
Author's reply

False memory syndrome

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In reply to Peter Whewell (September *APT*)

Whewell (1998) presents two polarisations: recovered memories are invariably false and created by clinicians, or invariably correct. This overstates the difference and there are serious issues on which he is mistaken. No one offers any respectable scientific claim that recovered memories are always true; and they are certainly not always created by clinicians. Some moral panics and perhaps other less dramatic occurrences underlie a number of false memories produced by social workers and police interrogators (Webster, 1998). Responsible cognitive scientists maintain that no scientifically proven case of recovered memory exists. In other words, recovered memories may happen – but, so far, they do not and have not been corroborated. Proving any such case would be difficult. Taking (A) to occur first and (C) last the question: “Was there a time (B) when you could not have possibly known the events of time (A)?” is virtually unanswerable at time (C) except through corroboration. However, there have been enormous numbers of abuses and atrocities against people still alive. Pope *et al* (1998) point out that if recovered memory was operative among so many cases, one would at least expect a few instances to be fully corroborated. So far there is none.

Whewell claims that forgetting corroborated child sexual abuse (CSA) as an adult is now well documented and cites Schefflin & Brown (1996) who comment:

“No study failed to find it. Amnesia for childhood sexual abuse is a robust finding across studies using very different samples and methods of assessment...recovered memories are no more or less accurate than continuous memories”.

There need be no argument that some CSA is forgotten, as are other early or unmemorable

experiences, but Piper (1997) demolishes the claim of reliability for recovered memories. Commenting on seven of the studies by Schefflin & Brown, Piper observed:

“Some employ indistinct, over-broad and vague inclusion criteria: that is, they fail to articulate, using operationalized, specific and narrow definitions for critical terms (‘sexual experiences’, ‘incest’, ‘sexual abuse’, ‘trauma’) the minimum criteria necessary to gain admission to the study...”

No study has demonstrated prospectively the occurrence of recovered memories. About 20% of cases of known CSA are not reported by adults in studies, but it remains undetermined whether this is because of forgetting or a failure to report.

No study has shown a case of recovered memories with solid corroboration. Some claim that they have found individual cases but none of those stands up to scrutiny. If one does do so in the end it will mean that recovered memory has been shown to occur once in a few hundred thousand cases of trauma.

Whewell relies on Pope & Brown’s (1996) claim that:

“It continues to be unclear if the protocol of any research purporting to validate FMS diagnosis in large numbers of persons used any criterion other than the decision rule that all recovered memories of abuse are inherently false”.

Obviously they wanted better standards than Schefflin and Brown relied on. In this respect the survey records of the False Memory Syndrome Foundation (FMSF) and the protocol are readily available (FMSF, 1993). In that series of 284 returned questionnaires (out of 487 sent) sent to families, the pattern of the sample is described. Of the fathers 61.6% were accused, 30.6% of the mothers were accused while 18% of the parents stated that the children had alleged involvement in satanic ritual abuse (SRA). The figures do not provide final scientific proof because that would start with the individuals who made the accusation, examine their

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lives thoroughly, collect all available data and determine that all the accusations were unproven. Few epidemiological investigations of any type meet comparable demands. However, many of the accusations are impossible to believe. SRA and childhood memories from before the age of three years, are at the least so improbable or uncorroborated that they have to be dismissed on any scientific basis. As Brandon *et al* (1998) remark: "If something could not happen, it did not happen". The exact pattern of the false memory syndrome is not always found but it has occurred often enough to be a recognisable, clinical and social phenomenon. That is all that need be claimed for it.

Probable false accusations on the false memory syndrome pattern have also been thoroughly demonstrated worldwide in a rash of legal cases. Some of them have included abortions in women with an intact cervix, bizarre assaults at a time when the alleged perpetrator was demonstrably not present in the same country, and so on.

Whewell presents material from the British Psychological Society (1995) and their comments on the British False Memory Society records. He claims it is evidence that: "... the FMSF's claims that accusers fit into a certain profile and that the accusations proceeded from a prior period of complete amnesia, were unproven by their (the British Society's) own evidence".

According to Weiskrantz (1995) the FMSF invited the Working Party of the British Psychological Society to look at its records as completed for two hundred cases at the end of 1993 (the year of foundation of the British False Memory Society). Fifty-four per cent of these records (97 of 181 examined) contained sufficient information to enable them to extract 'some crude statistics'. The British Psychological Society concluded:

"There is not a lot of evidence that accusers fit a *single profile* (emphasis added). From the British records, at least, there is no good evidence that accusers have *invariably* (emphasis added) recovered memories from total amnesia. Further documentation of the phenomenon is needed by the false memory societies in order to attain a more reliable picture".

So what? False memory syndrome does not have to be the only pattern of false accusations. There is, alas, a continuum of many false accusations ranging from false memory syndrome to role-playing and lies.

The British Psychological Society also noted that in false memory syndrome records about 27% of accusing children stated that alleged abuse began before the age of six years, compared with 66% in the FMSF survey, and allegations of satanic/ritual abuse were made in 6% of the British reports and 11% of the American reports in response to an

open-ended question. Likewise, only 21% of the British sample had been subjected to hypnotic age regression therapy, compared with 31% of the American sample. Further in the British sample: "...in only just under half was there explicit mention of memory recovery from total amnesia" (British Psychological Society, 1995). The American data came from a specific survey questionnaire. The British data was a routine or semi-routine compilation of information. To allege that these differences between data gathered in different ways mean that the FMS made claims that were unproven by their own evidence is biased advocacy. If half the British cases claimed recovery of memory from complete amnesia, and if even 6% of the British cases claimed allegations of SRA (which is not found anywhere), this indicates some similarity between the two countries. Although frequencies might vary between countries, depending on the selection process and social patterns, the fact remains that 97% of the British Psychological Society Working Party's own respondents believed they had patients who had been involved in SRA (Andrews *et al*, 1995).

Lief & Fetkewicz (1995) obtained data on former accusers who became 'retractors'. Forty out of 100 retractors in touch with the FMSF completed a detailed questionnaire. Fourteen (35%) of those individuals had not been in touch with their families when they decided to retract. Whewell gives no documentation to show that retractors have recanted because of "enormous suggestion or coercive pressure" and those who contact the FMSF are almost always post-retraction, and not usually related to parents or FMSF members. Retractors have been known to recant on occasion in the face of enormous pressure by a therapist who refuses to believe the abuse did not occur. (Of course, this is only anecdotal.) Whewell wants to work with the narrative truth of the patient who believes that they have recovered memories. If a retractor presented at his office explaining that they had believed recovered memories which they now know are false and that they had suffered a great deal as a result of these false beliefs, would their 'narrative truth' be accepted?

Whewell claims that:

"...Merskey confuses a frequent trauma (child sexual abuse) with psychotic phenomena such as regression to past lives and belief in abduction by aliens as if to suggest that there is no difference between a known frequent event and an unrealistic idea".

I did not write of 'psychotic phenomena', and Whewell's use of the word psychotic is undefined and questionable. Only a small minority of those who develop ideas of past lives or alien abduction appear to manifest schizophrenia, manic excitement, severe depression or a confusional state. Multiple personality and other improbabilities

espoused by prominent members of the recovered memories movement are best regarded as modifications of a social role or socially induced beliefs, symptoms due to ideas – hysteria, if you like.

Once an exciting idea gets around it will be picked up, spread, and often diluted, both in and out of therapy, but false memory syndrome started in therapy and the largest numbers until the early 1990s appear to have originated from contact with therapists (whether inside or outside the session). Nothing that I have said is meant to deter psychiatrists from taking a proper history. Much that I say is intended to inhibit them from accepting unfounded and unrealistic ideas and bringing such ideas forward to the detriment of their patients and the patient's relatives.

Whewell also says of the American Medical Association (AMA) Council on Scientific Affairs (1994) report:

“It is important to be aware that the reports accept that we do not yet know the true incidence of false memories compared with the large volume of true recovered memories”.

I find no reference in the AMA Council on Scientific Affairs (1994) report to a large volume of true recovered memories. I do find reference to the great frequency of abhorrent sexual abuse occurring in children that is always remembered.

The AMA quoted a statement from the American Psychiatric Association (APA; 1993), which said: “Many individuals who recover memories of abuse have been able to find corroborating information about their memories”. The AMA did not adopt that statement, which is clearly erroneous in the light of the failure of Schefflin and Brown, to make their case.

The AMA Council on Scientific Affairs (1994) report, like others, makes reference to the growing occurrence of questionable, if not false, accusations. Thus, it states, “The resolution was adopted in response to concerns about the growing number of cases in which adults make accusations of having been abused as children based solely on memories developed in therapy” and that “Most controversial are those ‘memories’ that surface only in therapy and those from either infancy or late childhood (including adolescence)”.

As to Pendergrast's (1997) estimates, I refer readers to his book and also to the survey by Poole *et al* (1995) and the finding by Yapko (1994) concerning the extent of therapists' beliefs in recovered memories. Whewell notes that Pendergrast was accused of abuse by his daughters. Pendergrast has always been concerned about abuse. His book is immensely scholarly, comprehensive and balanced – a classic of social scientific documentation. The accusations

against him were private and lacked any immediate threat of legal action. His forthright discussion of his own experience is a tribute to his courage.

Readers will find support for many of my comments in Brandon *et al* (1998). Most importantly, the great harm done by false memories is not only to the accused. Severe problems are caused for those who develop false memories and for those who have had true experiences of serious abuse. The latter find it harder to be believed, inevitably because of the willingness of so many members of the therapeutic professions to support flimsy cases and hopeless evidence for the sake of an out-of-date theory.

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