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

Dear Reader

An Italian PhD student from Rome, is visiting, keen to research the British perspective on psychological science relating to memory including autobiographical and false memories. Our conversations have highlighted the differences between our cultures. Italian families do not appear to suffer with the distressing cases we record here in the UK. There is apparently only one academic in the country who has written about the subject and only one English book on the subject which has been translated into Italian.

This raises the question, "What is going on in the rest of the world in this field?" We know that there are false memory organisations and groups in USA, Canada, UK, Australia, France, Germany and Scandinavia and cases as far afield as Iceland, S. Africa, S. America and Japan. The work of these organisations is at varying stages of development with the USA showing the greatest degree of public recognition with a rejection of the psychological theory of 'repressed memories'. In the Minnesota Supreme Court this summer the court has stated that scientific studies trying to prove repressed memory theory 'lacked foundational reliability'. There has been considerable media interest in the case against Castlewood treatment Centre in St Louis County (see news item on page 2). Similar civil cases are rarely pursued in this country to our knowledge. In the UK we have been made aware just how much the judiciary reject the subject with judges sometimes refusing to allow expert witnesses on false memory to appear for defendants. On one occasion I recall a judge, stating in open court, that a particular case was not one involving false memory and he wanted to make that clear, after all he wanted to avoid opening the floodgates to individuals wanting to claim it as a defence. This was exceptionally disappointing in view of the classic indications that need to be present before any defendant could claim it was relevant to their case.

Government steps to introduce some form of regulation in the talking therapies is finally coming to fruition, Gone is the idea of statutory regulation instead there is a new voluntary registration scheme to be overseen by the Professional Standards Authority for Health and Social Care (PSA) who will ensure improved practice in the talking therapies. There will still be many unregulated groups offering therapy but anyone wishing to seek out some level of protection can now refer to the voluntary registers. If their chosen therapist is not listed, then they engage their services at their own risk; if they are, then their practice will be bound by certain standards. This will not protect a client from the influence of a therapist's unorthodox belief systems but there will be a process of redress if needed. PSA standards are due to be published soon following their Council meeting this month and their new powers come into force in December 2012. BFMS members, whose cases involve registered practitioners, can test the new system by writing to the PSA to ask how they might make a third party complaint (see page 3 for news on the scheme from the Policy Director).

In 'Carol's Story' (on pages 6-9) the shocking level of abusive treatment she received has come to light with thousands of pages of medical records coming to the fore this year. It is tragically too late for Carol and her family to draw upon the protection the PSA will demand, but it is not too late to prevent therapists continuing these practises unchecked.

It is a great relief to know that the Italians are spared the damage caused by false memories.

Madeline Greenhalgh

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NEWS

USA jury awards $16.5m to woman given false memories

Dr Julian Metter lost his license to practice psychology in June 2009 when he confessed to fraudulently billing Medicare. In February 2012 a jury ordered Metter to pay his patient what is said to be the largest jury verdict in Centre County history. The woman's attorney, Bernard Cantorna, said his client was made to believe she was raped at the hands of her family and abused in cultlike rituals by prominent members of the community. "He took a woman who never had any history of this and made her relive the most horrific things one could imagine," Cantorna said during closing arguments in the six-day civil trial. The lawsuit alleged the woman suffered lasting emotional anguish as a result and suffered a brain injury due to repeated exposures to a mixture of carbon dioxide and oxygen. Metter thought the treatment would help recover repressed memories, according to the suit.

Reported in www.centredialy.com February 2012

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Women suing therapist for implanting false memories

In the USA, three women are suing a therapist for implanting false memories

A third woman is suing Castlewood Treatment Centre in St Louis County, USA, on the grounds that she, as with the two other earlier claimants, was brainwashed during treatment for an eating disorder into believing she was a victim of satanic abuse. The therapist, Dr Mark Schwartz denies the claims. Residential stays at the Castlewood cost $1,100 per day according to their website.
The first claim was made in November 2011 and further details of the multiple suits are awaited. In the meantime it is reported that Dr Schwartz, who will no longer be in charge of the Castlewood Clinic, is to open a new 12-bed treatment centre in northern California.

See www.newsmagazinenetwork.com 20 July 2012

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French court convicts Parisian psychotherapist

A French court has convicted a Parisian psychotherapist of abuse and ordered him to pay thousands of euros in fines and damages for implanting false memories of trauma in two of his patients.

Yang Ting was given a one-year-suspended sentence and ordered to pay 50,000 euros in fines and 150,000 euros in total damages to the two claimants. They had been charged 320 euros per hour for their treatment with Yang Ting.

Report taken from www.news.com.au June 2012

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Hypnosis degree lacks academic rigour

In April the Quality Assurance Agency investigated the only undergraduate degree in hypnosis. The BSc in clinical hypnosis run by the firm Brief Strategic Therapy and Clinical Hypnosis (BST) Foundation had been validated by St Mary's University College Twickenham. Students received a diploma in higher education after two years and a B.Sc (Hons) after a third year. However there was a lack of contact time which amounted to one teaching day every two Saturdays, which meant only eight full days in an academic year plus four additional days covering exams and observed practical demonstrations. The report noted that St Mary's had failed to exercise sufficient oversight when the use of inadequately qualified and trained staff in teaching, confused practice and the provision of inaccurate and incomplete information had put the academic standards of the awards at risk. An undergraduate enrolled on the course was also teaching on it and listed

as an examiner. The QAA found that the external examination process was 'not fit for purpose'; that St Mary's had failed to ensure the course delivered the promised teaching hours; the reading lists were "not adequate to meet the demands of an honours degree course" and students were not informed of any mechanism for complaints.

Report is taken from an article by David V Barrett in The Catholic Herald - 24 August 2012

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Voluntary Registration Scheme

Seeking information about the Accredited Voluntary Registers Scheme which will cover the talking therapies, a BFMS member has been speaking with Christine Braithwaite, Director of Standards & Policy at the Council for Healthcare Regulatory Excellence, who provided the following response:

The Council for Healthcare Excellence - which is to be renamed the Professional Standards Authority for Health and Social Care has been given a new responsibility under the Health and Social Care Act 2012 to establish an accreditation scheme for voluntary registers.

Christine Braithwaite, Director of Standards and Policy explained,

'Our Accredited Voluntary Registers scheme is being established by the Professional Standards Authority to improve consumer protection for people who use unregulated health and care occupations and therapies. Organisations who wish to be accredited will have to demonstrate that they meet all of our standards. We consulted on a draft set of standards earlier this year and a full set of our standards will be considered by our Council at their meeting on 27 September, which is being held in public. Our standards will be published in due course.'

'Three areas covered by the standards that I think might be of interest are governance: which includes the organisation holding a voluntary register is focused on protecting the public and demonstrating that it seeks; understands and uses the views and experiences of service users and the public to inform key decisions about its voluntary register functions; risk - demonstrating that it has a thorough understanding of the risks presented by their occupation(s) to service users and the public - and where appropriate, takes effective action to mitigate them; and complaints.'

'We refer in our standards to service users 'and the public' and therefore do envisage that organisations will take into consideration matters that affect the public more generally. Clearly the impact that practitioners may have on others, such as family members raise a number of important matters that need to be weighed carefully. We intend that our standards should encourage organisations to adopt good practice in handling complaints about their registrants practice.'

'When an organisation applies for accreditation, we plan to publish a notice on our website - and require the organisation to do likewise - calling for information. We will take responses to that call into account when deciding whether or not to accredit the organisation.'

'Additionally, before accrediting any organisation, we will carry out an impact assessment. There are two opportunities therefore for interested parties to share information with us prior to us making our decision. Once we have accredited an organisation we will continue to be open to receiving information about the organisation's performance. We can place conditions on an organisation or remove accreditation if we are not satisfied that an organisation meets our standards.'

'To date we have noted that a number of organisations have already begun benchmarking themselves and making changes to governance and other of their arrangements in anticipation of the accreditation scheme, for example, looking at how they involve lay members more in their governance arrangements. It is early days of course, but I think the signs for accreditation being a driver to improve standards are encouraging.'

21 September 2011
For further details of our work, please visit our website: www.chre.org.uk

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Parliamentary Written Questions in the new session September 2012

Zac Goldsmith: To ask the Secretary of State for Health (1) what steps his Department has taken to ensure the protection of patients receiving recovered memory therapy from psychotherapists in the last 15 years; [119440]
(2) what consultation he has had with those who have experienced difficulties in making third party complaints in psychotherapy. [119443]

Norman Lamb: The Department does not recommend the use of recovered memory therapy and it is not a National Institute for Health and Clinical Excellence recommended treatment.
Ministers have had no consultations with those who have experienced difficulties in making third party complaints in psychotherapy.

Zac Goldsmith: To ask the Secretary of State for Health what steps his Department has taken to check the viability and effectiveness of the Complaints Procedures and Codes of Ethics and Practice of psychotherapy organisations that are to come within the jurisdiction of the Health Standards Authority. [119444]

Dr Poulter: The Council for Healthcare Regulatory Excellence (CHRE), to be renamed the Professional Standards Authority for Health and Social Care (PSA), is an arm's length body to the Department. The CHRE has been given powers, through the Health and Social Care Act 2012, to accredit voluntary registers of certain health and social care workers who meet, set standards. The intention is that these powers will commence from 1 December 2012.
The CHRE has recently undertaken a public consultation on its proposed standards for accreditation. The draft standards include the requirement for voluntary registers to have arrangements in place for handling complaints and promoting ethical practice. The final standards for accreditation will be published by the CHRE by November 2012. We are aware that the CHRE is preparing for the commencement of its accreditation powers by working with some existing voluntary registers, including the UK Council for Psychotherapy and the British Association for Counselling and Psychotherapy. The findings from this work will help to inform further the development of the PSA's accreditation process.
http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120910/text/120910w0004.htm#12091037001984

RESEARCH

Searching for indicators of false memories

by

Research report by Dr Kimberley Wade, Associate Professor of Psychology, Warwick University.

False memory researchers and families affected by false memories share a similar dream of finding a reliable and useful indicator of false memories. A behavioural, physiological, or neurological marker that determined - with 100% accuracy - whether a memory was genuine or illusory could help so many people in so many ways. It is unsurprising then, that memory researchers are using neuroimaging techniques and physiological measures to explore potential indicators of true and false memories. In a recent issue of PLos ONE (a peer-reviewed, open-access, online scientific journal), Baioui, Ambach, Walter and Vaitl (2012) shed some light on the physiology of true and false memories. To download the paper, see: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0030416

To study the physiology of true and false memories, researchers first need a substantial number of false memories per research participant to be able to compare them to true ones. A reliable and popular procedure for ensuring a good number of false memories is the DRM paradigm (after Deese-Roediger-McDermott, based on work by Deese in 1959 and Roediger and McDermott in 1995). In this procedure, people study a list of related words such as *bed, slumber, pillow, nap, rest, siesta,* and *duvet.* When tested a little later, participants often think they heard or saw certain words that were never presented (in this case, *sleep*). This procedure reliably leads many people to produce several false memories: indeed, participants can describe the falsely remembered word as if they actually did hear or see it. Those who attended the BFMS AGM in London would have seen Prof Martin Conway cleverly demonstrate the DRM procedure in his talk.
Baioui and colleagues adopted the DRM proce-

dure for their research. Most of the neuroimaging and physiological studies to date that have investigated false memories have used the DRM paradigm, but Baioui et al. cleverly replaced the rather contrived and unrealistic words with detailed drawings of everyday scenes. Thus their materials more closely mirrored the complex visual scenarios we experience in the real world.

But what exactly did Baioui et al. set out to discover? Put simply, the researchers wanted to determine whether true and false memories produce different psychophysiology in people. That is, do true and false memories differentially affect people's skin conductivity, cardiovascular responses and respiratory responses? As an aside, I should note that Baioui and colleagues certainly were not the first researchers to study the physiological correlates of true and false memories. Researchers have been doing this since the mid 1990s using electroencephalography, functional magnetic resonance imaging and positron emission tomography. The point of difference in the Baioui et al. experiment is that the researchers use peripheral measures of physiology.

There are good reasons to think that true and false memories might produce different psychophysiological responses in people. A large body of research shows that a person's knowledge about something influences their psychophysiological response when they are confronted with that something again. For instance, if I showed you a photo of an *unfamiliar* woman you would probably display lower skin conductance, greater respiration line length, greater phasic heart rate and greater finger pulse waveform length than if I showed you a picture of a *familiar* woman such as your mum. Based on this well-established finding, Baioui and colleagues hypothesised that people might show similar response patterns to false versus true memories. Specifically, they predicted that (relatively unfamiliar) false memories should elicit lower skin conductance, higher respiration, higher heart rate, and higher finger pulse waveform length than true memories.

This procedure reliably leads many people to produce several false memories

Here is how they tested this hypothesis. As I said above, Baioui borrowed the DRM proce-
said above, Baioui borrowed the DRM proce-
dure and they simply combined it with electrodermal (skin conductivity), cardiovascular and respiratory measurements. The researchers took 58 university students and allocated them to the control or experimental group. Each participant viewed coloured drawings of stereotypical scenes, such as a cleaning scene displaying a mother and a child amongst things such as a shovel, broom, apron and bin. The control group viewed untouched versions of the scenes, whereas the experimental group viewed the scenes with one item missing—in our cleaning example the broom had been removed. The broom would serve as the critical "lure" that participants would ultimately misremember, just like the missing word "sleep" in the DRM list bed, slumber, pillow, nap, rest, and so on. About 30 minutes later, participants took a memory test. They viewed a series of objects, some objects from the scenes they viewed earlier such as the shovel and apron, and some objects that they didn't see such as an apple. They also viewed the critical lure object (the broom), which, you might recall, the control participants did see earlier on, but the experimental participants did not see. Participants had to indicate whether each object was or was not included in one of the scenes they viewed earlier on. During this stage, participants were connected to polygraph leads which measured skin conductance, respiratory activity, electrocardiography (heartbeat) and finger plethysmography (changes in blood flow).

Fortunately for the researchers, experimental participants reported lots of false memories, which made it easy to compare psychophysiological responses across the groups. But more importantly, the researchers' predictions were only partially correct. They observed lower skin conductivity for false memories compared to real memories, which is what they predicted. But the respiration and heart-rate data were less clear. There was tendency for these measures to differ between false and true memories when the results were compared within the experimental group, but not when compared across the control and experimental groups. Crucially this means the results are weak and should be interpreted with caution. There were

no differences between true and false memories in terms of finger plethysmography.

So why did the researchers fail to find all of the results they were looking? It's possible those effects just don't exist. It is also possible, as the researchers argue, that the study was *underpowered*. Perhaps there just weren't enough false memories to create a sufficient physiological effect in participants to observe any differences on the cardiovascular and respiratory measures.

Baioui and colleagues cautiously conclude that the skin conductance results suggest at least one physiological difference between true and false memories, even though the subjective experience of having a true or a false memory often *feels* exactly the same. While the specific physiological results reported by Baioui and colleagues aren't spectacular, the researchers have provided the first experiment to date that examines physiological differences between true and false memories produced in a visual DRM study. Scientists are still a long way from producing results that will have a practical use, for example, in determining whether a particular memory report stems from actual experience or from imagination and suggestion (something memory researchers, litigants, psychologists and BFMS members all might like to see). Yet Baioui and colleagues' study is another step in the right direction and another study in the small but growing literature attempting to distinguish between true and false memories.

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Treasurer's Appeal

A superb achievement

Bernard Reed, our treasurer, wrote to each member earlier this year explaining our financial position. He asked that each of you contribute £150 per person or £300 per couple, or less depending on their individual circumstances.

Your response has been nothing short of outstanding and we cannot thank you enough for your generosity in these very difficult times.

To date we have received the grand sum of £14,151.79. Thank you for this super achievement, we have nearly reached our target of £15,000! So please do not feel you have missed your chance to help. It's not too late to contribute if you would like to do so. With luck we could then reach that magical figure!

FEATURE

Justice for Carol

Editors note: readers may find some content disturbing.

The *Justice for Carol* web site was launched on 30 January 2011. It draws attention to my sister's complete mental collapse following two decades of recovered memory therapy, prior to her premature death in 2005, aged 41. Carol was estranged from the family: she made the occasional telephone call and sent Christmas and Birthday Cards, but she drifted away and severed contact after commencing therapy. Out of the blue, in June 2005, she rang my brother to say that she was lonely and unhappy and wanted to move back to the Stockport (Greater Manchester) area to permanently re-establish contact with her family. One week later, she was dead. We do not know the cause of her death because the Inquest returned an Open Verdict. While *Justice for Carol* provides a chronological outline of events, as my brother, Richard, has written:

"What is missing from it is the pain, suffering and misery inflicted on us. There's a completely different personal side to this story that gives a wholly new perspective to the course of events described, and the interactions with the various actors in this narrative. In reality, our story is so extraordinary most people on hearing it would instantly dismiss it as being unbelievable, if it were not the case that we can support every claim we make with fact and documentation… They will ask themselves, how could it happen? We live in the 21st Century; surely there are checks and balances in place to protect the vulnerable from the unscrupulous behaviour of high ranking professionals in positions of power? There are, but they were systematically ignored time after time, after time, after time, over an entire 20 year period.... I can tell you that the website tells the truth, but misses out on another dimension altogether – of what it is like to discover the despicable behaviour of these individuals, to speak to them, to hear their evasions, to receive their letters containing downright lies, and to face one obstruction after another from every single authority that is supposed to act on the part of truth, justice and humanity. These people are without pity, and

need to be exposed, to uncover the truth about Carol's life and death, to find out if this has happened to anyone else, and to prevent it from happening ever again...”

Our pain and suffering has not been alleviated by the acquisition of Carol's voluminous psychiatric notes, which run to several thousand pages and were finally released to my father in June 2012, following a number of protracted inquiries instigated by various members of our family. We now know exactly what happened to Carol and her notes show that she experienced a devastating mental breakdown after commencing therapy in the mid 1980s. Plagued with mental health problems thereafter, she was depressed, suicidal, self-harmed and spent most of the 1990s in and out of various psychiatric institutions. Carol was sectioned repeatedly and placed on the Mental Health Register in June 1992. My family were completely unaware of Carol's mental deterioration (which was conducted in total secrecy from us and supported with vast quantities of medication and psychotropic drugs). Prior to commencing therapy, Carol's mental health was exemplary.

According to her medical notes, Carol's problems began in 1986 when she presented to her doctor with repeated headaches. As one specialist put it, “Her headaches could well represent migraine but may well be associated with the recent tension of the run up to her finals.” She was a pupil nurse at this time. In every other respect, her health was normal and another consultant who examined Carol “gave her a clean bill of health.”

The input of her therapists had an immediate and disastrous impact on Carol and our family, resulting in the obliteration of a hitherto normal family life.

Carol's headaches persisted, however, and her doctors could not pinpoint an underlying physical cause. In consequence, she was referred for therapy to ascertain if her symptoms were in fact psychological. The input of her therapists had an immediate and disastrous impact on Carol and our family, resulting in the obliteration of a hitherto normal family life.

Following two sessions of recovered memory therapy Carol was encouraged to make disclosures of Satanic Ritual Abuse which was supposed to have begun in early childhood and continued into adulthood. Carol's real memories were subsequently eroded and then completely erased. Carol told one treating psychiatrist that: “the abuse started aged 2/3 years” but she did not recall it until (her) early twenties.”

It was at this point that Carol began to drift away from our family. We know now that she received psychotherapy from a number of individuals, including Dr Fleur Fisher, who was subsequently promoted to Head of Ethics for the *British Medical Association*. Dr Fisher is on the record in *The Sunday Times* newspaper as stating that Carol had no memories of Satanic Ritual Abuse when she met her in 1984/5. In a startling admission affirming her belief in recovered memory therapy, Fisher told journalist Daniel Foggo that “Carol had ‘no knowledge’ of any ritual abuse when she first saw her. Very often people who have had difficult experiences repress them, then they suddenly come back in dreams or flashbacks”, she said.

Carol was estranged from her family at this time, yet her case was so well known among health professionals in the region that when in 1992 Dr Bernard Gallagher led a research team, funded by the Home Office and European Social Research Council, Carol was referred to him by child protection workers in Cheshire. Dr Gallagher's study focused on organized child sexual abuse, including Satanic Ritual Abuse. His research findings were published in academic journals, including *Child Abuse Review*.

Carol moved to London in 1992 where she received psychotherapy from Dr Valerie Sinason and Dr Robert Hale in the Tavistock Clinic. Carol's medical records reveal that she was their first joint patient to be treated for Satanic Ritual Abuse. The relationship with Carol's therapists was far from plain sailing, however. One health professional wrote: “Carol has recently severed her ties with the Tavistock because of the feelings of being used in

connection with a book that has been published, and we are working through this anger."

Treating Survivors of Satanist Abuse (edited by Valerie Sinason) was published in 1994. The book has the distinction of being voted in a peer review as the second worst psychiatric publication of the last hundred years. Simon Wesley, professor of psychiatry at King's College commented that one nomination for the book stated it was 'credulous, superstitious, iatrogenic, illness- inducing, self-righteous, incendary garbage'.
Chapter 32 is a jointly authored essay by Robert Hale and Valerie Sinason. It focuses on three adult case studies who they treated in the Tavistock Clinic.
Using the pseudonym of 'Rita' to disguise Carol's real identity, the authors state that she was their first joint patient. As another of Carol's many psychiatrists would write a few years later: "With regard to the special nature of her case, I do believe she was Valerie Sinason's first case at the Tavistock and it was based on Carol's experiences that Valerie wrote a book and started her interest in Satanic abuse." In other words, Carol's case propped up the whole field of Satanic Ritual Abuse in the UK. Carol's history is demonstrably false; it begs the question of how many other patients treated for Satanic Ritual Abuse have befallen the same fate.

(Dr) Fisher told journalist Daniel Foggo that 'Carol had "no knowledge" of any ritual abuse when she first saw her. "Very often people who have had difficult experiences repress them, then they suddenly come back in dreams or flashbacks", she said.

Here is an extract from a recent interview between Valerie Sinason and investigative journalist, Will Storr, who reported on Carol's case in *The Observer*. The interview took place in December 2011:

Sinason arrives, in her north London counselling room, tanned and relaxed in a loose smock, dark leggings and trainers. There's a chaise-longue with a crowd of teddies resting in its crook. On the floor, shoved beneath a table, a large cloth boy gazes sadly into space. We're joined by her husband David, who takes notes throughout our talk.
Sinason insists she doesn't use recovered-memory techniques. "I'm an analytic therapist," she says. "The idea of that is someone showing, through their behaviour, that all sorts of things might have happened to them." Signs that a patient has suffered satanically include flinching at green or purple objects, the colours of the high priest and priestess's robes. "And if someone shudders when they enter a room, you know it's not ordinary incest."
Another warning, she says, is the patient saying: "I don't know." "What they really mean is: 'I can't bear to say.'" A patient who "overpraises" their family is also suspicious. "The more insecure you are, the more you praise. 'Oh my family was wonderful! I can't remember any of it!'"
In the medical records, Sinason noted that Carole was her first chronic sadistic-abuse patient. Today, when I ask about her first patient, Sinason describes the arrival of two medical professionals – a nurse and a psychologist – one of whom was limping.
"I just had that nasty feeling," she says. "It's her, and she's been hurt by them."
"You could tell that from the limp?" I ask.
"Yep."
Soon, we get to the actual satanism. Sinason talks of a popular ritual in which a child is stitched inside the belly of a dying animal before being 'reborn to satan'. During other celebrations, "people eat faeces, menstrual blood, semen, urine. There's cannibalism." Some groups have doctors performing abortions. "They give the foetus to the mother and she's made to kill the baby."
"And the cannibalism - that's foetuses?" I clarify.
"Foetuses and bits of bodies."
"Raw or cooked?"
"The foetuses are raw."
"Not even a bit of salt and pepper?" I ask.
"Raw. And handed round like communion. On one major festival, the babies are barbecued. I can still remember one survivor saying how easy it is to pull apart the ribs on a baby. But adults are tougher to eat."
She describes large gatherings in woodlands and castles, with huge cloths being laid out. "That's normally when there's a sacrifice," she

notes, "and because the rapes are happening all over the place. There's a small amount of cannon fodder in terms of runaways, drug addicts, prostitutes and tramps that are used. There's sex with animals. Horses, dogs, goats. Being hanged upside down. In the woods, on a tree."
"How do they get an animal to have sex with a human?" I wonder.
Sinason's husband thinks for a moment. "Well," he says, "plenty of dogs have a go at people's legs." "True," says Sinason, adding poignantly: "However horrible it sounds, the dog, at least, is friendly afterwards."
"Because at least the dog's had a good time," I say.
"And the child loves the pet," Sinason nods. "The pet is made to have sex with the child – but the pet, at least, is still their friend."

In my opinion, it is a national disgrace that this dreadful practice, which should have been completely discredited by the mainstream psychiatric and medical profession, is continuing today. But no one will take action. Indeed, Dr Sinason is speaking about Satanic Ritual Abuse at a conference taking place at the Harnhill Centre of Christian Healing, based in Cirencester, later this month.
The impact of Carol's medical records on our family cannot be overstated. My mother, who was affected more than any other family member, slipped further into depression when she first read the notes relating to Carol's treatment. She has since died. Dad, who was diagnosed with ME following Carol's death, became extremely ill after reading the depressing lies and false allegations fabricated in therapy. Every member of my family had to read how, for over 20 years, Carol's therapists, psychiatrists and treating doctors adopted and fostered the myth of Satanic Ritual Abuse, substituting our normal and happy family life with a false narrative of violence, abuse and devil-worship. No family should ever endure what we have been through. It is my sincere hope that by exposing Carol's treatment and placing our tragic story in the public domain that some lessons will be learned.

But if we look at what has happened in the United States, we can see that the psychiatric profession failed to take action. In the introduction to his book, Try to Remember, the distinguished psychiatrist Paul McHugh wrote, “I describe my part in the history, when – to the mortification of psychiatrists with any pride in their profession – reform had to come not from the profession itself, but from the civil government, which intervened to preserve social justice in the face of vicious abuse of authority and licence.” Therapists obsessed with the myth of Satanic Ritual Abuse must be challenged from ruining yet more lives? Carol's therapists ought to be ashamed at what they have done to her. And some of her gullible doctors and psychiatrists should also look closely at their own input into this horror story which resulted in my mother and sister being sent to an early grave.

The full narrative of Carol's tragic life and death will be exposed, in detail, in a forthcoming book, entitled *Justice for Carol*, which I have written.

Dr Kevin Felstead
www.justiceforcarol.com

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Is this what it takes?

In an interview for the Journal of Experimental Psychopathology, Richard J McNally of Harvard University reported on his research work with colleagues to summarise what they have learned about ‘false memory syndromes’. In this example they were investigating individuals’ beliefs in alien abduction. He gives a summary of the ingredients for a space alien abductee.

1. New Age beliefs (e.g. high scores on measures of magical ideation)
2. episodes of isolated sleep paralysis accompanied by hypnopompic (upon wakening) hallucinations,
3. hypnotic memory recovery sessions,
4. high scores on a measure of absorption (a trait related to fantasy proneness, vivid imagery, and hypnotisability),
5. familiarity with the cultural narrative of alien abduction.

He notes that they cannot say whether any of these ingredients is essential or whether their recipe applied to abductees who have never been in their research programme.

Published in *Journal of Experimental Psychopathology,* Vol 3, (2012) Issue 1, pp2-16

REVIEWS

A review by 'Barnabas' of *Responding Well to those who have been Sexually Abused, Policy and Guidance for the Church of England*

1st Edition 2011, London, Church House Publishing

This Report (referred to below as *RW*) covers an important pastoral topic. Anyone would want victims of sexual abuse to have all the help they need but *RW* gives a high profile to such concepts as repression, dissociation and satanic ritual abuse which research, particularly over the last two decades, suggests are very likely to create false allegations.

False allegations are not, of course, *RW*'s main burden but the topic is introduced and treated rather dismissively. In spite of the claim that 'At all times listeners and those responding within church communities should keep an open mind and exercise great caution' and use 'respectful uncertainty' (*RW,* p 26) *RW* is neither cautious nor uncertain in accepting accounts of abuse as true and to be believed (*RW* pp 14, 24) and thus regards accused people as abusers. Allegations are only accepted as false if a very high standard of proof is applied. The problem in many of these cases is that it is hard to prove guilt or innocence to the highest legal standards. *RW*, however, is content with a very low standard of proof in accepting an allegation as true. For example, in 4.9 'an account of sexual abuse' is automatically accepted as coming from an 'abused person'.

RW uses the Home Office Report, *hors293,*[1] to estimate the extent of false allegations and uses the lowest possible figure, 3%, as definitive. There are other statistics in *hors293* and 8% could be more realistic and a figure as high as 52% is given in cases involving 16-25 year olds (*hors293* p. 47).

In addition *RW* has a curiously ambivalent approach to the evidence of children. The writers cannot see the illogicality of stating as a myth that 'Children cannot always be believed' (*RW* p. 38) but suggesting earlier (*RW* p22) that children are not to be believed unless they disclose abuse. Then, if they recant they cannot be believed. Interview scenarios are clearly involved here but *RW* fails to recognise that children may be influenced in these settings. Such matters are discussed very fully by, among others, R McNally in *Remembering Trauma* (2003) (pp 248ff) and Brainerd and Reyna in *The Science of False Memory* (2005) who show how and when children may be vulnerable to psychological manipulation.

False accusations in cases of child abuse, child sexual abuse and sexual assaults do not help those who have really been assaulted and we all hope that there will be fewer of them in the future. Unfortunately, along with other similar reports *RW* shows that its compilers are unaware of the life-shattering impact of false accusations of sexual abuse.

These are matters to ponder but a major flaw in *RW* is an unquestioned belief in 'The unconscious blocking of traumatic memories and feelings' (*RW* p. 35) by repression and/or dissociation. It is said that 'Traumatic memories and associated thoughts and feelings are kept separate from ordinary awareness' (*RW* p. 35). *RW* clearly follows those therapists and counsellors who believe that such material may be accessed much later from amnesia.

One question emerges very quickly; why does *RW* makes so much of this given that the data used by *hors293* (p. 43) shows that very few, if any, complaints of assault are made in this way? The vast majority are made within 24 hours of the alleged assault and the bar graph in *hors293* (p. 43) shows that only about 1.3% are made three months or more after an alleged assault. There is a discussion about why delays of more than 24 hours occurred but blocking/repressing of memories is not mentioned as a reason. Although delay through repression/dissociation did not appear in the *hors293* data it is claimed to happen from time to time chiefly under the influence of settings, often therapeutic, that encourage belief in it. If such disclosures were true we would welcome them as a contribution to the reliable detection of serious crime. Unfortunately, *RW*'s trust in what may be broadly described as depth psy-

Responding Well clearly follows those therapists and counsellors who believe that such material may be accessed much later from amnesia.

chologies is badly misplaced because it ignores research and publication in memory, witness testimony and interviewing, especially over the last 20 years. A large body of literature now makes it clear that false but convincing memories of imagined trauma can be produced in vulnerable and/or susceptible people. Richard McNally, Professor of Psychology at Harvard, concluded that

> 'The notion that the mind protects itself by repressing or dissociating memories of trauma, rendering them inaccessible to awareness, is a piece of psychiatric folklore devoid of convincing empirical support' (*Remembering Trauma,* p. 275).

In 2011 The Scientific and Professional Advisory Board of the British False Memory Society were slightly more cautious but firm in stating

> there is only a remote chance of a person successfully hiding a memory from him- or herself in such a way that it can subsequently be unearthed. That our conclusion is appropriate is supported by the remarkable lack of solid evidence that this memory feat can occur. Again, we do not deny that it is possible, but if it were an everyday occurrence researchers should be able to produce abundant evidence of it; they cannot do so. In contrast, there is an enormous wealth of both clinical and formal research data, showing how remarkably easy it is to generate convincing, but false memories. (BFMS Position Statement on the Recovery of Memory in Therapy, February 2011)

B van der Kolk is among the authors recommended by *RW*. However, in *Remembering Trauma* (2003) (pp. 177-82) Richard McNally devotes several pages to criticising van der Kolk's influential dissociative theory and concludes that it is 'plagued by conceptual and empirical problems.' Body Memory, a concept advocated by van der Kolk, is defined in *RW*'s glossary (*RW* p. 35) as 'Traumatic events relived and felt physically but not necessarily with visual cues.' McNally, however, states that 'the notion of "body memories" is foreign to the cognitive neuroscience of memory.' (p. 179)

RW has a whole page (*RW* p. 48) on the issue of satanic/ritual abuse and suggests that it is widespread and says:

> It is difficult to have any clear indication of the extent of organized and ritual abuse due to the strongly secretive nature of many cults, the high level of control and also the fear of the participants and victims. However, a number of commentators indicate that most towns and cities have cults or covens. There is also some evidence of widespread activity in rural areas, with many villages having people who are members.

No references are given to support these vague claims. There have been recent cases of child cruelty and even murder in ritual settings and as Professor Chris French points out in a letter to the *Guardian* (2 Feb 2012) such crimes have been successfully prosecuted when solid evidence is used. This type of abuse has occurred when people mistakenly and violently try and remove a perceived evil. *RW* (*RW* p 49) rightly criticises such cruel, aggressive approaches to children accused of witchcraft or suspected of being possessed by evil. Such misguided cruelty has marred human history for centuries and emerges in various forms, generally described as witch hunts, from time to time. The kindest thing to be said about its perpetrators is that they are overzealous but harsher adjectives may usually be more appropriate.

RW (p 48) is about a different scenario in which ritual/satanic abuse is said to occur within a cult dedicated to satanic activities. There is no solid evidence to support these beliefs and the giveaway here is the reference to dissociation etc which shows that *RW* depends on disclosures of ritual/satanic abuse made by therapeutic methods. Indeed, the recommended organisations listed by *RW* include those that believe that memories of ritual/satanic abuse are dissociated/repressed and hidden until revealed by such methods. Yet, as Professor French in the same *Guardian* letter shows, these are 'the same techniques used to "recover" memories of alien abductions and past lives.' Such 'memories' may be convincing, but are certainly mistaken. McNally (pp 234ff) discusses that approach thoroughly with reference to a wide range of literature and research and by p 245 declares that 'The entire saga of alleged ritual abuse provides one long argument for the reality of false memories.' Jean La Fontaine's 1994 scrutiny of alleged cases 84 cases found no evidence that Satanic ritual abuse had taken place. (*The Extent and Nature of Organised and Ritual Abuse: Research Findings,* La Fontaine, Professor J.S., London: HMSO, 1994, p. 30). Other writers (e.g. Gareth Medway in *Lure of the Sinister* 2001, and Michael Shermer in *Why People Believe Weird Things* 2002, pp 99ff) came to similarly sceptical conclusions.

Altogether *RW* lacks any warning that 'People can remember events that they have not in reality experienced'[2] and though 'This does not necessarily entail deliberate deception'[3] such false memories and the creation of 'honest liars' may happen by many means including misguided psychological treatment as shown by the reference material listed below. Indeed, *RW* would do well to abandon those parts of the report that depend on repression/ dissociation because of the great danger of creating false allegations and the subsequent damage to innocent people. The devastating effects of false allegations driven by belief in repression/dissociation are vividly presented in Norman Brand, ed., *Fractured Families: the untold anguish of the falsely accused,* British False Memory Society (BFMS), 2007, which recounts many experiences and includes a brief academic overview and helpful bibliography.
Such things, though, are conveniently ignored by *RW.*

Footnotes:

1. ***Home Office Research Study 293,* A gap or a chasm? Attrition in reported rape cases:** Liz Kelly, Jo Lovett and Linda Regan Child and Woman Abuse Studies Unit, London Metropolitan University, Home Office Research, Development and Statistics Directorate, February 2005.
2. Guidelines on Memory and the Law, Recommendations from the Scientific Study of Human Memory, British Psychological Society, 2008, p.2.
3. Ibid.

In the list of books Herman is wrongly typed as Henman and a better perspective would be gained by including some or all of the following:

Select **list of Resources about false memory and related issues.**

The British False Memory Society website: http://bfms.org.uk/ is a very useful source of information in this area.

Loftus, E., and Ketcham, K., St Martin's Griffin, New York, *The Myth of Repressed Memory*, 1994. A classic text.
Ofshe, R., and Watters, E., *Making Monsters*, Andre Deutsch,1995. This looks at matters from the viewpoint of a social psychologist.
Pendergrast, M., *Victims of Memory Incest accusations and shattered lives*, Harper Collins, 1996, which runs to over 700 pages and is both readable and comprehensive.
Conway, M., ed., *Recovered Memories and False memories*, Oxford, 1997, consists of articles by several academic authors.
Schacter, Daniel L., *The Seven Sins of Memory {How the Mind Forgets and Remembers},* New York, Houghton Mifflin, 2001. Very readable and informative.
McNally, R.J., *Remembering Trauma,* Belknap, Harvard, 2003, is a very thorough treatment by an eminent psychologist.
Brainerd, C.J. and Reyna, V.F., *The Science of False Memory,* Oxford, 2005, is highly technical and very important.
Brand, Norman, ed., *Fractured Families: the untold anguish of the falsely accused,* British False Memory Society (BFMS), 2007. The title says it all.
Brand, Norman, ed., *Miscarriage of Memory, Historic abuse cases – a dilemma for the legal system,* BFMS, 2010 where testimony is mixed with professional observations.
Axelrad, Brigitte, *The Ravages of False Memories – or manipulated memories,* BFMS, 2011.

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THEATRE REVIEW

'Denial' written by Arnold Wesker

'Denial' is a play about false memory. It was written about 10 years ago by the successful playwright Arnold Wesker, but has never been put on in London. This production, in the Kings Head Theatre in Islington, opened on Tuesday 15 May and runs until 9 June 2012.

Arnold Wesker's 'Denial' comes at you full throttle from the beginning. The play opens with the daughter (played with sensitivity and ferocity by Stephanie Beattie) standing in the spotlight declaiming her accusations to her father. She stands facing the audience, vicious yet vulnerable, spitting out the venom of her words; every other phrase 'you f***ing father'. Friends who were there with us, good close understanding friends, stiffened and gasped with the shock of it and I thought, "now maybe they will start to know what it has been like". This is no scientific

treatise or academic lecture - this is the reality for so many of us.

Wesker is not vicariously trying to shock us. He has done his research well. In his notes, written for this production, he explains: "I met the couple - a middle class couple from North London - and taped many hours of their story. I have read books of other case histories and talked with people in the field of psychotherapy".

Wesker understands well the natural first reaction is that 'something must have happened' ("no smoke without fire"). The wife and sister are wary of the father (played by Nicolas Gecks) who is himself confused and uncertain. It is only later, when a second letter arrives accusing the mother (played by Clare Cameron) of complicity, that both parents start to question. "Give me one good reason why she has done this" asks the mother. The father lists several possible shortcomings in their roles as parents. The mother dismisses them all, and so the focus of the play shifts to the therapist as manipulator.

The therapist (played with a brilliant sardonic and faux rational voice by Sally Plumb) moves centre stage. The daughter, troubled by her divorce and financial failings, is seeking answers. The therapist nudges her towards the idea that she may have been abused as a child, an idea that initially the daughter vehemently rejects. We do not see her conversion played out in front of us (hypnosis is later referred to), so for those unfamiliar with the theories of self-help books such as *Courage to Heal*, this is the least convincing part of the play. But the play continues with a memorable scene when the daughter explodes into a violent acting out of her deep seated anger at everything that has gone wrong in her life. The therapist is based upon a real character who, as Wesker says in his notes for this production, "is still practising and organises weekend conferences on the dubious topic of 'recovered memories of child abuse'".

Wesker also uses the character of the sister (a competent lawyer played by Shelley Lang) to highlight both the normality of the sisters' upbringing, and also how any of us can feel vulnerable and become dependent (in the sister's case, on a boyfriend who was already married).

The therapist's hidden prejudices are brought out in an interview for a TV documentary made by Sandy Cornwall (played by Maggie Daniels). This character also helps the parents to understand the nature of false memory and the part played by poorly qualified therapists.

The other member of the cast is John Bromley playing the elderly Ziggy, who suffered atrocities in a prisoner of war camp. His memories are vivid and real, demonstrating the impossibility of forgetting, or repressing, such things.

The real story on which the play is based does not have a happy ending. The couple still do not see their daughter or their grandchildren. Wesker changes this at the end of 'Denial', giving us the satisfaction of seeing the parents put their side of the story to the accusing daughter in the presence of the therapist. In a moving speech, the father declares "Yes, we are guilty". The therapist is momentarily put off guard, and the father presses on to tell of 'bum biting' games both parents played with their children. The therapist sees this as further evidence of abuse, but the daughter recognises and remembers the innocent fun of family life. This is where Wesker ends his play - a possible glimmer of hope for a retraction and reconciliation that we all know may still yet take some years.

This is a well-structured play that pulls no punches. For the parents and siblings of accusers, the story is painfully familiar. For those outside our immediate families, it will be shocking. Nobody can truly know the heartache of being falsely accused by someone you love. *Denial* gets very close to achieving this, well supported by the essay and notes in the programme (£2). I personally thank Arnold Wesker for having the courage and tenacity to write this play, and the Kings Head Theatre for putting it on.

BA 17 May 2012

ADVANCED DIARY DATE FOR AGM 2013

Saturday 13th April in central London

LEGAL FORUM

Ten Golden Rules for the Falsely Accused

These rules below are intended as a guide only, and intended to assist persons who have been falsely accused of a sexual offence. The rules and opinions expressed are strictly the writer's own. The accusing person is referred to as 'the complainant'.

1. Do treat seriously any sexual allegation made against you, no matter how apparently insignificant, or absurd and no matter if it is not reported to the police.

2. Do immediately record the fact of the complaint, that is, write down the detail, of any sexual allegation made against you, as soon as you become aware of it, whether made to you directly, or to a third party.
Include: Who, when, where, all the circumstances and detail of the allegation.

3. Do prepare a timeline and detailed background statement. This is essential, in the event of any future official complaint.
Include: Your connection with /relationship to, 'the complainant', identify where 'the complainant' fits into your family history. Detail your personal relationship with 'the complainant'. Detail any fact that may be relevant to the allegation – family rows, therapeutic assistance known to have been sought by 'the complainant'. Identify any reason for a motive to make a false allegation. Identify any potential witnesses who may be able to speak of your good character AND 'the complainant's character' her relationship with you etc. The time-line should identify potentially significant life events and dates of births of family/ significant persons.

4. Do immediately see a solicitor who has a proven track record for handling sexual allegations – after the first complaint is made.
Don't take his/her word as to their experience as a guarantee of his/her expertise in the field. Expect to see a company prospectus naming cases that he/she has conducted. Don't expect to see 100% acquittal rate either. No matter how skilled your defence team, no-one can guarantee an acquittal.
Place on record with the solicitor, the nature of the complaint against you and your denial. Give him/her your case timeline and background statement. This way, if a complaint is made in the future, the case is ready to go from the 'off' and you have a solicitor who is primed, with knowledge of your case, (being in receipt of the information supplied above) and ready to advise.

5. Do instruct a solicitor immediately following arrest.
If an arrest takes place, you will hopefully already have identified your solicitor, (as discussed above). Falsely accused persons, often naively consider it unnecessary to seek the services of a solicitor, thinking everything will 'blow over' or 'come right in the end' after the police have listened to what you have to say. Be advised, it is foolish to 'go it alone'. No matter how intelligent, articulate or worldly-wise you are, it is always advisable to have a solicitor with you.

6. Do discuss interview strategy with your solicitor, that is whether you are best advised to answer police questions, go 'no comment' in your interview or submit a pre-prepared statement. There is no hard and fast rule at this stage. Which course to take, depends upon the circumstances in each case. The writer's opinion, is that in a typical case where the accused is a person of previous good character, that is, a person with no prior criminal convictions, then provided:
(i) there has been appropriate pre-interview disclosure to inform you sufficiently of the complaint and
(ii) provided you are medically fit to answer,
then it is preferable to have on record a denial from the outset and an open, genuine, defence response. The interview will be tape recorded. It may be played to the jury at a later stage and you/ your solicitor are entitled to a copy of it.
Be aware of the legal consequences of not answering police questions. Ensure, you receive legal advice on this aspect before the interview.

7. Do stay calm in interview. Listen to questions and **take care** with answers.
If, because of the historical nature of the allegations your memory is unclear, then say so in the interview. Do not feel obliged to provide a firm answer to exploratory questions by the police interviewer that seek to probe family

history, events and relationships. If you can't remember, then say so. Frequently, accused persons are arrested with no prior warning, early in the morning, then taken to the police station and left alone in a police cell for a few hours. This course of conduct is entirely lawful. The psychological impact of this upon your state of mind is obvious. You will feel alone and vulnerable. By the time of the first police interview several hours later, you will have one thought upper-most in your minds, that is, to get out of the police station. Don't guess answers.

8. Do inform your solicitor and police of any known health issues or psychological/ psychiatric/learning difficulties that either you or 'the complainant' suffer from.
Let the solicitor determine if these conditions are relevant or not to the conduct of your defence. It is important that your solicitor has all the information he/she requires about you AND 'the complainant' as soon as possible. These issues are of paramount importance. They may be critical to the interview or preparation of your future defence. Equally, your health or other issues may affect how you give your evidence, or how the jury should be directed to approach it.

9. Do be actively involved in the preparation of your defence.
Don't sit back and let things happen. Don't bury your head in the sand. Assist yourself by assisting your solicitor. Limited funding constraints mean that solicitors do not have an infinite amount of time to spend on your case. Obtain a copy of the prosecution case, (you are entitled to this) and make line-by-line comments for your solicitor who will in turn send these to counsel. Write objective comment and factual observations rather then repeating how awful you feel or how stupid the accusations are. Consider with your legal team if an expert report is required well in advance of the trial.

10. Do discuss and agree the future conduct of your trial.
Identify the counsel whom your solicitor wishes to use as soon as possible. Ensure you meet your barrister well before the trial. Increasingly, higher court advocates (solicitors with rights of audience in the Crown Court) are conducting serious cases in the Crown Court. Whomsoever is going to represent you at trial, ask for a resume or CV. You are also entitled to receive an Advice on Evidence and to a conference(s). Ensure you understand and agree how the advocate intends to present your defence well before trial, which witnesses will be called, the cross-examination of 'the complainant' and how/whether you will be likely to give evidence. A final decision may only be made at trial.

This guide has been prepared for BFMS by a helpful barrister.

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Overseas False Memory Societies

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

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