



**Dr James Ost's contributions to the work of the British False Memory Society**

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## Abstract

The British False Memory Society (BFMS) is a registered charity founded in 1993 in response to an epidemic of false claims of past childhood sexual abuse by adults in therapy. The accusers believe they have recovered unconscious memories of a hidden past, but scientific evidence suggests that the claims are probably based upon false memories. The BFMS aims to raise awareness about false memory and to reduce the impact of the resulting false accusations. Dr James Ost was an active member of the BFMS's Scientific and Professional Advisory Board. Three lines of his research were particularly relevant to the work of the BFMS. The first of these was his investigations of retractors. His insights provided a deeper understanding of the processes involved in the formation and subsequent rejection of false memories and beliefs relating to such allegations. He also carried out experimental studies providing empirical proof that false memories can be implanted under well controlled conditions. Finally, he carried out, and produced reviews of, surveys of misconceptions about the nature of memory, thus highlighting issues that have major implications for the working of the legal system. Dr Ost also served as an expert defence witness on a number of occasions.

**Keywords: British False Memory Society; false memories; recovered memories; retractors.**

## Dr James Ost's contributions to the work of the British False Memory Society

### Introduction

In May 2004, a member of the British False Memory Society (BFMS) walked into the reception area in the Department of Psychology, University of Portsmouth. She was there for a meeting with Dr James Ost. In late 2002, her adult son, J, had been diagnosed with depression and consequently engaged the services of a therapist. Following counselling, he appeared to his mother to have undergone a complete personality change. Moody and sullen, J would later claim to have been sexually abused in early childhood. Initially he did not disclose the name of the alleged perpetrator(s). Over time, the allegations escalated. J now claimed to have suffered childhood sexual abuse (CSA) at the hands of his deceased father. The allegation caused a seismic shock to family members; his mother was the most acutely affected. 'Susan' (identities have been changed) would later write that she felt "trauma of a nature that eclipsed even my husband's death. I cannot tell you ... of the trauma of shock and disbelief I feel." She did not believe the allegations. However, he appeared to sincerely believe that his father sexually abused him between the ages of four and eight. His therapist, moreover, was adamant that the abuse memories were true.

### *The Courage to Heal*

Matters escalated further. J began to 'recover' new memories of extreme abuse. He accused friends and family, including his mother, of being part of an organised paedophile ring. Susan was at her wit's end. She made contact with the BFMS in October 2003 seeking advice about what she now believed to be false-memory type allegations and suspecting that her accusing

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2  
3 son had undergone hypnotherapy. Significantly, the accuser had read a number of self-help  
4 books which were littered around the house he shared with his mother. One of these books  
5 was *The courage to heal: A guide for women survivors of child sexual abuse* (henceforth, the  
6 CTH), first published in the US in 1988 (Bass & Davis, 1988). As pointed out by Loftus  
7 (1993, p. 525) the CTH is “often referred to as the ‘bible’ of the incest book industry”. An  
8 international bestseller, it has been re-issued in a number of revised editions and, in 2008, a  
9 new edition was published to commemorate the 20<sup>th</sup> anniversary of the original publication.

10  
11  
12 The CTH is a self-help book which provides a checklist of indicators which it is  
13 postulated are symptomatic of CSA – these may include, for example, anxiety, low self-  
14 esteem and eating disorders. Operating at a huge level of generality, the authors argue that  
15 even if one cannot remember being abused that does not mean that you were *not* abused.  
16 According to Bass and Davis (1988, p. 22), “children often cope with abuse by forgetting it  
17 ever happened”. This is the case even when the allegations appear to be fantastical, such as  
18 alleged abuse by satanic cults involving torture, ritual sacrifice and murder (pp. 417 – 421).  
19 Fontaine (1998), in her study into ritual abuse in the UK, concluded that the existence of  
20 organised satanic cults was a myth, often generated by bad therapy.

21  
22 The CTH operates as an *aide memoire* to retrieve repressed memories and to then  
23 begin the process of healing. The first edition of the book includes such advice as, “If you are  
24 unable to remember any specific instances ... but still have a feeling that something abusive  
25 happened to you, it probably did” (p. 21) and “If you think you were abused and your life  
26 shows the symptoms, then you were” (p. 22).

27  
28 Part 2 of the book includes a subsection entitled ‘Remembering’ which explores  
29 different ways of remembering:  
30  
31

### 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 WHAT REMEMBERING IS LIKE

1  
2  
3 Recovering occluded memories (those blocked from the surface) is not like  
4 remembering with the conscious mind. Often the memories are vague and  
5 dreamlike, as if they're being seen from far away (p. 72).  
6  
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10

## 11 REGRESSION

12  
13  
14 Another way to regain memory is through regression. Under the guidance of a  
15 trustworthy therapist, it is possible to go back to earlier times. Or you may find  
16 yourself going back on such a journey on your own with only the prompting of  
17 your own unconscious (p. 72).  
18  
19  
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23  
24 If you don't remember your abuse, you are not alone. Many women don't  
25 have memories, and some never get memories. This doesn't mean they  
26 weren't abused (p. 73).  
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32  
33 At her son's instigation, Susan read through his self-help books. In a letter to the  
34 BFMS, she wrote:  
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40 Is this a mixture of a vulnerable young man with a habit of cannabis and a  
41 very real false memory? Could it be that untrained counsellors put ideas into  
42 the head of a deeply troubled young man? I do believe so ...  
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### 49 **The British False Memory Society**

50  
51 Susan was fortunate in that she made early contact with the BFMS who facilitated the  
52 meeting with James Ost. The BFMS was founded in 1993 in response to an unprecedented  
53 rise in claims of past child abuse by adult accusers following therapy. The accusers typically  
54 claimed to have 'recovered' repressed memories of abuse during therapy. Put simply, "false  
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3 memory is the phenomenon in which a person is convinced a memory is true when it is not”  
4  
5 (Felstead, 2019, p. 4).  
6

7  
8 The BFMS is a registered charity regulated by the Charity Commission. It remains  
9  
10 unique in that it is the only charity in the United Kingdom working to provide help and  
11  
12 support where false memories of historic child abuse are suspected. The BFMS incorporates a  
13  
14 telephone helpline to support families affected by the phenomenon of false memory. It offers  
15  
16 advice and access to legal assistance. It does not offer counselling services or accept cases  
17  
18 involving children who claim to have been abused. On the whole, if new members make  
19  
20 early contact with the BFMS, the society tends to make a positive impact. For example, since  
21  
22 2015, there have been 26 cases featuring police involvement which were ultimately  
23  
24 discontinued (no further action). In three separate, unrelated, trials in 2015 (R v R; R v H, R v  
25  
26 H), members of the BFMS were found not guilty in Crown Court. In another case in 2016 (R  
27  
28 v W), two falsely accused members were acquitted (with formal not guilty verdicts) prior to  
29  
30 trial, following expert witness testimony (discussed later in this paper). A jury returned a not  
31  
32 guilty verdict following a Crown Court trial in London in 2017 (R v D). Another BFMS  
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34 member is currently awaiting a re-trial after her partner’s convictions were quashed in the  
35  
36 Court of Appeal in 2019.  
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42 Gudjonsson (1997a) conducted a survey with members of the BFMS. Some 282  
43  
44 families participated in the survey, involving 317 accusing persons. The families tended to be  
45  
46 Caucasian, well educated, and middle class. The majority (87%; n = 276) of accusers were  
47  
48 female and the average age of the accuser was 33-34. Where possible, Gudjonsson compared  
49  
50 accusers with non-accusing siblings, noting that accusers were more likely than their non-  
51  
52 accusing siblings to be either unemployed or working as nurses, social workers or therapists.  
53  
54 There was no difference between the two groups in terms of psychological or psychiatric  
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3 treatment during childhood, but the accusers were more likely to have received such  
4  
5 treatment during adolescence and tertiary education.  
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7

8 Gudjonsson (1997b) presented the results of further analyses of the same data set. He  
9  
10 noted that the biological father was alleged to have been involved in the abuse in the majority  
11  
12 of cases (72.5%; 203 out of 280 cases where accused was identified), either acting alone  
13  
14 (50%; n = 140), with the mother (10%; n = 29), or with others. Stepfathers were accused in  
15  
16 only twelve cases (4%). In 44% (n = 79) of cases the abuse was alleged to have commenced  
17  
18 before the child's fifth birthday, with 10 cases (5%) in which the abuse was alleged to have  
19  
20 commenced within the first year of life. Respondents were asked if the abuse claim was based  
21  
22 upon 'recovered' memories. Interestingly, of the 268 replies to this question, 26 (10%) said  
23  
24 this was not the case and a further 46 (17%) said they did not know. Having said that, of 227  
25  
26 respondents who replied to a question about the involvement of therapy, 93% (n = 210)  
27  
28 indicated that the allegations had been made with the involvement of therapy or counselling.  
29  
30 Out of 279 responses to a question about the consequences of the allegations, 165 (59%)  
31  
32 reported that the accuser had cut all contact with the family. In 37 cases (14%), criminal  
33  
34 proceedings had been instigated. Gudjonsson (1997c) followed up the 37 cases which had  
35  
36 entered the criminal justice system. Out of these, 23 resulted in police charges. All but three  
37  
38 of these cases resulted in prosecution in Crown Court resulting in eight convictions.  
39  
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44 Shaw, Leonte, Ball, and Felstead (2017), based upon a unique analysis of the BFMS  
45  
46 archive, concluded that accusers typically received a wide range of therapeutic input. This  
47  
48 conclusion was based upon an analysis of the types of therapy reported to been received by a  
49  
50 sample of 153 daughters accusing their fathers of sexual abuse. Of that sample, 129 were  
51  
52 reported to have received therapy of some kind (in some cases, more than one type of  
53  
54 therapy). For the subsample who did receive therapy, this included: psychiatric therapy  
55  
56 (30.2%; n = 39); individual counselling (23.3%; n = 30), and to a lesser extent psychotherapy  
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3 (9.3%; n = 12), church counselling (4.7%; n = 6), hypnotherapy (5.4%; n = 7) and regression  
4  
5 therapy (0.7%; n = 1). This information is based on the archival records of the BFMS at the  
6  
7 initial point of contact with the accused via a telephone helpline. As with all statistics, this  
8  
9 information conceals as well as reveals. For example, in 17.5% (n = 22) of cases the nature of  
10  
11 therapeutic input remains unknown. As Patihis and Pendergrast (2019) have recently pointed  
12  
13 out, 'recovered' memories of CSA can be the result of a wide range of therapy types.  
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### 19 **James Ost's Contribution as an Advisory Board Member**

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21 The BFMS keeps an administrative file on each member of its Scientific and Professional  
22  
23 Advisory Board which records e-mail exchanges and other correspondence between the  
24  
25 society and board members. It also keeps records of legal cases and the professional input of  
26  
27 advisory board members. Unusually, there are two files on James Ost. The first contains a  
28  
29 sample of his journal publications; the second records written communications – mostly by e-  
30  
31 mail – between James and the BFMS. James took out membership with the BFMS in 1994  
32  
33 whilst still an undergraduate student at Portsmouth University. He was awarded a PhD, at  
34  
35 Portsmouth, in 2000 (a copy of which is lodged with the BFMS). The thesis (Ost, 2000) was  
36  
37 supervised by Dr Alan Costall (now Emeritus Professor of Psychology at Portsmouth  
38  
39 University). The study was sponsored indirectly via the BFMS.  
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45 It is obvious from the notes in the BFMS files that this was an exceptional partnership  
46  
47 between student and tutor. This is evidenced by some of James' co-authored publications  
48  
49 (e.g., Ost et al., 2001) and also by the fact that supervisor and student were regular attendees  
50  
51 at the BFMS annual conference held in London each year. In 2004, James was invited onto  
52  
53 the Professional and Scientific Advisory Board of the BFMS. He was active from the outset  
54  
55 and displayed a willingness to engage with, and to assist, the Society, as is evident from his  
56  
57 meeting with Susan. For example, in 2007, the BFMS published a short book containing  
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2  
3 several case studies written by family members detailing their experience of false-memory  
4 type allegations. *Fractured Families* (Brand, 2007) was launched in the House of Lords in  
5  
6 May 2007. James attended the book launch, together with other advisory board members.  
7  
8  
9

10 More pertinently, following the BFMS annual conference and AGM in April 2007,  
11  
12 James was involved in detailed discussion with the society and advisory board members.  
13  
14 Each year, a number of invited speakers attend the conference (James was an invited speaker  
15  
16 on two occasions following completion of his PhD), and in that particular year a speaker from  
17  
18 the Human Givens Institute was invited to address the floor. The Human Givens Institute  
19  
20 describes itself on its website (<https://www.hgi.org.uk/>) as, “a global organisation concerned  
21  
22 with unifying the most effective forms of counselling and psychotherapy into a truly bio-  
23  
24 psycho-social approach which incorporates the most effective therapeutic techniques,  
25  
26 neuroscientific findings and newly-devised interventions”. The talk was not well received. In  
27  
28 e-mail correspondence between James and the BFMS, James opined:  
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35 My memory (!) is that some of the claims made on the day were indeed quite  
36  
37 extraordinary. As we all know (to paraphrase the by-line of *The Skeptic* magazine)  
38  
39 “Extraordinary claims require extraordinary proof”.  
40  
41

42 The key problem for me was that *no* evidence was given. His Human Givens  
43  
44 approach may indeed be wonderful but I need to see evidence in the form of  
45  
46 Randomised Controlled Trials (versus waiting lists, CBT, etc.). The only ‘evidence’  
47  
48 (and I use that word advisedly) that was presented at the AGM was in the form of,  
49  
50 “One of my patients once told me ...” As any scientist will tell you, anecdotal data of  
51  
52 this sort does not constitute evidence of effective treatment. I don’t think that we need  
53  
54 to purchase this chap’s book in order to figure out the strength of the evidence ...  
55  
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57  
58 Unless he can produce a publication in a decent peer-reviewed journal showing that  
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60

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3 his new method is an improvement on standard treatments then the scientific  
4  
5 community has no obligation whatsoever to take any notice at all of his claims  
6  
7 (writing a gushing book or five does not make the technique scientific)...

8  
9  
10 (personal communication, 17 May 2007)  
11  
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13

14  
15 James applied his knowledge and expertise to a number of live concerns impacting on  
16  
17 the society. The records of the BFMS show that James was consulted over a wide range of  
18  
19 false-memory type issues, including retractors, expert witness testimony, NICE guidelines,  
20  
21 and particular types of therapeutic input (e.g., EMDR) to name but a few. James facilitated  
22  
23 two roundtable discussions about retractors at the 2003 AGM and annual conference. In April  
24  
25 2003, he wrote a summary of the discussion which was entitled 'retraction.' Here is his  
26  
27 overview:  
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33 We were lucky to be joined by two retractors who were able to offer unique insights  
34  
35 into the processes involved in both the initial accusation, as well as its subsequent  
36  
37 retraction. There were (sic) also a mix of accused parents and relatives of accusers  
38  
39 who shared their accounts. These accounts were, understandably, at times very  
40  
41 emotional and intense, and were imbued with frustration and feelings of  
42  
43 powerlessness. Also present at the second session was a journalist from the *Big Issue*  
44  
45 magazine.  
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50  
51 James summarised the main themes of the roundtable discussions which, for reasons of  
52  
53 space, it is not possible to describe further. Yet this example does neatly encapsulate his  
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55 typical day-to-day involvement with the BFMS. James' file is easily the largest of our  
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3 advisory board members highlighting his commitment towards his duties as an advisory  
4  
5 board member.  
6

7  
8 Input from advisory board members in particular cases can have a critical bearing on  
9  
10 the overall situation. Initially some callers to the BFMS helpline assume that the accuser is  
11  
12 lying, and a telephone conversation or a personal meeting with an advisory board member  
13  
14 can have an impact bigger than the sum of its parts. False memories can become very rich  
15  
16 and the images of untrue events generated from a false memory can feel very real to the  
17  
18 accuser. The adversarial nature of the UK criminal justice system in practice means that often  
19  
20 sexual abuse accusers are deemed either to be telling the truth or lying. It can be difficult to  
21  
22 find a middle ground which takes into account the possibility of false memory. This is  
23  
24 especially true when non-recent allegations of sexual abuse are concerned. Shaw *et al.* (2017,  
25  
26 p. 16) concluded with a clarion call: “We particularly encourage the legal system to move  
27  
28 away from a dichotomous view of claims being true or lies, and to better include the  
29  
30 possibility of false memories.”  
31  
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35  
36 What happened to Susan? Her son, for reasons which remain unknown, did not report  
37  
38 the allegations to police. However, family breakdown is a common occurrence following  
39  
40 false-memory type allegations (Gudjonsson, 1997b; Shaw *et al.*, 2017) and the situation  
41  
42 continued to deteriorate. Sadly, there is no magic wand to reconcile inter-familial  
43  
44 relationships following allegations based on false memory. Occasionally, accusers do return  
45  
46 to families and in a small number of cases the allegations are retracted (e.g., Maran, 2010).  
47  
48 Susan’s family remained fractured. Her son continued with bad therapy and his therapist was  
49  
50 adamant that the allegations about a paedophile ring were true. Both mother and son were  
51  
52 later referred to a psychiatric unit.  
53  
54

55  
56 The main outcome for Susan was a better understanding of her situation. On 18 May  
57  
58 2004, she wrote the following letter:  
59  
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4  
5 Dear BFMS,  
6

7  
8 Thank you very much for asking Dr James Ost if he would see me.  
9

10 I went down to Portsmouth University on Thursday and had a very  
11 helpful and useful time.  
12

13 He has given me his papers on false memory and suggested books for  
14 me to read, which I have since ordered. His professional advice and  
15 observations on the case took me forward. I no longer feel so helpless and  
16 hopeless.  
17  
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23 I know it will be a long haul but since seeing James I'm sure that I will  
24 be more open and wiser on how to deal gently with a situation much beyond  
25 the level of understanding that I would have had before seeing him. Thank you  
26 so much for your organization and the help in cases like mine.  
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33 I enclose a cheque for £40.00 which I'm pleased to be able to give you.  
34

35 Dr James Ost would not accept anything for his witness interview.  
36

37 Yours sincerely  
38  
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41

42 Susan was fortunate, for once an allegation is reported to police, legal proceedings  
43 may follow. This would normally include a police interview under caution, and charges may  
44 follow. The file is then referred to the Crown Prosecution Service to decide whether the case  
45 should proceed to trial. This is exactly what happened in a recent case known to the BFMS.  
46 Patrick Graham, Dr Stephen Glascoe and their co-defendants were accused of being part of  
47 an organised paedophile ring. Glascoe, a retired GP, was accused of performing an illegal  
48 abortion in the surgery of his medical practice. The accuser made untrue allegations to police  
49 that she had been repeatedly abused by a non-existent paedophile ring from the ages of 3 to  
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3 15. The case collapsed at Cardiff Crown Court in May 2018 after it was revealed that the  
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accuser had undergone 229 regression therapy sessions (Brown, 2018). For a commentary on  
this case, see <https://bfms.org.uk/regression-therapy-factor-yet-another-case-collapse/>.

### **James Ost's Contribution as a Researcher**

James was interested in all aspects of memory but there are arguably three strands of his research that were of particular relevance to the work of the BFMS: i.e., his work with retractors (individuals who come to believe that their previous allegations of being the victim of CSA were in fact based upon false memories), his experimental work on false memories, and his work on the prevalence and implications of misconceptions regarding the nature of memory amongst various professional groups and the general public. It goes without saying that the many reviews and thoughtful commentaries on the topic of recovered memories that James produced during his all-too-short career (e.g., Ost, 2003, 2006, 2009, 2013; Ost & Tully, 2015; Wright *et al.*, 2006) provided a valuable resource for both the staff and members of the BFMS in providing informed and up-to-date information regarding this contentious topic.

James' research with retractors formed a major part of his PhD thesis (Ost, 2000) and the basis for a number of subsequent publications (Ost *et al.*, 2001; Ost, Costall, *et al.*, 2002; Ost & Nunkoosing, 2010; Ost, 2017). Of the 22 retractors who were participants in this research, 11 of them were recruited via the BFMS (two respondents were ultimately excluded from analyses). Participants completed a 62-item questionnaire designed to probe their experiences of both recovering memories of abuse and subsequently retracting claims of abuse.

Ost, Costall, *et al.* (2002) addressed the possibility that "retractors' experiences do not qualify as reliable evidence because retractors themselves may simply be highly suggestible

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2  
3 or unreliable witnesses” (p. 155). The basic idea here is that there may be symmetry between  
4  
5 the factors that led these individuals to claim that they were abused in the first place and to  
6  
7 subsequently repudiate those claims. Analysis failed to support this possibility. In general, it  
8  
9 was reported that recovering the memories took a lot less time than gradually coming to  
10  
11 reject them. Furthermore, it was reported that respondents felt under greater social pressure to  
12  
13 recover the memories than to reject them.  
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16  
17 Ost et al. (2001) analysed the same data set to evaluate the suggestion that there were  
18  
19 similarities between the reported experiences of retractors and of those who falsely confess to  
20  
21 crimes that they could not have committed. This analysis revealed that retractors could indeed  
22  
23 be categorised into three groups corresponding to groupings identified in false confession  
24  
25 research (Kassin & Wrightsman, 1985). Four (25%) of the accounts corresponded best to the  
26  
27 *voluntary* category, insofar as the individuals concerned suspected that they may have  
28  
29 repressed memories of abuse prior to entering therapy. Three (15%) of the cases  
30  
31 corresponded to the *coerced-compliant* category, insofar as these individuals had reported  
32  
33 memories of CSA in order to escape from stressful therapy but without actually really  
34  
35 believing that they had been abused. The largest category consisted of 13 (65%) of cases that  
36  
37 fell into the *coerced-internalized* group. These were individuals who, as a result of therapy,  
38  
39 come to believe and, in some cases ‘remember’, being the victims of CSA. Furthermore,  
40  
41 factors that had been identified in the context of false confessions were readily identified in  
42  
43 the retractors’ reports including displays of certainty (on the part of the therapist), cutting off  
44  
45 contact with anyone who might cast doubt on the claim, undermining confidence in memory,  
46  
47 providing an apparently plausible explanation, and so on.  
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53  
54 Ost (2017) carried out a reanalysis of the data in light of more recent research into  
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56 *non-believed memories* (NBMs). NBMs can be defined as “vivid autobiographical memories  
57  
58 for events that people no longer believe happened to them” (Mazzoni et al., 2010, p. 1334).  
59  
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3 Clearly, this definition fits the repudiated claims of retractors. This study addressed the  
4 question of whether similar verification strategies were used to assess (and ultimately reject)  
5 apparent memories of emotionally significant events (i.e., CSA) in comparison to the less  
6 emotionally significant events considered in previous research. It was concluded that, in  
7 general, similar strategies were used in both cases (e.g., asking other people, assessing the  
8 plausibility of the memories, etc.). Some differences were noted, however. For example,  
9 retractors were more likely to be exposed to sources of evidence rather than deliberately  
10 seeking them out.  
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21 James published numerous experimental studies of false memory using a range of  
22 different techniques including the ‘parental misinformation’ paradigm (Ost et al., 2005), the  
23 ‘crashing memories’ paradigm (Ost, Vrij, et al., 2002; Ost et al., 2008; Smeets et al., 2009),  
24 the memory conformity paradigm (Ost et al., 2006), and the DRM technique (Ost, Blank, et  
25 al., 2013). No attempt will be made here to provide a comprehensive review of James’  
26 experimental research due to space limitations (but see accompanying articles in this Special  
27 Issue for further details). Instead, we will limit ourselves to a couple of general observations.  
28 The first is that James always demonstrated great clarity of thought in his writings. For  
29 example, he was always careful to make the important distinction between false beliefs and  
30 false memories (see, e.g. Smeets et al., 2009). There is no doubt that individuals can come to  
31 believe with absolute certainty that they were victims of CSA as a result of poor therapy  
32 without ever actually recalling any specific memories of such abuse. Of course, such cases  
33 are as relevant to the work of the BFMS as those involving detailed recovered memories.  
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51 Secondly, James was willing to question general assumptions that others working in  
52 the field often took for granted. For example, the DRM technique is the most widely used  
53 measure of susceptibility to false memories in the experimental literature and is often  
54 assumed to give an indication of general susceptibility to false memories. However, when  
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3 Ost, Blank, et al. (2013) assessed susceptibility to false memories using both the DRM  
4 technique and susceptibility to standard misinformation effects, the two measures did not  
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6 correlate significantly suggesting that they are not measuring the same thing. It is worth  
7  
8 noting that a study by Zhu et al. (2013) did find a small but statistically significant correlation  
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10 between these two measures but their overall conclusion was that their results “suggest that  
11  
12 misinformation and DRM false memories generally involve different mechanisms” (p. 832).  
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17 The final strand of James’ research of particular relevance to the work of the BFMS  
18 was that relating to surveys of misconceptions regarding the nature of memory amongst  
19 professional groups and the general public. In addition to co-authoring two review chapters  
20 on this topic (French & Ost, 2016; Ost & French, 2016), James also led a team that carried  
21 out a survey of Chartered Clinical Psychologists ( $n = 183$ ) and Hypnotherapists ( $n = 119$ )  
22 regarding their experiences of, and beliefs about, recovered memory, satanic/ritualistic abuse,  
23 Multiple Personality Disorder (MPD)/Dissociative Identity Disorder (DID), and false  
24 memories (Ost, Wright, et al., 2013). Amongst other findings, analysis of data from the  
25 combined group revealed that 27.7% (66 of 238 responses) reported that they had seen clients  
26 who remembered abuse from a state of prior amnesia. Furthermore, 22.5% (53 out of 236)  
27 indicated that they believed such reports were usually or always essentially accurate whereas  
28 27.5% (65 out of 236) stated that they believed such reports were never or rarely essentially  
29 accurate. With respect to satanic/ritualistic abuse, 32.4% (72 out of 222 responses) indicated  
30 that they had seen such a case and 38.2% (80 out of 209 responses) indicated that they  
31 believed such reports were usually or always essentially accurate. Only 25.8% (54 out of 209)  
32 stated that they believed such reports were never or rarely essentially accurate. Regarding  
33 MPD/DID, 39.6% (94 out of 237 responses) reported that they had seen such a case and  
34 27.8% (59 out of 212) indicated that they believed such reports were usually or always  
35 essentially accurate. Only 26.8% (57 out of 212) stated that they believed such reports were  
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3 never or rarely essentially accurate. Cases of suspected false memories were reported by  
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5 35.9% (55 out of 153) although 86.5% (205 out of 237) stated that they believed that false  
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7 memories of childhood sexual abuse were possible. It is clear that many therapists still hold  
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9 views regarding the nature of memory that are not supported by scientific data.  
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12 Some of the Chartered Clinical Psychologists ( $n = 125$ ) and Hypnotherapists ( $n = 88$ )  
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14 in this survey also completed a Memory Beliefs Questionnaire (MBQ) consisting of  
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16 statements about the nature of memory which were either true or false according to the  
17  
18 consensus view of recognised memory experts. A final item asked respondents to indicate  
19  
20 their own self-assessed knowledge of the academic literature on memory. The MBQ was also  
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22 completed by 124 undergraduate psychology students during their first week at university.  
23  
24 Ost et al. (2017) reported that the Chartered Clinical Psychologists endorsed views on the  
25  
26 nature of memory that were in line with the scientific consensus to a greater extent than either  
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28 of the other two groups. Worryingly, the Hypnotherapists gave the highest ratings for self-  
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30 assessed knowledge of the academic literature despite scoring lowest in terms of actual  
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32 knowledge.  
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37 According to Mark Pendergrast (2017, p. 19), “although the overt practice of  
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39 recovered memory therapy lessened, the mindset behind it never disappeared... Most  
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41 therapists who specialize in trauma continue to believe in the theory of repression, and many  
42  
43 continue to encourage clients to recall mythical abuse memories in order to get better.” This  
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45 view is supported by James’ survey research as well as that of others (e.g., Patihis, Ho,  
46  
47 Loftus, & Herrera, 2018; Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2014). Following an  
48  
49 extensive review of the available evidence, Otgaar et al. (2019, p. 1072) conclude “that the  
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51 controversial issue of repressed memories is alive and well and may even be on the rise.”  
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### 58 **James Ost’s Contribution as an Expert Witness**

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3 Since its inception in 1993, the BFMS has been contacted by approximately 3,700 individuals  
4 and families seeking advice about false-memory type allegations of CSA. The BFMS archive  
5 contains quantitative and qualitative information about its members. This data consists of  
6 paper files recording communications between the caller and the BFMS including a telephone  
7 information sheet outlining basic details about each case. Analysis of recorded data from the  
8 BFMS database shows that the peak of allegations was in 1993 and 1994 with 260 and 268  
9 cases respectively reported to the society. Since then, there has been a steady downward trend  
10 in reported cases from 197 in 1997, declining further to 124 cases in 1999. The number of  
11 cases reported in the four-year period from 2000 to 2003 was 438, or, put another way, an  
12 average of 109.5 cases per year. From 2004 to 2014, 448 cases were recorded – representing  
13 an average of 40.7 cases each year. Presently the charity is contacted approximately 40 - 50  
14 times a year. These figures include professional enquiries. The latter are typically defence  
15 solicitors seeking an expert witness.

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False-memory type allegations are still prevalent in the UK and elsewhere. Indeed, a recent study by Shaw and Vredeveldt (2019), which examined evidence from the UK, the Netherlands, France, and Germany, concluded that: “Despite the fact that the concept of repressed memories has been widely criticised by most scientists who study memory, there is evidence that assumptions about repressed memories and the use of memory recovery techniques among therapists remain prevalent phenomena in parts of Europe.” (p. 28).

This is a worrying pattern because false-memory type allegations can lead to miscarriages of justice (Gudjonsson, 1997c; Burnett, 2016; French & Ost, 2016; Ost & French, 2016). Overall, in the 20-year period from 1993, approximately 10% of cases reported to the BFMS resulted in conviction. James Ost highlighted the following case to explore the dilemma which police, lawyers, judges and juries have to confront (Ost, 2006, p. 259):

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5 When she was 27, Alice, a successful businesswoman, embarked upon a course of  
6 hypnotherapy to help her overcome an eating disorder. The hypnotherapist told her,  
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8 “You will start to remember things – things that you won’t want to remember but they  
9  
10 still come flooding back.” After six or seven sessions of hypnotherapy, Alice indeed  
11  
12 began to recover memories of being sexually abused by her uncle sixteen years  
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14 previously. Whilst Alice claimed to have always been aware that something was not  
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16 right in her life, she also claimed that, prior to the hypnotherapy, she had no memory  
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18 of any episodes of abuse.  
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26 Alice later retracted her allegations and therefore her false memories did not result in legal  
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28 proceedings.  
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30 Two recent members of the BFMS were subjected to criminal proceedings. Their  
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32 accuser had read a number of self-help books including the CTH. During her second  
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34 counselling session, a therapist suggested that the onset of her depression may be attributable  
35  
36 to CSA. The complainant, a troubled individual with a history of mental instability,  
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38 developed rich false memories of extreme abuse, which included ‘body memories’ (see, for  
39  
40 example, the CTH, pp. 74-75). She reported the allegations to police. Her parents were  
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42 interviewed under caution and later charged. The case was listed for trial in 2016 in the North  
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44 West of England.  
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49 In R v W (identities have been changed), expert witnesses were instructed by the  
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51 defence and by the Crown. Defence and prosecution experts independently examined the  
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53 complainant’s witness statement together with other relevant documentation. Both experts  
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55 concluded that her recovered memories were sincerely held, but not plausible. After  
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57 reviewing the expert witness testimony, the prosecutor addressed the court and stated that she  
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3 no longer wished to proceed to trial; in consequence, the presiding judge returned not guilty  
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5 verdicts on each count. In legal terms, the ordeal was over. Reconciling a relationship with  
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7 the accuser has proven to be far more problematic.  
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10 James Ost was instructed as a defence expert witness on a number of occasions.  
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12 According to his file, he “also assisted one police force in developing an interview strategy in  
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14 a case involving allegations of historic abuse.” The BFMS records show that James was  
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16 instructed by a defence team in 2012. This was his sixth instruction resulting in James’ first  
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18 appearance giving live evidence in a courtroom. The case was unusual because it resulted in a  
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20 second trial following a hung jury. In consequence, James wrote two reports for this  
21  
22 particular case. In his initial report, James “raised concerns about the alleged corroboration of  
23  
24 the events that had been provided” by a key witness, concluding that the very detailed  
25  
26 recollections outlined were very unlikely to be true. The extremely detailed ‘memories’ of  
27  
28 historical CSA emerged, moreover, following protracted counselling. James said that  
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30 ‘memory conformity’ could not be ruled out. Furthermore, the inconsistency of the  
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32 allegations was concerning. In his second report he wrote:  
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40 As noted in my original report, we make records of internally generated events (e.g.,  
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42 dreams) as well as our perceptions of external events. As a result, we are unable to  
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44 make perfect discriminations between the two events... Thus a memory of a  
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46 perceived event may become contaminated by details that originated from internally  
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48 generated events (i.e., dreams, thoughts, imaginings). This is referred to as a reality  
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50 monitoring error.  
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54 (a copy of the reports remains in the BFMS archive)  
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3 The complainant in her witness statement alluded to nightmares, dreams and  
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5 flashbacks. She claimed that her recovered memories, which emerged during therapy, had  
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7 been entirely repressed for 19 – 20 years. James concluded that, in his professional opinion,  
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9 the narrative of events provided by the complainant and a key witness rang alarm bells which  
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11 made him “extremely concerned” about the veracity of the allegations: “the quality of the  
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13 complainant’s memory for the alleged event is largely inconsistent with what would be  
14  
15 expected, based on the Psychological literature. This combined with concerns about the  
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17 circumstances in which the memory of the alleged event returned, means that I have strong  
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19 reservations about the reliability of the complainant’s recall and evidence.” A jury found the  
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21 accused not guilty on all counts.  
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26 James wrote his last expert witness report in 2016. This was an unusual case in that it  
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28 involved the much-publicised death in police custody of Sean Rigg. On 21 August 2008, Mr  
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30 Rigg had been arrested and taken to Brixton Police Station in a van. He was held in the van  
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32 for several minutes prior to being taken inside the station for processing. Shortly after that, he  
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34 collapsed and died. The custody sergeant on duty that evening was Paul White. When he was  
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36 formally interviewed about the events some months later, he claimed that he had checked on  
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38 Mr Rigg while the latter was being held in the van prior to being brought into the station. He  
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40 described the interaction in some detail and gave essentially the same account at the  
41  
42 subsequent inquest into the death of Mr Rigg. At the inquest, Mr White was shown, for the  
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44 first time, CCTV footage that proved conclusively that he had not in fact gone to check on Mr  
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46 Rigg while the latter was being held in the van.  
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51 Mr White was charged with perjury on the assumption that he was deliberately lying  
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53 in giving an account which clearly did not match reality. James was asked to prepare a report  
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55 addressing the possibility that Mr White might have sincerely believed the account he gave at  
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57 the time of giving it. He presented his evidence at the trial at Southwark Crown Court and Mr  
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3 White was acquitted. James had made it clear in his report that it was, of course, possible that  
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5 Mr White was indeed lying. However, in light of what we know about the nature of memory,  
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7 particularly naturally occurring false memories, it was also possible that he had simply made  
8  
9 an honest mistake. James' report drew attention to the fact that Mr White was not formally  
10  
11 interviewed about the events until seven months after they had occurred and that it is clear  
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13 from comments made by him during the interview that he may well have initially been basing  
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15 his report upon what he thought he must have done on that fateful evening rather than  
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17 actually recollecting what he did do (e.g., "What I habitually do is..."). His inaccurate  
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19 account was not challenged at that first interview even though it would have been known at  
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21 that time that the CCTV footage proved it to be inaccurate. Assuming that Mr White was not  
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23 deliberately lying, this would no doubt give him the impression that his version of events was  
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25 in fact accurate and thus explain why he repeated it under oath at the inquest.  
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### 33 **Conclusion**

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35 James Ost first contacted the BFMS by means of a handwritten letter on 12 May 1994 during  
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37 his second year as an undergraduate at the University of Portsmouth. He expressed an interest  
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39 in possibly conducting a study on the phenomenon of false memory and requested relevant  
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41 literature on the topic. Over the course of the next two and a half decades, as he progressed  
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43 within the Psychology Department at Portsmouth University from undergraduate to  
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45 postgraduate, then lecturer, and ultimately to Head of Department, his interest in that topic  
46  
47 was maintained. He not only made major contributions to the science of false memory but  
48  
49 also applied his knowledge in practical ways through his work for the BFMS. His  
50  
51 contribution to the work of the BFMS cannot be overstated but he will also live on in the  
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53 memories of those who worked with him as simply being one of the kindest, warmest and  
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55 most helpful colleagues that one could wish for.  
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## References

- 1  
2  
3  
4  
5  
6  
7  
8 Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child*  
9  
10 *sexual abuse*. Harper and Row.
- 11  
12 Brand, N. (Ed.). (2007). *Fractured families: The untold anguish of the falsely accused*. The  
13  
14 British False Memory Society.
- 15  
16  
17 Brown, D. (2018, April 28). GP accused of paedophilia by a ‘fantasist’ loses fight for costs.  
18  
19 *The Times*, [https://www.thetimes.co.uk/article/cps-failings-paedophile-trial-collapses-](https://www.thetimes.co.uk/article/cps-failings-paedophile-trial-collapses-over-lurid-claims-of-serial-fantasist-dv7dzd5r2)  
20  
21 [over-lurid-claims-of-serial-fantasist-dv7dzd5r2](https://www.thetimes.co.uk/article/cps-failings-paedophile-trial-collapses-over-lurid-claims-of-serial-fantasist-dv7dzd5r2).
- 22  
23  
24 Burnett, R. (Ed.). (2016). *Wrongful allegations of sexual and child abuse*. Oxford University  
25  
26 Press.
- 27  
28 Conway, M. A. (2013). On being a memory expert witness: Three cases. *Memory*, 21(5),  
29  
30 566-575.
- 31  
32  
33 Felstead, K. (2019, November). Call for written evidence: Executive summary. *The*  
34  
35 *Newsletter of the British False Memory Society*. 27(2), 4–8.
- 36  
37  
38 French, C. C., & Ost, J. (2016). Beliefs about memory, childhood abuse, and hypnosis  
39  
40 amongst clinicians, legal professionals and the general public. In R. Burnett (Ed.).  
41  
42 *Wrongful allegations of sexual and child abuse* (pp. 143-154). Oxford University  
43  
44 Press.
- 45  
46  
47 Gudjonsson, G. H. (1997a). The members of the BFMS, the accusers and their siblings. *The*  
48  
49 *Psychologist*, 10(4), 111–115.
- 50  
51  
52 Gudjonsson, G. H. (1997b). Accusations by adults of childhood sexual abuse: a survey of the  
53  
54 members of the British False Memory Society. *Applied Cognitive Psychology*, 11(1),  
55  
56 3-18.
- 57  
58  
59  
60



- 1  
2  
3 Gudjonsson, G. (1997c). Members of the British False Memory Society: the legal  
4  
5 consequences of the accusations for the families. *Journal of Forensic Psychiatry*,  
6  
7 8(2), 348-356.  
8  
9
- 10 Kassin, S. M., & Wrightsman, L. S. (1985). Confession evidence. In S. M. Kassin & L. S.  
11  
12 Wrightsman (Eds.). *The psychology of evidence and trial procedure* (pp. 67-94). Sage  
13  
14 Publications.  
15  
16
- 17 La Fontaine, J. S. (1998). *Speak of the devil: Tales of Satanic abuse in contemporary*  
18  
19 *England*. Cambridge University Press.  
20  
21
- 22 Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist*, 48(5), 518-  
23  
24 537.  
25  
26
- 27 Maran, M. (2010). *My lie: A true story of false memory*. Jossey-Bass.  
28  
29
- 30 Mazzoni, G., Scoboria, A., & Harvey, L. (2010). Non-believed memories. *Psychological*  
31  
32 *Science*, 21(9), 1334-1340.  
33  
34
- 35 Ost, J. (2000). *Recovering memories: Convergent approaches toward an understanding of*  
36  
37 *the false memory debate* [Unpublished doctoral dissertation]. University of  
38  
39 Portsmouth.  
40  
41
- 42 Ost, J. (2003). Seeking the middle ground in the 'memory wars'. *British Journal of*  
43  
44 *Psychology*, 94(1), 125-139.  
45  
46
- 47 Ost, J. (2006). Recovered memories. In T. Williamson (Ed.). *Investigative interviewing:*  
48  
49 *Rights, research, regulation* (pp. 259–291). Willan Publishing.  
50  
51
- 52 Ost, J. (2009). Recovered memories. In R. Bull, T. Valentine, & T. Williamson (Eds.).  
53  
54 *Handbook of psychology of investigative interviewing: Current developments and*  
55  
56 *future directions* (pp. 181-204). Wiley-Blackwell.  
57  
58  
59  
60

- 1  
2  
3 Ost, J. (2013). Recovered memories and suggestibility for entire events. In A. M. Ridley, F.  
4 Gabbert, & D. J. La Rooy (Eds.). *Suggestibility in legal contexts: Psychological*  
5 *research and forensic implications* (pp. 107–128). Wiley-Blackwell.  
6  
7  
8  
9  
10  
11 Ost, J. (2017). Adults' retractions of childhood sexual abuse allegations: high-stakes and the  
12 (in)validation of recollection. *Memory*, 25(7), 900-909.  
13  
14  
15 Ost, J., Blank, H., Davies, J., Jones, G., Lambert, K., & Salmon, K. (2013). False memory ≠  
16 false memory: DRM errors are unrelated to the misinformation effect. *PLoS ONE*,  
17 8(4), e57939.  
18  
19  
20  
21  
22 Ost, J., Costall, A., & Bull, R. (2001). False confessions and false memories: a model for  
23 understanding retractors' experiences. *Journal of Forensic Psychiatry*, 12(3), 549–  
24 579.  
25  
26  
27  
28  
29 Ost, J., Costall, A., & Bull, R. (2002). A perfect symmetry? A study of retractors'  
30 experiences of making and then repudiating claims of early sexual abuse. *Psychology,*  
31 *Crime & Law*, 8(2), 155-181.  
32  
33  
34  
35  
36 Ost, J., Easton, S., Hope, L., French, C. C., & Wright, D. (2017). Latent variables underlying  
37 the memory beliefs of Chartered Clinical Psychologists, Hypnotherapists and  
38 undergraduate students. *Memory*, 25, 57-68.  
39  
40  
41  
42  
43 Ost, J., Foster, S., Costall, A., & Bull, R. (2005). False reports of childhood events in  
44 appropriate interviews. *Memory*, 13(7), 700-710.  
45  
46  
47  
48 Ost, J., & French, C. C. (2016). How misconceptions about memory may undermine witness  
49 testimony. In P. Radcliffe, G. Gudjonsson, A. Heaton-Armstrong, & D. Wolchover  
50 (Eds.). *Witness testimony in sexual cases: Evidential, investigative and scientific*  
51 *perspectives* (pp. 361-373). Oxford University Press.  
52  
53  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 Ost, J., Granhag, P.-A., Udell, J., & Roos af Hjelmsäter, E. (2008). Familiarity breeds  
4 distortion: The effects of media exposure on false reports concerning media coverage  
5 of the terrorist attacks in London on 7 July 2005. *Memory*, *16*(1), 76-85.  
6  
7  
8  
9  
10 Ost, J., Hogbin, I., & Granhag, P.-A. (2006). Altering false reports via confederate influence.  
11 *Social Influence*, *1*(2), 105-116.  
12  
13  
14 Ost, J., & Nunkoosing, K. (2010). Reconstructing Bartlett and revisiting retractions of  
15 contested claims of abuse. In J. Haaken & P. Reavey (Eds.). *Memory matters:*  
16 *Contexts for understanding sexual abuse recollections* (pp. 41-62). Routledge.  
17  
18  
19  
20 Ost, J., & Tully, B. (2015). Recovered memory. In R. Byard & J. Payne-James (Eds.).  
21 *Encyclopedia of forensic and legal medicine* (2<sup>nd</sup> ed.) (pp. 77-82). Elsevier.  
22  
23  
24  
25  
26 Ost, J., Vrij, A., Costall, A., & Bull, R. (2002). Crashing memories and reality monitoring:  
27 Distinguishing between perceptions, imaginations and ‘false memories’. *Applied*  
28 *Cognitive Psychology*, *16*(20), 125-134.  
29  
30  
31  
32  
33 Ost, J., Wright, D. B., Easton, S., Hope, L., & French, C. C. (2013). Experiences and beliefs  
34 regarding recovered memories, satanic abuse, dissociative identity disorder and false  
35 memories in the United Kingdom: A survey of clinical psychologists and  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60
- Otgaar, H., Howe, M., Patihis, L., Merckelbach, H., Lynn, S. J., Lilienfeld, S. O., & Loftus, E. F. (2019). The return of the repressed: The persistent and problematic claims of long-forgotten trauma. *Perspectives on Psychological Science*, *14*(6), 1072–1095.
- Patihis, L., Ho., L. Y., Loftus, E. F., & Herrera, M. E. (2018). Memory experts’ beliefs about repressed memory. *Memory*. <https://doi.org/10.1080/09658211.2018.1532521>
- Patihis, L., Ho, L. Y., Tingen, I. W., Lilienfeld, S. O., & Loftus, E. F. (2014). Are the “memory wars” over? A scientist-practitioner gap in beliefs about repressed memory. *Psychological Science*, *25*(2), 519-530.

- 1  
2  
3 Patihis, L., & Pendergrast, M. H. (2019). Reports of recovered memories of abuse in therapy  
4  
5 in a large age-representative U.S. national sample: Therapy type and decade  
6  
7 comparisons. *Clinical Psychological Science*, 7(1), 3-21.  
8  
9
- 10 Pendergrast, M. (2017). *Memory warp: How the myth of repressed memory arose and refuses*  
11  
12 *to die*. Upper Access Books.  
13  
14
- 15 Radcliffe, P., Gudjonsson, G., Heaton-Armstrong, A., & Wolchover, D. (Eds.). (2016).  
16  
17 *Witness testimony in sexual cases: Evidential, investigative and scientific*  
18  
19 *perspectives*. Oxford University Press.  
20  
21
- 22 Roberts, P., & Ward, T. (2016). Expert evidence in trials of sexual offences. In P. Radcliffe,  
23  
24 G. Gudjonsson, A. Heaton-Armstrong, & D. Wolchover (Eds.). *Witness testimony in*  
25  
26 *sexual cases: Evidential, investigative and scientific perspectives* (pp. 115–129).  
27  
28 Oxford University Press.  
29  
30
- 31 Shaw, J., Leonte, M. B., Ball, G., & Felstead, K. (2017, May 28-31). *When is the issue of*  
32  
33 *false memory raised in historical child sex abuse allegations? An archival study of*  
34  
35 *496 British cases* [Paper presentation]. European Association of Psychology and Law,  
36  
37 Mechelen, Belgium.  
38  
39
- 40 Shaw, J., & Vredeveldt, A. (2019). The recovered memory debate continues in Europe:  
41  
42 Evidence from the United Kingdom, the Netherlands, France, and Germany. *Clinical*  
43  
44 *Psychological Science*, 7(1), 27-28.  
45  
46
- 47 Smeets, T., Telgen, S., Ost, J., Jelicic, M., & Merckelbach, H. (2009). What's behind  
48  
49 *crashing memories?* Plausibility, belief and memory in reports of having seen non-  
50  
51 existent images. *Applied Cognitive Psychology*, 23(9), 1333-1341.  
52  
53
- 54 Wright, D., Ost, J., & French, C. C. (2006). Recovered and false memories. *The Psychologist*,  
55  
56 19(6), 352-355.  
57  
58  
59  
60

1  
2  
3 Zhu, B., Chen, C., Loftus, E. F., Lin, C., & Dong, Q. (2013). The relationship between DRM  
4  
5 and misinformation false memories. *Memory and Cognition*, 41(6), 832-838.  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
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