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## False Memory Syndrome

Integral Eye Movement Therapy (IEMT) is a somatic therapy that works primarily by resolving memories of traumatic experience by de-potentiating the emotional component of the experience. It is vital that IEMT Practitioners understand the implications of working with memory.

### Implicit Suggestion and Leading Questions

Memory is neither constant nor fixed but is malleable, idiosyncratic, gullible and complex. While you would view a memory as a black or white aspect, the fact is that memories are changeable, and frequently unreliable. Being readily prone to suggestion, direct or indirect, a single statement could alter the map of our memory. While you sleep, events are transferred from your brain's temporary memory to permanent storage. However, the transformation isn't absolute. Memory fragments may be lost. This is the point at which false memories might emerge.

False memory is not the same as basic memory failures. While we are all susceptible to memory fallibility, false memory is more than a simple error; it entails a level of certainty in the memory's reality. We may face memory errors from time to time, but false memories are unusual in that they constitute a specific remembrance of something that did not actually occur. It's not about forgetting or mixing up specifics of things we've done; it's about recalling things we've never done in the first place.

One way that false memories can form is via questions that are loaded with implicit suggestions and/or presupposition that suggest certain events may have happened. Despite the question taking the form of being "just a question" and elicitation of information, the effect of "leading questions" is well established in both law and psychology.<sup>1)</sup>

A question asked of a witness in a manner that suggests the answer sought by the questioner (e.g. "You threw the brick through the window, didn't you?") or that assumes the existence of disputed facts to which the witness is to testify. Leading questions may not be asked during examination-in-chief (except relating to formal matters, such as the witness's name and address) but may normally be asked in cross-examination.<sup>2)</sup>

Further examples of leading questions:

1. "Don't you agree that this new policy is a good idea?"
2. "Isn't it true that you were feeling really stressed out that day?"
3. "Didn't you say that you were at home all night?"
4. "Did you really mean to break that vase?"
5. "You don't have any plans for the weekend, do you?"

Leading questions are those that suggest a particular answer or contain a biased or loaded phrase. They can be used to influence or manipulate the person being questioned, and they can make it difficult for the person to give a genuine or unbiased response.

In British law, the use of leading questions in law courts is generally not allowed during direct examination, which is the questioning of a witness by the party who called them to give evidence. Leading questions are considered to be those that suggest an answer or that contain biased or loaded

language, and they are thought to be more likely to influence the witness's testimony.

During direct examination, the goal is to allow the witness to give their evidence in their own words and to test their memory and recollection of events. Allowing the witness to answer questions in their own words and without being influenced by leading questions is thought to help ensure that the witness's testimony is genuine and unbiased.

However, during cross-examination, which is the questioning of a witness by the opposing party, leading questions may be allowed. The purpose of cross-examination is to challenge and test the witness's evidence and to try to expose any contradictions or inconsistencies. Leading questions may be used as a means of doing this.

It is up to the judge to decide whether a particular question is a leading question and whether it is appropriate to allow it in court. The judge has the discretion to disallow any questions that they feel are inappropriate or that could unduly influence the witness's testimony.

## The Ingram Case

One of the most noted scenarios of false memories is about Paul Ingram, county Republican Party Chairman of Thurston County, Washington (USA), and the Chief Civil Deputy of the Sheriff's department, who was accused of sexually abusing his daughters.<sup>3)</sup>

After extensive "therapy" Ingram's daughters and mother reported the abuse and details about the event kept emerging. These details became more thorough and vivid over time until Ingram himself confessed. The daughters at some point even reported satanic rituals, during which one daughter was made pregnant and contracted a sexually transmitted disease.

Ingram, a deeply religious man, would not believe his daughters could possibly lie and that he must be himself repressing the memories of the abuse, thus he confessed. As time went on with repeated questions, he began to "remember."

"The memories of sexual depravity were "recovered" with the help of a stand-up comic/sitcom actress-turned-charismatic Christian healer, and those memories made it all the way to the Sally Jessy Raphael show." *LA Times*

At court, he was sentenced to 20 years imprisonment.

However, after a meticulous investigation, it was revealed that none of the events could have taken place and that Ingram, the father, was wrongfully accused. It has been reported that at some point, the daughter had heard a story of sexual abuse during a seminar and was later told by a priest that she appears to be a victim of abuse as well, simply because Erica was crying over the stories she had heard. The account reported by the daughters seemed to have been implanted by therapists who had discussed sexual abuse.

Ingram also contends that his plea was the result of improper pressure from his family and his pastor, but complains principally about the tactics of his wife's divorce attorney, who told Ingram that only by pleading guilty could he hope for any reconciliation with the family. A defendant who had weeks to retract his admission of voluntariness by putting on evidence of coercion has a heavy

burden, and that task will be especially difficult “where there are other apparent reasons for pleading guilty, such as a generous plea bargain or virtually incontestable evidence of guilt.” *IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON THE STATE OF WASHINGTON, NO. 13613-9-II Respondent, Division Two V. Unpublished Opinion PAUL ROSS INGRAM, Appellant. Filed January 22, 1992*<sup>4)</sup>

Ingram served his sentence despite court appeals and maintains to this day that his confession was extracted under coercion.

## False Memories or Lies?

It's been said that when someone is lying, they tend to narrate specific details to make you believe them. Our brain functions similarly to a computer, storing anything we feed it. If we provide it incorrect information, it will store incorrect information. It convinces us that a memory exists because it truly took place. Memories tend to be in fragments as we recall them, and we realize that there are a bunch of loopholes and we can begin to fill in the loopholes ourselves by whichever piece of the puzzle fits perfectly.

Sometimes we may mix components of many experiences in our memory to form a single one. When we recollect a memory, we are recalling past experiences. However, the chronology has become jumbled or muddled as a result of the collection of events that have now formed a single recollection in your mind.

In other instances, when people feed us false information about something that happened and convince us that it did. Our brain believes them if we consider them to be a reputable and reliable source. We listen to authority figures that we consider more knowledgeable than ourselves. Hence, our brain can make a new memory or blend actual and fake memories.

The emotions of the moment may have a substantial influence on how and what is remembered. Positive or neutral emotions produce fewer false memories than negative emotions.

## False Memory or Repressed memory

Repression<sup>5)</sup> is considered to be the transfer of a severely traumatic memory into the back of your mind in order to remove it from consciousness. Most people who report childhood traumas 20 or 30 years later suddenly unlock their memories when doing something completely mundane and unrelated. They are regulated healthy adults who have simply dissociated from the memory.

The primary idea underlying repressed memories is that they serve as a defence mechanism when people are subjected to a stressful incident. The premise here is that when traumatic events are distressing, the mind automatically and instinctively removes them from conscious consciousness. The alleged result is that people can no longer recall the event that prompted it, and are frequently unaware that they have been assaulted or traumatized.

People who have been victimized, for example, may not want to talk about or may even forget the painful event, but this does not imply unconscious suppression of trauma. Second, a well-known phenomenon known as the forget-it-all-along effect may explain why people claim to have forgotten traumatic situations. According to this phenomenon, some persons who claim to have forgotten

sexual abuse may not have done so, since additional research reveals that they really communicated their recollection to others but have forgotten this revelation. Third, people may not have seen the incident as traumatic at the time it occurred and later construed the event as abusive in retrospect. Finally, a substantial body of research has demonstrated that, contrary to the fundamental assumption of the concept of repressed memories, traumatic experiences are generally well recalled.

Unlike repressed memories, false memories<sup>6)</sup> are built over time in a way and exposed in a sequence. Another aspect that isn't necessary but has been seen to be dominant in people with false memories is that they narrate it with a great deal of emotion, while repressed memories of traumatic events are often told conversationally and casually. People with repressed memories give an account as though they are discussing events unrelated to themselves. This is due to their dissociation from the trauma, also the reason they seem to be so well-adjusted in their life. To sum it up, the most basic difference to remember between repressed and false memories is that repressed memories are ultimately completely true, and false memories are just fabrications of our mind.

The problem is that in an attempt to recover repressed memories of clients, therapists end up creating false memories by implanting events and details that may have never taken place.

## Recovered memory therapy

This is a therapeutic technique<sup>7)</sup> that has no properly researched scientific background. Recovered "memories" typically begin as visions that arise during rigorous treatment, often months after the client has been seeking for his or her past. Suggestive treatments such as hypnosis, guided imagery, or just visualizing abuse situations are frequently employed. These pictures frequently combine into what appear to be memories later on. They appear to be accurate recollections of childhood sexual abuse to both the client and the therapist. Regrettably, they are usually invariably unrelated to genuine occurrences in the individual's history. Their true beginnings are said to be in dreams, horror movies, literature, one's imagination, and so on.

The majority of recovered memories occur after months or years of therapy. The emergence of apparent recollections during self-hypnosis or self-help or mutual support groups focusing on memory recovery is an uncommon phenomenon. Once these images are produced and merge into what appears to be true memories of real occurrences, they are extremely convincing to both the client and the therapist.

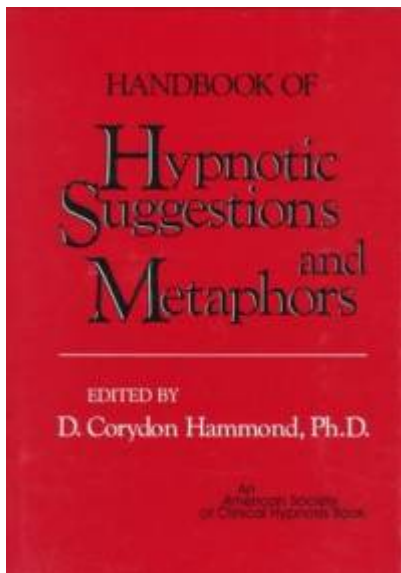
"The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present its bill, for it is as incorruptible as a child who, still whole in spirit, will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth." *Ellen Bass, The Courage to Heal (Ellen Bass, Laura Davis, 1988)*

"Not all cases of false memory arise from therapeutic practice. Increasingly, the request for 'memory recovery therapy' is initiated by a client who has read one of a number of self-help books. *The Courage to Heal* (Bass & Davis, 1988) promulgates the view that forgotten sexual abuse lies at the root of almost all adult psychiatric problems and that unless it is brought fully into consciousness, treatment will prove ineffective. The very inability to recall abuse is taken as a sign that abuse has occurred but is being 'denied' through the process of repression. The therapist and

patient embark together upon the process of recovering hidden memories. This approach is supported by the existence of check-lists of symptoms that these therapists believe to be indicative of repressed sexual abuse." *"Recovered memories of childhood sexual abuse: Implications for clinical practice"*, p. 298 (Sydney Brandon, Janet Boakes, Danya Glaser and Richard Green, 1998)

While there is still a way to access repressed memories by simply conversing and poking around the past experiences in a lifetime, there is no exact method to find and comb through false and authentic memories. Human memory is a very volatile and vulnerable part of us. There's a very weak and thin line that could separate the false memories and may require accounts of other people around us. For now, the only solution might be to ask other people that might have been a witness to the incident. Whether they recount authentic memory is a question for another time.

## D. Corydon Hammond



Dr. Hammond is a Psychologist with specialties in neurofeedback (EEG biofeedback), quantitative EEG brain mapping, clinical hypnosis, and marital and sex therapy. He has been President of the International Society for Neurofeedback & Research and of the American Society of Clinical Hypnosis. Couples therapy work includes inhibited sexual desire and sexual arousal problems, and marital communication and conflict resolution training.

He is the editor of "the big red book" which is very popular with hypnotherapists.

In the 1990s, Hammond publicised his theory of ritual abuse that he developed from his hypnotherapy sessions with patients. He alleged that they were victims of a worldwide conspiracy of organised satanic groups using torture, mind control, and ritual abuse to create alternate personalities in the victims (i.e. Hammond's hypnosis subjects) that could be "activated" with specific code words. As per the popular Hollywood movies motif, these victims (Hammond's hypnosis subjects) were trained as assassins, prostitutes, drug traffickers, and child sex workers.<sup>8)</sup>

He also claimed that he managed to uncover additional details from his hypnosis subjects that a Jewish doctor originally developed the satanic cabal in Nazi Germany, but this doctor was now commissioned by the CIA to further that global satanic agenda.

Some readers will note the common themes that populate current internet conspiracy tropes of a satanic cabal, a "deep state" government with a satanic agenda, and child abuse by ruling elites that populate the "QAnon" conspiracy theories. Some threads of Hammond's "Jewish doctor" claim may be traceable to the anti-Semitic forgery, "The Protocols of The Elders of Zion."

## The Greenbaum Lecture

**Hypnosis in MPD: Ritual Abuse “The Greenbaum Speech” (Greenbaum=Green Tree in Hebrew=Kabbalistic Sephiroth Satanic Tree) by D. Corydon Hammond** was delivered at the Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality Disorder (MPD) on Thursday, June 25, 1992, at the Radisson Plaza Hotel, Mark Center, Alexandria, Virginia.

It was sponsored by the Center for Abuse Recovery & Empowerment, The Psychiatric Institute of Washington, D.C.

*“...Basically in the programming the child will be put typically on a gurney. They will have an IV in one hand or arm. They'll be strapped down, typically naked. There'll be wires attached to their head to monitor electroencephalograph patterns. They will see a pulsing light, most often described as red, occasionally white, or blue. They'll be given, most commonly I believe, Demerol. Sometimes it'll be other drugs as well, depending on the kind of programming. They have it, I think, down to a science where they've learned you give so much every twenty-five minutes until the programming is done.*

*They then will describe pain on one ear, their right ear generally, where it appears a needle has been placed, and they will hear weird, disorienting sounds in that ear while they see photic stimulation to drive the brain into a brainwave pattern with a pulsing light at a certain frequency, not unlike the goggles that are now available through Sharper Image and some of those kinds of stores. Then, after a suitable period when they're in a certain brainwave state, they will begin programming, programming oriented to self-destruction and debasement of the person.*

*In a patient at this point in time about eight years old who has gone through a great deal of early programming took place on a military installation. That's not uncommon. I've treated and been involved with cases who are part of this original mind-control project, as well as having their programming on military reservations in many cases. We find a lot of connections with the CIA. This patient now was in a Cult school, a private Cult school where several of these sessions occurred a week.*

*She would go into a room, get all hooked up. They would do all of these sorts of things. When she was in the proper altered state, now they were no longer having to monitor it with electroencephalographs, she also had already had placed on her electrodes, one in the vagina, for example, four on the head. Sometimes they'll be on other parts of the body. They will then begin, and they would say to her, “You are angry with someone in the group.” She'd say, “No, I'm not” and they'd violently shock her. They would say the same thing until she complied and didn't make any negative response...*

*[...] The way that I would inquire as to whether or not some of this might be there would be with ideomotor finger signals. After you've set them up, I would say, “I want the central inner core of you to take control of the finger-signals.” Don't ask the unconscious mind.*

*The case where you're inquiring about ritual abuse, that's for the central inner core. The core is a Cult-created part. “And I want that central inner core of you to take control of this hand of these finger-signals and what it has for the yes-finger to float up. I want to ask the inner core of you is there any part of you, any part of Mary,” that's the host's name, “who knows anything about Alpha, Beta, Delta, or Theta.”*



*If you get a Yes, it should raise a red flag that you might have someone with formal intensive brainwashing and programming in place. I would then ask and say, "I want a part inside who knows something about Alpha, Beta, Delta and Theta to come up to a level where you can speak to me and when you're here, say, 'I'm here.'" I would not ask if a part was willing to. No one's going to particularly want to talk about this. I would just say, "I want some part who can tell me about this to come out." Without leading them, ask them what these things are. I've had consults where I've come in. Sometimes I've gotten a Yes to that, but as I've done exploration it appeared to be some kind of compliance response or somebody wanting, in two or three cases, to appear maybe that they were ritual abuse, and maybe they were in some way, but with careful inquiry and looking it was obvious that they did not have what we were looking for.*

*Let me tell you what these are. Let's suppose that this whole front row here are multiples and that she has an alter named Helen, and she has one named Mary, she has one named Gertrude, she has one named Elizabeth, and she has one named Monica. Every one of those alters may have put on it a program, perhaps designated alpha-zero-zero-nine a Cult person could say, "Alpha-zero-zero-nine" or make some kind of hand gesture to indicate this and get the same part out in any one of them, even though they had different names that they may be known by to you.*

*Alphas appear to represent general programming, the first kind of things put in. Betas appear to be sexual programs. For example, how to perform oral sex in a certain way, how to perform sex in rituals, having to do with producing child pornography, directing child pornography, prostitution. Deltas are killers trained in how to kill in ceremonies. There'll also be some self-harm stuff mixed in with that, assassination and killing. Thetas are called psychic killers. "*

## Valerie Sinason

Valerie Sinason<sup>9)</sup> is a British psychotherapist who is best known for her influential claims that satanic ritual abuse is widely practised in the UK. She was Founder Director of the Clinic for Dissociative Studies, until her retirement from long-term clinical work in December 2016. Sinason is registered with the BPC, ACP and UKCP. Dr. Sinason claims a speciality in working with abused, abusing, and dissociative patients and has appeared as an expert witness in court cases

In 1994, Sinason edited a collection of essays entitled Treating Survivors of Satanist Abuse (Sinason, V, 1994) that claimed satanic ritual abuse existed in the United Kingdom and that she had treated victims.

The substance of the attacks on the reality of organized abuse and torture of children always reduce to that old chestnut—it is unscientific. "Give us proof," say the naysayers. "How is this different from reports of alien abduction?" say the clever-clever wags of Private Eye. Indeed. How is it different? In the case of alien abduction, we are asked to believe that visitors to this planet from outer space have kidnapped someone, taken them away, and brought them back. It is not believable.

In the case of ritual abuse, we are asked to believe that people can organize themselves into groups for the purpose of torturing children. There would seem to be a significant difference here in

what we are asked to believe.” *Valerie Sinason, Ritual Abuse and Mind Control: The Manipulation of Attachment Needs* ([Orit Badouk-Epstein, Joseph Schwartz, Rachel Wingfield Schwartz, 2011](#))

Despite Sinason claiming in 2001 and 2002 that she had clinical evidence for the widespread practice of satanic ritual abuse in the United Kingdom, a three-year Department of Health (UK) inquiry by the anthropologist Jean La Fontaine into 84 alleged cases of ritual abuse that found no evidence to support such claims.

Jean La Fontaine commented on the story saying “It is not surprising to me that patients who are having treatment by Valerie Sinason would produce stories that echo such topical issues as the recent trial for receiving internet pornography and the publicity for the film Hannibal. There is good research that shows the “memories” of abuse are produced in and by the therapy.”

“I have stated elsewhere (Sinason 1994) that the number of children and adults tortured in the name of mainstream religious and racial orthodoxy outweighs any others. Wiccans, witches, warlocks, pagans, and satanists who are not abusive and practice a legally accepted belief system are increasingly concerned at the way criminal groups closely related to the drug and pornographic industries abuse their rituals.” *Valerie Sinason, Attachment, Trauma, and Multiplicity: Working with Dissociative Identity Disorder* ([Valerie sinason, 2002](#))

In April 2016, Dr. Sinason was awarded a Lifetime Achievement Award by the ISSTD<sup>10)</sup> (International Society for the Study of Trauma and Dissociation). In 2017, she was made a Fellow of the ISSTD and in January 2019 she was elected to their Board of Directors.

## Jean La Fontaine

Jean La Fontaine<sup>11)</sup> (born 1931) is a British anthropologist and emeritus professor of the London School of Economics. She has done research in Africa and the UK, on topics including ritual, gender, child abuse, witchcraft, and satanism. In 1994 she wrote a government report: **The Extent and Nature of Organised and Ritual Abuse**

She was born in France and received her undergraduate degree from the University of Oxford before completing a Ph.D. in social anthropology at the University of Cambridge.

Throughout her career, La Fontaine has conducted extensive research on the social and cultural aspects of child abuse and child protection, with a particular focus on the role of cultural and religious beliefs in shaping attitudes towards abuse. She has also conducted research on a wide range of other topics, including gender and sexuality, violence, and the anthropology of law.

In addition to her research, La Fontaine has held a number of influential academic positions. She has served as Professor of Anthropology at the University of Sussex, the University of Durham, and the London School of Economics, and has held visiting professorships at universities around the world. She has also served as President of the Royal Anthropological Institute and as a member of various government committees and panels on child protection and other social issues.

La Fontaine's work has been widely recognized and respected within the field of anthropology, and she has received numerous awards and honors for her contributions. In addition to her academic work, she has also written and spoken extensively for a general audience on a range of topics related



to anthropology and social issues.

It is over 20 years since the rash of allegations that rituals of devil worship, including the sexual abuse of children, the sacrifice, and (sometimes) eating, of animals, children, and even babies, as well as other extreme acts of depravity, were being conducted across the U.K.

In 1994 I reported to the Department of Health that in the 84 cases in England and Wales that were the basis of my research, I could find no supporting evidence for the existence of such a satanic cult.

The allegations have not stopped, however, although they no longer get the publicity they used to have as, officially, satanic or ritual abuse no longer exists. It is not mentioned in guidance to social workers on the subject of abuse of children. *Jean La Fontaine.* <sup>12)</sup>

## Elizabeth Loftus

Elizabeth Loftus<sup>13)</sup> (born 1944) is an American cognitive psychologist best known for her research on the misinformation effect, eyewitness memory, and the formation of false memories, including recovered memories of childhood sexual abuse. Loftus' experimental and research findings are frequently used in legal settings, where she also serves as an expert witness on the subject of memory.

Through her work, Dr. Loftus has illuminated the malleability of memory and its tendency for distortion over time and with experience. Dr. Loftus has conducted experiments creating false memories through hypnotism, leading witnesses to falsely identify perpetrators in mock trials, and other methods that challenge our understanding of the reliability of eyewitness testimony. Her groundbreaking research findings have shed light on numerous legal cases involving witness testimony, demonstrating that our memories can be manipulated by outside influences. As such, her work continues to have an impact far beyond the realms of academia - affecting social sciences and public policy - and has led to her recognition as one of the most highly cited psychological scientists in history.

She recently made news for her involvement in the Jeffrey Epstein trial, having been hired as an expert witness by Epstein's defense team. In her testimony, Loftus argued that circumstances of a person's life can influence their memories, and that details of highly emotional events can easily be muddled and misinterpreted as time passes. While several attorneys attempted to challenge this notion, ultimately the jury rejected Loftus's claims and found Epstein guilty on all counts.

"When we remember something, we're taking bits and pieces of experience - sometimes from different times and places - and bringing it all together to construct what might feel like a recollection but is actually a construction. The process of calling it into conscious awareness can change it, and now you're storing something that's different. We all do this, for example, by inadvertently adopting a story we've heard." *Elizabeth Loftus*

## The British False Memory Society (BFMS)

The British False Memory Society<sup>14)</sup> (BFMS) is a registered UK charity formed in 1993 to deal with issues relating to false memory.

### The Purposes of the Society

- The BFMS aims to raise public awareness of the inherent dangers of false memory by: disseminating relevant information through newsletters and articles in learned journals; organising seminars and conferences; and, when appropriate, assisting the media to produce suitable articles and programmes.
- The BFMS collaborates with professional organisations, for example, to encourage the highest standards in the training and practice of psychotherapy and counselling.
- The BFMS incorporates a telephone helpline to support families affected by the phenomenon of false memory. The Society also offers advice and access to legal assistance.
- The BFMS aims to improve the understanding of false memory by encouraging, sponsoring, conducting and publishing academic and professional research.

The British False Memory Society (BFMS) closed its operations in 2022 due to changing membership and lack of resources. Founded in 1993, the society endeavored to provide help, advice and support to anyone who felt they had been impacted by False Memory Syndrome or a related issue circulating in media and scientific discussion at the time. The organisation brought together a great deal of research on false memory impacts, with information emanating from victims and carers, legal professionals, academics and clinicians. Despite remaining active online via social media since its closure, the BFMS could no longer provide the same level of assistance it once did due to diminishing resources.

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<sup>1)</sup> The Memory Wars Then and Now: The Contributions of Scott O. Lilienfeld [journals.sagepub.com](https://journals.sagepub.com)

<sup>2)</sup> leading question [Oxford Reference](#)

<sup>3)</sup> Thurston County ritual abuse case [Wikipedia](#)

<sup>4)</sup> Ingram Google Groups discussion [Google Groups](#)

<sup>5)</sup> Memory inhibition [Wikipedia](#)

<sup>6)</sup> False memory [Wikipedia](#)

<sup>7)</sup> Recovered memory therapy [Wikipedia](#)

<sup>8)</sup> Satanic panic [Wikipedia](#)

<sup>9)</sup> Valerie Sinason [Wikipedia](#)

<sup>10)</sup> International Society for the Study of Trauma and Dissociation [ISSTD Annual Award Winners](#)

<sup>11)</sup> Jean La Fontaine [Wikipedia](#)

<sup>12)</sup> Professor Jean La Fontaine who headed the governments' official inquiry into SRA explains how the Satanic Ritual Abuse Panic was created and why the myth won't go away [Sub-culture Alternatives Freedom Foundation S.A.F.F.](#)

<sup>13)</sup> Elizabeth Loftus [Wikipedia](#)

<sup>14)</sup> The British False Memory Society [Website of the BFMS](#)

1. ^ Ellen Bass, Laura Davis, 1988. *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. Harpercollins, ISBN 978-0060551056.

2. ^ Sydney Brandon, Janet Boakes, Danya Glaser and Richard Green, 1998. *Recovered memories of childhood sexual abuse Implications for clinical practice*. Cambridge University Press.

3. ^ Sinason, V, 1994. *Treating Survivors of Satanist Abuse*. Routledge, ISBN 0-415-10543-9.

4. ^ Orit Badouk-Epstein, Joseph Schwartz, Rachel Wingfield Schwartz, 2011. *Ritual Abuse and Mind Control: The Manipulation of Attachment Needs*. Routledge, ISBN 978-1855758391.

5. ^ Valerie sinason, 2002. *Attachment, Trauma and Multiplicity: Working with Dissociative Identity Disorder*. Routledge, ISBN 978-0415195560.

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