

Bożena Gulla

THE RISK OF FALSE MEMORY SYNDROME DURING PSYCHOTHERAPY AND OTHER PSYCHOLOGICAL INTERVENTIONS

Institute of Applied Psychology
Jagiellonian University in Krakow

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Summary

Objectives: Based on a case study, the article discusses the issue of false memories that appear during psychotherapy and other psychological interventions. The term „recovered” or „false memories” (FMS, False Memory Syndrome) is used to describe a particular phenomenon – the emergence of memories during psychotherapy that were previously unavailable to the person experiencing them. They are usually drastic in nature, such as memories of sexual abuse that the person experiencing the memory was subject to as a child, mistreatment or satanic practices involving children. False Memory Syndrome has repeatedly been the cause of court cases. The phenomenon is connected with various spontaneous modifications of memory. The author aims to show the possible psychological mechanisms that cause False Memory Syndrome, discusses how to prevent this phenomenon and how the psychotherapist should react if the Syndrome appears during psychotherapy.

Methods: Case study method

Results: The cases indicate that even when the therapist does not concentrate explicitly on the patient’s early childhood experiences, it is possible for false memories to emerge.

Conclusions: It seems necessary to analyze the significance of an emerging, traumatic memory in the context of a patient’s psychological problems and the current stage of psychotherapy.

Introduction

This article is based on case studies. The cases presented herein illustrate the emergence of false memories during psychotherapy and other psychological interventions and can be used as a basis for discussion regarding procedures that can prevent the phenomenon from occurring, or ones that can be appropriate for intervention in case of an occurrence. The first two cases shown have not been verified in any way in regards to the life situation of the clients, while in the third case a verification was conducted which indicated the false nature of the memories.

The epidemic character of false memories

The term “recovered” or “false memories” (*FMS, False Memory Syndrome*) is used to describe a particular phenomenon – the emergence of memories formed in childhood during psychotherapy that were previously unavailable to the person experiencing them and that appear

only during adulthood, under the influence of specific stimuli [1]. They are usually drastic in nature, such as memories of sexual abuse that the person experiencing as a child, mistreatment or satanic practices involving children. In the case of sexual abuse, the perpetrator in the memories is often a family member. The memories are vivid, full of details and convincing; for the person experiencing them, they are not qualitatively different from other memories. Such memories usually appear during deep psychotherapy [2] that focuses on the client's early childhood. False Memory Syndrome has repeatedly been the cause of court cases against family members suspected of mistreating their children [3, 4, 5]. Courts have dealt with trying to verify the historical truth of the memories. However, because "hard evidence" that excludes the possibility of the crime having occurred cannot always be found, many cases have remained unresolved. In the United States, organizations dedicated to the defense against the False Memory Syndrome have been founded, such as the False Memory Syndrome Foundation¹, as the phenomenon has begun to spread practically like an epidemic in connection with numerous sensationalistic media reports. In Poland the scale of the phenomenon is much smaller, but the emergence of such memories has been reported in cases of people participating in psychotherapy. It must be highlighted that autobiographic memories, including those that had been inaccessible and emerged during psychotherapy or other psychological interventions, are always subjective. They are truthful for the person experiencing them, they hold a great personal significance for the person and this subjective dimension is the most important for the psychotherapy. They do not have to be a photographic image of real events. However, when the memories have legal character, the fact whether they are based on facts or significantly distort them becomes crucial for bringing charges. Therefore, it is essential to analyze this complex phenomenon and try to understand its mechanism and functions.

The psychological mechanisms of false memories

The False Memory Syndrome casts doubts of both a factual and - in consequence - linguistic nature. The results of research have been inconclusive. Two versions of the name, as well as two approaches to the phenomenon, appear [6]. We should assume, that both concepts are acceptable, as well as a mixed one, namely coexisting of defense mechanisms and additional distortions of memories.

Recovered memories is the name used by those specialists that attribute their emergence during psychotherapy to the reduction of repressive and dissociative mechanisms that cause painful, traumatic experiences to be repressed. Representatives of this approach include Renee

¹ <http://www.fmsfonline.org>, <http://www.bfms.org.uk/>, date of access: August 3, 2015 r.

Frederickson [6]. Such an approach presumes that the abuse during childhood did take place, but out of fear the child activated strong defensive mechanisms, and therefore, as an adult does not remember the events. If the perpetrator is a person close to the child, the victim is subject to an emotional conflict and a conflict of loyalties, which is even more conducive to the repression of memories and dissociative splitting. Psychotherapy leads to insight, and the safe therapeutic atmosphere enables a return to childhood memories and working out the trauma.

False memories, on the other hand, is a term used by researchers who presume that the abuse did not take place, and the emergence of the memory of such events during psychotherapy is a result of complex psychological mechanisms whose existence of which can be experimentally proven. This approach is represented by Elizabeth Loftus [6]. Loftus and other researchers have proven that it is possible to activate (implant) false autobiographical memories, especially if persons subjected to the experiment are presented with statements from people close to them [7], or visualizations and photographs from their childhood [8, 9]. Numerous experiments have indicated the possibility of intentional induction of false memories [10, 11, cf. 12, 13]. It is easier to induce false memories related to highly emotional events, especially ones related to negative emotions, than to neutral ones. [14,15]. If we acknowledge the concept of “false”, and not “recovered” memories, then we should concentrate of the generative and processual character of memory.

The phenomenon of false memories is connected with various spontaneous modifications of memory. In order to synthetically explain the psychological mechanisms of the phenomenon, reference to several theories is necessary. Admittedly, there is still no comprehensive theoretical construct to explain FMS nor criteria that would differentiate false memories from memories of real events, and although some researchers indicate some differences, such as experiencing the memory from an observer’s point of view, a lesser number of details, especially sensory details, and inferior space-time localization, smaller number of words in the description of the incident so the highest hopes are being pinned on neuroscience, neuroimaging and examining electrophysiological brain activity [16, 17].

If the concept of “false” memories, as opposed to “recovered” ones is presumed, one should overlook explanations based on the functioning of defensive mechanisms and rather focus on the generative, processual nature of memory. Numerous experiments indicate the possibility of planned induction of false memories [see: 16, 17]. Below, the most important psychological causes of their emergence are presented.

- Introducing **elements of suggestion** facilitates a **disinformation effect**, leading to the inclusion of false suppositions that form part of questions that can be incorporated into the

account of the event and leads to them being treated as an integral element of the account. Being given false information after an event can also lead to the distortion of memories. The more time has passed since the event and the more credible the source of disinformation, the more likely the effect. Protection from succumbing to disinformative statements is possible through cognitive warm-up [18], warning [19], as well as through reinforced self-affirmation [20].

- The disinformation effect is best explained through a **source-monitoring error** [21]. It occurs when a person recollecting an event combines data from various sources – the actual experience, stories about the event, fantasy, imagination, dreams, media accounts and others. The person is not conscious of the fact that their description of the event is not necessarily based on a memory of the event itself, and is convinced that they are describing a past situation.

- The second one is **the fuzzy-trace theory** [22]. It proposes that past events are remembered via two “tracks” – we simultaneously remember the “gist of things” (*gist trace*) and the specific details (*verbatim trace*). With time, details fade from memory, and while recollecting the event, the gist trace is supplemented with details from recent, thematically similar experiences. The person recollecting the memory is also not conscious of this process.

- The next theory concerns a **connection error** – erroneously linking “bits” of real memories of events into a false whole [16]. Each element of a memory concerns events that did happen, but erroneously connected, they make up constellations that do not correspond to reality. A whole created in such a way can have a completely different meaning than its fragments. A person recollecting a memory is convinced that the emerging configuration is an exact reflection of a past event.

- **Using general knowledge, script and schema information** can cause the anchoring of a memory in a cognitive schema or situational script built on the basis of individual experience [23, p. 245]. It is possible that the conviction that all problems of adults are based in their early childhood (based on a simplified understanding of psychological truths) can cause one to search for such experiences in one’s own past and to treat them as the source of one’s own problems. Sensationalist media reports of child abuse can build a cognitive schema concerned with threats to the child in a family and can cause one to relate that to one’s own childhood. Similarly, the influence of **attributive processes** is also possible – a false memory can be an effect of attributing bad will to a given person, not of searching one’s memory. [1, p. 200].

- As a rule, **the generative nature of memory** favors the supplementation of gaps in one’s memory and causes a tendency to generate a Gestalt. In the case of a somatic disease or psychological problems, it is natural to ask oneself the question “why did I get sick?” or “why

did this happen to me?” Finding an explanation makes the suffering easier to bear, and allows one to close off the past and start a new chapter of life.

- All the above mentioned mechanisms are **unconscious**. They are not intentional deformation in order to manipulate listener or to gain any profits.

Below I present three cases based on different types of psychological interventions, namely psychotherapy (Case 1), psychological help and support (Case 2) and training groups (Case 3). Only in the third one the woman described made an attempt to verify the memory. The memories in the Case 1 and 2 have not been verified, so we cannot say whether they are “recovered” or “false”. Nevertheless we can see their importance for people experiencing them.

The cases²

Case 1.

A 25-year old man reported to a Mental Health Clinic, complaining about a sense of inadequacy, not fitting in, bad moods, difficulties in forming relationships, a lack of achievements and abandoning activities he had started. He had previously attempted out-patient psychotherapeutic treatment, which he stopped, because, as he said, he did not see any improvement. He underwent a full treatment cycle at the psychotherapeutic care unit. Because he was still experiencing the same difficulties, he decided to continue treatment at the Mental Health Clinic. He stated that his most important problem was his relations with women – he tried to fulfill, and even anticipate their needs, not demanding anything in return. He considered himself a “giver”, while in reality he felt that he would like to receive care, affection and warmth from a female. This can be described as creating “collusion relationships” [25]. Not fulfilling hidden needs led to the relationships breaking up without identifying the cause. Lack of success in relationships, education and finding employment were the main verbalized problems.

The client tried to explain to himself the causes of his incessant feelings of discontent and unhappiness. Having had extensive contact with psychologists and having read psychological literature (mainly the works of Karen Horney), he was led to an intellectual interpretation of his difficulties, and even to the creation of a personal concept of the genesis of his psychological problems. The intellectualization manifested through attempts at debating with the next therapist, citing literature and rationalizing his experiences. However, it made it difficult to concentrate on experiences in the therapeutic relationship. The therapist (a women) tried to focus on the “here and now”, and did not engage in intellectual debates, trying to carefully –

² Personal information allowing for the identification of individuals was removed or changed

as it was the beginning of therapy – demonstrate the escapist and defensive nature of rationalizing problems. In this situation, at the next session the client appeared with a new, “sensational” memory. Between the sessions, he remembered several events that, according to him, could have been the source of his psychological difficulties.

When he was a small child, he lived in a multigenerational home: when the father left to work, he was cared for only by women, i.e. his mother, grandmother, aunt and her teenage daughter. The client’s memories concerned toilet activities – potty training, bathing in a child’s bathtub. As he declared, he remembered that such activities involved all of the women present in the house, mainly in order to watch and touch his genitals, laugh at their small size, and comment on his chances for male potency in the future. After bathing and before going to sleep, the women, especially his mother, came up with games that allowed them to touch his genitals. Such situations, according to the client, became the basis of his disturbed relationship with his mother, and with women in general, a lack of trust in people and a lack of basic feeling of safety. The memories reported by the client had not appeared before, they were unavailable to him, and now constituted a new element in his mental processes, while the client was deeply convinced of their truth. He unambiguously point the finger of blame at his mother and the other women in his family, who, through inappropriate attitudes and behaviors, caused his psychological problems which they are responsible for. The patient had an ambivalent, momentarily hostile attitude towards women in his family.

Commentary

In analyzing this case, two aspects would seem to be of greatest importance. The first one concerns the transference of aggressive and sexual feelings from the oedipal period to the currently experienced aversion towards his mother and the other women in the family, and at the same time the need to receive their acceptance and meet their expectations. These ambivalent feelings, in turn, are reflected in the client’s relationships with women. The present failures in forming relationships are caused, according to the client, by the aggressive and sexual impulses ascribed to the mother and other women in the family (own feelings projection mechanism), which resulted in the behaviors described in the memory. The other important aspect concerns the course of the therapeutic relationship. The client’s difficulties in concentrating on experiencing his feelings during therapy, leading to intellectualization and an attempt to address his problems only cognitively, were not met with feedback from the therapist, who did not engage him in intellectual debate. This perhaps led to the need to gain the attention of the therapist and to place himself at the center of her attention, which could, in connection with being well-versed in psychological literature, generate dramatic memories. The client – “a

giver” in relations with women – could also try to satisfy the psychologist (woman) with a childhood trauma which should be expected (in the client’s view) in therapy. The therapist could also unleash ambivalent, transference feelings similar to those experienced in the relationship with the client’s mother, when erotic issues were connected to oedipal conflict. That could be the reason why stories about “bad” women and mothers emerged, indirectly accusing the therapist of having “bad” habits. The therapist working in a psychodynamic approach focused on the dynamics of a transference, which was triggered by the memory, aiming at gaining an insight into the complex feelings stemming from early childhood and at working them through.

Case 2.

The next client, a 65-year old woman diagnosed with organic affective disorder, maintained supportive contact with a psychologist, and the sessions were also dedicated to memory exercises and cognitive activation of the client. In conversations, the client with a tendency to ruminate constantly compared her situation to the life situations of her peer acquaintances, being convinced that the state of her health, her living conditions and financial conditions were considerably worse. With high emotional lability, she asked questions concerning the reasons why she was doing so poorly while others were doing well. She came to one of the sessions with information that the previous night she had seen a movie on television about girls molested by their fathers, and then she remembered that in her childhood she was likely molested as well. She said that the memory concerned a situation when she was several years old and she was lying in bed with the lights off, when the door was set ajar and, through the crack lit by the lamp in the other room, she saw her father looking in, his face contorted with anger. She also added that her father “definitely wanted to molest her, but couldn’t, because mom was in the other room, so he was angry”. She would not acknowledge any other interpretation of the situation. She stated that she would definitely be able to recall other such situations from her childhood. She decided that these memories explained her feelings of grievance, unsuccessful life and depression. She based this on information from television about how molested girls were unhappy women in their adulthood.

Commentary

In order to explain the phenomenon, it is necessary to consider – which is often stressed in works regarding FMS – the influence of sensationalist media reports on the spread of false memories. In the case of the client, the television program initiated a process of recalling similar experiences. The client’s cognitive difficulties could have caused the television material to be experienced in a selective manner. The lack of explanation for the client’s constant feelings of

unhappiness is also notable. Of course, the client received information about her diagnosis from the psychiatrist, but it was provided to her in an unsatisfactory and non-iatrogenic manner, which is of particular importance in the case of organically-based changes, as the real prognosis is not favorable. This led to the client's need to acquire some satisfactory, holistic explanation. This function could have been fulfilled by the memory of childhood trauma. The process of forming the memories is also interesting – essentially, the client did not recall memories of sexual abuse, but announced that she “would recall them”, so strong was her conviction that the abuse must have taken place. She has also interpreted the elements that appeared in the memory in a way that was consistent with her convictions. It must be also said that the treatment (pharmacological treatment, psychological support, memory training) in affective disorders with organic basis could not have improved the client's mental condition fully.

Case 3.

The next case of false memories was verified against real events. During a music therapy session, in which a 50-years old woman took part, an instruction was given to regress to one's first, earliest memories. The joyful character of the accompanying music implied a pleasant nature of the reminiscence. The person described recalled a memory from her family home from when she was a little child, lying in a child's bed and cheerfully babbling. The child was checked on regularly by her mother, who glancing at the child through an open door while ironing clothes in the kitchen. In the memory, the father also appeared. Returning from work, he entered the home, kissed the mother, washed his hands in the kitchen sink, and then with a smile he approached the child and leaned over her. The whole memory had an idyllic, joyous character, as well as being very realistic and believable. The person reliving the memory decided to ask her parents about it. It turned out that the layout of the apartment that appeared in the memory reflected the apartment of her grandmother, whom the family first visited with the child only when she was of school age, and which was totally different from the one they lived in when the child was younger. In turn, the child's bed, consisting in the memory of white wooden bars, was in reality built out of white wire mesh in that person's childhood, while the bed made of wooden bars in natural colors belonged to the daughter of the person experiencing the memory. Therefore, after verification, at least two of the elements of the memory turned out to be false.

Commentary

It has been mentioned that memories with negative emotional tone are easier to recover [14, 15]. However in this case we can see the importance of the instruction that stirred a pleasant and cheerful memory. The verification of the memory by the person experiencing it indicates the presence of at least three psychological mechanisms – the first one concerns the influence

of instruction and mood induced by joyful music, which can be considered the influence of the mechanism of suggestion. The second one is “erroneously linking bits” of real memories: connecting the memory of the faces of young parents with the layout of an apartment visited several years later, linking the elements comprising the child’s bed (color, material). The third one is the fuzzy-trace theory. The person experiencing the memory could not have remembered the layout of the apartment from the time when she was around one and a half years old, nor the appearance of the bed from this period, as earliest memories are usually from a later age (minimum 2-3 years). This led to the supplementation of the “gist of things” (a baby in a bed in some apartment) with details closer in time (the layout of the grandmother’s apartment, the color and construction of her daughter’s bed). One can also see the influence of known cognitive schemas (the father is working, the mother is doing household chores and looking after the baby), as well as family stories (the mother talked about the trend of “hospital-style decor” for a child’s room typical of when the person experiencing the memory was a baby – hence the white bed and the father washing his hands before leaning over the child), and even family photos (the faces of young parents).

Mechanisms associated with a psychotherapeutic process

The above cases indicate that even when the therapist does not concentrate explicitly on the client’s early childhood experiences, it is possible for false memories to emerge. Therefore it is necessary to take great care and prepare the therapist for the eventuality of inducing them. The therapist is not an investigator, who could – or should – verify an adult client’s memories of childhood abuse. It is an entirely different situation from one in which current child abuse is suspected – when working with a child or an entire family – as then it is necessary to react in order to protect the child. However, in the case of false memories there is no present danger, and verifying events from even dozens of years in the past is not the therapist’s duty.

It seems necessary, however, to analyze the significance of an emerging, traumatic memory in the context of a client’s psychological problems and the current stage of psychotherapy. FMS can fulfill numerous functions, such as inducing interest and concentrating the therapist’s attention on the client, meeting the expected needs of the therapist regarding the origin of the disorder, or generating an explanation for the client’s own problems.

On the basis of the above analyzed cases it is difficult to decide, whether induced memories are retrieved thanks to psychotherapy from a massive suppression or if they are a result of distorted memory processes. It seems that both options are possible, as well as a simultaneous work of defense mechanisms and unconscious distorting of memories. It is easier to separate these processes in the laboratory (Loftus experiments), than in clinical studies.

Induced memories are always important for a person experiencing them, they constitute a subjective truth for him/her and express his/her painful emotions. They may be an attempt to adapt, since they help a client to explain his/her psychological problems and blame others for them. Thus, the psychotherapeutic work should be focused on the meaning of the memories, and not on their objective (historical) truth, because not only juridical consequences bring negative results, but also embedding beliefs in the harm suffered in the past may impair clients' development and well-being.

Implications and conclusions

Summing up, psychotherapy and other psychological intervention should be conducted in the awareness of the risk of emerging traumatic memories, whose historical truthfulness is uncertain and yet they may lead to lawsuit. In order to avoid the emergence of false memories, it is also worth avoiding or predicting the results of suggestive interactions, and to make use of them very carefully. Especially in the case of hypnosis one can suppose that the special relationship and strong concentration on the person of the hypnotizer can induce – in the case of revisiting the past – memories that are hard to verify, and which can have a major impact on the construction of the self-narrative and the client's own identity. However, prevention might not be successful, therefore the decision on how to react to possible false memories belongs to the psychotherapist. They may be a valuable material in the psychotherapeutic process, they may indicate many needs and unconscious mechanisms, but they may also, especially when they are drastic and lead to lawsuit, break families and hinder the improvement of client's psychological condition. However, because the subject is difficult and controversial, discussion and sharing of case study reports is important. Around the world there are instructions for psychologists that can diminish the risk of such memories appearing [24], which would be worth publicizing in Polish as well. These instructions tell the therapist to always treat clients with respect and to take their words seriously, but not to rush to conclusions regarding the historical truth of these memories and never to impose one's own interpretation of past events on a client. Furthermore, the psychologist's duty is to carefully consider steps – and their consequences – that the client might want to take concerning the emerging memories. Knowledge of mechanisms protecting from the influence of disinformation is also worthy of popularization.

A separate issue concerns court statements in cases of memories of abuse in childhood which were previously unavailable, emerged in the course of psychotherapy, and led to a court case. Answers to questions from judicial authorities requires expert knowledge of the psychological mechanisms involved in the emergence of false memories. Both psychologists

and lawyers must be conscious of their epidemic nature, and interdisciplinary cooperation is necessary in explaining specific cases.

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Address: bozena.gulla@uj.edu.pl