of the board.

ADVISORY BOARD: **Dr R. Aldridge-Morris**, Emeritus Consultant Clinical Psychologist. **Professor R.J. Audley**, Vice Provost, University College London. **Professor Sir P.P.G. Bateson**, Professor of Ethology, University of Cambridge. **Professor H.L. Freeman**, Honorary Visiting Fellow, Green College, University of Oxford. **Professor C.C. French**, Professor of Psychology, Goldsmiths College, University of London. **Professor R. Green**, Emeritus Consultant Psychiatrist. **Mrs Katharine Mair**, Consultant Forensic Psychologist (retired). **Mr D. Morgan**, Child, Educational and Forensic Psychologist, Psychologists at Law Group, London. **Dr P.L.N. Naish**, Principal Psychologist, Centre for Human Sciences, DRA Farnborough (Chairman of the Advisory Board). **Professor Elizabeth Newson** OBE, Emeritus Professor of Developmental Psychology, University of Nottingham. **Dr J. Ost**, Senior Lecturer in Psychology, International Centre for Research in Forensic Psychology, University of Portsmouth. **Mr. K. Sabbagh**, Writer and Managing Director, Skyscraper Productions. **Dr B. Tully**, Chartered Clinical & Forensic Psychologist, Psychologists at Law Group, London. **Dr Kimberley Wade**, Assistant Professor of Psychology, University of Warwick. **Professor L. Weiskrantz**, F.R.S, Emeritus Professor of Psychology, University of Oxford. **Professor D.B. Wright**, Professor of Psychology, Florida International University.

BFMS · Bradford on Avon · Wiltshire · BA15 1NF
Tel: 01225 868682 Fax: 01225 862251
Email: bfms@bfms.org.uk
Website: www.bfms.org.uk
Registered Charity Number: 1040683

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