

## **What is False Memory ? – Frequently Asked Questions**

This information is produced by BFMS (British False Memory Society), a registered charity with a Professional and Scientific Advisory Board. BFMS serves the public and professionals in contested accusations of child sexual abuse promoting accurate differentiation between true and false allegations, including those involving “false memory”.

### **What is the false/recovered memory problem all about?**

Over the past few years controversy has raged about the reliability of “recovered memories” of sexual abuse. Are these really traumatic memories frozen in time which surface in the safe environment of therapy? Or are they a mirage – mental images which seem like memories, but are, in reality, illusions? Do they become incorporated as “memories” because they are called memories?

What is the meaning of “false memory” in the context of recovered repressed memories of sexual abuse? In this context, “false memories” are not genuine memories of events, but the ghostly building blocks of a nightmare made to seem real by belief – in other words, make-believe. Unfortunately, unlike novels and horror movies, false memories of childhood sexual abuse impact on the real world and do a great deal of damage – to the accused, his or her family and to the accuser who may honestly believe s/he has been the victim of a series of grotesque crimes.

This leaflet sets out to give accurate information about the reliability of recovered memory, and its dangers. It is addressed to all those who may come into contact with the possibility of false memory - therapists, counsellors, mental health and welfare professionals, police, advocates, and the general public.

BFMS does not deny the reality of the harm caused by child sexual abuse, or the need for allegations to be fully investigated. On the contrary, it is only by having accurate information that victims’ needs can be met, and the perpetrators brought to justice.

### **When did the problem of false memory begin?**

In Britain the widespread use of recovered memory beliefs and techniques among therapists began around 1990. BFMS was formed in 1993, following reports by parents who claimed they were unjustly accused. Most of these families told a similar story of a well-educated adult daughter in her late twenties or early thirties suddenly making accusations of severe childhood sexual abuse after undergoing therapy. A similar pattern had emerged in the United States and throughout the English-speaking world. A key influence in the explosion of allegations was the self-help book *The Courage to Heal*, published in 1988 in the United States and 1990 in Britain which encouraged people to believe that psychological problems were caused by unconscious memories of incest in childhood. Other self-help books, recovered memory survivor narratives, television documentaries, films and chat shows reinforced this popular belief in recovered memory. The basic idea stems from early Freudian theory – that the cure for adult problems was to recover the hypothetical repressed memories so that their hidden potential for damage could be relieved.

However, since recovered memory techniques have been used by some therapists and counsellors since the early 1980s or before, it is likely that the incest survivor movement was

unwittingly promoting “false memory” histories (in addition to genuine histories) twenty years ago. If distorted and inaccurate information was being fed into the system at this time unchecked, then it is likely that the angle of distortion became wider as the years progressed.

### **What type of professionals are most at risk of creating or encouraging false memory?**

Any mental health, welfare or criminal justice professional can unwittingly collude in reinforcing belief in false allegations of abuse. However, the creation of false memory is strongly correlated with therapists who take a special interest in sexual abuse discovery and treatment. Some therapists take the view that sexual abuse underlies a multitude of diffuse social and psychological problems. They are inclined to interpret unhappiness as an indication of sexual abuse and subtly or inadvertently convey their beliefs to their clients. A number of therapists may claim to be recovered memory survivors themselves either as a prelude to becoming a therapist in the field, or as a consequence.

Unfortunately, many of the books recommended in sexual abuse therapy training advocate using recovered memory techniques whether abuse is known or suspected. Many of the histories of abuse which act as a template for therapists’ expectations are recovered memory histories. There is a real danger that therapists may operate according to false stereotypes of abuse when interviewing clients.

### **Is it credible that people would believe horrific abuse if it were not true?**

However grotesque and unreal the believed-in events, the emotional dynamics of recovered memory are powerful forces which can give people a sense of meaning in life. The belief in the abuse acts as a channel for pent-up emotional energy and this cathartic force may result in people feeling more alive and thus convinced in the authenticity of the claims. There are similarities with mediaeval mystics who experienced religious ecstasy through identifying with the passion story of Christ. Imagining the pain of the crucifixion, and with the help of fasting and flagellation, they could create a sense of heightened reality, which reinforced their faith. More recently, the Salem witch trials indicated the power of a collective delusion. The “spectral” evidence of dreams, visions and hallucinations tendered in these and other witch trials of the 17th century is remarkably similar to recovered memory. Only when “spectral” evidence was rendered inadmissible did the hysteria die down.

### **Has recovered memory formed the basis of criminal prosecutions?**

People have been brought to trial on the basis of unreliable recovered memories and in some cases convicted. Many more have been prosecuted and have been acquitted. The criminal justice system treats these allegations as delayed reports and there is no time limit for prosecuting alleged sexual abuse. Of course it is right that sexual abuse claims should be reported and investigated and, where there is sufficient evidence, suspects should be charged. However, there are a disturbing number of cases which are not adequately investigated and where the evidence is unreliable. Sometimes the fact that the case is based on recovered memory is concealed and only emerges once the accused has been committed for trial. Thorough and informed investigation at an early stage could avoid the subsequent distress to all parties, the waste of public money, and the danger of wrongful conviction.

### **How can false memory be detected?**

False memories may be created while the client is under a particular therapist, or they may already be in place when the client is first seen. Usually there is a process whereby new material is presented as “flashbacks” or a narrative interpretation of a current feeling or symptom as a conduit to abuse “memories”. Sometimes false memories are linked to an underlying mental or physical disorder or disposition. The source of abuse allegations should be checked out by asking the client when s/he first told anybody and if there was a time when s/he did not remember being abused. Inviting doubt does not mean undermining support. While false memory victims are usually resistant to any querying of the veracity of their memories, sometimes what they need is the opportunity to explore a defective process of reasoning. The genuine victim will not be upset by being asked questions because s/he is secure in the knowledge of what has happened.

### **How do you combat the problem?**

Agencies should audit their services to find out whether recovered memory beliefs are held and techniques are operative. Training services should be reviewed. Supervisors’ beliefs should be checked to ensure that the supervision process is a safeguard rather than a reinforcement.

In individual cases, false memories may wither when attention is diverted away from the subject of memory recovery and sexual abuse. The experience of falsely believing and wrongly accusing is a traumatic process with far-reaching consequences. Meeting other family members, including the accused, may help clarify the situation.

### **What are the legal implications of false memory?**

The scientific evidence pointing to the danger of recovered memory therapy in creating false memory is now overwhelming. Victims of the process include therapists’ clients, the falsely accused, and therapists themselves. The damage caused may be long lasting and irreparable. There is a real danger that therapists and agencies espousing recovered memory beliefs and using memory recovery techniques will be sued for negligence. Successful actions have been brought in the USA. Effective remedial action depends on undermining the underlying belief system of recovered memory. Outlawing the use of memory enhancement techniques, such as hypnosis, will not solve the problem, because a belief in recovered memory is a sufficient condition for the problem of false memory to develop. There is the possibility of actions by therapists and employees against supervisors, trainers and employers if they have been given false information and trained to use dangerous methods.

### **What the experts say....**

The most authoritative report on the reliability of “recovered memory” is the 1998 report of a working party of the Royal College of Psychiatrists chaired by the late Professor Sydney Brandon. It confirmed that there are no safe ways of practising recovered memory therapy since all methods are prone to inducing false memories of abuse. This is the case regardless of the training or status of the therapist or welfare professional. The report has become the lead authority tendered in expert evidence in the courts and exerts a strong influence on mental health and allied professional practice. The following are extracts:-

### **What evidence is there for repression and dissociation of abuse memories?**

“Despite widespread clinical support and popular belief that memories can be ‘blocked out’ by the mind, no empirical evidence exists to support either repression or dissociation.”

“There is no evidence to support the wholesale forgetting of repeated experiences of abuse, nor of single episodes of brutality or sadistic assault, apart from the normal experience of infantile amnesia.”

“No evidence exists for the repression and recovery of verified, severely traumatic events, and their role in symptom formation has yet to be proved.”

“Given the prevalence of childhood sexual abuse, even if only a small proportion are repressed and only some of them are subsequently recovered, there should be a significant number of corroborated cases. In fact there is none.....”

### **Is recovered memory therapy harmful?**

“The damage done to families if the accusations are untrue is immense..... Patients, who are mistakenly diagnosed as having been abused, frequently end as mental health casualties..... Where apparent improvement is based upon a false belief, there seems a serious possibility of further mental distress.”

### **What is the difference between the pattern of recovered memory and ordinary recall?**

“‘Recovered memories’ differ from other forms of forgotten and remembered events in being built-up over time....they resemble narrative rather than memory, with more being added at each attempt at recall, often becoming increasingly elaborate and bizarre.”

### **How can you distinguish between true and false memories?**

“There is no reliable means of distinguishing a true memory from an illusory one other than by external confirmation.”

### **What are the likely preconditions of creating false memory?**

“Therapist and/or patient expectations, reinforced by guided reading, particular techniques and survivors’ group participation may distort any existing memory or implant a wholly new one.”

Brandon, S., *et al*, *Recovered Memories of Childhood Sexual Abuse – Implications for Clinical Practice*, The British Journal of Psychiatry, April 1998, Vol 172, pp.296-307.

**Further Reading:**

Aldridge-Morris, R., *Multiple Personality : An Exercise in Deception*, Lawrence Erlbaum Associates, 1991

Campbell, T.W., *Smoke and Mirrors : The Devastating Effect of False Sexual Abuse Claims*, Insight Books, New York, 1998

Crews, F., *et al*, *The Memory Wars : Freud's Legacy in Dispute*, Granta Books, London, 1997

Dineen, T., *Manufacturing Victims : What the Psychology Industry is Doing to People*, Constable & Co Ltd, 1999

Feltham, C., ed. *Controversies in Psychotherapy and Counselling*, Sage Publications Ltd, 1999

Ofshe, R., Watters, E., *Making Monsters : False Memories, Psychotherapy and Sexual Hysteria*, Andre Deutsch, 1995

Pendergrast, M., *Victims of Memory : Incest Accusations and Shattered Lives*, Harper Collins, 1997

Pope, Jr., H.G., *Psychology Astray : Fallacies in Studies of "Repressed Memory" and Childhood Trauma*, Upton Books, 1997

Webster, R., *Why Freud Was Wrong : Sin, Science and Psychoanalysis*, HarperCollins, 1995