

A PERFECT SYMMETRY? A STUDY OF RETRACTORS' EXPERIENCES OF MAKING AND
THEN REPUDIATING CLAIMS OF EARLY SEXUAL ABUSE.

Running title: Retractors experiences

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ABSTRACT

Recent research has attempted to inform the false/recovered memory debate by examining the circumstances surrounding retractors' experiences of coming to make claims that they were abused. The limited available research that is currently available has been heavily criticised on the grounds that retractors' experiences do not qualify as reliable evidence because retractors themselves may simply be highly suggestible or unreliable witnesses. The present study sought to examine these, as yet unqualified, criticisms by comparing retractors' experiences of both recovering *and* retracting claims of abuse. Twenty self-reported retractors completed a 62-item questionnaire regarding their experiences of recovering and subsequently retracting claims to have been abused. Analysis indicated a consistent asymmetry between the processes of recovery and retraction; for the majority of respondents retraction was reported to have taken substantially longer than recovery, and to have involved much less social pressure. Furthermore, several factors were revealed that respondents reported to be more important than social pressure in leading them to question the validity of their abuse claims (such as, the experiential qualities and logical inconsistencies of the recovered abuse memories).

INTRODUCTION

The false/recovered memory debate has polarised academic and clinical opinion (Pezdek & Banks, 1996; Conway, 1997; Lynn & McConkey, 1998; Williams & Banyard, 1999). There is nevertheless evidence that both sides of the debate are now willing to accept that claims of childhood sexual abuse (based on memories of abuse recovered in adulthood) can be accurate, inaccurate, or a mixture of both (Nash, 1998; Schooler, 1999). There is also a growing body of research that has examined directly the experiences of those who come to make claims of abuse based on such 'recovered memories' (see Andrews, Brewin, Ochera, Morton, Bekerian, Davies & Mollon, 1997; Dale & Allen, 1998; Dalenberg, 1996; Dalenberg, 1997). Such *direct* investigation is vital in order to increase our knowledge of how individuals come to make such life-shattering claims.

A comparatively small field of research has examined the experiences of retractors (or 'recanters'). These people are unique as they not only once claimed to have been abused, but have also later gone on to retract those claims as having very little, if any, basis in reality. Whilst Andrews *et al.* (1997) caution against "premature focusing on one particular subset of recovered memories" (p. 5), de Rivera (1997a) has argued that the study of retractors is vital in order to 'bridge the gap' between the production of pseudomemories in the laboratory and the construction of a narrative of childhood sexual abuse (see also Schooler, Bendiksen & Ambadar, 1997, p. 258). Studies of 'retractors' have employed individuals' accounts (e.g. Pendergrast, 1996; Goldstein & Farmer, 1993), survey data (Lief & Fetkewicz, 1995; Nelson & Simpson, 1994) or more formal interview techniques (de Rivera, 1997a) to investigate the dynamics involved in coming to make such claims.

Factors influencing recovery

Several factors have been highlighted in the research literature that appear to characterise retractors' accounts of coming to make (allegedly false) claims of abuse, including a positive dependent transference on the therapist and the client's need to make sense of his or her own mental and emotional disturbances (Nelson & Simpson, 1994; Lief & Fetkewicz, 1995). Another important issue concerns the pressure experienced by retractors previously to 'recover' abuse memories (Goldstein & Farmer,

1993). For example, one participant in the study by Nelson and Simpson (1994, p. 125) stated:

I always felt pressure from the therapist, she just kept pushing me and pushing me. I always knew my brother had sexually abused me, but she kept pushing me to think that it was my father, because everyone else in the group had been abused by their fathers, I was pressured into coming up with something.

Retractors have also claimed that group contagion and the influence of support groups had a substantial impact upon the subsequent development of such recovered abuse memories (Nelson & Simpson, 1994; Goldstein & Farmer, 1993).

de Rivera (1997a) interviewed four retractors to examine two possible models for understanding the processes involved in the development of their claims of childhood sexual abuse. The two models that he proposed and discussed with his participants were firstly what he called the “mind control model”, after Hassan (1990). According to this model there was a system of information, behaviour, thought and emotion control, and an authority figure 'took advantage' of the situation to control the mind of the individual (de Rivera, 1997a, p. 274). The second model explored by de Rivera is the 'narrative model' (Sarbin, 1995). According to this model, retractors were simply trying to make sense of their lives (construct a narrative) and, with the help of a few suggestions from a therapist, they created a story of how they were abused in order to construct an explanation of their current feelings. de Rivera (1997a) concluded that neither model fitted the experience of all the retractors but that each provided a good description of the experiences of particular retractors.

Previous research has also identified several factors that appear to have led retractors to come to doubt the veracity of their abuse claims. The reports of retractors are consistent with reservations expressed by previous researchers about the negative effects of therapy focused on recovering abuse memories (Loftus, 1997). For example, some retractors have themselves noted that their entire lives came to revolve around their identity as a survivor of childhood sexual abuse (Lief & Fetkewicz, 1995).

Retractors also voiced concern about the role of certain videos and books that had been used to help them 'remember' abuse. Nelson and Simpson (1994) describe what they term the “media distortion-

confabulation effect”, which some retractors have managed to correct by tracing some of their visualizations to specific scenes in books or films (see also Heaton & Wilson, 1998).

Are retractors’ accounts reliable?

One inevitable problem with the study of the processes of recovery or retraction concerns the corroboration, one way or another, of these events (Coons, 1997). Retractors might seem at first to provide the ideal solution to the study of the development of ‘false’ abuse claims, since they now distance themselves from their earlier reports. The authors of existing studies of retractors certainly appear disposed to take the retractors at their word and accept that their claims of abuse were false, as do other authors. For example, Schacter, Norman and Koutstaal (1997), whilst acknowledging the inherent limitations in relying on retractors’ self-reports of their experiences, nevertheless argue that retractions should generally be taken “at face value” (p. 78).

However, some researchers have suggested that retractors’ retractions are no more - and perhaps less - reliable than their initial claims of abuse. Singer (1997), in a commentary on de Rivera (1997a), argues that “retractors are unlikely to be reliable informants [because] they have produced two dramatically divergent accounts of significant events in their lives and at different times held adamantly to the truth of each contradictory account” (p. 328). Kassin (1997) also cautions that retractors are individuals “with a prior record of deception and with self-justification motives that might systematically have corrupted their self-reports” (p. 300). Others have argued that this vacillation might be due to the fact that ‘retractors’ are in fact highly suggestible individuals who have been ‘talked’ into believing that they were not abused (Blume, 1995; but see Gudjonsson, 1997, p.297). Furthermore, Singer (1997) and Reviere (1997) argue that retractors are individuals who are easily swayed. Singer (1997) suggests that the pressure from an individual’s family to retract claims of childhood sexual abuse may be as great as the pressures an individual may feel in therapy to produce a narrative of having been abused. In reaction, de Rivera (1997b) states that, in his sample, there was little or no evidence to suggest that pressure from the family was a factor in the retraction of the reports of abuse.

Furthermore many individuals who do make public retractions are associated with advocacy groups

(e.g. the British False Memory Society or the False Memory Syndrome Foundation). This raises obvious concerns about the possible biases and preferences that these individuals may have in presenting events in a certain light as a result of being members of such organisations. Whilst such general concerns are justified and caution needs to be taken in interpreting findings from such individuals, it does not mean that their accounts should simply be dismissed. This is *especially* true given the unqualified assumptions that have already been made about both the processes of recovery and retraction and the characteristics of retractors themselves (e.g. Blume, 1995; Reviere, 1997; Singer, 1997). As Schooler, Bendiksen and Ambadar (1997) state, “there is simply no principled reason why we should believe individuals when they recover memories but then disbelieve them when they retract them. Nor, for that matter, can we disbelieve recoveries and use retractions as evidence of memory fabrication. Ultimately, the fact that individuals can shift between believing and disbelieving illustrates the fundamental uncertainty that surrounds such memories” (p. 258). We believe that careful investigation of retractors’ accounts of their experiences may help to clarify some of the reasons for this ‘fundamental uncertainty’ and the vacillation between belief and disbelief.

Despite the obvious problems retractors’ reports can give us valuable insights and perhaps unique information about the processes whereby individuals come to make such life-shattering claims (i.e. of abuse), only to subsequently reverse them. Although we can, of course, never be certain of the absolute accuracy of such accounts, we can, at the very least, examine them to investigate how retractors report and try to make sense of the events surrounding their recovery and subsequent retraction (de Rivera, *in press*). For example, do retractors’ reports indicate a symmetry or asymmetry between the processes of recovering *and* retracting abuse memories? Is it the case that the processes of recovery and retraction are indeed symmetrical and that retractors appear to be individuals who were simply swayed first one way then the other (e.g. Blume, 1995)? Or is it the case that the processes are unequal and that, as Reviere (1997) suggests, the pressure to retract is *even stronger* than the pressure to recover abuse memories? Are there other factors that retractors report as bearing upon the development of their claims of abuse and their subsequent retraction?

Without making a direct comparison between retraction and recovery it is simply not possible to make any judgements one way or the other, or to address the unqualified dismissals of retractors’

experiences. Whilst we are well aware that retractors' accounts of retraction are not necessarily a privileged and unbiased view of events, a comparison of the processes of recovery and retraction should, we believe, nevertheless help to inform further the current debate.

Aims of the present study

The aims of the present study were threefold. The first was to examine themes of social pressure, explicit or otherwise, in the accounts that retractors gave of *both* recovery and retraction. We were interested in examining the hypothesis that retractors are simply individuals who have been swayed first one way and then the other (e.g. Singer, 1997; Blume, 1995). In particular, did they experience social pressures not only to 'recover' abuse memories but also to retract them, and that indeed the pressure to retract may be even stronger (e.g. Singer, 1997; Reviere, 1997). Secondly, our study sought to examine the similarities or differences in time course between the time taken to recover abuse memories and the time taken to retract. Thirdly, we sought to investigate why respondents were convinced of the truth of their initial claims and why they later became convinced that these claims were not true. Were there factors other than social pressure that led our respondents to believe in, and then reject, the veracity of their initial reports of having been abused?

METHOD

Questionnaire

A questionnaire was developed consisting of both open and closed questions relating to the initial recovery and subsequent retraction of the claims of abuse. The questionnaire items were designed on the basis of findings from the relevant research literature concerning factors that might be implicated in both recovery and retraction (see Appendix i for a condensed copy of the questionnaire). Information about the questionnaire was distributed by the British False Memory Society (BFMS) and the False Memory Syndrome Foundation (FMSF) in North America. The questionnaire was distributed via both e-mail and letter. The respondents (Rps), who were anonymous, replied directly to the first author. The first three respondents were asked to provide feedback and comments on the clarity, structure and possible intrusiveness of the questionnaire, and their suggestions were incorporated into a revised version (a list of the resulting changes is given in Appendix ii).

Respondents

Responses were sought from adults who had made accusations of childhood sexual abuse, based on delayed memories 'recovered' in some form of therapy, and who had subsequently retracted those accusations. A total of 22 self-reported 'retractors' completed the questionnaire. Two questionnaires were excluded (one was illegible, the other did not involve memories of sexual abuse) leaving two male respondents and 18 female respondents. The mean age of the respondents was 43.65 years (s.d., 8.73 years), ranging from 28 to 60 years of age. All respondents were contacted through false memory advocacy groups. Whilst we are aware of the unavoidable biases that this may introduce our study makes no assumptions about the veracity of either their initial claims, or their retractions.

Procedure

Stage one - American e-mail sample

An advertisement was placed in the newsletter of the False Memory Syndrome Foundation (FMSF) in North America asking for individuals who (a) had recovered and then subsequently retracted memories of childhood sexual abuse, and (b) would be willing to complete anonymously a questionnaire regarding their experiences. The advertisement gave an electronic mail address for potential respondents to contact should they wish to participate. It also detailed the ethical standards that the study would adhere to. The advertisement can be found in the False Memory Syndrome Foundation Newsletter (1998, Vol. 7, p. 17). It was also placed on a website designed to offer advice and support for retractors and families who feel that they have been falsely accused. This website can be found at (<http://www.StopBadTherapy.com> [accessed 07/12/98]). A total of five individuals requested a copy of the questionnaire as a result of this advertisement. Of these, two completed questionnaires were returned to the first author.

Stage two - British postal sample

Forty retractors who were, or had been, in contact with the British False Memory Society (BFMS) were sent by that society a letter asking them whether they would be willing to participate in a study examining the “experiences of recovering and then retracting memories of childhood sexual abuse”. With this initial contact letter was a pre-paid reply envelope addressed to the society for those who wished to participate in the study to request a copy of the questionnaire. Of these 40 retractors, requests for questionnaires were received from 13 individuals (32.5% response rate). Of the 13 questionnaires requested, 11 (84%) were completed and returned to the first author.

Stage three - American postal sample

In the light of the response rate from the British postal sample, which was higher than the American e-mail sample, the same method was used to attract respondents from the FMSF. Although these

response rates are not high they are understandable given that this research topic is an extremely sensitive one. In the American sample 48 letters were sent by the foundation to retractors who were, or had been, in contact with the FMSF. These respondents were systematically sampled. Every fifth retractor on the FMSF list was sent a letter. These 48 letters generated 17 requests for questionnaires (35.5% response rate). Of these 17 requests, 9 (53%) completed questionnaires were returned to the first author.

ANALYSIS

Comparing recovery and retraction

Two main factors emerged from the responses that appeared to differentiate the processes of recovery and retraction: social pressure and time course. In addition, based on their responses to the questionnaire items, we examined factors that led respondents at first to endorse and subsequently to reject the validity of their recovered abuse memories.

Social pressure in accounts of recovery and retraction

The pressure to recover and retract abuse memories

Respondents were asked to answer the following item: “Did you experience any pressure that encouraged you to remember abuse and/or ‘recover memories of abuse’?” Of the nineteen retractors who responded to this item, 16 (84.5%) claimed that they had experienced some pressure to ‘recover’ memories of childhood sexual abuse and three (15.5%) stated that they did not experience any pressure to remember, or ‘recover’ memories of, abuse. The mean rating of the amount of ‘pressure to recover’ experienced was 3.74 on a 6 point scale (where a score of zero means ‘no pressure’ and a score of 5 means ‘forceful’).

Respondents were also asked: “Did you experience any pressure to retract the recovered ‘memories’?” Of the nineteen participants who responded to this item, three (15.5%) claimed that they had

experienced some pressure, whilst the remaining 16 (84.5%) claimed that they did not experience any pressure to retract. The mean rating of the amount of 'pressure to retract' was 0.47 on the 6 point scale.

---insert table i about here---

A comparison was made of respondents' self reported 'experiences of pressure' either to recover or to retract their claims of abuse (see table i). The majority of respondents reported that they felt under greater pressure to make claims of abuse than to subsequently retract those claims (Wilcoxon matched pairs test, $p=.0009$).

Thus, the present data provide some support for de Rivera's finding that retractions were not associated with family pressure. Although three (15%) respondents reported some pressure from family and friends to retract, the majority of the retractors in this sample, contrary to the suggestions of Singer (1997) and Reviere (1997), reported experiencing very little, if any, pressure to retract.

Examples of the pressure to retract and not to retract

One of the three respondents who did report experiencing pressure to retract described it as "a feeling of disapproval from family members" (Rp16, Q50a)¹. In fact, more respondents ($n=5$) reported experiencing pressure *not* to retract their claims. One respondent described her therapist withdrawing support when she began to doubt the truth of her recovered memories:

... contact [with the therapist] was reduced after I told her I thought they [recovered memories] were false [and] we grew apart. My extra sessions (previously more or less on demand) stopped [and] she eventually ended therapy - although she never directly said this was why. She would still talk about it as though I had been abused [and] we didn't really discuss the problems false memories had left me with (Rp2, Q51a).

¹ This coding scheme refers to the respondent (e.g. *RP1* refers to respondent one) and to the item on the questionnaire (e.g. *Q1* refers to question number one on the questionnaire).

Respondent 18 described pressure of an altogether more sinister nature, claiming that her husband, who she claims was also her therapist, threatened to take her three children and “disappear” if she retracted (Rp18, Q51a).

Examples of the pressure to recover

Respondents who stated that they had experienced pressure to remember, or ‘recover’ memories of, abuse were also asked to give details of the source and type of pressure that they experienced and each of the respondents provided some detail (n=16). The pressure they described ranged from group and peer pressure (e.g. “some pressure to fit in with the group and have an abuse history” Rp1, Q20), to more detailed accounts, such as:

He [therapist] kept pressuring me by telling me that if I wanted to recover from my depression at that point and become a better mother, then I better look at these memories and do some work with them. He also thought if I left my children with their grandparents, they might be in danger. He kept insisting that I had all of the symptoms and I might as well admit it. He acted like he could see right through me and that he knew my story better than I did (Rp19, Q20)

and:

The more I co-operated, the more the pressure was to remember more memories. It went on and on. When I was in a dissociative disorder outpatient clinic and I was at the point of nearly going insane with the amount of memories and sitting and listening to everyone else’s that I decided I was going to quit. They were very upset and told me I would be back, or I would end up dead (Rp10, Q20b).

Indeed a further analysis of our respondents’ accounts revealed consistent similarities between the contexts in which they report that they came to believe that they were sexually abused and contexts in which false confessions arise (see Ost, Costall & Bull, under revision).

2. Time course of recovery vs. retraction

Time course of recovery

Sixteen participants (80%) responded to the item "If you recovered 'memories' SOLELY in therapy please estimate how long you were in therapy BEFORE you recovered your first 'memory' of abuse?"

Two respondents (Rp4 & Rp10) responded in vague terms ("a few weeks" and "weeks"), one of whom (Rp10) stated that she was unable to give exact details for legal reasons, but the remainder did provide estimates in terms of an exact number of days, weeks, or months.

For the majority of these respondents (12 out of 14), the recovery process was reported to be relatively rapid (in contrast to the findings of Andrews *et al.*, 1997, who report a mean time of 51 weeks before the first memory was 'recovered'). For the present respondents, the average time taken to recover the first memory was 8.6 weeks (median 6 weeks), with a range between one day and 24 weeks. Two respondents (Rp15 & Rp19), however, provided unusually high estimates (nine years and three years, respectively), and exploratory data analysis (SPSS) confirmed that these should be considered as extreme values. In fact, closer examination of their reports made clear that these cases were not comparable with the others. Respondent 15 reported that she had never strictly come to remember having been abused ("I could not remember anything about it. However, I believed for some years that the abuse had happened without my being able to remember it"). In the case of Respondent 19, memories emerged over an extended period and so no exact time could be entered into the analysis ("over the next three years of therapy, the memories gradually emerged and began to include one person after another").

Time course of retraction

In addition, the present study sought to compare the time taken to recover a memory, or 'visualisation'², with the length of time taken by the respondents to become convinced that the

² One of the changes made to the original questionnaire, in light of the feedback from the pilot participants, was that they preferred the term 'visualisations' to 'memories'.

memories, or visualisations, were not true. Seventeen participants responded to the item '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?' Two (Rp3 & Rp10) responded in vague terms (e.g. "years"), one of whom (Rp10) again stated that she was unable to give exact details for legal reasons. Fifteen respondents provided an estimate in terms of an exact number of weeks, months, or years; these included the two individuals (Rp15 & Rp19) whose estimates for the process of recovery were identified as extreme values. Excluding these two individuals, the average time taken by respondents to become convinced that the memories were not true was 4.5 years (median 4 years), but again the range of scores was widely distributed (1 week to 12 years). Interestingly, the estimates for the time taken for retraction by respondents Rp15 and Rp19 were not at all discrepant (4 years and 3 years respectively), and lay very close to both the median and the mean.

Comparing the time course of recovery vs. retraction. Eleven respondents provided an exact estimate of the processes of *both* recovery and retraction. This included the two respondents (Rp15 & Rp19) whose estimates of recovery were identified as extreme values. Excluding these two respondents' estimates from the statistical analysis left a total of nine cases. Statistical analysis (Wilcoxon matched pairs test, $p = .035$) indicated that the times taken for these respondents to recover abuse memories were significantly shorter than the times before they became convinced the memories were not true (means 8.59 weeks and 234.54 weeks respectively).

Although seven out of the nine cases reported that recovery took much less time than retraction, two (Rp13 & Rp14) reported the reverse. Respondent 13 reported that he immediately became convinced that her claims were not true after a visit from his father. Respondent 14 reported that she became convinced after she watched a television program on the Paul Ingram case (see Ofshe & Watters, 1994; Wright, 1994), "after watching the movie, I went to the library to read about false memory".

Seven respondents provided estimates of either recovery ($n=3$) or retraction ($n=4$) but not both. Statistical analysis indicated that even the differences between these few estimates was also significant (Mann-Whitney unrelated samples test, $p=.033$). Thus, with the exception of two respondents (Rp15 & Rp19), all of our respondents' estimates of recovery time were *consistently and substantially shorter*

than the estimates of time for retraction.

There were therefore significant differences between respondents' self-reports of both social pressure to recover and retract their abuse claims and of the time course of both processes. It could, of course, be argued that this finding concerning social pressure is precisely what would be expected from individuals who were (a) members of false memory advocacy groups and (b) now reject the validity of their earlier claims. Nevertheless, such arguments would not necessarily explain the *consistent* differences in the time course of the two processes. Furthermore, several other factors emerged from responses to the questionnaire items that appeared to be more important than social pressure in leading respondents to first make, and subsequently retract their abuse claims.

The experiential qualities of the 'recovered' memories

Several of the retractors reported that they had come to have doubts about the 'truth' of their claims because of the experiential qualities of the 'recovered' memories themselves. Respondents were asked "Did your recovered 'memories' feel different than memories you had had your whole life? If so, please describe how they seemed different" (Q26a). Of the 19 participants (95%) who responded to this item, six (31.5%) did not explicitly make a comparison between their recovered 'memories' and memories that they had had their whole life. Of the 13 respondents (68.5%) who did explicitly compare the quality of their memories, all agreed that the recovered 'memories' were, in some way, different from other memories that they had. Respondents were also asked "Were the recovered 'memories' visual, or were they based more on feelings and emotions? Please give details if you can" (Q27). Respondents mentioned several features that suggested to them that their recovered 'memories' were somehow different, and these are summarised below.

Lack of familiarity/context. One respondent stated that "they were not familiar...it wasn't like a normal memory (even a long forgotten one) where you think 'Oh yeah, now I remember' ...it was more like 'Oh my God!' ...they were recalled with shock" (Rp14, Q26a); a second respondent stated that memories of events that she considered as 'real' had a context, whereas "the recovered memories were sudden flashes quite painful and cryptic...they had no context" (Rp17, Q26a).

Too clear/detailed. On the other hand, several respondents stated that the recovered 'memories' were simply too detailed:

The recovered memories were crystal clear in every detail (that's how I realized they were not true) ... my real memories faded with time unless I saw photos or talk with relatives (Rp3, Qq26a).

Respondent 21 stated that the recovered memories were "very intense and horrific yet most 'normal' memories are usually kind of fuzzy and vague. I mean normal memories are not hard to remember, but fine details are usually not there..." (Rp21, Q26a). Another respondent stated that the recovered 'memories' seemed too real "...they seemed to take place in real time, not the past. It was more like an experience than a memory. They carried an emotional valence far in excess of other memories" (Rp22, Q26a).

Memories were dependent upon the therapy. Respondent 18 reported that she could not remember the recovered 'memories' separately from the therapy sessions " ... I remembered them during 'therapy' ... later I only recalled remembering it during therapy ... the memory of what came out in therapy was there but it wasn't like a real memory ... it was impossible to recall it except as part of what happened in therapy" (Rp18, Q26a).

The effects of special techniques. Respondents also claimed that their recovered memories changed over time, and that certain techniques facilitated this:

at first they were based on feelings and vague images ... later through hypnosis with another therapist they became very visual and graphic (Rp11, Q27)

memories often began as a visual fragment, but in elaboration the rest of the senses were engaged until the memory took on the characteristics of an actual experience (Rp22, Q27).

It appears therefore that one of the main reasons that respondents began to doubt their abuse claims was

that the memories they had 'recovered' seemed *different* from their 'normal' memories, but in other respects there was no consistent pattern. For some these memories were unusually clear, for example respondent 4 stated that the "... pictures were very clear and graphic, accompanied by very strong physical sensations and pain ... normally I have a terrible memory!" (Rp4, Q26a), whereas for others it was the lack of clarity that set them apart. Thus respondent 17 claimed that the recovered memories were "different and the imagery was cryptic ... [the recovered memories] came out of the blue, usually following the storyline suggested in therapy" (Rp17, Q26a).

There were three cases of individuals who, in addition to recovering what they now believe to be false abuse memories, also had continual knowledge of at least one episode of 'genuine' abuse or had previously 'recovered' abuse memories that they claimed they were able to corroborate to their own satisfaction (see also Dale & Allen, 1998; Andrews *et al.*, 1997; Dalenberg, 1996)³. These cases should be mentioned as two of these respondents (Rp2 & Rp22) gave some detail about how they were able to come to decisions regarding the 'falseness' of the latter set of abuse memories. For example, respondent 2, who had 'recovered' what she believed was a 'genuine' abuse memory (one that she was able to corroborate), stated that:

At the time I didn't realise it, but the quality of the genuine memory was different - I have never doubted it (unlike further 'recovered memories' which have felt unreal) [and] it was immediately integrated as though I'd never forgotten it...I now believe I'd forgotten it as it was relatively minor (Rp2, Q13).

Again this seems to suggest that respondents based their judgements about the veracity of their claims on the qualities of their memories (see Johnson & Raye, 1981; Johnson, 1988). Respondent two's description of the 'continuous' memory as being "immediately integrated as though I'd never forgotten it" stands in stark contrast to another respondent's report of her recovered (i.e. non-continuous) memory, "the second memory emerged about two months after the first and, like the first, required several sessions to assume its final form" (Rp22, Q25).

³ The continuous memories of abuse were related to different perpetrators than the recovered memories of abuse.

Thus, the present data suggest that it is not the case that recovered memories are *always* reported with more detail than other memories but rather that they were experienced by the respondents as somehow qualitatively different from memories they had been continuously aware of. Some researchers (e.g. van der Kolk & Fisler, 1995) argue that it is precisely because the recovered memories are of traumatic events that they are indeed different from 'normal' memories, yet they also specify that this difference is in one direction.

GENERAL DISCUSSION

Our research question has concerned the possible symmetries, or asymmetries, between the processes of recovery and retraction. Is it the case, as Blume (1995), Singer (1997), and Reviere (1997), have suggested that retractors are simply individuals who are being swayed first one way (to believe that they were sexually abused as children) and then the other (that they were not sexually abused as children)? In other words, are recovery and retraction simply two sides of the same coin? The following discussion summarises factors that emerged from the self-reported experiences of retractors suggesting that there appeared to be for this sample at least, an asymmetry between the processes of recovery and retraction.

Social pressure

The present data indicated that retractors experienced greater pressure to recover memories than to retract them. This does not support the hypothesis put forward by Reviere (1997) that 'group norms' to retract abuse memories may be greater than the pressure to recover abuse memories. In fact, from our data, the reverse appears to be the case. Not only did the majority of the respondents report less pressure to retract than to recover the memories, but they also claimed that the pressure to retract was minimal. Whewell (1996) has claimed that the family is an especially powerful source of pressure to retract, and indeed potentially much more so than is therapy to induce recovered memories. Among the retractors in the present study, however, just three reported experiencing any pressure from the family to retract, whereas five respondents reported experiencing pressure from their therapists *not* to retract.

One reason, of course, that the family may not figure as a significant source of pressure is that the report of recovered memory itself often involves a break with the family (50% of our respondents had been advised to cut off contact with their alleged abusers who were often family members). In summary, although most respondents reported strong pressure to recover, we obtained little evidence that retraction had been provoked by social pressure; however, such pressure, when it occurred, did relate to the family's disapproval. This finding may not be particularly surprising, given that our respondents now reject the validity of their claims. Our respondents may well have been attempting to portray their experiences of therapy as unduly coercive in order to reduce the dissonance between their past endorsement, and present rejection of their abuse claims (Festinger, 1957).

Time taken to recover vs. retract abuse memories

Although our sample size was small, statistical analysis revealed that recovering abuse memories were reported to have taken significantly less time than retracting them. Although there were two clear exceptions (Rp13 & Rp14), retraction appears to have been a relatively slow process of realisation over time. Respondents indicated that the average time before they decided that the memories were not true was nearly five years. These are inevitably approximate estimates of the durations of both the processes of recovery and retraction, since the onset of such gradual processes is never entirely definite. However, our results need to be interpreted with caution however, as the wording of the relevant questionnaire items were not strictly comparable. The item regarding the time taken to recover abuse memories asked respondents to estimate the time to the start of the recovery process. The item about retraction asked them how long it was before they were convinced that the memories were not true.

Nevertheless we believe these findings allow some *tentative* conclusions. Whilst the findings concerning social pressure may be explicable in terms of respondents' dissonance-reducing, or just plain biased, attempts to present themselves being 'pressured' into reporting that they were abused, the findings concerning time course cannot so be explained so easily. If respondents were attempting to portray themselves as being 'pressured' into believing they were abused then they might be expected to

have given longer estimates of the recovery process (representing their resistance to endorse the abuse hypothesis) and shorter estimates of the retraction process (representing an immediate rejection of the abuse hypothesis). As it turns out, the pattern is not quite this clear cut as the present data indicate that some respondents rejected their abuse claims almost immediately whilst some continued to endorse them for years. In this respect there are important connections with the circumstances surrounding false confessions in police interviews (see Ost, Costall & Bull, under revision).

In short, the present study offers no support for the view that the rates of recovery and retraction are essentially the same, and that retraction is a rapid process involving strong social pressure. There is no justification, according to our evidence, to characterise retractors as people "most vulnerable to changing [their] beliefs when the winds of social influence blow in a different direction" (Hammond, 1995, p. 112).

Experiential qualities of the memories

One clear factor that emerged from the data was that the qualitative characteristics of the memories themselves appeared to have a strong impact on respondents' judgments of the validity of their recovered memories. Recovered abuse memories later claimed to be false were reported by respondents to be somehow 'different' from their other memories. Importantly, this distinction also held for the subgroup of respondents who claimed that they also had some 'continuous' memories of abuse. Two of the three respondents who claimed to have always remembered instances of earlier sexual abuse (one by a grandfather and one by a doctor) explicitly compared these two types of memory. These two respondents reported that they had always been able to distinguish their continuous memories of abuse (which they still regard as genuine) and those they had later 'recovered' and now regard as false. This stands in contrast to the findings of Dalenberg (1997)⁴ but may be attributable to factors such as the length of time between the occurrence of the 'continuous' memories and the later recovery of 'false' abuse memories. If an individual has always known that he/she was abused and some years later recovers additional abuse memories, the intervening time lapse may make

⁴ Dalenberg (1997, 452) states that some of her participants had difficulty in remembering with accuracy "which of their memories had been recovered in therapy, which recovered elsewhere, and which were continuous."

it easier to separate these two events and the associated memories.

Although the majority of the respondents characterised the memories they had retracted as somehow different, there seemed to be no common dimension of difference. For some, the memories were too clear, whilst for others they too vague, or simply failed to fit in with their other recollections of childhood. This finding has important implications for theories of trauma and memory. The present findings suggest that there are clearly individual differences in the qualities of the recovered memories, or at least in the way that they were reported by our respondents. Given recent attempts to discriminate 'true' and 'false' autobiographical memories using the reality monitoring model, which relies on the self-reported qualities of different types of recall, these individual differences should be investigated further (see Porter, Yuille & Lehman, 1999; Ost, Vrij, Costall & Bull, in press; Davies, in press).

CONCLUSION AND CAVEATS

The specific purpose of this study has been to test the claim that, for retractors, the processes of recovery of memories of sexual abuse and of subsequent retraction are essentially the same. We have made no assumptions about the validity or otherwise of either the original claims or of their retraction, and our findings about recovery may well be specific to this sample of retractors. Inevitably, given the very sensitive nature of this topic, the sample size was relatively small. Our respondents were contacted through false memory organisations, which may mean that our sample is not representative of retractors in general. Clearly, further research is needed with individuals who are not members of such organisations, and with individuals who have recovered memories that they maintain are true. After all, relying upon retractors' accounts does introduce an inevitable asymmetry concerning their accounts of recovery and retraction. There is the problem of recency, several years having often elapsed between the processes of recovery and subsequent retraction. There is also the problem of personal identity and cognitive dissonance (Festinger, 1957); retractors are relating to these processes *as* retractors, and they are describing and trying to make sense of these events from such a perspective (Lief & Fetkewicz, 1997; Qin, Tyda & Goodman, 1997).

Nevertheless, despite these inevitable limitations, the study of retractors' reports of their own

experiences is surely the most direct way of comparing the processes of recovery and retraction. We find nothing in the reports we have obtained to support the unqualified claims made about retractors in the recent literature: that the processes of recovery and retraction are essentially the same (Blume, 1995; Singer, 1997), or that the social pressure upon retraction is more intense than the initial pressure to remember, or recover memories of, abuse (Reviere, 1997). Our respondents *consistently* reported that that retraction took significantly longer than recovery and that the social pressure to retract was significantly less than to recover memories of abuse. Respondents also reported that their retractions were more a result of the qualities of the 'memories' themselves, rather than pressure from their families. Clearly further investigation of the circumstances surrounding recovery and retraction is needed.

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Table i. Number of respondents reporting each rating of pressure to recover and pressure to retract memories of childhood sexual abuse.

| <i>Rating of pressure</i> | <i>To recover abuse memories</i> | <i>To retract abuse memories</i> |
|---------------------------|----------------------------------|----------------------------------|
| <i>0 = no pressure</i> | 3 | 16 |
| <i>1 = mild</i> | 0 | 0 |
| <i>2 = slight</i> | 0 | 1 |
| <i>3 = moderate</i> | 2 | 1 |
| <i>4 = substantial</i> | 5 | 1 |
| <i>5 = forceful</i> | 9 | 0 |

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.

Appendix (ii) - Changes made to the questionnaire as a result of feedback from pilot respondents (original wording is in bold, amendments are in italics).

- **recovered memories** changed to *recovered “memories”* and, in some cases *recovered “memories” or visualizations*.
- **your memories** changed to *these “memories” or the “memories”*
- **alleged perpetrators** changed to *people you accused of abuse from recovered “memories”*
- A few categories were added to the list of responses where participants were asked to indicate why they had entered therapy in the first place. These were; **suggestion from a friend** *or relative, feelings that something must have happened, suggestion from a medical doctor, job problems*
- Other changes were local and mainly consisted of the use of American spelling for the USA sample (e.g. **counsellor** to *counselor* etc.).