

False Memory Syndrome threatens to be the most divisive, acrimonious and destructive issue to confront hypnotherapy for years.

It has the potential to split the profession, set colleague against colleague, client against therapists, families against families ... and prove a bonanza for the lawyers.

Indications of the sheer scale of the danger for European therapists can already be judged by the impact FMS is having across the Atlantic in North America. But many have still to wake up to the implications.

Which was why the recent one day seminar presented in London by the Director of the Milton H Erickson Institute of San Diego, Dr Michael Yapko, was of such importance.

Dr Yapko, addressing a packed assembly at the Royal Society of Medicine, mapped out the possible paths upon which European therapists could soon find themselves.

Among his aim was to try to avert the acrimony which has already become evident among North American therapists.

It is a controversy which is already polarising. At one extreme are those certain therapists can do no wrong. At the other, those who are convinced therapists cause more problems than they cure.

It is an unhelpful, unhealthy situation. Extremes never represent reality well. But they can arouse much emotion – and, even more, hostile media coverage.

Leading American hypnotherapists suggests –

Searching for memories of childhood abuse is now a fashionable and dangerous fad

False Memory Syndrome poses a major threat to hypnotherapy. US courtrooms have already seen far-reaching legal precedents with serious implications for the entire profession ... not just across North America but world-wide.

Two or three years ago Michael Yapko devised two questionnaires which have a direct bearing on the growing problem.

One of these, of particular interest to hypnotherapists, is the Hypnosis Attitude Questionnaire, distributed to over one thousand therapists across the United States.

It sets questions such as: *"Is it possible to suggest false memories to someone who then incorporates them as true memories?"*

Four out of five respondents (79%) agreed that to some extent untrue memories can be suggested and integrated as genuine by some individuals.

By

Susannah de Fère

To the question *"Can hypnosis can be used to recover accurate memories of past lives?"* Yapko states that 'As untenable as this clearly arbitrary belief might seem, more than one in four (28%) respondents agreed.'

If we infer that the hidden question he asked was: *"Do you know of any cases where it seemed highly likely that a trauma victim's trauma was somehow suggested by a psychotherapist rather than being a genuine experience?"*

Then just one positive answer to that question is one too many; Yapko recorded that almost one in five psychotherapists (19%) pointed to cases where they believe other psychotherapists were a part of the patient's problem rather than a part of the solution.

Repressed or forgotten? Remembered or suggested? True or False? In the absence of a definitive, scientifically tested directive, the Yapko seminar, posited these questions: Answer – test your belief systems.

Whilst little has been scientifically proven about memory, many myths about memory have been inculcated into all of us.

The danger is when a therapist transmits his own, scientifically unproved, memory-belief-system to a client searching for an explanation for their symptoms. Then the harm is potentially great.

In today's therapy climate, any debate on the subject of memory has to encompass the question of false memories with particular regard to sexual abuse.

As professionals we must analyse the bearing of hypnosis on neurological processing of memory with the emphasis on recovered memories of sexual abuse, for it is within this arena that lives are ruined and professions ended.

We know that abuse happens. So do false accusations. The question is what we, as therapists, can do to protect our clients and ourselves. Particularly for those of us in Europe, where this issue has not yet roller-coasted as it has in the States, we must determine how best we can keep therapy in the consulting room and out of the court room.

Just how has this present climate developed?

Freud, dismissing his patients' reports of sexual abuse as fantasy, led us to dismiss such charges for the first three quarters of this century. Reaction against this thesis has led to its opposite extreme, so that over the last ten to fifteen years there has been a proliferation of therapists immersing themselves in the belief that any unexplained problem has its root in childhood abuse.

Many have taken this further: if no cause can be found in this life, perhaps it is due to something which took place in the last? This bizarre line of enquiry has found greater favour than asking what is clearly a far more obvious question: Is it necessary to search for any cause when the client may be better off psychologically (and definitely, financially) by simply addressing the problem? The endless search for 'cause' can only end in blame.

The seminar was held under the auspices of the European Therapy Studies Institute and edited transcripts of the seminar are available from ETSI, The Office, 7 Chapel Road, Worthing, West Sussex BN11 1EG. Please telephone the following numbers for further details. Tel (0323) 811754 or 0903 233541.



Michael D. Yapko, Ph.D.

is a clinical psychologist and Director of the Milton H. Erickson Institute of San Diego. He is a Fellow of the American Society of Clinical Hypnosis and has made numerous contributions to the practice of psychotherapy and hypnotherapy.

He has written several influential books on hypnosis and brief therapy including **"Trancework: An Introduction to the Practice of Clinical Hypnosis"**.

Dr Yapko's latest book, **"Suggestions of Abuse – True and False Memories of Childhood Sexual Trauma"** is available from Anglo-American Book Company Ltd., Underwood, St. Clears, Carmarthen SA33 4NE. Price : £18.50 plus £2.00.

The client loses the chance of owning responsibility and recognising his power to solve his problems himself. Would it not be more fruitful if therapist and client were to search for solutions rather than causes?

Another vital question Yapko posed was why a therapist would, unless specifically informed by his client, draw the conclusion of abuse in the first place. He suggests that peer pressure is a contributory factor – if all your colleagues are having abuse clients, where are yours? Could it be that you are failing to recognise symptoms and diagnosing incorrectly? Are you afraid to face the reality of the problem? Do you fully understand the nature of repression? Or, most paranoia-inducing of all, are you in denial?!

And – the attraction of check-lists. Therapy by numbers. The plethora of books we have all read or those seminars we have attended where we were presented with a list of symptoms (some of which conflict - i.e. do you have a drink problem or, alternatively, are you totally abstemious?).

Ask yourself – when reading through a copy of DSMIV do you not find yourself seduced into wondering whether your friends and relations are not contained within those pages? Or even yourself?

Why are therapists so ready to abandon their critical faculties and accept reports of recovered memories of childhood abuse?

And the implication is as follows: If you do answer yes to more than a given number of the symptoms described, then you have a serious problem. And if you answer no, then you are in denial and your problem is even more serious.

We know that in hypnosis we can excite imagination and that an imagined fear is what many of our client's symptoms are all about. The lines between reality and unreality are blurred.

So it is not surprising that nearly one in three respondents to Yapko's questionnaire agree with the statement that: *"When someone has a memory of a trauma while in hypnosis, it objectively must actually have occurred."* Memory is after all highly responsive to suggestion.

Uncritical acceptance?

Why are therapists so ready to abandon their critical faculties when they enter this particular arena? Why, when we are so ready to challenge our client's belief systems in all manner of ways and over a wide range of subjects do we uncritically accept the report of a recovered memory of childhood abuse?

Yapko notes that: *"Many therapists maintain the rigid but unfounded belief that accurate memories of all experiences must be in there somewhere in one form or another and that hypnosis can provide the 'key' to 'unlock' them.*

"False memories that are detailed and dramatic may be accepted as true simply because of the psychotherapist's pre-existing beliefs."

Again, the message is to test and test again your own belief system. A child is dependent upon adults to ensure their continued survival and so a child's intent is generally to please.

If, when you regress your adult client to infancy, you allow that client one sniff of what you are seeking – then the chances are that you will receive it.

Okay, maybe you believe *you* would never ask questions couched in such a way. Maybe you are comforting yourself with the belief that that behaviour is rare among your colleagues. Consider then how chilling to hear from the floor of the seminar of a hypnotherapist who had diagnosed an agoraphobic he had never met as having been sexually abused and in need of sixteen sessions – at £65.00 per session. The diagnosis, it was alleged, was made over the telephone!

Yapko offered the following as general guidelines:

It is generally wise not to :

Jump to the abuse conclusion simply because it seems plausible (symptoms and drama are not evidence)

Suggest abuse directly or indirectly outside a therapeutic context

Refer out for hypnotic confirmation or rebutted

Ask leading or suggestive questions

Assume repression when memories are sparse

Rely on your own memory of the interview or session

Assume corroboration is always unnecessary

Encourage cutting off all communications with family members

Assume 'no pain, no gain' in treatment

He also advised:

A presupposition is a wonderful thing when you ask a client how they will feel in a few weeks' time after their symptoms have disappeared. It is an entirely different matter when you ask a client how old they were when first abused.

Avoid redefining resistance by suggesting that denial is the first step on the road to recovery and accept "I don't know" as an answer.

Ensure that your questions are not leading.