dislodged and get attached to fantasies of childhood like iron filings on a magnetic field. Because age regression techniques involve many pitfalls one should not generalise that all hypnotherapy techniques are bogus. Unfortunately, the media and entertainment industry often portrays hypnotherapists regressing all their clients to younger days. Introducing a more efficient code of practice and special registration to practise hypnotherapy would be more constructive than debunking hypnosis.

Brandon, S., Boakes, J., Glaser, D., *et al* (1988) Recovered memories of childhood sexual abuse. Implications for clinical practice. *British Journal of Psychiatry*, **172**, 296–307.

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J. Paul Kingswood Mental Health Centre, Union Street, Maidstone, Kent ME14 1EY

Sir: Awareness of the dangers of implanting false memories of childhood sexual abuse must be widespread by now and the recommendations with which Brandon *et al* (1998) conclude their paper will be generally accepted. It is, therefore, a pity that they were not more balanced in presenting the evidence concerning the recovery of forgotten memories. In a paper in this journal Brewin (1996) concluded that there was both experimental and clinical evidence that memories can be recovered from total amnesia and that they may be essentially accurate. It is not clear why Brandon *et al* did not discuss this paper nor why they interviewed only 'retractors' and accused parents. There is also, I believe, a basic inconsistency in their position; why, if false memories can be implanted, and if it is accepted that people may "be unable to remember considerable parts of their past experiences", should not the inability to recall what actually occurred ('false forgetting') also be induced?

Memory is not held only in the head; the constructions, reconstructions and fallibility of autobiographical memory are the products of the individual in relation to his or her social and personal context. The injunctions of abusers to keep silent, the interpretations of memories of abuse as fantasy by psychoanalysts and the social taboo on discussing the issue combined for a long time to make memories of abuse unsayable and in some instances unremberable. Psychotherapists working in the late 1970s and 1980s met many more patients than previously who remembered childhood abuse, once the issue had been aired in the media. Since then, I have carried out or supervised the treatment of a great many patients receiving a form of therapy which does not ferret after or suggest hidden memories. I have encountered a very small number of cases in whom memories were recovered from complete amnesia and a very large number who, once a therapeutic alliance had been established, revised and extended their memories in terms of the timing, details, meaning and associated emotions of partially remembered abuse. Many of these patients sought and found corroboration of these memories, most often from siblings.

While it is crucial that professionals avoid implanting false memories of sexual abuse and important to assess such memories judiciously, responsible clinicians must also recognise the ways in which memories recovered from partial or total amnesia may, and in most cases do, refer to actual experience. To paraphrase Brandon *et al*, there is abundant evidence that false forgetting occurs, and it is important that clinicians do not reinforce it in the many individuals whose experiences need, but have never been granted, acknowledgement.

Brandon, S., Boakes, J., Glaser, D., *et al* (1998) Recovered memories of childhood sexual abuse. Implications for clinical practice. *British Journal of Psychiatry*, **172**, 296–307.

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A. Ryle ACAT Office, Munro Clinic, Guy's Hospital, London SE1 9RT

Authors' reply: We should have made it clear that the literature review which we made was much more exhaustive than the reference list to our paper might suggest. The material was so voluminous and much of it of such poor scientific quality that, space considerations apart, much of it did not justify a reminder of its existence and we confined ourselves to that which was essential to our argument.

It is true that we confined our references to hypnosis to a single book but this was such a rich source of further references that we deemed it sufficient.

We quite accept that patients report and psychiatrists hear what conforms with their beliefs and the social milieu. Many patients go through life never mentioning abuse which occurred in childhood. The setting up of ChildLine resulted in some women in their 70s and 80s ringing up to talk about their childhood abuse for now 'that it was out in the open' they could talk of the pain they had carried throughout their lives. Men who were Japanese prisoners of war when recently interviewed gave horrific and detailed accounts of their suffering which they had never felt able to mention to anyone who had not shared the experience. Their families knew nothing of what had occurred. Many memories suppressed or avoided for years can come forward following a related emotional trauma or within a trusting relationship.

We did not specifically discuss Professor Brewin's paper but believe that most of the points he made are covered within our review. We disagree with him on some matters but his conclusions are much the same as ours. False beliefs and false memories can occur and extreme caution must be observed when new 'memories' emerge whether during or outside a therapeutic intervention.

We are somewhat perplexed by 'false forgetting' and cannot imagine how it could be proved. People continually forget and remember things. What is at issue and is the key area for clinicians is the creation of new and false memories through unsound beliefs and unsafe practices. The mounting body of evidence of such practices among psychiatrists and established therapists as well as among 'fringe' practitioners is in danger of discrediting psychiatry in general and psychotherapy in particular.

We sincerely hope that the guidelines published in the *Bulletin* (Royal College of Psychiatrists' Working Group on Reported Recovered Memories of Childhood Sexual Abuse, 1997) will enable psychiatrists and others to stem the tide of these potentially harmful practices.

Royal College of Psychiatrists' Working Group on Reported Recovered Memories of Childhood Sexual Abuse (1997) Recommendations for good practice and implications for training, continuing professional development and research. *Psychiatric Bulletin*, **21**, 663–665.

S. Brandon University of Leicester, Post Graduate Dean's Office, Royal Infirmary, PO Box 65, Leicester LE2 7LX

J. Boakes St George's Hospital, London

Sir: Brandon *et al* (1998) have produced a commendably careful, comprehensive and

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