FMS Foundation Newsletter

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Dear Friends,

"Our children have been used as human guinea pigs," said a father at a recent meeting in Michigan.

There is no scientific evidence that recovered memory therapy is a safe and effective therapy. If a therapy technique has not been tested and shown to be safe and effective, then it is experimental. Unless recovered memory patients have signed consent forms, they were used as human guinea pigs.

"Recovered memory therapy exploits women." It is primarily women who report being harmed by this phenomenon. Of the more than 300 recovered memory therapy patients known by the Foundation who now say that their "recovered memories" were false, 3 are men. Families report 92% of their lost children are women. Those most likely to enter therapy are female, white, educated, well paid and divorced, separated or never married. (p 61 *US News and World Report* , May 24, 1993).

"Why hasn't this therapy been tested before such wide-spread use?" It has been typically the case that women's care—unlike men's—goes untested. Important strides are now being made in ordinary medicine to equalize standards of therapy. It is time for the psychotherapists to join the rest of the world.

Not only is recovered memory therapy untested as to its effectiveness compared to doing nothing or compared with other techniques, there are reasons to consider that it is harmful. Some of these reasons are: the patient is not treated for the presenting problem; regression and abreactions carry known risks; severing a patient from a family support system is an extremely radical procedure; the scientific data on memory enhancement techniques is ignored. Recovered memory therapy is based on a highly controversial and unproved theory. It frequently relies on techniques such as hypnosis and sodium amytal in the misguided belief that accurate "memories" can be recovered. Scientific evidence is abundant that this is simply not true. How could mental health workers be so reckless in a treatment for women?

If any other medical product had more than 13,000 complaints and had never been shown to be safe or effective, it would be taken off the market. If any other medical product was based on a a highly controversial theory and had components that were dangerous, it would be stopped. The professional organizations have failed to provide safe and effective mental health treatment for women. The monitoring and licensing boards of the states have failed to protect the public.

Is this a wide-spread problem? *"I know that there are some unscrupulous therapists, but this is not a very big problem,"* say some therapists. In this issue of the newsletter we report briefly on a study by Poole and Lindsay (1994) on the extent of recovered memory therapy in the clinical psychology community. Their results indicate that it is likely wide-spread.

"Can't people just see that a mistake happened?" We seem to be dealing with a paradox. The popular belief that recovered memory therapy is good for the special needs of women appears instead to be setting them back. How could this happen? Certainly it was not by design. One feminist writer said to us, *"Can't people just see that a mistake happened?"*

Indeed, carelessness might be a major culprit in this tragic mess. During the 1980's our country saw the vast spread of the "recovery" movement. Substance abuse went from being considered a moral weakness to being considered a disease. Incest recovery programs were established as our country came to recognize the extent of the problem of child sexual abuse. The recovery programs that proved safe and effective in the treatment and recovery for substance abuse were transposed without proper modification to other situations. Incest victimization is not an addictive behavior

A necessary condition for an effective substance-abuse recovery program is for the client to realize that he or she has a problem. Until that happens, the client is said to be *in denial* and to bring the client out of denial *intervention strategies* were devised. Consider what happens, however, when that same vocabulary is applied to the incest/sex-abuse setting. If a person does not remember any abuse, he or she is said to be in denial and can't get well. From this assumption, then, the intervention strategies proceed to bring the client out of denial, which means to "recover memories".

As a culture we all bought into this model. As a culture we all carried it too far. As a culture, we need to say, ***"We made a mistake."***

INSIDE:

The number of calls and letters from individual psychiatrists, psychologists and social workers who tell us that they think what we are doing is very important has continued to increase. This is encouraging but in contrast to the professional organizations.

The American Psychiatric Association which had its Annual Meeting last week in Philadelphia is an example. The good news is that we heard many speakers talk about memory as constructive and the need for professionals to be careful. We noted only one workshop that mentioned satanic ritual abuse. The presenters who have written extensively on this topic were Bennett Braun, M.D., Lloyd deMause, B.A., Jean Goodwin, M.D., and Martha Kirkpatrick, M.D.

It was profoundly disappointing, however, to note that prestigious Guttmacher Lecture speaker, Judith Herman, M.D., used the opportunity to compare those who question recovered memory therapy with those who question the existence of the Holocaust.

International Conference
Memory and Reality: Reconciliation
CoSponsored by The False Memory Syndrome Foundation and The Johns Hopkins Continuing Education Program
Baltimore, MD December 9, 10, 11 1994
Registration form enclosed.

This is the description of her talk as it appeared in the APA program.

> "The conflict between knowing and not knowing, speech and silence, remembering and forgetting, is the central dialectic of psychological trauma. This conflict is manifest in the disturbances of memory, amnesias and hyperamnesias, and of traumatized people. It is manifest also on a social level in persisting debates over the historical reality of atrocities that have been documented beyond any reasonable doubt. Social controversy becomes particularly acute at moments in history when perpetrators face the prospect of public exposure or legal accountability for crimes long hidden or condoned. Judith L. Herman, M.D., examines current public controversy over the credibility of adult recall of childhood abuse as a classic example of the dialectic of trauma."

A report of her presentation in the *Philadelphia Inquirer* ("Repressed-memory syndrome splits psychiatrists," May 23, 1994, by Mark Bowden) noted "Herman's prestige has lent credibility to accounts that many psychiatrists would consider fanciful. Yesterday, she likened the vigorous denials of alleged rapists, mostly men, to the elaborate denials made by Germans involved in carrying out the Holocaust during World War II. She urged therapists and doctors to have the courage to stand behind patients who make these often-unprovable charges." The report noted that Herman ended her presentation with a slide that showed demonstrators carrying a sign that read "Women Unite!" She argued that rape and incest are "political crimes" used to subordinate women.

Dr. Herman has refused invitations to participate with families of the False Memory Syndrome Foundation. The president of the American Psychiatric Association has not responded to our letters. This is a public invitation to them both to speak with the FMSF fathers and mothers who are Holocaust survivors. On their behalf and on behalf of all caring people in the world, I hereby express outrage at Dr. Herman for making such statements and at all the members of the American Psychiatric Association for honoring such statements. To compare families who are grieving for the loss of their children and who have questioned the appropriateness of untested therapy to people who deny the Holocaust is unworthy. It is unworthy of professionals. It is unworthy of decent human beings.

Pamela

> Given memory's indispensability and frailty, it's striking that so many of us are ready to play so fast and loose with it. When we uncritically embrace reports of recovered memories of sexual abuse, and when we nonchalantly assume that they must be as good as our ordinary memories, we debase the coinage of memory altogether. What we should do is shore up the legitimacy of an imperfect but precious human capacity—the capacity to attest to events that we have always remembered—by resisting the creating of a new category of memory whose products are so often mere inventions conjured by the ministrations of recovery specialists. In stead, too many of us undermine that legitimacy by according to recovered memories, even the most bizarre ones, the same status—psychologically as well as legally—that we accord to traditional forms of memory...
>
> Memory is one of our most precious human assets. It needs protection from those who, by debasing it, diminish its integrity, even as victims of sexual abuse need protection from those who, by abusing them, diminish their humanity.
>
> Walter Reich, M.D.,"The Monster in the Mists"
> *New York Times Book Review*, May 15, 1994

HOW WIDESPREAD IS THIS PHENOMENON?

Debra Poole, Central Michigan University, and Stephen Lindsay, University of Victoria, have made the first systematic study from which we may begin to understand the extent of the current FMS phenomenon. "Psychotherapy and the Recovery of Memories of Childhood Sexual Abuse: Study of Doctoral-level Therapists' Beliefs, Practices, and Experiences." Poole and Lindsay (in press).

A random sample of licensed doctoral therapists listed in the National Register of Health Service Providers in Psychology were surveyed. Of the 151 respondents (estimated to be 38% of recipients who do psychotherapy with adult female clients), 75% reported at least some use of memory recovery techniques with the specific aid of helping clients remember childhood sexual abuse, and 25% indicated that (a) they believe it is important that abused clients remember their abuse, (b) they sometimes form the opinion that clients who deny a history of abuse were in fact abused, and are sometimes "fairly certain" of this after the initial session with the client, and (c) they use two or more memory recovery techniques to help clients remember childhood sexual abuse.

Even if the Poole and Lindsay survey was maximally selective of memory recovery-oriented therapists (such that zero of those who did not return the questionnaire take such an approach), the results indicate that 9% of NRHSPP members who do psychotherapy with adult female clients (something on the order of 1,100 highly trained therapists) think it is important for clients to remember abuse, quickly form the opinion that clients who deny a history of abuse were in fact abused, and use two or more memory recovery techniques to help clients remember.

Therapists reported working with an average of 85 adult female clients during the last 2 years, so even this very conservative interpretation of the finding would suggest that more than 90,000 clients received psychotherapy from NRHSPP members whose approach includes an emphasis on memory recovery.

The questionnaire does not yield sufficient information to know whether these therapists pursue memories in a single-minded and highly suggestive ways or in more open-minded and cautious ways, but the results are clearly consistent with the concern that even among highly trained doctoral therapists some practitioners do use techniques and approaches are considered risky by many cognitive psychologists.

Psychologists are just one of the many groups of men-

tal health workers. When families tell the Foundation about therapists that they believe had harmed them and their children, the titles they use most often are social worker, marriage and family counselor, pastoral counselor or therapist. The Poole and Lindsay study suggests that we are dealing with a very extensive phenomenon.

Satanic Ritual Abuse and FMSF Critics

Government inquiry decides satanic abuse does not exist
Independent on Sunday
April 24, 1994
Rosie Waterhouse

The British government commissioned a probe into into 84 cases of alleged black magic ritual. The three-year investigation by the Department of Health that began in 1991 found no evidence for the claims of satanism that have been made.

"Providing the first official definition of satanic abuse, the report explains: "Rites that allegedly include the torture and sexual abuse of children and adults, forced abortion and human sacrifice, cannibalism and bestiality may be labeled satanic or satanist."

"Their defining characteristic is that the sexual and physical abuse of children is part of rites directed to a magical or religious objective. There is no evidence that these have taken place in any of the 84 cases studied." The research was conducted by Jean L Fontaine, Emeritus Professor of social anthropology at the London School of Economics.

In 3 of the 84 cases there was "ritual" abuse which was secondary to the sexual abuse. the rituals did not resemble those that figured in the allegations of the other 81 cases.
"The report also tried to explain how the satanic abuse scare spread. "The Evangelical Christian campaign against new religious movements has been a powerful influence encouraging the identification of satanic abuse. Equally, if not more, important in spreading the idea of satanic abuse in Britain are the 'specialists', American and British. They may have few or even no qualifications as professionals but attribute their expertise to 'experience of cases'."

We thought it was interesting to contrast this report from the British government with the articles appearing in the Spring issue of *The Journal of Psychohistory*, V 21, No. 4 entitled "Cult Abuse of Children: Witch Hunt or Reality?" Several of our advisory board members are discussing the proper legal action to take with respect to editor's incredible assertion:

> To begin with, the founder of the False Memory Syndrome Foundation had been accused of sexual molestation by her daughter, and major contributors and "researchers" affiliated with the group are usually either accused molesters, members of pedophile advocacy groups, or appear in journals such as *Paidika: The Journal of Paedophila.*

For the record: the founder of FMSF has never been accused of sexual molestation by anyone, we know of no affiliated researchers (with or without quotation marks) who are members of pedophile advocacy groups, only two who ever were quoted in *Paidika*, and very few who themselves are accused molesters. The number of errors in this one sentence is remarkable but not unusual for the journal in question. Lloyd DeMause (who has no known credentials in psychotherapy) started his own journal to push his own theory that "universal incest" is the cause of everything from the Holocaust to the Gulf War (*The Nation*, Mar 11, 91). His journal purports to be a "learned journal" but its standards of accuracy are beneath those of your local Sunday supplement. (As just one example the issue refers to a UCLA archaelogist named E. Gary Stickle (of McMartin tunnel fame). A quick call to UCLA would have informed the journal that whereas E. Gary Stickle has never been on the UCLA faculty.)

Our very success in bringing our message to the world at large is forcing our opposition to dirty tricks. They have smeared the staff, and now they are attempting to smear the members of the FMSF Advisory Board. They have been declared *guilty by association* with the comments of one board member, Ralph Underwager who did make statements printed in the journal *Paidika* that are upsetting to many people. Dr. Underwager resigned from the Advisory board. He does not support pedophilia, and he may be contacted directly by those who are concerned. The tactic of "guilt by association" was frequently employed during the McCarthy era. The FMSF Advisory Board is strong for the very reason that its members do not all represent "one" position. These scholars disagree on many points. But they do agree that the *processes* that are used in intellectual debate are important. Name calling and guilt by association are poor tactics when the discussion is about issues of memory that can be tested through scientific inquiry.

Ian Russ writing editor of *Heritage Southwest Jewish Press* on May 13 tried to discredit one board member by stating his membership on the board and then writing about the Foundation as follows: "False Memory Syndrome Association (FMS), a group consisting largely of parents whose adult children have alleged child abuse perpetrated by those parents. A major focus of this organization is to propagandize in the press their point of view which is that child abuse is mostly a fictitious creation of often well meaning but gullible and misled psychotherapists who implant false memories of abuse." The writer goes on to state the the board member is an "official spokesperson" for the Foundation. How could a responsible editor make such an outrageous statement?

Sad news: Two more suicides of people involved in recovered memory therapy were reported to us this month. The first involved a woman in the midwest who was terrified that the cult was going to torture her. The second was a retractor in the east who had started to reunite with her family. It is important to note that we do not know the reasons for these suicides. It is also important to note that FMSF families have been extremely worried about the possibility of suicide by their children. On the one hand these children came to believe they didn't even know their own history and that the people they most loved had betrayed them. On the other hand, if they come back to reality, they will have to recognize the hurt they caused people they loved.

HEADLINES TELL THE STORY

Below are headlines of articles that have appeared after the Ramona decision. This is not a random sample, but reflect what arrived in our mail.

Therapists planted false childhood memories in woman, jury rules.
The Arizona Daily Star
May 14, 1994

Father wins 'recovered memory' suit
Therapists implanted recollections of abuse, jury rules
San Jose Mercury News
May 14, 1994

Jury Awards Father Who challenged 'Memory' Therapy
The New York Times
May 14, 1994

Memory verdict sends a message.
San Diego Union Tribune
Sunday May 15, 1994

Menace of the mind-benders
Then Mail on Sunday
London
May 15, 1994

Verdict for Father Intended to Send Message
Sunday Times
London
May 15, 1994

Therapists unsettled by memory verdict
San Francisco Examiner
May 15, 1994

Verdict for father meant as message: Jury lets medical community know it's not immune to justice in ruling against therapist.
Gannett Suburban Newspapers
May 15, 1994

Father awarded $500,000 in suit against 2 therapists
Philadelphia Inquirer
May 15, 1994

Abuse recall false; therapists must pay
Sunday Republican,
Waterbury Ct
May 15, 1994

Repressed memory verdict sends message to therapists
The Press, Atlantic City, NJ
May 15, 1994

Father Accused of Incest Wins Suit Against Memory Therapists
The New York Times
May 15, 1994

Jury intended to send message
Napa Valley Register
May 15, 1994

Dad accused of sexual abuse feels vindicated by $500,000 jury award
The Miami Herald
May 15, 1994

When therapy rapes the mind
The London Times
May 16, 1994

Lawsuits Over False Memories Face Hurdles
Wall Street Journal
May 17, 1994

> What happened to the acceptance of personal responsibility? Why is victimhood rather than responsibility so appealing in our society? Is everyone trying to avoid feeling guilty? Is a person's value determined mainly by survival from trauma?
>
> As therapists, it is important that we question our patient's willingness to wallow in the victim position even though we may have helped patients understand how they have been victimized, they need to be encouraged and helped to find out how they, in the present, perpetuate their victimization and how to stop it. Taking responsibility gives them power to change. To have been a victim may be a reason but its not an excuse for endless maladaptive or unacceptable behavior. It is, instead, a challenge to the patient and the therapist to do the necessary hard work to develop real control leading to a fulfilling life.
>
> "Moral Responsibility"
> Arline C. Caldwell, President,
> American Society of Psychoanalytic Physicians.

Indictment of memory: Ramona verdict debunks therapy
Knoxville News-Sentinal
May 18, 1994

Fictitious Memories? Tighter regulation is needed in psychotherapy community
Los Angeles Times
May 22, 1994

The high price of recovering a bad memory
The Sunday Telegraph
May 22, 1994

Fanatical therapists train secretly in UK
The Sunday Times
May 22, 1994

Fictitious Memories?
Los Angeles Times
May 22, 1994

Breaking the 'recovered memory' scam
New York Post
May 23, 1994

Dubious Memories
Time
May 23, 1994

Verdict sends right message: Hold therapists accountable
Daily Breeze Torrance, CA
May 23, 1994

Recovered memory —probing the murky mind
The Oakland Tribune
May 29, 1994

Forget 'recovered" memory as evidence
The Tribune (Scranton, PA)
June 1, 1994

False Memory Syndrome Foundation
3401 Market Street, Suite 130, Philadelphia, PA 19104-3315

Information Update
February 1994

The Foundation is making every effort to keep records up to date and to plan future research. To help us do so, please complete the short questionnaire below and return it at your earliest convenience.

Name: _____
Address: _____

_____
City *State* *Zip (9 digits, if possible)*

❑ Check this box if the above is a new address.

Note: The following personal information will be kept confidential. Your name or your answers to the questions below will not be released without your written permission below. The Foundation may report statistical data based on information provided but will not compromise confidentiality.

Your relationship to the accuser:
❑ Mother ❑ Father ❑ Sibling ❑ Grandparents ❑ Other_____
specify

Who is accused ?
❑ Mother ❑ Father ❑ Sibling ❑ Grandparents ❑ Other

Did the accusations include Satanic Ritual Abuse (SRA) ?
❑ Yes ❑ No ❑ Don't Know

Has the accuser been diagnosed as having:

Multiple Personality Disorder (MPD)	❑ Yes	❑ No	❑ Don't know
Schizophrenia	❑ Yes	❑ No	❑ Don't know
Epilepsy or other disease of the central nervous system	❑ Yes	❑ No	❑ Don't know
Depression	❑ Yes	❑ No	❑ Don't know
Eating disorder	❑ Yes	❑ No	❑ Don't know
Post Traumatic Stress Disorder (PTSD)	❑ Yes	❑ No	❑ Don't know
Bipolar Disorder	❑ Yes	❑ No	❑ Don't know

Other, please specify_____

Are you currently in contact with the accuser ?
❑ Yes ❑ No

Has the accuser made any attempt to re-enter the family ?
❑ Yes ❑ No

Has the accuser retracted the accusations ?
❑ Yes ❑ No

Has any kind of legal action been initiated against the accused on the basis of repressed memories ?
❑ Yes ❑ No ❑ Don't know

Do we have your permission to give your first name and telephone number only to a person in your state who may call you to let you know what is happening in the state, invite you to area meetings and bring up Foundation related issues? Please check the option and sign.

❑ **Yes**, you have my permission to give my first name and telephone number to a contact person in my state. _____
signature

❑ **No**, you do not have my permission to give my first name and telephone number to a contact person in my state. _____
signature

Thank You

ODDS AND ENDS

August Piper, Jr., M.D.

No single theme to this month's column.

Glimmerings of daylight and common sense are beginning to be visible in the strange world of multiple personality disorder. The following story is proof. A well-known authority on this condition recently wrote to a Foundation member. The writer, who did not request confidentiality for his views, asserted that MPD was currently being overdiagnosed in North America, criticized the vague diagnostic criteria for the condition, stated that inpatient treatment worsens the condition, and warned that "memories" unearthed under Amytal or by use of hypnosis should not be considered accurate unless corroborated by other sources.

Readers may wonder why these ideas are remarkable: after all, members of the Foundation's scientific board have held similar views for years. They are remarkable because this expert's past positions on MPD differ markedly from his present ones. He has acknowledged the errors of his earlier thinking. One example: in the past, if a therapist had trouble finding a patient's alter personality, the expert recommended asking the personality—as often as necessary—to show itself, even though such behavior obviously suggested behavior to patients, and thereby contributed to the problem of overdiagnosis. Also, in a 1984 paper, the expert noted with approval that about 150 patients yearly were admitted to a certain inpatient unit. Finally, the expert now correctly recognizes that information obtained under hypnosis or Amytal may well be inaccurate, unreliable, and the result of suggestion by the therapist. Such recognition, however, has not yet led this authority to publicly recommend the obvious next step: sharply restricting hypnosis as a means of treating MPD. For example, the expert says nothing about the danger that hypnosis may produce more alter personalities.

> No state or federal funds should be used for any therapy that has not been shown to be safe and effective.
>
> Christopher Barden, Ph.D., J.D.
> MidWest FMSF Meeting, May 21, 1994

After all is said, however, this authority is to be commended for having the courage and honesty to modify his beliefs.

A reader asked for a definition of "abreaction." The American Psychiatric Glossary: "emotional release or discharge after recalling a painful experience that has been repressed because it was consciously intolerable" (emphasis added). The definition highlights the controversy over, and vagueness of, "repression." Most authors believe repression operates exclusively unconsciously. Therefore, according to this definition, those who talk about MPD patients abreacting traumas are misusing the word, because MPD is said to result from an unconscious, automatic response to abuse.

The trouble with all the gibble-gabble that is written about repression is—or should be—obvious: no one can observe a person and decide whether that person is trying to remember something and can't (repression), is deliberately focusing attention on something else (suppression), or is merely claiming to be unable to recall something (faking). For this reason, jurists have rightly been skeptical about claims of repression and amnesia; the rest of us should also.

August Piper Jr., M.D., is a psychiatrist in private practice in Seattle.

Sybil by John Taylor

from "The Lost Daughter", *Esquire*, March 1994

Reprinted with permission

Proponents of MPD attribute the explosion in diagnoses of the disorder directly to *Sybil*—"the true and extraordinary story of a woman possessed by sixteen separate personalities," as the book's jacket proclaims. Sybil, a pseudonym, was the patient of a New York psychoanalyst named Dr. Cornelia Wilbur. Wilbur diagnosed her patient as suffering from a multiple-personality disorder that was brought about by her mother, who, according to Sybil's recovered memories, shoved objects like spoons and knife handles and buttonhooks up her vagina, copulated with her husband in front of her, defecated on neighbors' lawns while her daughter was forced to watch, sexually molested her, and engaged in lesbian orgies with young girls in her presence.

Wilbur herself did not actually publish a report of her treatment of Sybil. Instead, Wilbur approached Flora Rheta Schreiber, an English professor, and suggested *she* write about Sybil. Schreiber's book is a melodramatic novelization, full of re-created scenes and dialogue. She tells the story from the point of view of Sybil, her various personalities and her therapist, shifting in and out of characters to suit her dramatic purpose. A huge commercial success, *Sybil* reached the top of *Time* magazine's best-seller list and was made into a movie starring Sally Field as Sybil and Joanne Woodward as the heroic Dr. Wilbur.

To therapists who specialize in multiple personalities, Cornelia Wilbur, who died in 1992, is a sort of matriarchal cult figure. They pay her ritual homage by the use of phrases like "the Wilburian revolution" and "the post-Wilbur paradigm" when referring to the notion that multiple personalities are created by childhood sexual abuse. But the cult of Cornelia Wilbur may have been founded on a misconception.

Herbert Spiegel, a psychiatrist and former professor at Columbia medical school who specializes in hypnosis, diagnosed and treated Sybil in the mid-Sixties when Dr. Wilbur sent her to him after her psychoanalysis had become stalled. "Wilbur asked me to see her because she was treating her as a schizophrenic, but some of her symptoms didn't seem consistent with schizophrenia," Spiegel told me one afternoon last December, sitting in an office in his Upper East Side apartment. "She was suicidal and would come to see me when Wilbur was out of town. When I talked to her about aspects of her life, she would say, 'Do I have to become Helen or can we just discuss this?' I said, 'Why are you asking?' She said, 'Dr. Wilbur would want me to.'" I said, 'You can if you want to,' and she would not. She would discuss her problems, her suicidal tendencies, without switching personalities. Sybil's mother was a schizophrenic, but there was no sexual abuse. It was not corroborated. I treated her for more than a year and was in contact with Wilbur during that time, and Wilbur never mentioned MPD.

"That came up later," Spiegel continued. "After Sybil had stopped treatment, Schreiber came to see me and asked me to cooperate with her and Wilbur on a book. I agreed

and said I would open my files. Schreiber said as she was leaving the office that she was calling it MPD. I said she's not. She doesn't have the key figure of MPD, spontaneous switching between personalities. These came up during therapy. They were hysterical imitative. What gave it away was her telling me Wilbur requested certain personalities.

"I said I would work with Schreiber if Sybil was diagnosed as a hysteric or as a dissociative disorder. Schreiber [who died in 1988] said that publishing companies wouldn't be able to sell it unless it was MPD. I said that was a hell of a reason for a medical diagnosis. She got mad as hell and left the room in a huff. She wouldn't talk to me after that and neither would Wilbur. Their goal was to do something to capture the imagination of the public. They succeeded."

This did not bother Spiegel too much at the time because the techniques Wilbur used did seem to help Sybil, and she never made a formal accusation against her mother. But now, Spiegel said, naive therapists influenced by *Sybil* are working at what he calls 'memory mills" and diagnosing MPD in patients, producing "phony memories" that patients then take into court. "I addressed some of them at one of their annual meetings, and I was surprised by the dumbness of the questions. They have no training. They believe the literalness of each personality. They know nothing about hypnosis. A therapist can hypnotize suggestive patients without either the therapist or the patient being aware of it."

> "The fact that some of these tales are false does not mean—except to the simpleminded—that *all* are false. The fact that some are true does not mean—except to the simpleminded—that *all* are true. It is a matter for careful workup and a differential diagnostic effort accompanied by scrupulous avoidance both of contaminating suggestions and of the imposition upon the patient's material of trendy ideologies."
>
> Thomas G. Gutheil, M.D.
> Letters, *Psychiatric News*, March 4,1994

Spiegel pointed out that people with dissociative disorders are extremely susceptible to hypnosis. To dissociate is, in fact, to go into a trance, and they go in and out of trances constantly, often without being aware of it. Spiegel said that if suggestive patients like Sybil, whom he considered a hypnotic virtuoso, pick up a premise—are told or infer that there is a Communist plot to take over the media or that they've been sexually abused by their fathers—they can fill in the details on their own. "The details are presented to the therapist as memories, and if the therapist doesn't know what is going on, he or she accepts them as memories."

Hypnotized patients will just as easily accept premises that contradict their core convictions and actual experiences as they will those that reflect them. Spiegel showed me a videotape of an experiment he had conducted in 1967 with NBC correspondent Frank McGee and a highly hypnotizable subject. The subject, who had left-of-center political views, was quickly put into a trance by Spiegel, who then told him in a general way that there was a Communist plot to take over the American media. After coming out of the trance, the subject, without any prompting, quickly revealed the existence of the plot, and then as McGee pushed him for details, began, with total conviction, supplying from his own imagination names of people who were part of the conspiracy and locations where secret meetings had taken place.

"Memories can be vivid under hypnosis," Spiegel said when the tape was over, "but they are not necessarily true."

SOME SUGGESTIONS TO RETRACTORS

John Hochman, M.D.

I've received back issues of *The Retractor* from the FMS Foundation; they've been most helpful in helping me understand the whole problem. I was invited to join the Scientific Advisory Board because of my expertise in cults.

I published the first paper in the psychiatric literature on therapy cults back in 1984. Little has been published since. I gave a workshop on therapy cults at an American Psychiatric Association national meeting in the mid 1980s; three thousand psychiatrists were registered and about nine people showed up, a few because they were my friends. The whole idea of therapy cults has never generated a lot of interest among professionals, but it's certainly of concern to contributors to *The Retractor*—and rightly so.

I came up with my own empirical definition of "cult" because the dictionary definitions just didn't seem to fit today's cults. It uses a concept borrowed from Dostoyevsky's vignette *The Grand Inquisitor*. He talked of how people can be enslaved by the simultaneous influence of "miracle, mystery, and authority." I label a group as a destructive cult if it uses these three modalities. Here's how I think it applies to the FMS problem:

Recovered memory therapy (RMT) is a **miracle** cure. It treats a disease that doesn't exist ("incest survivor syndrome") with an unproven "therapy" that is sustained by the emotional conviction of its practitioners. RMT therapists aren't concerned with verifying the "memories" that their patients are "recovering." One psychologist on the FMS Advisory Board says this is an example of "transcendental therapy" ("We believe its true, so therefore it is true; end of discussion").

Therapists ease patients into RMT by surrounding it in a veil of **mystery**. Patients are not aware from the onset that their "treatment" has the potential to turn their lives upside down, fracturing their families and possibly their personalities. The initial impression many patients seem to have is that they will plug away, recover some memories, and will be "cured." Thus patients entering RMT do so without the opportunity for informed consent. I believe most patients, if they were told up front how their lives would *eventually* be changed by RMT would chose to go elsewhere.

RMT therapists take on enormous *authority* over the lives of their patients that departs from the usual role of psychotherapists. A principal goal of all mainstream psychotherapies is to enable the patient to grow, which can only occur if the therapist allows the patient autonomous decision making. Proper therapists are trained to help patients extend their insight into themselves and their lives, and then to make their own important choices. RMT patients are distracted from the massive influence their therapist is having on their relationship with their families by being made to believe the therapist is helping to "empower" them.

Retractors I've talked to have had very different experiences in their RMT. Some have had RMT complicated by

sexual or economic exploitation by therapists. There seems to be a big push for RMT therapists to turn patients into ideologic clones. All power corrupts, and absolute power corrupts absolutely.

People who leave therapy cults experience lots of distress in a mixture of depression and post traumatic stress disorder: guilt, low self esteem, diminished confidence, rumination about their experiences, and nightmares of their therapy. And of course, it's hard to trust a therapist again, *any* therapists.

Retractors gain benefit by educating themselves about the mechanics of hyper-indoctrination that is variously labeled as "brainwashing," "mind control" or "thought reform." A good start is the granddaddy book on the subject written by psychiatrists Robert Lifton in the 1950's: *Thought Reform and the Psychology of Totalism.* (Recently republished by the U. of No. Carolina Press). Lifton studied victims who were brainwashed when the Communists took over China. Their captors put them under endless pressure to come up with memories to "prove" that *they* were "perpetrators" of capitalist exploitation against the Chinese people. Torture played a part, but I think the key elements were endless journal writing and group pressure to come up with "memories" of prior "crimes." Lifton, a psychiatrist, gives detailed portrayals of victims who were not at all stupid or "neurotic" before their "re-education."

Chapter seven of this book is particularly valuable.

Aside from "book learning", if retractors network with each other, they will probably find their experiences marked by more similarities than differences. Retractors' families need to understand what happened as well, in order to deal with angers, fears, hurts, or guilt-ridden obsessions that their own "neuroses" are to blame. Retractors must gain conviction that they are casualties of incompetent psychotherapy, and not just saps.

Psychotherapy is not "just talk;" if it has enough power to influence people for the good, it can also do harm if misapplied.

John Hochman, M.D. ,a psychiatrist in private practice in Encino, CA, is a member of the FMSF Scientific and Professional Advisory Board.

What Therapists Don't Know May Hurt You!

A Review by Allen Feld

True and False Memories of Childhood Sexual Trauma: Suggestions of Abuse by Michael D. Yapko (271 pages, Simon & Schuster $ 22.00) reads like a conversation with a long-time friend and is a book that can be easily read by the general public. What Dr. Yapko writes is particularly important to therapists and to families who may be caught up in the family situations created by accusations that arise from false memories. The sentence, Abuse happens, but so do false memories. (p.21) captures the simple truth that Yapko seems to want therapists to understand. He approaches the task of trying to create that greater understanding in a variety of ways: he uses his own research to support his concern about misinformed therapists; he provides a concise and current review of the scientific views about memory; he thoroughly discusses the roles that therapists' thinking and the contemporary societal climate play in enhancing suggestibility to and believability of false memories of incest; his use of case examples from his own clinical practice gives further meaning to the concerns he expresses; and he offers concrete suggestions and advise to his readers.

Yapko personalizes his comments and takes responsibility for his beliefs. At times he is very forceful, his comments pointed and his strong convictions and concerns are evident. However, he never appeared to be attacking, demeaning or insensitive to therapists, even when he was most critical of some of their serious shortcomings. This may be due, in part, to his excellent skills as a communicator.

> [P]sychiatrist Lenore Terr testified on behalf of the defense. Among the symptoms that Terr noted as corroboration that Holly had been sexual abuse: Holly's dislike of people with teeth that resembled her father's, her dislike of bananas and pickles—that reminded her of oral sex, and her childhood games that involved destroying a villainous man...It turns out that in the vast world of pop-psych repressed-memory handbooks, almost anything can be a sign of childhood sexual abuse.
>
> Jon Carroll
> Are you nuts or just in denial?
> *San Francisco Chronicle May* 10, 1994

Another important reason why his book appeared to be non-threatening is that it is hard to argue with the facts which he presents. He reports his own research based on two questionnaires which he developed and administered to more than one thousand therapists during 1992. The questionnaires, therapists' responses, and his discussion of the results are important elements in this book. Again, this is presented in non-technical language so that non-professional as well as professional audiences should find these portions of the book equally satisfying. What he reports makes it clear as to why he is so concerned (and perhaps why society should be concerned, too) about the ignorance many therapists display concerning client suggestibility, human memory and hypnosis. While it is uncertain if the results can be generalized to all therapists, it would be foolhardy to ignore his data for that reason. Yapko seems to be holding a mirror up to therapists. One can only hope that what they see are true reflections and what they don't automatically assume is that Yapko is writing about some other therapists. If the suggestions to therapists were followed, it is reasonable to believe there would be fewer shattered lives.

Yapko demonstrates his understanding and concern for victims of abuse and for those harmed by false memories. His first-hand experience as a therapist has given him the vantage point of seeing the pain from both perspectives. He explores the various difficulties which often develop when only one spouse is accused and the experiences of siblings who may have their loyalties tested. Here, and in his discussion of meeting with the therapist of the accusing child, Dr. Yapko seems to be a giver of advice. The suggestions he makes undoubtedly are informed by his clinical experience, value system and perhaps view of the world. Obviously, when it comes to giving advice, others with different expe-

riences, perspectives and values would possibly suggest other ways to handle these situations. At times, it seems like others in a family, already over-burdened with accusations of incest, are asked to take on a helping role in addition to their usual family roles. When a non-accused spouse or a sibling is asked to assume certain additional new responsibilities because of the accusations, e. g. keeping communication open or active neutrality, that role may bring some unintended negative consequences. There may not be enough cautions given to the readers. However, in the context of this book, it is appropriate for him to step forward with his ideas as long as the readers recognize the uniqueness of each situation.

Dr. Michael Yapko's entry into the ever-growing field of literature on false memory can be viewed from the frame of reference of "bad news good news". The "bad news" is that it portrays another example of the sorry state of some therapy; the "good news" is that Yapko, a highly regarded therapist, is joining the growing cadre of clinicians and researchers and who are providing leadership by attempting to correct the injustices being generated by therapist-assisted false memories.

Allen Feld, ACSW, LSW is an Associate Professor at Marywood College, School of Social Work, Scranton, PA. This review was written while he was on sabbatical as a Research Associate with the False Memory Syndrome Foundation.

MEETING WITH YOUR CHILD'S THERAPIST

FMSF Staff

In the April newsletter, Attorney Jim Simons discussed procedures for filing a complaint against an accusing child's therapist. Many parents try to meet with their accusing child's therapist before taking this type of action and some see this step as a first step to resolution.

This month and in future issues, we will discuss some of the options and concerns for parents and siblings to consider before deciding to attend a meeting. These will include developing strategies when you initiate the meeting, when you are invited, when the therapist refuses to meet with you and develop realistic expectations for the outcome of such a meeting. Our information is largely based on insights of families who have shared their experience with us. We invite further comment from families, professionals and retractors who have had experiences (both positive or negative) with such meetings.

"Should I try to see my child's therapist?" Many parents told us that they felt that this is a necessary step for them to take in order to help their child, exonerate themselves, demonstrate that they have nothing to hide, and let therapists see for themselves who they are. The underlying notion seems to be that once the therapist sees the parents and how much they love their child, he or she will realize that they could not possibly be guilty of the accusations. While it may be human nature to "hope for the best," this scenario has not been confirmed by the anecdotes we have collected. In the cases that we have documented, such expectations were not fulfilled. However, if any of you have had a positive experience, please let us know what you have learned. It may be that we do not hear about the cases in which communication was positive.

So, again parents are left with a difficult decision. Here are some things to consider if you have to make that decision. Think about what can be achieved. Consider the best and worst possible outcomes. Ask yourselves, what is the best possible outcome? How likely is it? What outcome is totally unacceptable to you? What are you prepared to do if this happens? Is there anything between the best and the worst outcomes that can lead to progress? Be realistic. Sometimes making the effort to set the record straight may be all you can accomplish. Be aware that you may be setting yourselves up for a disappointment if you believe that you can change your child's mind or the therapist's beliefs in one meeting.

It may be desirable for the parents' therapist and the child's therapist to work out arrangements for the meetings ahead of time, rather than for the parents to negotiate directly with their child's therapist. Communication between the therapists may help to avoid situations in which either party feels victimized. For example, many parents have told us that they went to a meeting in good faith only to find out that the agenda was for them to be re-accused or confronted with a series of allegations; that they were not allowed to respond; and that the meetings were highly structured and controlled. While it is impossible to anticipate every potential scenario, some dialogue between the professionals involved may help to set some reasonable expectations for both parties.

It is important to keep in mind that each person invited to a meeting with a professional is entitled to know the purpose of the meeting or to be involved in setting the agenda when requesting a meeting. If the meeting is structured in such a way that is unacceptable to you, you can exercise your right to leave at any time. Consider finding out ahead of time who is going to attend, what is hoped to be accomplished, the location (some parents have suggested a neutral location), whether it will be taped and who is expected to pay for it. Each party attending is entitled to equal consideration. If one party has his/her therapist, the other should have one too. (Some parents simply showed up with their therapist.) If one party is asking for uninterrupted time to present a point, the other should do the same.

Factor the answers (or refusal to answer) to these questions into your decision to attend a meeting with your child's therapist. For example, if you are told, as one parent was, without explanation, that another person (in addition to their child's therapist) will be there; that you will find out the purpose of the meeting when you arrive, and that you may not bring your therapist along—you may decide not to go. Or you may decide to go with a very different set of expectations. Under these conditions, you may realize that there is little opportunity for change and progress. However, you may still decide to take the opportunity to see your child and to tell her how you feel about her and the situation.

If meeting with your child and his or her therapist is something that you choose to do, be aware that "there are many potential hazards in meeting the therapist involved in your child's memory work, and you need to know what they are if you are to have any hope of handling the interaction well. You should work out ahead of time what you will

say and do (and not say and do) in response to the wide range of things that can happen in such meetings. If you go into such a meeting without a plan, you run the risk of getting blindsided." (Yapko, 1994)

One final note: whether speaking to your child's therapist directly or through your therapist, you may want to consult an attorney before attending a meeting with your child's therapist, just to be sure that you have considered all of the potential legal ramifications of such a meeting.
You may order the Foundation's booklet *Meeting with your child's therapist.*

LEGAL CORNER

If you have questions or concerns to be answered in the Newsletter, please send them to Legal Corner, care of James Simons at FMSF.

Analysis of the Ramona Decision

Jim Simons , J.D., Practicing Attorney
with comments from FMSF Staff

The Ramona case (reported elsewhere in this newsletter) which was recently decided in California is expected to have far-reaching and welcome influence throughout the rest of the country. Of course, this is not because California law is binding on other states—it is not—but because of the power of the legal reasoning which allowed standing to Mr. Ramona to bring his case in the first place. This month's column is the first in a two-part analysis of California law, Ramona, and how developments in California law might affect the larger question of a parent's right to sue a therapist or mental health provider when the plaintiff/parent is not the therapist's patient. The following discussion is also intended to provide some understanding of the kind of problems one might expect to encounter in states where development of the law does not fit the facts of a typical repressed memory case as favorably as does the law in California.

In order for a cause of action for negligence (in general) to be successful, four elements must be present, and the plaintiff has to prove all four in court. If even one element is missing, the case fails. These are: (1) a legal duty of care; (2) a breach of the duty; (3) causation; and (4) resulting injury. As a general rule, the action of negligence is available as a cause of action against professionals as well. The elements are slightly modified to bring in the additional responsibilities of persons who engage in certain types of activities based on specialized training or education. There are also four elements to a professional negligence lawsuit which incorporate specific standard of care into the elements of a negligence claim: (1) the duty of the professional to use such skill, prudence and diligence as other members of his profession commonly possess and exercise; (2) a breach of that duty; (3) a proximate causal connection between the negligent conduct and the resulting injury; and (4) actual loss or damage resulting from the professional's negligence. Budd v. Nixon, (1971) 6 Cal. 3d 195, 200; 98 Cal. Rptr. 849; 491 P.2d, 433).

In either case, breach of the duty may be because of something the professional does or fails to do. Because the licensed professional enjoys a presumption of credibility simply by virtue of his being recognized by the state, the professional must also exercise wisdom and restraint in avoiding the issuing of their opinions (which will always be regarded as "professional" opinions) when they have no reasonable basis for doing so. Such professionals must meet a "standard of care" which is defined by state law.

The sticking point in both general negligence and professional negligence cases is establishing the duty of the defendant/therapist to the plaintiff/parent. Whether a defendant owes a duty of care is a question of law regardless of how egregious the facts of a particular case may be. If the law does not recognize a duty between the defendant and the plaintiff, the plaintiff lacks standing to sue. In many states the existence of duty depends upon the foreseeability of the risk which might occur as a result of the defendant's actions. And upon a weighing of policy considerations for and against imposition of liability. Public policy involves the court's perceptions of what is/is not of benefit to society as a whole. Such considerations are often the reason the courts keep (unpredictabily) changing the guidelines for defining one or more of the elements necessary for the cause of action.

In repressed memory cases, the cause of action alleged is the emotional distress and other injuries suffered by the parent are a result of the alienation of their child brought about by the therapist's treatment of the child. However, the fact that the parent, himself, is not a patient/client of the therapist is all-important in many states. If the therapist simply has no duty to non-patients, the non-patient, no matter his injury, has no standing to sue.

Dillon v. Legg, 68 Cal. 2d 728, 69 Cal. Reptr. 72, 441 P.2d 912 (1968), is a famous case which has now been accepted by or has greatly influenced the law in other states. In Dillon, the California Supreme Court recognized a

> Among the great and enduring achievements of the women's movement has been the dramatic reshaping of social attitudes toward violence against women and children.
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> We now know far more than we did 20 years ago about the extent of child abuse, rape and sexual harassment, and we have declared these acts to be abhorrent. We have developed an impressive array of legal and public-policy remedies to combat them. Police forces now treat rape as a serious crime. Women's shelters offer refuge for the battered, and are funded not only by governments but by civic-minded corporations. Everywhere, workplace behaviour that used to be taken for granted (as part of a woman's lot) is no longer tolerated. When people abuse children who are entrusted to their care, we throw them in jail.
>
> But women and men who rejoice in this progress can only watch in sickened dismay as the quest to root out these evils catches the innocent, too. The price of progress is very high when anyone, anywhere, can hold anyone else hostage before the court of public opinion, so long as the allegations is a sex crime.
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> Margaret Wente
> When good intentions release a malign genie
> *The Glove and Mail*, May 14, 1994

general negligence theory permitting the recovery of damages when the plaintiff had suffered no physical injury in the usual sense, but had as a consequence of observing the injury of a third person through the negligent acts of another, suffered emotional distress sufficiently severe that its physical manifestations were observable. This typical "bystander" victim situation would be a mother witnessing her child's injury by a passing motorist. Reasonable foreseeability that the plaintiff would suffer such emotional distress was a primary factor in determining whether the defendant owed a duty of care to the plaintiff/mother (in addition to that owed to the victim/child).

Dillon was refined in a 1985 case, Ochoa v. Superior Court, 39 Cal. 3d 159, 216 Cal. Rptr. 661, 703 F. 2d 1. In that case, the mother experienced emotional distress upon observing her son's medical needs being ignored by juvenile authorities when she visited him in custody prior to his death. The court rejected the defendant's argument that there must be a sudden and brief occurrence such as an accident in order to allow bystander recovery. Recovery was permitted if the plaintiff observed both the defendant's conduct and the resultant injury and was aware at that time the conduct was causing the injury. The facts of the case permitted the mother to be considered a "bystander" victim.

> To the extent that "reasonable doubt" remains a fundamental criterion in our judicial system, we must worry about convicting or maligning defendants on the sole basis of recovered memories of childhood abuse.
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> Matthew Hugh Erdelyi
> Professor of Psychology
> Brooklyn College, CUNY
> letter to New York Times
> April 22, 1994

In a 1988 case, Molien v. Kaiser Foundation Hospitals, 27 Cal. 3d 916, 167 Cal. Reptr. 831 616 P.2d 813, the California Supreme Court held that a defendant/doctor owed a duty directly to the husband of the patient whom he had misdiagnosed as suffering from a sexually transmitted disease. The doctor had told the wife to inform her husband and to have him come in for examination. The court found that not only was it foreseeable that the husband would suffer emotional distress, but the defendant's conduct actually was directed at the husband as well as the wife patient. The court drew an express distinction between the status of a plaintiff who suffered injury solely from witnessing the infliction of injury on another and the status of the husband as a "direct" victim, thus the origin of the "bystander" versus "direct" victim analysis that is currently applied in California.

One year later in Marlene F. v Affiliated Clinic, Inc., 48 Cal. 3d 583, 257 Cal. Rptr. 98, 770 P.2d 278, the California Supreme Court further revised the third party plaintiff test. Three mothers brought their sons to a clinic to obtain counseling for family emotional problems. All of the sons were assigned to the same therapist, who began treating the mothers as well. Later the mothers learned the therapist had molested each of their sons sexually during the counseling session, causing the mothers great emotional distress. The mothers' complaint alleged that the discovery by the mothers of the therapist's sexual misconduct caused them serious emotional distress, further disrupting that family relationship.

The court held that the counseling was not directed simply at each mother and son as individuals but to both in the context of the family relationship. "In these circumstances, the therapist, as a professional psychologist, clearly knew or should have known in each case that his sexual molestation of the child would directly injure. . . his other patient, the mother, as well as. . . the parent-child relationship that was also under his care. His abuse of the therapeutic relationship and molestation of the boys (thus) breached his duty of care to the mothers as well as to the children."

The court defined the direct victim theory to mean that there must be a duty of care owed to the plaintiff directly. In other words, the therapist's tortious conduct was, by its very nature, "directed at" the mother plaintiffs because he treated the mothers directly, and the very purpose of the therapy was to improve intra-family difficulties.

The court decided that foreseeability of the injury was the threshold element in determining the existence of a duty of care and refined the interpretation of Dillon to exclude the remote and unexpected and to specify the class of potential plaintiffs entitled to recover for the emotional distress occasioned by witnessing the injury of another. In consideration of public policy, the court reasoned that society could not continue to afford the cost associated with allowing damages to be awarded to everyone who fit Dillon's original set of requirements.

The Court also clarified Molien to mean that damages for severe emotional distress are recoverable in a negligence action when they result from the breach of a duty owed the plaintiff that is assumed by the defendant or imposed on the defendant as a matter of law, or that arises out of a relationship between the two. The court found that in Molien the doctor assumed a duty to convey accurate information, and the husband was a "direct" victim of the doctor's negligence (in stating that the wife was suffering from syphilis).

Thing v. La Chuysa, 48 Cal. 3d 644, 771 P.2d B14, 257 Cal. Reptr. 865 (1989) involved an automobile accident in which the child of the plaintiff was injured by the negligent acts of the driver. The mother was nearby but neither saw nor heard the accident. In denying her recovery, the California Supreme Court held that a "bystander" plaintiff may recover damages for emotional distress caused by observing the negligently inflicted injury of a third person "only in strictly limited circumstances: (1) must be closely related to the injury victim; (2) be present at the scene of the injury producing event at the time it occurs. . . and be aware that it is causing injury to the victim; (3) as a result suffer serious emotional distress." The new restriction on the Dillon guidelines did not apply to those plaintiffs who could claim to be "direct" victims of the defendant's negligence.

In Schwartz v. Regents of University of California, 226 Cal. App. 3d 149, 276 Cal. Rptr. 470 (Court of Appeal, Second District, 1990) review denied (by California Supreme Court), a father brought suit against his son's psychotherapist for negligent infliction of emotional distress. The psychotherapist had assisted the mother of the child in removing the son from the country and concealing his whereabouts. The Appellate Court held that the treatment was directed at improving the child's mental health and resolving

his particular problems and was not intended to treat the general dysfunction in the family unit.

The court observed: Even in the absence of the negligence, the treatment of the emotional problems of one family member well may have an adverse effect on the relationship of the patient with one or more other members of the family. . .That a third party thus suffers an adverse consequences (in this case, distancing the child from the parent) does not mean the defendant's conduct is directed at the third party (removing the child was part of the treatment). The court concluded that negligence in the treatment of another is actionable for the resulting serious emotional injury to a closely related plaintiff only when negligent condition is by its very nature directed at plaintiff. The picture is further complicated by Martin by and through Martin v. U.S., 779 F. Supp. 1242 (N.D. Cal. 1991), a case which concerned a mother's claim under the direct victim theory. The suit was against a day care provider for negligent supervision of a child who was abducted and raped. In holding that the mother was not a direct victim, the Federal District Court interpreted California law, and in so doing, the court saw Schwartz as holding that when the negligence is alleged to occur during medical diagnosis, those individuals whose interests are foreseeable and directly affected by communication of a negligent misdiagnosis are given standing to sue as direct victims of the negligence. But when the negligence is alleged to have occurred during medical treatment, only those individuals receiving treatment are given standing to sue, because the "end and aim" of treatment is directed solely to the patient.

> A lot of therapists suffered in the recession. There is a feeling that 'if I have got a client I will hang on to that client.' A good therapist will help a patient understand their past and leave it behind. An unscrupulous therapist never lets you get over your past.
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> The [recovered memory] movement is all about telling the patient you can never grow up and be an independent person because you are fatally flawed. The recovery movement is a marvelous money spinner because no one in the recovery movement ever recovers.
>
> Dr. Dorothy Rowe,Clinical Psychologist in "Therapists accused of misleading patients" by Rosie Waterhouse, *The Independent* June 1, 1994

The court observed that in treatment cases, parents and spouses, although emotionally concerned, are not granted standing to sue as direct victims. The relatives' interest is not united with that of the patient. As the relatives' state of mind is secondary and incidental, the caregiver's conduct is not intended to affect the relatives' interest to any significant extent. California does not permit one family member to sue for injury to another when the negligent conduct is directed solely at the patient under treatment. Martin was affirmed on appeal by the 9th Circuit, 984 F.2d 1033 (9th Cir. 1993), without comment on the District Court's pronouncements regarding diagnosis versus treatment.

While it does not technically fall under the topic of negligence, it should be observed here that the extent of duty under a contract theory remains to be decided by the California Supreme Court. At present, the Schwartz decision that applied the direct victim theory stands. Thus, when negligence is alleged to have occurred during the medical treatment of the child, the defendant's conduct is directed solely at the child/patient, the intended beneficiary of the contract, and not at the parent who enters into the contract solely as a surrogate for the minor child. In sum, the simple existence of contract between a parent and a medical caregiver to provide medical treatment for a child is not in itself sufficient to impose on the caregiver a duty of care owed to the parent.

In 1992, the California Supreme Court heard a case which concerned a mother's claims for negligent infliction of emotional distress arising form injury to her child during delivery. Burgess v. Superior Court, 2 Cal., 4th 1064, 9 Cal Rptr. 2d 615, 831 P.2d 1197 (1992). The Court held that the mother was a "direct" victim under the facts of the case. In discussing the State of California law regarding "bystander" versus "direct" victim theory, the court held that bystander liability arises in the context of physical injury or emotional distress caused by the negligent conduct of a defendant with whom the plaintiff had no preexisting relationship and to whom the defendant had not previously assumed a duty of care beyond that owed to the public in general. 831 P.2d at 1200. In contrast, the "direct" victim label arose to distinguish cases in which damages for serious emotional distress are sought as a result of a breach of duty owed the plaintiff that is "assumed by the defendant or imposed on the defendant as a matter of law or that arises out of a relationship between the two." (citing to Marlene F.)

Part Two of this discussion will examine the issue of standing as it was resolved in the Ramona case and what effect those decisions may have in states where the law is not so favorable to third party standing..

Father settles for $2.5 million in rape case

Mark Sauer, John Wilkens, Jim Okerblom
San Diego Union Tribune, May 26, 1994

Jim Wade, former Navy man who was declared innocent after genetic tests proved he was not the rapist of his child settled part of his suit against therapists, government and hospitals. When this is added to other settlements in this case, the total settlement is $3.7 million. This case featured in the San Diego Grand Jury Report

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Some current articles of interest:

Gondolf, "I believed my family abused me," *Woman's World* (May)

Gross, "Who's telling the truth," *Ladies Home Journal* (June)

Holmes, "Evidence for Repression," *Harvard Mental Health Letter*. (June)

Reich, "Monster in the Mists," *New York Times Book Review*, May 15

Ross, " Blame in on the devil," *Redbook* (June)

Goodyear-Smith, *First Do No Harm*, (from New Zealand. Author is family doctor who helped establish procedures for medical examinations of rape and sexual abuse victims. This book is available through FMSF. $16.00

Miscoding is Seen as the Root of False Memories

By Daniel Goleman

In a scientific nod to the frailty of memory, neurologists and cognitive scientists are coming to a consensus on the mental mechanisms that can foster false memories.

The leading candidate is "source amnesia," the inability to recall the origin of the memory of a given event. Once the source of a memory is forgotten, scientists say, people can confuse an event that was only imagined or suggested with a true one. The result is a memory that though false, carries the feeling of authenticity.

This has been an epic month for false memory. Three new books have been published that investigate the phenomenon and its mirror opposite, repressed memory. In mid-May, a California court awarded $500,000 to the father of a woman who had accused him of sexual abuse after supposedly recovering memories of childhood incidents during therapy. The plaintiff, Gary Ramona, had asked for $8 million in damages against his daughter's therapists and the medical center where they worked.

Earlier in the month new scientific agreement on the most likely neurological and cognitive bases of false memory emerged during a conference on the issue at Harvard Medical School.

Part of the fragility of memory is due to the way the mind encodes a memory, distributing aspects of the experience over far-flung parts of the brain, various researchers said at the meeting. The brain stores the memory of each sense in different parts of the neocortex—sound in the auditory cortex, sight in the visual cortex, and so on, reports at the meeting pointed out. Another part of the brain, the limbic system, has the job of binding these dispersed parts of the memory together as a single experience.

One of the more frail parts of a memory is its source—the time, place, or way the memory originated. Based on careful observations of neurological patients to see which mental operations are harmed by damage to different parts of the brain, the frontal lobes seem to be the main site of source memory, according to a report at the Harvard meeting by Dr. Morris Moscovitch, a neuropsychologist at the University of Toronto.

Patients with damage to specific zones of the frontal lobes are prone to confabulate, concocting stories to make sense of the shards of memory they retrieve, and are unable to evaluate the reasonableness of their fabrications. "The confabulator picks out a bit or piece of an actual memory, but confuses its true context and draws on other bits of experience to construct a story that makes sense of it," said Dr. Daniel Schacter, a Harvard psychologist and another organizer of the meeting.

Such a plausible scientific explanation has been missing until now in the debates about false memory. The conclusions of scientists at the meeting call into question the methods not only of many therapists who specialize in helping patients retrieve memories of childhood sexual abuse but also those commonly used by officials investigating such charges. Scientists say these methods can inadvertently plant a false memory, and are based on naive or distorted assumptions about how memory works.

"The lay expectation is that whatever we remember should be true, but memory does not work like a video camera," said Dr. Marsel Mesulam, head of the neurology department of Beth Israel Hospital at Harvard Medical School, and one of those who convened the meeting. "From the point of view of neuroscience, every memory is a fragile reconstruction of what the nervous system actually witnessed."

For example, one of Dr. Moscovitch's patients with frontal lobe damage said he had been married for just four months, although he had actually been married nearly four decades. When confronted with the discrepancy, he explained it away by saying he had been married twice—a confabulation that arose to make sense of the initial mistaken memory.

"Source memory defects—retrieving the content without knowing its origin—are a major cause of distorted memory," said Dr. Schacter, "with some people confusing whether they heard about, imagined or had something happen to them."

Source amnesia is common, and usually benign, as when one recognizes a face but has no idea where one has seen the person before — the memory for the face is retained, but not the memory for the time and place the face was first seen.

Context Quickest to Fade

This kind of forgetfulness is a natural result of the constant reshuffling and gradual decay of memories in the brain. "What we witness is encoded over neurons that were involved in remembering things we witnessed earlier, and later ones will be encoded over the new one," said Dr. Mesulam. "There are no fresh neurons, like a clean diskette. There's a constant remolding of memory in the brain as older memories are redistributed by newer ones."

Gradually, aspects of a memory are degraded by the normal wear and tear of brain functions. "As time goes on, pieces of the memory may not bind together so well, though most of the individual pieces themselves are alive and well in memory," Dr.Mesulam said.

This means the source of a memory may fade even as the rest of the memory can be retrieved, said Dr. Stephen Ceci, a psychologist at Cornell University. In his presentation at the Harvard meeting, Dr. Ceci cited the experimental work of Dr. Charles Brainerd at the University of Arizona, which shows that "the context—the time and place—in which you acquire a memory is the quickest part of the memory to decay and the easiest to interfere with."

Another reason for confusion in memory, said Dr. Schacter, is that all memories are subject to contamination by leakage from related bits of information. In recalling a memory, for example, people typically make inferences about what may have happened to fill in gaps, and can then confuse the sources, melding what they inferred with the actual memory. In addition, Dr. Schacter warned, "just because a memory is vivid does not mean it is more accurate."

Part of the new scientific evidence for the vulnerability of memory to suggestion comes from studies in which false memories are implanted through experimental manipulations.

Children Particularly Susceptible

Many of these studies have involved young children, who are particularly susceptible to false memories. At the Harvard meeting, Dr. Ceci reported a series of recent experiments, none of which have yet been published, showing the surprising ease with which children can become convinced that something they only imagined or was suggested to them really happened.

In an earlier study involving 96 preschool children reported last year, Dr. Ceci showed that with repeated questioning about events that had never occurred, many children gradually came to believe that the events had happened. The false memories were so elaborate and detailed that psychologists who specialize in interviewing children about abuse were unable to determine which memories were true, Dr. Ceci said.

At the Harvard meting, Dr. Ceci reported on five more studies with a total of 574 preschool children, all of which confirm his earlier results. After 10 weeks, 58 percent of the children in those studies had made up a false account for at least one fictitious event repeatedly suggested to them, and a quarter of them had concocted false stories for most of the phony events. Three of the studies are scheduled for publication next year, one in The Journal of Child Development.

"Each time you encourage a person to create a mental image, it becomes more familiar," said Dr.Ceci. "Finally they see the imagined image as an actual memory, with the same feel of authenticity. In our studies there are about a quarter of the children we can't talk out of the fact the memory we implanted was real, even though we explain their parents helped us concoct the false memory."

Frontal Lobe Factor

Commenting on Dr.Ceci's findings, Dr. Moscovitch said, "Young children may be led into concocting memories so easily because their frontal lobes are immature. Until age 7 or 8, children respond to neurological tests like adults with frontal lobe damage."

Source amnesia is also frequent in the elderly whose frontal lobes have deteriorated. "There is some anatomical evidence that in aging the frontal lobes deteriorate faster than other brain regions," said Dr. Schacter. In an article published earlier this year in The Journal of Psychology and Aging, Dr. Schacter reported that failures of source memory in the elderly seem to be associated with decline in their frontal lobe function.

But adults whose brains presumably are intact can also be led to believe in memories of fictitious events. Dr. Elizabeth Loftus, a psychologist at the University of Washington, reported at the Harvard meeting on the final results of a study in which false memories about childhood events were created in 24 men and women ages 18 to 63.

Dr. Loftus reported that the parents of volunteers in the experiment cooperated to produce a list of events that had supposedly taken place in the volunteer's early life; three were true and one, a description of the person becoming lost on a shopping trip, was fictitious.

"I vaguely remember walking around K-Mart crying" one volunteer said when asked about the fictitious event. "I thought I was lost forever. I went to the shoe department, because we always spent a lot of time there. I went to the handkerchief place because we were there last. I circled all over the store it seemed 10 times. I just remember walking around crying."

Such false memories incorporate "elements of the truth," said Dr. Loftus, "but there is a confusion about the source in their minds."

To be sure, most adults do not so readily concoct false memories in response to suggestion. "About 10 percent of adults will come up with a specific elaborated memory from childhood, and another 15 percent or so will say they feel a vague sense of certainty that it occurred if you keep asking them about it" said Dr. Loftus. But she also found that about 75 percent of those studied did not manufacture false memories in this experimental situation, despite the implicit pressure to produce one.

But that can change under conditions that foster an openness to suggestion. "Some therapists unabashedly recommend 'suggestion' as a means of pursuing memories," said Dr. Loftus. "Yet decades of memory research has shown these are surefire ways to implant false memories."

Mixing Imagination With Memory

Dr. Ceci said: "Our study asking children each week about a supposed memory is an analog of the therapist who asks you to think back to a time when you felt uncomfortable in your childhood, and says 'focus on some image that floats to mind,' and not to worry if you're mixing imagination with different episodes of memory. They say you can sort all that out later, but that's a naive view of memory. Once they're mingled, it's very hard to separate their source."

Psychotherapy patients who undergo methods like hypnosis, which heighten suggestibility, can easily become "honest liars," convincing themselves of the truth of a false memory, said Dr. David Spiegel, a psychiatrist at Stanford University, in a report at the Harvard meeting. In a 1983 study, for example, 27 people were told while hypnotized that as they slept the night before they had been awakened by the sound of a car backfiring; when questioned a week after the hypnotic session, 13 reported having heard the backfiring on that night. Six of those in the study were so convinced they had heard the fictitious backfiring that they persisted in the false belief even after experimenters explained to them how the memory had originated.

"Under hypnosis people can experience themselves as retrieving a memory when in fact they are creating it, and also develop an inflated conviction that the fabricated recollection is accurate," Dr. Spiegel said.

This conviction of truth becomes stronger the more intensely people work at retrieving details of the event. "It's a real concern about using hypnosis to retrieve memories," said Dr. Spiegel. "It inflates your confidence in your accuracy more than it improves your accuracy. You don't need hypnosis to get the same effect—a therapist pressing a highly suggestible patient to try to remember could do the same."

Given the scientific evidence for the frailty of memory, "the miracle is that anything we remember is true," said Dr. Mesulam, "not that there is distortion."

FROM OUR READERS

Thanks

I contacted your organization back in February not knowing that my family was coming to the end of its long ordeal with False Memory Syndrome. I'm sorry I didn't do it when I first heard of it more than a year ago. The contents of that small envelope gave me the most relief I'd felt in three years. I passed it along to other family members who felt the same. Then in March my sister recanted. My father said the only time he had felt a similar relief was during the war. He was on Lete Island in the Philippines with a field hospital. They endured five weeks of air bombardment with no air cover. He kept repeating "the siege is lifted." The analogy is fitting. For although there is enormous relief when it's over, the damage is extensive and some is irreparable.

A Sister

After the Return

My daughter and I are doing better. At least she talks to me when I call her, although it would be nice if she would call me now and then. Last summer I asked her to join me in therapy with a therapist of my choice and at my expense. She agreed "for my mother's sake." As a result, we are talking but the rules are that we can no talk about her therapy. It is easier for me to comply with her wishes as I understand more about what has happened and I don't feel so much the need to defend myself. This understanding has also helped me let go of my anger towards her. It's getting better. We've had a few nice get-togethers. I believe that time is on my side and will take care of the rest and that my best course of action is just to be the loving mother I've always been. Hopefully in time, she'll decide to tell me what this was all about and we'll be able to have an honest and open discussion and everything I've learned about bad therapy.

A Mom

The child looked at him in dismay. She'd heard of repressed memory. All the kids were talking about it, and some were already repressing tons of memories so they would have some good ones to retrieve later when midlife crisis sent them into therapy.

Granddaddy," she asked, "are you retrieving repressed memories about the old days?"

Russell Baker" Waiting for a Purpose"
The New York Times, April 23, 1994

Memorial Day

This is a tribute to my mother "M" and to all of the widows who live with the accusations of a once-loving child brought against a father who dies soon after the confrontation. History will long mark this cruel and selfish behavior that some label "therapy." My sister came to believe that the persistent unexplainable chronic depression she experienced was due to traumatic repressed childhood memories. Being an honest and straightforward person, she felt that bringing this to the attention of the supposed perpetrator would be the appropriate way to alleviate the debilitating depression.

"To commemorate my father's passing in 1991, I send this letter. I wish to honor him, to clear his name and to restore his reputation. My family has love and respect for the memory of my father.

A Daughter

A Call

I was at work yesterday morning, a day I'll never forget. The phone rang. The voice on the other end said "Mom." I recognized my daughter's voice immediately. She said, "Mom, I've missed you and I love you." I told her missed her and loved her also. We were both crying.

She told me about my year old grandson whom I have never seen. She's sending pictures and is doing fine. No mention of our lost three years.

I have no idea what prompted her to call and it really doesn't matter. I'm ecstatic. I will take one day at a time. For the first time in three years I feel there is hope.

I wanted to share my good news."

A Mom

Questions

"My daughter was married recently. Her brothers and I were invited. She was warm, friendly. I like my new son-in-law very much. But the past five years of estrangement were not mentioned. i am bewildered. She seems genuinely happy and I don't want to interfere with that. She lives close to 1,000 miles from me so a yearly visit is about all I can expect. Should I do anything to resolve the long estrangement? Does she need to talk about it? Do I pretend nothing happened? How do other families deal with such questions?"

A Mom

Mother's Day

Thanks to FMSF, I've made a few new friends—accused parents. They continually insist that my retraction and the experience I suffered prior to my return to honesty, has helped them immensely. And I, in turn, have the same gratitude toward them.

Each day I do something for my Mother and my two older brothers. They were the accused, the victims. Two recent events, I'd like to share with you. For my mother's 80th birthday, I arranged and paid for my brothers' transportations to my home as a surprise. It's been nearly 20 years that we all were together, under the same roof, joking, laughing, hugging, sharing and talking, just like we've always done. And for this Mother's Day, I had enlarged four different pictures of our family that were taken at my mother's 80th birthday. I had them framed as one and shipped to my mom. I can just see her aglow. How I wish my local FMS friends get the opportunity someday soon to hug their own daughters the way they share and hug me.

I am so grateful to you and your staff and your supporters. I hope by sharing my past and present experiences, sons and daughters will return to honest and mend broken hearts.

From a mother of three - ages 11, 9, and 3 1/2 years. Have a day full of joy - Happy Mother's Day.

A Retractor

PERSONAL

Anyone who has been involved in Reevaluation counseling, please call Paul (203) 458-9173

FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS WORKING TOGETHER

CSICOP

Committee for the Scientific Investigation of Claims of the Paranormal
The Psychology of Belief
June 23-26, 1994
Seattle, WA
Carl Sagan, Robert Baker, Richard Ofshe, Elizabeth Loftus, Stephen Ceci

UNITED STATES

Call person listed for meeting time & location.
key: (MO) = monthly; (bi-MO) = bi-monthly

ARKANSAS - AREA CODE 501
LITTLE ROCK
Al & Lela 363-4368

CALIFORNIA
CENTRAL COAST
Carole (805) 967-8058

NORTH COUNTY ESCONDIDO
Joe & Marlene (619)745-5518

ORANGE COUNTY
Chris & Alan (714) 733-2925
1st Sunday (MO) - 10:00 am
Jerry & Eileen (714) 494-9704
3rd Sunday (MO) - 6:00 pm

RANCHO CUCAMONGA GROUP
Marilyn (909) 985-7980
1st Monday, (MO) - 7:30 pm

SACRAMENTO/CENTRAL VALLEY
Charles & Mary Kay (916) 961-8257

SAN FRANCISCO & BAY AREA - BI-MONTHLY
EAST BAY AREA
Judy (510) 254-2605
SAN FRANCISCO & NORTH BAY
Gideon (415) 389-0254
Charles (415) 984-8626 (day); 435-9618 (eve)
SOUTH BAY AREA
Jack & Pat (408) 425-1430
Last Saturday, (Bi-MO)

BURBANK (formerly VALENCIA)
Jane & Mark (805) 947-4376
4th Saturday (MO)10:00 am
WEST ORANGE COUNTY
Carole (310) 596-8048
2nd Saturday (MO)

COLORADO
DENVER
Ruth (303) 757-3622
4th Saturday, (MO)1:00 pm

CONNECTICUT - AREA CODE 203
NEW HAVEN AREA
George 243-2740

FLORIDA
DADE-BROWARD AREA
Madeline (305) 966-4FMS
DELRAY BEACH PRT
Esther (407) 364-8290
2nd & 4th Thursday [MO] 1:00 pm

ILLINOIS
CHICAGO METRO AREA (South of the Eisenhower)
Roger (708) 366-3717
2nd Sunday [MO] 2:00 pm

INDIANA
INDIANAPOLIS AREA (150 mile radius)
Gene (317) 861-4720 or 861-5832
Helen (219) 753-2779
Nickie (317) 471-0922 (phone & fax)

IOWA
DES MOINES
Betty/Gayle (515) 270-6976

KANSAS
KANSAS CITY
Pat (913) 236-2447 or Jan (816) 276-8964
2nd Sunday (MO)

KENTUCKY
LEXINGTON
Dixie (606) 356-9309
LOUISVILLE
Bob (502) 957-2378
Last Sunday (MO) 2:00 pm

MAINE - AREA CODE 207
FREEPORT
Wally 865-4044
3rd Sunday (MO)

MARYLAND
ELLICOT CITY AREA
Margie (410) 750-8694

MASSACHUSETTS / NEW ENGLAND
CHELMSFORD
Jean (508) 250-1055

MICHIGAN
GRAND RAPIDS AREA - JENISON
Catharine (616) 383-1354
2nd Monday (MO)

MINNESOTA
ST. PAUL
Terry & Collette (507) 642-3630

MISSOURI
ST. LOUIS AREA
Mae (314) 837-1976 & Karen (314) 432-8789
3rd Wednesday [MO]

NEW JERSEY (So.) - See **PENNSYLVANIA** (WAYNE)

OHIO
CINCINNATI
Bob (513) 541-5272

OKLAHOMA - AREA CODE 405
OKLAHOMA CITY
Len 364-4063 Dee 942-0531
HJ 755-3816 Rosemary 439-2459

PENNSYLVANIA
HARRISBURG AREA
Paul & Betty (707) 761-3364
PITTSBURGH
Rick & Renee (412) 563-5616
WAYNE (includes So. Jersey)
Jim & Joanne (610) 783-0396

TEXAS
CENTRAL TEXAS
Nancy & Jim (512) 478-8395

TEXAS (continued)
DALLAS/FT. WORTH
2-DAY TEXAS FMS SEMINAR - AUG 26 & 27
Lee & Jean (214) 279-0250
HOUSTON
Jo or Beverly (713) 464-8970

VERMONT & UPSTATE NEW YORK
BURLINGTON
Elaine (518) 399-5749
Monday, July 11, 1994, 7:00 pm

VIRGINIA, WEST VIRGINIA, WASHINGTON DC
CHARLOTTESVILLE - AREA MEETING
Nina (703) 342-4760
Maryanne (703) 869-3226
Saturday, July 9, 1994, 1:00-8:00 pm

WASHINGTON, DC - See **VIRGINIA**

WEST VIRGINIA - See **VIRGINIA**

WISCONSIN
Katie & Leo (414) 476-0285

CANADA

BRITISH COLUMBIA
VANCOUVER & MAINLAND
Ruth (604) 925-1539
Last Saturday (MO) 1:00-4:00 pm
VICTORIA & VANCOUVER ISLAND
John (604) 721-3219
3rd Tuesday (MO) 7:30 pm

MANITOBA
WINNIPEG
Joan (204) 257-9444
1st Sunday (MO)

ONTARIO
OTTAWA
Eileen (613) 592-4714
TORONTO
Pat (416) 445-1995

AUSTRALIA

Ken & June, P O Box 383, Unley, SA 5061

NEW ZEALAND

Dr. Goodyear-Smith
tel 0-9-415-8095
fax 0-9-415-8471

UNITED KINGDOM

The British False Memory Society
Roger Scotford (0) 225-868682

* * *

Attention - New meeting notice deadline: Notices must be received by the 10th of the month **two months prior** to the scheduled meeting as follows:

Deadline:	Issue:
July 10	September
August 10	October
September 10	November/December

Standing meetings will continue to be listed unless notified otherwise by state contact or group leader.

For information about local newsletters--formerly listed on this page--call state contact or group leader.

Do you have access to **e-mail**? Send a message to
pjf@cis.upenn.edu
if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

FAMILY SURVEY UPDATE

We recently included a short "survey update" in the newsletter. We have coded 492 replies and found:

Who is accused?	#	percent
Mother	199	40%
Father	420	85%
Sibs	44	9%
Grandparents	57	12%
other	64	13%

Does the accusation include Satanic ritual abuse? 81 respondents did not know. Of the rest, 17% report this is included in accusation.

Does the diagnosis include any of the following?

	Yes	No	Don't know
MPD	80	112	243
Schizophrenia	11	153	247
Epilepsy	11	186	213
Depression	198	39	215
Eating Disorder	94	97	232
PTSD	66	81	278
Bipolar	18	90	283

THANK YOU if you have already returned the survey update. For those who forgot, we have included another form in this newsletter. Please return this survey even if there has been no change in the status in your family.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1994 subscription rates: USA: 1 year $20, Student $10; Canada: 1 year $25; (in U.S. dollars); Foreign: 1 year $35. Single issue price: $3

FMS Foundation
3401 Market Street, Suite 130 Philadelphia, PA 19104-3315
Phone 215-387-1865
ISSN # 1069-0484

MEMORY AND REALITY: RECONCILIATION
Scientific, Clinical and Legal Issues of FMS

HOTEL ACCOMMODATIONS

Stouffer Harborplace Hotel
202 East Pratt Street
Baltimore, Maryland 21202
(410) 547-1200
(410) 539-5780 FAX
$115 Single/Double plus 12% Tax

Accommodations have been reserved at Stouffer Harborplace Hotel, the meeting site, for the convenience of our registrants. Stouffer's, a four star, four-diamond, full-service luxury hotel, is part of the impressive waterfront complex of Harborplace. It is directly accessible to The Gallery, a four-story atrium of distinctive shops and eateries, and is steps away from the many exciting attractions of Baltimore's Inner Harbor. Check-in time is 3:00 PM. Convenient on-site parking is available ($8.00 daily).

Stouffer is easily accessible from routes I-83, I-395 and US 40. It is approximately ten minutes from Pennsylvania Station (Amtrak) and 30 minutes from Baltimore-Washington International Airport.

Make your reservations DIRECTLY WITH THE HOTEL. Specify that you are attending the False Memory Syndrome meeting to receive the special room rate of $115.00 single/double. After November 15, 1994, reservations will be accepted only on a space-available basis.

TRAVEL ARRANGEMENTS

UNIGLOBE Travel, Inc. can assist you in making your travel arrangements. They may be reached at (800) 353-2121.

As the official airline for this seminar, USAIR offers registrants five percent (5%) off applicable first class and lowest applicable published fares, as well as ten percent (10%) off applicable unrestricted coach fares with seven days' advance reservations and ticketing, for standard round trip within the United States/Bahamas/Canada/Puerto Rico. You or Your travel agent may call USAir's Convention Sales office at (800) 334-8644 (from Canada, call (800) 428-4322, ext 7719) to obtain the lowest possible fare. Refer to GOLD FILE NUMBER 16850459.

BALTIMORE INFORMATION

If you are interested in receiving information from the BALTIMORE AREA VISITORS CENTER YOU CAN CALL 1-800-282-6632 and they will send you a complete packet which contains many interesting brochures including maps, visitor guides etc. If you are in the Baltimore area you can call 410-837-7100 direct.

MEMORY AND REALITY: RECONCILIATION
Scientific, Clinical and Legal Issues of FMS

TENTATIVE SCHEDULE

Thursday December 8 Registration 6-8 PM

Friday December 9

8:00 Registration
9:00 Opening Remarks
9:15 Panel 1 Overview of Phenomenon -
10:45 Break
11:00 Panel 2 Scientific Issues - Dissociation/Repression
12:30 Lunch - on your own
2:00 Panel 3 Scientific Issues -
Imagination, Suggestibility and Narrative
3:30 Break
3:45 Panel 4 Clinical issues - Standard of Care
5:15 Break
5:30 Informal Discussion Groups/ Posters
6:30 Dinner - on your own

Saturday December 10

8:00 Registration
9:00 Panel Clinical issues -
Family Reconciliation, Primary Victims
10:30 Break
10:45 Panel Legal Overview, What is Credible Evidence?
12:15 Lunch - on your own
1:45 Invited Address
3:15 Break
3:30 Panel Legal Issues: Guilty v not Guilty -
Rights of Individuals, Patients, Families
5:00 Break
5:15 Informal Discussion Groups/ Posters
6:30 Dinner - on your own

Sunday December 11

9:00 Panel Right v wrong - Beyond a Reasonable Doubt.
Rights of Society
10:30 Break
10:45 Panel Educational Issues
12:15 Closing comments

SPEAKERS WILL INCLUDE:
Terence Campbell, Ph.D.; Pamela Freyd, Ph.D.; George, Ganaway, M.D.; Allen Gold, Barrister, ;Richard Green, M.D., J.D.; David Halperin, M.D.,;John Hochman, M.D.; David Holmes, Ph.D.; Harold Lief, M.D.; Elizabeth Loftus, Ph.D.; Paul McHugh, M.D.; Stephen Lindsay, Ph.D.; Harold Merskey, M.D.; Steven Moen, Esq.; Douglas Mould, Ph.D.; Richard Ofshe, Ph.D.; Loren Pankratz, Ph.D.; Campbell Perry, Ph.D.; August Piper, Jr. M.D.; Harrison Pope, M.D.; Paul Simpson, Ph.D.; Searcy Simpson, Esq.; Ralph Slovenko, J.D., Ph.D.; Donald Spence, Ph.D.; Jeffrey S. Victor, Ph.D.; Hollida Wakefield, M.A.; Louis Jolyon West, M.D.

Memory and Reality: Reconciliation
Scientific, Clinical and Legal Issues of False Memory Syndrome

December 9, 10 & 11, 1994
Stouffer Harborplace Hotel, Baltimore, Maryland

REGISTRATION FORM

Please print or type

first name _____ middle initial _____ last name/degree _____

social security number* _____ specialty _____ (____) area code/daytime telephone _____

mailing address _____

city _____ state _____ zip + 4 code _____

*for our office records, please Fax # if available _____

Please, circle your selection in the REGISTRATION FEE SCHEDULE below and mail to: Office of Continuing Medical Education, Johns Hopkins Medical Institutions, Turner 20, 720 Rutland Avenue, Baltimore, Maryland 21205-2195. Include check payable to **Hopkins/False Memory.**

or

Fax to (410) 955-0807

For Credit Card Registration

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as it appears on card; please print

Signature _____ Date _____

REGISTRATION FEE SCHEDULE

	ADVANCE *(Postmarked October 1)*	ON-SITE	ONE DAY	
FMS Foundation Members				
Professionals	$300	$350	$200	$_____
Family (limit two persons per family)	$125	$175	$90	$_____
Each additional family member	$80	$90	$50	$_____
Nonmembers				
Professionals	$400	$450	$250	$_____
Family (limit two persons per family)	$275	$325	$150	$_____
Student* or additional family members (*send photocopy of student ID)	$100	$110	$60	$_____
			TOTAL	$_____

Please note the savings in the fee schedule for members of the FMS Foundation as compared with nonmembers. Become a member today and pay members' fees. A membership form is enclosed for your convenience. Make sure you mail your membership dues only to the FMS Foundation, 3401 Market Street, Philadelphia, PA 19104. Mail program registration form and fees to the address listed above. Registration fee does not include meals or accomodations.

Space limited. Register early.

FMS Foundation
3401 Market Street - suite 130
Philadelphia, PA 19104-3315

TIME DATED MATERIAL