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A. Farmer, P. McGuffin Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF

Memory recovery among adults in therapy

Sir: Andrews *et al* (1999) base their study upon the British Psychological Society survey (Andrews *et al*, 1995) in which 4005 questionnaires were sent to chartered psychologists and 810 replies were received – a response rate of 20%. Of those who responded, 36% (291) had recovered memories in at least one client and 71% (208/291) identified themselves for future research, of whom 180 were interviewed by telephone. In this telephone interview 16/180 denied having a case of recovered memory, 9% could not remember the client, 10/118 did not have the case records, 17% declined to be interviewed and 2% could not be traced.

Thus, the study is based upon 118 from a population of 4005 eligible (2.9%) and they were found to be more likely to believe in the accuracy of recovered memories and to have seen satanic/ritual abuse cases.

The authors found that 36% of recovered memories were from the first five years of life and 9% fell within the period of infantile amnesia. Memory recovery techniques "seemed to be used more to help the clients to elaborate the memories than to facilitate their initial recovery", but the authors do not comment on the doubtful validity of such techniques or, indeed, of early memories. They also observe that "it is difficult to know how representative respondents were of professional psychologists who encounter recovered memories in their practice"; 2.9% of the original sample are hardly representative of anything other than the views of those psychologists questioned. They were discussing patients "40% of [whom] were no longer in treatment and notes were not consulted", and it is not clear how systematic the notes were on the remaining patients.

In our experience many who have recovered memories have been involved with multiple therapists and often do not inform their current therapist of this. Some people have also read literature such as Bass & Davis (1988) and have been members of survivors' groups.

We are still appallingly ignorant of the way in which real memories of abuse are dealt with. Do some people push the events to the back of their mind and avoid distress by not thinking or talking about them, only to feel compelled to share their experience after some trigger? Do some people who create 'false memories' do so through autistic thinking in the isolation of distress? There are many unresolved issues in this area, which needs less debate and more research. The only certain thing is that memory cannot be relied upon without external verification. We trust that there is at least agreement that recommendations for good practice such as those published by the Royal College of Psychiatrists' Working Group (1997) should be observed by all clinicians.

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S. Brandon University of Leicester, Post Graduate Dean's Office, Royal Infirmary, PO Box 65, Leicester LE2 7LX

J. Boakes Department of Psychotherapy, St George's Hospital, Blackshaw Road, Tooting, London SW17 0QT

Author's reply: Drs Brandon & Boakes' letter contains some misconceptions concerning our past and present research. The criticisms they raise involve the representativeness of our sample of therapists, and the validity of their reports. They suggest that the sample of interviewed therapists referred to in the paper constitutes 2.9% of our original sample and hence is unlikely to be representative of all 4005 'eligible' British Psychological Society practitioner members from the original survey (we should add that the response rate in the original survey was 27% (Andrews *et al*, 1995), not 20% as stated). However, the 4005 practitioners were only 'eligible' in the sense that they were all sent the original questionnaire. Many will not have been working therapeutically with non-psychotic, non-organically impaired adult psychiatric patients, and hence the survey would not have been relevant to them. It is almost certain, therefore, that the response rate among respondents seeing the appropriate group of patients was considerably higher than 27%. The response rate among practitioners who had actually had recovered memory patients is likely to have been higher still, considering that the subject of the survey would have been of special interest to them. Without a 100% response rate to our original questionnaire survey, the number of such eligible practitioners can, unfortunately, not be specified with any greater precision.

Therefore, we did our utmost in the paper to examine the representativeness of the therapists we went on to interview, when compared with the rest of the eligible respondents who in the original questionnaire survey reported having had a patient reporting recovered memories in the previous year. We compared the original survey item responses of eligible respondents in terms of whether they identified themselves for research or not, as well as in terms of whether they were actually interviewed by us or not. Very few differences arose and these were fully discussed where relevant with regard to their possible impact on our results. Thus, it seems fair to conclude that our sample is in almost all respects representative of the 291 eligible respondents from the original postal survey. There is some uncertainty about whether the 291 respondents constitute a large or small proportion of the total number of British Psychological Society practitioners with patients reporting recovered memories. There is inevitably, at this stage in the research, a tension