

FALSELY ACCUSED

RECOVERED MEMORIES

The Royal College of Psychiatrists Working Party Report on Recovered Memories - Extracts

What is the significance of the Brandon report?

The Brandon report is an authoritative review of the current knowledge of the reliability of recovered memories of child sexual abuse and their source. It confirms that there are no good or safe ways of practising recovered memory therapy since all methods are prone to inducing false memories of abuse. This is the case regardless of the training or status of the welfare professional. The report has become the leading authority tendered in expert evidence in the courts and is likely to exert a strong influence on mental health and allied professional practice.

Extracts from the Brandon report:

What is recovered memory?

The emergence of an apparent recollection of childhood sexual abuse of which the individual had no previous knowledge.

'Recovery' of memory should be distinguished from 'retrieval' of memory by active recall or simple 'remembering', which are normal everyday occurrences.

What is false memory?

A false memory is the recollection of an event which did not occur but which the individual subsequently strongly believes...

"Memories" usually, but not always occur during the course of therapy...

Not all cases of false memory arise from therapeutic practice. Increasingly the request for "memory recovery therapy" is initiated by a client who has read one of a number of self-help books."

Can adult recovered memories lead to false reports of abuse in children?

"Evidence suggests that children who spontaneously report current or recent abuse are usually telling the truth.

Nevertheless, young, non-traumatised children may confabulate. Ceci and Bruck have highlighted the dangers of repeated interviewing of children who produce stories of abuse to please the interviewer and come to believe their own imaginings. Where a report is made in circumstances of undue influence, caution in the interpretation of children's accounts is required. This applies, for example, when contentious divorce or marital separation proceedings are in progress or where other accusations have been brought within the family on the basis of newly recovered memories."

Do psychological disorders, including eating disorders, point to a history of sexual abuse?

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The long-term effects of abuse appear to be largely non-specific. There is no pathognomic post-abuse syndrome.

Despite popular belief, empirical evidence linking childhood sexual abuse with bulimia nervosa is sparse.

At present all that can be said is that childhood sexual abuse is a vulnerability factor psychiatric disorder in general but for no condition in particular."

How can you detect recovered memory therapy?

Recovered memory therapy is not a single or unified therapy...It is a label to describe the practices of a heterogeneous group of clinicians who share a particular set of beliefs. They accept, ...that present symptoms are caused by past traumatic sexual abuse and that the memory of these events has been lost to consciousness [and] that this lost material can be recovered and that the recovery of these memories is essential to the remediation of the patient's symptoms. Neither of these propositions has been proven.

Psychiatrists are as likely inadvertently to be practising "recovered memory therapy" as non-psychiatrists are if they accept these propositions.

It is important to be aware that memory recovery is not confined to any particular therapeutic approaches. It may arise from any intervention coloured by similar beliefs about the cause of psychological distress. Television programmes, popular self-help books, talking to individual or groups who are convinced that repressed memories of childhood sexual abuse are responsible for many if not most, adult ills may act as a trigger or 'flashbacks' to generate false memories.

Are there reliable methods of indicating hidden sexual abuse?

There is no evidence that any checklists, syndromes, symptoms or signs indicate with any degree of reliability that an individual has in the remote past been sexually abused."

Are there reliable methods of recovering memories?

Evidence does not support the view that memory enhancement techniques actually enhance memory. There is evidence to support the view that these are powerful and dangerous methods of persuasion.

There is sufficient evidence of distortion and/or elaboration of memories to assert that entirely new and false memories can be created, not only experimentally but also in clinical practice.

The evidence suggests that this is true of drug abreaction, hypnosis, age regression, dream interpretation, imagistic work, "feelings work", art therapy, survivors groups.

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

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

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

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

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

Is recovered memory therapy harmful?

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

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

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

How can you distinguish between true and false memories?

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

There is no means of determining the factual truth or falsity of a recovered memory other than through external evidence.”

What are the likely preconditions of creating false memory?

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