LETTERS

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"Unsubstantiated claims" from the British Psychological Society
From Professor D. Stephen Lindsay

SIRS, The British Psychological Society's Working Party on Recovered Memories was expected to apply the best available scientific evidence to the most important and controversial current issue in psychology: The safety of psychotherapeutic attempts to help clients recover suspected "repressed" memories of childhood sexual abuse.

The Working Party's report does include some solid science, and it ultimately offers some sound advice, cautioning practitioners to avoid the most suggestive memory recovery techniques. Unfortunately, the positive offerings are preceded by and intermingled with unsubstantiated claims, questionable interpretations, misleading quotations, selective (and surprisingly sparse) citations of relevant research, and biased innuendos concerning parents who have denied accusations based on recovered memories.

Collectively, these flaws create the impression that there are little grounds for concern about suggestive memory-recovery techniques. I fear that the minority of therapists who favour extensive "therapeutic" searches for repressed memories are likely to take the report as BPS endorsement of such practices (which of course, are not perceived as risky or suggestive by those who use them). If so, this is deeply unfortunate, because a wealth of converging evidence indicates that such techniques may put some non-abused clients at risk of coming to believe that they were abused.

One can only hope that, while maintaining sensitivity to and support for clients with abuse histories, practitioners pay particular attention to those aspects of the BPS report that caution them about the difficulty of detecting clients with abuse histories on the basis of symptoms and the importance of avoiding suggestive memory recovery techniques, and that they search out more detailed and complete treatments of these topics than are offered in the BPS report.

Yours faithfully,
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Recovered Memories - British Psychological Society "misleading"
From Professor John F.Kihlstrom

SIRS, I was interested to learn of the report of the Working Party of the British Psychological Society, on the subject of "Recovered Memories".

I appreciate the efforts of my British colleagues to grapple with this difficult issue in an evenhanded way, and I agree with many of their conclusions and suggestions. However, with all respect, I believe that in some crucial aspects their report misses the mark.

In the first place, I think that the Working Party is wrong when it says that the ground of the debate over recovered memories has shifted from the possibility of therapy-induced false beliefs to the question of the prevalence of such beliefs. For most scientists, the issue has never been either the existence or the prevalence of false memories. Because the memories in question are typically not subject to objective verification, we will never know how many such memories are accurate, and how many are inaccurate or false outright. The primary question concerns the scientific basis for recovered-memory therapy. As I have shown elsewhere, this therapeutic practice, while well-intentioned, rests on very shaky scientific ground. There is virtually no evidence supporting the claims on which recovered-memory therapy is based, and considerable evidence going against these claims.

Belatedly, the Working Party has created something of a straw person with its depiction of extreme critics who maintain that recovered memories are impossible in principle, and that all therapists lead patients into recovering memories of abuse. In fact, most critics of recovered-memory therapy, including myself, are quite willing to concede the possibility of recovered memories; we just do not find the available evidence for the phenomenon remotely convincing. And while there clearly exists a subset of therapists who are predisposed to elicit recovered memories from their patients, nobody has claimed that all, or even most, therapists fall in this category.

The Working Party errs in criticizing those who, in turn, criticize the illogical and inflammatory statements contained in such books as *The Courage to Heal*. This book, and others like it, has been enormously influential on both popular culture and therapeutic practice, and its empirical, logical, and rhetorical defects deserve wide advertisement so that therapists and practitioners will not continue to be misled by its errors and exaggerations.

The conclusion of the Working Party that, with certain exceptions, the source of our memories is accurately attributed, is misleading for the simple reason that the exceptions noted by the Working Party include the typical therapeutic situation in which recovered memory occurs. Whether by self-help books such as *The Courage to Heal* or by therapists who base their practices on theories of "memory work", patients are encouraged to think about, and focus on, possible instances of past abuse, and to imagine situations in which such abuse might have occurred. These exercises effectively constitute rehearsal opportunities of just the sort that the Working Party (correctly) concludes lead to errors in source.

The Working Party repeats the claim that repeated or extended abuse is more likely to be subject to amnesia without critically analysing the empirical basis for this claim. In fact, this claim rests on uncontrolled observations, anecdotally reported. The Working Party does properly suggest that individual episodes of such abuse might be assimilated into a generic memory, in which the details of particular episodes are forgotten. But it should underscore that this form of forgetting has nothing to do with trauma per se; is not indicative of repression, dissociation, or any other pathological process; has no causal relation to the later development of clinical symptoms; and is unlikely to be reversed by any form of memory enhancement technique, whether biological or psychological. Therefore, the fact that individual episodes of repeated or extended abuse are forgotten - if indeed this is the case - may have absolutely no therapeutic significance.

The Working Party reports that forgetting of trauma is often reported, but it fails to emphasize that this forgetting is rarely verified. That is to say, it is rarely clear whether the patient has forgotten the episode, or merely failed to disclose it. And, as noted earlier, even in the case of verified amnesia it is not clear whether the forgetting is a product of normal or pathological processes. More important, it is often unclear whether the event in question actually occurred.

The Working Party believes that there is little danger that a few suggestive questions from therapists will lead patients to construct false memories of the past. But this is not the actual situation with which we are presented.

Many therapists believe, in the absence of convincing scientific evidence, that a history of abuse, especially abuse covered by amnesia, is causally associated with a wide variety of clinical symptoms. In many cases, these beliefs are explicitly communicated to patients early in therapy. Moreover, therapeutic encounters do not occur in a vacuum. Rather, therapy transpires in a cultural context which is increasingly permeated by unwarranted beliefs about the prevalence of abuse, traumatic amnesia, the clinical consequences of both abuse and amnesia, and the efficacy of recovered memory therapy. Within this socio-cultural milieu, even a few probing questions and suggestive remarks by an authoritative figure such as a therapist may be sufficient to inculcate a belief on the part of a patient that he or she was repressed, and start the patient on the road toward the "recovery" of false memories. Even a totally neutral therapist cannot prevent these cultural influences. For this reason, it is no comfort to discover, as the Working Party did, that a large portion of recovered memories appear outside a formal therapeutic context.

The danger of false recollection is underscored by the Working Party's discovery that nine out of ten therapists surveyed believe that recovered memories are sometimes or usually essentially accurate. Precisely because most recovered memories are not subject to independent corroboration, such beliefs on the part of therapists are completely unwarranted Thus, we are returned to the essential issue in recovered memory therapy (and the one I raised at the outset of these remarks): the theory and practice of recovered memory therapy is not supported by the available scientific evidence.

Yours faithfully

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Post Therapy...

From Suzanne Stevens

SIRS, I am finding that women, even though the victims of therapy abuse, are feeling guilty about the part they played in the development of the situation. This occurs where there has been direct abuse by a therapist, albeit financial, sexual or emotional etc., as well as in cases where a woman has realized that material she disclosed was based more on imagination than any absolute recollection of real events. This is, of course, of special concern where accusations of sexual abuse are made.

My own reaction is to feel great sympathy for their predicament and to be relieved that they have the maturity to accept some responsibility for the situation and to feel normal difficult feelings about that. It is encouraging that people do return to some moral base from which they try themselves, without the interference of therapist/counsellors, to deconstruct and understand what went on in the process of unfolding their lives, especially childhoods, in the presence of a therapist.

It is hardly surprising that the boundaries between fact and fiction become blurred. In almost all mainstream as well as so called fringe therapies it is an accepted tenet that the client must subordinate their autonomy to the control of the practitioner. To in effect suspend their disbelief that the therapist is in any way different from the rest of us. (This is how most cults operate and it is interesting that so many therapists have their own gurus and heroes.) The peculiar and abnormal setting of the therapy furthermore is designed to create a tension and an expectation that something significant will happen. A client becomes vulnerable in this kind of situation and, as they have invested a great deal in the therapy, whether financial or emotional, will quickly start colluding with the assumption that the therapist and his/her special abilities will be a central focus in the client's life.

Even in the bleakest NHS room there is often an attempt to create a special setting for disclosure, depending on the orientation of the therapist. The meeting between two hitherto equal people can become quite bizarre, including the expectant silences or hours of boredom designed to generate the urge to "confess", the hints that the material may never have been disclosed to anybody but the therapist, the secretive nature of which is almost bound to create an abnormal bond. There are often covert messages that the therapist is the only one who could deal with such material and the feelings attached, which in turn can generate a real anxiety about losing that therapist and so further bind them in a real folie à deux. In all cases it may not be eventually harmful but in many the dependency, deliberately fostered and then prematurely terminated for reasons other than the client's well being, becomes a common cause of complaints by clients.

All in all, the relationship, far from being therapeutic can become skewed, unbalanced and potentially unhealthy - just as in other abusive relationships. How often have battered wives bemused their friends and relatives by a refusal to leave an abusive partner? - there are similarities. The same loss of common-sense occurs in therapy.

During most therapies the client is also required to regress and become childlike. This is seen as a good sign that a trusting relationship has developed. It is nevertheless a highly abnormal state, the person is not a child and all sorts of confusions can develop between therapist and client. Academic exponents of therapy still do not deal with this satisfactorily and will even denigrate clients who will not subject themselves to the therapist. It is rarely that an abusive situation occurs where they both are acting as consenting adults - but when most normally accepted civilized behaviour is dropped, when the normal constraints between adults (characterised by mutual respect, including respect for privacy and distance between non-intimates), are dropped there is great potential for abuse of any description. What is rarely admitted by the therapist is the massive ignorance on the part of the therapist of the influence of his/her own needs and attitudes on what takes place. It is impossible that one person alone, i.e. the client, is being therapised, both are engaged with each other. Neither behave normally once involved, or act objectively.

Sadly, where abuse of power takes place, it is hardly ever acknowledged by either the practitioner or his professional organisation. The victim is more likely to become victimised further by collusion, denial or the isolation and intimidation of the client by threats, or by accusations of mental illness or offensive ploys such as accusations of, eg. Clerambaud's Syndrome. Denigration and attempts to discredit are very common responses to complaints of abuse.

Society is only now coming around to dealing with sexual abuse in the public domain - we are still far from getting it right - what we are even less capable of doing is dealing with abuse by the very professions set up to deal with the effects of abuse on individuals and society. Despite the lessons which should have been learned from the past decade concerning abuse, it has been easier for the professions in this country to prevaricate and sweep it under the carpet - they have done the public a great disservice, the whole therapy field is chaotic, with no regulation or proper protection for clients who too often end up in greater distress than before they ever heard the word 'therapy'.

Yours faithfully,

SUZANNE STEVENS, *Cardiff Woman's Support Group*

The impact of beliefs

From Michael Rubinstein

SIRS, In your Editorial "Professional snails" (Autumn 1994) you refer to those people swept along by their passion and sincerity who claimed to have been involved in practices which led them to believe that there is such a thing as satanic abuse. You add: "Careful research