

False Memory Syndrome is rapidly developing into a *cause célèbre* – with the potential to become a seriously damaging issue for clinical hypnosis.

Public attention is increasingly focusing on reports of therapists creating – either deliberately or by chance – specious memories of childhood sexual abuses by clients' own parents

Widespread media coverage has fuelled this awareness and in both North America and Europe thousands claiming to be the victims of unfounded allegations by their own children are forming themselves into pressure groups – and politicians have inevitably begun to notice.

Campaigners within this new field maintain that bogus

recollections of incidents which never took place are being deliberately manufactured by unethical techniques. Hypnotherapy has been singled out in particular for criticism.

One leading group – the British False Memory Society – estimates that approximately a quarter of all the cases on its files involve hypnosis and inquiries by the EJCH has repeatedly produced the name of one particular organisation.

Irrespective of whether the charges being levelled against therapists are true or groundless, clearly the concept of False Memory Syndrome holds enormous dangers. The history of how False Memory Syndrome has taken hold is examined in this paper, which also looks at some of the important issues involved.

False Memory Syndrome – True or False?

By
Bob Marsden



Bob Marsden

is in private practice in Hertfordshire, England, offering a variety of brief therapies with or without hypnotic mediation and, where appropriate, recovery of hidden childhood experiences.

Correspondence:
34 Diamond Road,
Watford, Hertfordshire,
WD2 5EW,
United Kingdom

In America over the last two decades the growth of therapy with survivors of child sexual abuse has coincided with a burgeoning of civil and criminal legal actions against family members, usually fathers, aimed at protecting children from further abuses, securing punishment of the perpetrator, or gaining compensation.

Most allegations have involved children testifying directly about events that are current or recent. Those charged are legally defended. An obvious strategy for defence lawyers is to discredit the accusers and those associated with them.

Expert witnesses can show that the accuser's testimony may be invalidated or disbelieved. Naturally, lawyers and expert witnesses have pooled their knowledge and talent, conferring with and learning from each other and evolving networks of those of like mind.

Some have become regular and reliable performers in this arena and have developed their expert evidence into a body of doctrine. At the centre of the expert defence against allegations of current or recent child sexual abuse is the issue of the reliability of a child's memory especially in the context of the various methods used to help disclose them.

It can be shown that under appropriate circumstances children can be induced to believe things which never took place and to testify that they remember experiences they never had.

When those testifying are now adults bringing allegations of past sexual abuse, the defence focus is on recently recovered memory. A person will apparently go through later childhood and many adult years with no conscious awareness of abusive experiences when they were a child.

Then they begin to be disturbed by internal representations of traumatic childhood sexual experiences and become persuaded that the scenes did in fact happen.

The expert defence claim is that these representations are *false memories* and that the experiences were not real. This denial is also in the interests of those paying out personal injury insurance or compensation claims.

The proportion of money for victims of sexual crimes has been increasing substantially, while delayed memory cases may cost several times more than contemporary traumata. This adds loss adjusters and actuaries to the network of experts.

Helping to provide defences

Prominent in the development of the False Memory Syndrome move are Ralph Underwager and his wife Hollida Wakefield, both psychologists at the Institute for Psychological Therapies (IPT) in Northfield, Minnesota. Underwager has "*provided consultation and expert witness services*" for the defence in around a thousand cases involving possible prosecutions for child sexual abuse.

Since 1989 Underwager and Wakefield have produced, edited and written extensively for a journal *Issues in Child Abuse Accusations* which contain articles setting forth a number of the claims used to invalidate allegations of child sexual abuse. The journal has had special issues concentrating on *Satanic Ritualistic Abuse Allegations* (Summer 1991), *The Trade in Child Pornography* (Spring 1992) and *Uncovering Repressed Memories of Child Sexual Abuse in Adults* (Fall 1992).

The IPT also has direct dealings with families in which an adult child had made accusations of child sexual abuse. One such was the Freyd family.

Pamela and Peter Freyd's daughter Jennifer J Freyd PhD is Professor of Psychology at the University of Oregon. In December 1990 Jennifer – then aged 33 – went into therapy with a clinical psychologist.^{2a} During the second session Jennifer expressed real anxiety about the upcoming holiday visit from her parents.

First group

The therapist asked whether she had ever been sexually abused. Jennifer went into a strange state and a few hours after returning home began to shake uncontrollably and be overwhelmed with intense and terrible flashbacks of her father sexually abusing her.^{2b}

When her parents arrived she became increasingly distressed by her father's inappropriate sexual talk and the next morning asked her husband to request her parents to leave. When they asked why he told them "*Because Jennifer remembers that Peter abused her.*" Peter Freyd's response was "*I have no memory for that!*"^{2c}

Apparently Peter Freyd had himself been homosexually abused as a child, becoming a "rent boy", then decided to adopt heterosexuality. For most of Jennifer's childhood he had been an alcoholic, undergoing hospital treatment for alcoholism in the early 1980s.^{2d} A comprehensive account of the Freyd family dynamics is found in "*War of Remembrance*".⁷

In a matter of months Pamela Freyd had published a partly fictionalised^{2e} account of her daughter's allegations and their surrounding events under the name Jane Doe which appeared in the Summer 1991 edition of Underwager & Wakefield's journal *Issues in Child Abuse Accusations*, subsequently reprinting it in *Confabulations*,^{3a} an anthology of writings by or about families claiming to have been falsely accused of sexual abuse.

Late in 1991 a group of about ten "accused" families got together to compare notes, co-ordinated by Pamela Freyd.^{1a} Underwager writes: "*The original group also included some women who had been in therapy, had recovered memories, but then recanted and saw their therapy experiences as producing false memories.*"^{4a}

On 21st November 1991 Darrell Sifford, a journalist on the Philadelphia Enquirer, wrote a feature headed "*When Tales of Sex Abuse Aren't True.*" Sifford's article provoked a big response and by early 1992 other articles describing the false accusation phenomenon, as well as the setting up of the False Memory Syndrome Foundation (FMSF) by Freyd, Underwager and Wakefield, were appearing in newspapers across the United States and Canada

On the initiative of the "accused families" group, respondents were referred for further information on a free phone line to the IPT where Wakefield, Underwager and their staff answered the phones until May 1992 when FMSF got an office.^{1b,4a} The FMSF was formally started 14th March 1992,^{1c} although it had apparently been operating since January^{2f} or February^{4a} 1992.

Since then the FMSF has acquired over 5,000 families, initiated hundreds of newspaper and magazine articles and been represented on many television shows.

A paradigm scenario for FMSF families runs like this – an adult daughter goes into therapy ... recovers hidden memories of childhood sexual abuse by her father ... tells the family ... father denies it ... family members take sides ... both factions become more extreme and the "reality feud" widens to recruit supporters increasingly distant from the family nucleus, including lawyers.

In June 1992 Underwager and Wakefield sponsored a symposium on remembering "*repressed*" abuse held by the American Psychological Society, whose papers were published in the APS Observer, some being reprinted in *Issues in Child Abuse Accusations*. This was followed in April 1993 by a three-day FMSF conference entitled "Memory and Reality: Emerging Crisis". Expert witnesses delivered papers and some world-renowned academics added their support to the false memory syndrome movement's claims.

And so it has swept onwards, collecting new adherents in the media and in the professions linked with child sexual trauma.

In Britain a self-help group for accused families was set up in 1993. Called originally *Adult Children Accusing Parents* it has now changed to the **British False Memory Society**. The society is organising a two-day conference, "*Recovered Memories of Abuse: True or False?*", on 17–18 June 1994 at the Psychoanalysis Unit of University College, London in association with the Anna Freud Centre.

Meanwhile an alternative perspective is being offered by "Accuracy About Abuse" run by Marjorie Orr who is contactable at PO Box 3125, London NW3 5QB.

However the movement seems now to be diverging. The professional originators, whom I term the *Expert Defenders* faction, need to establish FMS as an unassailable all-purpose defence against any allegation of child sexual abuse, while particular experts will insure their claims against counter-attack.

The sufferers, families which have experienced the trauma of accusation (whom I term the *Self-Helpers* faction) hope for reconciliation and relief – a much more flexible position.

This divergence shows up over the issue of delayed memory, which the *Expert Defenders* deny, but the *Self-Helpers* accept. Both are united against bad therapists, exemplified in the sexual abuse "survivor" or "victim" culture. Both accept that sexual abuse of children does occur but happens elsewhere.

Ralph Underwager – the doyen of the *Expert Defenders* – has had his expertise, impartiality and accuracy challenged both in America and Australia. He resigned from the FMSF Scientific Advisory Board in 1993 following his published advocacy of paedophilia, saying he believed it was God's will that paedophiles chose their particular manner of pursuing intimacy and love through "closeness and unity of the flesh."^{1h}

Claims of False Memory

The false memory movement puts itself in opposition to Survivor Therapy and its outline argument seems to be:

- 1 People believe untruths about their own experience, including having pseudo-memories.
- 2 Survivor Therapists persuade clients to have false beliefs of unreal childhood abuses.
- 3 Survivor Therapists prescribe confrontation of the alleged abuser as necessary to the client's recovery and future well-being.
- 4 The client's family is falsely accused of behaviour invented in therapy and is destroyed by the false accusations.
- 5 Therefore, in the case being defended, accusations of having been abused as a child made by an adult in similar circumstances will be false.

While the first four propositions may be effectively true, the fifth is fallacious. Note that none of the first four statements is *necessarily* true. The Expert Defenders seek to produce confirming evidence for the certainty of all four and refute any disconfirmations.

The remedial schema for any case suggested by the FMSF involves:

- (a) Establishing false memory syndrome.^{1d}
- (b) Convening one or more family-based “enquiry meetings”.^{1e}
- (c) Obtaining a retraction from the accuser.
- (d) Achieving family reconciliation.

Meanwhile, some of the claims associated with the first four – rather arbitrarily formulated – propositions, are as follows:

Unreliable Experience

1 **Human memory is constructive rather than mimetic.** We re-invent any memory each time we retrieve it and may incorporate fantasy, distortion, condensation, symbolism, etc., making its factual reliability highly questionable. So memory is not a reliable representation of events or experiences.

2 **Indirect memory can replace personal experience memory.** People’s memory and perceptions can be replaced by different ones suggested by peer pressure, authority figures, media persuaders, or different stories about the same event. This includes replacement by people’s own sincere but different later accounts of their experience and, significantly, people to whom this happens have no knowledge of the substitution and believe the pseudo-memory was what actually happened.

This set of claims that there is such a thing as false or pseudo-memory seems valid and probably everybody has some direct experience in their own lives of such treachery of memory. However, accepting that these phenomena exist does not make them universal. Accepting that someone can tell lies does not mean that any statement they make must be a lie.

3 **Pseudo-memories can be implanted in one person by another** (particularly in a client by a therapist) by hypnosis or other suggestive or coercive means. Police-induced false confessions exemplify this claim.

4 **The process of therapy increases the probability that the material “remembered” is not historically true.** Many hypnotherapeutic techniques rely on changing the way a client experienced events in the past so that they can experience similar current events differently. Within NLP false memories are overtly created to provide a client with a better past.

In Britain, children who are to be witnesses in abuse prosecutions are forbidden to have any therapy before trial, presumably to prevent contamination of evidence.

For FMS proponents these claims can be used to challenge the testimony of children or adults claiming to remember being abused. They tend to presuppose only one kind of memory and retrieval, rather than a variety of mnemonic processes.

But representations of extreme or traumatic experiences may not operate in the same way as memories established in “normal” experiential states.

Direct representational memory derives from actual personal experience; indirect memory recreates an external representation, whether picture or description. All indirect memories are in a sense false or pseudoexperiential. This only becomes problematic when we lose a particular representation’s provenance: how we acquired it.

Distinctions between our representations of our own experiences and our indirect accounts of them are not as sharp as we might think. Many people systematically represent and remember their experiences as other people have attributed or interpreted them, or even as the experienter imagines other people would represent them.

- 5 **Hypnosis helps people imagine events so vividly they believe they are real even when they are not;** details and vividness do not increase the accuracy of recall. In 1984 a panel of the American Medical Association found that *“recollections obtained during hypnosis can involve confabulation and pseudo memories and not only fail to be more accurate, but actually appear to be less reliable than non-hypnotic recall ... hypnotic age regression is the subjective reliving of earlier experiences as though they were real – which does not necessarily replicate earlier events”*.
- However, whether hypnotic recall of normal events is directly comparable to that of traumatic experience is open to question.**
- 6 **The fantasy-prone personality easily produces false memories.** In certain individuals suggestibility, hypnotisability, dissociative disorder, fantasy-proneness, hysteria and deviant ideation are linked. In therapy these people are extremely vulnerable to false or pseudo-memory implantation by quite subtle means. Survivor psychologists might argue that it was real abusive experiences in childhood that led to the emergence of such dissociative functioning.
- 7 **Accused parents have no memory of any of the alleged events.** As an accused father says: *“I’m the only one who really knows the truth”*.
- 8 **Retractors resume contact with families with no mention of accusations.** It was their therapists who had induced false memories in them.

Becoming family reality

FMS seems to be applied only to false positive memory, ignoring false negative memory.

False positive memory is where there is a representation available for which there has been no experience. In *false negative memory* no representation is available for an experience that actually occurred. This may lead to amnesic logic: because there’s no available representation of an experience, *it didn’t take place, or, if I don’t remember, it didn’t happen.*

So a child abused by her father may have the experience denied and deleted and an alternative version installed and that father can delete the event from his conscious memory and substitute a plausibly acceptable version, which other family members, who were not there, accept as their own indirect memories and this becomes the *family historical reality* which corroborates both the pervading normality of family life and also supports the implausibility of accusations of impropriety.

The FMSF families pit the *“confabulations”* of the accuser against the *“amnesia”* of the alleged perpetrator(s). Because we try to make our experience consistent and avoid *“cognitive dissonance”*, both positive and negative memories, whether false or not, will be subject to idealisation.

This involves systematic deletion of all anomalous representations which do not fit with the ideal representational structure; and also searching, hunting for confirmatory instances, things that support or fit with the ideal.

All families use processes of direct and indirect memories (mutual confabulation) to create a system of commonly held realities. If false childhood memories can be implanted in adults by persuasive therapists, they can also be implanted by persuasive parents.

Parents have the advantage not only of continuing authority but also knowledge, mostly unconscious, of the susceptibilities of the adult child to particular methods of control and persuasion.

If something disturbs the equilibrium of the family (or any other complex self-regulating system) the system will use all means available to it to correct the disturbance and return itself to the safe range of values of its essential variables, or restore the *status quo ante*. An accusation of child sexual abuse, whether true or false, is a disturbance of the family reality which will elicit ever more desperate measures to restore the homeostasis of the idealised reality system.

Stability may be achieved by constructing an adequate new reality to incorporate the assertions as acceptably true for all sub-systems, or by the accusing person becoming a *“retractor”* by having a second memory *“conversion”*. If the confabulations and amnesias remain contradictory, the family reality is experienced as destroyed.

The FMSF suggests¹⁷ the following indicators of the presence of False Memory Syndrome:

- * **Amnesia for trauma:** "If a patient reports having been sexually abused by a parent, relative, or someone in very early childhood but then claims that she or he had complete amnesia about it for a decade or more."
- * **Delayed memory:** "If the patient attributes his or her current reason for being in therapy to delayed memories."
- * **Family denial:** "If there is denial by the entire family."
- * **Family normality:** "In the absence of evidence of familial disturbance or psychiatric illnesses."
- * **Implausible accusations:** "If some accusations are preposterous or impossible or they contain implausible elements."
- * **Childhood normality:** "In the absence of distress surrounding the putative abuse ... the child displayed normal social and academic functioning and ... there was no evidence of any kind of psychopathology."

The difficulty in using these criteria to detect false memory syndrome is that they all, severally or together, can be found in cases of actual childhood sexual abuse, so they don't help in the confabulation/amnesia distinction. It is the act of accusation and its cascade of effects which traumatises the family system, regardless of whether the stated allegations are true or false. So the false memory model is actually neutral with respect to accusations of child sexual abuse and cannot be used to decide about their truth or reality.

A caricature which happens

Both the *Expert Defenders*⁵ and the *Self-Helpers* reserve their fiercest invective for "survivor therapists":

- 9 **Manipulative therapists** who manufacture false memories may, among other things, be angry, inadequately trained, psychopathic types, unrecovered female sexual abuse victims, lesbian feminists (which may be the same thing), overtly paranoid, having a cult mentality towards sexual abuse being the cause of everything.

- 10 **Predisposed clients** come to therapy looking for a simple explanation for their own life disappointments and are mostly angry, bitter women but not, strangely enough on account of having been abused in childhood. A wilder version of this claim is that accusers (and their therapists) are all clinically paranoid.⁶

- 11 **Manipulative therapists enter into folie a deux relationships with their predisposed clients.** Therapist and client feed on each other's anger, prejudices and delusions, as if they were realities in the outside world. They form survivors' groups, in which therapists' beliefs are reinforced with cult-like methods.

- 12 **Therapists feel justified in using invasive and intrusive methods** to get beyond the client's evasiveness or resistance. Such methods include direct questioning, hypnosis, reading books like "*Courage to Heal*" and dream analysis. They use conscious accretion, that is adding on to fragmentary memories, fantasies, or suggestions, to build details of the presupposed abuse.

To most therapists, clients, or bystanders, this set of claims seems like a caricature of what actually goes on. However I believe that each of these and the following claims is to a greater or lesser degree substantiated – and improper therapy not only happens, but is more common than one might imagine. Claims 9 to 12 deal with what goes on inside the closed therapeutic situation. The next set of claims takes such coercive practices outside the consulting room.

- 13 Trauma search therapy not only confuses real and fantasised abuse, but also acts publicly as if anything apparently consistent with abuse confirms real abuse. Some accusers never remember the actual abuse. Survivor therapists even take denial by the accused as confirmatory evidence; he is "in denial", therefore he did it.

- 14 Therapeutic programmes use present-day interventions to reverse past damage and injustices. Clients individually or in a group express revenge and anger, or role-play fantasies of murder or castration, lawsuits, deathbed confrontations and the like. Or in addition they may enact, in the real world: accusatory confrontations with alleged abusers and their supporters; actual demands for monetary; behavioural, or emotional compensation; and criminal or civil litigation. *These enacted "retributive" remedies punish and destroy families.*

- 15 ***When clients enact in public, therapists refuse to conform to social norms.*** Accused parents are summoned to kangaroo courts without being told what is to happen. Therapists and clients refuse to meet accused parents or their representatives for discussions or negotiations. Therapists disclose only those of their client's therapeutic affairs they choose and cite confidentiality to refuse information on matters of concern to the accused parent.

Once the products of therapy are explicitly disclosed outside therapy, affected parties and agencies will join the game. Everybody has to take sides. Then the matter of objective truth becomes central to events.

Neither false memory syndrome nor delayed memory recovery can contribute anything other than confusion and escalation to the unwinnable battle over whose truth to believe.

- 16 ***Therapists attending cult or ritual abuse training are taught to persuade clients to believe in the ritual or satanic abuse first, then accept all recovered memories, feelings and experiences as true.*** I shall skip over ritual and satanic abuse claims in this paper, although the false memory syndrome movement has a lot to say about them. I suspect that in terms of false or recovered memories something different is happening in these cases which requires a deeper and more extensive consideration than I can give in this context.
- 17 ***Ritual abuse accusations are rumour stories; secret satanic cults never existed in history, only witch hunts.*** Bad therapists are conducting a fashionable witch hunt against innocent parents, finding the evil of child sexual abuse and conspiracies of group ritualistic sexually abusive practices wherever they look for it.

The procedures for discovering and establishing past or current child sexual abuse, including inference from relatively innocuous signs and spontaneous or forced confessions, exactly parallel those for discovering witches. The craze, mass hysteria, or moral panic includes persecution of sceptics such as proponents of FMS.

The destruction of families is real, with family members taking and changing sides about the truth and the consequences of the accusations. Trust is shattered. For family systems these bitter, hopeless confrontations and campaigns of malice and retribution are equivalent to prefrontal lobotomy of the brain, or to political destabilization of a country leading to civil war, all of which are more or less irreversible. A number of States in the US now have legislation or case precedents that permit litigation based on recently recovered repressed memories, while their statutes of limitation have been extended accordingly to legitimise claims over events 30, 40 or 50 years old. That really lets genies out of bottles.

No Repressed Abuse

The central pillar of the *Expert Defenders* position⁵ is that robust or massively repressed memory is impossible, a claim which is repeated and elaborated throughout the false memory syndrome documentation but not necessarily shared by all participants, particularly some of the *Self-Helpers*.

Indeed, the FMS Foundation Newsletter vol 2 no 6, 3rd June 1993, explicitly states: "*no one with a modicum of reason would claim that repressed and subsequently retrieved memories are false.*" I won't present these sometimes mutually contradictory claims in detail here, but in summary they are:

- 18 ***There is no such thing as recovered repressed memory.***
- 19 ***Abused children always remember the abuse.***
- 20 ***The longer the period of the abuse the less the likelihood of it being repressed.***⁶
- 21 ***All first year and most second and third year memory must be fantasy.***
- 22 ***Instinctual feelings create false memories.*** A psychoanalytical claim.
- 23 ***Trauma flashbacks are worst fear visualisations.***
- 24 ***Body memory does not exist.***
- 25 ***Recovery of repressed memories does not remove symptoms.***

Personal Conclusions

This paper has sought to outline some claims of the False Memory Syndrome movement, omitting much of the circumstantial folklore supporting FMS. I have not aimed at detailed evaluation or rebuttal of each claim – although I felt it was necessary and appropriate to comment.

It seems undeniable that people can be induced to perceive, believe and remember representations that are not true or real; and that this is ubiquitous. Furthermore, they can do this to themselves.

Consequences

Equally, people can fail to perceive, or misperceive, disbelieve and forget things they experience or do. Events can be internally misrepresented both by invention or deletion. However, I do not believe there is such a thing as False Memory Syndrome. For the *Self-Helpers* the reality of false negative memory will be problematic. It is a tenuous cognitive defence to hold that children can delete memories of being abused, but an adult cannot delete memories of abusing.

Equally, I believe that improper therapy abounds and is not new. There are two kinds of impropriety linked to the FMS debate about which therapists must take a stand.

First – Therapeutic impropriety: Clients come to therapy with parts of their life and experience out of their control in ways that seem to defy normal remedial action. If some of these intrusions messing up their self-regulation stem from real experiences or learnings, for which they have no useful conscious representation, then it can be a proper aim of therapy to provide such representations as will enable them to manage themselves adequately. If this involves recovering those experiences, then the therapist must have no place in determining their contents. The scenes will be whatever they need to be to alleviate the problems.

Therefore, therapists who specify the contents of these experiences, or scenes, in advance of their self-production, are imposing alien representations on the system, which will have more to do with the therapist's needs and experience than those of the client.

If the representations of buried traumatic scenes are generated by the client and change the client's current experience

beneficially and it all stays within the therapeutic boundary, then truth or falsehood, invention or reality are irrelevant. The therapist's craft role is to enable the process.

Second – Forensic impropriety: Once any representations of hitherto unavailable traumatic scenes are uttered outside the therapeutic boundary, the matter becomes public and out of the control of the client or the therapist. Family and social institutions will do what they have to do when their equilibrium is disturbed.

When a therapist provokes the client to initiate confrontation, retribution, or litigation, it is a challenge to these systems to destroy what the client represents.

There are no safe exit routes from these zero-sum games once they have started. **The issue is not truth or reality, but whose truth and reality.** However it is not a morally simple matter to confine the contents of Pandora's box within the therapeutic seal.

Modelling Memory

The False Memory movement suggests that repressed sex abuse experience requires new psychological theory and is incompatible with current knowledge of how the mind works. Certainly current theories of memory do not do very well in dealing with the phenomenon of delayed traumatic memories and the methods of eliciting or inhibiting them. Neuroscience may provide elements of a more complex model of the phenomenon we experience in hypnotherapy.

I accept the actuality of delayed reconstruction of experiences which have been insulated from the normally functioning whole person. I also accept the reality of dissociative processes in both children and adults and that a variety of incongruous experiences may be linked with them, including anomalies of memory. It is these phenomena that are at the heart of "confabulation-versus-amnesia" dramas.

I conclude with something Pamela Freyd said: **"Even if we assume for the moment that ALL the parents have dissociated and forgotten what happened and have an unreal image of life, imagine how they could feel that somebody had come into their lives and stolen or harmed their children."**^{1g}

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