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Possible Factors Associated with Increased Risk for False Memories but Decreased Convictions in the British False Memory Society Data: A Comment on Patihis and Felstead

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Possible Factors Associated with Increased Risk for False Memories but Decreased Convictions in the British False Memory Society Data: A Comment on Patihis and Felstead

Patihis and Felstead (this issue) documented 1993-2021 trends in adult reports to the British False Memory Society (BFMS) of false memories of child maltreatment. The BFMS accepts cases based on empirical criteria associated with recovered/false memories such as 1) the memory was not present before beginning psychotherapy and/or 2) there exists evidence of consumption of popular media material associated with recovered memories (Patihis & Felstead, this issue; see Lynn et al., 2015, for review). Implied here is that the therapists used memory recovery techniques and these techniques created the false memories of childhood maltreatment. Indeed, empirical evidence demonstrates memory recovery techniques can create memories of never-experienced childhood events that included genital touch and even improbable memories from below the age threshold of infantile amnesia (Herndon et al., 2014; Marmelstein & Lynn, 1999). We now advance three points related to the content of the Patihis and Felstead paper (this issue).

First, the authors suggested that the declines in false memory reports to the BFMS and decreases in convictions may be due to the public's increased awareness of false memories. It is likely that during the years in which the number of false memory reports to the BFMS peaked and remained substantially elevated (i.e., 1993-2003), news coverage in turn abounded. However, when false memory reports began to decline (i.e., beginning in 2004), news coverage decreased concomitantly. We completely agree with the authors' suggestion. In this commentary, we add the possibility that less publicity about false memories, including news reports leading up

to and following guilty verdicts, may render it more difficult for prosecuting attorneys to win legal convictions involving false memories. Accordingly, the public may need semi-regular reminders of the ease with which false memories can be created for juries to continue to convict.

Second, Patihis and Felstead (this issue) acknowledged the understandable impracticality of coding additional variables given the labour-intensive nature of the extant coding they completed for their current manuscript, but they indicated that coding and analysis of additional variables collected at the time of intake by the BFMS may be a worthy endeavor. Given that the BFMS has collected data regarding whether their clients report a history of eating disorders, self-harm, and receipt of psychotherapy (Patihis and Felstead, this issue), we suggest that these variables might relate to false memories and convictions in their sample. Despite evidence for a complex relation between maltreatment history and psychopathology (Nash et al., 1998; Rehan et al., 2019; Rind et al., 1998), the literature is replete with reports that a history of child maltreatment, especially sexual abuse, is a precursor to psychopathology (Cutajar et al., 2010; de Aquino Ferreira et al., 2018; Molnar et al., 2001; Wise, 2016). Such reports may falsely increase therapist expectancies regarding the prevalence of a client history of child maltreatment and prompt therapists to use suggestive therapeutic techniques, such as symptom interpretation, which increase false memories (see Lynn et al., 2015, for review).

Third, the authors rightfully discuss the potential harmful effects of false memories. In this regard, we present an additional consideration. When working with clients with verified or corroborated histories of maltreatment, it is incumbent on clinicians/forensic interviewers to avoid using memory recovery/enhancement procedures that could implant/recover incorrect event details or alter the memory of the event, including circumstances in which the client has some memory of the event/s, even when they are detailed. Believing inaccurate information

regarding verified or corroborated maltreatment could contribute to distress and use of memory recovery/enhancement procedures could jeopardize convictions.

In sum, factors such as eating disorders, self-harm, and history of psychotherapy may well relate to susceptibility to false memories via therapist suggestion in the cases reported to the BFMS. The decline of media coverage related to false memories may also be associated with fewer convictions in this sample.

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