



Serving People and Professionals  
in Contested Allegations of Abuse

Dear Reader

Former Prime Minister Harold Wilson famously remarked that “a week is a long time in politics”. A more apt comment during the Covid-19 pandemic might be “a day is a long time in politics”. This newsletter was in fact due to go to press in March; the BFMS Annual General Meeting and Conference were scheduled for Saturday 28 March, in central London. We were also busy with a number of ongoing cases – including a re-trial. In June 2019 I sat in the Criminal Court of Appeal with a member of the BFMS to observe proceedings unfold as the appeal against her partner’s convictions was heard in a tense atmosphere in the Royal Courts of Justice. This was the third hearing of this particular case heard by the full court. It is not an exaggeration to say that the life of the accused and his family hung in the balance. Following live witness testimony and legal submissions from counsel for the defence, the court adjourned for lunch. Back in court, the prosecutor rose to his feet for his closing speech. You could cut the atmosphere with a knife. The court then adjourned for a short recess. More tension.

It is a rare event indeed to enjoy success in the Criminal Court of Appeal. A major stumbling block for appellants in non-recent sexual abuse allegations is finding new evidence when there was no evidence – other than the complainant’s word – in the first place. It is an incontestable fact nowadays that the accused can be convicted solely on the word of the accuser without any corroborative evidence whatsoever. In many of the cases involving false-memory-type allegations, the accused and his/her defence team may not understand the implications of false or distorted memory which may underpin the allegations. The Society is frequently contacted following conviction after a partner of the accused has belatedly stumbled across our website. I am currently aware of another live appeal case involving a substantive legal submission regarding the putative malleability of the complainant’s memory.

The court reconvened and the public gallery

remained eerily silent. Then came the pronouncement: all of the convictions were quashed and a re-trial was ordered. Subsequently, a bail application was submitted and the accused was released and returned to the family home. The case was listed for re-trial. It has however been postponed until next year. The criminal justice system was on its knees prior to the Covid-19 pandemic. The impact of this has been catastrophic. Some legal commentators have speculated that the backlog of cases may take 3-5 years to clear. There is a backlog of 41,000 Crown Court cases. The jury system is now under review. One suggestion is that trials revert to a jury of seven similar to the measures enacted during World War 2. Even more radical is a proposal to temporarily abandon the jury system altogether with trials rolled out in front of a presiding judge only. The legal profession is in a state of flux. A number of solicitors have run a skeleton service during lockdown, with many working from home. Police interviews – where they are taking place – have been conducted remotely. The volume of instructions to criminal barristers has declined dramatically. It seems likely that many legal firms will not survive. Legal aid work is so poorly paid that solicitors have to offset this work against private instructions. Exactly what the criminal justice

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system will look like in the future is a matter of speculation.

In May, the Trustees took the decision to place Carolyn and myself on the government's furlough scheme. We have since returned to our normal working routine and the Society is involved in a number of new cases. Two of our members in unrelated cases are awaiting confirmation of police interviews. Frustratingly, one has been postponed until 2022. Each has excellent legal representation and I am confident that they will achieve good legal outcomes. One morning during furlough, my mobile phone rang and a BFMS member informed me that police had made contact to say that they were taking no further action (NFA). I remain delighted at this outcome, however, as you will all appreciate, this has not resolved the devastating impact arising from the allegations made by a family member. You can read more about this case in our Members' Forum.

Dr Kevin Felstead

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## IN THE NEWS

### Why do we not learn the lessons that history teaches us?

Critically acclaimed filmmaker, Vanessa Eagle, is directing a documentary about the Carl Beech scandal. *The Unbelievable Story of Carl Beech* which will be broadcast by BBC2 on the 24<sup>th</sup> of August 2020. In case this fiasco is new to you, Beech was convicted in July 2019 of 12 counts of perverting the course of justice and of one count of fraud, following a 10-week trial at Newcastle Crown Court. Beech accused a number of politicians – including former Home Secretary, Leon Brittan, and former Conservative MP, the redoubtable Harvey Proctor, of being part of a non-existent Westminster paedophile ring. He also accused military figures including Lord Bramall, a former head of the armed forces. Other falsely accused included the former heads of MI5 and MI6. Beech was sentenced to 18 years imprisonment. He is appealing his sentence but has now abandoned his appeal against conviction.

The incredible allegations made by Carl Beech ought to have been robustly investigated and dismissed at source. On the following page, I have re-published a brilliant and illuminating

article about the predecessor of Carl Beech, with kind permission of the author. It is astonishing that the lessons from this case were not learned, and, moreover, that police could describe the fantastical Beech allegations as 'credible and true'. The allegations of Stephen Messham – against Lord McAlpine - should have prompted alarm bells to ring. They did not. Messham accused Lord McAlpine of being part of an establishment paedophile ring (does that sound familiar?). George Entwistle, then the Director General of the BBC, was forced to tender his resignation after a disastrous broadcast by *Newsnight* in November 2012. Do read the following piece and draw your own conclusions.

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### Memory expert or false memory expert?

By Charlotte Wharton

The trial of former film producer Harvey Weinstein has unsurprisingly carried a lot of media attention. Following more than 100 sexual abuse allegations, Weinstein was subject to a very public trial in the US in February 2020 and was convicted of criminal sexual assault and rape. During the trial, Weinstein's legal team disputed the validity of the memories of the alleged abuse and called upon Professor Elizabeth Loftus as an expert witness – a renowned cognitive psychologist and memory expert. Loftus has long spoken about the malleability of memory and the existence of 'false memories'. There is a consensus in the scientific community that memories can indeed be false, and that these memories are often brought about through 'recovered memory' therapy techniques. These techniques are widely discredited due to the high suggestibility they bring about for the patient which can lead to their belief that they may have 'repressed' traumatic events. There is little to no evidence to support the existence of repressed events and even less to support this occurring for traumatic events, or their 'recovery' in therapy. So, it would seem fitting that memory experts like Loftus explain these instances of false memories and general memory malleability in relevant trials that rely on the memory of a witness or accuser. However, the repercussions can be problematic when legal defence teams call upon such memory experts to testify about *false* memory characteristics in cases like Weinstein's where the common precursors *aren't* present (sudden recovery, recovery in therapy, guided reinforcement etc). Problematic be-

cause it can spark debate in the wrong context. For example, articles discrediting false memories in general and criticising those who cast doubt upon the memories of some accusers have been published following Loftus's testimony in the trial. In particular, an article published in *The Conversation* describes victims who use forgetting as a strategy to cope with their trauma and claims there is little to no empirical evidence of false memories of whole events. This narrative attempts to cast doubt on false memories and the evidence for them when, in fact, forgetting may be a strategy for some victims of abuse but this doesn't mean all 'recovered memories' are simply true abuse forgotten – they are not mutually exclusive. Also, multiple studies have successfully implanted false memories of whole events ranging from getting lost in a shopping mall, being punched to being the victim of an animal attack (Loftus & Pickrell, 1995; Porter et al., 1999; Laney & Takarangi, 2013). Of course, for many true victims of abuse, their traumatic events are often not forgotten at all and are unfortunately remembered vividly – as is the case for those in the Weinstein trial. This fact has also been voiced by those who have turned to criticise false memory advocates and research, but in a narrative wrongly grouping those who have genuinely experienced trauma and have never claimed to forget it with those who have recovered false memories while vulnerable and in therapy. Psychologists, memory experts, those accused and even some accusers themselves know of the many instances that traumatic 'memories' of abuse can be false. Memory is often untrustworthy, often even more so in those vulnerable. So, it may instead be more appropriate for critics to simply question the involvement of false memory testimony in a case where multiple victims have instead long remembered their abuse and typical false memory characteristics are not present, rather than false memory itself.

Further to this, as a renowned cognitive psychologist and general memory expert through her extensive work, Loftus is indeed a 'false memory expert'. However, headlines that label her as this alone in the discussion of a testimony and trial that isn't focused on false memories are misleading. Misleading because the science may indeed suggest that the likelihood of these particular memories being false is low - given the absence of precursors for false or recovered memory. In this trial, Loftus mainly testified about the general malleability of memories and the fact that over

*Using the 'false memory expert' label when a testimony or a case doesn't centre around false memory inappropriately uses a very public trial as the stage for debate.*

time memories may fade, yet the media dub her 'false memory expert' in their discussion of her testimony - possibly to spark controversy. Using the 'false memory expert' label when a testimony or a case doesn't centre around false memory inappropriately uses a very public trial as the stage for debate. While Loftus's testimony of more general memory characteristics may have been useful for some details of this case in the eyes of the defence, *false* memory testimony and a media narrative about it may not be useful here.

Essentially, the problem lies with bringing the term 'false memory' into cases that do not fit the bill i.e. in the Weinstein trial where multiple women have never claimed to have forgotten, repressed or recovered these traumatic memories. In this way, the malleability of memory may not stretch to include that of wholly 'false memory' in these cases and testifying about it could be misleading. Further, linking the term to this very public trial in the media could have negative consequences for the widespread understanding of truly false memories and their characteristics. So, calling for 'false memory experts' to give similar testimony simply because a trial concerns past or historical sexual abuse may not always be appropriate unless the facts apply. While bringing *memory* experts into trials may be appropriate and necessary in many cases – legal defence teams and the media should be careful not to imply "false memory" every time.

#### References (articles)

- <https://www.latimes.com/california/story/2020-02-06/false-memory-expert-testify-Harvey-Weinstein-trial> - original article dubbing her 'false memory expert'
- <https://theconversation.com/harvey-weinsteins-false-memory-defense-is-not-backed-by-science-130856> - criticism of false memories and memory testimony following Loftus's testimony
- <https://www.nytimes.com/2020/02/07/nyregion/Harvey-Weinstein-trial.html> - 'memories fade over time' is what was said, not a suggestion of false memory in the case or in Loftus testimony

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- Laney, C., and Takarangi, M. K. (2013). False memories for aggressive acts. *Acta Psychol.* 143, 227–234.
- Loftus, E. F., and Pickrell, J. E. (1995). The formation of false memories. *Psychiatric Ann.* 25, 720–725.
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# SPECIAL FEATURE

## A satanic myth, the solicitor and a modern-day witch hunt.

Editor's Note: This article was originally published in the University of Birmingham Student Magazine in November 2012. It is published here with the kind permission of the author.

The accepted story, presented by the media, is that children were routinely abused at the Bryn Estyn care home as part of a paedophile ring. But another account exists that has largely gone unreported.

The BBC hadn't recovered from the Jimmy Savile debacle by the time *Newsnight* transmitted its report which wrongly implicated Lord McAlpine in child abuse at the infamous North Wales care home, Bryn Estyn. Still wounded and eager not to censor another report about child abuse, the programme was rushed out with, it seems, virtually no editorial oversight. The result cost George Entwistle, the Director General, his job. Yet underneath all this, an equally dark and disturbing account lurks. It has also, for various reasons unknown, gone almost completely unreported in the mainstream media.

The story starts twenty years ago: a young nurse from Stockport called Carol Myers (formerly Carol Felstead) was treated by a group of therapists who convinced her, wrongly, that she had been a victim of sexual abuse. By using powerful drugs and hypnotherapy sessions over several years, they implanted beliefs so wild that they'd struggle to be taken seriously by anyone. Carol, who by this time was estranged from her family and in several mental institutions, alleged that her mother and father were the High Priest and Priestess of a Satanic Cult who had murdered, raped and tortured innocent victims for several decades. But these memories had no basis in fact and had come from a discredited form of psychiatric therapy called Recovered Memory Therapy. Even more shocking, these claims were perpetuated by a small but highly influential group in the British medical elite. Two of Carol's therapists were Dr Fleur Fisher, former Head of Ethics at the British Medical Association, and Dr Valerie Sinason, who has written several articles in broadsheet newspapers, and appeared on Radio 4 as recently as two months ago.

The Carol Myers scandal was reported between 2011 - 2012 in *The Sunday Times*, *Private Eye*,

and in the *Observer* magazine, yet one intriguing facet stands out in the light of recent events. Among her many false allegations, she alleged that she had been raped with a claw hammer by two of Margaret Thatcher's Cabinet; allegations with eerie similarity to those voiced last week by the media, including *Newsnight*.

It was researching this that I stumbled across a fascinating paragraph from a firm called Chris Saltrese Solicitors, who specialise in defending those falsely accused of sexual assault crimes: 'A delusional false belief may develop into a make-believe narrative, particularly when unwittingly encouraged by counsellors or therapists. This form of progressive apparent recall may be explained as "recovered memory" of "repressed" or "dissociated" events too painful to entrust to continuous consciousness.'

The BBC hasn't yet reported on the Carol Myers scandal. Eleven months ago, one post on the influential site *Mumsnet* voiced an interesting, if unsubstantiated, opinion: 'I understand the BBC is desperately trying to avoid reporting the scandal,' it said. 'Not least because of their links with Valerie Sinason who has appeared on Radio 4.'

Yet on the night of 8 November, six days after the now infamous *Newsnight* broadcast, Chris Saltrese walked into 5Live studio and on the Tony Livesey show gave a compelling interview. Just as he claimed that supposed 'victims' of Recovered Memory Therapy couldn't be trusted as reliable witnesses, so too could the majority of 'victims' at the Bryn Estyn care home not be trusted.

Bryn Estyn, a care home, located outside Wrexham, existed between 1974 and 1984, became synonymous with the term 'child abuse.' In November 1991, after a tense meeting in the editor's office, the *Independent on Sunday* decided to print damning allegations made by three people in the care home who had claimed it was the centre of a hidden paedophile ring. Despite an initial level of scepticism in the media, the police started to investigate. In 1984, Cheshire and Merseyside Police became so concerned that they began a process known as trawling, which would involve the force actively looking for victims, rather than waiting for them to make the first move. By 1996 the press was starting to perpetuate the idea that care homes were centres for paedophiles, the most notorious of which was Bryn Estyn.

In reaction to this, the government set up the Waterhouse Tribunal which would look into the alleged abuse at care homes across North Wales. Ronald Waterhouse's conclusion, after 200 days

of sitting, was that there really was a paedophile ring in the North Wales area. And one of the witnesses who gave evidence to the Waterhouse Tribunal was someone who as a young boy had lived at Bryn Estyn in the late seventies. By the time he had given his evidence, he alleged that he had been sexually abused by 49 different people and physically abused by a further 26. At the end of his evidence, he reported to the press, 'This tribunal has been more than worthwhile.

There was no one more sceptical about this tribunal at the outset but as time has gone on I believe this tribunal will do the right thing.' The name of this witness was Stephen Messham.

But during his 5Live interview, Chris Saltrese was putting forward a radically different view to that of the Waterhouse Tribunal. People on a daily basis, Saltrese claimed, were being sent to prison for sexual offences they simply hadn't committed. Crucially, he said that over the last 15-20 years, there has been an erosion of traditional legal defences, and now a bare, unsupported allegation was sufficient to send someone to prison. Controversially, he also stated that the majority of those who had come forward in the light of the Jimmy Savile scandal had made it up, 'One of the main reasons is the desire to claim undeserved compensation,' he said. 'And that motive cannot and should not be underestimated... That's the reality.'

Saltrese's website contains a further statement pertaining to the accusation in the Daily Mail that the BBC presenter was a regular visitor to the Bryn Estyn care home: "There is no truth in the allegations that Jimmy Savile or any other 'people in high places' were allowed to abuse boys at Bryn Estyn, or that staff were complicit in abuse. The problem is not that the allegations were not followed up on evidence, but that the evidence for a large part of what was claimed to have occurred at Bryn Estyn, and accepted by the Waterhouse Tribunal, was false." There is a true story of Bryn Estyn. It can be read in the late Richard Webster's meticulously researched book *The Secret of Bryn Estyn* and on his website.

Richard Webster was a prominent cultural historian, who died in 2011. In 2005, he wrote the aforementioned book which, over the course of 722 pages, meticulously argued that no such paedophile ring existed in Bryn Estyn or in North Wales. Whilst he accepted the obvious likelihood

that there were individual paedophiles operating in care homes in the region, he dismissed outright the findings of the Waterhouse Tribunal. The police method of trawling, argued Webster, meant that 'thousands of young men and women were

contacted. Many of them were damaged and highly suggestible, and a significant proportion had criminal records which included offences of dishonesty and deception.'

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By the year 2000, almost 100 trawling operations were underway, and this once exceptional tactic had become the norm. In Merseyside, North and South Wales, over 1,500 people had allegations made against them, with many charged and convicted. Whilst some were guilty, Webster points out that 'some defence lawyers have expressed the view that false allegations are now being made on a massive scale, and that the majority of the most serious allegations made against care workers are false.' These included, to use one example, charges brought against four care workers, with 250 counts of sexual abuse made against them. The trial collapsed after it was revealed that the complainants' stories were made about people who didn't exist.

Indeed, the whole Bryn Estyn escapade, argues Webster, is essentially a phantom of the public imagination, supported by the media. The Waterhouse Tribunal, much like the first Bloody Sunday Tribunal, is one of the gravest miscarriages of justice of the 20<sup>th</sup> century.

It is a fascinating – if controversial – argument. The press has paid virtually no attention to it. Instead, the BBC, already shaking after dropping the Savile investigation, seemed to have pushed ahead and overplayed their hand. Despite the evidence pointing to the contrary, they focused on Bryn Estyn, and falsely alleged that a senior member of the Tory Party, Lord McAlpine, had abused boys there. Their main source of evidence in the *Newsnight* investigation? Stephen Messham.

But what the BBC failed to report about Messham, which cost the Director General his job, subsequently emerged in a report by the respected investigative journalist Bob Woffinden (editor's note: deceased 2018). There, Woffinden showed that each statement Messham made about Bryn Estyn had repeatedly changed, with the number of people he alleged had abused him rising with each successive claim. In 1993, the

CPS had sufficient doubt to cast him as an unreliable witness and, after completing his evidence at the Waterhouse Tribunal, the lead counsel had sufficient doubts about him to say, 'reliance ought not to be placed on (his) evidence'.

Indeed, in 1994, three national publications were sued after Messham falsely accused a senior police officer of abuse. Days before he made the libellous claim, Messham went to the police claiming that a journalist was trying to put words into his mouth. A signed statement by Messham later said, 'At no time did (the officer) ever sexually abuse me' and that the journalist 'wanted me to say things that were not the truth.'

It wasn't just the BBC at fault. In early November, Channel 4 news broadcast an interview with Messham and an anonymous victim 'James', who stated that one person stuck in his mind because of his hair. 'It was the MP for Chester at the time,' none other than the late Peter Morrison, the gay Permanent Private Secretary to Margaret Thatcher, who had found himself splashed across the papers branded with accusations of child abuse. The news broadcast then followed with an interview by Messham who claimed that he stole five dozen or so photographs from a flat where abuse allegedly took place. In those photos, Messham claimed, was 'a prominent Tory member' raping a boy. Asked how he knew this, he replied 'by the threats I got. He told me who he was, for a start, and that he'd have me killed if I spoke out.'

So why didn't he give this evidence at the Waterhouse Tribunal? Messham stated in the interview that he was 'told to remove names from his testimony' and that 6-8 weeks before his evidence, he was taken to a backroom and told certain names could not be mentioned at the Tribunal. Channel 4, feeding off this, then concluded that 'critics called the inquiry a cover up,' but they neglected to inform listeners that this was the same Stephen Messham who spoke freely and at length at the Waterhouse Tribunal, and who reported to the press, 'this tribunal has been more than worthwhile.'

On 5Live, Saltrese stated, 'A bare allegation, unsupported by any other evidence, is sufficient to send someone to prison for a very long time for an offence they have not committed. It's possible for people to be convicted solely on oral testimony... Sometimes they don't know the house in which they were abused, the town in which they

were abused, and juries are being invited to convict on that type of evidence.' So, what about those who were previously too frightened or embarrassed to come forward, yet had been inspired to do so in the light of recent events? 'I simply don't accept that scenario,' said Saltrese. To him, there are several reasons why people come forward with false allegations; principally, compensation and the offer of money.

Has this complex narrative concerning Saltrese, Webster and the potential fallacies concerning abuse victims been taken on board by the media? Scant evidence exists to say it has. Last week, *The Guardian* published an article with the children's minister, Tim Loughton, whose words seem to have clouded the issue further. 'The media has made it into a sensationalist witch-hunt rather than focusing on what are horrific levels of abuse over many, many years. And to those who criticised Messham's evidence? It's really unhelpful. If it means that genuine victims who have been bashed into silence for years are now going to think, "Forget it, I'm not

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going to stick my head above the parapet because I'm going to be taken out to dry by the media," then that's a real downside to what's been happening. That's the tragedy in all of this.'

But this moralising piece by *The Guardian* came a week after they published a letter on 4 November to psychotherapist Pamela Stephenson Connolly. In it, an anonymous writer had claimed that a traumatic childhood memory had been triggered at the end of the year. She had received therapy for it. In her reply to the writer, Connolly wrote a telling line: 'I understand this recovered memory is causing you considerable distress.' It requires no great leap of the imagination to assume that this writer is having defunct Recovered Memory Therapy of the same sort that Carol Myers had, which resulted in her falsely accusing two Tory cabinet members of raping her. And so, the carousel keeps turning.

The sexual abuse of children, as Saltrese made clear in his interview, is a despicable act. To suggest it doesn't happen is wholly and entirely wrong. Yet the press, before crusading on behalf of anyone, or accusing anyone of anything, ought to check their facts, be rigorous in their examination, and uncover the narratives that lurk deeper. Perhaps if this had happened, and the narrative told in this editorial had come to light, George Entwistle may still be in a job.

# Catastrophic outcomes of blind affirmation, lack of scrutiny and regulation and confirmation bias in modern day counselling and psychotherapy

By Lisa Blakemore-Brown

Members of the BFMS will know that their family members who have either taken a false story into therapy or succumbed to believing they have memories of events which never happened once within therapy, will have had such memories believed and validated by the therapist through affirmation.

If the memories become increasingly lurid within therapy, these will not be challenged, and possibly encouraged with no internal reflection, no third-party complaint process and no external regulation and scrutiny. There will be no checks on susceptibility to persuasion; whether there is a history of difficulties which should be considered, and no discussions with family members.

In many cases we even have proof that therapists put ideas into the minds of vulnerable, suggestible people. 'Anna' in the book *Every Blade of Grass: The Story of a Frightening Trial by Therapy* by Richard Schaeffer (2017) is a published UK example. Within *The Brandon Report*, Professor Sydney Brandon, Royal College of Psychiatrists 1998, mentioned in this book, refers to: '*the dangers of suggestion and suggestibility*' and that '*opinions and prejudices in the therapist may have a profound effect on their patients*'. He also questioned the validity of 'Dissociative Identity Disorder'.

Once mistakes are evident in the public eye, if therapists remain confirmed in their beliefs, with no internal reflection, checks and balances amongst teams and no risk of external scrutiny and disciplinary action, a process of confirmation bias/cognitive dissonance ensures that delusions remain fixed – in the mind of therapist and client/patient.

This article will set out briefly three different examples of serious public cases of misguided therapeutic practice and interwoven police and press engagement through a process of affirmation and confirmation bias and the profound damage it can cause:

*Validation of fantasies created in therapy:  
Sture Bergwall aka 'Thomas Quick' Sweden*

*Believe the victim: Carl Beech aka 'Nick' UK*

*Affirmation of 'gender dysphoria' beliefs:  
Transgender therapy at The Tavistock clinic UK*

## Validation of fantasies created in therapy Sture Bergwall aka 'Thomas Quick' Sweden

In the Swedish case of 'Thomas Quick,' Sture Bergwall, in therapy, 'recalled' terrible abuse toward him and a baby brother in his childhood and memories of himself committing multiple murders and sexual assaults over years of therapy. He had no memory of any of the shocking abuse from his childhood or of these gruesome crimes before the therapy started. However, a small group of psychotherapists supervised by Margit Norell, a psychoanalyst with fixed beliefs that repressed traumas from childhood were the cause of most problems in people, assisted him in recalling shocking details. They used psychotherapeutic methods based on the thinking of Sigmund Freud and an increasing amount of mind-altering drugs were also prescribed for him.

A 'memory expert' joined their ranks at Sater, a psychiatric hospital in Sweden, where Thomas Quick was held.

With each 'disclosure' of recovered memories, psychotherapists contacted the Police, who also became engaged with the processes at work in Sater and Thomas Quick was charged with multiple murders. There were many criminal trials over the years, and he was dubbed Sweden's worst serial killer.

In actual fact, none of it was true. Once off the drugs and therapy, his mind free to think clearly, his convictions were quashed and after 23 years in a psychiatric hospital, he was set free.

Original footage and the testimony of a psychiatrist involved with Thomas Quick, and others including Sture Bergwall himself, after he recovered his mind, revealed that the therapists not only affirmed and validated any 'memories' Thomas Quick may have had, but they also encouraged him over many years to reveal more and put words in his mouth. In the book *The Strange Case of Thomas Quick: The Swedish serial killer and the psychoanalysts who created him* [Josefsson Dan (2015) London: Pinter and

Martin] there is reference to the esteemed Professor Elizabeth Loftus, who proved that leading questions could create false memories [page 150] in a number of studies. Professor Sydney Brandon in *The Brandon Report* [1998] warned that the methods used in therapy to ‘recover’ memories, including hypnosis and the use of “truth” drugs, were “questionable psychological techniques”

Professor Brandon reported that there was evidence that these were “powerful and dangerous methods of persuasion”.

In a recently aired documentary on the Thomas Quick case, we are told by the director, Brian Hill, that the therapy group at Sater could be described as behaving like a ‘cult’ and a psychiatrist working there at the time said in the documentary that even though there were many concerns expressed around the world about ‘repressed memory’ therapy throughout the same period of time, they ‘chose not to listen to it’. [*The Confessions of Thomas Quick* Channel 4 Documentary] Thomas Quick’s first ‘memory’ was in 1992 and he stopped therapy in 2001. *The Brandon Report* came out in 1998 so it is reasonable to assume that, this was one of the reports expressing concerns ‘around the world’ which the team at Sater chose not to listen to.

Other professionals in the US were warning against recovered memory therapy long before *The Brandon Report* was published. In a 2019 article in the Wall Street Journal, Abigail Shrier reports on her interview with Dr Paul McHugh, Psychiatrist:

Psychiatric enthusiasm has also led to gross miscarriages of justice. In the 1980s, Dr. Paul McHugh became a leading opponent of so-called recovered-memory therapy, in which psychoanalysts claimed to have discovered the latent source of patients’ multiple-personality disorder. Dr. McHugh believes multiple-personality disorder is a phony ailment and recovered memories are iatrogenic—a Greek word meaning “brought on by the healer”—implanted by the therapeutic process that purports to discover them. Often the fake memories were of childhood abuse, and Dr. McHugh travelled to Rockville, Md.; Manchester, N.H.; Providence, R.I.; and Appleton, Wis., offering expert testimony to exonerate wrongfully accused defend-

ants. [Shrier A. (2019) *Standing Against Psychiatry’s Crazes*. Wall Street Journal May 3<sup>rd</sup>, 2019]

Thomas wanted his therapists to like him and he was a lonely man with no friends. With the status as a survivor of terrible child abuse, whose murdering spree was therefore explained and ex-

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cused, he was richly rewarded for his increasingly outrageous whoppers. His rewards were not just steak dinners, drugs on demand, constant attention, friendships and hugs. As the therapists knew little about serial murderers, they had to learn about

them, so they bought books on such criminals, such as Hannibal Lector. [See: *The Silence of the Lambs* reference below in *The Tavistock* section] As Thomas recalled more and more terrible things, he was richly rewarded with more privileges, including spending time in the library in the psychiatric hospital, where he read those books and other material and was also allowed out. On those days he would go to a library in Stockholm, order microfilms and read up information on unsolved crimes in newspapers and off the internet. [Josefsson Dan (2013) *The Strange Case of Thomas Quick: The Swedish serial killer and the psychoanalysts who created him*. Portobello Books London]

From these books on well-known serial killers, and the information Thomas Quick gleaned from newspapers and off the internet, he picked up elements which became embedded into his own ‘confessions.’ One could say, ‘you couldn’t make it up’ but Thomas Quick did and everything he said was believed and validated by the therapists with urgent calls to the police. Thomas Quick’s increasing recollections validated the therapists’ own therapy. The police were also drawn into the false narratives, asked leading questions in interrogations and, keen to solve crimes, they also validated his confessions, and the therapy.

The therapy team and the police would take Thomas to various places in Sweden where he recalled he had buried people. Original footage of these trips was shown on the documentary, with therapists holding him like a baby and ensuring he had a plentiful supply of mind-altering drugs. In original footage he could be seen and heard to say that he wanted to come off the drugs and the therapy.

Sture stopped therapy after his drug regime was

reduced by a psychiatrist, Goran Kallberg, a new medical director at Sater who had serious concerns about the effect of the drugs on Thomas. After a gradual withdrawal over 9 months, Thomas Quick began to think clearly and after a number of years all of his 'confessions' were proven to be false in court. He was freed after 23 years in 2013.

Most members of the staff team would not speak to the documentary maker, and to the day she died, the lead therapist, Margit Norell, remained certain that their therapeutic process was sound and that Thomas Quicks' memories, drawn from that process, were valid. The 'cult' group were held together in their false beliefs by confirmation bias, cognitive dissonance and motivated reasoning.

Tavris and Aronson report on neuroscientific research by Westen et al (2006) which shows that 'biases in thinking are built into the very way the brain processes information.' Using MRI scans, subjects in a study examining political bias, 'found that the reasoning area of the brain virtually shuts down when participants were confronted with dissonant information, and the emotion circuits lit up happily when consonance was restored. These mechanisms provide a neurological basis for the observation that once our minds are made up, it is hard to change them.' [Carol Tavris and Elliot Aronson (2008) *Mistakes were Made – (but not by me)* Pinter and Martin Ltd UK p.19]

'Motivated reasoning is qualitatively distinct from reasoning when people do not have a strong emotional stake in the conclusions reached.' [Westen, Kilts, Blagov et al (2006) *The Neural Basis of Motivated Reasoning: an MRI study of emotional constraints on political judgment during the US presidential election of 2004* Cognitive Neuroscience 18 pp 1947-1958]

In 1998 I also wrote 'It is a straightforward neuropsychological phenomenon that, when emotion comes in the front door, rationality goes out the back' [Lisa Blakemore-Brown (Spring 1998) *False Illness in Children – or simply False accusations?* Delusions. The Therapist Volume 5, Number 2]

Tavris and Aronson look specifically at false ideas/memories emerging during therapy and refer to Freud who, when Saul Rosenzweig suggested in 1934 that his psychoanalytic assertions should be subjected to experimental testing, said 'The wealth of dependable observations which these assertions test make them independent of experimental verification.' Tavris and Aronson comment 'because of the confirmation bias, how-

ever, the 'dependable observation is not dependable.' (*Mistakes are Made* p.110)

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### **Carl Beech aka 'Nick' Believe the Victim**

In the Carl Beech case, over 121 counselling sessions, 'Nick's' increasing allegations were also accepted and 'believed'. As in the Quick case, the police became involved and named the investigation 'Operation Midland' and politicians and the media were drawn in.

Following the Savile case, Sir Keir Starmer, as Director of Public Prosecutions and his successor, Alison Saunders, validated the term 'Believe the victim' and this was accepted by the police in 'Nick's' case and became part of police practice. In an effort to right the wrongs in the Savile case by never believing complainants, maybe they swung too far the other way, suggested Keith Vaz to Sir Bernard Hogan-Howe in a Home Affairs Select Committee Hearing [Portcullis House 23<sup>rd</sup> February 2016].

Possibly buoyed by the attention, as Thomas was, and enjoying the notoriety and other tangible benefits which we heard about in the trial, 'Nick' recalled increasingly lurid memories in which he had been violently abused over many years by prominent men since he was at school. His counsellor encouraged him to draw pictures, write about his experiences and went with him to places where he said he had been abused, as did the Sater team with Thomas Quick when he 'recalled' where he had hidden bodies and body parts. There is limited information about supervision, reflection or scrutiny of the therapy, or of any challenges to Nick's claims. His lies appear to have been affirmed and validated.

On 10<sup>th</sup> February 2016, Sir Richard Henriques, a retired Judge who sat in the Court of Appeal (Criminal Division) until 2018, was asked to conduct a review of Operation Midland by Sir Bernard Hogan-Howe, just before he appeared before MP's to answer questions about Operation Midland before the Home Affairs Select Committee, chaired by the Labour MP Keith Vaz. In his recent book Sir Richard states:

This review disclosed the most significant and shocking failings of two elements of the criminal justice process. A grossly incompetent investigation and the misleading of a district judge by the Metropolitan Police Service exposed men who had demonstrated the very highest stand-

ards in public life to the most vile accusations fabricated by a liar and a fantasist. [Sir Richard Henriques *From Crime to Crime* (2020) Hodder and Stoughton p. 274]

It is also of historical interest, that just before Sir Richard's involvement in February 2016, an Exhibition was touring the country, The Wall of Silence, attended by Carl Beech and Dr Elly Hanson, a psychologist who was brought into the case by the police to determine the validity of Beech's claims, as reported to his therapist, Vicki Patterson. Dr Hanson produced a report which was used by the police in Court, to obtain search warrants, in front of the Senior District Judge and Chief Magistrate for England and Wales, Howard Riddle. Following Sir Richard's expose, Justice Riddle said publicly that he had been misled. Sir Richard wrote that Dr Hanson's opinion was 'valueless' as she had never spoken to Nick and been given 'a small fraction of the source material' which consisted of interviews by the Metropolitan Police Service [MPS] within which Sir Richard found 'numerous inconsistencies between allegations 'Nick' made to the Wiltshire Police and his allegations made to the MPS.' [*From Crime to Crime: (2020) pp. 276-279*] Furthermore, in Sir Richard's interview with Dr Hanson, she told him that of this 'small fraction' she 'had not had time to read them all.' The search warrants debacle is detailed in *From Crime to Crime* [pp. 281 – 285]

The Wall of Silence Exhibition [Southmead project] was a legitimate and worthy project highlighting the terrible suffering of abused children. Carl Beech was a contributor. It started in the Colston Hall Bristol in January, moved to London and continued touring until July 2016. Tom Watson attended the exhibition and took his concerns to the House of Commons, naming 'Nick'. Exaro, purporting to be a *bone fide* investigative organisation, reported 'Nick' stories on its website and some journalists also joined forces reporting on Nick's claims. When warrants to search the homes of innocent men were wrongly obtained in court, 'Nick' was informed by the police, and in turn he told Exaro who put it out to the wider media. You could say 'you couldn't make it up' but 'Nick' did, and they all believed that what Nick said was 'credible and true.'

Sir Richard reported on the 'credible and true' public announcement by the police at a press conference in December 2014, just after Sir Keir Starmer had been selected as a Labour Party candidate for the upcoming May 2015 election. Sir

Richard wrote that this claim should never had been made. He goes on to say that:

there was not a scintilla of evidence to confirm or support his allegations in any material particular. The use of the expression 'credible and true' implies that there existed some independent source of information in the possession of the police that confirmed Nick's allegations. There was nothing to their knowledge that could possibly confirm that 'Nick' had told the truth.

Yet more than one counsellor/psychotherapist and the police all remained fixed in their beliefs and soldiered on. Opinions and information dissonant to the prevailing narrative were all dismissed. Even Sir Richard's original report was heavily redacted and many of his recommendations not accepted. Confirmation bias was well and truly in place within a complex network of 'believers.' Sir Richard watched the police interview with Lord Bramall, now deceased, and described him as:

in the view of many, the most distinguished living Englishman, yet he was treated as a suspected common criminal on the conflicted word of a single individual.' Sir Richard wrote: 'I was angered and saddened in equal measure. Angered that our criminal justice process could treat this man such a way, when it was blindingly obvious that Nick was a liar.

Sir Richard referred to the report of Professor Andrews, a psychologist. Critical of the police interviewing technique, she wrote that there appeared to be a number of leading questions and that the general thrust of questioning was to wholeheartedly endorse Nick's account. Nick was 'never challenged on any statement of fact' reported Sir Richard.

Just before Sir Bernard Hogan-Howe appeared before the Home Affairs committee on 23<sup>rd</sup> February 2016, with Labour MP Keith Vaz as Chair, to answer questions about Operation Midland, on behalf of the British False Memory Society, I personally texted Mr Vaz and a letter was compiled and sent from the BFMS on 19<sup>th</sup> February 2019. In my text I wrote:

We know Sir Bernard Hogan-Howe is before your Committee next week, so we have sent you a letter and a copy of a Briefing Paper we produced over a year ago following our involvement with the

PSA [Professional Standards Authority] and have also sent it to your Clerk. We think that unless Sir Bernard is questioned about Police knowledge of research into memory and specifically false memory research and the checks and balances put in place to prevent outrageous stories being routinely believed from the start, possibly from fantasists who may have had false memories created in therapy, the damage will continue. This is because if you don't shine a light and begin a debate on these practices and the influence of certain psychotherapists and others on Guidelines for various professionals involved in this very difficult area, you won't get to the root of the problem and the damage this is doing to those who come to believe them and those they accuse.

A detailed letter from the BFMS as well as the Briefing Paper written in 2015 and sent to the PSA, was duly sent to the Committee and we fully expected Mr Vaz to question Sir Bernard on the 'believe the victim' position, police training and knowledge. Whilst clarifying whether the police adhered to the 'believe the victim' narrative, there was no questioning about false memory research or to any training or advice the police may have had from psychotherapists. Sir Bernard did not consider the Police to be at fault for the media leak about the searching of properties, and justified the way the searches were handled. Sir Richard Henriques had only just been asked to review Operation Midland and he was able to easily establish that the search warrants should never have been authorised given a number of factors which undermined the granting of the application. It was also established that 'Nick' had been told about the search warrants by his police liaison officer before he, in turn, informed Exaro.

A full three years later the trial of Carl Beech started in Newcastle Crown Court. After many months the trial was concluded with Beech found guilty and sent to prison for 18 years on Monday 21<sup>st</sup> July 2019.

Within days, clearly unable to resist it, a clear example of confirmation bias and cognitive dissonance at work appeared in the form of a letter to the Guardian on Monday 28<sup>th</sup> July 2019, from 38 'therapists, psychologists and counsellors'. Astonishingly given the lengthy trial, the mountain of evidence disproving Carl Beech's claims, and his own fraudulent and criminal actions and

the highly detailed Sir Richard Henriques report, these therapists wrote as if Beech was right, the therapy was sound and everyone else was wrong. The central narrative of '*Mistakes were made – but not by me*' was proven by that letter. Many errors were embedded within the astonishing letter and the following paragraph helps prove the point about confirmation bias and therapists' rigid belief in logical fallacies:

The scenarios Carl Beech describes, and his complex mixture of untreated victim and perpetrator, are familiar. People need to understand "fantasists" and "liars." To ignore that subject risks not hearing vulnerable children. Children with dissociative identity disorder from trauma, for example, are often accused of being liars when one state of mind is amnesic to what another has said or done. To be wrongly accused is abuse.

The signatories were: Valerie Sinason, Sue Richardson, Kathryn Livingston, Melanie Goodwin, Rémy Aquarone, Nancy Borrett, Jaclyn Everitt, Andrew Baxter, Penny Johnson, Paula Fenn, Dena Sanger, Ruth Alborough, Kay Luck, Maire Fitzmaurice, Michelle Jowett, Winja Lutz, Sandra Buck, Judy Williams, Lindsay Schofield, Kate Forbes Pitt, Dehra Mitchell, Eimir McGrath, Andrea Aldridge, Liz Hall, Mandy Coghill, Ronete Cohen, Giles Lascelle, Abbie O'Connor, Jane Blackhurst, Cathie Wright, Ruth Leaper, Patricia Bahs, Katia Kohler, Loraine Newbold, Paula Biles, Rainer Kurtz, Judith Marlow, Heather Bacon.

Quite apart from the validity of 'dissociative identity disorder', which Professor Brandon urged caution about back in 1998, 21 years earlier, and Professor Paul McHugh, a decade earlier in the 1980's, but which these therapists do not question, if Carl Beech suffered from such a disorder, which is implied, whichever 'state of mind' reported a memory, whether any of the others recalled it or not, was not the point. The point was – were any of their 'memories' true? There was overwhelming evidence that they were categorically not, and this was confirmed not just by a Jury and the presiding judge, but also by an eminent High Court Judge, Sir Richard Henriques. So, Carl Beech was not 'an untreated victim,' just as Thomas Quick was not.

The one correct comment was that to be wrongly accused is abuse – the innocent men Carl Beech accused knew that only too well.

As Tavriss and Aronson point out:

By its very nature, psychotherapy is a private transaction between the therapist and the client. No one is looking over the therapist's shoulder in the intimacy of the consulting room, eager to pounce if he or she does something wrong. Yet the inherent privacy of the transaction means that therapists who lack training in science and scepticism have no internal corrections to the self-protecting cognitive biases that afflict us all. What these therapists see confirms what they believe. And what they believe shapes what they see. pp: 104,105 'An understanding of how to think scientifically may not aid therapists in the subjective process of helping a client who is searching for answers to existential questions. But it matters profoundly when therapists claim expertise and certainty in domains in which unverified clinical opinion can ruin lives.

[*Mistakes were made (but not by me)* p: 108.]

To use the words of the therapists who wrote to the Guardian: 'To ignore that subject risks not hearing vulnerable children'. Vulnerable truly abused children are badly failed by the confirmation biases of therapists in denial who can never accept that they might be wrong and focus their efforts on false stories.

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**Tavistock Clinic  
Affirmation of 'gender  
dysphoria' beliefs:  
Transgender therapy at  
The Tavistock clinic UK**

Affirmation is intended to help create a trusting relationship with the person in therapy. BFMS members can provide multiple stories of how their teenage or adult child has either developed a delusion and then seen a therapist who has supported the delusion; or their teenage or adult child has seen a therapist for problems such as social anxiety, body pains, hyperactivity, depression, eating disorders and sensory impairments etc and these have been interpreted as reactions to child abuse about which the young person has no memory. In both scenarios, BFMS members' teenage and adult children have then developed memories about abuse within therapy. These memories have then led in some cases to arrests of a parent, court cases and in some cases prison sentences; to the young person isolating themselves from their families, in some cases forever.

In the section above I referred to the letter to the

Guardian signed by 38 therapists, with Valerie Sinason as the lead signatory. Dr Sinason was Consultant Child Psychotherapist at the Tavistock Clinic from 1987 to 1999; a Consultant Psychotherapist at the Anna Freud and Portman Clinics from 1994 to 1997 and Consultant Psychotherapist/Psychoanalyst at St George's Hospital Medical School, University of London, from 1994 to 2006. Dr Sinason founded the Clinic for Dissociative Studies in 1998 and in that capacity works alongside Dr Elly Hanson.

The European Society for Trauma and Dissociation – UK [ESTD-UK] and First Person Plural [FPP] were due to run a 2-day conference in the UK in October 2020, which has had to be cancelled due to the Covid-19 virus. Dr Sinason was due to give a talk entitled 'The Beech Effect: Fantastist or Scapegoat?' In the synopsis, 'Valerie Sinason, poet, writer, child psychotherapist and adult psychoanalyst' sets down the 18-year sentence Beech was given then adds: 'This is a longer sentence than for many acts of murder and extreme abuse.' Dr Sinason concludes the synopsis with 'How do we understand this sentence and its impact on survivors of extreme abuse?' From the Letter and the title of this talk, it is clear that Dr Sinason considers that Carl Beech was an innocent scapegoat, and the sentence was disproportionate, despite all the evidence.

*...the inherent privacy of the transaction means that therapists who lack training in science and scepticism have no internal corrections to the self-protecting cognitive biases that afflict us all.*

Dr Sinason was involved with the 'therapy' of the tragic Carol Felstead. [Dr Kevin Felstead and Richard Felstead

(2014) *Justice for Carol – The True Story of Carol Felstead: The Creation of a Satanic Myth in the United Kingdom.*] Like Thomas Quick, Carol's 'therapy' included hypnosis and prescribed drugs. There has never been an acceptance by therapists involved in her 'treatment' that Carol's mind was warped by this 'therapy' over many years, which led her to alienate herself from her loving family as she recalled horrific 'memories' which were provably untrue, or that her early death was a consequence of that manipulation.

As well as the scandal of false recall of abuse within therapy, a new storm is brewing in the Tavistock within their GIDS (Gender Identity Disorder) Clinic, set up after staff attended seminars at Johns Hopkins, Baltimore in the 1960's and 70's. In 1975 Dr Paul McHugh was made director of the Department of Psychiatry and Behavioral Science at Johns Hopkins and the

hospital's chief psychiatrist. Johns Hopkins was famous for pioneering sex-reassignment surgery: In the 1991 film *The Silence of the Lambs*, Dr Hannibal Lecter, played by Anthony Hopkins, refers to Johns Hopkins as one of the 'three major centers for transsexual surgery.' [Shrier A. (2019) *Standing Against Psychiatry's Crazes*, Wall Street Journal]

Dr John Money, a psychologist/sexologist led the way at Johns Hopkins. He coined the terms 'gender identity' and 'Munchausen Syndrome by Proxy' and preached that girls could be turned into boys and vice versa through psychotherapy, social engineering, drugs and surgery. David Reimer was treated to such 'therapy' which John Money claimed to be highly successful in academic circles. Once David Reimer knew what had been done to him, he spoke out so no other children/young people would have to endure such experimentation. In 2004 he ended his tragic life by shooting himself in the head.

Shrier writes:

Dr McHugh encouraged a colleague to conduct follow-up research on patients who had undergone sex-change operations. The results disturbed him. Although most of the patients "were reasonably satisfied with the change, they hadn't any improvement in any of their psychosocial issues that were the whole reason for doing it in the first place."

Worse, some of the patients became "suicidal and depressed and regretful." There was not enough good evidence to determine before the fact which candidates for surgery would fall into either group. With no way to predict which patients would be hurt by the operations, Dr McHugh decided he could not allow them to continue. [In 1979 Dr McHugh closed the clinic. *My italics.*] He says shuttering the clinic was a matter of adhering to the Hippocratic Oath and the scientific obligation to ground conclusions in empirical evidence.

"Everybody should agree" that sex-reassignment surgery is "an experiment right now," he says. "We're doing an experiment. We have lots of publications that are telling us that the evidence base for these treatments is very low-quality." There are "not enough subjects, not enough good results—not enough any-

thing. Not enough comparisons . . . that would make it evidence-based." He says the Institutional Review Board should oversee all such surgery. It doesn't.

Dr McHugh believes the Johns Hopkins clinic's reopening (in 2017 and renamed The Center for Transgender Health) was motivated by economic and political factors, not scientific evidence. The complicated operations are big money-makers for hospitals. That the new department's name uses the politically correct designation "transgender," not the clinical term "gender dysphoria," and refers to the surgeries as "gender affirming," seems to support the view that the doctors have formally embraced transgender ideology.

This 'affirmation' approach operates within The Tavistock in London UK and it is currently facing mutiny within its own ranks within the GIDS Clinic; many therapists with integrity are leaving; there is mounting criticism of its methods which it will have to defend in a number of upcoming court cases when it used 'affirmation therapy' with confused people who had come to believe they were 'transgender'. These young people now regret the irreversible medical transition and consider that the psychotherapists did not explore other reasons for their expressed anxieties and difficulties, but simply believed, validated and affirmed what they were told. Dr McHugh spoke of this, warned of this, incredibly, over 40 years ago.

Shrier continues:

Dr McHugh does not believe surgery cures gender dysphoria. He thinks that condition is a "disorder of assumption," characterized by an "overvalued idea," or a ruling passion that "fulminates in the mind of the subject, growing more dominant over time, more refined, and more resistant to challenge."

The primary goal of the psychiatrist ought to be to help the patient change behavior. The prevailing standard of care for sufferers of gender dysphoria—"affirmative care"—is the opposite: It calls for mental-health professionals to accept both a patient's self-diagnosis of gender dysphoria and the corresponding behavior. [Shrier M. *Standing Against Psychiatry's Crazes* (4<sup>th</sup> May 2019) Wall Street Journal]

It is also of concern that, yet again, as with those who developed memories of abuse in childhood which never happened, once in therapy, there is a preponderance of girls being referred to the Tavistock GIDS clinic and within that group, a preponderance of girls with autism and other developmental and mental health disorders who are likely to be highly suggestible and susceptible to ‘powerful and dangerous methods of persuasion.’ [Brandon 1998]

In less than a decade there has been a 1,460% increase in referrals of boys and a 5,337% increase in girls. The youngest patients were 3 years old [Transgendered Trend 2019 and Andrew Gilligan The Times 2019].

Marcus Evans, a Psychotherapist who left The Tavistock over these methods and the failure to properly scrutinise them and supervise staff, wrote:

However, as in all contexts, the therapist must resist the temptation to suspend curiosity, uncritically accept the patient’s presentation at face value, and then act as an “affirming” cheerleader for life-changing acts of transition. Rather, the goal of exploratory therapy should be to understand the meaning behind a patient’s presentation in order to help them develop an understanding of themselves, including the desires and conflicts that drive their identity and choices.

When doctors always give patients what they want (or *think* they want), the fallout can be disastrous, as we have seen with the opioid crisis. And there is every possibility that the inappropriate medical treatment of children with gender dysphoria may follow a similar path. Practitioners understandably want to protect their patients from psychic pain. But quick fixes based only on self-reporting can have tragic long-term consequences. And already, a growing number of trans “desistors” (also known as detransitioners) are seeking accountability from the medical professionals who’d rubber-stamped their trans claims. [Marcus Evans (21<sup>st</sup> July 2020) *Freedom to think: the need for thorough assessment and treatment of gender dysphoric children*. Cambridge University Press]

The Sunday Times revealed that a report had been leaked within which it was written that

‘some staff at the Tavistock’s gender identity development service (GIDS) said it was exposing young patients to “long-term damage” because of its “inability to stand up to the pressure” from “highly politicised” campaigners and families demanding fast-track gender transition.’ [Andrew Gilligan (February 16<sup>th</sup>, 2019) Sunday Times]

The report, compiled in 2018 by David Bell, a clinician and former governor at the trust, said the staff had “*very serious ethical concerns*” that children were making life-changing decisions with “*inadequate*” examination and consent.

Marcus Evans [Marcus Evans (2020)] refers to David Bell’s report and says:

In his report to the Tavistock and Portman NHS Trust Board, Dr. Bell cited the high percentage of patients suffering from gender dysphoria who also suffer other complex problems, such as trauma, autism, a history of sexual abuse and attention deficit disorder. This finding is consistent with a growing body of knowledge that connects the development of gender dysphoria with psychological factors. Since resigning my position at Tavistock, I’ve been contacted by many parents asking advice about trans-identifying children who often tend to exhibit one or more of these factors. Typically, the parents were concerned that services such as Tavistock encouraged the idea that their child’s problems could be comprehensively addressed merely by changing gender.

A proper assessment process involves two parts. Firstly, an extended psychotherapeutic approach should be used to assess and attempt to understand the meaning of the patient’s presentation. Importantly, this includes an understanding of the family and social context in which any disorder emerged. Further, it involves an appreciation of the less conscious factors that underlie gender identity. This difficult psychological work can feel threatening, as it often challenges an individual’s, often strongly held, conviction that only a change in sexual identity can bring relief to their problems.

It is striking to observe how certain members of the pro-affirmation lobby seem to be about their approach, despite a lack of

high-quality data.

“First do no harm” should be the least we expect from those who treat our children. Yet in 2019, it was revealed that the GIDS program at Tavistock clinic had lowered the age at which it offers children puberty blockers on the basis of a study that—it later was revealed—concluded that “after a year of treatment, ‘a significant increase’ was found in patients who had been born female self-reporting to staff that they ‘deliberately try to hurt or kill myself.’ ” The fact that Tavistock officials ignored such evidence suggests they have bought into the idea that transition is a goal unto itself, separate from the wellbeing of individual children, who now are being used as pawns in an ideological campaign. [Marcus Evans 2020]

Yet again we can see the potential for profound damage to patients and the public through blind affirmation and confirmation bias and limited assessments amongst mostly unregulated psychotherapists and counsellors, despite indisputable evidence against their position, and indeed increasing evidence of harm to children and susceptible young people. The Letter to the Guardian from Valerie Sinason et al after Carl Beech was sentenced after months of shocking evidence that he was a fantasist, his ‘scenarios’ a set of provable elaborate lies, is a startling example; the denial of the Sater psychotherapists, despite overwhelming evidence that they were wrong and Thomas Quick was a fantasist and a liar; the Tavistock GIDS therapists who refer children and young people for permanent mind and body altering experimentation on the basis of limited assessment, failure to accept dissonant opinion and research, and blind belief in ideologies which aggressively resist scrutiny.

### Summary

The core issues which are common to all three examples covered in this article, and in the multiple cases of false memories/delusions derived in therapy which BFMS members can attest to are: automatic belief/validation/affirmation of memories and delusions; dubious therapeutic techniques; limited supervision and accountability and the rigid belief systems and confirmation bias which prevent therapists and those who engage with them from accepting they may have made mistakes.

Membership organisations for counsellors and psychotherapists are accredited by the PSA

[Professional Standards Authority] in the UK but they have admitted to the Health Select Committee in Parliament that they cannot determine how professionals should engage within their subject. Their ‘light touch’ accreditation of organisations is woefully inadequate, so, the affirmation/confirmation bias of organisations continues as they choose to ignore any dissonant opinion and fail their therapists by a lack of training and appropriate supervision and scrutiny.

For the sanity of all of our children, our grandchildren, and our society - this must stop. At the very least regulate counselling and psychotherapy, but more than that, as things have been allowed to develop into the disastrous state they are now in, we need a public inquiry to break the affirmation and confirmation bias mould.

As we have seen in the US, single therapists have been taken to court and sued for implanting false ideas/memories almost thirty years ago; in the UK counsellors and psychotherapists are not regulated and dismiss family complaints as ‘third party’ complaints which break data protection rules. By dismissing family stories and developmental histories, closing their minds to criticism and blindly pursuing their rigid methods, they risk causing catastrophes as have been outlined above. With plans afoot for ‘counsellors in every school’, there is an urgent need for action.

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## Complaining to Brick Walls

By Lisa Blakemore-Brown

BFMS members whose teenage or adult child attended therapy then suddenly recalled terrible abuse which never happened, carry three additional burdens if they try to make complaints about the practice of the counsellor/psychotherapist:

1. Psychotherapists and counsellors are *not regulated* in the UK and successive governments over more than two decades have resisted calls for regulation, including a Private Members Bill put forward in 1999 by Lord Alderdice. In 2007, eight years after the Bill failed, with the assistance of the Health Professions Council (HPC) the government set up a working group to look at regulation and a public consultation followed. Four years later, in February 2011 it was decided that statutory regulation would *not* go ahead. Instead, the coalition government published *Ena-*

*bling Excellence*, setting out their position on the matter. An assured voluntary registration system was to be set up overseen by the newly named Professional Standards Authority (PSA), formerly CHRE, which was tasked with forming a voluntary Accreditation register for the member organisations and creating a set of Standards. At the time, the government stated that statutory regulation would only be considered in the future if there was a compelling case and where voluntary registers were not considered sufficient to manage risk.

Multiple endeavours by the BFMS to engage with politicians resulted in a rejection of an inquiry within the Health Select Committee and a short letter from Dame Sally Davies, Chief Medical Officer and Chief Scientific Adviser, to Stephen

Dorrell, MP, Chair of the Health Select Committee, dated 25<sup>th</sup> February 2013: ‘the Department has *no plans* to statutorily regulate psychotherapists’. Reiterating that policy of using voluntary registration, she also wrote, ‘Although we are not ruling out the extension of compulsory statutory regulation to any group, any decision to do so would need to be based on a solid body of evidence. The evidence would have to demonstrate that the level of risks posed to people who use services is such that accredited voluntary registration and existing employer responsibility are not sufficient to manage those risks. Whilst we would of course consider any evidence provided by (BFMS members) we would want to assess effectiveness of assured voluntary registration in mitigating risks, before taking any decisions.’

Seven years later, in a House of Lords debate (February 2020), some nine years after that public government statement, and twenty years after Lord Alderdice put his private Members bill forward, and who also spoke in this debate, speakers were unanimous and passionate in their view that the risk of harms *was* too great; the PSA system was unable to prevent risks described by the peers, and therefore regulation *was* required. Lord Bethel, for the government, echoed the words of Dame Sally Davies seven years ago, and told the plainly shocked peers that there were ‘no plans’ to regulate. Therefore, for a family whose family member’s mind has been harmed by developing false beliefs/delusions in therapy, their family destroyed, their only option has been and continues to be, to make a third-party complaint to the therapist’s membership organisation.

*Regulation resulted in reform in the US as litigation focused minds. This has not happened in the UK.*

2. Psychotherapy and counselling membership organisations on the Accreditation Register, were asked by the PSA, following BFMS engagement, if their form of therapy could risk creating memories of events which never happened in the minds of their clients. If they felt it was possible, they had to say how they could mitigate those risks. The PSA has been satisfied with the reassurances and has continued to accredit the organisations. However, there is no training for their members to understand the phenomenon or explore alternative methods, and many proceed to use methods which ‘do cause harm’, described by the peers in various examples in 2020. The PSA representatives stated in the House of Commons in 2016 that it was not in a position to tell organisations how to conduct their therapy. As a consequence, BFMS members who are concerned about methods used in therapy, for example forms

of breathing methods/hypnosis which can increase a client’s suggestibility, find themselves complaining to brick walls if they expect an organisation to admit the methods used by their members are causing harm. Confirmation bias/cognitive dissonance will prevent these organisations from ever changing unless faced by the potential sanctions of regulation. Professor Paul McHugh was deeply concerned about the damage caused by ‘recovered’ memory therapies and wrote *Try to Remember: Psychiatry’s clash over Meaning, Memory and Mind* (2008)

‘I was someone with a front row seat in American psychiatry, who witnessed the injuries to people it exacted, and who, in protesting against it, came upon the power of this discipline to protect itself from criticism...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.’

Regulation resulted in reform in the US as litigation focused minds. This has not happened in the UK.

3. If psychotherapists and counsellors subscribe to Freudian thinking about repressed memories; apply ‘affirmation’ therapy; ‘believe’ the patient and speak of different ‘truths’, then whatever the client says, even if they have never said it before therapy, will be accepted and validated. If the main focus and purpose of the psychotherapist is to be ‘non-judgmental’ and to help the client manage emerging emotions, they must accept that some of these ‘feelings’ may be derived from

thinking about terrible ‘truths’ which ‘never happened to them’. At this point in our history, astonishingly, this is not recognised by therapists who use particular methods which are never challenged by their organisations.

Such organisations never accept the parent’s ‘version’ of the ‘truth’ in their complaint, over the client’s. Without proper scrutiny and regulation, the third-party complaint process puts desperate family members on an arduous road leading to multiple brick walls and leaves their family member in danger of permanently losing their mind.

In a lengthy academic paper, Rogers, Anne (2013), on the matter of 3<sup>rd</sup> party complaints, Ms Rogers found ‘It was not so easy to ascertain the policy of all the Organisation Members but in a trawl of all websites only seven organisations declared that they would accept third party complaints, two definitely would not accept them, while on 65 sites there was no mention of third party complaints. Of those that will accept them it is usually only parents or guardians of children or of adults unable to speak for themselves and identified as responsible carers at the beginning of the therapy that can make such complaint.’

Specifically, in terms of who can make a complaint, the BACP Guidelines at 1.2d stated, ‘A third party who can demonstrate sufficient interest and who has been directly affected by the actions of the practitioner, subject to the protocol on third party complaints.’ Appendix 15 3<sup>rd</sup> Party Complaints. *Ethical complaints. Towards a best practice for psychotherapy and counselling organisations.* Rogers, Anne (2013) Middlesex University and Metanoia Institute

Whilst attempts have been made to improve the handling of third party complaints, or at least *be seen* to do so, since this paper was written in 2013, the following anonymised BFMS case study indicates that third party complainants, usually parents, continue to hit brick wall after brick wall in 2020.

## Case Study

In one BFMS member case, which we will refer to as Case A, whose only child has been lost to them for many years following counselling from an unregulated school counsellor, their efforts to make third party complaints to the British Association of Counselling and Psychotherapy, (BACP), about the counsellor, and the BACP’s own com-

plaints process, have all failed. Parents expressed their desperation that their once loving child, with such promise, brought up in a comfortable happy home with no financial worries, could have her mind warped almost overnight. In the House of Lords debate on 2<sup>nd</sup> March 2020: *Mental Health: Unregulated Treatment*, Baroness Jolly, who raised the debate, referred to the potential for harm and said, ‘It is vital that the Government assess the impact of these harms. I have been contacted by individuals whose stories, although anecdotal, paint a picture of a real risk to their mental health and safety. The stories are extremely distressing. They tell the tale of vulnerable people putting their trust in therapists only to be exploited and isolated from their loved ones. It is no exaggeration to say that lives have been ruined.’

Patients say that reporting harms through voluntary regulatory bodies can be an arduous process. This has been demonstrated in cases such as that of Patrick Strudwick. His therapist subjected him to so-called conversion therapy. Mr Strudwick had to wait two years for the BACP to withdraw her membership.’

The child, now an adult, in Case A, experienced bullying in primary school, had been referred to a clinical psychologist and there was a suspicion that she may be on the autistic spectrum.

Unsettled by moving to a secondary boarding school, away from her loving family, and before a follow up assessment and diagnosis, she repeated an abuse claim made by another teenager at school, to a school counsellor. With no suitable qualifications, training or adequate supervision, the counsellor validated the claim through affirmation in therapy. She referred to a senior staff member who in turn involved the police. There was no attempt to look at the child’s medical history or to speak to her parents. The police immediately saw inconsistencies in the ‘disclosures’ in Case A child’s story and finding the child not at all credible, they did not take the case any further.

However, the unregulated counsellor was not challenged by the fact that the police found no case to answer, and many other therapists openly state the same. Their main concern is what the child *believes*. The truth is turned on its head. She continued to support the child in her false beliefs which escalated through the principle of reinforcement. Her mother was to find that her daughter had then accessed websites on her computer at home, from which she took chunks of narrative to embellish her ‘recovered memories’

after the police did not accept her story. She proved to be an excellent storyteller, but the police were even less convinced when she presented them with a more lurid ‘memory’.

Supported by the counsellor, the teenager moved to stay with family friends, but with no support for her false beliefs, and with actual challenge from friends who had known her all of her life, she asked social services to provide her with a home with another family over the school holidays. Given her age this was a temporary placement, but during this process she found another ally in the form of a social worker who also validated her false memories. This social worker found a family, provided money, allowed her to stay out late and assisted her with grant applications for university etc.

University beckoned then the workplace, but by then the child was entirely alienated from her parents.

In the House of Lords debate, Lord Marks said, ‘We have heard harrowing accounts of victims, often young, brainwashed by unscrupulous and controlling individuals. These charlatans play on their clients’ suffering, deluding them into a false belief in their treatment, often conjuring up in them fake memories about their early years and inducing unhealthy long-term dependence on the therapist and rejection of families and friends.’

Case A parents informed the BACP in their initial complaint that they were concerned about the qualifications of the counsellor and her methods; concerned that there was no monitoring of counsellors in schools and concerned that her supervision was limited and from someone who also appeared to not be qualified. None of this appeared to bother the BACP. They remained stuck within their cognitive dissonance/confirmation bias in support of their counsellor. Nothing the parents said, showed them or did would shake that bias. In a further letter, parents wrote, ‘The BACP’s Professional Conduct Procedure provides no fair or effective recourse for complainants.’

Eventually, in an eight page letter, the BACP lecture these parents stating, ‘If you intend to bring this complaint as a third

party under Paragraph 1.2 d you will need to demonstrate that you meet the criteria set out in the guidelines for third party complaints. You will need to be able to demonstrate that that you have a sufficient interest in the matter, that you have been directly affected and that you have the written permission from the client, your daughter, to make the complaint.’ Para-

*Lord Marks said, ‘We have heard harrowing accounts of victims, often young, brainwashed by unscrupulous and controlling individuals. These charlatans play on their clients’ suffering, deluding them into a false belief in their treatment, of-*

graph 1.2d remained unchanged and was the same as it was when Anne Rogers examined the issue in 2013. As Case A’s daughter was

deluded, brainwashed and isolated from her family, she remained confirmed in her delusions that only emerged once she saw the counsellor, and would obviously never agree to a complaint against that counsellor. Indeed, she became extremely angry with her heartbroken, innocent parents.

So, inevitably, then came the sting in the tail, the brick wall, after months of delays. The Panel concluded that it wasn’t ‘satisfied that the complainants met the criteria for third party complaints in that the client had not been made aware that the complaint was being submitted, and they did not have the necessary authority and consent to submit the information.’ They ‘rejected the complaint’.

Case A’s parents sent a 66-page report to the PSA which accredits the BACP and another 25 organisations ‘of people working in occupations not regulated by law’. (See: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk) concerning its Accreditation scheme) This covers 55 different occupations.

The BACP successfully strung out the complaints process over years to the point where the child had become an adult, so the parents then felt they had no hope of holding the therapist to account through the BACP 3<sup>rd</sup> Party complaints process. The Case A family have written hundreds of letters to various bodies, including their Council; MPs; the school; the university; the PSA; the Department of Health; Health and Home Affairs Select Committees; the BACP; the Children’s Commissioner etc. Despite her entire extended

family knowing that what the child is saying is untrue, other distant groups validate their daughter's false beliefs to support their own agendas and narratives, and reward her through social media 'likes' and opportunities which then deprive those who truly have been abused in childhood. The validation reinforces and leads to further embellishment of the web of false beliefs.

Case A's parents were regularly 'blocked' and cut off by comments such as 'we will not be commenting further on this matter'. In one response, these desperately worried, frustrated and exhausted parents wrote, 'You do not have a licence to promulgate misinformation, untruths and false memories...by reinforcing her elaborate false memories you are helping to sustain her delusions and mental ill health.'

If Case A thought they couldn't fall any further into Alice's rabbit hole, they were wrong. In extraordinary letters to this family, seemingly highly respected organisations appear to have fallen into a dystopian world in which reality doesn't matter and is turned on its head.

The Carl Beech trial was ongoing in Newcastle Crown Court at the time, and parents reminded these organisations that he was proven to be a serial fantasist who had 121 sessions of counselling from an unregulated counsellor, Vicky Patterson, over 4 years, who never questioned or challenged him. She accepted what he said, no matter how lurid his claims were, affirmed those beliefs in a non-judgmental way and taught him how to remain calm when his delusions/fantasies caused him anxiety. From the court case cross examination, it is not possible to know if she assisted in the embellishments of Carl Beech, through her breathing methods in therapy, as 'her memory' was frequently 'vague' even when talking about multiple child murders, but her tacit acceptance of Carl Beech's fantasies undoubtedly validated them to him and others as is happening in Case A.

Case A's parents also pointed out that the esteemed former Court of Appeal judge, Sir Richard Henriques, who was asked to review the police management of Carl Beech's claims, in 'Operation Midland', in February 2016, criticised authorities for many things, including failing to check the qualifications of counsellors. It is of note that in his recent book, *From Crime to Crime*, Sir Richard also refers to Dr Elly Hanson, a therapist, apparently brought in to check whether she believed that the counsellor, Ms Patterson,

was competent to determine the veracity of the claims made by Beech. Dr Hanson considered that she was, and that Carl Beech's claims were credible. Sir Richard wrote that Dr Elly Hanson's opinion was 'valueless' as she had not been given all the interviews which showed that Beech said different things to different people, and furthermore she said she hadn't had time to read what she was given. Furthermore, in cross examination of Vicky Patterson during the trial, it seems Dr Hanson only met Ms Patterson twice, the first meeting was a therapeutic session to help Ms Patterson and the second was when Carl Beech and Elly Hanson joined forces in a touring exhibition starting in January 2016 in Bristol, about survivors of child abuse. Confirmation bias and the way therapy was practised, ensured that no checks and balances were put in place. As journalist Rod Liddle wrote, 'the reality doesn't matter at all: it's all about how people feel.'

In another recent revelation, a colleague of Dr Elly Hanson, Valerie Sinason, headed a group of 38 counsellors, psychotherapists and psychologists in a letter to the Guardian in defence of Carl Beech after he was sentenced to 18 years in 2019. In the letter, the public was told that 'fantasists and liars' as Carl Beech has been described, needed to be understood, because if they have Dissociative Identity Disorder (D.I.D. once called Multiple Personality Disorder, (MPD) one identity may not recall what another identity has done or said. The obvious point is that the core issue should be whether what is said is the truth, whichever identity was speaking at the time. It seems that for a particular group of therapists that is not how they see the world.

If therapists turn the truth upside down or maintain that the most important issue is what their patient/client 'believes' which is 'their truth', even if it emerged in therapy; even if it cannot be corroborated and even if it can be proven to be an absolute fantasy, then it will be impossible to convince these therapists that their version of 'truth' is wrong. So, is there any point in complaining to these unregulated bodies in 'false memory-type cases' if their thinking is so warped?

Parents in Case A, giving up on the BACP, have had to inform organisations that they could be breaching Human Rights and Data protection laws. Despite clear evidence to disprove claims made by their daughter, organisations refer to her 'perspective and views' being more important

than the parents' perspective and views. In one of hundreds of letters hitting brick walls, they plaintively write, 'As our daughter has made up her history (after unregulated school counselling) real abused children moved from one foster placement to another, would have every right to feel deeply betrayed by both our child and organisations which validate and sustain those lies'.

In the Lords debate, Lord Garnier said:

'At its heart, this debate is about preventing the exploitation of the vulnerable - not of the mentally ill, the elderly or children, who are protect-

*Blind acceptance and naïve affirmation can lead to absolute disasters and until training is put in place about the risks inherent in counselling and psychotherapy, alongside the regulation of psychotherapists and counsellors, we can expect to see many more cases...*

ed quite widely by the law already, but of those whose vulnerability, be it emotional or psychological, permits them to be preyed on by charlatan counsellors. These charlatans suborn them through their cynical promises of peace of mind and future happiness; through lies about their families and bogus therapy they suborn them into breaking off contact with them.'

Baroness Jolly said, 'It is essential that these harms are documented so that we can find solutions. One possible solution, which I favour, is statutory regulation. This has been debated before in this House, largely driven by my noble friend Lord Alderdice. Unfortunately, the issue has been pushed off the agenda in recent years, but now is the time to revisit it. The Government have previously stated that statutory regulation may be introduced if harms to the public can be demonstrated and this risk cannot be addressed through other means. Will the Minister give some indication of what the department might do to help with the issue of assessment of harms?'

There was palpable shock on the red benches when Lord Bethel said the government 'had no plans' to regulate, dismissing the unanimous voices calling for regulation of psychotherapists and counsellors. He informed the members that millions were being spent on the IAPT pro-

gramme across the country, as if that would solve the problem. They had hit yet another brick wall.

## Conclusion

The Government needs to recognise that some therapists do fail their clients very badly, and through cognitive bias they will never accept it and will remain certain that they are right. Has the Government fallen foul of the same confirmation bias? Until psychotherapists and counsellors are regulated, despite all the money and the sensible early thinking behind the IAPT programme, these abuses will continue. *Regulation must co-exist with IAPT*. The latter curriculum which addresses the need for therapists to understand various forms of mental ill health, check histories etc is very welcome and if such checks were done in Case A, and the Carl Beech case, things may not have proceeded as they did. In Case A, the therapist was not interested in the child's mental health history, and undoubtedly not trained to understand it; had no interest in what parents had to say; nor did she want to read any of the books and articles they showed her on the dangers of false memory. Despite the police dropping the case completely, she continued. She was unable to see a delusion developing, and if she had, she would not have known what to do about it.

Blind acceptance and naïve affirmation can lead to absolute disasters and until training is put in place about the risks inherent in counselling and psychotherapy, alongside the regulation of psychotherapists and counsellors, we can expect to see many more cases than these two and those described in the House of Lords debate with the government aiming for counsellors in every school.

Further, if disasters do occur and families try to complain to membership organisations, at the nub of the problem with third party complaints, is that as the individual who has had their mind warped needs to give permission, the complaints will all fall, details never even considered. The delusions will become embedded, and these membership bodies will fail the client, their whole family and the public.

By informing the person in therapy about the complaint, instead of investigating, learning, changing and providing robust supervision and training, not only will the deluded client not agree: if there was any glimmer of hope of a reconciliation between client and family members, this action will surely snuff that out completely.

# MEMBERS' FORUM

## Complaints Adding insult to injury

### By A BFMS Member

Every falsely accused person whose family member has emerged from therapy 'recalling' memories of abuse they had never mentioned before, will know that their distress is compounded by the obstacles they face when trying to complain about the therapist.

The issue of 'third party' complaints being properly heard is at the very centre of the problems the BFMS faces. Although some psychotherapy organisations will say they hear complaints from third parties, the reality is this does not work out in practice for a number of reasons. Members of the BFMS who have tried to make complaints will have their own stories to tell of the difficulties they have encountered.

But what is the situation the psychotherapy organisations now find themselves in? Certainly, it has resulted in a short-term gain for them - it has got them off the hook so to speak. But at what cost? And what about their long-term position? By not hearing the testimony of accused parents, psychotherapists have not prepared themselves to confront the nature and extent of the problem. They have never heard at first hand the anguish and distress some of their treatment has caused.

And what about this term 'third parties'? Why 'third'? In the context of false memory complaints, it is the label the profession uses to describe a group of people that usually consists of devoted and caring mothers and fathers. It is not an appropriate way to refer to people who may have important information about a patient's life before entering therapy.

The profession of psychotherapy is a 'new' profession as other professions go. It is only a hundred or so years old. Psychology, the science of the human psyche is still very much a *developing* science. In these circumstances, not listening to the damage claimed by family members is foolhardy. Potentially, it puts the therapy and counselling organisations out of touch with reality. In fact, of course, it also leaves the organisations with no obligation but to think the memories of sexual abuse their patients have retrieved are true. The amount of turmoil all round this can create is

well illustrated by the Carl Beech fiasco and his accusations against various VIPs. The drama all started with 'Nick's' counselling (121 sessions) and his counsellor failing to make a proper assessment or diagnosis of his mental problem or impairment, and so realise that his memories of gross abuse were delusions or false memories.

In a book published in 1993 called *True Stories of False Memories* by Eleanor Goldstein and Kevin Farmer (they had previously published another book called *Confabulations – Creating False Memories, Destroying Families*), they wrote,

*The time-honored concept in a democratic society of listening to all sides in an open forum is ignored in this type of therapy.*

*...This is the perfect way to destroy a man or a woman. If you would abuse your child, you are considered by society to be demented. How can a person defend such a charge? It haunts the family forever.*

While referring to the Government Domestic Abuse Bill, Theresa May said recently on the radio, *Politicians want to make sure the voice of the voiceless is heard.*

Members of the BFMS should remember this statement.

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## Michael's Story

### By A Father

On 11<sup>th</sup> June 2019 at 16:15 hours our home phone rang, and a lady asked, "Can I speak with Michael Smith". I answered and explained that my name was Michael Smith (names have been changed). The caller asked if anyone else could hear the conversation to which I replied "No", as I was home alone. She identified herself as a WPC from a police force in the North West of England. The police officer got straight to the point and told me that she was dealing with allegations of historical sexual abuse by my eldest daughter. She then invited me to an appointment at the local police station and explained that if I didn't comply, she would have me arrested. My world was turned upside down. I attempted to explain that my wife and I were due to go on a short break to Nice therefore could we organise something on my return as I tried to scramble my thoughts. I was on my own in the house as my wife and youngest daughter had just left for an overnight stay for a meeting the next day.

I sat at the kitchen table and just shouted at the

top of my voice and banged the table with my fists, crying and then shouting again. I could not believe what I had just heard on the phone and felt very alone. I then left a garbled message for my wife to call me and calmed myself down and went on the computer to find help.

I searched online for information as to what to do and found the BFMS. There I found similar case histories and I realized that I was not alone and there were people I could talk to, and I phoned the number the following morning.

Kevin Felstead answered the call and was very interested to hear about the telephone call from the police; Kevin asked many questions about my relationship with my daughter and her history of mental health challenges throughout her teenage years, the many counsellors she had visited and anything else connecting the dots up to the police call. Following a lengthy chat, he put me in contact with Claire Anderson of ABV Solicitors.

My daughter, Amelia, thought that she had previously experienced psychotic episodes (seeing and talking with visitors in her bedroom, constantly praying and writing in a notebook, believing that household items were about to self-combust) during her teenage years. She came to us in September 2012 (aged 15) and explained how distraught she was, exhausted with all the rituals she felt she had to perform each day in order to ease her anxiety. We thought that we could help her and built a pattern into her life. Her coming to us was the first we were aware of what she was going through. She had hidden it well.

At this same time Amelia was suffering from severe hair loss and had indeed sought help at the GP's surgery frequently. The doctor's remedy for the hair loss was an assortment of creams etc. and it was not until two years later, when Amelia broke down in tears thinking she had cancer, was a blood test suggested. The blood test was carried out and it was discovered that she had a very low iron count (8); when treated with an iron supplement miraculously her hair grew back. This was in April 2015. (Amelia was now 17 years old). My relationship with my daughter was at this stage still extremely good. We were close and she felt she could come to me with any issues she had. We later also discovered that not only can iron cause hair loss but a lack of it is also linked to mental illness. See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3680022/> for corroboration.

The iron supplements really helped Amelia with her hair loss and lifted her spirits. She also started seeing her first boyfriend and had also seemed to have got her OCD more under control.

Her school grades were good, and she had a fabulous group of friends at a private school she had moved to following a bout of bullying at the secondary school she was previously attending due to her hair loss. She had slotted in nicely and was fully enjoying life.

In July 2014, you may recall the air disaster which occurred (shot down over Ukraine). Amelia's best friend's brother was on board that plane. Everything changed thereafter.

In August 2014, Amelia received her GSCE grades and despite doing well, she felt disappointed and thought that she should have done better. We advised Amelia that she didn't have to go back to sixth form and she visited a local college for art studies, as this was her passion. The Career Guidance Officer was first class providing positive feedback to Amelia about her grades. Amelia decided against going to the arts' college and went back to the private school she knew and loved; however, it was clear quite early on that the workload was tough and she was struggling.

Within the first term of sixth form Amelia felt she needed to visit her GP for anxiety and OCD as she was starting to find it difficult to control. Amelia was an extremely disciplined young adult who had set her heart on becoming a children's author. She would get up at 6 am every morning to write and she was determined to be a success. Amelia was a workaholic and did as much as she could each day to achieve her goals. Nothing came easy to her as she also has dyslexia, but Amelia to her credit never let this hold her back.

Late October 2014, Amelia started to see a counsellor at the local surgery for OCD and anxiety. As parents we found the techniques a little difficult as Amelia reversed her whole cycle of living. For example, instead of living in a tidy environment, she was advised to live in complete chaos. Her bedroom, which was usually tidy (but not overly) had turned into a complete mess as the counsellor's advice was to ease off putting things in certain places, but it seemed way out of control. When the sessions had finished with this counsellor, Amelia was moved on to a further counsellor to help with anxiety issues.

In January 2015 her relationship with her boyfriend deteriorated and they split up. Amelia came running home from the school bus crying and threw her arms around me. My relationship with

Amelia continued to remain strong at this stage. It was a relief as we did not feel he was good for her mental wellbeing. However, they only remained separated for a month or two before they were back together again. Mark would send Amelia hundreds of origami birds which he had created and kept and he constantly requested that she take him back. It was soon apparent that Amelia felt responsible for his happiness, and overall, she felt terrible about the whole situation. Amelia felt she had grown out of him and he was holding her back, trapped in his 'golden cage' (her words).

Mark didn't take the break well and visited his GP with his mother regarding his own mental health. He has Asperger's and Amelia felt she needed to keep in touch with him to help him. Before we knew it, Mark was back in her life.

Then in May 2015 - exam time - Amelia was introduced to Mind for further counselling as her anxiety and OCD had returned, followed by a PIERS assessment in June 2015 but nothing was picked up with regards to psychosis or indeed any other mental health issues. Amelia was told that there was nothing wrong with her.

In the summer of 2015, we went on a family cruise for a month. Amelia was like a different person. She loved going out and about the ship and built friendships with other young people. It was as though Amelia felt as free as a bird even if she didn't always follow the rules with regards to alcohol etc. but she was having fun! We spent time together as a family.

On our return home, Amelia's AS Level results dropped into her email box and she was distraught, devastated by her grades. Amelia was inconsolable. She returned to sixth form, but continued to struggle with the workload which was making her profoundly anxious.

By now, our daughter was changing. Not only was her bedroom a complete mess, Amelia wasn't taking care of herself properly and rarely wore make up. Her boyfriend would often stay over and bring her junk food. Amelia was not looking like our daughter anymore. She wasn't happy and started to put on weight.

Amelia began having 'visions' again and in October 2015 she mentioned to her Mum that she and her boyfriend had been googling what causes the visions and psychosis. She appeared to be looking for an explanation, based on her reading and questioned whether something may have happened to her in childhood. Amelia said that she wasn't sure what was going on in her head and didn't know what was real and what was not; she continued having visions and very vivid dreams.

Amelia applied to go to university and was very excited about the prospect of attending. However, unbeknown to Amelia, her boyfriend also applied for a place at the same university which we know she wasn't happy about as Amelia saw university as an escape route. To make matters worse, the boyfriend's mother added pressure by suggesting that they share a room so that our daughter could become his carer. This was not Amelia's idea of how she saw university life. Moreover, the university were so uncomfortable with the boyfriend's family's suggestions that they rang us to advise us about what was happening. It was clear that the university would not entertain that course of action, which temporarily put our minds at rest.

However, in February 2016, Amelia started seeing a private counsellor every week up until August 2016. In the later sessions, Amelia suggested my wife, Liz, attend. She attended two or three sessions which she felt were 'staged'. Starting off as a hurl of abuse towards Liz from Amelia who insisted that she had endured a terrible childhood. In truth, she participated in a wide variety of activities, including gymnastics, brownies, guides, guitar, dancing classes and numerous school holidays abroad during what was by any comparison a normal and happy childhood.

Worryingly, when my wife attempted to leave the session, our daughter threw a couple of ridiculous accusations at her and shouted that she was 'married to a paedophile'. My wife didn't take this outburst seriously as it was patently untrue and ridiculous and because Amelia often said things just for effect and felt that this was one of those situations. Liz didn't mention this to me until later, however, as she thought that Amelia would quickly realize that her thinking was clouded. She did not want to cause unnecessary pain because it was evident that our previous warm relationship was now starting to fracture. Liz certainly didn't expect the situation to escalate.

Amelia then went to university sharing a room with a lovely female student and she appeared to be very happy during her first term. She and her boyfriend finally split up and all seemed well when we visited her at university. However, in January 2016 when our daughter was aged 19, her symptoms of anxiety etc. re-emerged and she again sought counselling. This counsellor suggested Amelia meet and build a friendship with a mature lady who was also seeing things and hearing voices following alleged sexual abuse. Amelia has advised her sister that this counselling has made her worse; she felt very pressurized as this

lady handed her gifts every meeting they had.

All was still 'normal' with regards to our family at this stage. In fact, we often visited Amelia meeting with her new boyfriend, helping her move into her second-year accommodation, etc.

In 2017 Amelia came back home for her sister's 18<sup>th</sup> birthday. She was reluctant to go back to university and stayed an extra couple of days despite having a train ticket. I accompanied Amelia to the train station with all her luggage, gave her a big hug and told her how much I loved her. This was the last time I saw my daughter.

In January 2018, Liz visited Amelia, booking into a hotel with her as Amelia was feeling extremely low and upset; she was also extremely unkempt. Amelia had an appointment with her GP which my wife attended with her. Amelia was again having visions, hair loss etc. so Liz suggested a blood test to check for iron deficiency. The GP was extremely reluctant to give her one but, in the end, agreed. Our daughter was also taking prescribed medication for anxiety and the visions ....

It was six months before Amelia had the blood test, due in part to her doctor's reaction, and again it came back as low iron count requiring iron supplements again. At this visit, Amelia mentioned that she was now receiving counselling in a rape and sexual abuse clinic, but she would not say why. In June 2018, on Father's Day Amelia telephoned and we chatted for a very long time about her university course work and about her new boyfriend. I was unaware that two months previously Amelia had been to the police station and reported me for sexual abuse.

In January 2019, Amelia made a further statement to police of sexual abuse against her when she was four years old. This culminated in the telephone call mentioned at the beginning of this article from my local police force in June 2019. I was in a state of total shock. I could not comprehend why my daughter would make these untrue allegations. At that point, my world imploded. Fortunately, I stumbled across the BFMS website, Kevin advised me to have no further contact with the police. He also advised me to hold my nerve, which was easier said than done as you will appreciate. I felt reassured. The situation moved quickly. Kevin contacted a solicitor, Claire Anderson, who accepted my instruction and explained that she

would deal directly with the police to arrange an interview.

*Luckily, we are 'hoarders' and keep much documentation and gradually we pieced together evidence that it did not happen and could not have happened.*

Having spoken with Kevin and then Claire the solicitor, we set about constructing a timeline gathering everything we possibly could to help protect me and equip me with counter evidence ready for the interview under caution. I was under no

illusion about the gravity of the situation, but we were no longer fighting the allegations on our own. Luckily, we are 'hoarders' and keep much documentation and gradually we pieced together evidence to show that it did not happen that it did not happen and could not have happened. Pay slips from 2001 were still in our possession, showing that I was working long hours and many of Amelia's old diaries were still in our home. Letters, Father's Day cards, notes from her to me, etc. were all useful items. We had old diaries of our own, too, showing doctors' appointments, prescribed medication, notes on her visions, dates etc. which really helped us put a picture together.

One day before the interview, police afforded my solicitor a brief outline of my daughter's allegations, so that we had a small clue as to what I'd be facing in the interview. At 2 pm on a Thursday afternoon in July 2019, I attended police station with Claire Anderson and I was interviewed for over 2 hours. At least I could feel secure in the knowledge that I had good legal representation. Claire advised me to answer all of the questions which I did truthfully and confidently because I knew that I was innocent.

The whole case seemed to go on forever. Our youngest daughter, son and wife were all contacted by the police all wishing to provide support to me but not wishing to give formal statements as it was and is our intention to welcome Amelia back into the family one day.

On 24<sup>th</sup> March 2020, I was contacted by my solicitor to inform me that the police had decided on a decision of NFA (No Further Action). The police didn't even take the case to the CPS for review/decision. My legal nightmare was over; the battle to reconcile with my daughter continues.

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# RESEARCH REVIEW

## “Do false memories look real?”

By Charlotte Wharton

The large majority of psychological research into the identifiability of false memories has focused on assessment of one’s own memory accounts i.e. thinking about the source of their memories or assessing their own confidence. However, psychologist and renowned false memory researcher Dr Julia Shaw has recently published a report titled *Do False Memories Look Real? Evidence That People Struggle to Identify Rich False Memories of Committing Crime and Other Emotional Events* (2020). This peer-reviewed journal article instead focuses on assessments of someone else’s memory accounts.

In research, many types of false memory have been successfully ‘implanted’ where the participant genuinely believes that this is a memory of a true event. These have included getting lost in a shopping mall, being punched, committing a crime even involving weapons (Loftus & Pickrell, 1995; Laney & Takarangi, 2013; Shaw & Porter, 2015). The latter is particularly useful to apply to real life situations involving crime and law enforcement as they adequately represent the fact that even memories of crimes can be false. These memories can be vivid and are said to ‘feel’ real (Shaw & Porter, 2015) leaving the idea that, logically, they may also look or sound real to others. Shaw’s (2020) essay consisted of two studies empirically measuring whether people could identify rich false memories. In 2015, Shaw and Porter implanted rich false memories and filmed participants recounting these false memories and these videos were used in the present study. In the first part of the study, participants were judged on their accuracy of detecting these false compared to true memories of either criminal or emotional events i.e. whether they accurately identified them as false memories. The three main predictions for the results were that: people would be no better than chance at identifying false memories, or at detecting false memories of criminal events, and that they would be better than chance at making a comparative judgement identifying the ‘richer’ memory

once they are informed that one is false. The second of the studies also measured whether hearing or seeing the false memory accounts made any difference i.e. comparing audio (no video) vs visual (no audio) vs audio with visual (both audio and video). In one previous study, Campbell and Porter (2002) measured similar phenomena and found that accurate identification of false memories was better for those who relied upon non-verbal cues. This aspect of the second study is useful to extend and confirm these findings and is further applicable to court room proceedings where sometimes evidence is only presented as only audio or only video.

The results showed that, as predicted, participants were no better than chance at classifying false memories, or false memories of committing a crime. Also, false memories were correctly identified the most in audio with visual group, followed by video only, then by audio only - but still no better than chance in any. At the very least, these results demonstrate just how ‘real’ false memories can look to others. The general idea is that not only do these memories feel real but they look and sound real to others too. Further to this, participants were explicitly asked to look for cues to whether the presented memories were true or not which could of course imply that not all were true memories. This may mean that judgments would be even *less* reliable in real life situations, where people don’t have the primed thought that there is a good chance that this is a false memory. An alternative interpretation could be the fact that people generally have a truth bias - that we tend to believe people are being truthful more often than not. However, even *true* memories weren’t reliably classified as such. In this sense, even when someone is actively looking for cues to false and true memories in a controlled situation *and* when they are told that one is false for certain - they still cannot reliably detect it. This held true across all mediums of showing the false memory (audio, video, or both) where participants were still no better than chance at classifying the memories. What is particularly useful to take from these results in the second part of the study is how dramatically poor the classification was in the audio only condition. This is particularly useful in forensic settings as in sensitive or traumatic crimes and evidence given in criminal trials is often given or presented as ‘audio only’ i.e. the accuser may be behind a screen or may not wish to appear on a video link. In this way, Shaw’s (2020) study highlights just how dangerous this

may be for others to judge the truth in memories that are presented this way. Not only may false memories be perceived as true, but true memories could just as easily be perceived as false. Disturbingly, those making incorrect judgments may include judges, juries, witnesses, and family members which represents just how much care and caution needs to be taken into the ways in which evidence is presented and how much weight is subsequently given to their judgments of its validity.

The study further shows how even ‘cues’ that participants claimed to rely on (i.e. verbal or non-verbal) in the various groups and conditions showed no pattern of success. There were no ‘tell-tale’ signs in the memory accounts, true or false. This falls in line with the consensus in recent years on ‘deception detection’ in a variety of settings – that people often rely on misguided and uninformative cues to detecting deceit (Levine, 2018). Applying this to false memories specifically, it is clear that any cues people claim to rely on have no real benefit to their success in judging these memories. There is a need for more awareness of this, in the same way that deception detection ‘wizards’ (i.e. people claiming to be particularly skilled in lie detection) are becoming less plausible, there needs to be more recognition and understanding that this same unreliability of classification applies to memories. False memories will not be obviously different to true memories in their characteristics or presentation, the differences may instead lie in the methods in which they were ‘remembered’.

Looking to the future, an extension of this research could include measuring the same classification judgments but from legal professionals e.g. police officers or judges and also including the context of the memory process to determine its plausibility. This would be useful to solidify whether experience or practice in dealing with crimes, evidence, and memories of crimes is of any use in detecting false or true memories in their most realistic and holistic context. Until this time, legal professionals shouldn’t assume that they can tell when a memory is true or false. They may find more reliability in the meantime looking deeper into the efficacy of the process behind the memory, rather than wrongly trusting their own judgment on its characteristics or presentation.

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## The problematic return of the repressed

**The Return of the Repressed: The Persistent and Problematic Claims of Long-Forgotten Trauma, Henry Otgaar, Marl L. Howe, Lawrence Patihis, Harald Merckelbach, Steven Jay Lynn, Scott O. Lilienfeld, and Elizabeth F. Loftus.**

### By Charlotte Wharton

The term ‘memory wars’ describes the long-standing debate about the existence of repression. Some advocate that traumatic events can be ‘repressed’ where, according to Freud’s (1957) original definition, the memories of the events are unconsciously stored out of reach and in pristine condition until we can recover and deal with them i.e. in therapy. In brief, there is little to no empirical evidence supporting this and so, unsurprisingly, many declared the memory wars to be over with the conclusion that the existence of repression is questionable at best. In fact, Otgaar, Howe and Patihis *et al* (2019) instead describe just how rife the memory wars still are.

The fact that some people have ‘recovered’ memories of abuse in therapy has often been taken to support the existence of repression as a defence mechanism, particularly in the 1990’s. Even the empirical evidence supposedly supporting repression isn’t generalisable such as testing repression of mundane stimuli by instructing participants to suppress words and

taking success in this as evidence of Freud's (1957) repression (Anderson & Green, 2001). This evidence seemingly 'for' the notion of repression is weak in several ways. It cannot be generalised to events, let alone traumatic events, and there was no evidence of any persisting unconscious influence of the suppressed items or a demonstration of any recovery (key factors of repression). Some have failed to replicate this effect and even the research involving similar 'voluntary' *suppression* tasks fails to embody another key characteristic of the theory: repression is *unconscious* (Kihlstrom, 2002; Levy & Anderson, 2002; Bulevich et al., 2006). Nevertheless, some claim that Anderson and Green's (2001) study can explain the finding that children abused by a caregiver they see often are more likely to 'forget' their abuse than if maltreated by strangers (Anderson & Green, 2001; Conway, 2001). For example, Conway (2001) likens this inhibitory mechanism to an 'internal adaptation' where repression is used to avoid unpleasant feelings or memories when seeing this caregiver. There are arguably logical issues with this, and following any general ideas from evolution and adaptation: causing somebody to 'forget' abuse they have experienced at the hands of someone frequently around them would surely leave them vulnerable to future maltreatment by that person which would be counterintuitive for their future safety. In fact, research in general has consistently found no concrete evidence for the mechanisms behind any of the key characteristics of repression and there are no grounds for them in memory literature (Piper, Lillevik & Kritzer, 2008). Piper, Pope and Borowiecki (2000) demonstrated the more logical fact that people who have experienced trauma often struggle not to remember what happened to them. Those who suffer from post-traumatic-stress-disorder (PTSD) are frequently bothered by intrusive flashbacks of their trauma (APA, 2013). Conway's likening of suppression to an 'internal adaptation' would not explain these symptoms or the lived experiences of the majority of people who have experienced trauma. Some may argue that these people simply haven't utilised this adaptation by actively suppressing these memories, yet again, this active suppression would not be evidence for *unconscious* repression. The memory literature also fails to explain the pristine conditions that repressed memories are said to stay in - memory is malleable, even for traumatic events (Loftus, 1993). Loftus (1993) explained anecdotal instances where people have 'recovered' a traumatic memory that has changed over time e.g. war. While this may seem to resolve the lacking sup-

port of 'recovery' - it instead shows forgetting and evidences the probable lack of authenticity in any memories that are 'recovered' in therapy.

On the other side of the debate, research into false memories consistently shows that people can come to believe and 'remember' events that did not take place: false memories (Garry et al., 1996; Wade et al., 2002). There has time and again been empirical evidence for the formation of false memories from suggestion ranging from mundane childhood events to violent events (Loftus & Pickrell, 1995; Porter et al., 1999; Laney & Takarangi, 2013). The samples widely used in such studies are often students or at least typical adults who logically may be less suggestible than *vulnerable* adults who may go to therapy - a worrying idea for the greater likelihood of false memories in those situations. In terms of explanations of how these memories are formed, 'imagination inflation' can explain these research findings and contradicts any hope of 'true' memories being recovered - imagining an event can lead to confidence in the idea that the event occurred (Garry et al., 1996). While this phenomenon doesn't negate the possibility of repression and recovered memories, it does offer a more viable explanation for some of the repressed memory cases. These cases have often involved repeated suggestion by therapists, even under hypnosis (Loftus, 1993). Adding to this is the consistently supported and widely used 'source-monitoring framework' (Johnson, Hashtroudi & Lindsay, 1993). In this context, people may simply come to falsely believe that an event occurred rather than was dreamt, imagined, heard, or even read. Including this, the stages of false memory here may better explain recovered memories - people who are exposed to some suggestion of past trauma could accept that the event is plausible, create contextual information, then commit a source-monitoring error believing the event occurred (Wade et al., 2002). Supporting this, people who report repressed childhood sexual abuse are to be less able to discriminate reality between seen and imagined words which further solidifies the possible link between source-monitoring and supposed 'repression' (McNally et al., 2005). In this way, source-monitoring errors may be more likely in specific people than in specific situations which would begin to explain instances where people in the same therapeutic situations haven't 'recovered' memories or developed false ones. Taking all this together, supposed instances of 'repressed' memory in

real life may be better explained by evidenced intertwining mechanisms of false memory through imagination inflation, and source-monitoring. Otgaar, Howe and Patihis *Ibid* describe another alternative explanation for these therapy-recovered memories – a meta-awareness reinterpreting childhood events in therapy and experiencing this as a memory of abuse. The idea that some people may not initially experience their abuse as traumatic but later realise it was abuse offers another explanation for memories which emerge in therapy but were genuinely experienced. Although, arguably, with this reinterpretation could also come the formation of a false memory i.e. incorrectly reinterpreting an event in line with suggestion and forming a memory of abuse that never occurred. In this way, this alternative explanation can explain both true and false memories emerging in therapy.

Even with the progression and further evidence for alternative explanations for repression, Otgaar, Howe and Patihis *Ibid* detail the shocking number of people who believe in repression. In 2017, 69.6% of clinical psychologists surveyed believed in repression (Ost et al., 2017). In America, 73% of jurors, 50% of judges, and 65% of law-enforcement surveyed believed in repression (Benton et al., 2006). Even lay people such as undergraduates believe in repression, 81% surveyed in 2014 (Patihis et al., 2014). What is key here though is that while psychologists or other professionals may seem as though they would be more sceptical given their higher volume of knowledge than laypeople – they may not necessarily have specific empirical knowledge about repression. Those in legal or forensic psychology, who would often learn about this during their career, show much higher scepticism about the existence of repression. For example, only 22% thought that repressed memories are ‘reliable’ to present as legal evidence (Kassin et al., 2001). In this way, it seems with more knowledge on the topic brings more scepticism. There may be a calling here for more education on this in relevant settings, to promote this scepticism of a phenomena that’s controversy calls for it.

Given the long-standing memory wars and the fact that collecting empirical evidence of historical and subjective events is difficult to do, it is

likely that simply accepting that something *may exist* is less binding than refuting the existence of it at all. In this way, experts may wish to step away from the controversy that comes with ‘repression’ – this is where we see the emergence of ‘dissociative amnesia’. Otgaar, Howe and Patihis *Ibid* describe how dissociative amnesia is now in the DSM 5 (APA, 2013) and has long been seen to be a less controversial label for the defence mechanism of repression. Dissociative amnesia essentially refers to an inability to recall traumatic or stressful information which is successfully stored and therefore reversible – repression. Cases of dissociative amnesia may be better explained by ordinary memory mechanisms, for example two cases of children who had been nearly killed by lightning and had no memory of the event – how can it be shown that the trauma is why the event was not remembered rather than a related neurological process? There are a number of more plausible explanations for dissociative amnesia:

*...the shocking number of people who believe in repression. In 2017, 69.6% of clinical psychologists surveyed believed in repression.... In America, 73% of jurors, 50% of judges, and 65% of law-enforcement surveyed believed in repression... Even lay people such as undergraduates believe in repression, 81% surveyed in 2014*

memory problems related to physical trauma may cause forgetfulness, organic amnesia, failure to encode parts of the trauma, failure to disclose trauma at the time, childhood amnesia, genuine flashbacks of trauma over time. In these ways, dissociative amnesia would describe cases where trauma has occurred and may seem to medicalise repression, but cases may have many more plausible explanations.

The ‘memories’ that may be recovered in line with repression or dissociative amnesia often show up in therapy. As aforementioned, those vulnerable may be more suggestible to the techniques used in recovered memory therapy and so a cycle begins. Otgaar et al. (2017) conducted a review that found people with PTSD, depression, or a history of trauma were at increased risk of forming false memories linked to their symptoms. These disorders are also linked to an enhanced propensity to produce spontaneous false memories. While these spontaneous false memories don’t represent those induced by suggestion, even the characteristics of some disorders go hand in hand with the suggestibility perfect for the formation of false memories e.g. schizophrenia with paranoia and leniency to external pressure (Peters et al., 2012). With these vulnerable people likely to attend therapy,

and their increased vulnerability to produce false memories – any prevalence from research conducted on more typical samples may be a worrying underestimate. Researchers have often tried to estimate the percentage of individuals who develop false memories in empirical research and concluded that susceptibility may be more limited than has been suggested (Brewin & Andrews, 2017). They estimate 15% as the false memory potential, but with samples largely consisting of typical adults or those without psychopathology or traumatic experiences the prevalence in research may not be related to the prevalence in the real world. Even if 15% was taken to be the accurate prevalence, is it ‘limited’ to suggest that if 100 people went to therapy 15 of those people would produce false memories? That’s 15 lives which could be turned upside down, 15 families that could be destroyed, 15 falsely accused people. With the ‘courtroom’ beliefs aforementioned, this starts a

chain of events that could likely result in the conviction of an innocent person.

If expert witnesses testify about false memories in the courtroom, do judges and jurors recognise the debate?

Judges have been said to frequently overestimate juror’s abilities to apply memory evidence and, with the surveys of belief, this holds worrying consequences for jurors who may be unknowingly reviewing cases of false memory. The testimony of experts may seem to remedy this in some way by expressing the scepticism at the least but there are two sides to this debate and all the aforementioned research ‘supporting’ repression may be presented by the prosecution. This would leave it up to jurors to choose a side in a long-standing debate that many experts haven’t even managed to decide upon. There may be a calling to measure the effects of these false memory or repression testimonies on jurors or laypeople to see as accurate an effect as possible.

In the memory wars, there is an overwhelming lack of evidence ‘for’ repression. Even research that claims to support repression seems to leave out key characteristics and may be better explained by other phenomena. While the mere existence of these alternative explanations does not necessarily refute the possibility that repression could be involved in some cases - the comparative lack of any valid scientific evidence for repression limits the plausibility of its involve-

ment or existence which begs some questions. With the medicalisation of repression in the form of dissociative amnesia based on little empirical evidence, is more scientific evidence needed? Until then, on what basis do psychologists, professionals and laypeople surveyed believe in a phenomenon that isn’t proven in science? Most importantly, with the lack of evidence for repressed memories and the mounds of evidence for suggestible and malleable memory – what is actually being uncovered with dangerous therapy techniques? Do those making life changing decisions in the courtroom understand the danger here? How can we make sure they do?

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## Plea for help from Members from Dr Megan Kenny

Hello BFMS Members

We are appealing for participants to take part in a research project exploring the impact of false allegations of satanic ritual abuse.

We are looking for participants from all backgrounds as long as you are over the age of 18. We are particularly interested in the experiences of people who have made allegations and retracted them.

Due to the ongoing restrictions around COVID-19 interviews will be conducted via WebEx or telephone, depending on your preference. These interviews will take place from September 2020, depending on your availability. Interviews are anticipated to last for approximately one hour. You will be asked some questions about the nature of the abuse, the relationship between yourself and the accuser/person you accused and the impact these allegations have had on your life.

If you are interested in taking part in this project, please contact either Dr Kevin Felstead ([bfms@bfms.org.uk](mailto:bfms@bfms.org.uk)) or Dr Megan Kenny ([m.kenny@shu.ac.uk](mailto:m.kenny@shu.ac.uk)). If you have any further questions about the study please don't hesitate to get in touch.

Thank you

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# LEGAL FORUM

## By Claire Anderson of ABV Solicitors, London

Last year I wrote a piece published by *The Times* calling for an end to the terrible uncertainty for suspects and complainants alike caused by long police investigations. One of my own specialty areas of practice is representing those accused of historical sex allegations and it is these cases, in particular, that bear the brunt of these unacceptable delays.

In their November 2019 newsletter the BFMS produced an informative article reiterating the devastating effect these delays have on those accused. *The Times* newspaper also published a number of articles in a bid to bring this travesty to the public forum. So, what has happened since then?

After much pressure, the government published a consultation paper in February this year inviting interested parties, including police, CPS, Defence lawyers and civilians affected, to respond to a set of revised models relating to pre-charge bail. The plan appears to be to restructure the pre-charge bail provisions with various models set out for consideration.

Whilst I was delighted that the announcement of the consultation signalled recognition of a serious problem by the Home Office, I was dismayed by the foreword to this document, written by the Home Secretary, Priti Patel. It started as follows:

‘This government is committed to ensuring the police have the powers they need to protect the public and that our criminal justice system has at its heart the welfare and best interests of victims’ - no mention of the welfare and best interests of the accused party. That person left languishing for at least 12-18 months ‘under investigation’. Those under investigation were referenced briefly at paragraph 7 of the 8-paragraph opening. This didn’t bode well at all.

Another concern was the use of the word ‘victim’ by Ms Patel in her introduction. The dictionary definition of a victim is ‘someone hurt or killed because of the actions of somebody else’. An accuser may well be a victim, but that is for the courts to decide. The correct term for an accuser in the criminal process is now ‘complainant’. A poor start by Miss Patel

and one that doesn’t inspire confidence in the process.

On reviewing the consultation paper, what quickly became apparent is that the Home Office is entirely missing the point of the campaign for change. Whilst being on police bail, or ‘under investigation’ is not a pleasant experience for anybody, it is the shocking delay in an outcome decision that needs to be addressed. Nobody should wait well in excess of 12 months before being informed whether they will face life-changing criminal charges or not. Frankly, it’s nothing short of inhumane.

A message to the government - Please do not ignore the real issue here. Reinstating the old pre-charge bail system or introducing a revised one will do nothing to reduce the delays. You are simply attempting to paper over the cracks. Only significant cash investment into all sections of the criminal justice system will address this injustice. An underfunded police force cannot act thoroughly and expeditiously without the resources it desperately needs. Nor can the Crown Prosecution Service or defence lawyers. Time to stop the lip service Ms Patel and time to start knocking on the Treasury door.

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## Editor’s Note

I would like to thank each of the contributor’s to this newsletter for their brilliant and illuminating input – to each of you, your hard work is appreciated. Special mention goes to Charlotte Wharton. Charlotte recently graduated with a first class honours degree in psychology from Warwick University. During the last few months, Charlotte has worked as a volunteer for the BFMS. She has had significant input into the content of this newsletter. Thank you Charlotte.

Dr Kevin Felstead

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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

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