



Serving People and Professionals  
in Contested Accusations of Abuse

Dear Reader,

At a time when we have all been shaken by the extent to which powerful forces of nature can change the face of our world in a few hours, we hear that our own Department of Health has decreed all GPs are to be notified that therapy must be offered to all those suffering trauma in the aftermath of the tsunami. The recommendation is for two types of therapy to be made available; one based on cognitive behavioural techniques which is encouraging; the other treatment to be offered is Eye Movement Desensitisation and Reprocessing (EMDR). With active marketing over the past decade EMDR has made a meteoric rise to fame particularly since the media coverage of its use in the USA following September 11<sup>th</sup>. When we first heard about it we asked some of the Society's Scientific and Professional Advisory Board members to brief us on its efficacy. The scientific response confirmed it was akin to a placebo with no evidence basis for the treatment. It was described as having parallels with Mesmerism<sup>1</sup> and a variant of traditional exposure therapy where the eye movements appear to be unnecessary<sup>2</sup>. Some proponents of the technique believe the procedure can unlock traumatic memories. Before 9/11, our colleagues in America were warning of the dangers of EMDR, since a number of their cases showed the impact of this therapeutic tool on enhancing 'recovered memories'. Yet, its success is hailed from America

with our Government's response being to act immediately (and question later?), demanding that therapists be trained to use EMDR as quickly as possible. Of course, once trained in the technique, EMDR will become quickly absorbed in the mainstream therapist's toolkit and not solely reserved for disaster relief.

GPs are also in the news for the new proposals that doctors should direct their patients to self-help literature rather than offer pills and potions. There has been an explosion in the growth of self-help literature over the last 20 years. However, there is little evidence to show that the stresses of 21<sup>st</sup> century living are under control. GPs nationwide need to take extreme care before prescribing that patients read ill-informed literature which might simply exacerbate an already anxious state. One bestselling self-help book, known to many of our members for the part it has played in the destruction of family life, is *The Courage to Heal* by Ellen Bass and Laura Davis. Our research has confirmed it is listed on the Devon book prescription scheme booklist. Meanwhile, several members are persisting with their letter writing to question why the Church of England also thinks *The Courage to Heal* is a suitable resource for its publication *Protecting All God's Children*; read more about this on page 8.

The Special Focus gives an overview of some of the research

papers we have recently received. These range from neural evidence indicating the ability of the brain to visualise images which can lead to false remembering, how false reports can still occur even when appropriately trained interview techniques are used, to a critical examination of Dissociative Identity Disorder, also known as Multiple Personality Disorder (MPD). The latter paper is informative at a time when the popularity of this diagnosis appears to be on the increase. In the past nine months we have seen two television documentaries concerning MPD, one of which included warnings of the iatrogenesis of the condition from Advisory Board member Dr Ray Aldridge-Morris. In the past few days we have read that an NHS Trust in Wales has sent three of its mental health service workers to Dr Colin Ross's clinic in Dallas for training. He is a renowned proponent of the MPD diagnosis

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and treatment. He has also faced civil suits from patients claiming he is accountable for their alter personalities. Are we about to see an increase in MPD diagnoses in this country?

These challenges confirm that we must push forward with our feasibility study into how best to offer evidence-based, objective training to the professionals involved in child protection work. Just before Christmas, it was announced on the BBC Radio 4 *Today* programme that 30 officers of the Metropolitan Police Child Abuse Investigation Command, have received training to help them spot indicators of Satanic Ritual Abuse (SRA). Ten years ago Professor Jean La Fontaine's Government commissioned report into the extent of ritual abuse<sup>3</sup> challenged the scaremongering but is now dismissed by the trainers as being out of date. Although no evidence has ever proved the existence of SRA, this lack of evidence appears to hold no bars to the continuing reference to it. At a recent seminar on the ritual abuse of infants, which was attended by NHS personnel and children's charity workers, there was only one participant who questioned the unproven assertions claimed that day. Concern extends to the quality of literature surrounding childhood sexual abuse which is currently sitting on university library shelves. If no one questions what is happening the problems will be embedded for generations to come. See review of one such book on page 17.

The BFMS family survey results are not ready yet but the outcome of the FMS Foundation's 2001 survey is shown on page 4. The indications are that induced 'recovered memory claims' of childhood sexual abuse are declining. In its simplest form, this is something with which we can agree whilst issuing a warning that the same problems are still

very much in existence. However, they may not be so obvious to those who think it is all over. Sadly it is not.

With continuing commitment we offer our good wishes for 2005.

Madeline Greenhalgh

- 1 McNally, R.J. (1999) EMDR and Mesmerism: A Comparative Historical Analysis *Journal of Anxiety Disorders*, **13**, 225-236
- 2 Lilienfeld, S.O. (1999) EMDR: an analysis of specific versus non-specific treatment factors, *Journal of Anxiety Disorders*, **13**, 185-207.
- 3 LaFontaine, J. (1994) The Extent and Nature of Organised and Ritual Abuse – Research Findings, *HMSO*.

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## NEWS FEATURES

### Statutory Regulation of Therapy by 2008

In September 2004 the British Association of Counselling and Psychotherapy (BACP) organised a meeting for delegates from all the different bodies in the counselling and psychotherapy field to hear the Department of Health (DoH) deliver its proposed timetable for statutory regulation by 2007/8 of psychotherapists and other practices of 'talking therapies'. The DoH wants all the organisations in the field to work together on this consultation but has asked the United Kingdom Council for Psychotherapy (UKCP) to lead it. However the UKCP has said that it is committed to exploring alternative avenues to statutory regulation other than via the Health Professions Council.

In the DoH consultation document, *Regulation of Health*

*Care Staff in England and Wales*, John Hutton said, "The document sets out the proposals for extending regulation to those staff

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### Regulation will work by setting agreed standards of practice and competence...

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who have a direct impact on patients and have the potential to compromise public safety if their work or behaviour falls short of acceptable standards". The document goes on to explain that regulation exists to ensure standards of practice and to protect the public as far as possible against the risk of poor practice by regulated practitioners. Regulation will work by setting agreed standards of practice and competence, by registering those who are competent to practice and (if statutory) restricting the use of specified titles to those who are registered, and by applying sanctions such as removing from the register any whose fitness to practise is impaired.

The Department is concerned that the public who receive healthcare from healthcare staff who are not statutorily required to meet specific standards of training, competence, practice or conduct may be vulnerable to damage. Examples of concern include numerous complaints about sexual and psychological abuse and exploitation of patients by psychologists and psychotherapists, instances where healthcare assistants have given inadequate or incorrect treatment or failed to record treatment properly.

At the meeting Ros Mead of the DoH explained that it was necessary for the profession to pull together and to have established an agreed professional role, standards of proficiency and

competence, as well as training. She said that the government could not pass a law to regulate the profession until these are in place, without criminalising existing and would-be practitioners.

Following from statutory regulation practitioners would gain a protected title but must register in order to practise and pay a registration fee (or be committing an offence); meet standards to keep up to date and re-register every two years; and adhere to a code of conduct, performance and ethics. The Health Professions Council would act as statutory regulator using standards of competence agreed by professions with lay input; partners from professions and lay to approve training against agreed standards; and partners to sit on fitness to practise hearing panels.

Using the joint funding provided by the DoH to both the UKCP and BACP the two organisations will create a Working Group to consider creating a draft single code of conduct and to draw up a register to be used to regulate the industry until a formal statutory code is drawn up in conjunction with the government by 2008 at the latest.

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## Westminster Conference

*Abuse Allegations – Systematic Failure* was the title of conference organised by the All Party Group for Abuse Investigations (APGAI) in Portcullis House, London, on Thursday 2 December 2004.

The conference reflected the diversity of interested parties and the progress that has been made in understanding the extent to which different forms of abuse allegations share common

problems and characteristics. Conferences around child abuse issues are usually run by particular interest groups. But there was a sense in which this conference was different and represented a genuine move forward. It was not organised by a particular lobby group, but by parliamentarians who have recognised problems in a system which they support.

The opening remarks were given by Baroness Shirley Williams of Crosby and Earl Howe. The other speakers covered the broad spectrum of situations that give rise to flawed abuse investigations. Mark Newby, a Solicitor Advocate and Director of the Historical Abuse Appeal Panel gave a talk on disclosure and appealed on the basis of his experience for real form and awareness of the dangers of the new rules proposed under the Criminal Justice Act 2003 and resulting lack of a fair trial.

Bob Woffinden, introduced as one of our leading investigative journalists, gave a history of the Court of Appeal as a background to a convincing argument that the setting up of the Criminal Cases Review Commission (CCRC) to operate within the established constraints of the appeal process is unlikely to solve the problem of miscarriages of justice.

Professor Gisli Gudjonsson of the Institute of Psychiatry presented a paper on potential interview problems in sex abuse allegations based on his research. He outlined the different circumstances in which allegations arise. He discussed an important international development – Child Advocacy Centres, which are community-based specialist programmes in which different professionals work together to investigate, treat, manage and prosecute child abuse cases. Current research in Iceland showed that the majority of the youngest children (three to five)

and almost all of the older children have a basic competence to give evidence. But young children are vulnerable to forgetting if there is a delay in obtaining a statement. The difficulties of investigating historic abuse allegations were discussed and advice was given on establishing matters such as involvement of ‘recovered memory’ and the distinction between ‘false memory’ and ‘false belief’.

Following the final talk of the morning by Bryan King, a social worker with personal experience of false allegations, Bill Bache, a solicitor who represented Angela Cannings, gave warnings about the likelihood of continuing miscarriages of justice unless there is total abolition of the Secrecy Rule which governs the Family Courts. In his view, amendments incorporated to the current Children Bill do not go far enough to separate the initiation of proceedings from the investigation process. Other reforms called for included raising the standard of proof to beyond reasonable doubt in adoption cases; granting legal aid and the right to instruct experts in appeals; make it an offence to make a false allegation; introduce a rigorous code of conduct for social workers with heavy sanctions for abuse of power by social workers.

The concluding talks were given by Lisa Blakemore-Brown, a child psychologist, on ‘Munchausen’s Syndrome by Proxy – a pseudo-scientific trap’, and Lynne Wrennall from Liverpool John Moore’s University on ‘Miscarriages of Justice in contemporary Child Protection: a brief history and proposals for change’.

Not only was this conference enlightening, but it brought together representatives from many different organisations, children’s charities, the CCRC, the Metropolitan Police, the medical

and therapeutic professionals, the legal profession, prison service, the Crown Prosecution Service, as well as campaign organisations. There were useful and informative exchanges between the audience and speakers.

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## UCAFAA Conference

The fourth national conference was held at Conway Hall, London on 6 November 2004.

The theme this time was *Investigate the Investigators – Calling for Accountability*. Interesting speakers included John Batt; (solicitor, author of *Stolen Innocence*, and family friend of Sally Clark) who spoke about criminal and family court injustices.

Jan Loxley-Blount, founder of Parents Protecting Children and campaigner for those falsely accused of suffering from Munchausen's Syndrome by Proxy, spoke about the review of abuse cases following recent successful appeals.

The crisis of miscarriages of justice; the lessons of the past twelve months and the strategy for the forthcoming year were areas covered by Mark Newby, Director of the Historical Abuse Appeal Panel.

During the afternoon we heard from Dr James Le Fanu, GP, columnist and writer. He presented his master theory about the wrongful diagnosis of child abuse and about the reliability of expert medical evidence in abuse cases.

The Parliamentary lobbyist, Ron Bailey was unable to attend the meeting but the chairman, Rory O'Brien filled the slot with a speaker from the floor and extended the open forum.

## SPECIAL FOCUS ON RESEARCH

### In the USA - From refusal to recon- ciliation: family relationships after an accusation based on recovered memories

*The Journal of Nervous and Mental Disease*, Volume 192(8) August 2004, pp 525-531

McHugh, Paul R. MD;[1] Lief, Harold I. MD;[2] Freyd, Pamela P. PhD;[3] Fetkewicz, Janet M.MA [3]

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- [3] False Memory Syndrome Foundation, Philadelphia, PA.

#### Abstract

Some 4,400 families who reported to the False Memory Foundation between 1992 and 2001 that a member had charged them with incest, were sent a survey questionnaire (with a 42% return rate).

These data demonstrate that:  
99% of these accusers were white,  
93% were female,  
77% were graduates,  
86% were in psychotherapy, and  
82% accused their father.

Such accusations were rare events before 1985 but then grew exponentially in frequency, peaking in the two year period from 1991 to 1992, with 579 accusations. Thereafter, such accusations steadily declined so

that in 1999 and 2000, only 36 accusations occurred.

The accusers can be differentiated in the manner with which they reconciled the situation:  
56% refused all family contact,  
36% returned but did not discuss the accusation, and  
8% retracted completely.

These data give evidence of a time-limited craze of therapy-induced incest accusations that has now dissipated.

How does a family torn asunder by false accusations of incest ever come together again? That question along with reports that families were now reuniting in growing numbers prompted the False Memory Syndrome Foundation (FMSF) in March 2001 to undertake a survey of families that reported that they had been subjects of false accusations and recriminations. The FMSF, a 501(c)(3), was founded in 1992 in response to a flood of requests for help from parents who said that they were being accused by their adult offspring of childhood sexual abuse. These accusations were based on claims of recovered repressed memories. In addition to studying the problem, the foundation also helped families who believed that they had been falsely accused. Members of the foundation often asked how a family torn asunder could come together again. A survey might disclose how many families had actually reconciled, what process they followed in recovering, and what facilitated or inhibited their reconciliations. Such information would illuminate the nature of the strange psychiatric phenomenon of false memories, now entering its terminal phase (McHugh, 2003)<sup>1</sup>, and provide ways to encourage family rehabilitation.

Alienated families are not new, even if the phenomenon of incest accusations based on recovered memories is. The parable of the

prodigal son indicates that family ruptures have been with us as long as there have been families. Until the false memory syndrome (FMS) epidemic, however, no sizable body of families afflicted by the same disruption was available for study. In one of its initial activities, the FMSF surveyed families that made contact to determine their characteristics and patterns (Wakefield and Underwager, 1992)<sup>2</sup>. Later, the Foundation studied how accusers could develop false memories of abuse (Lief and Fetkewicz, 1995)<sup>3</sup>. With the current survey, FMSF entered a new phase in moving to help families recover and reunite by investigating the large group of families available to it to discern what has worked and what may interfere with recovery.

The FMSF already had some experience with movement toward recovery. This information emerged mostly from anecdotal reports of reunification that some families sent to the foundation as early as 1993. From these reports, we noted that recovery characteristically follows a process or path that can be separated into distinct stages.

We identified three different accuser groups by the stage they had reached in recovery: the refusers, the returners, and the retractors.

**Refusers** are the accusing offspring who refuse to agree that their memories and accusations were false and who reject contact with those who challenge their opinions.

**Returners** come back to the family circle but fail to apologize, acknowledge error, or in any way withdraw their accusations. They may refer to the accusation so as to lay it to one side, but most often approach the central issue in the family with a deafening silence that keeps it out of bounds for discussion.

Finally, **retractors** return to the family, acknowledge that the accusations are false, and seek to re-establish meaningful family relationships.

The survey, initiated in March 2001, used these proposed categories of accusers to develop our understanding of the reconciliation process. Did retractors, the ultimate reconcilers, always go through the returner phase? Was the process always unidirectional, or did returners ever change back into refusers or retractors into refusers? Was it crucial to reach the retractor phase

Some families (21%) reported that someone acted as a mediator (e.g. family member, clergy, professional, and so forth) to facilitate reconciliation. This occurred more frequently among retractor families ( $[\chi^2 [2] = 18.571; p < .001]$ ).

When respondents were asked whether the family was unanimous in wanting reconciliation with the accuser, retractor families were more unified in desiring reconciliation with the accuser than either refuser or returner families ( $[\chi^2 [2] = 46.663; p < .001]$ ).

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for other forms of family life to proceed, or did the elephant in the living room aspect of the returner status interfere significantly with family harmony? What actions of the accused encouraged the accusers to move to returner or retractor status? We hoped to illuminate such matters and others by systematically surveying our families. In this article, we provide answers to some of these questions.

#### Family Response to the Accusation and its Relationship with Recovery

The accusation of incest was disruptive to many aspects of family life, but the majority (60%) of other family members, such as siblings of the accusers or extended family members, did not support (as by agreement or by concurring testimony) the accuser after the accusation. However, there was significantly more support for the accuser from family members of refusers than for the retractors or returners ( $[\chi^2 [2] = 7.342; p < .025]$ ).

Families of retractors often did not seek help outside the family (56%), and those who did (44%) sought help most frequently from mental health professionals. Less common sources of assistance sought by families included clergy, family, and friends.

The mean duration of the accuser's separation from the family was as follows: for retractors, 5 years (range, 0 to 14 years), and for returners, 6 years (range, 0 to 23 years). One retractor and 30 returners never completely cut themselves off but maintained some communications with their families. Most families reported that returners did not discuss any aspect of the accusations (79%). Most retractors (63%) returned to the family and began some interactions before retracting the accusations that is, they were returners for a time before they became retractors.

Retractor families were asked to comment on measures that they believed were helpful in reuniting their families. Ninety percent of those families identified one or

several of the following sources of help:

- Help from outside family.
- Change in accuser's situation such as births, deaths, moves, and so forth.
- Contact by family and friends with the accuser.
- United stand by family.
- Family keeping door open and showing love.
- Confrontation and challenge by family.
- Influence on the accuser of books, information, and media.

- 1 McHugh, P. (2003) The end of a delusion; The psychiatric memory wars are over. *Weekly Standard*. 8(36, 31-34).
- 2 Wakefield, H and R Underwager (1992). Recovered memories of alleged sexual abuse; lawsuits against parents. *Behavioural Science and the Law*, 10;483-507, Washington, DC.
- 3 Lief, H.I and J Fetkewicz (1995). Retractors of false memories, the evolution of pseudomemories. *Journal of Psychiatry and Law* 23: 411-435.

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## The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder

### Part 1: The excesses of an improbable concept

Dr August Piper & Dr Harold Merskey. *The Canadian Journal of Psychiatry*, Vol. 49, No. 9 September 2004

#### Extracts:

The authors examined the concept of Dissociative Identity Disorder

(DID) by reviewing the literature. A decline in ready acceptance of the concepts of dissociative amnesia and DID was evidenced between 1993 and 2000, various dissociative disorder units in Canada and the US closed down and the US appellate courts refused to accept dissociative amnesia as a valid entity. However, some Canadian and US practitioners continue to support and practise dissociative disorder concepts. They identified four recent papers which demonstrate a recurring interest in spreading awareness of DID to other countries.

The post-traumatic model of DID holds that DID is a naturally occurring defensive response to repeated and overwhelming childhood trauma, especially sexual and physical abuse. According to this model, severely traumatised children dissociate (i.e. mentally compartmentalise) their painful experience and repress (i.e. become amnesic for) these experiences. Dissociation and repression supposedly keep memories of the trauma out of their awareness, because allowing them into consciousness would cause intolerable psychic distress. Over time, as more and more painful experiences occur and become linked by a common affective state, these compartmentalised and split-off aspects of the child's mental life allegedly form 'alters' (that is, alternate personalities or personality states). DID advocates vigorously defend the theory that the condition is caused by extreme childhood trauma.

Dissociative disorder theorists first assert that DID patients commonly suffer childhood trauma and then argue that the trauma causes the disorder.

One question needs to be asked. What percentage of people with histories of trauma fail to develop DID? Proponents acknowledge

that cases of DID were rare: not until 1980 were even 200 cases amassed in the entire world literature. Only two cases per decade appeared for most of the 30 years before 1960 and just 14 cases were recorded worldwide during the years 1944 to 1969.

No-one has ever explained convincingly why cases of DID were so uncommon for so long or why studies of traumatised children routinely fail to report DID as an outcome.

The authors reviewed all the studies they could find that attempt to corroborate DID patients' abuse recollections and conclude that no evidence supports the claim that DID patients as a group have experienced the traumas asserted by the disorder's proponents.

By 1986, 6,000 patients had been diagnosed with DID in the US alone.

#### Results

The literature shows that:

- there is no proof for the claim that DID results from childhood trauma;
- the condition cannot be reliably diagnosed;
- contrary to theory, DID cases in children are almost never reported; and
- consistent evidence of blatant iatrogenesis appears in the practices of some of the disorder's proponents.

#### Conclusions

DID is best understood as a culture-bound and often iatrogenic condition.

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# Neural Evidence That Vivid Imagining Can Lead to False Remembering

*Psychological Science*, Vol. 15, No. 10, p.655 - October 2004

Brian Gonsalves, [1] Paul J. Reber [1],[2],[3] Darren R. Gitelman [2],[3],[4] Todd B. Parrish [2],[3],[5] M.-Marsel Mesulam [2],[3],[4] Ken A. Paller [1],[2],[3]

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## Abstract

The imperfect nature of memory is highlighted by the regularity with which people fail to remember, or worse, remember something that never happened. We investigated the formation of a particular type of erroneous memory by monitoring brain activity using functional magnetic resonance imaging during the presentation of words and photos. Participants generated a visual image of a common object in response to each word. Subsequently, they sometimes claimed to have seen photos of specific objects they had imagined but not actually seen. In precuneus and inferior parietal regions of the cerebral cortex, activations in response to words were greater when participants subsequently claimed to have seen the corresponding object than when a false memory for that object was not subsequently produced. These findings indicate that brain activity reflecting the

engagement of visual imagery can lead to falsely remembering something that was only imagined. Neuroscientific studies of false remembering form part of the broader research agenda of understanding how memories are formed in the brain, stored in an enduring way, and retrieved after some time has elapsed.

The experiences, thoughts, and facts that people remember are normally not verbatim replays of the past, but rather are reconstructions based on a limited amount of information that is stored.

Furthermore, not all information initially encoded is available at the time of retrieval, as memories tend to fade or become distorted with time (Bartlett, 1932; Roediger & McDermott, 2000; Schacter, 1995). The study of neural and cognitive processes responsible for the formation of memories in the human brain holds promise for elucidating why information can sometimes be remembered but other times is forgotten or distorted.

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## False reports of childhood events in appropriate interviews

*Memory* (in press)

Authors: James Ost [1], Samantha Foster [2], Alan Costall [1] & Ray Bull [3]

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- [2] Home Office, UK.
- [3] University of Leicester, UK.

## Abstract

The present study employed the 'parental misinformation'

paradigm to examine whether individuals report false events from their childhood even when they are interviewed in an appropriate manner by a trained interviewer. Each participant was interviewed on three occasions. By the final interview, one participant produced a 'full' report, and six participants produced 'partial' reports of childhood events that did not occur. Whilst participants reported perceiving greater pressure to report the false events than the real events, independent judges' ratings of social pressure in the interviews did not differ as a function of what type of event participants were being asked about. Participants also reported higher confidence in their parents', compared to their own, recall of events from their childhood. False reports were also positively correlated with scores on both the full, and the revised, versions of the Dissociative Experiences Scale, and negatively correlated with score on the Self-Monitoring scale. These results indicate that, despite being interviewed in an appropriate manner by a trained interviewer, some participants will falsely report events from their childhoods.

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## Economical Gain

'Research from Germany shows that the sciences are a net gain to the economy, while arts and media are a net loss.'

Harry Kroto, Nobel prize-winning chemist.

## MEMBERS FORUM

### Waiting for a Letter

by Norman Brand

The Church of England's policy document *Protecting All God's Children* published last year, has caused some alarm among the Church of England members of the British False Memory Society (yes, Church House, we do exist, both lay and ordained). This is not because we are opposed to the policy's aims but because it gives its blessing to the mischievous and wicked confection called *The Courage to Heal*, sometimes called the 'Bible' of the recovered (false) memory movement.

This catastrophically influential book, by two American authors, Ellen Bass and Laura Davis, published first in 1988, is listed among the 'useful books and web sites' in the 'Resources' section of the 64 page document, which is graced with a Foreword by the Archbishops of Canterbury and York.

In case the Church of England's leadership has not noticed, *The Courage to Heal* says, "If you think you were abused and your life shows the symptoms, then you were." (page 22)

Also, in a recommendation not at all consistent with the Lord's Prayer, it says "many survivors have strong feelings of wanting to get back at the people who hurt them so terribly. You may dream of murder or castration. It can be pleasurable to fantasize such scenes in detail. Wanting revenge is a natural impulse, a sane response. Let yourself imagine it to your heart's content." (page 128)

That is assuming it happened.

Which brings this paid-up member of the Church of England (confirmed, rather late, in 1962) to Mrs Janet Hind, wife of the Bishop of Chichester, who was appointed as the Church of England's National Child Protection Adviser in July 2002. In reply to a letter from a clergy member of the BFMS, Mrs Hind said that *The Courage to Heal* had been recommended by a colleague. "I therefore need to read it through myself before commenting". This letter was undated but it was received on 30 October 2004.

Mrs Hind, in the key position as the Church of England's National Child Protection Adviser, had not read this book.

I wrote to Mrs Hind on 18 December 2004 and have so far received no acknowledgment, let alone a reply. I outlined my situation as an accused father and sketched in the sufferings of my wife, our other daughter and our extended family and friends. It would be good to know the Church of England does not wash its hands of us (I use that metaphor deliberately).

As my letter to Mrs Hind said: "There is a submerged tide of agony among thousands of parents, here and abroad. Does the Church, indeed the Church my wife and I have belonged to all our adult lives, turn its back on us? Please look at this book and ask yourself whether the Church is right to give its blessing to it."

However it must be conceded that the book, all 495 pages of it (Vermilion Press) may be a bit indigestible, if not downright sickening. It might take some time to read.

*Norman Brand is co-ordinator of the BFMS interdenominational prayer group*

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## Is Family Therapy an option?

by a father

As a teenager my daughter developed anorexia nervosa and later bulimia. Like any caring parents my wife and I did all we possibly could. Our daughter (our only child) embarked upon a series of therapy, some residential, some voluntary, some under section. Seven years on, with her problems seemingly worsening and after a one year voluntary stay in a residential therapeutic community; I was hit with a bombshell. In September 2003 my wife told me that my daughter had accused me of sexually inappropriate behaviour. My wife said she believed it and after 27 years of marriage, left me.

I confided in a friend. He and I visited my GP, my daughter's previous psychologist and my solicitor. Against advice, I went for hypnotherapy. I discussed everything at length with a small circle of close friends whose support and availability has never wavered. I searched the internet for information and eventually discovered the BFMS. I was not alone.

I had no knowledge where my daughter lived but via my wife (who said she believed my daughter but also felt we should have room for some dialogue) passed a letter from me to my daughter, telling her that I loved her dearly and that she was in the same position as many other girls; indeed, I had spoken to one at a BFMS meeting in Leeds.

Out of the blue, in June of 2004, I received a letter from my daughter saying she loved me. She said her perception of events had changed but there were still issues we

needed to deal with. I was requested not to attempt to make any contact.

In August of 2004 I was contacted by a hospital that had a Family Therapy department asking if I would attend a meeting with my daughter. I said yes. I contacted Madeline at the BFMS and we discussed how best to proceed.

At the meeting there were two family therapists in attendance. It was explained that this was 'family therapy' and that both my daughter and I were to participate fully. I was not there solely to help her. Our entrance (and exit) to the suite was managed so that we could not make any contact other than in the room. My daughter came in and we hugged and generally had a reasonable discussion during the hour. I thought everything would be fine from now on. This was not to be the case.

Over a six-month period we had twelve meetings of between an hour and an hour and a half. Some were reasonable, some horrendous. Many tears flowed as we discussed various difficult periods of our life. Although I am by no means without faults I always felt very aware and sensitive to the fact that one of the therapists would apparently say anything to make me seem and feel terrible whilst the other always appeared conciliatory. It felt almost like a 'good cop, bad cop' routine.

On four occasions there were between two and four observers, situated behind a glass panel and listening through a sound system. This was done with both my daughter's and my consent. Although I was not too happy about this aspect I felt I should go along with it, as I didn't want to appear awkward and I had nothing to hide. After a meeting the observers would join us in the room and amongst themselves

discuss what they had witnessed. Without further comment they would then leave the room and we (my daughter and I plus the two therapists) would briefly discuss what they had said. Some times things were extremely difficult and unpleasant to hear.

For ten meetings no mention was made of the allegations of sexual abuse. In fact the tenth meeting had been so traumatic I wondered for a moment whether they were worth continuing. My daughter had thrown (metaphorically) everything at me, no stone had been left unturned in an effort to find and attack my Achilles heel. I left feeling so low. It was a long journey home and I questioned what I was getting from it apart from the expense of a four-hour journey each way by car, train and tube.

The next meeting was a total transformation. My daughter requested that we should move on a stage and meet, on our own, outside any further meetings. I agreed. Both family therapists

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On four occasions there were between two and four observers, situated behind a glass panel and listening through a sound system.

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agreed that it would be a very good idea, but they had one reservation. They said that perhaps there was one area that should be clarified before any such meeting could take place and that concerned the allegations of sexually inappropriate behaviour. After a period of silence I said that I felt that her letter to me in June 2004, in which she stated that her previous perception was not now the case, was sufficient and that was now behind us. My daughter agreed. She also stated that she did

not want to spoil the nice thoughts she was now having by thinking back to that period. Personally, I don't need anything more to be said. I am happy to move on.

I now await our meeting (this month). I am back with my daughter and I am happy and thankful for that. We can build a future which a few months ago seemed non-existent.

Would I recommend family therapy to people that find themselves in similar situations to me? Yes, of course, even though it has been very difficult and painful at times. Additionally I realise that I am very lucky in having a job that allows me to attend weekday meetings that (for me) take an entire day and are emotionally very draining.

I believe the therapists had a strategy and diligently worked through it. The result is that they have reunited part of a family. Words can not express my gratitude. Receiving a Christmas card from her this year gave me so much pleasure; it was something I had been dreaming of.

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## Towards Progress

I would like to put forward a few thoughts which view the tragedy surrounding false memory from a slightly different angle. These thoughts do not point to any immediate solution; nevertheless they could lead to progress, and members may find them of interest and possibly helpful.

The offices of the BFMS now contain a very sizable amount of information. The crisis surrounding false memory in this country has been in existence for 12 years (and even longer in the U.S.). From a psycho-medical point of view, and from an historical and scientific one, the

information held by the Society is extremely important. However, the counselling and psychotherapy regulatory organisations are not making use of this information. What are the implications of this for them, and where indeed does it leave them? So far, it is true, it would appear to leave them in the clear as they have not had to take responsibility for the damage that has been caused. But after all these years, what sort of situation has been created for the regulatory bodies?

In the Foreword to the Psychotherapist, we read; “The UKCP’s prime objective is that of protection of the public”. Also, “The UKCP is now nationally well known and respected”. These are misleading statements. For we need to remind ourselves that important knowledge now resides with ordinary, lay people, knowledge which the professionals do not have.

The strange and sad anomaly must, at some unwanted moments, be recognised in professional circles. Mark Pendergrast in 1996 compared therapists facing the future as being like ‘flocks of edgy birds’. In an account of a conference, held ten years ago in 1994, on *Recovered Memories of Abuse. True or False?*, Peter Fonagy and Mary Target, two leading figures in the field of psychology and psychoanalysis, wrote:

“As the search for a more meaningful ‘life narrative’ of interpersonal experience underpins most psychotherapies, the implications of this debate go far beyond therapeutic approaches specifically geared to the recovery of memories.

It is appropriate to take a broad view of the problem of recovered memories as it touches on so many fundamental aspects of the

psychotherapeutic enterprise. Just beneath the surface of the false memory debate, the psychotherapy profession is fighting for its life. In fact were this not the case, it would be hard to understand how the profession would have become involved in a major public way (in newspapers, television, the courts, public debate and so on) in debates about what are essentially technical issues, which would normally be appropriately carried out through clinical meetings and discussions in the professional journals.<sup>1</sup>”

The issues raised go far beyond therapeutic approaches specifically geared to the recovery of memories. This is unmistakable. It concurs with what the Royal College of

oneself living under a dictatorship. Protests and certain actions are neither possible nor allowed. In most cases the accused person can only speak about the matter to a few carefully selected people. One’s voice is taken away. But not all dictatorships last for ever. Circumstances do change, something that accused parents need to remind themselves of in their darkest moments. But we need also to remember that the crisis is of enormous significance to the proper practice of counselling and psychotherapy. Unbearably frustrating it may be for us, the fact that third party complaints are not heard is a risky path to be on for the professionals. They are unaware of the nature, and extent, of the damage false memory is causing. Their credibility is on the line. They are lacking vital knowledge.

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...it is a third party that knows when a delusional state of mind has come into being, when the professional therapist or counsellor may not.

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Psychiatrists itself stated, “it is important to emphasise that distortion of memory may occur in any therapeutic situation”<sup>2</sup>. Where, indeed, false memories have come about, it is a third party that knows when a delusional state of mind has come into being, when the professional therapist or counsellor may not. This is a very telling and serious matter. It shows, amongst other things, a deplorable deficit of knowledge by professionals regarding the existence of delusional neuroses. They are not always able to recognise them. This can lead practitioners not only to collude with, but also be at the mercy of, these states of mind.

All this is of little comfort for parents who have an accusing son or daughter. To be falsely accused is rather like suddenly finding

I think there is a tendency not to see the nature of the vulnerability of the profession as a whole. We need to be clear in our minds exactly whose problem malpractice is. The results of malpractice may have fallen into our lap in a terrifying way, but malpractice itself – responsibility for it – is not our problem. It belongs to the professionals. Our problem is that we cannot confront the professionals, in a direct and telling way, with the damage they are capable of doing.

We should not take on board problems which are not ours. In our Director’s Report of the 2004 AGM (*BFMS Newsletter* Volume 12, No 1 - June 2004) we read “We still have not found the key to preventing the proliferation of unsound beliefs”. My inclination would be to say “we have the key

to changing unsound beliefs but we are unable to use it”.

Journalists and professionals writing on false memory frequently refer to the subject as a ‘debate’, suggesting of course the uncertainty surrounding the subject. However, falsely accused parents do not experience this uncertainty. Others only see it as a ‘debate’ because no one is confronted with any evidence or the testimony of the falsely accused. This testimony has not been able to be given in the setting of a properly designated and safe form. This has created what must be a uniquely cruel, one-sided and unjust set of circumstances. Not only has an unrecognised, deluded state of mind been able to come into being unchallenged, but neither has it been possible to challenge the course of treatment, probably lasting many months, built and based on this delusion.

Since many of us have now contacted politicians either within or without the All Party Group for Abuse Investigations, we need to inform these politicians of the virtual impossibility of making complaints. Because of this impossibility the regulatory bodies (including the General Medical Council) are seriously lacking information regarding claims of malpractice and the extent of it. The psychotherapy regulatory bodies have been, and still are, conferring with politicians regarding statutory regulation of the profession. Therefore, also, we need not expect politicians to be adequately informed.

It is true that attempts to limit damage have been made by the regulatory bodies. There have been the ‘*Recommendations for good practice*’<sup>2</sup>. The measures are woefully inadequate. The purpose of this article is to attempt, for a moment, to view the whole unhappy and tragic scene from a different angle. It is vital that we pursue the fight to allow our

testimony to be properly heard in whatever context that may be. In the false memory crisis evidence has always been there. The extent of it has now greatly increased. Lord Howe recently said “The unwanted consequences of making a complaint in psychotherapy have never, I think, been properly addressed; and I believe this needs to be done now, by an independent body”. This independent body must now come into existence. The grotesque imbalance of power between on the one hand the professional therapists and their accusing clients, and on the other the accused parents or third parties, must be highlighted, and urgent steps taken to correct it.

#### References:

1. *Recovered Memories of Abuse: True or False*. Ed. Joseph Sandler and Peter Fonagy. Karnac Books. London (1997).
2. Reported recovered memories of child sexual abuse. Recommendations for good practice and implications for training, continuing professional development and research. *Royal College of Psychiatrists*. (1997)

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## A message of thanks from Jim Fairlie

There have been any number of occasions in the last decade when Kay and I have given thanks for the existence of the BFMS. Like all of those caught in the nightmare of recovered memory, we thought we were the only people in the world to whom it had happened, until we read the account of the Hunter family. That brought us into contact with a group of people from which we have formed friendships which we know will endure for the rest of our lives. That friendship has again found expression and in a very tangible form. We would like

to express our sincere gratitude to those who contributed to the fund set up to help defray the costs of the legal bills we have been left with, as a consequence of our unsuccessful attempt to sue Perth & Kinross Social Work Department and Tayside NHS.

Although the attempt was unsuccessful, we do not regret having made it because it brought out into the open, the stupidity and the culture of mendacity that exists among those who have been responsible for creating so much damage to so many of us. The more the nonsense of recovered memory is brought into the public domain, hopefully, the more it and those who practise the techniques, will be brought into disrepute. Kay and I are managing, although it looks as if I will be working until I am 90 at least.

Many thanks to all of you.

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## Marafun-draising

by Carolyn Asher



A little knowledge is said to be a dangerous thing but believe me total ignorance can be absolute bliss when taking up marathon running at 40! I am still not entirely certain how it happened but as I’m sure many reading this will appreciate – at times we find ourselves in situations neither planned nor envisaged. Albert Einstein once said, “in the middle of difficulty lies opportunity”. Whilst I have subsequently come

to agree, I am not sure I was quite so objective whilst in the thick of things.

About six years ago I discovered, very inconveniently, that I was ill. Keen to recover I did a bit of 'internet research' and was rewarded with a prognosis of "sudden death to 34 years"! Preferring the latter option I quickly sought further advice, fortunately somewhat more optimistic! Two years of treatment later my medication was causing considerably more problems than the actual disease and that wasn't really responding either.

This seemed a good time to implement 'Plan B' – admittedly created more by instinct than science – a key part of which being plenty of exercise. Eager to reach fitness levels I had only previously dreamed of I set myself a goal – The London Marathon. It honestly never occurred to me that I could actually start with a half marathon. As the only places available to enable me to run in

2001 were through a charity – not only did I get the chance to go round London but I also got the chance to visit my friends and theirs. I have genuinely been really touched by people's willingness to part with money and having got in the habit, have since had two further trips round London and gained T-shirts from Dublin and New York.

In order to give people a chance to save properly for my next venture, I took 2004 off but 17 April 2005 is the 25<sup>th</sup> London Marathon and I have a guaranteed place. Able to raise money for any charity, and as a token of the huge respect I have for its work, I am delighted to be fundraising for BFMS. Serious training has now begun and to give all interested the opportunity to check I am not slacking, also place pledges, and enter the 'guess the T-shirt slogan competition' you can visit my website at [www.lggf.co.uk](http://www.lggf.co.uk).

*Carolyn Asher is a student at Exeter University*

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## NEWS FORUM

### Letter from Scandinavia with news about the situation there

**From Assistant Professor Max Scharnberg, School of Education, Uppsala University, Sweden. December 2004**



I shall try to present some important facts about the development in various Scandinavian countries.

In 1999 the prison psychiatrist Sven Rasmussen at the prison in Copenhagen (Vestre Faengsel) gathered an informal group, who has since then met once or twice every year. Most members are from Denmark, but some are from

## The Office of the Health Services Commissioner

*Editor's Note: Families with Australian links may be keen to make a submission. See Terms of Reference on p.27.*

### Call for Submissions: Inquiry into the Practice of Recovered Memory Therapy in Australia

The Health Services Commissioner, Victoria has been requested to conduct an Inquiry into the practice of Recovered Memory Therapy and report to the Minister for Health by April 2005. Repressed or recovered memory therapy incorporates a belief that memories can be repressed and involves clinical strategies that assist clients to recover those memories. This type of therapy has been associated with the recovery of memories of childhood sexual abuse. The aim of the Inquiry is to identify opportunities for improving practice and protecting the public. We would like to hear from any interested persons with information about this form of therapy, including patients, their family members, practitioners and professional and regulatory bodies. The Health Services Commissioner invites your comments on the Inquiry before recommendations are made.

Submissions should be addressed to:

Anne-Maree Polimeni, Project Officer, Office of the Health Services Commissioner, Level 30 / 570 Bourke Street, Melbourne 3000 OR Email [Anne-Maree.Polimeni@dhs.vic.gov.au](mailto:Anne-Maree.Polimeni@dhs.vic.gov.au)

The closing date for submissions is Monday 31 January 2005 although the Project Officer has granted BFMS members a further two weeks taking the closing date to **14 February 2005**. For further queries telephone (03) 8601 5222.

Sweden, Norway and Finland. Common to all members is that they have some genuine influence. Some are lawyers, some are very well-known reporters, half a dozen are psychologists (one of the latter is a professor). A further member is Gustav Henningsen, one of the greatest international experts on witchcraft, who has just published *The Salazar Documents* about a kind of witness psychological investigation performed around 1610.

The first task of this Copenhagen group was to produce a book about the abuse craze, particularly when related to preschools. We were ten contributors, among whom Dr Lena Hellblom Sjögren (licensed psychologist) and I came from Sweden (although I was originally Danish and emigrated to Sweden in 1952). One of the labour unions paid for the printing. The book was much debated in mass media and mostly received positive evaluation. Not many copies were sold. One copy was given to each of the delegates (approximately 300) of the labour union all over the country, thereby providing them with arguments if specific individuals came under suspicion.

Various combinations of members of our group have collaborated over many other tasks. Some translated an article by Lena Hellblom Sjögren into Danish, and the latter was published in *Politiken*, one of the greatest newspapers. Just today the same newspaper has accepted a large article written by me.

One of the Norwegian members is a retired judge of the Court of Appeal, Trygve Lange-Nielsen. He is zealously working with having convicts acquitted, including some defendants whom he himself had wrongly convicted. I think that he has so far succeeded with 14 people, which is less than half his list of cases. All cases are concerned with sexual abuse of

children, but far from all involve false memories.

In the beginning the Norwegian cases were re-opened and re-tried. Eventually the convicts were acquitted by the Supreme Court on the basis of the written documents, without any oral proceedings.

Another member is the Swedish TV reporter, Hannes Råstam, who has produced three TV programs about what I shall call *The Case About the Home for Old People*. A man got a sentence of eight years on the basis of the narrative by his step-daughter. She had pointed out a certain apartment in a certain house, in which many lesbian assaults were performed. She even produced a detailed and almost photographic drawing of the rather young female perpetrator.

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**He was not prosecuted because he could prove that he and the girl had never attended the same school at the same time.**

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Neither the judges nor the defence counsel tried to check the narrative. This reporter soon found out that the house was a home for old people. The woman living in the critical apartment was 93 years old. She could definitely tell that no person resembling the drawing was seen in this house.

This poor defence is particularly unethical in Sweden. In most countries; if people cannot afford to pay their counsel themselves, they will be given a specific counsel who will receive a very small standard sum that will suffice only for a miserable parody of a defence. By contrast, in Sweden a defence counsel will be paid in relation to the work he has actually done. If it took seven

hours to find out who was really living in a certain apartment, the counsel can charge the public defence fund with payment for seven hours, and so on.

This step-father has been granted a new trial. Nonetheless, I am absolutely convinced that literally the same new trial motion would have been rejected by the Supreme Court, if it had not been preceded by the TV programmes.

In sexual abuse trials the situation in Sweden has never been worse than it is today, whether or not false memories are involved. Almost every defendant is convicted, regardless of the nature of the evidence. I have just lost a case in which a step-father got an eight year sentence. The assaults were allegedly performed in the family automobile when the automobile was in the garage. The defence counsel and I procured exact measurements of all cars the family had ever owned and of the garage. We made photo-documentation of the garage and its environment. It was physically impossible to put any of these cars into this garage.

For some administrative reason the girl had alternated between a number of schools. So had a teacher. She also accused him, and named the school at which the assaults had been performed. He was not prosecuted because he could prove that he and the girl had never attended the same school at the same time.

This evidence did not prevent the Court of Appeal from writing in the judgment that no circumstance had been presented which might signify that the girl had made a false allegation.

By the time the girl was 15 years old she was convicted and fined by an ordinary legal court because of physical violence against a school-mate.

The National Board of Health and Welfare has produced a number of booklets suitable for people handling sexual abuse. One booklet recommends Recovered Memory Therapy. (Typically, there is no booklet about behaviour therapy.)

Since 1994 psychologists and psychiatrists, as a matter of routine, testify that the alleged victim suffers from 'post traumatic stress disorder'. Even if it is conspicuous that the expert witness knows next to nothing about the 'victim', judges accept this.

Since 1999 the Danish members of the Copenhagen group have tried to keep track of every sexual child case. This task is enormously much more difficult in Denmark than in Sweden. The Swedish legal system is open. Extremely few documents are classified, and even these are almost always handed out to researchers. By contrast, the Danish system is secluded. Even a defence counsel who is ignorant about sexual abuse cases is forbidden to show the documents to another lawyer and ask for advice. He is even more forbidden to show anything to an expert witness.

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If a case proceeds to the court, the defendant is almost always convicted, regardless of the strength and nature of the evidence.

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If a psychiatrist is permitted to watch a trial, he is absolutely forbidden to tell anything about what he saw and heard to anyone else.

An internationally renown Danish criminologist, such as the late Berl Kutchinsky, could not obtain such documents which in Sweden are

handed out to anyone who is prepared to pay for Xerox copies or copies of audio- or video-recordings. Such books as my own *Textual Analysis: a Scientific Approach for Assessing Cases of Sexual Abuse* or Lena Hellblom Sjögren's *Hemligheter och minnen (Secrets and Memories)* could never be produced on the basis of Danish cases.

Although with some doubt, I would try to sum up the Danish situation in the following way:

If a case proceeds to the court, the defendant is almost always convicted, regardless of the strength and nature of the evidence. On the other hand, both the police and the prosecutors are much more restrictive than their Swedish counterparts in sending cases to the court.

In 2004 things suddenly exploded. Many articles were published in which experts seriously complained that Denmark had not followed the same way as other North European countries. The national prosecutor appointed a team of psychiatrists whose task was to state whether recovered memories could be used as legal evidence. Unsurprisingly, this team found that they could well be so used.

There has been much debate in both mass media and professional periodicals on recovered memories. The Copenhagen group has produced many articles, although not as many as its opponents.

A few days ago I read an article in the Danish weekly for physicians where four psychiatrists claimed to have investigated a number of research reports on recovered memories. According to their assessment false memories do exist and on the whole, recovered memories are trustworthy. Unfortunately, they present no support except their own

subjective opinion.

Tomorrow I shall write a counter article. My basic argument will be the following: if genuine, but hitherto, repressed memories sometimes emerge during psychotherapy, despite total absence of suggestive or persuasive influence by the therapist, where will the empirical evidence be found? The answer should be obvious; in audio-recordings of the therapeutic dialogues. Such evidence would also be accepted by the academic community. It is a noteworthy fact that still today no therapist has ever presented this variety of evidence.

Danish newspapers may not mirror actual reality. But the Danish part of the Copenhagen group has noted a large increase of convictions in cases which turn out to involve memories recovered during therapy.

In contrast to Sweden; in Denmark neither police interrogations nor court interrogations are audio-recorded. Also, the defence counsel is only paid a small standard sum.

In Denmark the Supreme Court has nothing to do with new trial motions. There is an entirely separate New-Trial-Motion-Court. From a Swedish point of view on the other hand, it is perplexing that this court consists of no more than one single team of judges. In Denmark there are so few new trial motions that there is no need for any further team.

Even if some evidence is altogether new, it may be impossible to prove that it is new, because no one documented what evidence was actually available during the earlier proceedings.

In contrast to Swedish judges, a Danish court is as little obliged as a British jury to state why the defendant was convicted. Let us nevertheless try out the

improbable constellation that it can be proved that the defendant was convicted on the basis of testimonies by three expert witnesses. In turn, a new lawyer produces a new trial motion, to which are attached extensive investigations by other expert witnesses, who show that the first three ones had deliberately lied. In this situation the Danish new trial motion has unrestricted liberty to ignore anything else than the writing produced by the lawyer.

It is my position that the single factor which has the largest responsibility for false convictions is the concept of impermissible evidence. In most countries (including Denmark) the defendant must obtain the special permission of the judge to present evidence which is absolutely necessary to avoid a false conviction. The basic principle in Sweden is that no one except the prosecutor decides what evidence the prosecution will present, and no one except the defence counsel decides what evidence the defence will present. Unfortunately, it must be admitted that since 1993 the international defect has begun to intrude upon the Swedish legal system through the backdoor.

It is an imaginary danger that absence of limitation of evidence will lead to a gigantic flood of irrelevant evidence. Instead, Swedish trials are brief and concentrated, *inter alia* because the defence will gain little by advancing a wealth of superfluous evidence. Mammoth trials are instead distinguishing of legal systems in which an attorney may navigate indirectly in five months to communicate an idea that in a straightforward form could be expressed in twenty minutes.

It sickens me when Anglo-Saxon writers state that "the judge assists the jury in evaluating the evidence", or that "the judge protects the right of the defendant". Not even in Sweden

have I ever observed such assistance or protection. Also descriptions of entire trials (e.g. Eberle & Eberle (1993) *The Abuse of Innocence*; MacLean (1994) *Once Upon a Time*; Dershowitz (1996) *Reasonable Doubt*; Rabinowitz (2003) *No Crueler Tyrannies*) reveal the most incredible attempts by judges to destroy any genuine defence.

Likewise, in the Danish Rourm/Moeldrup false memory case the main judge instructed the jury that he thought that the injured party was deliberately lying. He told them to pay no attention to the explanation advanced by the defence, *viz* that she had been indoctrinated by her therapist. He went on to say that this is the kind of argument lawyers present when they are wanting in genuine support for their standpoint.

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The basic principle in Sweden is that no one except the prosecutor decides what evidence the prosecution will present, and no one except the defence counsel decides what evidence the defence will present.

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As a result the jury agreed that the defendant and the co-defendants were guilty. BUT - one hour after the verdict of the jury the three judicial judges of the case decided that the jury had made the wrong verdict, and acquitted the defendants.

I believe that judges are so hostile to the concept of indoctrination, because they are perfectly aware of their own incapacity to distinguish between presence and absence of indoctrination. Their job will be so much easier if they can take for granted that any actor

is either telling the truth, or is making a mistake in good faith, or is deliberately lying.

I have often said that false convictions in most countries derive from deficiencies of the legal system, while false convictions in Sweden primarily derive from a lazy defence counsel who does not use the unusually great power he actually has.

The above described 'garage case' reveals that this is no longer true today. Rightly or wrongly I doubt that judges would so easily deem nearly 100% of the defendants to be guilty (there is no jury in Sweden), if they had not, for the past fifteen years been accustomed to a very poor defence in most sexual cases.

I shall conclude this letter with a description of some extremely unusual aspects of the Södertälje case. This is the largest false memory case ever handled by a Swedish court. I had nothing to do with it when both parents were convicted, nor when the case was re-opened in 1994 and the mother was acquitted while the father was re-convicted. The father's defence was handled by an unusually passive counsel.

Several years after he had served his time, I persuaded him to engage Peter Haglund to make a new trial motion. Few lawyers would even engage one expert witness in such a situation, thinking that it is not their responsibility if the new trial motion is rejected. But with the exception of cases concerned with economic crimes I have never heard about so large a defence team as Haglund gathered - two lawyers, a professor of jurisprudence, a gynaecologist, two psychologists (Lena Hellblom Sjögren and I), and a psychiatrist.

I scanned the entire police investigation (230,000 words) into my computer, together with the

judgments and all other documents. There were 40 police interrogations of the injured party, among which 28 were written out verbatim. The injured party will be given the pseudonym 'Elvira'. She was 15 at the time of the police report, and her sister ('Ingrid') was one-and-a-half years younger.

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Elvira's foster mother knows literally every experience which Elvira had, before Elvira herself knows anything about it.

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This is the first case in which I have applied the scanning technique. One consequence is that I can in a few seconds find every part of the text in which a certain topic is discussed. E.g., I can tell the exact numbers of instances of the words 'door', 'close' and 'lock', and where each of them is found.

My three most central analytical results are as follows:

- (1) Elvira's foster mother knows literally every experience which Elvira had, before Elvira herself knows anything about it. One pattern is recurrent. The foster mother calls the police and recounts what Elvira had allegedly told her the night before. However, when Elvira is interrogated by the police a few days later, and likewise when she meets her psychotherapist a few days later, she has no recollection of any such experience.
- (2) I would estimate the total number of sexual assaults postulated to be around 250. Nothing hinges upon whether the number is more or less correct. Elvira has only given concrete descriptions of 12 assaults. Neither would this

fact have been important if it had not been closely tied to another fact. Elvira postulates that her sister Ingrid was an eye-witness of 11 of these 12 assaults. At seven of the assaults there were further eye-witnesses. *Inter alia*, the biological mother's lover had raped Elvira in the presence of Ingrid. He had also raped Ingrid in the presence of Elvira. In addition, both parents had allegedly hired out both sisters as prostitutes at sex clubs since pre-school age.

All 'eye-witnesses' unanimously deny they have ever seen or experienced any indecent behaviour performed by anyone.

- (3) According to the second judgement of the Court of Appeal (i.e., after the case had been re-opened), the mother had, during police interrogations and likewise during the interrogation at the Court of Appeal, recounted that the father was in the habit of shutting himself and Elvira in her room and locking the door. And when they later came out, Elvira looked strange. The Court of Appeal concluded (a) that they had performed sexual intercourse, and (b) that the assaults were so numerous that the father did not even try to conceal them from the other family members.

Scrutinising the documents it turns out that nowhere does the mother talk of a locked door, but only about a closed door. She explicitly says that she did not know whether or not the door was locked, and that she neither knows whether Elvira or the father had closed the door. The police ask Elvira about such events at three different interrogations. But Elvira has no recollection of ever having

been alone with her father in her room behind a closed door, whether or not criminal actions were performed. Neither has the father any recollections. If such situations had happened, he guesses that they might have watched TV or listened to music. The door might have been closed to prevent Elvira's dog from dropping its hair all over the house.

As if this were not enough, an account of the mother's testimony in the Court of Appeal is included in the judgment. Likewise at this page nothing is said about a locked door, but only about a closed door, together with the

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All 'eye-witnesses' unanimously deny they have ever seen or experienced any indecent behaviour performed by anyone.

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other things above mentioned and things which the mother said to the police. Moreover, it is explicitly stated that Elvira after these 'alone-together-situations' looked strange, as if the father had been angry. Because the mother is deaf, she could not have perceived it if the father had scolded Elvira. He cannot have spanked her because all family members agree that he has not done so the children since they were very young.

In other words; when the three judicial judges and the two lay judges of the Court of Appeal constructed their justifications of the verdict 'guilty' on page 42 and 44 of the judgment, they cannot even recall their own account of the mother's

testimony as described by themselves on page 22 of the very same judgment.

I imagine that neither any lawyer nor any expert witness has previously applied this technique. I am particularly sure about the expert witnesses. In most countries, possibly all countries except Sweden, the kind of analysis I have performed belongs to impermissible evidence. Either these analyses would expose the jury to 'undue influence', or else they contain nothing except "what the jury could find out for itself".

If a lawyer in Denmark produced a new trial motion to which such an investigation by an expert witness is attached, the new trial motion court is under no obligation to read the investigation.

In Sweden I can present such information when testifying under oath during a trial.

In Denmark, police and court interrogations are neither audio- nor video-recorded. In this Swedish case all the 28 verbatim interrogations are video-recorded. Four further interrogations are written out verbatim, *inter alia* the interrogation of Elvira's sister and her closest schoolmate.

Since such evidence which I use and need is either non-existent or impermissible in other countries, I conclude that the proportion of false convictions is greater in other countries.

In a country where medical diagnoses are made by twelve laymen and, as if this were not enough, on the basis of evidence which a judge had pruned in idiosyncratic ways, while the hospital was in turn obliged to treat the patient in accordance with the 'verdict', there would neither be any incentive for discovering valid diagnostic tools, nor for inventing effective therapeutic approaches.

A tragic fact is that the Södertälje father died on 16 October. Hence, his legal case cannot be re-opened. Eventually I intend to write a book about this case and about my specific method.

On a more optimistic note, the Norwegian judge, mentioned above, is zealously and rather successfully working with having

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In Denmark, police and court interrogations are neither audio- nor video-recorded. In this Swedish case all the 28 verbatim interrogations are video-recorded.

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previously convicted persons acquitted. There is additional and highly encouraging news from Norway. On 1 January 2004 The Commission for Re-Opening of Criminal Cases started its work. The commission consists of eight members. Although two members are judges, neither the chairman nor the vice chairman are so. The chairman is a defence counsel and so is another member. One member is a psychiatrist and one is a psychologist. There is no representative for the prosecution.

In some countries (e.g. Denmark), new trial motions are not handled by the Supreme Court, but by a special New-Trial-Motion-Court. The Norwegian Commission differs from such courts in at least four ways. First, the Supreme Court will proceed to handle new trial motions. Second, the Commission is permitted to take its own initiative, that is, to investigate a case even if no external part asked for it. Third, if a new trial motion is deficient and not sufficient for re-opening the case, the Commission may on its own initiative make a further investigation, which might well

result in sufficient grounds for re-opening. Fourth, a re-opened case is almost always handled by a Court of Appeal. But it is an absolute condition that it shall be handled by another court than the one who made the former judgement.

It seems that Norway has really learned something from the Bjugn scandal (1992).

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## BOOKS AND REVIEWS

### Back to the future!

*Finding Courage to Speak : Women's Survival of Child Abuse* by Paige Alisen (2003). Northeastern University Press, Boston. ISBN 1-55553-580-1 (paperback)

### Reviewed by Tania Hunter

"Millions of children in the U.S. suffer with inhumane and terrorizing conditions in their everyday lives: maltreatment, molestation, physical abuse, poverty, neglect, trafficking of children, cult and ritualistic abuse, sexual assault, kidnapping, killings, prostitution, sibling abuse, child pornography, incest and domestic violence." (Preface)

It would be all too easy to dismiss this book as just another addition to the lengthy list of child sexual abuse 'survivor' literature. Placed by its American university publishers in the psychology/women's studies category, much of the advice and information has no relevance in the context of a different social welfare system. Its title and content echo *The Courage to Heal* (Bass and Davis) which first appeared in 1988. But *Finding Courage to Speak* was

published as recently as 2003. It has also been acquired by Newcastle University Library for social policy students.

In the publisher's summary readers are told that the author, herself diagnosed with Dissociative Identity Disorder (DID) as a result of repeated sexual, ritual, and psychological abuse, skillfully blends her own painful experiences with the powerful testimonies of other survivors to present a disturbing and yet inspiring account of child trauma and its long-term consequences for women's mental and physical well-being. For the most part Alisen writes without reference to research. However, when research is cited, it is selected for its ability to support the authenticity of DID and multiple personalities. Research literature which challenges sexual trauma theories is barely mentioned.

Perhaps the most persuasive argument for taking this book seriously is for the insight it gives into how trauma theorists have not only survived challenges to the credibility and effectiveness of 'recovered memory' therapies but have repositioned themselves. Although professional bodies have drawn up 'good practice' guidance in the wake of media pressure and the 'false memory' controversy, the enthusiasm of practitioners who are wedded to the belief that mental health disorders signify a concealed or 'blocked' history of extreme sexual trauma remains undimmed. The previously recognisable 'recovered memory' format of a disturbed adult or child in 'denial' and requiring creative memory retrieval work in order to heal, has been repackaged. Today's language is that of dissociative and attachment disorders, and the return of ritualistic abuse and multiple personality.

## Dissociative Identity Disorder

The author's central thesis is that extreme child sexual abuse is a 'national public health crisis' and a prime cause of adult mental health problems such as clinical depression, anorexia, sleep-

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...diagnosis of DID was made after Alisen had suggested the possibility to her therapist.

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dysfunction, Post-Traumatic Stress Disorder (PTSD) and alcoholism. Writing a decade ago (*Nightmare visions: Multiple Personality Disorder and other Myths*. BFMS Newsletter June 1994) Dr Ray Aldridge Morris warned, "Like recovered memories of ritual abuse, MPD is no more than an iatrogenic phenomenon produced in highly suggestible individuals by very directive therapists". But 'multiple personality' remains a slippery topic and difficult to pin down. The concept has been adapted over the years in order to respond to awkward questions such as how extreme and repetitive acts of violence could have taken place without anyone else noticing, why the victim did not seek help at the time, and how memories of such trauma could be lost.

Proponents of DID overcome difficulties by presenting multiple personality as a defence mechanism. Alisen describes her own 'alters' and their 'internal system' in the hope that this will help readers understand why 'recall memory' for a multiple personality is impaired. Alter personalities are developed specifically to deal with stressful events of which the host personality is unaware. Treatment and healing involve a therapeutic process in which lost memories are recovered through contact with different 'alters'. A characteristic of multiple personality is 'lost

time' – a condition beloved of writers and filmmakers, and one used to structure dramas from *Sybil* onwards.

Alisen claims, "Ninety-eight percent of the people who develop multiple personalities do so in order to handle the terror of severe child abuse". So a diagnosis of DID is synonymous with the identification of a crime and a perpetrator. Members of local child protection teams work closely together. If an investigating police officer accepts a therapist as a competent expert, it is likely that from the first moment of a referral the DID victim will be considered a reliable witness and the accused person guilty by virtue of the diagnosis. Since the Cleveland crisis, inter-agency co-operation has been seen as the way to prevent child protection failures. There is, however, no apparent awareness of how this professional interaction works in practice and the ways in which it may work to the detriment of all concerned.

Readers are told that the author had 'intensive' child sexual abuse therapy ten years earlier and that her abusers included her father and brother. Her decision to write this book developed following a period in 1998, when, studying for a PhD, she experienced flashbacks. After admitting herself to a psychiatric hospital, she was diagnosed with clinical depression and PTSD. According to Alisen, the "genesis of these conditions is severe sexual, physical, ritualistic, and psychological abuse beginning at the age of three". A further diagnosis of DID was made after Alisen had suggested the possibility to her therapist. The condition had developed "unbeknownst to anyone, as a toddler". Self-diagnosis avoids accusations of directive therapy, while abuse recall from the age of three cannot be queried on the grounds of undeveloped infant memories.

## Recovered Memory

In Chapter 3, *The Body Speaks – Trauma and Multiplicity*, Alisen discusses ‘recall memory’ her preferred description for recovered memory and repression.

“Repressed memory can happen when a person is severely traumatised. This is how it works: the brain, both physiologically and psychologically stores non-

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...discredited and harmful theories such as ritual abuse therapy and multiple personality disorder are alive and flourishing.

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threatening information differently than traumatic stress. As a traumatic incident occurs, dissociative strategies are utilized to cope with the situation. The brain cannot handle what is happening, so it dissociates, or separates from reality, in order to handle it”. No scientific research is provided to support this view of how the brain functions.

Alisen suggests that the ‘most compelling’ argument in support of the authenticity of repressed memory is the body itself. ‘Secondary diagnoses’, which include sleep and eating disorders, migraines, skin disorders, ulcers, miscarriages, back problems, hormone irregularities, self-mutilation and heart problems, are seen as somatic symptoms of trauma. Eating disorders in particular are seen as a likely result of childhood sexual abuse. The notion of ‘body memories’ has been hotly disputed within the ‘recovered memory’ debate. But information about the ‘false memory’ controversy is noticeably absent – the only brief reference is tucked away in the notes

(n21:205). Describing the False Memory Syndrome Foundation as “one of the most vocal groups who deny the existence of repressed memories and multiple personalities,” the author gives Eileen Showalter a passing mention, and lists Acoella (1999), Hacking (1995), and Loftus and Ketcham (1996), as readings that critique recovered memory.

## Ritual abuse

Ritual abuse is discussed in Chapter 2 under the heading of *Severe Child Abuse and its effects*. Describing it as ‘sadistic ritual abuse’ rather than ‘satanic’, Alisen suggests that professionals and survivors do not mention its existence for fear of losing credibility. Alisen is in no doubt that it is a reality. The McMartin Day School case (p46. n51:209) is mentioned without any reference to the work of Stephen Ceci and Maggie Bruck, whose research showed how the accusations had developed as a result of suggestive interviews. Instead, the case is offered up as an example of abused children being considered as unreliable witnesses and disbelieved “despite all the evidence that showed children being violated, tortured, and abused”. This is a gross misrepresentation of historical events, and deliberately misleading in its manipulation of evidence and fact.

This book is a very depressing read. It would seem that despite the efforts of organisations such as the BFMS, and reputable and officially sponsored research initiatives, La Fontaine (1994) and Brandon et al (1996), discredited and harmful theories such as ritual abuse therapy and multiple personality disorder are alive and flourishing. Confirmation of current belief in the existence of ritual abuse was offered in a recent radio interview in which a senior Metropolitan Police officer confirmed that 30 officers had

attended a ritual abuse training course run by Association of Child Abuse Lawyers (ACAL). Lee Moore, their spokesperson, who claims a personal history as a ritual abuse survivor, acknowledged that she accepted even the most seemingly far-fetched claims. While accepting that ritual abuse evidence was not of a sufficient standard to support criminal prosecutions, the police representative described it as ‘indicative’ evidence. From this it would appear that the police are being trained to detect abuse using the same processes of ‘indicators’ or check lists that were discredited in the Rochdale, Nottingham and Orkneys satanic abuse scares.

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...[it] raises questions about what is happening in our universities, how social science students are being taught and why is there no apparent bench-mark for scientific reliability or academic integrity.

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Even if current cases do not reach the Courts, it is likely that they will be pursued in secrecy by social services, in civil cases, and by lawyers in compensation claims. None of this information is available or apparently subject to any official awareness or scrutiny.

*Finding Courage to Speak* raises questions about what is happening in our universities, how social science students are being taught and why is there no apparent bench-mark for scientific reliability or academic integrity. Although this is an essentially North American book, the format has been adopted by British counterparts (Scott 2001). Books follow higher degrees which have been passed despite a lack of

objectivity and a selective use of research sources. Research data is usually based on narrative writings or interviews with self-identified 'survivors' who are, or have been, in therapy or self-help groups. It seems that child sexual abuse has become such a sacred topic that normal academic standards are waived.

Alisen argues for women's mental health problems to be diagnosed as the outcome of severe childhood trauma which has not been recognised or reported because of DID. Although this book may appear to offer solutions for women with mental health disorders, sound science, it is not. There are worrying signs that proponents of these beliefs are making headway on this side of the Atlantic. In 2001, the Edinburgh Association for Mental Health published a lottery-funded study undertaken by Dr Sarah Nelson into links between women with severe mental health problems and a history of childhood sexual abuse. Nelson has a long history with the 'incest survivor' movement and is a dedicated proponent of the reality of ritual abuse. Remy Aquarone, founder of the UK Society for the Study of Dissociation is now the Director of the Pottergate Centre for Dissociation and Trauma. TAG (Trauma and Abuse Group) is a recently formed organisation ([www.tag.uk.net](http://www.tag.uk.net)) which brings ritual abuse, recovered memory and DID 'experts' under a single 'dissociation' umbrella.

Those responsible for providing Newcastle University students with the opportunity to read and be persuaded by Alisen's beliefs, might wish to study a critical examination of DID by Harold Merskey, Emeritus Professor of Psychiatry at the University of Western Ontario and Augustus Piper, MD, published in *The Canadian Journal of Psychiatry*. Based on an examination of the concept, and an exhaustive

literature review which covers all the sources used by Alisen, the authors conclude that DID is an illogical concept best understood as a culture-bound and often iatrogenic condition.

## Fiction v False Memory

Extract from JK Rowling's Biography as shown on her website [www.jkrowling.com](http://www.jkrowling.com)

My mother and father were both Londoners.....

Both left the navy and moved to the outskirts of Bristol, in the West of England. My mother gave birth to me when she was twenty.....

My sister Di arrived a year and eleven months after me. The day of her birth is my earliest memory, or my earliest datable memory, anyway. I distinctly remember playing with a bit of plasticine in the kitchen while my father rushed in and out of the room, hurrying backwards and forwards to my mother, who was giving birth in their bedroom. I know I didn't invent this memory because I checked the details later with my mother.

I also have a vivid mental picture of walking into their bedroom a little while later, hand in hand with my father, and seeing my mother lying in her nightdress next to my beaming sister, who is stark naked with a full head of hair and looks about five years old. Although I clearly pasted together this bizarre false memory out of bits of hearsay when I was a child, it is so vivid that it comes to mind if I ever think about Di being born.

At present there is no reliable information or knowledge about the extent to which DID diagnoses and recovered memory treatments are being offered in Britain, or the extent to which they have been accepted by statutory agencies. Although, the diagnosis is unlikely to hold up in US Courts which are guided by the case of *Daubert v. Merrell Dow Pharmaceuticals* (509 US 579:1993), at present the British legal system does not offer this protection but accepts expert opinion as credible if held by 'a responsible and competent body of opinion'. DID is clearly a very dubious diagnosis with the potential to cause considerable harm. It would seem to be a very simple matter for leading professional organisations, such as the Royal College of Psychiatrists, to make clear rulings about the authenticity of the diagnosis. If DID was exposed as a harmful and improbable theory, less accountable practitioners would be less able to influence child protection and mental health organisations.

Acocella, J. 1999. *Creating Hysteria: Women and Multiple Personality Disorder*. San Francisco, Jossey-Bass.

Bass, E. & Davis, L. 1988. *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. New York, Harper & Row.

Brandon, S., Boakes, J., Glaser, D., Green, R. 1998. 'Recovered Memories of Childhood Sexual Abuse: Implications for Clinical Practice'. *British Journal of Psychiatry*. 172:296-307.

Ceci, S. & Bruck, M. 1993. 'Suggestibility of the child witness: A historical review and synthesis'. *Psychological Bulletin*, 113, 403-439.

Hacking, I. 1995. *Rewriting the Soul: Multiple Personality and Sciences of Memory*. Princeton University Press.

La Fontaine, J.S. 1994. *The Extent and Nature of Organised and Ritual Abuse*. London, Her Majesty's Stationery Office.

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*False Memories and Allegations of Sexual Abuse.* New York, St. Martin's Press.

- Merskey, H. & Piper, A. 2004. 'The Persistence of Folly: A Critical Examination of an Improbable Concept'. Parts I & II. *The Canadian Journal of Psychiatry.* Part I, Vol 49: 9; Part II, Vol 49:10.
- Nelson, S. 2001. *Beyond Trauma: Mental Health Care Needs of Women who Survived Childhood Sexual Abuse.* Edinburgh Association for Mental Health.
- Scott, S. 2001. *The Politics and Experience of Ritual Abuse: Beyond Disbelief.* Buckingham, Open University Press.
- Showalter, E. 1997. *Hystories: Hysterical Epidemics and Modern Culture.* New York, Columbia University Press.
- Shreiber, F.R. *Sybil.* New York, Warner Books. .

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## Therapy Industry and Culture

*Counselling or Quackery?:*

*A personal view of the Therapy Industry and the Therapy Culture that underpins it,* by William Burgoyne, [www.pabd.com](http://www.pabd.com), £6.75 inclusive of p&p from BFMS

## Reviewed by Frank Furedi

This little booklet is written from the heart. Its author, William Burgoyne is concerned with a disturbing and generally unobserved development; the destructive impact of therapy on the lives of thousands of people. Sadly there are many cases where the therapy industry has contributed to the break up of relationships and families and the disorientation of individuals. The author is concerned with destructive consequences of the abuse of trust by therapists. Those who have doubts about the treatment they received would do well to browse through this book.

Inevitably the author is concerned with the more extreme manifestations of the therapy industry. His focus is on the unregulated charlatan who abuses his or her position. No doubt there are many instances of such malpractice and their consequences are particularly devastating. However, it is important to realise that the real problem is not the untrained counsellor but the cultural pressures that incite people to look for professional solutions to the problems of everyday life. As long as we internalise these pressures, we are all potential victims of an unscrupulous self-styled expert. One of the important merits of this book is that it will make us think twice about going down the road of blindly trusting the therapist.

*Frank Furedi is a Professor in the School of Social Policy, University of Kent, Canterbury*

### Trauma Generation

A new International website from the Netherlands offers much information about the sad reality of trauma generation in misguided therapies, the myth of trauma resolution in these therapies, and true and false memories of childhood sexual abuse. There is a small section in English.

'*Traumaversterking*' the word used by Kitty Hendriks is a pun on the Dutch word RM therapists are fond of using '*Traumaverwerking*' an abreactive technique meaning 'working through trauma'.

'*Traumaversterking*' (*sterk* = *strong*) by contrast means: 'trauma inducing'.

The website can be found at [www.valseherinnering.eigenstart.nl](http://www.valseherinnering.eigenstart.nl)

## LETTERS

### Department of Health letter to a BFMS Trustee

*Editor's note: Richard Oade wrote to Sir Liam Donaldson calling for a review of all convictions based upon recovered memory. The reply ducks the issue completely.*

Thank you for your letter to Sir Liam Donaldson of 6 February 2004 concerning cases of so-called 'recovered memory'. I have been asked to reply on behalf of Sir Liam and I apologise for the delay.

You asked for a review of all cases of alleged sexual abuse where convictions have been based upon so-called 'recovered memory' following concern about disputed expert evidence in criminal and civil proceedings relating to cot death.

I am aware that False Memory Syndrome (FMS) is a topic which has engendered a polarised and sometimes acrimonious debate, not only between family members, but also professionals, clinicians and academics involved in the study of memory. The academic and clinical literature, as well public opinion is divided, and the needs of those who have genuinely been abused have occasionally been obscured.

It is absolutely vital that the professional bodies concerned with training and the continuing professional education of doctors, nurses and others providing care and treatment are aware of all the issues. Of course, any active treatment with potentially beneficial effects also has the capacity to cause harm if wrongly or incompetently applied. Psychotherapy is no exception, and as you will be aware, its practice is not restricted to one

professional group. I am unable to comment on the number of psychologists supporting the proposition that FMS exists. However, I know that the British Psychological Society and Royal College of Psychiatrists has published guidance for their members on work with vulnerable adults, including those who may have been abused. You may wish to contact them for a copy.

In addition, we are currently exploring with professional groups concerned with the delivery of psychotherapy and related treatments, the scope of the Health Act to strengthen professional regulation. Psychologists will shortly join the list of professionals already regulated by the Health Professionals Council. We are also working with psychotherapists towards a similar goal and to ensure that the highest standards are maintained in all sectors of health care.

In this context, I should also mention the safeguards in place to protect the public and ensure safe practice in medical practice, which may also include psychotherapy. The General Medical Council is the regulatory body whose purpose is to protect the public by maintaining a register of doctors who are competent and fit to practise. Their aim is to protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine. Recent reforms to the GMC will ensure that the register will become a much more powerful tool for ensuring that doctors remain up to date and fit to practise throughout their careers through the introduction of regular appraisal, revalidation and the licence to practise.

You may also be interested in this context to see our consultation document 'Supporting Doctors, Protecting Patients in 1999'. In April 2001, the Government

established the National Clinical Assessment Authority to support the NHS and prison and defence medical services when they are faced with concerns over the performance or conduct of a doctor. The Government has also established the National Patient Safety Agency, which works to support NHS organisations develop an open and fair culture where people are encouraged to report patient safety incidents so that the NHS can learn from them and help prevent them recurring in the future.

Lastly, and although I know it was not your primary concern in writing to Sir Liam, you may be interested to see the review carried out recently by The Royal College of Paediatrics and Child Health (2002) concerning fabricated or induced illness in a child. The document can be found on the College web site at: [http://www.rcpch.ac.uk/publications/recent\\_publications/FII.pdf](http://www.rcpch.ac.uk/publications/recent_publications/FII.pdf). It was referred to in our own guidance 'Safeguarding Children in Whom Illness is Fabricated or Induced' of the same year.

In conclusion, although we do not intend to review the practice of professionals in relation to their judgement of so-called 'recovered memory' I hope I have been able to reassure you concerning the action taken to promote best practice and support means to ensure that the public has every opportunity to complain if things go wrong.

Yours sincerely  
Anne Richardson  
Head of mental health policy

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Diary Date for the forthcoming  
**BFMS ANNUAL  
GENERAL  
MEETING**

Saturday 23rd April in London

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## Freudian theory - still on the table

Research from the Universities of Oregon and California described how volunteers learned 36 pairs of words and were then challenged to think of, or suppress/forget their awareness of certain words.

The authors state, "Over a century ago, Freud proposed that unwanted memories can be excluded from awareness, a process called repression. It is unknown, however, how repression occurs in the brain. We used functional magnetic resonance imaging to identify the neural systems involved in keeping unwanted memories out of awareness. Controlling unwanted memories was associated with increased dorsolateral prefrontal activation, reduced hippocampal activation, and impaired retention of those memories. Both prefrontal cortical and right hippocampal activations predicted the magnitude of forgetting. These results confirm the existence of an active forgetting process and establish a neurobiological model for guiding inquiry into motivated forgetting."

Taken from Anderson M.C. *et al*, Neural Systems Underlying the Suppression of Unwanted Memories, *Neuroscience* (2004), **303**, 5655, pp 232-235

### Forgetting maybe, but repression?

Tim Radford in *The Guardian*, 9 January 2004 claimed that psychologists have proved Sigmund Freud's repressed memory theory.

Several newspapers covered this topic claiming the Anderson research provided proof of Freud's theory of repression. Various responses were rallied in reply to Tim Radford's article but to our knowledge the Guardian did not print any of them so we reproduce some of them overleaf:-

Dear Sir,

It has been known for some time that people can forget things when instructed by an experimenter to do so. Such 'instructed forgetting' is not the same process as Freud's hypothetical mechanism of repression. Repression is supposed to happen automatically if the repressed material is emotionally threatening, whereas instructed forgetting is a voluntary process operating upon material largely devoid of emotional content. The demonstration (Tim Radford, 'A Freudian Theory Proved', 9 January) that, like everything else in psychology, instructed forgetting has a basis in the activity of the brain is neither here nor there. The Freudian theory of repression remains as weak after this demonstration as before.

Jeffrey Gray, Emeritus Professor of Psychology, Institute of Psychiatry, King's College London (See obituary opposite)

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...the experiment by Michael Anderson *et al* proves nothing whatsoever about Freud's pseudoscientific theories about how memories for traumatic events such as sexual abuse are supposedly repressed.

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Dear Guardian,

"A Freudian Theory Proved," by Tim Radford, is wrong on all counts. First, Radford didn't write the article. It is a near-verbatim regurgitation of a Stanford University press release. More important, the experiment by Michael Anderson *et al* proves nothing whatsoever about Freud's

pseudoscientific theories about how memories for traumatic events such as sexual abuse are supposedly repressed. Anderson asked people to rehearse word pairs (nothing to do with trauma), then, while flashing the first word, asked some to concentrate only on the first word. Not surprisingly, those who repeatedly focused only on the first word recalled the second one less well than a control group that only studied the words once. This tells us something about memory rehearsal but nothing about 'repression.' Anderson has added bells and whistles to this word play by attaching electrodes to subjects and scanning their brains. The results, ballyhooed as 'proving' repression, tell us virtually nothing other than that the frontal cortex is active while people think. This is not news. Extensive research demonstrates that people usually recall repeated trauma all too well.

Mark Pendergrast, Author, *Victims of Memory*, Harper Collins (1998)

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Dear Sir,

It is nothing new to report that our brains are capable of the voluntary process of forgetting unwanted memories but this is a far cry from Freud's theory of repression ('A Freudian theory proved' by Tim Radford, 9 January 2004). The researchers found that retrieval of neutral words was impaired in subjects directed to suppress some words but an extrapolation that this research has anything to do with the still unproven theory of unconscious repression of traumatic memories really is a step too far. Sadly, traumatic memories may be remembered all too well - how else do we learn that playing with fire can be painful?

Madeline Greenhalgh, Director, BFMS

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To the Editor

It is interesting that Freud should be given credit for the notion of 'memory suppression' ("A Freudian theory proved, 9 January), given that the idea of repression did not originate with him, and that his own theory of the mental mechanism was so simplistic that he himself was forced to acknowledge that his exposition of the process of repression in *Introductory Lectures on Psychoanalysis* was "both crude and fantastic and quite impermissible in a scientific account".

Allen Esterson, Author, *Seductive Mirage*, Open Court Publishing (1993)

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## OBITUARIES

### Professor Jeffrey Gray

Professor Jeffrey Gray was a Member of the BFMS Scientific and Professional Advisory Board from 1994 to 2004. On many occasions he helped the Society by speaking to the media and writing to the press. He wrote to the British Psychological Society to suggest that their guidelines for dealing with 'recovered memories' lacked, "a very simple but vital statement: 'recovered memories of childhood abuse, sexual or otherwise, should never be treated as veridical without independent corroborative evidence.'" In May 2000 he adeptly managed the discussion panel which concluded the BFMS Annual Meeting.

The following extract outlining his later career is taken from *The Guardian* 13 May 2004.

"Jeffrey Gray was appointed to a university lectureship in

experimental psychology at Oxford and in 1965 was elected to an associated tutorial fellowship at University College. He remained at Oxford until he replaced Eysenck at the Institute of Psychiatry in 1983. He retired from the chair of psychology in 1999, but continued his experimental research as an emeritus professor, and spent a very happy and productive year at the Centre for Advanced Studies at Stanford University, California, where he essentially completed a new book on consciousness, due to appear very shortly.

From his earliest student days, he was immensely energetic, imaginative and productive. Where others might simply write some research articles and a review paper, he might well write a book, too. He received a president's award from the British Psychological Society in 1983 and became president of the Experimental Psychology Society in 1996 (and a lifetime honorary member in 1999).

His energy and enthusiasm were just as clear outside the laboratory. Throughout his life he loved drama - he directed *The Winter's Tale* in the Deer Park at Magdalen, casting the young Dudley Moore as Autolycus - as well as dance, opera, jazz and the cinema. He also developed passions for skiing and horse riding. He had enjoyed a wonderful ski trip shortly before the final stage of his illness began: he thought he had never skied better. He is survived by his wife, Venus, and his four children, Ramin, Babak, Leila and Afsaneh. Jeffrey Alan Gray, psychologist, born 26 May 1934; died 30 April 2004."

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## Allan Levy QC

Allan Levy QC, champion of children's rights died at the end of

September 2004 of cancer. In 1998 Allan Levy joined our question and answer panel to face BFMS members at the Spring AGM. He has been described as "the pre-eminent children's lawyer of his generation". He had an extremely successful practice in family and medical law and will be remembered especially for the way he took up the cause of children's rights in this country.

He was called to Inner temple in 1969 and took silk in 1989. He made numerous appearances as an advocate in the House of Lords and the European Court of Human Rights in landmark human rights cases. He took up new issues and was prepared to argue cases that stretched the law to the limits. He remained interested in the work of the Society, although as he explained, "I am not able for professional reasons to become a member of BFMS".

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## John Mack

John Mack, the American psychiatrist whose research gave considerable credence to accounts by people who claimed to have encountered aliens - derisively dismissed by some of his fellow academics - has died in a road accident in London, aged 74. (*Guardian*, 5 October 2004)

Extracts from Bryan Appleyard's piece in *The Sunday Times*, 3 October 2004 summarise Mack's interests and the areas of his work which brought him to the attention of the BFMS.

'In 1990 Mack had met Budd Hopkins, a New York artist who had in 1964 seen an unidentified flying object over Cape Cod. Hopkins then discovered many people had seen UFOs. In the mid-1970s he also began to come across people who claimed to have

encountered and been abducted by aliens. Using hypnotic regression, he retrieved what appeared to be memories of, among other things, surgery conducted by these aliens on their human victims. Hopkins had become convinced of the reality of these memories and, when he met Mack, he invited him to meet some of the abductees.

'Mack met them and also came to believe in their accounts. In 1994 he published a book, *Abduction: Human Encounters with Aliens*. It caused a media firestorm. A Harvard professor had announced that these tales of alien abduction were true. The Harvard authorities were appalled and attempted to get rid of Mack. Using the argument that the issue was one of academic freedom Mack won and held on to his job although he was marginalised by the university.'

Although a Pulitzer prize-winning biographer and a campaigner against the arms race his psychiatric work was much more controversial. 'He became involved with EST - Erhard Seminars Training - which he described as "a technology for blowing your mind, basically". He also took up Stanislav Grof's holotropic breathwork that uses rapid breathing to enter an altered state of consciousness.

'It would be easy to dismiss all this, to say that Mack was crazy and his followers gullible. Nobody has provided any physical evidence of the abduction phenomenon. All we have is thousands of accounts, many of them retrieved, dubiously; under hypnosis.... Hypnotism generates new visions more persuasively than it retrieves old ones...'

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## LEGAL FORUM

### Duty of Care to a Third Party?

#### Judge rules against former SNP deputy

Raymond Duncan and Dave Finlay

*The Herald*, 9 July 2004  
Reproduced with permission

A former SNP deputy leader, falsely accused of the sadistic sexual abuse of his daughter after a psychiatrist allegedly used a controversial therapy technique, has failed in his attempt to sue a health authority.

James Fairlie was seeking £250,000 damages from Perth and Kinross Healthcare NHS Trust. However, a judge at the Court of Session has dismissed his action on legal grounds.

Mr Fairlie, 63, from Crieff, had argued that Katrina, his youngest daughter, underwent an intensive form of therapy in hospital which led her to allege he had brutally abused her.

Lord Kingarth stressed he reached his decision as a matter of law, adding: "It goes without saying that if, as Mr Fairlie claims, the psychiatrist made the diagnosis which it is said he did, and it was one reached carelessly and without proper investigation, his concern to seek redress is wholly understandable. I am nevertheless required to decide this case within the boundaries of the law as it has recently developed." Last night Mr Fairlie, whose legal action could cost him more than £100,000, expressed disappointment at the decision. "It reinforces my intent to petition the Scottish Parliament to have a look at the whole situation as regards

duty of care to third parties by health authorities, social work departments and so on. The judge said the duty of care was to the patient and not to me. That is at variance with claims settled in the United States and the Netherlands." The action came before the judge at a procedural debate, before evidence is heard, with the health authority seeking to have it thrown out.

Ms Fairlie was admitted to Perth Royal Infirmary in 1994 when she was 25 suffering from severe abdominal pains.

Despite treatment, her symptoms continued and she was taken to a psychiatric unit at the Murray Royal Hospital.

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Mr Fairlie claimed the psychiatrist owed a duty to him to act with reasonable care to avoid harm resulting from his daughter's treatment.

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Mr Fairlie claimed that while a patient of Alex Yellowlees, a consultant psychiatrist, his daughter underwent recovered memory therapy (RMT), resulting in her alleging that he and others had sexually abused her.

He said the allegations were entirely without foundation and were withdrawn by his daughter months later.

The doctor, he claimed, knew at the time she was making the allegations that his daughter was in a disturbed mental state and was taking powerful medication.

Mr Fairlie maintained that, as a result of Dr Yellowlees telling family members the abuse had occurred, he seriously harmed his

reputation and his relations with them.

Mr Fairlie claimed the psychiatrist owed a duty to him to act with reasonable care to avoid harm resulting from his daughter's treatment.

The health authority, contesting liability, disputed she had undergone RMT. It argued the psychiatrist could not be said to owe a duty of care to Mr Fairlie. In general a doctor could only be said to owe such a duty to his or her patient.

James Peoples QC, arguing against dismissing the action, said false abuse claims were highly damaging.

But Lord Kingarth said: "The question in the present action is whether Mr Fairlie has averred sufficient to entitle him to proof of his contention that Dr Yellowlees could be said to have owed a duty of care to Mr Fairlie. There is nothing in my view clearly to indicate that Dr Yellowlees came at any stage into a special relationship with Mr Fairlie such that he owed a duty to him as well as to Katrina."

*Editor's note: Ms Fairlie continues to pursue her own case.*

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#### Malleable Memory

'Memory is malleable. People can be very detailed, they can be very confident and they can even be emotional about memories that are false.'

Professor Elizabeth Loftus, recent winner of the 2005 University of Louisville Grawemeyer Award for Psychology

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## The jury is still out in possible landmark sexual abuse case in New Hampshire

In 2001 an 18 year-old woman, Rhianna Light, began to recall what she says were repressed memories of abuse by her father, Phil Bourgelais.

Ms Light decided to press charges against her father but she was warned that prosecuting might be difficult as there was a catch.

It was in 1996 that the New Hampshire Supreme Court ruling, known as the Hungerford Law, prevented such memories from being admissible in court unless eight criteria are met in a pre-trial hearing. Four concern the reliability of the science. The other four are specific to the individual whose memories are in question. They cover the age at which the alleged abuse happened, the amount of time lapsed before the memories were recovered and the circumstances around the recovery.

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If Nadeau finds that the science of memory recovery has caught up with the phenomenon, the Hungerford Law could be modified.

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Rhianna Light admitted there were times when she wanted to give up on the case. She said, "I'm not just doing this for me. I'm doing it for all the victims like me."

The completion of the hearing has been delayed and is due to resume

soon although no date has been set. The Rockingham County Superior Court Justice, Tina Nadeau, will have to decide whether the Hungerford criteria have been met. It could mark the beginning of a sexual assault trial against Phil Bourgelais. States with similar rules governing the admissibility of repressed memories will be watching closely. If Nadeau finds that the science of memory recovery has caught up with the phenomenon, the Hungerford Law could be modified. If that happens, it could mark the end of an era and change the way some sexual assault cases are tried.

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## Question in the House of Lords on the Criminal Cases Review Commission

House of Lords written answers  
Wednesday 12 January 2005

**Earl Howe** asked Her Majesty's Government: Whether they consider it part of the function of the Criminal Cases Review Commission to investigate the following possibilities if brought to its attention in relation to a claim: (a) forensic evidence not presented at trial; (b) exculpatory evidence known about but not sufficiently highlighted at trial; (c) the creditability of confession evidence provided from a prison cell; (d) a mistaken direction by the trial judge; and (e) inconsistencies between evidence given at trial and evidence given at retrial. [HL599]

### **Baroness Scotland of Asthal:**

The commission may refer a conviction, verdict or finding to a court of appeal if it considers that there is a real possibility that the

conviction, verdict or finding would not be upheld if the reference were made. The commission is responsible under the Criminal Appeal Act 1995 for interpreting "real possibility", and will generally be looking for evidence not adduced, or arguments not raised, in the proceedings that led to the conviction, verdict or finding, or in any appeal or application for leave to appeal. In exceptional circumstances, the commission can refer a conviction in the absence of such evidence and arguments. The commission can only refer a sentence to a court of appeal if it considers that it would not be upheld because of an argument on a point of law, or information, not so raised.

In the exercise of its role to investigate miscarriages of justice, it would be part of the commission's function to investigate any of the possibilities to which the noble Earl refers.

Hansard  
[www.publications.parliament.uk/](http://www.publications.parliament.uk/)

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## Some civil Legal Aid may soon be withdrawn

The paper, *A New Focus for Civil Legal Aid*, is a consultation document proposed by the Legal Services Commission which outlines the Government's plans for a restructuring of the legal aid system and cuts to the financial eligibility test for legal representation. It is proposed to withdraw public funding from key areas of legal advice including clinical negligence. The gap this leaves, it is suggested, will be filled by 'no win, no fee' deals, or conditional-fee arrangements (CFA) whether or not, after-the-event insurance policies are available. Few people, with

resources, would be in a position to enter into litigation even with the insurance which protects claimants from having to pay the other side's costs should they lose, as the premiums can be high.

The Association of Personal Injury Lawyers has said, "It is infeasible to run a clinical negligence case on a CFA, not least because there are few insurers willing to cover what are perceived as risky cases". Insurers are reluctant to run experimental claims.

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## **Inquiry into the practice of Recovered Memory Therapy**

In the State of Victoria, Australia an inquiry is to take place into the practice of 'recovered memory therapy'. The BFMS has had recent discussions with our own Healthcare Commission setting out our concerns and proposing that our members could be invited to submit an account of their case by way of providing sufficient information for the Commission to recognise the urgency of its attention to this matter. Negotiations are underway and we will keep members informed of any progress but please wait for the green light before making any submission. In the meantime, there is nothing to stop you preparing your own submission in readiness for that time and the Terms of Reference for the Victoria Inquiry given below may provide some guidance for your first draft.

### **Terms of Reference for the Inquiry of Health Services Commissioner into the practice of Recovered Memory Therapy**

Under section 9(1) (m) of the Health Services (Conciliation and Review) Act the Health Services Commissioner has powers to inquire into matters referred by the Minister.

The Health Services Commissioner is requested to:

1. Investigate and report to the Victorian Minister for Health by April 2005 on the following matters in relation to the practice of 'recovered memory therapy', also known as 'repressed memory therapy' and 'false memory therapy'<sup>1</sup>:
  - a. A review of the national and international literature on the practice of recovered memory therapy, addressing, amongst other things:
    - the evidence base for its practice including the scientific understanding of memory
    - media coverage and the popular press
    - litigation and court reports
    - Government reports and any practice or other relevant guidelines issued by governments and professional bodies.
  - b. The extent to which recovered memory therapy is practised in Victoria, including the types of practitioners and their qualifications and training.
  - c. The perspectives of those whose interests are or have been affected by the practice of this form of therapy, including patients, their

family members, practitioners, and professional and regulatory bodies.

- d. The nature and extent of any problems associated with the practice of recovered memory therapy including issues of privacy and confidentiality of the therapeutic relationship and difficulties in dealing with third party complainants.
2. Make recommendations concerning:
    - a. The need, if any, for consumer and community education about the practice of recovered memory therapy.
    - b. The need, if any, to develop best practice guidelines or other quality assurance measures to guide practitioners.
    - c. The need for improvements if any in the management of complaints about the practice of recovered memory therapy, including any statutory reforms in the context of the Victorian Review of Regulation of the Health Professions currently being conducted by the Victorian Department of Human Services.
    - d. Any other opportunities for improving practice and protecting the public that are identified during the course of the investigation.

Note:

<sup>1</sup>Included is any other form of therapy, or other clinical or therapeutic strategies that have a component based on or incorporating a belief that memories can be repressed and focussing on or adopting methods designed to assist the patient/client to elucidate those memories.

## Overseas False Memory Societies

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

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