The recovery of memories in clinical practice:

Experiences and beliefs of British Psychological Society practitioners

Bernice Andrews, John Morton, Debra A. Bekerian, Chris R. Brewin, Graham M. Davies *and* **Phil Mollon.**

The authors were members of the Society's Working Party on Recovered Memories. In February the Society published the Working Party's report. Here the results of the survey, which formed a part of the report, are published in full.

THE issue of whether it is possible to recover previously forgotten memories of childhood trauma, particularly sexual trauma has recently been hotly debated. Much of the debate has taken place in the public arena. People who claim to have recovered traumatic memories, and some therapists and trauma researchers who have observed the phenomenon in their own clients and subjects, have reported their belief in the general accuracy of the memories. On the other hand, those who have been accused of perpetrating such long-forgotten abuses, and some researchers investigating issues of suggestibility in memory, have reached the opposite conclusion, namely that so-called recovered memories are likely to be false on two counts. They point first to the unlikely or bizarre nature and content of some memories and second to questionable techniques used by some therapists such as suggestion and hypnotic regression. Thus on one side are those concerned about the possible harmful effects on parents of being falsely accused of abuse by their children. On the other are those concerned about the possible harmful effects of not being believed on people who have actually been abused in childhood.

Psychologists have taken the whole issue very seriously. The British and Australian Psychological Societies and the American Psychological Association have all set up working parties to consider the scientific and practical implications. In the academic literature the entire contents of a recent issue of two journals, *Consciousness and Cognition*, and *Applied Cognitive Psychology*, have been given over to the topic. Therapists, trauma researchers, and cognitive psychologists interested in autobiographical memory have all been involved and the general consensus has been that more research in this area is urgently needed. As part of the investigations of The British Psychological Society Working Party on Recovered Memories we wanted to know how these issues were perceived and dealt with by Society members in clinical practice. This article reports findings from our large-scale survey of Society mental health practitioners, including clinical, counselling and health psychologists and members of the Psychotherapy Section. They answered questions about their experiences, practices and beliefs concerning memory recovery.

Existing research

The research to date on memory recovery of early traumatic events includes two surveys of therapists and four studies of survivors of child abuse. One survey of around 860 hypnotherapists and family therapists attending conferences and workshops in the United States was mainly concerned with beliefs about hypnosis (Yapko, 1994). The other investigated 145 US and 57 UK psychologists' practices and experiences as well as more general beliefs concerning memory recovery of sexual abuse in childhood (Poole, Lindsay, Memon & Bull, in press). Both surveys found a high proportion of respondents endorsing the belief that recovered memories can be false, however neither survey asked the complementary question concerning beliefs about the essential accuracy of such memories in general. In Poole *et al.*'s study the British respondents (who were all Chartered Clinical Psychologists) were less likely than their US counterparts to use hypnosis

and age regression, although both groups had similarly high rates of respondents reporting memory recovery in at least some clients.

There have been four direct investigations of memory recovery in individuals who have reported experiences of abuse in childhood. (A fifth study of documented child sexual abuse (CSA) survivors showed that 38 per cent did not recall the target episode of abuse when questioned as adults, but the focus was not on memory recovery - Williams, 1994). The four direct studies vary in their degree of methodological sophistication, the two earlier studies in particular had substantial methodological flaws. Nevertheless all were consistent in finding a sizeable proportion of individuals with recovered traumatic memories. Three studies involved clinical samples (Herman & Schatzow, 1987; Briere & Conte, 1993; Loftus, Polonsky & Fullilove, 1994) and one a non-clinical sample (Feldman-Summers & Pope, 1994). Overall rates of total and partial 'forgetting' of abuse at some stage in the respondent's life range from 31 per cent (Loftus *et al.*, 1994) to 62 per cent (Herman & Schatzow, 1987). The one study to make explicit the distinction between partial and total forgetting reported a rate of 19 per cent total amnesia (Loftus *et al.*, 1994). Therefore at least one in five individuals in these samples had recovered memories of abuse from total amnesia, and at least a third (or thereabouts) from total or partial amnesia.

With one exception (Feldman-Summers & Pope, 1994), current research has focused on memories involving sexual abuse without considering other kinds of trauma. Furthermore, in the controversy surrounding recovered memories very little attention has been paid to the context in which they are recovered. It is particularly important to note the general assumption that most memories are recovered in therapy (Lindsay & Read, 1994), and it is this assumption that has fuelled public concern about therapeutic practice. The only study that even briefly investigated this issue did so in a sub-sample of individuals who were selected from a large random sample of psychologists on the basis that they had identified themselves as having experienced sexual or physical abuse in childhood (Feldman-Summers & Pope, 1994). Approximately 40 per cent reported recovering memories of abuse, and although over half recovered memories in the context of therapy, 44 per cent stated that recovery had been triggered exclusively in other contexts.

The Society survey

The aim of the survey was to explore some of the issues raised by the previous research findings and fill in some of the gaps in the existing literature. At the most general descriptive level we wished to establish:

1) The extent to which highly trained Society practitioners have clients who have recovered memories in therapy with them.
2) The particular and general beliefs of Society practitioners concerning the accuracy and the illusory nature of such memories.

Two further aims were:
3) To investigate the characteristics and context of recovered memories in terms of a) whether clients recover memories other than those involving sexual trauma, and b) the extent to which clients recover memories before entering therapy.
4) To find out the extent to which factors such as age, sex and therapeutic approach and practice are associated with practitioners' beliefs about and experiences of memory recovery in their clients.

The respondents

A total of 4005 questionnaires were sent to all Society members of the Division of Clinical Psychology (DCP), the Division of Counselling Psychology (DCoP), the Special Group in Health Psychology (SGHP) and the Psychotherapy Section (PS). All 2558 members of the DCP received their questionnaire with the April 1994 issue of *Clinical Psychology Forum*; members of the SGHP, who were not also members of the DCP (n=446), received the questionnaire in a mailing which also contained other SGHP information; members of the DCoP and PS, who were not also members of the SGHP or DCP (n=1001) were mailed the questionnaire without any other information.

A total of 1083 questionnaires were returned, representing an overall response rate of 27 per cent. The response rates for the separate mailings were 24 per cent DCP, 22 per cent SGHP and 37 per cent DCoP and PS. The counselling and psychotherapy rate differed significantly from the combined rates for clinical and health - $\chi^2(1)=67.6$, $p<.001$. It was, however, almost identical to the rate of 38 per cent achieved in a similar survey by Poole *et al.* (in press) who mailed practitioners in the same way that we mailed members of the DCoP and PS - that is, they received one mailing with no reminder, and the questionnaire was the only focus of the mailing. The particularly low response rates for the DCP and SGHP may have been due to the questionnaire being overlooked, as it was included along with other material. An informal survey of clinical psychologists known to us adds weight to this possibility - the majority said they were not aware that the questionnaire had been sent to them and had not seen it.

The questionnaire

The questionnaire was developed by the Working Party members, and piloted by sending out a version to 25 Society practitioners chosen at random. They were asked to fill it in and provide feedback on the questionnaire design. The final version was sent out in March, 1994. It consisted of a single sheet with a covering note and instructions on one side, and 19 questions on the other. Respondents were informed of the investigations of the Working Party and of our interest in memories of early sexual abuse. Such abuse was defined as experiences before age 17 involving physical contact for the sexual gratification of an older person, and not that involving willing contact with peers. They were instructed that the target group we were interested in were:

> adult clients (over 18) with non-psychotic disorders - i.e. excluding schizophrenic, manic-depressive or organic disorders. These clients could be using or attending mental health services or being seen for mental health reasons in primary care or private practice.

Respondents were asked to answer the questionnaire in full if they saw any clients in the target group. If they did not they were nevertheless asked to answer some demographic and background questions and return the questionnaire.

Of the 1083 members who responded, 810 (75 per cent) had clients in the target group, and the results that follow are based on their responses.

Representativeness of the sample

We compared the 810 respondents with all the members who were sent the questionnaire on i) sex by age breakdowns and ii) membership of Society Division/Group/Section. Table 1 shows that they were representative of all members mailed according to age and sex, the age by sex rates being almost identical for the two groups.

The DCP were equally represented in the respondent population and the whole population of mailed members (62 per cent vs 64 per cent: $\chi^2(1)=1.1$, $p>.05$). The DCoP and PS were slightly overrepresented (32 per cent vs 27 per cent: $\chi^2(1)=5.9$, $p<.02$; and 19 per cent vs 16 per cent: $\chi^2(1)=4.0$, $p<.05$) respectively, and the SGHP was more definitely underrepresented (10 per cent

	% Male		%Female	
Age	All members mailed	Target group respondents	All members mailed	Target group respondents
<30	2	3	7	6
30-45	19	20	33	33
>45	17	16	22	22

Table 1. Age by sex comparison of all Society members mailed (N=4005) with respondents with clients in the target group (N=810)

Therapeutic Approach (Respondents could indicate more than 1)				
Psychodynamic	41%			
Cognitive-Behavioural	59%			
Systems	19%			
Client-centred/humanistic	38%			
Feminist	16%			
Therapeutic Practice				
Focus on early experiences	6% rarely	51% sometimes	43% usually	
Use of hypnotic regression	10%			
Clients in target group (over 18, non-psychotic) In past year:				
Number seen	46% <20	18% 20-40	36% >40	
Respondents with clients reporting child sexual abuse (CSA)	8% none	70% 1-10	22% >10	
Experience of Respondents with Clients Recovering Memories				
In past year				
% with clients recovering CSA memories from total amnesia				
In therapy with respondent	23%			
In therapy with another	19%			
Prior to any therapy	31%			
% with clients recovering other traumatic memories from total amnesia				
In therapy with respondent	28%			
In previous years				
% with clients recovering any traumatic memory from total amnesia				
In therapy with respondent	45%			
Respondents' Beliefs About Recovered Memories				
Belief in essential accuracy of recovered memories	3% never	53% sometimes	38% usually	6% always
Belief in possibility of false memories	67% yes		33% no	
False memories ever in own practice	85% never	11% sometimes	4% more than once	
Respondents' Beliefs about Satanic Ritual Abuse				
Belief in essential accuracy of reports of SRA	3% never	54% sometimes	38% usually	5% always
Ever worked with clients reporting SRA and believed them (15 per cent had clients reporting SRA)	13%			

Table 2. Responses to questionnaire items

vs 18 per cent: $\chi^2(1)=24.8$, $p<.001$). (Percentages sum to over 100 per cent as some members belong to more than one Division, Group or Section.) The under-representation of the SGHP was expected as it was not envisaged that a large proportion would see patients with mental health problems - in fact only 20 of the 810 respondents (2.5 per cent) belonged exclusively to the SGHP.

Responses to the questionnaire items

Table 2 sets out responses to the questionnaire items, grouped under headings to include therapeutic approach, therapeutic practices, characteristics of clients, memory recovery in clients, general beliefs about the accuracy and falsity of recovered memories, particular beliefs about the falsity of recovered memories in the respondent's own practice, and beliefs about satanic ritual abuse.

Therapeutic approaches and practices

It can be seen that the therapeutic approach most often endorsed was cognitive-behavioural, followed by psychodynamic and client-centred/humanistic. The systems approach and feminist orientation were the least likely to be endorsed. In terms of practice, the majority of respondents focused on the early experiences of their clients, at least 'sometimes', although the use of hypnotic regression techniques was rare in comparison, being used by one in ten. The proportion using this technique was also considerably lower than the proportion of American psychologists using hypnosis (around 32 per cent) in Poole *et al.*'s (in press) survey.

CSA and memory recovery

The vast majority of practitioners had seen at least one client reporting CSA in the past year, with 22 per cent reporting seeing over 10. Over half of those (51 per cent) with such clients also had clients in the past year who recovered memories of CSA, either in therapy with them, in therapy with another, or prior to any therapy. Table 2 shows that the most common context in which memory recovery occurred was prior to any therapy, with nearly a third of respondents reporting that clients had recovered memories in this context. Just under a quarter had clients recovering CSA memories in therapy with them, and around one in five in therapy with someone else.

The context of memory recovery

The overlap between the different memory recovery contexts was investigated in further detail. Table 3 shows that respondents who had clients recovering memories prior to any therapy *and* had clients who recovered memories with other therapists were the most likely to have had clients recovering memories while in therapy with them. Conversely those with no clients recovering memories *before* entering therapy with them were least likely to have had clients recovering memories *in* therapy with them.

Given the possibility that individuals could recover more than one memory from total amnesia for repeated experiences of child abuse, one interpretation may be that memory recovery processes commonly begin before therapy, or at least before therapy with Society practitioners. Another is that the association between the different contexts of recovered memories is a function of the number of CSA clients seen, as practitioners who see large numbers would be more likely than others to have clients recover CSA memories in therapy

Clients with recovered memory with other therapist	Clients with recovered memory before entering any therapy	
	YES	NO
	% with clients recovering memories in therapy with them	
YES	58 (53/91)	23 (14/62)
NO	31 (51/163)	13 (64/494)

Table 3. Percentage of respondents reporting clients recovering memories in therapy with them by clients reporting memories in therapy with others and before entering therapy

with them *and* to observe a greater variation of contexts for memory recovery.

The latter possibility was examined by entering memory recovery prior to any therapy and memory recovery in therapy with someone else into a logistic regression equation, controlling for number of CSA clients seen, with memory recovery in therapy with the respondent as the dependent variable. However, the number of CSA clients seen could not account for the results, as both memory recovery contexts independently significantly increased the likelihood of clients recovering memories in therapy with the respondent when this factor was controlled; odds ratios were 2.8, $p<.001$ for recovery prior to any therapy and 2.1, $p<.001$ for recovery in therapy with another. (Logistic regression was chosen as the most appropriate test as the dependent variable was dichotomous, that is, respondents either had or had not had experience of clients recovering memories in therapy with them. The odds ratio [OR] is the actual change in odds of getting the dependent variable, given changes in the independent variable.)

Memory recovery of trauma not involving CSA
The questions about recovered memories also covered memories for traumatic events other than CSA, and over a quarter of the respondents reported having clients recovering such memories in the past year (Table 2). Because the vast majority had at least one client reporting CSA, it was possible that these memories for non-CSA events arose only in the course of recovering CSA memories. To control for this possibility, the 8 per cent of respondents who had no CSA clients were distinguished from the rest. The proportions with clients with non-CSA recovered memories were fairly similar in the two groups - 29 per cent with CSA clients and 21 per cent with no such clients.

Beliefs about memory recovery
Overall, 60 per cent of our respondents had at some time (in the past year or previously) at least one client who had some type of recovered memory (that is, for any traumatic event in any context), and 47 per cent had at least one client with a recovered memory involving CSA. What, then, were respondents' general and particular beliefs concerning such memories? Table 2 shows that most respondents believed that in general recovered memories were essentially accurate at least sometimes, although only a very small minority believed they were always so. The majority also believed in general that false memories were possible.

We asked respondents whether they thought they had ever had clients with false memories in their own practice, and 15 per cent thought this had been the case (Table 2). This proportion was increased to 20 per cent among respondents who reported having had clients recover memories in therapy with them.

Clients recovering memories in therapy with respondent	
Increased likelihood:	*Odds ratio*
Use of hypnotic regression	4.2***
Number of clients with CSA	2.5***
Focus on early experiences	1.8***
Age of respondent (being older)	1.3*
Decreased likelihood:	
Cognitive-behavioural approach	0.6***
Respondent's belief in accuracy of recovered memories	
Increased belief	*Beta*
Having a patient recover memory in therapy	.33***
Focus on early experiences	.07*
Decreased belief	
Sex of respondent (male)	.16***
Age of respondent (being older)	.14***
Cognitive-behavioural approach	.11**
Respondent's belief in possibility of false memories	
Increased belief	*Odds ratio*
Sex of respondent (male)	2.3***
Age of respondent (being older)	2.1***
Cognitive-behavioural approach	1.5*
Decreased belief	
Having a patient recover memory in therapy	0.59**
Respondent's belief about false memories in their own practice	
Increased belief	*Beta*
Cognitive behavioural approach	.18***
Sex of respondent (male)	.12*
Use of hypnotic regression	.12*
Number of CSA clients	.11*
(*p<.05, **p<.01, ***p<.001)	

Table 4. Factors associated with respondents' experiences and beliefs

Beliefs about satanic ritual abuse (SRA)
Finally, our questionnaire covered respondents' beliefs about clients' reports of SRA (we did not ask specifically about recovered memories of SRA). As with beliefs about the accuracy of recovered memories, most believed that such reports were at least sometimes essentially accurate, although only a very small percentage believed they were always so. Despite these beliefs few respondents had ever had clients reporting SRA. Most of those who had worked with such clients believed them (Table 2).

Factors associated with respondents' experiences and beliefs
It remains to investigate whether specific factors might be associated with the experiences and beliefs of our respondents concerning recovered memories. The results of these analyses are summarised in Table 4.

Indicators of clients recovering memories in therapy with the respondent
For this analysis age and sex of the respondent, their therapeutic approach (psychodynamic, cognitive-behavioural, client-centred/humanist, systems and feminist), therapeutic practice (focus on early experiences and use of hypnotic regression), and number of clients with CSA seen in the past year were entered simultaneously into a logistic regression equation. The dependent variable was whether or not the respondent had ever had any client who recovered any traumatic memory while in therapy with him/her. When all factors were taken into account, Table 4 shows that those which significantly independently increased the likelihood of respondents having such clients were being older, number of CSA clients seen, use of hypnotic regression techniques and a focus on early experiences. The only factor which significantly decreased the likelihood was having a cognitive-behavioural approach to therapy.

It was possible that age as an indicator in the above analysis was a function of increased opportunity, that is, older practitioners had simply seen more clients over the years. This possibility was examined by repeating the analysis substituting the dependent variable of *ever* having a client recover traumatic memories in therapy with having a client recover traumatic memories in therapy *in the past year.* The effect of age was, however, increased by this substitution.

There was also a particularly strong effect for the use of hypnotic regression. However, it should be borne in mind that its use was relatively rare, and the majority of respondents who had ever had clients recover memories in therapy with them (84 per cent) did not use this technique.

Indicators of general beliefs about recovered memories
The same factors considered in the previous analysis were entered simultaneously into a multiple regression equation with beliefs in essential accuracy of recovered memories (4-point scale) as the dependent variable. The one additional independent variable considered in this analysis was whether or not the respondent had ever had a client recover any traumatic memory in therapy with him/her. Taking all factors into account, the significant independent indicators of belief in accuracy were having had a

patient recover a memory in therapy, and to a lesser extent, a focus on early experiences in therapy. Significant indicators of reduced belief in accuracy were being a man, being older, and having a cognitive-behavioural approach to therapy (Table 4).

The analysis was repeated using logistic regression with belief in the possibility of false memories (yes/no) as the dependent variable. Table 4 shows that the indicators were almost exactly the reverse of those for belief in the accuracy of recovered memories: being a man, being older, and having a cognitive-behavioural approach to therapy increased the likelihood of believing false memories were possible. Having a client recover a memory in therapy decreased the likelihood. There was no significant interaction between age and sex: although women were less likely than men of a similar age to believe false memories were possible, like men, the older they were, the more likely they were to endorse such a belief.

Indicators of particular beliefs about recovered memories

In the last stage of the analysis, the dependent variable was respondents' beliefs that they had encountered false memories in clients in their own practice (3-point scale). The same factors were entered as previously, but this analysis was limited to respondents who had ever had clients who had recovered memories in therapy with them (n=401). Significant independent indicators of increased belief were number of CSA clients seen in past year, being a man, use of hypnotic regression, and having a cognitive-behavioural approach to therapy (Table 4).

Discussion

The findings suggest that despite the fact that the practice of hypnotic regression is relatively rare, recovery from total amnesia of past traumatic material involving both CSA and non-CSA experiences is by no means an uncommon feature of clinical practice among our highly trained professional members. However, the proportion of practitioners who had at least one client recovering a memory in therapy was very much lower than in the only other comparable survey (Poole *et al.*, in press). Exact comparisons cannot be made, though, as Poole *et al.* asked specifically about recovered memories of CSA, and used a different time period. The most direct comparison is between the percentage of respondents with clients recovering CSA memories with them in the past year (23 per cent in the current survey) and the percentage of respondents with similar clients recovering such memories in the past two years in Poole *et al.*'s surveys (85 per cent and 71 per cent). Even considering our highest rate of 50 per cent, which was for respondents with clients recovering any kind of traumatic memory with them in the past year or previously, our rate is lower.

Poole and colleagues' criteria for their target population were more stringent in that they required practitioners to have worked with at least 10 adult female patients in the past two years. However, limiting our sample to respondents seeing 20 or more clients in the past year did not substantially change the percentage who had clients recover CSA memories with them in the past year (26 per cent). It is not therefore clear why there should be such differences, although it is probably the case that it is connected, at least partly, to sampling issues.

Nearly 60 per cent of our respondents who reported having clients who recovered memories of sexual abuse in therapy with them also reported having clients who recovered such memories before entering any kind of therapy. While it is not possible to comment on the validity of these reports, this suggests that a substantial proportion of those recovering memories in therapy may have already begun the process beforehand.

However, this requires further investigation because the limitations of the questionnaire meant we were unable to establish a one-to-one correspondence between the different contexts in which memories may be recovered by individual clients.

The majority of our respondents believed that false memories were possible, although the proportion with this belief (67 per cent) was smaller than in the other two surveys asking this question (91 per cent, Poole *et al.*, in press; 79 per cent, Yapko, 1994). However the majority also believed that recovered memories could sometimes be accurate (although only a very small minority believed they could always be so) - a question not asked in the other surveys. This balanced position was essentially that reached by the Working Party. Because of the large sample size we employed, we also had the opportunity to use more complex multivariate analyses to investigate the unique contributions of a number of different relevant factors to both beliefs about recovered memories and experiences with clients. Several factors were independently associated with beliefs, the experience of having a client with a recovered memory being a particularly powerful indicator of beliefs about accuracy. The causal direction of this relationship requires further investigation. It may be that those sympathetic to the notion of recovered memories are more open to the possibility and are in some way facilitating such recovery in their clients. On the other hand, the experience of having witnessed a client recover a memory may lead to greater conviction of the general validity of such memories.

There were a number of apparent inconsistencies between indicators of respondents having clients recover memories in therapy with them and of respondents' general and particular beliefs about such memories. The only factor that consistently indicated both experience and beliefs was having a cognitive-behavioural approach to therapy. Among inconsistent factors was therapeutic practice, which was a strong indicator of experiences but not of beliefs. This was particularly clear for hypnotic regression - practitioners who used this technique were more alert than others to the possibility that their own clients' recovered memories could be false. Another apparently inconsistent factor was age. Being older was associated with an increased likelihood of having clients recover memories in therapy, but also with an increased scepticism about the validity of recovered memories in general, although not necessarily in relation to their own practice. It was also the case that while men were equally as likely as women to have had clients recover memories with them, they were more sceptical in their general beliefs, and about clients in their own practice. Finally, while the number of CSA clients seen was a strong indicator of clients recovering memories with the respondent, it was also related to an increased suspicion that clients' memories might be false. There are no doubt complexities to be unravelled in order to understand further whether or not these apparent inconsistencies were indeed so, but they are likely to require further in-depth research.

Two main limitations of our research involve the low response rate and the brevity of the questionnaire, both a function of limited resources. Regarding the latter we were not able to obtain more than a very crude estimate of practitioners' experiences with clients recovering memories, and memory recovery techniques used in therapeutic practice were not extensively covered.

The former limitation is more important in terms of establishing base rates for memory recovery in clinical practice and practitioners' beliefs and practices than it probably is for establishing indicators of such experiences and beliefs. It may be that practitioners with clients recovering memories in whatever context were more likely to return the questionnaire. However, our sample was almost completely representative in terms of age and sex of members mailed, and was fairly representative in terms of membership of the relevant Divisions, Section and Group. In addition, where comparisons could be made, the beliefs endorsed by our respondents were fairly similar to practitioners' beliefs in other surveys

(Poole *et al.*, in press; Yapko, 1994). As already mentioned, however, the percentage of our respondents with clients recovering memories with them was much lower than in the only other comparable survey, suggesting that such respondents were not grossly over-represented.

In conclusion, even taking account of limitations, our large-scale survey confirms and extends previous research. It contradicts various assertions in the literature and popular beliefs by confirming that recovered memories of trauma are not limited to those involving CSA, nor to CSA survivors, and recovery is not limited to a therapeutic context, nor to untrained therapists. Memory recovery appears to be a robust and frequent phenomenon. Issues concerning its process, and the context and validity of such memories are in urgent need of further investigation.

Acknowledgements

The research was funded by The British Psychological Society. We should like to thank Society staff, especially Valerie Bull and Jenny Parker, for their cooperation and assistance.

References

Briere, J. & Conte, J. (1993) Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress*, 6, 21-31.

Feldman-Summers, S. & Pope, K.S. (1994) The experience of 'forgetting' childhood abuse: a national survey of psychologists. *Journal of Consulting and Clinical Psychology*, 62, 636-639.

Herman, J.L. & Schatzow, E. (1987) Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology*, 4, 1-14.

Lindsay, D.S. & Read, J.D. (1994) Psychotherapy and memories of childhood sexual abuse: a cognitive perspective. *Applied Cognitive Psychology*, 8, 281-338.

Loftus, E.F., Polonsky, S. & Fullilove, M. (1994) Memories of childhood sexual abuse: remembering and repressing. *Psychology of Women Quarterly*, 18, 67-84.

Poole, D.A., Lindsay, D.S., Memon, A. & Bull, R. (in press) Psychotherapy and the recovery of memories of childhood sexual abuse: US and British practitioners' opinions practices and experiences. *Journal of Consulting and Clinical Psychology*

Yapko, M. (1994) Suggestibility and repressed memories of abuse: A survey of psychotherapists' beliefs. *American Journal of Clinical Hypnosis*, 36, 163-171.

Williams, L.M. (1994) Recall of childhood trauma: A prospective study of women's memories of childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, 62, 1167-1176.

Dr Andrews and Professor Brewin are with the Department of Psychology, Royal Holloway, University of London, Egham TW20 0EX. Dr Bekerian is with the MRC Applied Psychology Unit, 15 Chaucer Road, Cambridge CB2 2EF. Professor Davies is with the Department of Psychology, University of Leicester, Leicester LE1 7RH. Dr Mollon is with the Department of Psychiatry, Lister Hospital, Stevenage SG1 4AB. Professor Morton is with the MRC Cognitive Development Unit, 4 Taviton Street, London WC1H 0BT.

Copies of the Recovered Memories Report are available from the Society's office free to members, £10 to non-members.

THE PSYCHOLOGY DEPARTMENT OF
THE UNIVERSITY OF DERBY
a day conference
Gender and Sexuality
in
Psyche and Society
ON
SATURDAY 20 MAY 95
Heap Lecture Theatre, The University of Derby
Chair
Paul Gilbert & Haru Ghadiali
Speakers
Andrew Samuels
Noreen O'Connor
Zack Eleftheriadou
John Archer
Andrea Cornwall
The conference will explore modern approaches to Gender and Sexuality from a variety of perspectives including :Anthropological, Transcultural, Jungian, Psychoanalytic and Evolutionary
£55.00 inclusive of lunch,
£35.00 Unwaged or Students
For Further Information contact Dr H.N. Ghadiali Thornhill Day Hospital, Kingsway, Derby DE23 3LZ Tel: 01332 624558.

SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

ADVANCED DIPLOMA IN EXISTENTIAL PSYCHOTHERAPY
Programme Director: Dr Ernesto Spinelli

NEXT INTAKES: JANUARY AND OCTOBER 1996

The Advanced Diploma in Existential Psychotherapy provides an innovative alternative to depth psychotherapy.

Grounded in philosophical perspectives focused upon the investigation of being, existential psychotherapy challenges many of the fundamental assumptions of therapeutic theory and practice.

The programme presents a unique opportunity for students who have already obtained a masters level or its equivalent in the wider field of psychotherapy or counselling psychology, to complete a full psychotherapy training leading to UKCP registration.

One day a week attendance over two years includes theoretical and practical training seminars, supervision and group process work, provided by experienced existential tutors and practitioners.

For a 1995/96 prospectus contact:
School of Psychotherapy and Counselling, Regent's College, Inner Circle, Regent's Park, London NW1 4NS
Tel: 0171 487 7406