FALSE CONFESSIONS AND FALSE MEMORIES: A MODEL FOR UNDERSTANDING RETRACTORS' EXPERIENCES?

KEY WORDS: False, confession, memory, retractors, abuse.

INCLUSIVE WORD COUNT: 11, 752

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ACKNOWLEDGEMENTS

The authors would like to thank Prof. Gisli Gudjonsson, Prof. John MacDonald and two anonymous reviewers for their comments on an earlier draft of this paper.

ABSTRACT

The present paper examines reports by ‘retractors’ (i.e. adults who have retracted their earlier claims of childhood abuse) to explore suggestions in the literature of possible similarities between their experiences and the experiences of individuals who falsely confess to criminal acts. Despite concerns about the reliability of retractors’ reports, these individuals provide valuable insight into the processes involved in making and then repudiating claims of abuse. The present analysis revealed similarities between the contexts in which retractors came to report that they were sexually abused and the contexts in which false confessions arise. Although caution must be taken in generalising from these findings, these similarities indicate that models of false confession could serve as a useful basis for conceptualising the processes involved in the development of claims of childhood sexual abuse that are subsequently retracted.

INTRODUCTION

A growing number of individuals have come to retract their previous claims of childhood sexual abuse. The existence of such 'retractors' would seem to demonstrate, if their retractions are valid, that adults can be induced to believe falsely that they had been sexually abused in childhood. The very limited amount of prior research with retractors has focused primarily on their experiences of recovering 'abuse memories' (de Rivera, 1997; de Rivera, 1998; de Rivera, in press; Goldstein & Farmer, 1993; Lief & Fetkewicz, 1995; Nelson & Simpson, 1994; Pendergrast, 1996). For example, de Rivera (1997) interviewed four retractors to test two hypotheses ('mind control' vs. 'narrative model) concerning the genesis of their claims of early abuse. He concluded that, whilst neither model fitted the experience of all the retractors, each provided a good description of the experiences of particular retractors.

The commentaries that accompanied the publication of de Rivera's (1997) article raised various methodological and theoretical criticisms. Many shared the skepticism of Hammond (1995) who argued that "there is no greater reason to believe that a retractor is telling the truth than to believe that an abuse victim is telling the truth" (p. 111). One reason for this caution, as several commentators on the de Rivera article noted, is that there might be a symmetry between the degrees of social pressure involved in recovering abuse memories and in then retracting them (Singer, 1997; Reviere, 1997; Kluft, 1999; but see Ost, Costall & Bull, in press).

Furthermore, some researchers have argued that retractors are highly suggestible individuals who had been first swayed into believing the recovered memories and then into rejecting them (e.g. Blume, 1995; Brown, 1995; Hammond, 1995; but see Gudjonsson, 1997a; Schooler, 1999, p. 213; Ost, Costall & Bull, in press). The purpose of the present study is to take the reports that retractors give of becoming convinced that they were abused and make a comparison with a related field of study, namely that of false confessions.

False confessions

Research on false confessions provides clear evidence that it is possible for people, in response to strong social influence, to make false claims about their past that can have serious, negative implications for themselves and those involved. A significant field of research has concerned cases in which individuals have falsely confessed to crimes that either at the time were known to be impossible for them to have committed, or where subsequent evidence demonstrated that the individuals did not commit the crime (Gudjonsson & MacKeith, 1990; Gudjonsson, 1992; Kassin & Wrightsman, 1985).

There are two main reasons why the study of false confessions might advance our understanding of the process involved in the recovery of child abuse memories and their subsequent retraction. Firstly, it is possible to establish that these individuals sometimes did not commit the crimes that they confessed to. Secondly, a body of research has been accumulating to aid our understanding of the processes that might have been significant in leading such individuals falsely to confess.

The analogy between certain adults accounts of childhood sexual abuse and the processes identified as being implicated in false confessions does have face validity and indeed comparisons have already been drawn between them (e.g. Brown, 1995; Gudjonsson, 1997a; Kassin, 1997; Kopelman, 1999; Kluft, 1999; Ofshe & Watters, 1994). Kassin (1997, p. 301), for example, has drawn parallels between the "false memory syndrome patient" and a suspect who falsely confesses: "in both sets of cases, an authority figure claims to have privileged insight into an experience in the individual's past." Kassin goes on to state that both groups of individuals are in a state of heightened vulnerability regarding their memories, that the interaction takes place in a context devoid of external reality, and that in both cases the 'expert' convinces the individual to accept a negative and painful self-insight.

Interestingly, whilst research has been directed toward examining the links between suggestibility and reports of 'false' childhood events (Heaps & Nash, 1999; Hyman & Billings, 1998; Porter, Yuille & Lehman, 1999) and suggestibility and false confessions (Gudjonsson & Clark, 1986), no research to date has directly investigated the possible link between *suspected* false confessions and *alleged* false memories.

How do false confessions arise?

Kassin and Wrightsman (1985) suggest that there are three types of false confession: the *voluntary* confession which occurs in the absence of any obvious external pressure, the *coerced-compliant* confession in which an individual confesses in order to escape from a stressful situation, and the *coerced-internalized* confession where the person becomes convinced, at least in the short term, that she or he did commit the crime. Gudjonsson (1992) argues that there may be systematic individual differences (e.g. self-esteem, self-confidence, susceptibility to guilt) that interact with contextual factors (e.g. a closed social interaction) and interpersonal pressure (e.g. from an interrogator) in leading individuals to make false confessions about crimes that they have not committed (see also Brown, 1995).

Ofshe (1989) provides a more detailed framework for understanding the processes that can occur in interrogations, raising the likelihood of a false confession being made. Based on a case study of a suspected coerced-internalised false confessor, Ofshe concluded that false confessors are persuaded to accept *two* things. The *first* is that they could have committed the crime, despite their lack of memory for having done so. Ofshe argued that false yet seemingly 'incontrovertible' scientific evidence is sometimes invoked to corroborate this 'fact' (e.g. inappropriately administered polygraph tests or non-existent forensic evidence), at least in the USA where police use of such trickery is not 'illegal', as it is in England and Wales. The *second* is then to convince the individual that there is a valid and plausible reason why she/he does not remember having committed the crime. Thus the subject of Ofshe's (1989) study had been told by the police that the reason he could not remember having committed a murder is that he was "blocking out his memory of the crime ... just like his having denied being an alcoholic for years" (pp. 9-10).

Ofshe (1989) identified eight tactics that appeared to have been used in cases of coerced-internalised false confession to 'overwhelm' the individual and convince him that he is guilty. According to Ofshe (1989), four of these tactics occur in all cases of false confession. These four tactics are as follows: repeated displays of the certainty of the interviewee's guilt; isolation from information and social

supports that differ from the interrogator's position; lengthy interrogation under conditions of great emotional intensity; and the collective development by the police and the interviewee of an *ad hoc* explanation that seems to account for why he does not remember the crime. A further four tactics occur in some cases: repeated claims of seemingly incontrovertible scientific proof of the interviewee's guilt; repeated reminders about aspects of the interviewee's past which would tend to diminish the interviewee's confidence in his/her ability accurately to remember the occurrence of the crime; straightforward demands that the interviewee publicly accept the *ad hoc* explanation; and tactics designed to induce fear that if the interviewee does not immediately comply with the interrogator's demands for a confession, the most severe of the possible punishments for the crime will result.

The role of *social pressure* appears to be a very significant factor in cases of false confession (Gudjonsson, 1984c; Gudjonsson, 1992; Gudjonsson & MacKeith, 1990). This has also been found to be an important factor in studies of laboratory-generated reports of false childhood events (Devitt, Honts & Loftus, 1996; Hyman, Husband & Billings, 1995; Loftus & Pickrell, 1995; Porter et al., 1999). As Malinoski, Lynn and Sivec (1998) have noted, "with increasing pressure, participants reported increasingly implausible memories" (p. 136). Furthermore, Ackil and Zaragoza (1998) have also shown that forcing children and young adults to answer questions about an event that they have not perceived (i.e. instructing them deliberately to confabulate) leads them later to report those details as if they had been perceived.

In summary, research has identified three categories of false confession (Kassin & Wrightsman, 1985) and has suggested that both coerced-compliant and coerced-internalised false confessions appear to arise as a result of overt pressure in a closed social interaction (Brown, 1995; Gudjonsson, 1992). The role of social pressure has also been identified as a significant factor in laboratory studies of 'false memories'. In addition, Ofshe (1989) has described eight key tactics that are sometimes used in the context of forensic interviews in some countries in order to increase the likelihood of a confession being made.

Retractors as false confessors?

Although the analogy between alleged false claims of childhood abuse and cases of suspected false confessions has been noted both directly and indirectly by several researchers (e.g. Brown, 1995; Gudjonsson, 1997a; Kassin, 1997; Kopelman, 1999; Kluft, 1999; Ofshe & Watters, 1994; see also de Rivera, 1998; Mazzoni & Loftus, 1998), no research to date has explicitly explored this comparison. The present study examines retractors' responses to a lengthy questionnaire regarding the processes involved in accepting and then retracting their claims of abuse (for details of this initial analysis see Ost, Costall & Bull, in press). This will enable us directly to address the following issues. Do the retractors' accounts of the processes involved in coming to believe they were abused bear any relationship to the processes identified by previous research as being involved in false confessions in police interviews? If so, what are the similarities and/or differences and how were these important in the development and maintenance of our retractors' abuse claims? Are there any commonalities among retractors' experiences of recovery that are not accounted for by theories of false confession?

Although some question the wisdom of relying on retractors' accounts of their experiences on the grounds that they may be biased or distorted (e.g. Blume, 1995; Coons, 1997) or that retractors may be highly suggestible individuals (Singer, 1997; Reviere, 1997; although see Gudjonsson, 1997a), others emphasise the value of such reports. For example, Schacter, Norman and Koutstaal (1997), whilst acknowledging that retractions may occur for a variety of reasons, nevertheless argue that they should generally be taken "at face value" (p. 78). Similarly, Schooler, Bendiksen and Ambadar (1997) argue that, although it is possible that such individuals are entering a denial stage, "there is simply no principled reason why we should believe individuals when they recover memories but then disbelieve them when they retract" or vice versa (p. 258). Whilst it is not possible to be certain that retractors' accounts reflect what actually happened, they still provide valuable information regarding how retractors perceived the circumstances surrounding the recovery of their abuse memories, and how they attempted to account for what happened to them (de Rivera, in press).

The following analysis will be based on a comparison between existing models of people who come to confess that they had been the perpetrators of crimes they did not in fact commit and reports by

retractors of how *they claim* to have become convinced that they were victims of abuse. This comparison will provide one possible conceptualisation of how adults might come to make claims of childhood sexual abuse that they later retract.

METHOD

The present study examined retractors' responses to a 62-item questionnaire relating to the initial development of abuse claims and their subsequent retraction (see Ost, Costall & Bull, in press). This questionnaire had been distributed either by e-mail or letter via the British False Memory Society (BFMS) and the False Memory Syndrome Foundation in the USA (FMSF) to 22 self-reported retractors (mean age 43.6 yrs, s.d., 8.73 yrs, range 28 to 60 yrs of age). Two respondents were excluded from our analyses. Respondent five claimed to have recovered memories as a result of participation in Scientology courses, but these memories did not involve childhood sexual abuse. Respondent seven's questionnaire was illegible and therefore impossible to analyse.

The respondents (Rps), who were anonymous, replied directly to the first author. They were told that the questionnaire was designed to gather information relating to experiences of recovering and retracting childhood abuse memories and was divided into six major sections: one covering demographics, three covering the process of recovery, and two covering the process of retraction. None of the questions involved a direct comparison between recovery and retraction. The specific aims of the study were not made explicit and every care was taken to ensure that the questions were phrased in such a way as to cause minimum offence or distress (a condensed version of the questionnaire can be found in appendix i).

ANALYSIS

Comparisons will be made between retractors' responses to items in the questionnaire and three psychologically distinct types of false confession: *voluntary*, *coerced-compliant* and *coerced-internalized* (Kassin & Wrightsman, 1985). Furthermore, Ofshe (1989) and Gudjonsson (1992) have identified various tactics that interrogators can use to convince individuals firstly that they have

committed a crime and secondly that there is a plausible and valid reason why they could not remember having done so (see also Memon, Vrij & Bull, 1998; Milne & Bull, 1999). The relevance of these tactics to the process of recovering abuse memories will be examined in relation to the reports we have obtained from retractors.

False confession scenarios and claims of alleged childhood sexual abuse

In cases of *allegedly* false reports of childhood sexual abuse, as with false confessions, it is important to consider the wider context in which such false claims, or false confessions, arise. The 'classic recovered memory' case (client enters therapy with no recollection of having been abused, engages in memory recovery techniques, and subsequently becomes convinced that she/he must have been abused) has typically been identified exclusively with one psychologically distinct type of false confession, the *coerced-internalized false confession* (Gudjonsson, 1997a; Kassin, 1997). In fact, as we shall try to show, the similarities between cases of recovered memory and false confession are more extensive. The following section will compare three psychologically distinct types of false confession that have been identified in the literature[i] with the range of circumstances in which individuals come to make claims of alleged childhood sexual abuse.

---insert table 1 about here---

Not everyone who comes to make false claims of childhood sexual abuse does so solely as a result of therapy. In fact, some individuals enter therapy already cued to the possibility that they might have been abused (see table 1). This was true of four of the retractors in our sample. Three of them (Rp 2, Rp 6 and Rp 11[ii]) described this suspicion as a "feeling that something awful had happened", whereas respondent $_{20}$ claimed that she had started having flashbacks after an intense seminar and that the therapist leading the seminar indicated that she must have a serious problem. As a result of her feeling that something awful must have happened to her, respondent $_{2}$ stated that she started reading self-help books. She claims that she was already cued to the concept of repression when her friend (who had also sought therapy to recover repressed abuse memories) suggested that she initiate a course of therapy. Respondent $_{6}$ stated that a social worker at her place of work suggested that she might have

been abused and respondent $_{20}$ indicated that, in addition to the therapist who had led the seminar, her boyfriend had also suspected that she might have been abused.

That allegedly false claims of childhood sexual abuse, or a false belief that one has been abused, can arise outside and independently of any form of therapy is now generally accepted (Gudjonsson, 1997b; Gudjonsson, Kopelman & MacKeith, 1999). This does not mean that therapy is irrelevant, although some are keen to distance or minimise the role that therapy might play. Kluft (1999), for example, notes that there are cases where "no matter how circumspect and cautious the clinician, the self-suggestion inherent in the patient's own expectations may exert pressure toward confabulation despite the therapist's most scrupulous efforts to avoid such an outcome" (p. 328). There is no doubt that cases such as these occur and indeed similar cases can be found in the false confession literature. These cases, described as *voluntary* false confessions, refer to confessions offered by individuals in the absence of any external pressure from the police (Gudjonsson, 1992, pp. 226-7; Kassin & Wrightsman, 1985). Although all of the four respondents mentioned above appear to have had a suspicion (or indeed a strong belief) that they were abused before entering formal therapy, this suspicion arose in the context of suggestions and authoritative claims from friends and, in the case of respondent $_{6}$ and respondent $_{20}$, from mental health professionals.

It also appears that some individuals claim that they were sexually abused as children to escape the immediately stressful context of some therapies (see table 1). One participant in a study by Nelson and Simpson (1994) reported that she faked remembering being abused in order to escape from the therapeutic situation:

> "I didn't have SRA [satanic ritual abuse] memories. The therapist put me in the hospital for 8 weeks until I remembered SRA. (Finally) I mimicked SRA flashbacks because I had seen them a hundred times in group. I did this to get out. I was out in one week, and I never went back (to that group). I rejected the SRA memories immediately upon release" (Nelson & Simpson, 1994, p. 125)

Within our own sample, respondent $_{18}$ provided a similar story, although it did not take place within the context of formal therapy. She stated that her now ex-husband (whom she also refers to as her

therapist) told her that he was certain that she was repressing memories of being raped by her father. She claims that he then proceeded to administer cocaine and used what she refers to as "sex therapy" in order to help her remember the abuse (in addition to hypnosis, age regression, guided imagery and sleep deprivation). She claims that he intimidated her and told her that if she did not get better (i.e. report that indeed she had been raped by her father) he would leave her and take their children with him. As a result of this strong interpersonal pressure, she acquiesced and claimed that she could remember the abuse. Respondent $_{18}$ also reported that a significant factor in her acquiescence was that she joined a support group and became isolated from her family and her friends, on the advice of her then husband who told her that her family were "in on it and should be ostracised" (Q37a)[iii].

For the purposes of the present article, the most noteworthy factor in this case is that she stated that one benefit of reporting to her husband that she could remember the abuse was that she was "relieved from therapy for a while" (Q36). She also stated that her retraction and the end of her marriage to her husband occurred at the same time. In this respect the case bears a remarkable similarity to cases of *coerced-compliant* false confessions where individuals confess in order to escape the immediate stressful context in which they find themselves and usually retract almost immediately upon release (Gudjonsson, 1992, p. 229; Kassin & Wrightsman, 1985). Respondent $_{18}$ regarded her eventual retraction and her leaving her husband as inter-linked: as she put it, "end of marriage [and] retraction were concurrent. Chicken or egg?" (Q56). These cases also highlight the important distinction between suggestibility and compliance in retractors' accounts of their experiences. This point will be returned to later in the paper.

It also appears that some individuals become convinced over the course of therapy that they must have been sexually abused as children, yet never actually remember or visualise such abuse. In our sample respondent $_{15}$ claimed that she believed for many years that she had been sexually abused, without ever actually 'remembering' any episodes of such abuse. This respondent entered therapy for depression and was told by her psychotherapist that her problems were due to her having been sexually abused by her father. She states that "I was given to believe I would never get better until I accepted that this had happened, so I did my best to believe it" (Q15b). This acquiescence appears to have been motivated initially by a desire to reduce the interpersonal pressure during therapy because, as she states:

> I always had an easier time in therapy if I went along with my therapist. If I disagreed with her I would have a difficult time, and usually I felt too close to the edge/fragile to risk that. I was very dependent (Q36).

The important point to note about this case is that respondent $_{15}$ claimed that she continued to believe that her father had sexually abused her, even after she left therapy:

> When I left the therapist I still believed the allegations. It took a couple of years to re-establish contact with reality, not just in that area but all areas of life (Q55).

In this respect, this case might be compared to cases of *coerced-internalized* false confessions where individuals come to believe that they committed a crime, despite not being able to remember having done so (Gudjonsson, 1992, p. 228). Furthermore, it also highlights the fact that someone can have a *belief* that they were abused, without necessarily being able to *remember*, or *visualise*, the events in question. This is noteworthy because it suggests that a 'false belief' does not necessarily lead to a 'false memory' (at least a 'memory' in the sense of being able to visualise an event). Gudjonsson and MacKeith (1982) suggest that this is due to a 'memory distrust syndrome' where the individual, at the beginning of an interrogation, can clearly remember not having committed the crime, but as a result of subtle manipulation by the interrogator, comes to doubt the reliability of his or her own recollections. Hence a 'false belief' that one was abused may be an important, but not sufficient, precursor to the development of 'false claims' of abuse.

So it is clear that our respondents' accounts of coming to believe that they were abused can be seen in a similar light to distinct forms of false confession. The three models of false confession appear to be good descriptions of the experiences of some, but not all, of our respondents[iv]. In the present sample, four respondents (Rp 2, Rp 6, Rp 11 & Rp 20) could be described as *voluntary* false confessors, given that they entered therapy with a suspicion that they had been abused. Three respondents (Rp 18, Rp 19 & Rp 22) could be described as *coerced-compliant* false confessors who reported retracting their claims as soon as they had escaped the immediately stressful context. The remainder could be described as

examples of *coerced-internalized* false confessors who continued to believe that they had been abused outside of the therapeutic context. For example, respondent $_{14}$ stated that "I hadn't been to therapy in about three years prior to my retraction ... however I don't know that I ever would have retracted while in therapy." (Q56).

In summary, retractors' accounts have typically been associated exclusively with one psychologically distinct type of false confession, the *coerced-internalized* false confession (Gudjonsson, 1997a; Kassin, 1997). The present analysis has demonstrated that retractors' accounts also correspond to the two other types of false confession, *voluntary* and *coerced-compliant* (summarised in table 1). More specifically, some respondents sought therapy because they had a belief, or suspicion, that they might have been abused, yet they claim that the process of receiving therapy *convinced* them that their beliefs were valid. Furthermore, some respondents reported that they never *believed* that they were abused yet nevertheless *reported* that that they had been, in order to escape the immediately stressful context that they found themselves in. The remainder of this paper will be devoted to examining more closely the kinds of social pressures that can be brought to bear in cases of *coerced-internalized* false confessions and explore any further similarities to retractors' accounts of their experiences.

Social pressure in cases of false confession

Repeated displays of certainty of the victim's guilt by the interrogator are hypothesised to be an important factor in the genesis of false confessions (Gudjonsson, 1992; Ofshe, 1989). The majority of our respondents (80%) reported that it had been suggested to them in no uncertain terms that they must have been sexually abused[v]. Suggestions ranged from reporting a general suspicion, for example "I was given to understand by my therapist that I would not get better unless I accepted that my father had sexually abused me" (Q20a, Rp15) to more concrete claims, such as, "I was told that unless I could remember the abuse, I would never get better, I felt under continual pressure to recall it" (Q20a, Rp16); "[Y]ou have all the dynamics of an incest family" (Q15a, Rp13); "[You have] all of the symptoms of someone who had been abused, so [you] must have been sexually abused" (Q15, Rp19).

---insert table 2 about here---

Furthermore, respondent $_{2}$ stated that her therapist "would be completely silent and often only respond to anything I said if it was connected with sexual abuse" with the result that she "would sometimes force my mind to focus on it [sexual abuse] as I hated the silence."(Q20a). Respondent $_{10}$ was told by her psychiatrist that she was not responding to her medication and that she "must be repressing something or [she] would be better" (Q15a), and respondent $_{22}$ was routinely told by her therapist that "there must be something buried we don't know about; you're in too bad a shape for this [presenting symptoms] to be all" and that "you won't get better until we find out what it is...Healing begins when you allow yourself to experience the memories you've repressed" (Q20a).

Within the false confession literature, a *closed social context* is regarded as an important factor since it discourages (or in some cases, actively prevents) an individual from seeking sources of information that disconfirm, or otherwise challenge, the information that is being presented by an interrogator (Gudjonsson & Clark, 1986; Ofshe, 1989; see also de Rivera, 1998)[vi]. Now, although clients in therapy are supposed to be able to come and go as they please[vii], several of our respondents reported that their contact with people who might disconfirm their claims was nevertheless restricted.

When asked whether they had received any advice on dealing with the person they thought had abused them, ten of our respondents (50%) stated that they had been advised not to contact their alleged abusers, or else to remain silent about what had happened in the therapy sessions (all responses to this questionnaire item are summarised in table 3).

---insert table 3 about here---

For example, respondent $_{18}$ stated that she "was not allowed any contact for 11 years" (Q34a) and respondent $_{19}$ was told to "get an answering machine so I could screen my phone calls so I wouldn't have to speak to my mother ... I was told not to accept gifts from my parents and told to stay away from them ... he once gave me 'doctor's orders' not to visit them at their summer place because it would cause me more harm ... " (Q34a).

Respondent $_{10}$, who came to believe that she had been raised in a cult, stated that she was told (and claims to have subsequently believed) that her life was in danger should she talk to anyone outside of the therapeutic context

> I was terrified I would end up dead ... I was told that by the psychiatrist and at the hospital ... I was told that there are a lot of occult people in all areas of the community, in church, the police, at community mental health, everywhere ... and if I filed charges or accused anyone they would come after me ... I was terrified that they could make a phone call and say a certain word, or put something in my yard, or a number of stupid things, and this would cause me to kill myself or, worse, go back to the occult (Rp 10, Q40a).

In summary, some respondents appear to have been actively discouraged from making their own enquiries about the likelihood of them having been sexually abused as children. Whilst they were not (in most cases) actively prevented from doing so, many were told that they should distance themselves from anyone who did not fully accept their belief that they were survivors of childhood sexual abuse.

According to the literature another important factor that may increase the likelihood of false confessions is the *length and/or emotional intensity* of the interrogation itself (Gudjonsson, 1992; Ofshe, 1989). Our respondents provided many examples of such interactions. For example:

> I had been hypnotized for approximately 18 hours over a few days ... after I went to an intensive weekend seminar I started having flashbacks of being raped by my father (Rp 20, Q13); I had a lot of psychotherapy but also in the region of 70 sodium amytal interviews (Rp 16, Q18b); I was told I needed to allow myself to see what had happened if I wanted to get well ... They suggested hypnosis and then kept it up and up, often twice a day for 5 days a week (Rp 10, Q20a); First and foremost, the frequency of my therapy sessions ... daily for the first couple of months, then 3 [times] weekly with frequent emergency sessions in between after that (Rp 22, Q21).

It is important to remember that these lengthy sessions were usually conducted in order to find out 'what was wrong' with the client even though the claim had already been made that the cause might be an episode (or episodes) of childhood sexual abuse[viii].

In some cases where false confessions have occurred, *faked, yet seemingly incontrovertible, scientific proof* was an important factor in lending weight to the interrogator's claim that the interviewee must have committed the crime (Gudjonsson, 1992; Ofshe, 1989). A similar experience was mentioned by many retractors in relation to their experiences. Respondent $_{14}$ mentioned that she had been told by her therapist that "it was possible to remember <u>everything</u>, even being born, and that it was abnormal for me not to remember lots of detail about my childhood ... " and that her "body remembered even though [her] mind forgot" (Q21). Another participant (Rp 16) was told that she had made certain claims about her past whilst under the influence of supposed 'truth drug' (sodium amytal):

> I was told that at some sodium amytal interviews 'nothing happened' and others were more specific in detail. I was told what was supposed to have said but I have no actual memory of saying these things (Rp 16, Q25)[ix].

Considered in isolation these claims may have had less impact. However, these claims were not made in isolation. They were made in a context where a history of childhood sexual abuse was considered the 'norm'. They were also made by an individual who was in a position of greater authority (at least in terms of perceived knowledge about adult psychological dysfunction) than the client (de Rivera, 1998).

Ofshe (1989) and Gudjonsson (1992) argue that an important step in the development of false confessions is when interviewers attempt to *diminish an interviewee's confidence that they could accurately remember the occurrence of the crime*. Ten of our respondents (50%) explicitly mentioned that they were told that they were 'repressing' memories and that they needed to work at 'recovering' memories. These respondents were thus provided with an apparently concrete explanation of why they could not remember any incidences of abuse. Furthermore, respondent $_{10}$ claimed that she was told that she had been "programmed not to talk" (Q34a).

Once a suspect has accepted the possibility that he or she could have, or must have, committed the crime, the next stage involves the *construction of an explanation to account for the interviewee's lack of memory* (Ofshe, 1989). In terms of retractors' experiences, this could be expressed in terms of the dependent relationship that appeared to emerge between the client and the therapist or counsellor so that they could work together to find out what occurred in the client's past (see Prager, 1998).

Despite the fact that it was not included explicitly as an item on the questionnaire, dependency upon the therapist was nevertheless reported by five respondents to be a significant factor in the development of their claims of abuse. One respondent stated that "there was an intense connection to my therapist...I could not function without him..." (Rp 22, Q36) whilst another respondent stated that her therapist:

> created and encouraged a severe dependency and would hold me and rock me and also tell me he loved me (not sexually). This just validated the memories I was getting and he also agreed I needed to let all my personalities talk about what they had seen in order for me to get better. So, this played a big part in keeping it going (Rp 10, Q8)

Respondent $_{22}$ stated that dependency upon her therapist and participation in support groups were important because they provided her with an abuse-orientated context that "contributed to making me very dependent on my therapist. I also think that encouraging me to enter group therapy and participate in self-help groups contributed to recovering 'memories' of abuse. It immersed me in a climate of abuse" (Q21).

Publicly accepting the ad hoc explanation is also an important step in the development of false confessions (Gudjonsson, 1992; Ofshe, 1989). Nine respondents (45%) explicitly indicated that support groups were an important influence on the recovery of abuse memories. Respondent $_{22}$ claimed that hearing other members of the support group recount their alleged abuse memories exerted on her social pressure to do the same as "both the members of the group and the group therapist exerted pressure to remember 'repressed' memories...I felt pressured to recover memories as a result of hearing all the other people recover their memories" (Q20a)[x], and respondent $_{20}$ described how her support

group acted as a catalyst for her recovered 'memories', stating that she "recovered almost all of my memories after the initial memory, after a group therapy meeting. They greatly increased after these groups. Other people told of their abuse and my flashbacks increased and included more abusers" (Q18b)[xi].

Two respondents mentioned that overt intimidation was an important factor in the development of their claims of abuse. Similarly, *tactics to induce fear of the consequences of noncompliance* also play a role in cases of false confession (Gudjonsson, 1992; Ofshe, 1989). Respondent $_{13}$, for example, claimed to have been "threatened with hospitalization" (Q21) and was "badgered that [he] was in denial, noncompliant" (Q18). Another participant, who came to believe that she had been programmed by a satanic cult, was told "do not tell anyone, your life could be in danger if people find out you are talking about the occult" (Rp 10, Q34a). When this same respondent told her therapists that she intended to leave the treatment program "they were very upset and told me that I would be back, or I would end up dead" (Rp 10, Q20b).

In summary, there appear to be similarities between the processes identified by Ofshe (1989) and Gudjonsson (1992) as important in cases of verified false confession and elements of retractors' accounts of the processes that they claim were important in coming to report that they were survivors of early sexual abuse (summarised in table 2).

<u>Differences between false confessions and alleged false memories of childhood sexual abuse</u>

Although there appear to be similarities between cases of *suspected* false confession and *alleged* false claims of childhood sexual abuse there are also important differences that need to be noted. The first is that *coerced-compliant* false confessors may constitute a conceptually separate group in terms of suggestibility than both *voluntary* and *coerced-internalized* false confessors. As Gudjonsson (1992) argues, both *voluntary* and *coerced-internalized* false confessors may be characterised as *suggestible* because they appear to incorporate incorrect information into their personal reports (i.e. they accept that they committed the crime). In contrast it appears that c*oerced-compliant* false confessors only report that they committed the crime in order to escape the immediately stressful context in which they find

themselves. Gudjonsson argues that a distinction should therefore be maintained between the two, possibly inter-related, concepts of *compliance* and *suggestibility*. This distinction between suggestibility and compliance should also be examined in relation to retractors' accounts of their experiences.

A related distinction that Gudjonsson (1992) draws between *coerced-compliant* false confessors and *voluntary* and *coerced-internalized* false confessors concerns the extent to which the former group do not appear to "internalize" the belief that they committed the crime. Gudjonsson argues that both *voluntary* and *coerced-internalized* false confessors must, at some level, come to have "internalized" the belief that they have committed the crime. Therefore caution must be exercised in generalising from false confessions to *alleged* false claims of abuse. Some individuals do indeed embark upon therapy with the allegedly false *belief* that they must have been abused (for example RPs 2, 6, 11 and 20; see also Gudjonsson, 1997a; Gudjonsson, Kopelman & MacKeith, 1999) whereas some only appear to come to accept this belief after several sessions of therapy. The relationship between false beliefs, false confessions and false reports of childhood sexual abuse is therefore not clear and should be a target for future research (although see Gudjonsson et al., 1999, for a case study that demonstrates a false belief leading to a false confession).

There are two further important dissimilarities between the therapy context and the interrogation context that require discussion. The first concerns the responsibility for the events that are reported. In the context of an interrogation, an individual who admits to having committed a crime must, by definition, be (or come to report themselves to be) the perpetrator of that crime. In the therapy context, an individual who admits to having been sexually abused as a child is necessarily placed in the role of the victim. The consequences of making such claims are obviously quite different dependent upon the context in which they are made. Admitting to having committed a crime, as opposed to reporting being a victim of crime, can entail, in some cases, severe punishment (e.g. a lengthy prison sentence). An individual in therapy may well expect some positive benefits from admitting that they were sexually abused (in terms of support from the therapist) regardless of whether they were abused or not. There may also therefore be important differences in the way in which individuals in either context might construe such events. An individual who is seeking therapy to help them 'get better' will have a vested

interest in needing to be believed. Conversely, except in some cases of *voluntary* false confession (where an individual might confess for reasons of achieving notoriety, Gudjonsson, 1992), the individual in an interrogation context will have no such motivation to be believed.

CONCLUSION

Given the absence of corroborative evidence a confession may be taken as sufficient to convict a confessor. Similarly, an alleged 'memory', or claim, of early sexual abuse, may often be the only evidence that incriminates (or indeed convicts) an alleged abuser. In the present paper we have established that, rather than corresponding exclusively to one type of false confession, retractors' accounts share commonalities with all three psychologically distinct types of false confession: *voluntary*, *coerced-compliant* and *coerced-internalized*. In addition, there appear to be similarities between retractors' accounts of their experiences and the kinds of pressure that are brought to bear in interrogations that can result in *coerced-internalized* false confessions.

The most significant parallels between false confessions and retractors' experiences of coming to believe that they were victims of early sexual abuse relate to the social dynamics of the interaction between interviewer and interviewee (or therapist and client). Firstly, lengthy interrogation in a closed social context (Brown, 1995; Gudjonsson & Clark, 1986; Ofshe, 1989) and, secondly, overt social pressure to accept an interrogator's or therapist's version of events (Gudjonsson & MacKeith, 1990, Nelson & Simpson, 1994).

We are, of course, aware that there are inherent and to a certain extent, unavoidable, biases and limitations associated with our sampling procedure. Our respondents were all contacted via organisations that were established as contact points for parents who felt that they had been falsely accused of sexually abusing their children. This raises the concern that our respondents may not be a representative sample of retractors in general, or that respondents from such organisations may have a vested interest in portraying their experiences of therapy in a negative light. Even if the reliability of retractors' accounts can be questioned, two points need to be made. Firstly, our respondents gave fairly *consistent* reports of their experiences. Secondly, these accounts bear similarities with the

circumstances surrounding false confession in police interviews. Nevertheless, we must be cautious and therefore we have made no assumptions about the validity or otherwise of either the original claims or of their retraction, and we are well aware that our findings about recovery may well be specific to this sample of retractors.

Clearly, further research is needed in order to clarify these findings, possibly involving individuals who have made claims of childhood sexual assault that they have *not* retracted, or a sample of retractors who are not members of advocacy groups. Although we can never be certain that retractors' accounts are totally accurate, the point remains that there appear to be similarities between cases of *alleged* false memory and cases of *suspected* false confession that warrant further investigation. If the accounts that we have obtained from our respondents are reliable, they certainly go some way toward explaining how an individual might come to claim that they were sexually abused, only later to repudiate that claim.

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Table 1. Number of respondents whose experiences appeared to correspond to the three models of false confession.

Model	Respondent																				Total%
	1	2	3	4	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1.Voluntary.		✔			✔				✔									✔			4
2.Coerced-compliant.																✔	✔			✔	3
3.Coerced-internalised.	✔		✔	✔		✔	✔	✔		✔	✔	✔	✔	✔	✔				✔		13

Key to models:

1. Voluntary = respondents who indicated that they suspected that they had been abused prior to any formal therapy.

2. Coerced – compliant = respondents who indicated that they ‘accepted’ the abuse hypothesis in order to reduce pressure in therapy.

3. Coerced – internalised = respondents who indicated that they came to believe the abuse hypothesis before retracting.

N.B. Respondents 5 and 7 were excluded from the analysis (see Method section)

Table 2. Number of respondents who reported the tactics associated with false confessions.

Tactic	Respondent																				Total %
	1	2	3	4	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1.Displays of certainty.	✔	✔	✔			✔	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	75
2.Cutting off contact.		✔		✔	✔			✔	✔		✔				✔	✔	✔			✔	50
3.Lengthy/ emotional interrogation.								✔						✔				✔		✔	20
4.Incontrovertibe proof.												✔		✔	✔						15
5.Diminishing confidence.	✔	✔						✔					✔		✔	✔	✔	✔	✔	✔	50
6.Constructing explanation.							✔	✔					✔				✔			✔	25
7.Publicly accepting explanation.	✔				✔				✔		✔			✔	✔		✔	✔		✔	45
8.Tactics to induce fear.								✔			✔										10
Total	3	3	1	1	2	1	2	6	3	1	4	1	3	4	5	3	5	4	2	6	

Key to tactics:

(1) **Displays of certainty** = respondents who were explicitly told that they had been abused (2) **Cutting off contact** = respondents who were either told to cut off contact with alleged abuser, or else not talk about it with anyone
(3) **Lengthy/emotional interrogation** = respondents who explicitly mentioned that lengthy therapy sessions were an important factor (4) **Incontrovertible proof** = respondents who were explicitly told that there were "tests" which confirmed the diagnosis that they had been abused (5) **Diminishing confidence** = respondents who were explicitly told that there was a concrete reason why they could not remember (e.g. "repressing" / "dissociating") (6) **Constructing explanation** = respondents who mentioned that dependency on the therapist was an important factor in the development of their abuse claims (7) **Publicly accepting explanation** = respondents who explicitly mentioned that support groups were an important factor in the development of their abuse claims (8) **Tactics to induce fear** = respondents who mentioned intimidation or overt threats.

N.B. Respondents 5 and 7 were excluded from the analysis (see Method section)

Table 3. Summary of advice given to respondents regarding alleged abusers.

Advice regarding alleged abusers (q34a)	n (N=20)	% of responses (total % =100)
Cut off contact	7	35
Do not talk about it	3	15
Confrontation	3	15
Talk to mother	1	5
Take legal action	1	5
Do not leave children with father	1	5
Not to confront parents (they will deny)	1	5
No response	3	15

Appendix (i) Experiences of recovering and retracting memories of childhood sexual abuse.

SECTION ONE: DEMOGRAPHIC DETAILS

1. Have you recovered memories of childhood sexual abuse that you were previously unaware of? **YES/NO** (please delete as applicable)

2. Was there ever a time when you were aware of any sexual abuse even BEFORE you had recovered "memories" of abuse? **YES/NO** (please delete as applicable)

If **'YES'** please give details if you can.

3. What is your age?

4. What is your gender? **male / female**

5. What is your marital status? **single / married / divorced / living with partner / widowed / engaged**

5(a). Has your marital status been affected in any way as a result of recovering any "memories" of abuse?

6. What is your occupation?

6(a). Has your occupation been affected in any way as a result of recovering any "memories" of abuse?

7. Please give details of your educational background.

8. Are you, or any members of your family, practising members of a religious faith? **YES/NO**

If **'YES'**

8(a). Did religious beliefs play any part in the recovering of abuse "memories"? (please circle one of the statements below)

1	**2**	**3**	**4**	**5**
Strongly disagree	**Disagree**	**Not sure**	**Agree**	**Strongly Agree**

8(b). In what way was your religious belief important in recovering these memories? Please give details if you can.

9. Were the "memories" of abuse recovered SOLELY during, or as a result of, therapy? **YES/NO**

If **'YES'** please skip to **SECTION THREE**

If **'NO'** please start by completing **SECTION TWO**

SECTION TWO: HOW WERE YOUR MEMORIES RECOVERED?

10. Did you begin to recover memories, or suspect that you might have been abused, as a result of any of the following significant event(s)? Please tick all those that apply.

Feelings that something awful happened ☐

Flashbacks or images in your mind ☐

Reading a book ☐

Watching a film ☐

Suggestion from a friend, relative or other person ☐

A recovery group ☐

Suggestion from a pastor, clergy or priest ☐

Other (please give details) ☐

11. As a result was it suggested to you that you should seek therapy or counselling to help you understand what was happening or to find out if something had happened? **YES/NO**

If **'YES'**

11(a). By whom was it suggested, and did you follow their advice? Please give details if you can.

If **'NO'**

11(b). What prompted you to seek therapy?

12. Was it ever suggested to you by anyone OUTSIDE OF THERAPY OR COUNSELLING that you might have been abused? If so, by whom? Please give details if you can.

13. Are there any other details that you can think of which are significant to understanding WHY it is you recovered "memories" of abuse WHEN you did? Please describe them in your own words.

SECTION THREE: DETAILS OF THERAPY/COUNSELLING

14. If you recovered the "memories" SOLELY in therapy what motivated you to seek therapy in the first place? Please tick the relevant motivations.

Independently decided to seek help ☐

Flashbacks or images in your mind ☐

Reading a book ☐

Watching a film ☐

Suggestion from a friend, relative or other person ☐

Feelings that something awful happened ☐

Suggestion from a pastor, clergy or priest ☐

Suggestion from a recovery group ☐

Suggestion from a medical doctor ☐

Depression ☐

Eating disorders ☐

Marital problems ☐

Job problems ☐

Other (please give details) ☐

15. Was it ever suggested to you WHILST YOU WERE RECEIVING THERAPY OR COUNSELLING that you had been abused? **YES/NO**

If **'YES'**

15(a). What was the suggestion and by whom was it made?

15(b). What was your initial reaction?

16. Was it ever suggested to you by anyone OUTSIDE of therapy/counselling that you had been abused? **YES/NO**

If **'YES'**

16(a). By whom was the suggestion made?

17. If you recovered "memories" SOLELY in therapy please estimate how long you were in therapy BEFORE you recovered the first "memory" of abuse? Please indicate below (e.g. if you recovered memories straight away please place a 0 or 1 in front of **days**) **____ days ____weeks ____months ____years**

17(a). If you had recovered "memories" BEFORE entering therapy did therapy help to elaborate the "memories"?

1	**2**	**3**	**4**	**5**
Strongly disagree	**Disagree**	**Made no difference**	**Agree**	**Strongly agree**

18. Please tick any techniques that were used in therapy either to induce initial "memories" or to elaborate existing "memories";

Hypnosis ☐

Drug abreactions ☐

Sodium Amytal ☐

Guided imagery ☐

Age regression ☐

Journaling ☐

Suggestions through questions ☐

Other (please give details) ☐

18(a). What impact did these techniques have on the development of the recovered "memories"? Please use the following scale to rate the effect of each technique.

1	**2**	**3**	**4**	**5**
No impact at all	**Hardly any impact**	**No impact one way or the other**	**A fair impact**	**Had a great impact**

Example: Hypnosis **3**

Hypnosis __

Drug abreactions __

Sodium amytal __

Guided imagery __

Age regression __

Journaling __

Suggestions through questions __

Other (please give details) _____

18(b). Initially, was any one technique used *more than others* to help you recover the "memories"? If so what was this technique?

18(c). If you do not know what the techniques were please describe them in as much detail as you are able to.

19. Do you know the qualifications of the individual(s) who helped you to recover the "memories"? Please give details if you can.

20. Did you experience any pressure that encouraged you to remember abuse and/or the "recovered memories of abuse"?

YES/NO

If **'YES'**

20(a). If so, what pressure and from whom? Please give details if you can.

20(b). How strong was this pressure? (please indicate by circling a response below)

1	**2**	**3**	**4**	**5**
Very slight	**Mild**	**Moderate**	**Substantial**	**Forceful**

21. Are there any other significant factors relating to your therapy that YOU THINK may have contributed to recovering "memories" that have not been covered in the above questions? Please describe them in your own words.

SECTION FOUR: DETAILS OF THE RECOVERED MEMORIES

22. If you can, please give details of the people you accused of abuse from recovered "memories"? Please tick the relevant individuals below.

Father ☐

Mother ☐

Stepfather ☐

Stepmother ☐

Uncle ☐

Aunt ☐

Sibling ☐

Other (please give details)_____ ☐

23. What age did you think you were when the recovered "memories" of the alleged abuse began? Please give a rough age in years if you can (e.g. from 6 years onwards).

24. What age did you think you were when the recovered "memories" of alleged abuse finished? Please give a rough age in years if you can (e.g. at thirteen years old).

25. Did the recovered "memories" emerge at once, or over a period of time? Please give details if you can

26. To what extent did the recovered "memories" feel like real memories at the time you recovered them? Please indicate by circling a statement below.

1	**2**	**3**	**4**	**5**
Not at all 'real'	**I questioned myself as to whether they were 'real' or not**	**Some doubt**	**Fairly 'real'**	**Rich and vivid**

26(a). Did your recovered "memories" feel different than memories you had had your whole life? If so, please describe how they seemed different.

27. Were the recovered "memories" visual or were they based more on feelings and emotions? Please give details if you can.

28. Initially how clear were the recovered "memories" or visualisations? Please indicate by circling a statement below.

1	2	3	4	5
Not clear at all	**Clear on rare occasions**	**Generally faint**	**Clear**	**Absolutely clear**

29. As far as possible, could you give an estimate of how long it was before you were convinced that the recovered "memories" were true **____ days ____weeks ____months ____years**

30. Initially, how sure or unsure were you about the truth of the recovered "memories"? Please indicate by circling a statement below.

1	2	3	4	5
Very uncertain	**Fairly uncertain**	**Occasionally unsure**	**Fairly convinced**	**Firmly convinced**

30(a). If you were **'CONVINCED'** of the truth of the recovered "memories", what led you to be so sure? Please give details.

30(b). If you were **'UNCERTAIN'**, did you become more convinced with time, and if so what convinced you? Please give details.

31. Would you say there was ever a time, during therapy, when you doubted the truth of the recovered "memories"? **YES/NO**

32. Which of the following describes the content of the recovered "memories"? Please do not answer this question if you do not want to disclose these details or if it is in any way distressing to you (please tick all those that apply).

- Touching ☐
- Kissing ☐
- Fondling ☐
- Intercourse ☐
- Ritual abuse (satanic, cult, religious, CIA etc.) ☐
- Multiple perpetrators ☐
- Bestiality ☐
- Other (please give details) ☐

33. If you feel that there are any other significant factors, relating to your recovered "memories", that you have not been able to cover in the above questions then please describe them in your own words.

SECTION FIVE: OUTCOMES OF RECOVERING THE "MEMORIES"

34. Were you offered any advice with regards to your relationship with the people you thought had abused you? **YES/NO**

If **'YES'**

34(a). What was the advice and who offered it to you? Please give details if you can.

35. Were there any costs to you of believing that you had been abused? Please give details if you can.

36. Were there any rewards AT THE TIME to you of believing that you had been abused? Please give details if you can.

37. Were you offered any advice on dealing with people who might not believe you? **YES/NO**

If **'YES'**

37(a). What was the advice and from whom did it come? Please give details if you can if you can.

38. Were you given any advice on dealing with your family? If so, what advice and from whom? Please give details.

39. Did you confront your alleged abuser/abusers? **YES/NO**

If **'NO'**

39(a). Why was this? Please give details if you can.

If **'YES'**

39(b). What happened (i.e. face to face confrontation, letter etc.)? Please give details if you can.

39(c). How did you feel AT THE TIME about taking this action? Please give details if you can.

39(d). How do you feel NOW about having taken this action? Please give details if you can.

40. Did you take legal action against your alleged abuser? **YES/NO**

If **'NO'**

40(a). Why was this? Please give details if you can.

If **'YES'**

40(b). How was this accomplished? Please give details if you can.

40(c). What was the outcome? Please give details if you can.

40(d). How did you feel AT THE TIME about taking this action? Please give details if you can.

40(e). How do you feel NOW about having taken this action? Please give details if you can.

41. Did recovering the "memories" affect your religious belief in any way? (if applicable). Please give details if you can.

42. Are there any other significant outcomes of recovering the "memories" that have not been covered by the above questions (e.g. marriage, relationships with your children, job outcomes, finances etc.)? Please describe in your own words.

SECTION SIX: HOW DID YOUR RETRACTION OCCUR?

43. How long did you believe in the truth of the recovered "memories" before you began to have clear doubts about the truth of those "memories"? **____ days ____ weeks ____ months ____ years**

44. Are you now convinced that recovered "memories" or visualisations were NOT true? (please indicate by circling a statement below).

1	**2**	**3**	**4**	**5**
Very uncertain	**Fairly uncertain**	**Occasionally unsure**	**Fairly convinced**	**Firmly convinced**

If you are **'CONVINCED'**

44(a). As far as possible, could you give an estimate of how long it was before you were convinced that the recovered "memories" were not true? **____ days ____ weeks ____ months ____ years**

If you are **'UNCERTAIN'**

44(b). Why do you think you are not convinced? Please give details if you can.

45. Was there a significant event(s) that started you thinking that the recovered "memories" *might not* be true? Please give details.

46. Did anyone tell you or suggest to you, outside of a group and/or therapy context, that the recovered "memories" might not be true? **YES/NO**

If **'YES'**

46(a). By whom was it suggested? Please give details if you can.

47. Was it ever suggested to you by the therapist or counsellor who helped you to recover the "memories" that they might not be true? **YES/NO**

If **'YES'**

47(a). What did they say? Please give details if you can.

48. Were any of the following techniques used to help you discover that the "memories" were not true? Please tick those that apply.

Hypnosis ☐

Guided imagery ☐

Other (please give details) ☐

48(a). Were these techniques useful to you? Please give details if you can.

49. Was there anyone who specifically helped you to realize that the recovered "memories" were not reality? If so, please give as much detail about them as you can (e.g. occupation, relationship to you, qualifications etc.).

50. Did you experience any pressure to retract the recovered "memories"? **YES/NO**

If **YES**

50(a). What pressure and from whom? Please give details if you can.

50(b). How strong was this pressure? (please indicate by circling a statement below)

1	**2**	**3**	**4**	**5**
Very slight	**Mild**	**Moderate**	**Substantial**	**Forceful**

51. Did you experience any pressure NOT to retract the recovered "memories"? **YES/NO**

If **'YES'**

51(a). What pressure and from whom? Please give details if you can.

51(b). How strong was this pressure? (please indicate by circling a statement below)

1	**2**	**3**	**4**	**5**
Very slight	**Mild**	**Moderate**	**Substantial**	**Forceful**

52. How sure were you AT THE TIME that retracting the recovered "memories" was the right thing to do? Please indicate by circling a statement below.

1	**2**	**3**	**4**	**5**
Very uncertain	**Fairly uncertain**	**Occasionally unsure**	**Fairly convinced**	**Firmly convinced**

52(a). If you were **CONVINCED** that retracting the recovered "memories" was the right thing to do, what led you to this decision? Please give details if you can.

52(b). If you were **UNCERTAIN** about retracting the recovered "memories", did you become more convinced with time and, if so, what convinced you? Please give details if you can.

53. Are there any other significant factors that led you to retract the recovered "memories" that have not been covered in the above questions? Please describe in your own words.

SECTION SEVEN: OUTCOMES OF RETRACTING THE RECOVERED "MEMORIES"

54. How long in total were you in therapy (By this I mean therapy where you were encouraged to recover "memories" of childhood sexual abuse)? **____ days ____ weeks ____ months ____ years**

55. Did leaving recovered memory therapy have an impact on your retraction (e.g. did you realise that the "memories" were not all true only when you left therapy with a particular individual)? Please give details if you can.

If you left therapy before retracting your recovered "memories"

55(a). How important was leaving therapy to the retraction of the recovered "memories"? (please indicate by circling a statement below).

1	**2**	**3**	**4**	**5**
Not important at all	**Of some importance**	**Made no difference**	**Fairly important**	**Very important**

56. Were there any costs to you of coming to believe that the recovered "memories" of abuse were not reality (examples might be losing contact with a support group or losing contact with your therapist)? Please give details if you can.

57. Were you given any advice with regards to re-establishing contact with family members or friends? **YES/NO**

If **'YES'**

57(a). What advice and from whom? Please give details if you can.

58. Were you offered any advice regarding a possible reconciliation with the person(s) you thought had abused you? **YES/NO**

If **'YES'**

58(a). What advice and from whom? Please give details if you can.

59. Were you able to have a reconciliation with the person(s) you thought had abused you? **YES/NO**

If **'YES'**

59(a). What happened (i.e. face to face, by letter etc.)? Please give details.

59(b). How did you feel AT THE TIME about taking this action? Please give details.

59(c). How do you feel NOW about having taken this action? Please give details.

If **'NO'**

59(d). Why was this? Please give details if you can.

60. Did you take, or are you taking, any legal action against your therapist or anyone else who helped you to recover "memories" of abuse? **YES/NO**

If **'YES'**

60(a). How was this (or will this be) accomplished? Please give details if you can.

60(b). What was the outcome (or what do you hope the outcome will be)? Please give details if you can.

60(c). How did you feel AT THE TIME at the time about taking this action? Please give details if you can.

60(d). How do you feel NOW about having taken this action? Please give details if you can.

If **'NO'**

60(e). Why was this? Please give details if you can.

61. Are you still recovering "memories" of sexual abuse NOW that are a result of the therapy you received? (e.g. in the form of flashbacks/nightmares etc.). Please give details if you can.

62. Are there any other experiences (negative or positive) that you have had as a result of retracting the recovered "memories" of abuse that have not been covered in the above questions? Please describe in your own words.

NOTES

[i] Although, as Gudjonsson (1992) claims, this is not to suggest that these three types are mutually exclusive.

[ii] This coding scheme refers to the respondents (e.g. Rp1 refers to respondent one).

[iii] This coding scheme refers to questions on our questionnaire (e.g. Q1 refers to question one).

[iv] As de Rivera (1997) has noted, his two models ('mind control' vs. 'narrative') were good descriptions of the experiences of some, but not all, of the retractors that he interviewed.

[v] In 12 of these cases the suggestion was made by someone directly associated with the therapy, one respondent attributed the suggestion to a support group whilst the remaining three did not specify.

[vi] Given that cases of childhood sexual abuse often implicate parents and other family members as alleged abusers (Gudjonsson, 1997b), the most obvious source of disconfirming evidence would come from the family, although, as Brown (1995) and Salter (1998) point out, perpetrators of CSA would naturally tend to deny any involvement for obvious reasons.

[vii] One of our respondents claimed to have been physically restrained in a hospital ward, "... when I was in hospital I was often in waist/arm restraints so I wouldn't hurt myself ... I was in the seclusion room often ... they would tie you down and put this net thing over you so you wouldn't 'hurt' yourself during abreactions" (q33, r10).

[viii] As laboratory studies have shown, what participants recall whilst hypnotized can be heavily influenced by the expectations and beliefs of the hypnotist (Lynn, Pintar, Stafford, Marmelstein & Lock, 1998; Spanos, Menary, Gabora, DuBreuil & Dewhirst, 1991, experiment 2).

[ix] See Gudjonsson et al. (1999) for a discussion of a case of false confession involving the inappropriate use of abreaction techniques.

[x] This could also be due to the peer pressure to remember additional information. As respondent $_{18}$ stated "the members insisted even more must have happened" (q16a).

[xi] Of course one consequence of making a public statement is that it is then more difficult to retract that statement. It would be interesting to find out whether individuals who take legal action against their alleged perpetrators are more or less likely subsequently to retract. Does public acceptance of the abuse differentiate retractors from non-retractors?