

Dear Reader,

The climate of fear that childhood sexual abuse is rife throughout society generates an ugly and recurring presumption. It is that in order to protect children, the freedom of innocent people might be justifiably sacrificed, rather than to allow one guilty person to go free. What has happened to common sense? False accusations of childhood sexual abuse can endanger rather than safeguard the nation's children. A false accusation can no more protect children than a wrong diagnosis protects patients.

We report on The Waterhouse Report, published in February, which follows the investigation into widespread childhood sexual abuse claims in care homes in North Wales. The report highlighted the reliance placed upon professionals and institutions to care for and protect children from abusive situations and there have been serious failings. But how reliable are these findings overall? In the relentless trawl for culprits of real or imagined crimes any innocent person caught in the net becomes tainted. We are reverting to the thinking prevalent at the height of the witch craze when James I pronounced that where proof is hard to come by, an allegation might suffice for conviction. What progress has society made?

In this context it is hardly surprising that psychotherapist Valerie Sinason should be given free rein to her belief in satanic ritual abuse on the flagship news programmes of BBC Radio Four recently, informing the listener that her 'clinical evidence' confirms its existence (see article on page four). Bored with the bizarre and frankly silly posturing, the once-hooked media had assumed that professional belief in SRA had packed up its bags and disappeared following Professor Jean LaFontaine's definitive dismissive report in 1994, which followed similar findings in the USA. Yet ingrained support remained and we must remember that the British Psychological Society's survey of members in 1995 showed that 97 per cent of respondents believed in the essential accuracy of satanic abuse claims. The same respondents believed in recovered memory, and although the general media regard this as another dead and buried therapy fad, the evidence is that support is alive and well, cloaked in a new language of persuasion and pseudo-science.

Within this grey landscape though, things are changing. More frontline professionals are recognising the serious implications of false allegations, combining care with common sense. This week we learned of an accused father who, when fearing arrest, was instead sent a copy of the BFMS Frequently Asked Questions booklet by the investigating policeman. No charges were brought against him and he is now back in contact with his daughter and the family is reconciled. The booklet is available to police, social services, mental health professionals and hospital trusts, etc. for use as an information and training resource.

The American False Memory Syndrome Foundation is holding a family conference in New York in April. I am going to represent the BFMS at the meeting and also attend a one-day professional conference, sponsored by New York Medical College entitled, False Memory Syndrome: New Perspectives. It will be an opportunity to hear from the 'movers and shakers' and to glean ideas from their experiences. I will be reporting back in the next newsletter.

At the Society's Annual General Meeting this year we will have the opportunity to learn about brain imaging and the advances in current knowledge about the impact of childhood psychological trauma on adult brain physiology and memory. We will follow-up the excitable media claims of scientific 'proof' of

Table of Contents

Editorial	1
Stop Press	2
Waterhouse	2
Satanic Abuse rides again	4
Criminal Courts review	6
Looking for MRI Correlates of MPD	7
Memory Expansion in DID	8
Health Committee Sixth Report	11
Members Forum	12
News Forum	13
Interview with Peter Dale	14
Books and Reviews	20
Legal Forum	
New Trial warning	25
In the Courts	26

multiple personalities caused by forgotten sexual abuse. We will also hear from a group which has formed to seek justice in psychotherapy. We look forward to seeing you there but please ensure that you book your tickets soon, as space is limited.

Madeline Greenhalgh

STOP PRESS

Witch trial testimony dazzles psychologists

As we go to press, the authors of the 1995 British Psychological Society report have published a study claiming to support the veracity of 'recovered memory'.*

Analysing therapist's reports of clients' 'recovered memories', they conclude that not all are directly triggered by therapy, 'recovered memory' techniques, media or self-help books. The authors attack the now well-established thesis that 'recovered memories' of previously completely unknown significant abuse are unreliable and likely to be the product of suggestion. "There is now increasing evidence that many recovered memories cannot be explained by so called 'false memory syndrome'," states Dr Bernice Andrews, co-author of the study.

Even if the subjective reports of the therapists and clients can be trusted, the authors themselves admit that the authenticity of the previously unknown events has not been verified. There was not and is not any scientific evidence supporting the hypotheses of unconscious sexual abuse memories.

The authors' use of the term 'false memory syndrome' is entirely self-serving - a straw-man media caricature of 'memories' being popped into gullible clients' heads at the touch of a wand. Even so, a BPS press release claim that a third of the 'memories' were 'recovered' outside therapy is inaccurate. In fact the total is only 19 per cent outside therapy - a significant error that underlines therapists as the pre-eminent midwives of 'recovered memory'.

But it also misunderstands the socio-cultural forces fuelling the epidemic. 'Recovered memory' in relation to false accusations may be better studied by comparing similar outbreaks in history - such as the 'spectral evidence' of dreams, visions and hallucinations that fueled the 17th century witch trials.

*Andrews,B, Brewin,C., Ochera,J., Mortton,J., Bekerian,D.A. Davies,G.M., and P. Mollon. (2000) The timing, triggers and qualities of recovered memories in therapy, *British Journal of Clinical Psychology*, 39(1),11-26

Waterhouse - lost in a parallel universe?

A decade ago a rumour emerged that children's homes in North Wales had been in the grip of a paedophile network. Following a number of apparently isolated convictions of care workers for sexual abuse, the decision was taken to launch a retrospective police investigation into 'organised abuse' - abuse committed individually, jointly and conspiratorially in Clwyd and Gwynedd.

Local media publicity immediately placed the suspicions within the public arena, but the investigation began to pall until a national newspaper, the *Independent on Sunday*, made sensational claims of horrific sexual abuse whilst intimating, without concrete evidence, that there was a wider conspiracy and cover-up afoot with Masonic undercurrents.

Thus the North Wales saga began in earnest. The most abject claims centred on a former approved school in Wrexham called Bryn Estyn that had closed in 1984. The four year police investigation resulted in a number of prosecutions and convictions for serious abuse, together with acquittals. The *IoS* article meanwhile, as well as lighting the torch paper of the prosecutions and further media claims, led to a successful libel action brought by a senior ex-policeman and the courtroom nailing of the conspiracy and network theory.

When the panel's libelous report was unpublishable, leaks and media speculation of a 'cover-up' intensified to fever pitch

The claimsmakers however, refused to be silent. In 1995, when North Wales police wound up their investigation, media speculation as to the existence of the ring continued, while the key implications of the successful libel action were overlooked or ignored. These allegations were repeated to a non-judicial inquiry ordered by the council after the convictions. When the panel's libelous report was unpublishable, leaks and media speculation of a 'cover-up' intensified to fever pitch. In summer 1996, to clear the air, the then Secretary of State for Wales, William Hague appointed a Tribunal of Inquiry under a former High Court judge, Sir Ronald Waterhouse.

Finally published last month, the report, *Lost in Care*,¹ makes interesting reading. While its findings include widespread sexual, physical and emotional abuse in the period under question, the conspiracy and network

claims are deflated through factual analysis supported by contemporary documentation. The former findings are serious enough to provoke justified outrage and dismay, however long ago the alleged events took place. However it is the latter claims that fueled the persistent media speculation leading to the prosecutions and the inquiry. Those reports have persisted beyond the inquiry and are linked to the 80 retrospective children's home and residential school police investigations that have burgeoned since North Wales.

Methods of police investigation in retrospective organised abuse inquiries that trawl potential victims have been influenced by a presumption of abuse having taken place with the reluctant witness in 'denial'

Thus the attempt to draw a line beneath a dark era of public service in North Wales has failed. But it is not just the claimsmakers who are disappointed. Former staff at institutions where a culture of abuse was held to have been the norm contend that the report's sweeping condemnation is a gross misrepresentation of the facts. This dismay arises from the inferences drawn from the presumption of the safety of *all* of the criminal convictions forming the bedrock of the report's conclusions.

The convictions and allegations against one man in particular have shaped the landscape of the inquiry. That man is Peter Howarth, the deputy head of Bryn Estyn, who was held to have abused boys relentlessly for a decade in circumstances which if they were not known, ought to have been, by other members of staff. With the benefit of hindsight, Howarth became the touchstone for the evil at the heart of Bryn Estyn in the media. He protested his innocence, but was precluded from appealing his convictions and giving evidence to the inquiry because of his death from a heart attack at an early stage of the hearings in 1997.

Many former staff at Bryn Estyn, including those who have devoted their careers to helping the most damaged and disturbed children in society, believe Howarth to have been innocent and dispute the report's conclusion that wholesale abuse at the home was protected by a 'cult of silence'.ⁱⁱ The claimsmakers, meanwhile, remain resolute that Howarth was a central pin of the ring theory. Yet despite a broad acceptance of most of the allegations against Howarth, the inquiry found no credible evidence of his being part of a wider conspiracy.

Readers of this newsletter may wonder what, if anything, this grim tale has to do with the Society with its focus on 'false memory' as an explanation of false accusations of abuse. Undoubtedly, in common with institutions elsewhere, abuse and neglect of children in care in North Wales did exist, and some

was not reported until many years after the events. However, what the 'recovered memory' fiasco has revealed is not just that people may be persuaded to believe horrific things about their past which are not true, but that the climate of 'discovery' of hidden abuse in the late nineteen eighties led to the creation of obscene narratives where, like a grotesque fairy tale, saying is believing is being. By the late 1980's the inflated expectations had influenced policy and practice in the criminal justice system. The unwitting spinning or encouragement of false narratives was not confined to therapists and social workers, but became embedded, in its deadliest form, in the 'sensitive' interviewing techniques of the police.

The fact is many of the attributes of false allegations by ex-care home residents are not unique, just as is the case with true ones. Methods of police investigation in retrospective organised abuse inquiries that trawl potential victims have been influenced by a presumption of abuse having taken place with the reluctant witness in 'denial'. The potential victim may also be comforted to learn that all his woes, including drug and alcohol abuse, failed relationships and criminal convictions, may be attributed to the trauma caused by the particular suspect the investigator has in mind. The difference between unburdening and confabulating in this context may be scant, and, with the reassurance of the investigator, ringing true may seem to turn, with repetition, to becoming true.

The incentive of substantial compensation awards within a disaffected, deprived and habitually dishonest subgroup is an explosive catalyst, as is the inevitable bandwagon effect. But compensation claims attend domestic allegations. Siblings of accusers with problems or a grudge become convinced or convincing witnesses of their own alleged abuse and even where false claims are honestly believed become facile liars in their determination to interpret the facts in the light of the abuse.

The Waterhouse inquiry did not consider this parallel universe and its joint provenance since its brief was to inquire into abuse, not the whys and wherefores of the potential fabrication of claims. Yet the relation between the original ring theory impetus and the cultural climate within which it thrived may be the key to the continuing mystery of Bryn Estyn and the tidal wave of retrospective police trawls which have followed.

We have grown used to the bizarre, unstoppable and frankly illogical spectacle of ever larger abuse scandals being discovered at ever more distant times as each police investigation competes to dwarf the last. The excavation, one must remember, is not that of bodies, but of the memories of cognizant human beings who must surely have known whether serious crimes were committed against them as children and that they would get a sympathetic and attentive hearing as adults for at least fifteen years past.

Every case must rest on its own merits. But despite claims that abuse convictions are hard to secure, recent experience suggests that where evidence is hard to come by, as is often the case in historic uncorroborated claims, an allegation alone may not only, as in the 17th century witch trials, suffice for a conviction, but may be more convincing than corroborative evidence of genuine crimes.

As the Waterhouse report admits, most complainants of the most heinous sexual crimes did not make any accusations until the early nineties when the complainants were long since adult. The panel does not find this odd or suspicious as it surely would any other crimes, because the entire criminal justice system has been trained to believe this is an entirely normal state of affairs.

It is high time that this article of faith was called to account as it would be if it concerned any other serious crime. What is needed now is an inquiry into the startling exponential increase in uncorroborated retrospective abuse prosecutions since the Cleveland report in 1988 and the effect of the police and social services guidelines and training methods on investigating sexual abuse and the safety of the convictions. All it can do is increase accuracy, and that will be to the benefit of us all.

ⁱ The Stationary Office, London, 15 February 2000. The report can be viewed in its entirety on-line at www.doh.gov.uk/lostincare

ⁱⁱ See www.besst.org.uk

Satanic abuse rides again

New research supports existence of 'satanic abuse' - this was the claim made on BBC Radio 4's flagship news programme *Today*ⁱ. Thus a concept consigned to history following FBI research in the US and that of Professor Jean LaFontaine in the UK rose again - this time by virtue of the therapist's couch.

The source of the claims was psychotherapist Valerie

Sinason. The evidence was 'clinical' i.e. that deriving from interpretation of patient symptoms and narratives rather than empirical research. The stories included babies being secretly reared for ritual sacrifice in satanic orgies. These were the same types of claims being made over a decade ago in the UK in Nottingham and elsewhere. Following the discrediting of claims, belief was kept alive by the welfare professionals' organisation the Ritual Abuse Information Network and Support (RAINS), a training video distributed by Manchester Rape Crisis Centre and the therapeutic excavation of histories among adults.

Sinason's research claims were backed up by psychiatrist Dr Joan Coleman, the chair of RAINS. Dr Coleman was a contributor to the book *Treating Survivors of Satanist Abuse*, edited by Ms Sinason, that made similar claims based on the beliefs of clinicians. The book was published in 1994 at the same time as Professor LaFontaine's sceptical report was published by the Department of Health (DoH). Following on this Ms Sinason and her colleague at London's psychoanalytic Tavistock Clinic, psychiatrist Rob Hale, persuaded the Department of Health to fund further research to see if 'survivor testimony' could be empirically validated.

Unlike some therapists who are content to accept patient narratives as 'personal truth' regardless of the external truth of the alleged events, Ms Sinason has always maintained that it is important to establish whether the events really took place: 'it is crucial to discover as near to the historic truth as possible and have it confirmed. Where possible the real event needs to be objectively validated by someone who is not involved in the therapeutic relationship and whose task is to do precisely that - i.e. a police officer.'

Thus it was somewhat disconcerting to realise that Ms Sinason's research had yet to be tested by police investigation though a senior officer in the Metropolitan Police was being assigned to this task. Why, if the objectivity of the claims was critical, was Ms Sinason prepared to go public about her findings? Even more puzzling was the fact that similar claims for Ms Sinason's research findings had been made three and half years previously in an evangelical newspaper the *New Christian Herald*ⁱⁱ. Under the banner headline 'Satanic abuse : It's a Reality' readers were told that 'Although the DoH report is still under wraps, Ms Sinason is able to reveal that her past research has produced startling forensic evidence which will confound false memory theorists.' While 'publication of the report [had] been delayed to give police authorities time to investigate survivor account to try to bring the abusers to justice. The report [was] due out within the next three months.'

The reporter was Andrew Boyd, evangelical author of an influential but discredited 'satanic abuse' book *Blasphemous Rumours*. Despite his confidence that the report was official and the research sound, he nevertheless felt constrained to urge readers to "pray that the Sinason/Hale report does see the light of day."

Those sceptical of the claims and the methodological soundness of Ms Sinason's previous objectivity looked forward to its speedy appearance. But months turned into years and there was still no news. In fact Ms Sinason became herself uncharacteristically silent on the matter.

So when she burst upon the airwaves it might be expected at the very least that the report itself had been filed with the DoH. Yet it turns out not to be the case. The research is neither official, nor has it been lodged with the DoH and the police investigation of the claims has been entrusted to a police officer working outside the remit of his official duties.

..... claims for Ms Sinason's research findings had been made three and half years previously in an evangelical newspaper the *New Christian Herald*

From this confusion one might infer that the research is neither more nor less certain in its conclusions than it was three and a half years ago, and that those conclusions may still be found wanting. So what motivated Sinason to go public at this stage?

The apparently flimsy nature of the research as revealed meant that the media feeding frenzy was bound to be short-lived. Yet for the small band of true believers centred around the 200 or so members of RAINS, the hard-core survivor movement and some evangelical activists, the hushed reverence accorded to Sinason's claims by *Today* was both a vindication of their beliefs and a rallying cry. By tea-time it was not just old stalwarts like Joan Coleman who were prepared to back the crime that dare not speak its name, but a former barrister, Lee Moore confessed to satanic survivorhood.

Lee Moore is the chair and founder of the Association of Child Abuse lawyers - a network of 50 professionals dedicated to advocacy on behalf of child abuse victims. For the most part they are involved in

personal injury litigation on behalf of those making retrospective allegations of abuse in institutions. These claims are possible outside normal limitation periods and because they are settled by insurance companies and may involve 6-figure claims brought as part of class actions.

On ACALs extensive websiteⁱⁱⁱ there is no mention of 'satanic abuse' and Ms Moore, who teamed up with 'recovered memory' therapist and former social worker Sue Richardson, criticised in the Cleveland report, to form ACAL, has previously gone public as a 'sexual abuse survivor'. In the *Times Education Supplement*^{iv} we were told:

From her earliest years, Lee Moore was repeatedly abused sexually and physically. Yet she was only helped to come to terms with the horrors she had been subjected to 40 years later, when she suffered a nervous breakdown and went into therapy.

With the help of her psychiatrist she pieced together her life of fear growing up in an organised abuse ring between the ages of three and 15. Lee Moore was abused by carers, friends and acquaintances both male and female. Her life was so traumatic that she had dissociated herself from it.

This is an appalling catalogue of horrors, if true, yet Ms Moore at this time felt constrained to refrain from disclosing the satanic elements with baby breeding and ritual sacrifice. The following week she was on a C4 panel discussing the Waterhouse report and the complaints of a 'cover-up' of paedophile rings networking society from high to low. While the other panellists put forward the speculative but plausible views that such networks were at large, Ms Moore added, to the embarrassment of her co-pannellists, her belief in the existence of ritual and satanic rings.

Here we find the key to Sinason's willingness to go public. The Waterhouse findings were bound to increase societal anxiety about the hidden extent of child abuse with serious multiple abuse taking place under the nose of the authorities unchecked. But outside the existence of an active local faction of the Campaign for Homosexual Equality exploiting underage boys which was not linked to the most damning convictions for abuse, the Tribunal found no evidence of the networks and rings rumoured to underlie the abuse. Since much of the original scandal was media-driven through complaints by a handful of noisy individuals complaining of rings, it was hardly surprising that these same voices were those most prominent in the aftermath.

It was to these voices that Sinason's research was intended to adhere. Shadowy networks of one sort might easily be linked - or be feeders for - those of an

even more sinister hue: where satanists practice ritual child abuse or where paedophiles pretend to be satanists in order to abuse. This is 'ring theory' as promulgated in Lauren Stratford's *Satan's Underground* in fiction or by Teena Sorenson and Barbara Snow in academic circles.

Sorenson and Snow's hypothesis of interlinking rings has been an important theoretical concept in ring theory from the late 80's^v. It was extrapolated from earlier sex, porn and prostitution ring theories together with the clinical research using Roland Summit's child abuse accommodation syndrome. Sorenson and Snow were involved in a series of controversial 'satanic' cases in Utah and their research findings have been repeatedly criticised as questionable and unsound^{vi}. Yet their two thin studies have been cited since the original scare a decade ago through to the Newcastle nursery report *Abuse in Early Years*^{vii} (now the subject of a libel action) as lending authority to a method of abuse 'disclosure' that is not only highly problematic, but may elicit and encourage bizarre and groundless allegations.

Fears of organised satanic rings sharpened the appetite for feeder rings. The latter concept drew not only on traditional vice notions of porn, drugs and prostitution, but the systematic corruption of children for this purpose. Starting off from this baseline and with an expectation of there being a cauldron of hidden abuse, the retrospective abuse trawls became a self-fulfilling prophecy in finding evidence of abuse - but stopped short of hard evidence for the rings. Despite the criss-crossing of careers and institutions of alleged abusers, these shadowy hypothetical networks remained as elusive as the satanic rings they had replaced.

Riding on the back of the inflated institutional ring claims and the Waterhouse report, satanic and ritual abuse believers can raise their flag once more. The irony is that their beliefs have, to a significant degree, created the ground they now rest on. At some point this flimsy platform will collapse, but until then we can look forward to yet more mischief and mayhem at the public's - and possibly child protection's - expense.

i 9.02.00

ii 5.10.96

iii www.abny.demon.co.uk/acal/

iv 29.1.99

v Sorenson, T., & Snow, B (1991) How children Tell: The process of disclosure in child sexual abuse. *Child Welfare* 70(1), 3-15

Snow, Barbara and Teena Sorenson. Ritualistic Child Abuse in a Neighbourhood Setting. *Journal of Interpersonal Violence*, 5:4:474-487.

vi Jones, D. P. H. (1997) Gradual disclosure by sexual

assault victims: A sacred cow? (Comment on Bradley (1996). *Child Abuse and Neglect*, 230, 879-880. Bradley, A. R. and Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse and Neglect*, 20, 881-891.

vii Barker, R, Jones, J, Saradjian, J and R Wardell, (1998) City of Newcastle on Tyne

Criminal Courts review seeks user views

A wide-ranging review of criminal court procedure is currently seeking users' views. Beginning in January 2000, senior appeal court judge Lord Justice (Robin) Auld has been canvassing opinion for his year-long review which is expected to result in proposals for reform and modernisation similar to those in civil procedure under the Woolf reforms.

The review presents an opportunity for the problems related to uncorroborated retrospective sexual abuse prosecutions and those connected with therapeutic influence to be considered. Although the review will not consider substantive law, it is possible that the findings will have an impact on evidential matters in general, including abuse of process hearings, admissibility, expert evidence and prejudicial terms such as the routine use of 'victim' for 'complainant'.

If you have experience of the courts either as a defendant, witness or advocate you should forward your views on the system to Sir Robin as soon as possible. The provisional deadline for initial submissions is the end of March 2000, although submissions may be taken into account after this date.

The terms of reference are as follows:-

'A review into the practices and procedures of, and the rules of evidence applied by, the criminal courts at every level, with a view to ensuring that they deliver justice fairly, by streamlining all their processes, increasing their efficiency and strengthening the effectiveness of their relationships with others across the whole of the criminal justice system, and having regard to the interests of all parties including victims and witnesses, thereby promoting public confidence in the rule of law'.

The Review includes but is not limited to, the following matters:-

- the structure and organisation of, and distribution of work between, courts;

- their composition, including the use of juries and of lay and stipendiary magistrates;
- case management, procedure and evidence (including the use of information technology);
- service to and treatment of all those who use or have to attend courts or who are the subject of their proceedings;
- liaison between the courts and agencies involved in the criminal justice system;
- management and funding of the system.

Submissions should be addressed to:

Lord Justice Auld
 Royal Courts of Justice
 Strand
 London WC2A 2LL
 DX 44450
 Fax: 020-7936 6804
 e-mail: crimcourtsreview@lcdhq.gsi.gov.uk

Website: www.criminal-courts-review.org.uk

Advance Notice

BFMS 6th AGM,
 London – 13th May 2000

Contact BFMS office for details and tickets

Looking for MRI correlates of MPD: A resounding failure

by Ray Aldridge-Morris PhD
 Consultant Clinical Psychologist
 City & Hackney NHS Trust

Multiple Personality Disorder (MPD) is too frequent a visitor to these columns to warrant more than the briefest introduction. It first appeared in the Diagnostic and Statistical Manual, published by the American Psychiatric Association, in 1980.

It has always been a controversial diagnosis with some seeing it as the inevitable consequence of childhood sexual abuse and accounting for up to 25% of all psychiatric disorders.

Others see MPD as an iatrogenic, cultural (North American) phenomenon best understood as an

elaborate role play by suggestible patients who fall prey to manipulative, if well intentioned, therapists. This is most certainly the prevailing view of U.K. based clinicians.

.... we are being asked to believe that people can fractionate into hundreds, even thousands, of different personalities .

The protagonists have responded to widespread criticism by renaming MPD as Dissociative Identity Disorder but its the same wine with a new label. They will point out that cases are reported outside North America but they account for a minuscule proportion of reported cases. Indeed, papers reporting such cases are often based on single figures compared with claims of epidemic proportions in North America.

There have been some attempts by believers to gain scientific credibility by trying to demonstrate a biological basis for MPD. *Inter alia* they have looked at squints, brain waves, cerebral blood flow, skin responses and blood pressure but there are no robust findings.

When one considers that we are being asked to believe that people can fractionate into hundreds, even thousands, of different personalities which will include dolls and animals as well as humans of varying ages and sexual proclivity this is hardly surprising.

However, despite the *a priori* implausibility of this clinical presentation; despite the sorry spectacle of a number of leading believers, from the ranks of the clinicians, being taken to the courts for the damage they have wreaked on families, attempts to ground this deception in our physiology continue.

The latest contender is a Harvard neurobiologist and brain imaging expert, Guochung Tsai. Although his investigation is based on but a single patient it has received widespread publicity including a spot in a recent *Tomorrow's World* programme.

The subject is Louise who went to her psychiatrist, Dr. Don Condie, complaining of depression. Fourteen years later she is still being treated by him and her depression is gone. Instead, Louise now has more than 20 different personalities. It seems that both doctor and patient are pleased with this extraordinary outcome and she remains his patient.

Louise can switch her ‘personalities’ at the drop of a hat, moving from speaking in bad French to a child caricature in seconds. This is seen as a remarkable facility by both Condon and Tsai who show a certain naïveté when it comes to research methodology. In the absence of any specific hypothesis or theoretical underpinnings, Louise was placed in a Magnetic Resonance Imager (MRI) and asked to switch to one of her alter egos, ‘Guardian’. She was then asked to pretend to switch to a child called Player. In the first condition the MRI showed activity in the hippocampal region of the brain, activity which was absent in the ‘control’ condition. This clearly impressed them as hard evidence that her alter ego was in some way ‘real’ and it also impressed Dr. Raj Persaud on the *Tomorrow’s World* programme. Indeed, he said, until this finding he had always been sceptical but now found this “persuasive evidence that multiple personality really exists and isn’t just pretence”. Fortunately, Dr. Tonmoy Sharma was on hand to state the obvious; namely, that one would expect hippocampal activity when processing information with emotional associations which would apply to a character that was a familiar part of this patient’s repertoire. The hippocampus is known to be implicated in memory and, of course, Louise has memories of Guardian just as one has memories of Dr. Jekyll but that does not mean that Dr. Jekyll is real. Given that Player was an invention of the research technician operating the MRI scanner it could be predicted that there would be *some* difference in brain activity since Louise had never heard of this character before. It had no associations.

MPD certainly exists, in the sense that there are hordes of people claiming they are host to enormous families of alter egos and only some of them are frank malingerers. However, their salvation lies in seeing psychiatrists and clinical psychologists who will help them confront the fact that they have become locked into an elaborate piece of theatre which absolves them from responsibility for their actions.

The place to look for MPD is not in the brain but in the culture, the practice of a sub-group of clinicians and a host of poorly qualified acolytes, and the hypnotic suggestibility of a patient group. To collude with these patients by accepting some crass notion of the ‘reality’ of their personae; even worse, to participate in the further proliferation of these caricatures is frankly alarming.

An insight into the work of a sub-group of clinicians treating DID/MPD patients is given in the following account of research.

Memory expansion in Dissociative Identity Disorder

by **Katharine J Mair**

Consultant Clinical Psychologist (retired)

Dissociative Identity Disorder (DID) is the term that has recently been adopted in preference to Multiple Personality Disorder (MPD) to describe the same condition. This is the apparent dissociation of an individual into different personalities, each emerging at different times. Although this phenomenon has been observed throughout history it has only recently been seen by some psychiatrists and clinical psychologists as a disorder that [deserves] wider recognition and that requires a specific type of psychological treatment.

During this treatment, which is usually extremely lengthy and intensive, the memories of those suffering from this disorder show a remarkable expansion. This is usually encouraged by the therapists, who believe that their patients have adopted their various personalities as a defence against severe abuse that they suffered as children but have now largely forgotten. Nearly all DID patients are adult women. The condition is attributed to events that occurred many years ago, about which they will usually be the only informants. Since it is now widely accepted that it is possible for people to have false memories, especially of far distant events, it seems necessary to be very cautious when interpreting any new memories that emerge during therapy.

A survey of DID patients

Concern about the possible effects of DID treatment led me to undertake a survey in a psychiatric hospital in Scotland (Mair, 1997). A search of hospital records identified 14 patients who had received this treatment. As part of this survey, I was able to examine, with official consent, their therapists’ treatment notes. The following information was obtained from these notes and from the therapists themselves. No contact was made with any of the patients.

The patients were all women, and on referral their ages ranged from 28 to 42. They were treated between the years of 1988 and 1995. Most of their treatment was carried out by three chartered, experienced clinical psychologists. All but one of the patients had been referred by their GPs. Their presenting symptoms included depression, anxiety, obsessional habits and occupational stress. Treatment lasted for an average of 3 years 6 months and was

sometimes quite intensive, involving sessions several times a week with additional telephone contact. The number of treatment sessions ranged from 25 to 500 (average 162).

At the time they were referred, nine of these women were said to have suffered some childhood sexual or physical abuse. Ten of them had had previous psychological treatment and in three cases the abuse seemed to have come to light in the course of this. It is therefore clear that in this sample most patients already had some memories of abuse before they started therapy. However, the memories of abuse that they acquired during therapy were strikingly different from those that they started out with.

The process of memory expansion

During therapy all these women remembered being abused by more people, in more ways and over a longer period of time. At the start of treatment none of those who reported abuse said that it had started before the age of four or was still continuing. In two cases a single episode of abuse was all that was recalled. As treatment progressed, however, ten women believed that the abuse started before the age of four, and all reported being abused for many years and sometimes for most of their lives. Most of those who reported abuse at the start of treatment mentioned only one abuser, though two of them mentioned two. At this stage all alleged abusers were male. However, as the number of remembered abusers grew, nine women came to believe that they had also been sexually abused by at least one woman, and five believed their mothers had been involved. The nature of the alleged abuse also became more sinister as treatment progressed. Many women started to recall sadistic sexual practices involving the use of instruments or animals, though this was never mentioned in the early stages of treatment. All memories which suggested the occurrence of ritual abuse emerged gradually, after many months of treatment. Three of the five women with these memories also appeared to remember, for the first time, that they had been made to give birth in adolescence to babies which were ritually sacrificed.

Memory expansion on this scale does not appear to be uncommon during therapy for DID. It is what might be expected in view of the theory commonly held by DID therapists. This assumes that the function of the patient's dissociation has been to split off memories

of abuse, holding them within a separate identity, outside the patient's normal awareness. It follows from this that it is only when someone comes into therapy that they can gain access to these memories. They do this by dissociating in the presence of the therapist, who can then act as a link, relaying them back to the patient once she is in her normal state of mind. The notes made by the therapists in this survey clearly state that this was what they believed was happening.

All memories which suggested the occurrence of ritual abuse emerged gradually, after many months of treatment

The process of dissociating, telling the therapist and then being told by the therapist what had disclosed was followed in all 14 cases. Almost all new memories

were first reported while the patients were in altered states of consciousness, often regressed to childlike states in which they seemed to be experiencing the abuse that they were reporting. Occasionally these new memories emerged while the patients were in dissociated states outside the therapy sessions. The patients might then telephone or write to the therapist, but it always appeared that the therapist fed the information back to the adult patient, who might then be checked or surprised by what she was apparently learning for the first time. The new memories continued to emerge throughout the therapy. The patients' changed beliefs about what had happened to them in childhood were thus built up piecemeal, from fragments relating to different ages, which first appeared rather disconnected.

Some of the most dramatically changed perceptions about past experiences came from those patients who started therapy giving quite rosy accounts of their early years. Thus one woman, who initially spoke of having a happy family life up to the age of sixteen, later believed that she had been raped sadistically and tortured throughout her childhood. She also came to realise that she had always been terrified of her mother and so broke off all contact with her. Another woman, who had first reported a good upbringing, later remembered sexual abuse from the age of two, and involvement in ritual abuse which had led to her twice giving birth to babies for use in cult ceremonies.

Living with new memories

The new memories, as documented by the therapists, all related to abuse of various kinds, mostly sexual. While these were added to the patients' consciousness, it seems that other memories were lost. There was no longer much mention of normal family happenings of the good parents who were sometimes

initially recollected. It is therefore not surprising that all patients were noted to be distressed during treatment. They were often shocked by their recovered memories and reluctant to believe them. Eight patients were reported to have harmed themselves or threatened suicide during treatment. Of these, four made suicide attempts and were admitted to psychiatric hospitals.

All patients, at times, showed some resistance to accepting their new memories. They objected that they did not feel real, were like dreams, or must have happened to somebody else. One patient wrote to her therapist, telling her that she needed to be told again and again that it had all really happened. The patients were apparently acquiring new beliefs rather than new memories, and both the initial doubts and the subsequent acceptance of them seemed intensely distressing. However, the therapists, who were expecting the new revelations, were always ready to comfort their patients and coax them into belief. They sometimes made authoritative statements about what they thought their patients had experienced. This was particularly true when patients were thought to have been ritually abused. In these cases the patient's disbelief was often attributed to prior 'programming' by the cult to prevent disclosure of their activities. Other techniques to encourage belief included lending patients books about sexual abuse (*Courage to Heal* being the most frequently mentioned) and introducing patients to other sexual abuse victims.

The power of suggestion

All the therapists seemed to be conscientious and caring. They genuinely believed that their treatment, though causing initial distress, would benefit their patients in the long term. They appeared convinced that what their patients experienced while dissociated represented real past events. Patients were thought to be reliving past traumas, and the intensity of their suffering during treatment made this all the more convincing.

Although the therapists were all fully trained and experienced clinical psychologists, they acted on

assumptions that ignored the findings of many of their colleagues. When their patients were age regressed they apparently believed that they really were back in a childhood state, rather than simply imagining it. Yet there is widespread evidence that when people are experimentally age regressed, using hypnosis, their behaviour reflects adult beliefs about how children might act and does not suggest any genuine reinstatement of childhood consciousness or memories. Moreover, hypnotic subjects can also convincingly portray themselves as they will be when older or as they were during past lives, yet few would believe that this sort of time travel is really possible (Naish, 1997). Dissociation and hypnosis are similar states, associated with highly developed imaginative faculties and increased suggestibility. It is therefore strange that any psychologist should discount the effects of imagination and suggestion on finding

themselves faced with an expansion of apparent memories such as we have just seen.

Yet there is widespread evidence that when people are experimentally age regressed, using hypnosis, their behaviour reflects adult beliefs about how children might act and does not suggest any genuine reinstatement of childhood consciousness or memories

Perhaps the therapists discounted their own suggestibility. During the past 20 years a group of North American psychiatrists have been vigorously campaigning for a greater recognition of DID as a disorder which they claim is almost always caused by severe childhood abuse and which responds to a specific type of treatment (Greaves, 1980; Loewenstein, 1994). This has led to a dramatic increase in the

number of reported cases, and also in the number of therapists willing to treat in the prescribed manner. A backlash of scepticism can be interpreted as a reluctance to face the true horrors of child abuse, and may even give added impetus to the therapists' well-meaning attempts to rescue their patients. They can then see themselves heroically battling to overcome the damage, not only of the assumed abuse, but of the disbelief of those who suggest alternative explanations for their patients' current difficulties. The therapy revealed in this survey followed recommended procedures and, as time went on, it reinforced the beliefs of both therapists and patients. Any doubts, on either side, would then be seen as betrayal, and both patient and therapist are trapped by their shared delusions.

References:

Greaves, GB (1980) 'Multiple Personality 165 years after Mary Reynolds', *Journal of Nervous and Mental Disease*, 168. 577-596

Kluft, KP (1991) 'Multiple Personality Disorder', in A Tasman and S Goldfinger (Eds) *American Psychiatric Press Review of Psychiatry*, 10, Washington DC : American Psychiatric Press

Loewenstein, RJ (1994) 'Diagnosis, epidemiology, clinical course, treatment and cost effectiveness of treatment for dissociative disorders and MPD' : Report submitted to the Clinton administration task force on health care financing reform. *Dissociation*, 7. 3-11

Mair, KJ (1997) 'Psychological Treatment for Dissociative Identity Disorder : Risks and Benefits'. Paper presented to British Psychological Society London Conference.

Naish, M (1987) 'What, if anything, is age regressed about hypnotic age regression? A review of the empirical literature'. *Psychological Bulletin*, 102. 42-52

Tania Hunter looks at the prospects for NHS reform in dealing with complaints

In October 1999 the House of Commons' Health Select Committee reported on NHS complaints procedures. Their terms of reference were to examine the effectiveness of the procedures undertaken 'following adverse clinical incidents and outcomes in medical care' with particular reference to the 'availability and accessibility of information, support and advice to patients and their relatives and carers'. The Committee's aim was to find out how the system operated, and what improvements are needed. Their findings, which will come as no surprise to complainants, were that the process is bureaucratic, protracted and fragmented. It is permeated with an 'ethos of defensiveness' which allows doctors and managers to cover up for each other. The Committee was told by the then Secretary of State, Frank Dobson, that the present system "really is a bit of a shambles".

The Committee is calling for 'a culture of organisational responsibility' and recognition that individual failures and systems are invariably intertwined. BFMS members will know that while an individual psychiatrist may have been the immediate cause of their problems, it is the lack of management supervision and the failure of regulatory bodies to establish norms of treatment which allow inappropriate and damaging practices to go unchecked. The Committee accepted that current methods of self-regulation afford no protection or accountability. It recommends that the Department of

Health introduces the clinical governance philosophy of team and organisational responsibility into the complaints system - making trust chief executives accountable for the quality of clinical care.

It is the view of the Committee that it is vital that the complaints procedure is made more open and transparent, and seen to be fair and independent. Their recommendations include the abolition of the role of convenor and introduction of a majority of lay members on Independent Review Panels. One of the main problems that the Committee came across was the lack of information given to patients and families, which not only prevented patients making informed decisions about their care, but fostered a sense of distrust. Litigation is often seen to be the only way of holding doctors to account. In turn the rise in litigation has led to a defensive attitude, and the Committee felt that trusts and health authorities must be reassured that early information is more likely to prevent than promote litigation.

Patients have an entitlement to be informed if they have suffered harm as a result of treatment, a duty which is 'enshrined in the professional duties set out by the GMC and is encouraged by the medical defence organisations'. However, it is not clear how the report's recommendations would be put into practice or whether the Committee has fully understood the complexities of the role of law within NHS systems. Complaints against GPs are defended by individual doctors, but a complaint against a hospital doctor will be defended by his/her employing trust. The Committee has not considered that a lawyer, whose duty is to act in the best interests of a client, is not bound by Department of Health guidance. It is inevitable in today's climate that the moment a serious complaint arises, legal advice will be sought. And a lawyer's view of the best interests of a trust may run counter to departmental guidance on a patient's interests and rights.

The Committee looked at the way a doctor's performance is monitored, and took the view that it is the Department of Health's responsibility to ensure that patients receive high quality care. It was felt that there should be a greater emphasis on regular assessments of performance, routine re-accreditation and clinical audit. The Committee explained that the term 'poorly performing doctor' includes the carrying out of inappropriate treatments. But although it was raised by the BFMS in a written submission, the Committee did not address the problems created by the lack of standard treatments for psychiatric disorders. How is it possible to conduct an independent clinical audit and adjudicate on 'appropriate' treatments, when regulating bodies have failed to agree on norms of practice and outcomes?

BFMS members who have spent years in the complaints system have long recognised that the cause of their distress is not simply that an individual doctor has broken the rules of good practice, but that the health service itself is deeply flawed. The Health Select Committee's report is a welcome document that acknowledges the experiences of complainants and makes many sensible and practical recommendations. But while they may advise the Department of Health - for instance, to publish a consultation document on the introduction of a no-fault compensation scheme which recognises the importance of patients receiving 'full satisfaction, apologies and remedial action from their complaint' - they have no authority to enforce their suggestions. And even if the Department of Health does accept and implement the Committee's recommendations, a reformed complaints system will only be effective if it is accompanied by far-reaching reforms within the NHS itself.

House of Commons Health Select Committee Sixth Report : Procedures Related to Adverse Clinical Incidents and Outcomes in Medical Care, Published by The Stationery Office Limited, October 1999

MEMBERS FORUM

Eileen Berridge continues her report on the Health Service Ombudsman Complaint Service

In my article published in the August Newsletter entitled 'The Health Service Ombudsman Complaint Information' I am sorry that I made two errors. The first (para 7) incorrectly stated that the HSC "will not investigate a complaint about a complaint". In fact the Ombudsman can and does investigate some such complaints. Whether he investigates concerns about complaint handling can depend on various factors including: whether there are grounds to think the handling was maladministrative; the possible severity of any maladministration and injustice caused; whether a formal investigation would achieve more than an informal letter; and the Trust's previous record in this area.

In the second (para 12) I stated that the HSC will investigate third party complaints. What the HSC can actually do is investigate third party complaints if the person to whom the events occurred either agrees to the third party making a complaint or is unable to act and he receives a complaint from someone suitable to represent the person.

I would like to give some words of encouragement. We know how devastating it is to have the so called professionals, be they clinicians or social workers, label a family as abusive despite overwhelming evidence to the contrary. We continue to fight the system in order to try to get the necessary facts in front of those caring for our estranged daughter. The only routes we seem to have are by official complaints procedures.

The Health Service Commissioner (Ombudsman) is currently investigating our complaint against the NHS Trust originally involved. The complaint is on OUR behalf for unnecessary hardship and injustice experienced by US, not our daughter. If you feel you have evidence that you or your family have suffered similarly as a result of a psychiatrist's actions it could well be that the HSC would investigate your complaint as well.

Along with two other families' complaints against the same psychiatrist for similar reasons, our complaint with the GMC has passed the initial screening process. All three complaints will go before the preliminary Proceedings Committee in the near future.

We have found both the HSC and GMC staff helpful and sympathetic. If you believe you have a valid complaint, do complain. We have seen recently the tragic damage that can occur when the professionally incompetent are allowed to continue in medical practice. Neither the medical profession or ourselves want this. We can help the profession to raise its standards by exposing sub-standard practices, particularly in psychiatry. In doing this, we will also reduce the number of families who have to suffer the tragedy and trauma that we continue to endure.

Letter from a retractor's parents

Dear BFMS,

Just a few lines to keep you up to date on how our circumstances are now. It's been a great year, it's now as if our daughter had never gone through the nightmare of false memories. Apart from the odd nightmare, now thankfully very rare, she has completely recovered and is just as close as she ever was. She is also quite prepared to discuss with us just what happened, and always makes sure that we know that she knows it didn't have a grain of truth in it, it was all 'therapy induced'.

Our grand-daughters are very loving and stay with us regularly, so all in all things are just about as good as

they could be given what happened.

We hope all our fellow members have the same outcome as we have and we would be happy to talk to any one at anytime if it would help.

We think of you often.

A Mother & Father

NEWS FORUM

Smear campaign book withdrawn

A book alleging that the BFMS and critics of false accusations were part of a conspiracy to prevent child abuse cases being prosecuted was withdrawn on the eve of publication following threatened legal action by a psychiatrist.

Stolen Voices - an exposure of the campaign to discredit childhood testimony was written by journalist and broadcaster Beatrix Campbell and child care consultant Judith Jones. Both women have been prominent over the last decade in their support of 'recovered memory' and 'ritual abuse' claims. Judith Jones was the social worker at the centre of the Nottingham satanic abuse fiasco in 1989, while Campbell's support dates back to her coverage of the Cleveland scandal in 1987.

Stolen Voices received poor reviews prior to its withdrawal in October last year, with Professor Jean LaFontaine stating: 'The authors use personal attack to advance their view. The main target is the British False Memory Society, a support group for parents accused of sexual abuse by their (mainly) adult children, usually after some form of therapy. It is represented as an organisation that protests paedophiles by discrediting young children's allegations. I am another target, as are journalists, social workers and academics who are said to form the backlash. The use of innuendo is distasteful and, where I can judge them, the 'facts' are not true..... There is no new information and no new ideas on what can be done to protect children. *Stolen Voices* is a political document, long on rhetoric and short on fact; it fails to convince because it is misleading thin and curiously dated'. (*Evening Standard* 10.11.99)

The publishers, *Women's Press*, withdrew the book on legal advice following representations made on behalf of consultant psychiatrist Dr Janet Boakes concerning inaccuracies and misrepresentations. The

publishers circulated a letter of apology to those in receipt of pre-publication copies agreeing to remove the defamatory material and paying her costs. In a similar move, the publisher agreed to remove inaccurate and defamatory references to BFMS advisory board member, Dr Bryan Tully.

The BFMS Director, Madeline Greenhalgh, wrote to the managing director of *Women's Press*, Elspeth Lindner calling for 'grave and damaging errors' to be corrected prior to publication and was informed that all copies had been withdrawn.

It is understood that the publishers have received numerous complaints about factual inaccuracies and defamatory references and *Women's Press* state they have no plans at present to re-publish *Stolen Voices*.

Inquiry into Canadian abuse compensation scandal

An independent inquiry into retrospective abuse allegations has been ordered in Nova Scotia, Canada following mass compensation payouts for alleged abuse on demand (*New York Times* 23 January 2000)

One retrospective abuse conviction of a reform school employee in Shelburne, a small town in Nova Scotia in 1993 became a tinder box for compensation claims when the provincial Government put up a \$28 million compensation fund boosted by an additional \$8 million when the fund became exhausted.

The convicted man died in prison last year, but mass publicity at the time of the trial lead to a rush of allegations by former inmates against him and other employees. Once the government had panicked into putting up a no-questions-asked fund, allegations stretching back 50 years or more rocketed to an estimated 14,500 by 1400 accusers with 363 former employees accused. A five-year police investigation has so far failed to result in any charges with 403 recipients signing waivers precluding criminal investigation into their accusations.

Notices of the awards ranging from \$3,500 for physical assault to \$85,000 for sexual abuse were widely advertised in the media and posted up by lawyers in prisons. The compensation programme is said to employ 144 lawyers. Nearly every legal practice in the province is said to be involved in some capacity, prompting the state to hire a retired judge from Quebec to head the inquiry.

"It was like going to buy the lottery ticket when you already know the numbers," said Cameron S

McKinnon, a lawyer for 85 of the accused, many of whom have not seen the evidence against them.

Media reports have been scathing with the Canadian Broadcasting Corporation calling the fund “too bad to be true” while *Toronto Globe and Mail* columnist commented “the real victims of the Shelburne scandal” are “the vast majority of employees who dedicated their lives to helping troubled kids and are now seeing their names, reputations and life work smeared forever by allegations of hideous crimes they never committed.”

Wilkomirski teams up with fake satanic survivor

The strange world of Benjamin Wilkomirski, the Swiss musician who imagined he was a Holocaust survivor (see Newsletter Vol 6-7) took on a further bizarre ‘recovered memory’ twist when it was revealed he had shared a platform with a leading ‘satanic abuse’ survivor-imposter who had re-styled herself as a child victim of the death camps.

Laura Grabowski shared reminiscences with her ‘childhood friend’ Wilkomirski at a Hollywood fund-raising event in 1998, both having allegedly contracted an incurable blood-disease from the experiments of Dr Mengele. But all was not as it seemed. While Wilkomirski, the author of the emotionally-searing *Fragments*, was about to be exposed as a therapeutically-schooled fantasist, Grabowski, the former Lauren Rose Willson, had previously re-invented herself from her small-town US origins as Lauren Stratford, the author of one of the most notorious and influential fake ‘satanic survivor’ books, *Satan’s Underground*, in the 1980’s.

Her story of familial abuse leading to child prostitution and a satanic ring was meticulously researched and demolished by journalists Bob and Gretchen Passantino and John Trott, in a free-thinking christian magazine, *Cornerstone*. *Satan’s Underground* was withdrawn by its original publisher but, under a new imprint, it remains an influential template for ‘recovered memory’ histories in the UK and elsewhere. While Stratford, once ‘rescued’, became a committed fundamentalist Christian, Grabowski wears a star of David to proclaim her new-found Jewish identity. Wilkomirski’s fortunes, meanwhile, continue to decline with both the German and British publishers withdrawing his book as his true identity has been established beyond doubt.

The history of ‘Satan’s Underground’ and Lauren Stratford and the later expose of Laura Grabowski can be found on www.cornerstonemag.com.

INTERVIEW

*Dr Peter Dale is a therapist, trainer and manager of an NSPCC centre in Hastings that provides short term counselling for people with problems stemming from childhood abuse. An influential figure in policy and treatment for physical abuse and neglect in the 1970’s and early 1980’s, Dr Dale authored an official manual on sexual abuse counselling for the British Association for Counselling in 1993. After introducing a caveat on ‘false memory’ in a subsequent edition, he later withdrew the book and radically revised many of his opinions after undertaking research into sexual abuse theories and therapy. In his misleadingly-entitled book *Adults Abused as Children*, (reviewed on page 23) Dr Dale critically examines the ‘survivor movement’ and the implications for therapy of the recovered memory fiasco. **Here he discusses the change in his perspective and how it has impacted on his practice with Margaret Jervis.***

MJ: Dr Dale, I was struck by the change between what you had written in 1993 for the BAC and your latest book. The BAC book was prescriptive in tone whereas the later book was analytic, reflective and questioning. What was it that prompted you to undertake this research?

PD: The 1993 book largely came out of a synthesis of popular therapeutic literature at the time, some of which I was attempting to challenge. So it wasn’t intended to be a book that was particularly supportive of a lot of that sort of literature. I was concerned at that time that some of the practices that were being recommended in some of the very popular books on abuse and part of my intention was to put a bit of a brake on that for people in the UK. I suspect I didn’t do it enough in retrospect.

MJ: Because in fact it was the standard book for the British Association for Counselling for sexual abuse counselling?

PD: Yes

MJ: And the general prescriptive tone in that was a model: people have problems, people have repressed memories and you need to get them out one way or another.

PD: I don’t think I would have used that terminology because I’ve never been that comfortable with repression notions and ‘getting it out’.

MJ: But it stated that people will often deny their own abuse and you have to facilitate this conversation about early experiences which are pressing on the problems in some way?

PD: There was more focussing on that than I would

be comfortable with now. But I hope even the focussing in that book wasn't as prescriptive as some of the other literature around at that time.

MJ: You are in fact very critical of much of the leading survivor literature in your later book. Could you describe your own development of understanding about sexual abuse?

PD: It goes back a long way. My first professional contact with abuse issues was way back soon after I had qualified as a psychiatric social worker working in a child psychiatry unit in Manchester around 1974. I remember one specific mother of a child I was working with at that stage and she was talking in that interview in the work we were doing about having been abused as a child and that this was continuing to affect her in various ways. It just wasn't talked about in those days, there was no discussion about the impact on parenting of people's own abuse when they were children. And I think because I had never heard anything about this before I just didn't know how to respond to her in a way that was helpful. So I think that dates back my interest in what are helpful responses for people abused as children.

MJ: Sexual abuse?

PD: Well she was talking about sexual abuse, but the interest is across all forms of abuse and in the work I have done for a long time, a lot of which has been assessment of people where serious abuse has taken place.

MJ: After physical abuse there was this extraordinary explosion of diagnosing and treating sexual abuse in the 1980s. How did you connect with that? Did you undergo any training in it?

PD: There is no specific training for sexual abuse. People gather their learning and experience from different sources depending on which discipline or which agency they are working for.

MJ: But the explosion seemed to be linked to certain theories whether they be Freudian or Summit type theories. It was the idea that the way to see it is not seeing it - this paradoxical thinking that is followed through and which seems to draw people into a narrow frame of mind. Did you notice this yourself?

PD: I don't think I was a part of that but I understand what you are referring to and I think there were pockets of professionals who got very influenced by that sort of thinking and it still happens. A lot of it was derived from North American models.

MJ: But they were the leading models - they were the models spoken about.

PD: I guess because the people who signed up to those models talked most loudly. I don't know that those models necessarily reflected practice as a whole even during the era when this was at its most acute. They were the most coherently expressed models at the time.

MJ: The surprise for me was that by the early nineties that kind of thinking had spread out into private therapy so therapists were picking up on the same ideas.

PD: I think you can over-generalise. There were groups of therapists with a particular orientation and particular affiliations who got very influenced by some of those models that are now seen to very problematic and dubious. I don't know that even at its height it would have been typical of the therapeutic community as a whole. But the people who weren't signed up to those models weren't speaking equally

coherently or loudly about other models. They were relatively silent so the impression could be given that the therapeutic community as a whole was associated with that popular model.

MJ: Put it this way, if people specialise in sexual abuse they would tend to adhere to those models.

PD: I think the self-appointed specialists in abuse would have adopted those models because they were very fashionable and groups of therapists who were involved, I think, got a great deal of covert satisfaction out of the excitement and the thrill and the special knowledge of being in that sort of community that is 'in the know'. I still don't think even at its height they were representative of the therapeutic community as a whole and most people who were abused when they were children who seek therapeutic help even at the height of the sort of stuff you are talking about when they had gone to seek a therapist would not have found one of those sort of people. They would have gone to their GPs, local counselling centre and more likely or not would have been referred to clinical psychologist or whatever who would be working from a general eclectic framework which wasn't just solely abuse focussed.

MJ: But if you take your own BAC book it has very much that orientation - that was the template at that time.

There is no specific training for sexual abuse. People gather their learning and experience from different sources depending on which discipline or which agency they are working for.

PD: Well as you know I withdrew the BAC book some time ago but I still don't see it in the category of the abuse-focussed survivor community literature you are talking about, because I've never been in that camp.

MJ: So when you decided to do your research and look around, I got the impression you had suddenly had this realisation that all wasn't quite what it seemed to be. Did that actually happen?

PD: There have been a number of key moments. I mentioned earlier about the experience I had with the woman in 1974 and that prompted some learning. Another key moment was back in 1991 when my perspective on the sexual abuse industry began to change and that came from reading a paper by George Ganaway who wrote a very coherent paper which drew attention to the potential for suggestibility in the therapeutic relationship, particularly in relation to the development of false beliefs about not only sexual abuse but alien abduction scenarios. I thought that was really interesting, because I hadn't realised the potential connection between the phenomenon of inaccurately believing you were abused and what appeared to be a very similar phenomenon of people believing they had been abducted by aliens and how they can describe that in such vivid terms and believe it to the depths of their soul, whereas most people would say it was not really happening. I think it was just reading that paper that brought a lot of things together and of course Cleveland had happened some years before and my position with Cleveland had been we are getting this very, very wrong. So that came before, which was a key moment, and this stuff in 1991 just led me to look a lot more critically at what the therapeutic world was doing with people who had been abused - what was being prescribed in various publications. And then I realised there was no research behind these publications. These very high profile books telling people how to work with this client population and when you look at this very carefully it's not based on anything. It's based on the purely personal beliefs and experience of the person writing the book.

MJ: And repetition?

PD: Yes. Usually it's accumulated from other people.

MJ: Almost by rote?

PD: Yes. I was struck by that and that they were justifying it on the basis of those high profile publications and I just took the opportunity to see whether there was any research and, certainly in this country, there wasn't. So I proposed it as a project, managed to get the resources and learnt a good deal which further affected my perspectives on what is good and bad therapy. And that reinforced the

movement away from any position that therapy can be prescriptive, and that it needs to be completely open-minded.

MJ: Do you think there is a particular problem with sexual abuse as a subject? Why do there seem to be recurrent problems with sexual abuse in terms of distortions, putting the cart before the horse and running down blind alleys etc?

PD: I'm not sure I know the reason for it. It certainly has a history going back to Freud's preoccupation with it and all the people who followed in his footsteps.

MJ: People seem to get caught up in the narrative. You are quite critical of that sort of therapy at one stage, but that seems to be often what therapy is all about.

PD: I think you over-generalise again saying people get caught up in the narrative. I don't see in that general way.

MJ: If someone makes an allegation of sexual abuse what do you think the response should be?

PD: One assumes it ought to be systematically investigated with an open mind to all possibilities. And there is a team approach to this, a joint social service police investigative team or a squad of police investigating something very serious then you'd have checks and balances within the process, but if one individual has a quirky idea then the aliens really are taking over, with a team it can be spotted.

MJ: But I think there are whole teams that do operate in this way.

PD: I think it did happen in places.

MJ: I think it still does happen.

PD: Well I don't have that information. The area I am most familiar with that is what I've written about most recently regarding the multiple personality phenomenon which is a particular North American phenomenon, although there are some adherents to that in this country and that worries me greatly.

MJ: It's growing under the rubric of 'complex PTSD'. You can get insurance payments for treatment under this diagnosis.

PD: You say it's growing but I don't know that. My fear is that it might grow. But even so my hunch would be that the therapeutic community in general now, having been bruised by the recovered memory fiasco, is now much more alert to spotting the latest fashion in syndromes and treatment programmes. And while they still may attract some people I suspect the therapeutic community in this country generally speaking won't have anything to do with it whatsoever and I think that is where we vary from

North America.

MJ: In your research you say that only one of the therapists was what you would regard as a 'false memory syndrome' type therapist. This was a Dr S who carried out drug abreactions - an extreme case. I felt this was a narrow view of what the false or recovered memory problem was. My impression was that a number of them did seem to endorse certain kinds of problematic assumptions. For instance, the number of 'survivor-therapists' was a bit disconcerting.

PD: Yes it surprised me. I don't know we know within the general population of therapists what proportion consider themselves to have been abused. We do know that people abused as children are fairly over-represented in the helping professions in general so there is no reason to imagine that the therapists' group would be any different from that. It is what that component of your personal experience does to you. It could be profoundly helpful or unhelpful.

..... when you get individuals struggling in their lives for whatever particular reason
..... and then you come across a community of people with a very specific belief system it is very enticing and attractive

MJ: It's most dangerous perhaps among those who think they have been abused, but actual haven't.

PD: Yes.

MJ: There were some that we would recognise as being 'false memory' cases - people who, for one reason or another, and it may not be the therapy, have adopted a particular kind of identity, and they probably will cast it off at some point.

PD: I think that happens. I couldn't say to what extent it is a characteristic of any particular person in the study. But I recognise what you are talking about and I think that has been part of the problem. I try to draw a distinction between the significance of false memories and false beliefs.

My hunch is when you get individuals struggling in their lives for whatever particular reason - adolescence, identity, existential confusion etc and then you come across a community of people with a very specific belief system it is very enticing and attractive. Part of the admission to that community, be it an abuse survivor community or scientology or the Moonies or whatever is that the price you've got to pay to get what the community will give you is to take the ticket and belief in abuse or whatever the

community is. Let's just assume it's a survivor abuse community - you go in for whatever reasons and needs - and part of belonging is that you must adopt the cultural beliefs of the group that you joined to get the positive benefits from that - the friendship, warmth, acceptance understanding the love etc. To maintain that you have got to adopt the belief system. So that if you go into a survivor group with those sorts of motivations and then adopt the prevailing belief system that all people there were abused and most of them didn't know originally but having joined the community they came to realise they were abused, then there would be peer pressure on you to follow that and produce memories to support the beliefs.

MJ: There must be a crossover point where either people are disbelieving and other people are saying they ought to believe or where people are saying something knowing that they are lying, but because other people believe then they come to believe it themselves. Many of alleged effects of abuse may be the same as the effects of a festering lie and the two are very poorly differentiated.

PD: I think there is a difference between people who genuinely believe something that is wrong and somebody who is lying about something they know is not true. Once you've worked in the psychiatric field for instance as I did for quite a long time, you work with a lot of people who have got delusions in otherwise intact apparently sensible and logical personalities. There would just be this area of delusion they would completely believe in. But they are not lying. They genuinely believe that it is so and then misinterpret the environment in way that supports and reinforces that belief.

MJ: But the thing about allegations of sexual abuse is that they have enormous repercussions because they are serious crimes.

PD: But the point is they could be true or not true and if it is true then presumably something needs to be done about it. I think the issue comes back to what does the therapist do if a client - and its not that common - starts to remember from nowhere that he or she has been abused when he or she didn't know that before. I think it is very uncommon but it does happen. But there is a responsibility on the therapist in that situation which is different from the responsibility therapists were taking 10 or 15 years ago. I think the responsibility for the therapist now - and I tried to spell this out in the book - is for the therapist needs to be completely open-minded about the experiences that the client is reporting.

MJ: One of the things you point out at the beginning is that many sexually abused people don't need therapy.

PD: Not at all. But I don't know that the general public perception is that someone sexually abused is a stretcher case.

MJ: It's difficult to know what the general public do or don't believe but the media message is often if someone is abused, then they need therapy.

PD: For a period of time that went on but the media has changed and is now incredibly sceptical. Is your organisation moving away from therapy induced recovered memories, which I suspect are diminishing?

MJ: Things change all the time and I think you would expect that to change in that if you are dealing something which is manufactured obviously you would expect external events have an impact. There are now more teenage cases, often to do with psychiatric services.

PD: In relation to encouraging or facilitating false accusations?

MJ: Whoever makes the first move. The problem with teenage cases is that the system prematurely shores up false allegations and then the child goes down that alley way and can't go back. They burn their bridges. It may be a festering lie, coupled with fantasies that are encouraged. The system doesn't do elementary checks of facts and it can be tremendously damaging for everybody.

PD: I'm surprised that is happening

MJ: Then there are the retrospective police trawls and general false allegations, perhaps because of a grudge, and compensation incentives.

PD: Are you getting many therapy-induced false allegations? My hunch would be that therapists have been so severely jolted there are less.

MJ: I think it is fair to say we get less that appear to be directly induced by therapy. It is sometimes difficult to know what the relationship is with therapy. In the early days there were very quick shifts and stereotypical happenings. You still get that but the standard cases of therapy-related recovered memory with confrontation etc aren't as prevalent.

PD: What about MPD, do you find much evidence of that here?

MJ: There is some through rape crisis centres and psychiatric services linked to the International Society for the Study of Dissociation.

PD: But it's not rooting is it? I don't see it having a significant influence here. And I'd like to reassure your membership about that. I do not think it is rooting. The general therapeutic community I speak to would never swallow something whole in such an uncritical way.

MJ: Well it is happening in some psychiatric units.

PD: Pockets may be. I don't think the community in general is ever going to accept it.

MJ: It's going to be a minority. But people have said that problems have been solved before in this area when they haven't.

PD: I think what happens from your perspective in your organisation is that you don't see ordinary counselling therapeutic practice. By definition of the work you are doing you are hearing about the most bizarre quirky scenarios. One of my reservations about your organisation is that there tends to be an over-generalisation across all forms of helping professions which I don't think is completely justified if you are in there watching ordinary practice.

MJ: I think that is inevitable. But then on the other hand there are false generalisations about the Society: that it is automatically anti-therapy when it is not, and then there is a straw-man version of the problem put about by critics about something called the 'false memory syndrome' and if you don't happen to fit the boxes then the problem isn't there. There is this idea that if a 'recovered memory' happens within therapy or associated with it then it is likely to be doubtful but if it happens outside therapy then it is OK. For instance some people will say if you have a so-called 'flashback' and it happens in therapy is it likely to be unreliable but if it happens just after watching a television programme or when somebody is in an excitable nervous state is it reliable.

PD: I don't understand the distinction. If you remember something in therapy or remember having watched TV what are the chances of it being accurate, you don't know.

MJ: But there is a difference between remembering or retrieving memories as a normal thing and having a sudden realisation of something that you have never thought of before.

PD: It is difficult to know what to call that

MJ: Why call it a memory?

PD: We don't know what to call that phenomenon

MJ: Why call it a 'flashback'?

PD: We don't know. It could be true, not true or partially true. That was always the stance of the FMSF and that is right.

MJ: Well there is a difference between suddenly recalling something you haven't thought of for a long time because it was not that important at the time and suddenly saying 'now I remember my father was a rapist.'

PD: People do report that particular type of

‘remembering’ experience.

MJ: What do you think of that?

PD: If it is in a therapeutic context the reaction would be: this could be true, partially true or not true. As a therapist you would just say you don’t know.

MJ: But in one of your cases in the research there was a classic dubious case of somebody stating they had curled up in a ball like a child as the memories ‘surfaced’ for the first time

PD: Well I wasn’t equipped to distinguish between the truth or falsity of the claims

MJ: But somehow that experience has come to be called a ‘memory’. Why should it be called a memory?

PD: The particular sub-group of therapists we have been talking about call it a ‘memory’ but you can’t generalise.

I’ve never met a client during all my years of practice who has claimed to be a satanic survivor despite working in a lot of different contexts

MJ: But why call it memory?

PD: I was only calling it memory because I was querying your use of the word ‘recovered’.

MJ: There is a problem with terminology. The ‘recovered memory syndrome’ was put forward to explain this phenomenon and legitimise it as memory, so the term ‘false memory syndrome’ was coined as a riposte. I think ‘pseudo-memory’ is better.

PD: There is no universally agreed terminology for this area, and so people often don’t understand each other. One thing I would want to impress on your members is that in the context of practice is that typically if people were abused as children, they come knowing they were abused. They have always known, they have got on with life as best as they can. They have suddenly hit some crisis which means they have stopped being able to cope and the want to get back into coping mode and it is not to do with remembering being abused. And that is what good practice in counselling is. It is very, very rare that somebody comes into counselling without having known it.

MJ: Your research sample showed this happened to some degree in 30 per cent of cases.

PD: That they hadn’t known prior to remembering it?

MJ: To some degree yes. The other thing is that

there is no incentive in a legal context in this country for people to claim they have recovered repressed memories in contrast with the USA. I don’t know if that means you get some people who say they have always remembered it when they haven’t. We get cases - satanic survivor cases often claim to have always remembered it, now whether they believe that you don’t know. But if you get the chance to look under the surface it becomes apparent that they haven’t.

PD: I’ve never met a client during all my years of practice who has claimed to be a satanic survivor despite working in a lot of different contexts. I think they are clustered where that is part of the peer pressure to produce that kind of story and therapists then support it. But outside that I think it is incredibly unusual to come with that sort of story and one would immediately question the reality base of that in a supportive way.

MJ: You seem to be quite critical of some practice that utilises stereotypical theories and yet you still seem to think there is room for people to talk about previously unknown experiences.

PD: I don’t think that characterises much of what we do in individual counselling. There is enough to do usually with what they already know. What you have to do when you are running an organisation is to build in quality control in relation to standards of practice. I think that the quality control we have established in our project are extremely high and not unaffected by the controversies that have been around this field for the last few years.

MJ: Have you seen a change?

PD: Well no, but it was never one of the pockets of wacky therapy. It’s evolved and is becoming much more short term. That is the major change because we have learnt more about what helps and what doesn’t help.

MJ: One of things you seem to believe is that only wacky therapy creates the problems. It is our position that problems can occur wherever there is a belief in a particular theory maybe combined with certain techniques.

PD: But it is true that the worst cases came out of the wackiest centres of practice. It probably was more typical ten years ago when people were doing these things more routinely.

Did you miss last year’s AGM?

* Videos are on offer at £6 (inc. p&p)

* Transcripts are priced at £5 (inc. p&p)

BOOKS AND REVIEWS

Mind games that turn us all into victims

by Tana Dineen

A top psychologist attacks the excesses of her own profession

Psychology presents itself as a concerned and caring profession working for the good of its clients. But in its wake lie damaged people, divided families, distorted justice, destroyed companies and a weakened society. Behind the benevolent façade is a voracious, self-serving industry that proffers ‘facts’ which are often unfounded, provides ‘therapy’ which can be damaging and exerts influence which is having devastating effects on the social fabric.

The foundation of modern psychology has been largely abandoned in favour of power and profit. What seemed once a responsible profession is now a big business whose success is related to how many people become hooked on its appeal.

I was first drawn to the study of psychology by a fascination with human nature, the complexity of life and the content of consciousness. Being both curious and sceptical, I was inclined to ask questions and challenge assumptions.

However, over the past 30 years, I have noted a shift within psychology from questions to answers, from curiosity to certainty. I now distance myself from my profession. For me, there can be no pride in being associated with a group intent on interfering in people’s lives as it promotes its own interests under the guise of science.

Over the years, I have met some very disturbed people who needed help and protection. But more recently, most of the patients who have come to my office I would refuse to categorise in this way.

The influence of the psychology industry now extends across all aspects of life, telling us how to work, live, love and play. We are confronted everywhere by psychologists expounding their theories.

Meanwhile, people who are mildly anxious or slightly unhappy are turning to psychology for relief. They do this through weekly appointments, or seminars and workshops, or by buying books on ‘abuse’, ‘trauma’ and ‘stress’; all in the pursuit of an elusive experience

held out, like a pot of gold, by the psychology industry.

It is not news to say that society is becoming filled with people who consider themselves victims. What *is* news is that psychology is manufacturing most of these victims with motives based on power and profit. While people have become used to hearing about all sorts of victims - from those of sexual harassment to those of divorce and even holiday cancellation - they have not yet paid attention to the techniques which are being used to create and cater to these ‘victims’. Nor have they noticed how it is the psychologists who are benefiting from this victim-making.

Evidence of the current growth of the industry can be seen in the number of Americans becoming users. By 1995, according to the American Psychological Association, almost half the population had seen a mental health professional.

But the days have long gone when the British could laugh at America for its self-indulgent preoccupation with therapy and counselling. Psychology is now firmly established in British culture.

For the ‘patient’, there are many incentives for acquiring victim status and, in the short term, there are payoffs. The tragedies, health problems and disappointments of life become explained, relieving people of natural burdens: dealing with complexity, facing things beyond their control and accepting personal responsibility for actions.

New psychological technologies promise relief from these and give those with dull lives a thread of meaning. Victim stories become the excuses for the embarrassments or failures of people’s lives. For some, victim status itself is the credential which qualifies them as psychologists; being a victim can open the door to a successful career.

Having said this, not all psychologists are allowing themselves to be swept along by seductive theorising. There are those who have continued to take research seriously, acknowledging the limits of their knowledge and showing respect for people.

This is not because they have a PhD or a licence; it is because of who they are. Some are trying to save what remains of the ethical practice of psychology but a change of this magnitude cannot come from the fraternal organisations which have failed to protect the public and continue to promote the industry. Psychology has become too influential, too bureaucratic, too political; it will never voluntarily relinquish its power.

Manufacturing Victims by Tana Dineen
London: Constable, 1999
Paperback £14.99, 317 pp.

Article reproduced with permission from *The Express*

Blaming the parents – the myth resurrected

Allen Esterson reveals the myth behind the film *Shine*

As Edward Dolnick recounts in his book *Madness on the Couch*, not all that long ago mental disorders as severe and intractable as autism and schizophrenia were ‘explained’ by psychoanalytically-trained psychiatrists and psychotherapists (especially in the United States) as resulting from bad parenting - ‘refrigerator’ parents, ‘schizophrenogenic’ mothers, and ‘double-bind’ parental behavioural patterns which drove the young victims into an apparently irrational (but actually sane) world of their own. Oblivious to the disrepute into which such ideas have fallen in modern psychiatric practice, the makers of the film *Shine*, released in 1996, came up with the dramatic story of how the talented Australian pianist David Helfgott had been driven into a schizophrenic-type mental breakdown by intolerable familial constraints and, above all, by the brutality of his father, Peter. Purportedly based on the life of David Helfgott, the film was hugely successful, with critics and commentators almost universally treating the account of his breakdown and recovery as authentic. Even the fairytale depiction of how (in the words of the ‘Story’ of the film on the *Shine* website) “Gillian [David’s current wife] helps David come to terms with the death of his father, resolving the traumas of his past” seems to have been credulously swallowed by supposedly sophisticated film critics.

Attempts by some psychiatric organisations and psychiatrists to bring home to the public that the depiction of the cause of the schizophrenic-type breakdown of David in *Shine* was wildly at variance with the true nature of such disorders were swamped by the critical acclaim for the film. But even those who felt uneasy about this aspect of *Shine* could not have guessed the full extent of the travesty of the facts perpetrated by the filmmakers. How could they, since the film’s credits give “thanks to David and Gillian Helfgott for their assistance and cooperation in making this film”? But unbeknown to the public, David’s family, family friends, and other people

associated with David’s life, were enraged by the gross misrepresentations, both of individuals and events, to be found throughout the film. David’s older sister, Margaret, has co-authored a book which attempts to set the record straight and counter the misinformation disseminated about her father, Peter (who died in 1975): *Out of Tune. David Helfgott and the Myth of ‘Shine’*. Her account is backed up by quotations from numerous people who knew Peter, David and the family at all periods of their lives, and who have provided testimony that the portrayal of Peter in the film (and specifically his behaviour towards David) is a travesty of the facts.

The same is true of most of the dramatic ‘events’ shown in the film. Gillian Helfgott is David’s second wife, and is some sixteen years older than David, who is mentally and emotionally fragile and permanently on medication to control his schizo-affective disorder. (Evidently, Gillian was the guiding hand behind David’s financially hugely rewarding, but artistically disastrous, world tour, undertaken on the back of the film’s success.) It seems that David will say virtually anything Gillian puts him up to, and, according to Margaret, the way he talks about his life has changed radically since he married her. Reading Margaret’s account one can see why the film’s director Scott Hicks preferred Gillian’s version of David’s life experiences (now recorded in her book *Love You to Bits and Pieces*) to the sober facts about the insidious onset in David’s late teens of the mental disorder which was to dominate his life. As the Reverend Robert Fairman writes about the film’s misrepresentations of the years David spent at his hostel after a long period of hospitalisation, “The filmmakers’ line of thinking must have been: Why let facts get in the way of a good story?” And what better story is there than the mid-twentieth century fable about the person driven to mental breakdown by a brutal father/cold mother and rescued by the love of a good woman/psychotherapist?

Joshua Fox reviews two new books on the false memory’ debate

Controversies in Psychotherapy and Counselling. Edited by Colin Feltham.
London: Sage Publications, 1999, Paperback £18.99, 310 + x pp.

Adults Abused as Children, by Peter Dale. London: Sage Publications, 1999, Paperback £14.99, 238 + xvi pp

The first book has 31 authors covering a wide range of subjects related to the work of therapists - a shorthand term

used in this review to cover psychiatrists, psychologists, psychodynamic/analysts, psychotherapists and counsellors. The second book has one author solely concerned with understanding and helping adults who have been abused (usually sexually) as children. Though they are very different, reviewing the two books together does highlight subjects that concern readers of this *Newsletter*.

Controversies in Psychotherapy and Counselling is divided into four parts each consisting of pairs of chapters presenting two contrasting views on an issue. Part I on *Theoretical Issues* asks: Does the unconscious mind exist and is the concept useful in therapy? Are theories about birth trauma based on sound evidence? Should therapists be concerned about the dangers of recovering memories of alleged childhood sexual abuse? Part II on *Clinical Issues* asks: Has it been demonstrated that psychotherapy is effective or ineffective? Is the main change agent in effective therapy techniques and skill or the relationship between therapist and client? Is diagnosis helpful or harmful? Is it necessary to set boundaries in therapy sessions? Part III on *Professional Issues* asks: Is it essential that all therapists have themselves had personal therapy as part of their training? Are training and supervision necessary to produce an effective therapist? Is it essential for therapists to be trained in a core theoretical model? Should therapists have to be registered? Are there any real or important differences between psychotherapy and counselling? Part IV on *Social Issues* asks: Is stress a useful concept? Is psychotherapy an essential health care or is it unproven, overblown and unconvincing? Does a belief in therapy empower or disempower people with problems?

Each chapter presents a wide range of ideas and points of view backed up by references ranging from none to 78, but the book's main drawback is that many of the paired chapters are at cross-purposes so that they talk across each other. It is rare to find particular issues debated on the same grounds, especially as two authors rarely use the same reference.

In my subsequent comments I will deal only with issues that relate directly to the 'recovered memories' controversy.

E.M. Thornton suggests in *Does the unconscious mind really exist?* that Freud's supposed discovery and interpretation of the contents of the client's unconscious mind was in fact the discovery and interpretation by Freud of the contents of his conscious mind. She illustrates this point through a detailed analysis of interpretations in the 'Dora analysis' of 1900, which she also presented in her article in the *Newsletter* (Thornton 1996). She suggests that the concept of the unconscious combined with that of repression has generated the recovered memory and satanic ritual abuse controversies. She also suggests that as a result of the large input of Freudian theory absorbed in their

training many social workers, probation officers, educationists and others see their function as that of psychoanalysing their clients rather than giving them the practical help they need. In their contribution *On the existence of the unconscious* Tim Kendall and Peter Speedwell suggest that Freud's views changed through the development of the concept of transference. Through this concept therapists could help clients recognise that how a client reacts to the therapist reflects how 'unconsciously' they react to others. More broadly the concept of the unconscious helps explain why we do not always act rationally or recognise what motivates our thoughts, feelings and actions.

In *Primal therapies - still born theories* Jennifer Cunningham with extensive references to research on infants' capacity questions claims made by primal therapists that adult clients could remember birth and early infant traumas. She comments on the danger of 'projecting adults feelings into neonates; of assuming that superficially similar manifest behaviour signifies an equivalent emotional experience', page 28.

In his contribution *The Trauma of Birth* John Rowan outlines theories from Otto Rank onwards that suggest that the trauma of birth is particularly important for psychotherapy. He cites research on how infants respond to external stimuli but does not demonstrate how this evidence proves his conclusion, 'When something traumatic happens to the infant, therefore, whether during or after birth there is a person there to experience and register it, and react to it'.

In the chapter on *False memories - a peripheral issue?* Roger Scotford says that it is not a matter of a few rogue therapists creating problems because qualified and experienced therapists believe in a theory of repressed memories in part because they are poorly trained in human memory and suggestibility. Those suggesting that false memories may be created during therapy are not attacking therapists in general or questioning the existence of the heinous crime of childhood sexual abuse. The real question is not whether false memories of abuse can occur, but what effect does the belief in 'repressed memories' have on the associated therapy. After experiencing such therapy, making a retraction takes enormous courage because the retractor has to reject the therapist who at first appeared so helpful and face the consequences of their accusation: family break-ups, police involvement, trial and false imprisonment. Therapists should adopt a critical stance in reviewing the source and reliability of the evidence on which conclusions have been drawn.

In her contribution *Believing patients* Marjorie Orr says that the majority of patients with 'severe mental illness' have been sexually abused as children. By disbelieving clients therapists are repeating the victimisation pattern. Children

... therapists are apparently unwilling to acknowledge that because therapy can be harmful they should deal firmly with their 'bad apples'.

deny that they have been sexually abused even in the face of overwhelming evidence. After many years adult sexual abuse survivors do recover memories that can be corroborated like the Vietnam veteran who could remember nothing of the atrocities he had witnessed. Children living in abusive families have to deny the abuses. Abused clients do not wish forcing or intrusive techniques to be used. All they need is the space and the support to recall their abuse. The existence of a few clearly unhinged fringe therapists has been exploited as a way of trying to silence the voice of those who were abused as children.

From the remainder of the book, several conclusions stand out. There is no one best way to train for and carry out therapy. Therapists can achieve or fail to achieve success in helping people with different problems in different ways. The effectiveness of therapy depends on how and by whom (the client, the therapist or other people) effectiveness is measured, on the match or lack of match between the therapist and the client and on countless factors outside the consulting room. Therapists very rarely ask themselves if what they are doing can cause harm to the client, let alone other people.

Adults Abused as Children is divided into three parts. *Part One:- Theory and research* background provides an extensive review of what is meant by childhood abuse and how it is treated. *Part Two:- Experiences of therapy* sets out the methodology and results from interviews lasting about two hours with 30 adults aged 25-55 who said they had been abused as children and experienced as adults varied periods of therapy with one or more therapist. The author also interviewed 17 therapists aged 30-61 who had been abused and 6 therapists aged 36-49 who had not been abused. *Part Three:- The Memory controversy* reviews research and opinions on 'recovered memory', relates the experiences of his interviewees in relation to this controversy, and sets out what the author sees as the implications of his reviews and research.

The book has over 400 references to research finding including many that are frequently quoted in discussions about 'recovered memory'. In Part One he explains how it is difficult to measure the incidence of abuse because it is defined and measured in many different ways. He then reviews the many different approaches adopted by therapists in general and how in particular they treat adults who report being abused as children. His review of research on psychotherapy and counselling includes references to many studies of client satisfaction rates and helpful and unhelpful factors that influence the progress and results of therapy. This review includes a thorough and critical analysis of four key-studies of abuse related therapy.

In Part Two he explains how he obtained all his 30 non-therapists and the majority of his therapist interviewees through media notices with the remainder of the therapists being personal contacts. Details in the *Appendix:- Interview participants* show that the interviewees represent a wide range of backgrounds and experiences even though his sample cannot be taken as statistically representative. His account of his findings includes a large number of quotes from the interviewees that illustrate the many

different ways in which adults experience and to varying degrees come to terms with their childhood experiences.

In Part Three he provides a thorough and critical review of how memories can be misleading and of how studies of how far memories of childhood sexual abuse (CSA) are or are not 'repressed' should be interpreted very carefully. He explains how the False Memory Syndrome Foundation (FMSF) was created and developed and questions the concept of 'False Memory Syndrome'. Of his own interviewees only one reported a false memory being generated by a therapist and 'with one exception, the therapists interviewed in this study did not fit the 'False Memory Syndrome' stereotype. They did not describe beliefs or practices which encouraged or routinely validated 'recovered' memories', page 194. The one exception was 'Dr S, a consultant psychiatrist in a privately funded psychiatric hospital, routinely used sodium amytal injections to facilitate patient's remembering and describing their abuses' page 183. 'In the case example described, Dr S seemed unaware of obvious concerns that his 'treatment' had precipitated his patient into a acutely suicidal state', page 185.

In his final chapter *Practice Implications* he provides extensive guidelines on how therapists can encourage clients to talk about their experiences and beliefs while being aware of the danger of generating or reinforcing beliefs that can neither be corroborated or help the client in a constructive way. He believes that there has been a drop in the number of 'recovered memory' cases, but that the same problems are emerging about the diagnosis and treatment of Multiple Personality or Dissociative Identity Disorder. He says that there is "considerable evidence it is predominately an iatrogenic (caused by social contagion and therapists influence) phenomenon" and refers the reader to his critique, "controversial extended treatment approaches are not validated and the clients as a whole do not seem to get better" (Dale 1999), page 202. In his *Endnote* he expresses his concern that admitting that therapy can cause harm will discourage adults and children from seeking treatment.

Whatever the merits and interest of the two books, it seems that therapists are apparently unwilling to acknowledge that because therapy can be harmful they should deal firmly with their 'bad apples'.

Perhaps, when concerns arise that harm may have been caused, we need an independent forum separate from all the professional groups. This forum could provide an independent assessor who would establish if clients or others had been harmed and recommend appropriate help. That, rather than yet more codes, guidelines and statements, could perhaps begin to reassure us all that justice is done and seen to be done.

Dale, P (1999). Multiple personality disorder: a sceptical perspective. In: Walker, M. and Black, A. *Hidden Selves: An Exploration of Multiple Personality*. Buckingham: Open University Press.

Thornton, E. M (1996). Does the Unconscious Mind Exist? *British False Memory Society Newsletter*, 4, No 1, 5-8.

Joshua Fox is a Chartered Psychologist

A novel approach to *False Memory*

False Memory by Dean Koontz

London: Headline Book Publishing, 1999,
Paperback £9.99, 626 pp.

It takes patience to get through the first few chapters of *False Memory*, the new thriller by American author Dean Koontz. The story is slow on the uptake, the detailed descriptions of everyday events and scenery are tedious and you find yourself wondering when the action will start. However, once past the first hundred pages the pace picks up and you have a novel that is fast moving, gripping, disturbing and brilliantly layered.

The story, set over a period of just three days, follows the lives of four characters whose normal existence is turned upside down by one man – a hypnotherapist, Dr Ahriman. One by one, each character seems to fall under the spell of the evil therapist, whose soothing words and charm fool them all, but the mystery lies in discovering how and why Dr Ahriman has taken control of their unconscious thoughts.

The main character, Martie Rhodes is a computer games designer, overworked and slightly stressed, but nonetheless living a normal happy life with her decorator husband, Dusty. Martie's best friend, Susan, however, suffers from agoraphobia, and relies on Martie to accompany her to her weekly therapy sessions with Dr Ahriman.

Suddenly and inexplicably, Martie herself begins exhibiting signs of a disturbing mental disorder, 'autophobia', defined as a fear of oneself, and believes she is capable of inflicting great harm on her loved ones. As Martie's phobia gradually increases in severity, Dusty's younger brother Skeet also succumbs to irrational mental behaviour and tries to throw himself from a roof. It soon becomes clear that the four are involved in something much deeper and more sinister than an unlucky coincidence of mental illness.

Fortunately Dusty, the sanest character in the book, despite himself falling prey to Dr Ahriman eventually, manages to piece together the clues that lead him to the source of the problems.

Some of Koontz's scenes are shocking to the point of being offensive. One scene depicts Dr Ahriman implanting a memory into the mind of the vulnerable Susan, the memory of having been sexually abused by her own father. Using hypnosis and regression techniques Dr Ahriman is able to gain control of Susan's unconscious mind, allowing him to take her

back to a particular point in her life and to create a scenario that will later, through flashbacks, be thought of as a real memory. This implantation is deliberate and hypnosis becomes a veil for Ahriman's use of Susan for his own sexual pleasure.

While it is interesting to see the concept of false memory being popularised in bestseller form, the novel perpetuates myths rather than deflating them.

The evil Ahriman, whose name is the Zoroastrian term for the devil, is a parody of the 'false memory' therapist and may have more in common with the paranoid projections of the believers in satanic conspiracies than the genuine experience of believing in non-existent abuse. Rather than personifying evil, therapists implicated in eliciting false memory are all too often blithely unaware of the malign effect of their ministrations. *False Memory* lacks the subtlety and depth needed to portray the genuine article, but demonstrates the cultural ascendancy of the topic while providing an entertaining read.

Donna Kelly

OMISSION: In the piece on Freudian Tales of Seduction, in the last edition of the BFMS Newsletter (Vol 7 : 1) the author, Allen Esterson omitted a few words in the penultimate paragraph of his piece. The corrected sentence reads:-

But, after keeping quiet about his change of view concerning his 1896 claims for some years, rather than acknowledge (even to himself) that his analytic technique of interpretation had produced spurious findings he asserted that what he had allegedly uncovered were unconscious fantasies which covered up memories of infantile masturbation and (in the final version of his story) Oedipal incestuous desires.

Bristol Old Vic presents

Denial
by Arnold Wesker
directed by Andy Hay

This psychological drama is based on a family torn apart by past events when their youngest daughter pays a visit to a therapist, opening the door on a secret history....

The play is showing from 12 May to 10 June. For information contact the Theatre Royal, Bristol on 0117 987 7877.

LEGAL FORUM

New trial warning for delayed report abuse cases

In the last issue of the newsletter we highlighted the anomaly whereby the mandatory warning about convicting on uncorroborated evidence had been dropped at the same time as retrospective allegations of abuse increased.ⁱ We are therefore pleased to see that the Court of Appeal in *CAS*ⁱⁱ has recognised the significance of prejudice to the defendant in historic allegations with regard to forensic and medical evidence: ‘the judge should be alert to this risk, and if necessary he should remind [the jury] that the absence of evidence of this sort, which at an earlier trial might have been regarded as an essential ingredient of discharging the burden of proof, could be regarded as a form of specific prejudice to the defendant, caused by the delay.’ . It also noted that where an allegation was made long after the alleged events, more than a ‘general assertion’ of the offence having taken place ought to be necessary to establish guilt:

‘...[T]here will be scope for exaggeration and even imaginative fabrication by the complainant, if she is apparently a credible witness, and there is no means of identifying what part of her evidence is true. Care must be taken to ensure that the burden of proof is not effectively reversed.’

How binding a precedent this will prove to be is open to question. Appellate decisions on retrospective uncorroborated sexual abuse cases have meandered in confusing and contradictory ways since the abolition of the corroboration warning in the mid-1990’s. Many evidentially fragile convictions are upheld. This in turn has a knock-on effect on the willingness to prosecute and the trial process.

Trial judges have a duty to ensure the defendant has a fair trial. Provided adequate directions are given on delay, if deemed necessary, a conviction on this point will usually be regarded as safe. Yet arguably the so-called *Dutton* warning, a discretionary reminder of the difficulties of the defendant because of delay, is an illusory shield against wrongful conviction. The specimen direction provided by the Judicial Studies Board might be said to help the prosecution, as much if not more than the defence, because it compensates for memory lapses in all witnesses - thereby excusing factual inaccuracies of the accuser, while the accused, having, without memory loss, denied the existence of the alleged events, might be viewed by the jury as having forgotten the abuse!ⁱⁱⁱ

Yet concerns about the fairness of these trials continue to form central grounds of appeal. There are good reasons for this. Defendants convicted on uncorroborated verbal evidence of phantom crimes in the distant past cannot hope for the kind of dramatic ‘new evidence’ which proves that a murder was committed by Miss Scarlett in the drawing room and not Colonel Peacock in the Library because the underlying crime does not exist to be re-investigated. At best, in a rare combination of conscience, courage and clarity they might get a retraction from the accuser. To get to that point accusers must not only come to their senses, if applicable, swallow their pride and sacrifice a hefty criminal compensation award but also run the risk of being charged with perjury. In fact the police will sometimes suggest as much and a retraction is itself retracted at this point. Even if admitted as evidence on appeal, there is no guarantee that the Court will accept it. Paradoxically the conviction may stand because the retractor is deemed unreliable or presumed to be acting under pressure.

Consequently the only hope for the wrongly convicted in these circumstances may be a point of law - which in this arena of extraordinary crimes, has often turned on the existence of the extraordinary ‘defence difficulties’ warning compensating for any unfairness arising from being tried. The warning came into being six years ago when a defence barrister successfully^{iv} argued that a ruling, cited as binding precedent for the normal prosecution of alleged sexual crimes committed in the distant past^v, required a special warning to cure any disadvantage to the defendant.

A trickle of successful appeals ensued on this point followed by a steadily increasing stream of applications. Barely a year later the flow began to be staunch, led by Lord Chief Justice Taylor who commented that the accuser was equally disadvantaged by the delay. He added that a jury would be perfectly aware of the fact that the crimes must have taken place a long time ago, so that a special reminder was often superfluous^{vi}.

In *Henry H.*^{vii} in 1997 general principles were laid down. The warning, it was said was desirable but not necessary in a delayed uncorroborated case. Much depended on the ‘cogency’ of the evidence, with the court noting that the complainant’s evidence was ‘cogent’ despite being entirely uncorroborated oral testimony contradicted by the available facts. What appeared to have impressed the Court of Appeal was the narrative flow - a disturbing finding since this is an unreliable and misleading arbiter of truth-telling.

Dutton had run dry as an appeal point - either because

some warning would usually be given at trial or because the absence of a warning was regarded as insignificant. One commentator argued that the warning was itself unconstitutional, because by drawing attention to the difficulties of the defence, it weakened the principle of the burden of proof being on the prosecution^{viii}.

If this is correct, then the warning was aggravating rather than curing the underlying problem of potential unfairness. A fresh perspective on the problem was mooted in *Percival*.^{ix} Instead of focussing solely on the difficulties of the defence, it drew attention to the judge's role in displaying 'conscientious concern for the burden and standard of proof' in cases of historic reports. By this the Court seemed to imply two things. Firstly there was a danger in such retrospective trials of a *de facto* reversal of the burden of proof from the prosecution onto the defendant to prove his innocence, and secondly that the jury might convict without being sure of the defendant's guilt.

This tacit recognition of the mechanics of wrongful conviction renewed hope of numerous dubious convictions being overturned. At least two cases were referred back to the Court of Appeal on this principle alone. But within months, *Percival* was to be sidelined by Lord Chief Justice Bingham. He declared the judgment to be confined to its own facts^x- that is, the principle was not to be considered a binding precedent on any future case. In case after case, the *Percival* principle was rejected as a ground of appeal and even where the facts were similar to those in *Percival*. At one stage, in *Graham W*^{xi} it was suggested that the 'delay' was to the advantage of the defendant because it gave him grounds to challenge the reliability of the evidence. This argument relies on the presumption of guilt at trial and is an indication of how the muddled thinking in this time-warped zone may bamboozle even the highest levels of the judiciary.

So it is encouraging that the Court of Appeal has attempted to unpick some of these knots in *CAS* reaffirming the primacy of the *Percival* principle. Interestingly the ruling in *CAS* would appear to fly in the face of the 'cogency' argument of *Henry H* and contradict the decision in *Graham W*. In *CAS*, as in the early, often overlooked, case of *B*^{xii}, the Court of Appeal is attempting to grabble with the root of the problem - the quality of the prosecution evidence and whether it can be objectively tested.

Whatever the gloss added to judicial directions at trial, the fundamental issue remains one of the sufficiency of prosecution evidence and the possibility of a fair trial. As the Court of Appeal turns in circles, prosecutions and convictions increase relentlessly.

Observers expect this impasse to be challenged next through the Human Rights Act, which includes the right to a fair trial. The Act comes into force in the autumn.

For further information contact Margaret Jervis, Legal Affairs Adviser at the BFMS

- i BFMS Newsletter vol 7.no 1 August 1999
- ii per Evans,J (unreported) CACD 99/01664
- iii 'You should make allowances for the fact that with the passage of time memories fade. Witnesses, whoever they may be, cannot be expected to remember with crystal clarity events which occurred [many years ago]. Sometimes the passage of time may even play tricks on memories.' <http://www.cix.co.uk/~jsb/specdir/>
- iv *R v Dutton* [1994] Crim L. R. 910
- v *AG Ref no 1 of 1990* (1992) 95 Cr.App.R.296
- vi *R v Wilkinson* (1996) 1 Cr. App. R .81.
- vii [1998]Crim.L.R.409
- viii S.McKay, *The Lawyer* 26.05.98
- ix (unreported) 19.06.98 CACD
- x *R v Lloyd* (unreported) 30.11.98 CACD
- xi (1999) 2 Cr.App.R. 201
- xii [1996] Crim.L.R 406

IN THE COURTS

Unfair trial under Rights Act

The right to a fair trial under the incoming Human Rights Act was invoked when charges of rape and incest against a father were stayed by a crown court judge in Lincoln. Judge Hutchinson dismissed the case on an abuse of process argument following protracted delays by the police and Crown Prosecution Services resulting in 32 pre-trials hearings in the magistrates and crown courts between the arrest in November 1997 and the trial date on February 27th this year. The delays were held to have prejudiced the defendant to the extent that a fair trial was not possible.

In support of his ruling, Judge Hutchinson stated that he had to bear in mind the defendant's position in relation to Article 6 of the European Convention of Human Rights in view of the imminent implementation of the Human Rights Act 1998 in October this year.

It was also noted that the complainant's statement had been compiled by the police from a series of notes without her being present. It is understood that available exculpatory medical evidence was not investigated or disclosed by the police until the final hearing. In addition to the legal costs, the defendant was awarded a costs order to cover personal expenses.

***Courage to Heal* acquittal**

A father accused of sexually abusing his daughter based on 'flashbacks' and recovered memory was acquitted at the Old Bailey in November. The jury heard that the woman, now in her early twenties, had no recollection of the alleged abuse held to have occurred between the ages of one and six until her early twenties. The woman had tutored herself in 'memory recovery' using the book the *Courage to Heal*.

Missing records quash conviction

A man accused of abusing his ex-partner's 4- year old daughter fourteen years later had his conviction quashed in the Court of Appeal when social services records were found to contradict the complainant's evidence at trial.

The Vice President of the Criminal Division, Lord Justice Rose, stated that the records should have been sought by the prosecution as material to their case, and, failing that, once their existence had come to light through the inquiries of the appellant's current partner, the defence representatives ought to have applied for their disclosure. Commenting that the records would have been admissible at trial and on appeal, Lord Justice Rose said 'Not only would they have provided highly relevant and potentially damaging material for cross-examination of [prosecution witnesses] but the records themselves would...have been admissible under s.23 or s.24 of the Criminal Justice Act 1988 before the jury, had anyone, at that time sought to have them admitted.' (*R v M* 5.11.99 CACD)

Letter from Ali Malsher

An update on the case of *LC v Dr S*

It is with some sadness that I am writing the latest update on the above case.

The doctor concerned has finally been located and instructed solicitors to act on his behalf. Unfortunately, it had become apparent during the process of tracking him down that for some of the relevant period he was essentially uninsured. Indeed it would appear that he was uninsured for almost five years. He appears not to be an individual of any great personal wealth so taking action against him would be impractical. Any damages awarded would be used up in paying for costs.

At the last minute, further records were located by the hospital which identified the relevant period for development of the false memories as during the period when the doctor was not covered by insurance. A practical decision had to be taken to withdraw from the action against Dr S, which was a great pity given the lengths that had been gone to, to locate him and notify him of the claim.

There is still an action against the hospital, but this is more limited and as yet we await a further opinion on whether it will be possible in isolation. Hopefully this information should be available in the next few months. I would hope to provide a more detailed update at that time.

It is particularly unfortunate that proceedings have to be discontinued against Dr S in this case, since the evidence did seem supportive. There will be further information in due course for those who kindly donated funds to this cause. I would hope to be able to contact each of you personally about this issue once I have received the further opinion and discussed the matter with my client. In the meantime may I take this opportunity to thank you again for your support in this difficult matter, which has been of great assistance, both to the case and the client.

Ali Malsher
Solicitor

NOTICE BOARD

Action Against False Allegations of Abuse is holding a conference in London on Saturday, 11 November 2000 entitled *Resisting the Inquisition*. Tickets £10. For more information contact: AAFAA, PO Box. 84, Leeds, LS5 3XZ

Mark Barlow, Barrister, and Chris Saltrese, Solicitor will address a meeting/press conference on false allegations of sexual abuse on Saturday 8 April, in Manchester. For more information contact Falsely Accused Carers and Teachers (FACT) on 01744 20056

Groups have been formed to combat the mounting rise of false allegations of abuse resulting in criminal prosecutions and miscarriages of justice.

Action Against False Allegations of Abuse (AAFAA) Tel: 01635 202433

Falsely Accused Carers and Teachers (FACT) Tel: 01635 202433 email r.buckner@cableinet.co.uk

Friends of Derek Brushett (FoDB) Tel: 01222 513016 email: gail@wellwood.fsnet.co.uk

(*A group against false allegations in South Wales*)

Overseas False Memory Societies

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

AUSTRALIA

Mike Cox
PO Box 19, Kilkivian
Queensland 4600
Tel: 00 61 75484 1348
Fax: 00 61 75484 1051

BELGIUM

Alain Temmerman
Schauwegemstraat 24
9090 Melle, Belgium
Email: werkgr.fict.herinneringen@altavista.net

BRITISH COLUMBIA, CANADA

Vancouver & Mainland : Ruth – 00 1 604 925 1539
Victoria & Vancouver Island : John – 00 1 604 721 3219

ISRAEL

FMS Association : Fax: 00 972 2 625 9282

MANITOBA, CANADA

Winnipeg : Muriel – 00 1 204 261 0212

NETHERLANDS

Mrs Anna de Jong
Task Force False Memory
Ouders voor Kinderen

NEW ZEALAND

Colleen Waugh
Casualties of Sexual Allegations (COSANorth)
No. 51 Waimarie Road
Whenuapai Village
Auckland
Tel: 00 64 9 416 7443
Email: g.waugh@clear.net.nz

ONTARIO, CANADA

Ottawa : Eileen 00 1 613 836 3294
Toronto : Pat – 00 1 416 444 9078

SWEDEN

Åke Möller : Fax: 00 46 431 217 90

USA

False Memory Syndrome Foundation
3401 Market Street
Suite 130
Philadelphia, PA 19104
USA
Tel: 00 1 215 387 1865

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

ADVISORY BOARD: Dr R. Aldridge-Morris, *Consultant Clinical Psychologist & Head of Primary Care Psychology Service, City of London and Hackney.* Professor R.J. Audley, *Vice Provost, University College London.* Professor P.P.G. Bateson, F.R.S, *Provost, King's College, Cambridge.* Dr Janet Feigenbaum, *Lecturer in Clinical Psychology, University College London.* Professor J.A. Gray, *Professor of Psychology, Institute of Psychiatry, University of London.* Professor R. Green, *Consultant Psychiatrist, Department of Psychiatry, Charing Cross and Westminster Medical School.* Mrs Katharine Mair, *Consultant Forensic Psychologist (retired).* Mr D. Morgan, *Child, Educational and Forensic Psychologist, Psychologists at Law Group, London.* Dr P.L.N.Naish, *Principal Psychologist, Centre for Human Sciences, DRA Farnborough.* Professor Elizabeth Newson, OBE., *Emeritus Professor of Developmental Psychology, University of Nottingham.* Mr. K. Sabbagh, *Writer and Managing Director, Skyscraper Productions.* Dr W. Thompson, *Lecturer in Forensic Criminology, University of Reading.* Dr B. Tully, *Chartered Clinical & Forensic Psychologist, Psychology at Law Group, London.* Professor L. Weiskrantz, F.R.S, *Emeritus Professor of Psychology, University of Oxford.* (Chairman of the Advisory Board)

The British False Memory Society

Bradford on Avon, Wiltshire, BA15 1NF
Tel: 01225 868682 Fax: 01225 862251
Email: BFMS@compuserve.com
Website: www.bfms.org.uk

Management and Administration

Madeline Greenhalgh, *Director*
Margaret Jervis, *Legal Affairs Adviser*
Roger Scotford, *Consultant*
Donna Kelly, *Administrator*