FMS Foundation Newsletter

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October 1, 1994

Dear Friends,

"We look forward to the day, to be announced at a later date, when we all storm the national headquarters of the False Memory Syndrome Foundation."

Silent No Longer

This quote from Silent No Longer was in the September issue of *Sojourner: The Forum for Women* in an article about a disruption of a talk on False Memory Syndrome given by an FMSF Advisory Board member in the Boston area last June. Following is our reply.

Silent No Longer
Cambridge Women's Center
955 Massachusetts Avenue #262
Cambridge, MA 02139

Dear Members of Silent No Longer:

There is no need to "storm" the headquarters of the False Memory Syndrome Foundation. You are cordially invited to visit our small offices to discuss issues that are of concern to you. Just give us a call and we'll set a mutually convenient time.

We are enclosing some information from the FMS Foundation because the comments attributed to you in *Sojourner: The Women's Forum*, September 1994 indicate a gap between what the Foundation has said and what you think the Foundation has said. Enclosed you will find a statement from the American Medical Association that notes, "The use of recovered memories is fraught with problems of potential misapplication," "You Must Remember This: How the brain forms 'false memories'," *Newsweek* September 26, 1994, p 68-69, and an invitation to attend the "Memory and Reality: Reconciliation" conference cosponsored by Johns Hopkins Medical Institutions and the FMS Foundation. We hope that concerned people can work together to become part of the solution to the issues of false memories.

The *Sojourner* article noted that Silent No Longer tried to disrupt a June 21 forum organized by the Brandeis National Women's Committee. Such action separates those who have similar concerns about incest. Comments shouted such as "Stop the violence, stop the lies, incest memories are not lies," fail to recognize that the FMS Foundation has consistently expressed concern about incest and all forms of child abuse, the problem of the widespread nature of abuse and its devastating consequences. The FMS Foundation has said that there is also a parallel problem of false accusations which if not checked will undermine efforts to help children. To talk of "storming" the FMSF headquarters, an organization that from its inception has been open to visitors, brings into question your understanding of the term "violence" and your goals.

We hope to see you in Philadelphia or at the conference in Baltimore on December 9 - 11.

Sincerely,
Executive Director

Inside

Comments such as those from Silent No Longer are the exception. More common are comments that the issues raised by the FMS Foundation will be helpful in improving the mental health field. Professionals, even critics, have commented that FMSF has brought much self-reflection to the field and a much greater awareness about the fallibility of memory. Indeed, it is remarkable that on most points of memory and most points of practice, there is agreement.

One issue on which there is agreement is that the public should be able to expect that therapy is "safe and effective." What is not clear is how "safe and effective" are to be measured and interpreted. Some professionals tell us that this is a very complicated issue and that there is no way to measure the effectiveness of talk-therapies (as opposed to drug therapies). Others tell us that while it is not simple to measure a therapy technique because of all the variables, it can and has been done. A study of effective new psychotherapies and the training of psychologists in these therapies was conducted by Division 12 of the American Psychological Association and adopted in October 1993. Although there have been previous studies, this study is important because it examined research after 1980, the year of publication of the *DSM-III* which represented a major advance in the reliable categorization of clinical disorders. (The *DSM* is the *Diagnostic and Statistical Manual* of the American Psychiatric Association.) The information contained in this study will be important in formulating a solution to the FMS problem.

The list of empirically validated treatments printed on page two is short considering that there are many recognized mental health therapies. In ordinary medicine, practicing discredited or unvalidated treatments is considered quackery. Untested methods must be labeled as "experimental" and used only with a patient's consent. In the past few months, families and professionals have been sending us copies of consent forms, mostly in relation to the use of hypnosis.

But research has shown that therapy (in general) is effective. How can this be — if there are so few "treatments" that have been validated?

International Conference
Memory and Reality: Reconciliation
CoSponsored by The False Memory Syndrome Foundation
and The Johns Hopkins Medical Institutions
Baltimore, MD December 9, 10, 11 1994
Registration in order of application receipt.

Become part of the solution to the False Memory problem.

Examples of Empirically Validated Treatments

American Psychological Association

from a report of the Task Force on Promotion and Dissemination of Psychological Procedures, Dianne L. Chambless, Chair. Adopted, October 1993, by The Division 12 Board of Directors, David Barlow, President

"...constituted to consider methods for educating clinical psychologists, third party payers, and the public about effective psychotherapies."

Well Established Treatments
Citation for Efficacy Evidence

- Beck's cognitive therapy for depression— *Dobson (1989)*
- Behavior modification for developmentally disabled individuals —*Matson & Taras (1989)*
- Behavior modification for enuresis and encopresis — *Kupfersmid (1989); Wright & Walker (1978)*
- Behavior therapy for headache and for irritable bowel syndrome — *Blanchard et al. (1987) (1980)*
- Behavior therapy for female orgasmic dysfunction and male erectile dysfunction — *LoPiccolo & Stock (1986)* ; *Auerbach & Kilmann (1977)*
- Behavioral marital therapy— *Azrin, Bersalel et al (1980)* ; *Jacobson & Follette (1985)*
- Cognitive behavior therapy for chronic pain— *Keefe et al. (1992)*
- Cognitive behavior therapy for panic disorder with and without agoraphobia —*Barlow et al (1989); Clark et al. (in press)*
- Cognitive behavior therapy for generalized anxiety disorder— *Butler et al (1991); Borkovec et al. (1987) Chambless & Gillis (1993)*
- Exposure treatment for phobias (agoraphobia, social phobia, simple phobia) and PTSD —*Mattick et al. (1990); Trull et al. (1988); Foa et al. (1991)*
- Exposure and response prevention for obsessive-compulsive disorder —*Marks & O'Sullivan (1988); Steketee et al. (1982)*
- Family education programs for schizophrenia — *Hogarty et al. (1986); Falloon et al. (1985)*
- Group cognitive behavioral therapy for social phobia —*Heimberg et al. (1990); Mattick & Peters (1988)*
- Interpersonal therapy for bulimia — *Fairburn et al. (1993); Wilfley et al. (1993)*
- Klerman and Weissman's interpersonal therapy for depression —*DiMascio et al. (1979); Elkin et al. (1989)*
- Parent training programs for children with oppositional behavior —*Wells & Egan (1988); Walter & Gilmore (1973)*
- Systematic desensitization for simple phobia —*Kazdin & Wilcoxin (1976)*
- Token economy programs —*Liberman (1972)*

Probably Efficacious Treatments
Citation for Efficacy Evidence

- Applied relaxation for panic disorder— *Ost (1988); Ost & Westling (1991)*
- Brief psychodynamic therapies —*Piper et al (1990); Shefler & Dasberg (1989); Thompson et al. (1987); Winston et al. (1991); Woody et al. (1990)*
- Behavior modification for sex offenders— *Marshall et al. (1991)*
- Dialectical behavior therapy for borderline personality disorder—*Linehan et al. (1991)*
- Emotionally focused couples therapy — *Johnson & Greenberg (1985)*
- Habit reversal and control techniques —*Azrin, Nunn & Frantz (1980; Azrin, Nunn & Frantz-Renshaw (1980)*
- Lewinsohn's psychoeducational treatment for depression — *Lewinsohn et al. (1989)*

(To obtain a copy of the full report, contact Judy Wilson, Division 12 Central Office, P.O. Box 22727, Oklahoma City, OK 73123-1727.)

There is another way to look at "safe and effective" therapy. As reported in *House of Cards: Psychology and Psychotherapy Built on Myth* (1994) by Robyn Dawes, efforts to find a correlation between therapeutic technique and effectiveness of therapy have failed time after time. The only thing that has been shown to have any bearing is the "rapport" between therapist and patient and that bears only on the patient's evaluation of the therapy. These findings are solid if disconcerting. They don't seem to fit with our expectations of the consequences of education and experience with skill or success. Yet the research has been consistent in this finding. It is "rapport" that is the determining factor when therapists are the variable that is examined.

It is reasonable to assume that where rapport is developed, influence is created. Indeed, this has been documented. The belief systems of the therapist do greatly influence what the patient comes to believe.

> It is instructive in this connection to examine the material obtained from hysterical and suggestible patients, suffering from exactly the same symptoms, when they are interviewed or abreacted by psychiatrists of different schools of thought. Given a psychiatrist who is interested in birth trauma, or in faulty parental attitudes, most hysterical and suggestible patients will finally produce many examples of disturbing parental attitudes, and may even remember in startling detail some supposed highly traumatic birth experience. But given another psychiatrist who is interested in quite different matters, such as whether or not the patient is mother-fixated, or has been sexually assaulted by the father, the hysterical patient, because of his state of greatly increased suggestibility, will produce a quite different set of memories which fit the psychiatrist's explanation of the symptoms. (p. 56)
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> *The Mind Possessed* by William Sargant,1974

Therapy can help people. That is not in dispute. At the same time, any tool or technique that is powerful enough to help is also powerful enough to harm. Since, with the exceptions listed by the Division 12 report, it doesn't matter what new techniques a therapist uses, why would some therapists cling to techniques that carry with them the high potential to do harm? In this newsletter we have reprinted two sets of guidelines for professionals to follow when "recovering memories" seems to be an appropriate part of therapy. We are deeply appreciative to Thomas F. Nagy, Ph.D. and Peter B. Bloom, M.D., who have moved the field forward through their personal efforts and concern for good therapy. As we read these sets of guidelines that seem to go far in providing needed safeguards, we wondered if therapy that includes memory recovery will reach the point when there are meetings of lawyers before therapy begins. "Why bother?" we can't help but ask. "Why bother" with a technique that has never been shown to do much good when it carries with it such a high risk of doing damage? How do professionals weigh the potential risk with the potential benefit? If the therapy has never been shown to be of any benefit and the risks are so great that lawyers need to be consulted and legal documents drawn up, why bother doing it? Indeed, there may be compelling reasons. If so, the reasons need to be explained to the public. This is a question we ask professionals to consider.

Pamela

Update on Facilitated Communication

At APA's annual meeting the governing board unanimously approved a statement saying that "facilitated communication" was an unproven technique whose effectiveness had not been demonstrated in repeated scientific studies" Brian A. Gladue, senior scientist for APA said the group had found the scientific data to be overwhelmingly against claims that FC could help disabled people communicate independently.

Chronicle of Higher Education
September 7, 1994

Repressed Memories Guidelines & Direction

By Thomas F. Nagy, Ph.D.

Permission to reprint has been granted by The National Psychologist, 8100 Channingway Blvd., Ste 303, Columbus, OH 43232. Dr. Nagy's guidelines were among several articles on repressed memory that appeared in the July/August 1994 issue of The National Psychologist, a bimonthly newspaper for psychology practitioners with a circulation of 25,000.

There are several ways in which a therapist might contaminate or otherwise degrade the validity of patients' memories. Formal interventions, such as hypnosis, guided imagery, dream analysis, interpretation of somatic sensations, or the elaboration of memory fragments or "flashbacks," are some of the means commonly used by therapists in gathering data on early life experiences.

After learning of this "information," therapists are then free to use it in therapy in any way they please. This generally runs the gamut between accepting it as historically accurate and rejecting it as utterly false retrospective reconstruction, depending upon the therapist's sophistication and experience level in working with clients with dissociative disorders or post traumatic stress disorder, delayed onset.

An indirect way in which a therapist may influence the process as well as the client's beliefs about memory is the holding of a general attitude which consistently reinforces the notion that early abuse is pervasive, and can be determined with certainty regardless of the paucity of evidence. A therapist who constantly is on the lookout for minimal cues which, to him or her, must denote childhood physical or sexual abuse, certainly communicates this to clients, both explicitly and implicitly.

Furthermore, frequently a power differential exists, within certain therapy dyads, which is of profound importance in influencing the course of treatment, for better or for worse. In these dyads, it is the unusual patient indeed who would feel sufficiently secure to challenge the therapist's views on the veridicality of memory as regards to early life experiences. The convictions of the psychologist then be-

come the engine of therapy, driving it to a locale which might otherwise never be visited by the patient.

For those therapists working with individuals who may have repressed memories, or those who encounter traumatic material in the course of treatment, there are some important guidelines to consider before embarking upon this potentially rocky road. Indeed, since it is unknown at the outset which patient will uncover memories or have flashbacks during treatment, it might be wise to seriously consider for every patient the following guidelines which follow, or to adapt them as appropriate to the circumstance and diagnosis. It may also be wise to consult an attorney knowledgeable in these areas for the purpose of reviewing one's procedures in working with this difficult treatment population.

1. Always provide thorough informed consent before beginning therapy, considering the following in your discussion of treatment:

• Provide a general indication of how therapy will proceed.

• Describe how any specialized techniques for memory retrieval, such as hypnosis or guided imagery, will be integrated into therapy.

• Describe how such specialized techniques can contribute to therapy as adjuncts, but that they do not constitute the whole of therapy.

• Explain both potential benefits and risks of engaging in such specialized techniques.

• Consult the APA Ethics Code, with a focus on Standards 4.01 (Structuring the Relationship) and 4.02 (Informed Consent to Therapy).

2. Document your professional activities with all clients by keeping accurate records of ongoing psychotherapy.

• Use signed consent forms or contracts if appropriate; consult an attorney about risks and benefits of such a practice.

• Consult APA's "Record Keeping Guidelines" for a current and comprehensive outline of what to include in your case notes (cf. American Psychologist, September 1993, pp 984).

3. Be competent in your use of specialized techniques, such as hypnosis, guided imagery, or dream analysis, to name a few. Enter these potentially intense areas with caution and thoroughness, through a formal course of study, and consultation and supervision with experienced health care professionals. Continue to upgrade your skills by attending workshops, reading journals, joining a peer supervisory group, and in other ways.

• Consult the APA Ethics Code with particular emphasis on Standards 1.04 Boundaries of Competence and 1.05 (Basis for Scientific and Professional Judgments).

4. Make no assumptions about the historical accuracy of hypnotic or non-hypnotic recall. Also, do not imply that hypnotically experienced "events" necessarily happened. Remember — your personal convictions about the validity of emerging "memories" are highly contagious to many patients — and are communicated directly or indirectly in a variety of ways.

• Refrain from using the words "memories" or "facts" when referring to material which may emerge in treatment.

It might be wiser to use such concepts as impressions, hypnotic experiences, sensations, etc., which allow the patient to retain the dignity of his or her private experiences, without elevating their status to that of "evidence" or "historic fact."

5. Never attempt an uncovering technique for the first time without taking a careful history and employing your usual and customary methods of gathering information, including psychological testing, as appropriate. In spite of any felt pressure from the patient to explore the past, therapists should not compromise their standards concerning this important phase of treatment.

• Use or develop your own standardized history forms if possible.

• The decision to utilize a specialized technique, such as hypnosis, should be informed by the therapist's wisdom and competence, not by the patient's wishes.

6. It is wise to have an explanatory interview in which the phenomenon of hypnosis or other specialized intervention is thoroughly explored. In this discussion, be sure to include the salient aspects of the intervention. And, as with every professional contact, document these discussions thoroughly in your case notes; better still — audiotape or videotape this part of the work.

• Use printed handouts, given out early in treatment, which explain the technique to be used, when possible.

• Address the patient's preconceptions, questions, and fears about the technique to be used.

• Include information about the potential usefulness of material which emerges — that it can be very helpful to the therapy process. Also some statement about its limitations — that experiences in hypnosis are not necessarily historically accurate for everyone.

• Inform patients about the risks of using abreactive techniques or interventions where material may surface which may be distressing.

• Discuss the intended agenda of the exploratory session about to take place, at least in a general way.

7. When conducting an exploratory session it is wise to audiotape or videotape. This may provide a good documentation against claims of implanting memories in patients. It is also important to document each session in your case notes.

8. Use a consent form for a specialized technique, carefully drawn up, which includes the essence of the topics discussed. Consult with an attorney or senior psychologist familiar with these matters, in preparing this form.

• Consent forms can be a double-edged sword, promising services or results which, in reality, could not be guaranteed. Such language could increase one's vulnerability to an ethics complaint or lawsuit. Be cautious in wording all consent forms.

9. Always allow time for a thorough debriefing, following the exploratory session. Continue to audiotape or videotape this for a permanent record.

• Discuss the patient's thoughts and feelings about the sessions, as appropriate.

• Explore the patient's beliefs about the historical accuracy of the session.

• Process the emerging material in any way appropri-

ate, consistent with your theoretical base and the patient's needs.

• Inquire about any unpleasant or uncomfortable sensations or experiences, which had not yet been reported by the patient.

• Provide reminders that hypnotic events do not always reflect literal reality, but are very useful as metaphors or clues to explore new directions in therapy.

10. In general, remember that APA Code of Ethics is an important resource in providing standards of conduct. Furthermore, in many parts of the country it is referenced by the state statutes, which carry the force of law.

• Be familiar with The Ethical Principles of Psychologists and code of conduct and focus especially on those standards which have a bearing on these important issues.

• Take occasional workshops and upgrade your skills continuously in these clinical and ethical matters.

homas F. Nagy served on and chaired the Ethics Code Revision Task Force for three years, and served on the Revision Comments SubCommittee for three more years. He is affiliated with the Stanford University School of Medicine, is in independent practice, and provides consultation in matters of ethics and professional conduct.

Clinical Guidelines in Using Hypnosis in Uncovering Memories of Sexual Abuse: A Master Class Commentary

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Reprinted from the July, 1994 International Journal of Clinical and Experimental Hypnosis.
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CASE BACKGROUND

"Joan" wanted to recover these apparently forgotten memories in the belief she could better control brief dissociative episodes occurring during her normal and loving sexual relations with her husband. She had previously spent years in intense psychoanalytic psychotherapy and yet had a persistent frightening sense of an inner emptiness that was interfering with her life. She felt such uncovering of past memories might free her to express appropriate anger and assertiveness in her professional work. She initially stated that she wanted to keep whatever was uncovered in the office as part of her therapy, unless she became convinced that true abuse had occurred. If so, she wanted him to pay and stated she would never talk to him again.

INTRODUCTION

Every clinician using hypnosis is asked on occasion to facilitate recall of past memories of trauma including sexual abuse. The response to these requests by therapist and patient may profoundly shape the recalled memory itself and how it is subsequently used.

DISCUSSION

I will present 13 clinical guidelines[Guidelines 2,3,4,5,6 and 7 are from Yapko, M. (1993, September/October).] that I believe are useful in deciding how to meet these requests, guidelines that first remind us to do no harm, and second may help us to safely enhance the personal growth of our patients/clients.

Guideline 1: Primum non nocere.

Clinicians sometimes walk a mine field when they work with repressed memory patients. The basic tenet of all medical or psychological therapy is "first, do no harm." Further discussion, notwithstanding, this guideline is the most important.

Guideline 2: "No therapist should ever, either directly or indirectly, suggest abuse outside of a specific therapeutic context— certainly not to a client who is on the phone making a first appointment!" (Yapko, 1993, p. 36).

This unfortunate practice of jumping to conclusions before we have gathered any corroborating evidence could be reduced if we all began our intakes in an orderly fashion with a full history and mental status exam.

Guideline 3: "A therapist must not jump quickly to the conclusion that abuse occurred simply because it is plausible" (Yapko, 1993, p. 36).

It is always hard to discern what is true. However, by either agreeing or disagreeing with our patients' perceptions, our resulting certainty removes further opportunity for the patient to grapple with what may have really happened and what meaning it has in his or her life.

Guideline 4: "A therapist should never simply assume that a client who cannot remember much from childhood is repressing traumatic memories or is in denial" (Yapko, 1993, p. 36).

We have all wondered why some patients do not remember and it is easy to assume they are repressing something. There is no evidence that all lack of memory for the past indicates abuse. Some people just cannot remember.

Guideline 5: Remember "a client is more vulnerable to suggestion and the untoward influence of leading questions when therapy begins to delve into painful life situations from the past, particularly from childhood" (Yapko, 1993, p. 36).

Postulated abuse is a simple explanation for complex complaints. Maintaining an open mind as emotional intensity increases during meaningful psychotherapy is much harder. Impulsively accepting that current problems might be completely understood by past abuses stops the process of personal growth in its tracks. Projection of blame and responsibility on to others unfortunately occurs. I know of no instance where revenge and blame promotes personal wisdom. I do know of wasted years of therapy in pursuit of revenge — either personal or legal.

Guideline 6: "Therapists...should be cautions about suggesting that clients cut off communication with their families" (Yapko, 1993, p. 37).

This needless tragedy occurs not only in those patients suffering from false memories, but in those with documented true memories of abuse.

Guideline 7: "Therapists should reconsider the 'no pain, no gain' philosophy of treatment" (Yapko, 1993, p. 37).

Yapko (1993) questions the "common belief that every gory detail of abuse must be remembered and worked through before the client can begin to get better" (p.37).

The "operation was a success, but the patient died" is black humor applicable to the as yet unproven notion that the more knowledge of a trauma the more healing can occur.

Guideline 8: The context of therapy is as important as the content.

For example, demonstrations of personal therapy have no place in adult educational workshops (Bloom, 1993). In addition, while many clinicians sometimes argue successfully that anything that can be done with hypnosis can be done without hypnosis, the context of hypnosis often affects the resultant psychotherapy because of the special expectations it creates.

Guideline 9: Tolerate ambiguity.

The most difficult task we clinicians face is the ability to maintain our objectivity in the face of intense emotional outpourings during psychotherapy with or without hypnosis. We are trained to accept our patients' perception of events and believe that such support can be soothing and healing. However, there is nothing in our training that gives us confidence in accepting as true the stories our patients tell us. We always need corroborating evidence.

Sincerity, conviction, and intense emotional arousal when telling a story are not prima facie evidence of truth, nor are such attitudes any more true when elicited under sodium amytal or medical hypnosis.

Guideline 10: Respect the current science of memory.

Many scientists including Hilgard, Orne, Bowers, Crawford, Pettinati, and Perry advise clinicians with the results of their research on hypnosis and on memory.

If we keep in mind throughout all our work that memory is not contained in accurate repressed packets of truth, then we can approach the uncovering of such "truth" with the proper caution.

Guideline 11: Maintain responsibility for making the diagnosis and choosing the treatment.

As licensed professionals, it is our first task to take a full history, to perform a mental status examination, and to formulate our own diagnosis and treatment plan. It is important to avoid solely responding to a patient who said, "I am disturbed by unrecovered memories of early sexual abuse and I want hypnosis to help me recover these memories so I can get on with my life." To accept such a patient on those terms is to abrogate one's responsibility as a clinician. Any chance for directing subsequent therapy may be lost from the outset.

Guideline 12: Pursue alternative diagnoses to account for the symptoms.

While the patient "Joan" described above needs to be met where she is and in a worldview that is compatible with hers, treatment does not have to follow her initial suggestions in order to be both safe and successful.

Guideline 13: Historical and narrative truth: Understand the difference.

Donald Spence (1982) has suggested how to safely use what patients say in the service of therapy. He calls such truths "narrative" truth. Such narrative truths can become organizing principles for self-understanding that can lead to growth. Whether narrative truth consists of metaphors or myths, corroborating evidence is unnecessary as long as the information is not used outside the office to accuse or harm other people.

Should such hypnosis, however, provide clues to events long forgotten, and search of medical records from the past supports severe abuse and trauma, then it is on this objective evidence, and not the hypnotic refreshed memories, that further action can ensue..

Clinicians might wish to say something like this to their patients:

> There is no guarantee that what you experience in hypnosis actually happened. Sometimes hypnotic recollections have no more to do with historical events than do dreams. Automatically accepting the events of a hypnotic reverie as directly representing historical fact would be as unfortunate as accepting the events of a dream as literal representations of past ever. Much as with a dream, what you experience in hypnosis can undoubtedly be exceedingly important, but that does not mean that it is accurate.

COMMENT: THE ROLE OF INSIGHT: MAINTAINING CHANGE VERSUS CREATING CHANGE

I want to suggest an idea (Bloom, 1994) that I believe is at the core of the clinical problem in uncovering repressed memories. One of the basic tenets in psychotherapy is that a patient's insight is a prerequisite for change and growth. I do not believe this is true. I do believe that insight is relatively unimportant in creating and promoting change but is far more important in maintaining change once such change has occurred.

I believe the crux of the dilemma in these special patients who get caught in the morass of repressed memory therapy is the unquestioned belief that intellectual and emotional insight is a first requisite for change. There are simply other ways to promote therapeutic change (Bloom, 1990).

SUMMARY

These clinical guidelines are suggested to enhance the safe practice of the psychotherapy of increasing numbers of patients seeking help in uncovering memories of sexual abuse. However, it is ultimately the clinician's own judgment with each patient/client that determines the best path to follow. When therapeutic impasse occurs, consideration of these guidelines will, it is hoped, be beneficial to both therapist and patient.

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NOTICE
Newletter Rate Increase
Effective November 1, 1994
USA 1 year $30. Student $10; Canada 1 year $35; (in US dollars); Foreign 1 year $40; Foreign student $20.

IS IT WORTH THE RISK?

J. Alexander Bodkin, M.D.
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A recent piece in the *New York Times* raises some very important issues ("When It All Comes Back" by Dr. Hopperwasser, June 8, 1994). The writer argued that therapist have been intimidated by recent media and legal attention to the "false memory syndrome," which she dismissed as supported by little research and no professional consensus. She is concerned that this may discourage psychotherapists from helping patients recall early trauma, and thus harm their treatment.

It must be pointed out that each of countless schools of insight-oriented psychotherapy propounds its own theory to account for psychopathology. Freud invoked the Oedipus Complex, Jung the Archetypes and the Animus and the Anima, John Bradshaw the Inner Child; the list goes on and on. A recent school, growing in part out of the work of Jeffrey Masson, asserts that much psychopathology is attributable to repressed memories of violent abuse, especially of a sexual character, in childhood. Adherents of this school pursue the reconstruction of supposedly "repressed" or "dissociated" memories of this abuse, which is claimed to be a necessary step toward mental health. This is often referred to as recovered memory therapy.

It has been shown by empirical research that the effectiveness of insight-oriented psychotherapies is independent of the theories upon which they are based. It is the personal attributes of the therapist rather than the veracity of factual assertions made in the context of psychotherapy that are important to the success of treatment. That neither the underlying theory nor the veracity of assertions made in psychotherapy bear on its effectiveness places an enormous personal responsibility on the psychotherapist. The therapist would be well-advised to heed the Hippocratic injunction, "first do no harm," to patients or to anyone else, in the choice of therapeutic techniques. Third parties are almost certain to be harmed by the accusations of improper behavior brought against them which are inherent in "recovered memory" psychotherapy. Some convictions in courts of law have been based on such allegations, unsupported or even contradicted by other evidence, and numerous civil suits have been successfully pursued with no evidence other than recovered memories.

On June 30th of this year, a prominent New England lawyer, J. Doe, (named changed) was convicted of sexually molesting the daughter of his former girl friend thirteen and eleven years ago, when she was six and eight years old. The plaintiff had had no memory of these alleged events until her psychotherapist induced their recall after many months of counseling.

Mr. Doe had an extended relationship with a woman who had a young daughter. He developed a paternal relationship with the daughter which persisted for a number of years after he had broken up with her mother; eventually the two drifted apart. Subsequently the girl developed a severe mental illness which was diagnosed as bipolar disorder; treatment with appropriate medications gave good results, and she entered psychotherapy to help her adjust to the social stigma of having a major mental illness. The idea that Doe might have molested her came from her mother, who asked her own psychotherapist to communicate her suspicion to her daughter's therapist. At first the patient protested that no such thing had happened and that her mother had been pushing that idea for some time. However, the therapist searched tenaciously for hints of early abuse, and after 6 months of weekly sessions the patient began to provide the requisite fragmentary, confused "memories" (called "flashbacks") and vivid nightmares. This was in the context of the onset of a depressive episode, which eventuated in two hospitalizations for bipolar depression. During the second hospitalization she had a public "flashback," and combined with the input of her psychotherapist, this led to the conviction that sexual abuse must have occurred 11 years before. The psychotherapist duly reported the alleged incidents to the authorities, and Doe was arrested and tried. At his trial no evidence other than recovered memories was presented in support of his having molested the plaintiff, and the details of this were inconsistent with substantiated facts. The jury disregarded much contrary evidence as insignificant in the face of recovered memory, and Doe was convicted on all counts of sexual abuse. As of this writing he awaits sentencing, but the judge has intimated that a minimum of 40 years can be expected.

Meanwhile the plaintiff's mother has consulted several lawyers about pursuing a civil suit.

It is certainly correct, as the writer of the article noted, that for many patients, recovered memory therapy is of tremendous value. But as she admited, it is impossible to ascertain whether memories recovered in therapy accurately portray past events. The case of Mr. Doe vividly illustrates that recovered memory therapy has unique and potentially devastating consequences for third parties that other (equally efficacious) psychological treatments lack. Thus it must be questioned whether the risk of harm inherent in recovered memory therapy is ever warranted.

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To speed the arrival of newsletters, please ask your postmaster for your
ZIP+4 code.
Send it ASAP along with your name and address clearly marked on a postcard to FMSF, Attn: Nick.
We must hear from everyone for this effort to work!

FROM OUR READERS

MAKE A DIFFERENCE

This is a new column that will let you know what people are doing to challenge the FMS madness. Remember three years ago FMSF didn't exist. A group of 50 or so people found each other and today we are over 13,000. Together we have made a difference. How did this happen? Each month we will report on activities of members.

• In Ohio families held a garage sale to raise money for FMSF.

• In Wisconsin families have been writing letters to the organizers of the Child Sexual Abuse and Incest conference which is held at the University of Wisconsin. Recall that last year, this conference closed all the book vendors rather than allow FMSF material. Because state and federal money is used for this conference, parents felt that the presentations on repressed memory should be balanced. Families will attend this conference.

• In Toronto, families attend all the conferences that are related to FMS.

• In Washington, family and friends of Paul Ingram have started a letter writing campaign to have the governor review Paul's case. (Larry Wright wrote about Paul in *Remembering Satan.*)

• In many states such as Illinois, Texas and Minnesota, people have organized their own groups to address issues that they believe are important.

• In California families have made an effort to see that bookstores and libraries carry *Confabulations*, *True Stories of False Memories*, and the many new books that have just been published.

• In Texas, Florida, Massachusetts, New York, Ohio, Michigan, Arizona, Pennsylvania, Virginia and other states, families have organized seminars in which they have invited lawyers, therapists, law enforcement, politicians, educators and other to speak to them about solving the FMS problem. For details, contact the organizers of meetings listed in the Meeting section of this newsletter.

• In Illinois, retractors have joined a state task force to improve mental health.

• In Seattle, families have continued their picketing efforts.

You <u>can</u> make a difference. Please send me any ideas you have had that were or might be successful so that we can tell others. Write to Katie Spanuello, c/o FMSF.

p.s. The FMSF office requests that people continue to send relevant clippings because this is the only way the Foundation knows about what is happening across the country. Please include the publication, the date and the page number.

REMEMBER
to send us your
ZIP + 4 code

An Open Letter to FMSF Parents

I received a copy of the September newsletter yesterday. In the letters section on pages 14-15 there is a letter from a Dad who is angry at his daughter for accusing him of abusing her. He seems unsure whether he is justified in feeling anger towards her, instead of feeling anger at her psychiatrist. I would like to comment on this letter, and speak about retracting in general, from my point of view.

First of all I do sympathize with this gentleman's anger at his daughter. I have been wondering why more parents of retractors and so called survivors are not angry. It has to be horrible to face accusations of this sort. I am a person who is in the process of retracting her story. I have not yet reached any absolute conclusion about the events in my life. It has only been in the last several months that I have been willing to look hard at False Memory Syndrome and how it may apply to me.

I did not set out intentionally to hurt anyone, including my parents. I have had problems with mental illness since my early teens. I was diagnosed with schizophrenia when I was twenty years old. I spent about five years in the mental health system being treated like a chronically mentally ill person. I was prescribed anti-psychotic medication that eventually led to early signs of tardive dyskinesa. This was a desperate fearful time in my life, and I began searching for an alternative answer. I had a case manager who wanted to be a therapist with me. She began probing, and slowly but surely, I began coming up with vague memories of sexual abuse. As this progressed more memories came, and my diagnosis was changed to Multiple Personality Disorder. This was a relief to me because it meant that I could be cured if I worked in therapy, whereas schizophrenia was more hopeless.

I continued to work with this therapist for four years. The memories grew more complicated, gruesome, and detailed. My life also continued to get worse at this time. I read all the right books, including *The Courage to Heal.* I spent most of my time alternating between numb denial of what I was doing and hysterical panic. At one point I was hospitalized for three months in a Dissociative Disorders unit to receive more intensive treatment. It was then that the subject of ritual abuse came up. I resisted this idea as long as I could, but was under a great deal of pressure to accept it. I am sad to say that eventually I caved in and began to come up with ritual abuse memories, as well as cult alters. This was not a conscious process on my part. I didn't wake up one day and decide suddenly that I had been abused in a cult. It was gradual and directly related to subtle and not so subtle pressure from the staff in this unit and other patients. I was led to believe that I would not be released if I remained "in denial" about my abuse. I am not proud of it, but I capitulated, and gave them what they wanted.

My therapist at home was untrained in dynamic psychotherapy. She viewed me as a fascinating and interesting client. In fact, I was her only client. I was flattered by her attention, and this probably led me to attempt to please her. Pleasing her involved coming up with still more memories of abuse, and working hard in therapy and <u>never</u> doubting her abilities. At some point she grew tired of my dependency, and abruptly terminated therapy. I was devastated at the

time, but it was actually a blessing in disguise.

I have been in therapy for two years with a woman who makes no effort to decide what my issues are or lead me in any particular direction. A few months ago I read the book *True Stories of False Memories*, and was very moved by the stories in it. I felt a stirring of recognition. I opened up my mind at that point and came to realize that not only had I been duped, but that I had actively participated in it.

Right now my heart goes out to all innocent persons who have been falsely accused of abuse of any type. I understand why they would be angry, and I think they have a right to their anger. Therapists and treatment centers are responsible for part of this epidemic of "repressed memories," but ultimately each individual must make their own choices. I take full responsibility for the accusations I have made. I have had to struggle daily with my sense of guilt and remorse. It is not an easy process-retracting things you were so sure of at some point. I fervently wish all this had never happened, but since it did, I am now seeking to repair the damage. I never accused my parents directly of abusing me, but they were aware of my MPD diagnosis and my hospitalization. I can't make it up to them without causing them pain because if I tell them I made false accusations, then they will want to know what those accusations were in the first place. It is a dilemma.

I am truly sorry I allowed myself to be led so easily, and will not allow it to happen again. I am sorry that sexual abuse exists, and I am sorry that people are falsely accused of it. The FMS Foundation is right. False accusations detract from the real needs of sexual abuse victims. I hope that some of this damage can ultimately be repaired.

Amy P.

RARE BIRD

As that "Rare Bird", an accused mother and a longtime psychotherapist (Clinical social Work) in private practice, I've spent the last three years since being accused, trying to educate myself and my colleagues about all the aspects of this archetypal phenomenon. It's complex and the more I know and the deeper I go into the research, often the less I understand. I do think the answers, based on deeper understandings, are there for us to discover and/or create—and, we've a way to go before we arrive at coherent answers that satisfactorily fit all the data that replicable, sound research can provide.

In print, both for some obvious necessities and personal reasons, I must remain anonymous. Professionally, I find I can talk with my colleagues by referring to this phenomenon having happened in my own "extended family." I've worked often behind the scenes trying to get relevant information to those who most need it. Often, I've felt so torn, juggling both hats. Knowing both sides intimately, my ongoing challenge has been to keep integrating what often appears so polarized.

I had a visceral, negative reaction to the newly and frequently appearing use of the term RMT (Recovered Memory Therapy) in the July FMSF Newsletter. I understand the natural desire on FMSF's part to assign blame to one particular type of therapy by one certain type of therapist. However, in truth, except perhaps for small, fringe enclaves of folks, mostly poorly trained and/or credentialed, there is no such submodality in the field as "Recovered Memory Therapy." With few exceptions, all therapists work, at least occasionally to recover memories. Your use of the term "RMT" implies that there is a definitive "body" of therapy that stands part and can be differentiated from other kinds of therapy. This is an incorrect assumption and my fear is that continuing to use it will just further anger and polarize therapists—and we need their ears, their understanding and their help—speaking now as an appreciative FMSF Member.

There are many threads that will need to be woven into whole cloth understandings. And in that process, some dysfunctional, misguided, self-serving threads need to be pulled. We therapists have all made mistakes. Scientific validation never has and probably never will precede clinical practice to anybody's satisfaction. But when we get the research or begin to get the anecdotal accounts (such as FMSF has) we need to rethink, adjust and change our methods so we can continue to "do no harm." These issues affect us all and have implications for all therapists. surely, Michael Yapko's recent research results reported in his book, Suggestions of Abuse affirm this. Thus, I also think coining the term RMT would relieve the rest of the "good" therapists from responsibility to examine and change their thinking and methods accordingly. The idea that we can point fingers and accuse or blame as a way of solving these problems will not solve anything but will intensify everything. This approach is enticing and scary. The way out of this mess is by understanding, openness, education and cooperation. Finding the uniting things among such diverse basic belief systems, then building from there, with tolerance, dialogue and goodwill. As professionals, we are learning the hard way. As parents, we have been cruelly caught in the web of this phenomenon. It is important that we not give credence to a therapy that doesn't exist and thus legitimize that small fringe I referred to earlier. "It" is a mainstream problem. I hope FMSF keeps it that way since it is to this organization's credit that it is just now being recognized as exactly that.

I was at the April, '93 FMSF Conference. I was pained at the prevailing "Anti-therapist" attitudes, although there were exceptions. I was personally attacked on two different occasions by other parents at lunch when I acknowledged that I, at times, used hypnosis and guided imagery with my panic disordered clients with much success. (And yes, I am well trained in both modalities). I understood the raw anger and need to place blame because I initially felt the same way about my daughter's therapist. However, it is time to moderate and move beyond the easy route of "finding the bad guy/gal" to common ground. Unfortunately, many of our families, including mine, may not survive intact, this third witch-hunt of the century.

Repressed memory questions go to the heart of our cherished beliefs as therapists. It never got resolved the first time around (Freud and colleagues)—and it just went underground. Now, partly due to the information highway and global village nature of the historical time we find ourselves in, we've got another crack at it. I pray we get it right this time so it need never happen again. We all need to remem-

ber that if "we don't understand (and remember) the past, we are doomed to repeat it" is true at the personal level all the way up to the international level. How we do that—now, that's the rub.

I suggest that you rethink the term RMT as a well-intentioned error. Instead, perhaps you could find something descriptive that cuts across all the modalities of therapy and is also inclusive of other possibilities such as Media induced memories," "Twelve step writing group" memories, peer suggestion, etc. I'll start off the brain storming process with my contribution—S/EMR—acronym for Suggested /Enhanced Memory Recovery.

I made grape jelly today. I noticed that the pot, as it was cooking, contained murky "goo"—especially just after being stirred. But, after straining, patience and cooling time, this particular batch has great clarity. I wish the same for all of us, parents and therapists alike.

A Professional and A Mom

ANGRY

"Although I was never estranged from my daughter, it was no less traumatic. I am a teacher and she threatened to go to my school board unless I went for "help" as I was "sick" Of course I was "in denial" and only professional help would "save" me. The pressure was overwhelming. I contacted a psychologist who is a supposed expert in dealing with sexual abuse and that is when the nightmare became even worse.

I never had any memory of abusing my daughter but after 20 minutes with the psychologist, he stated I definitely had abused her. When I said I had no memories, he stated I was "in denial." I had to join a sexual offenders group where he claimed I would be helped. He said he was the only one who could help me and my not having any memories was Denial. This was the most horrible experience of my life. After every group session I felt worse. I started thinking and even planning my suicide. I told him this but he did not seem concerned. His concern was that I should become closer to the Group and they would help me.

"I am a veteran and was in the army shortly after the Korean War. In the service at this time they were very concerned about the P.O.W's that had been "brainwashed." As a consequence, we received many hours of instruction on how this was done. Brainwashing is exactly what went on in this group. All of the elements were there—extreme pressure to be part of the group, confession of our transgressions, even having one member of the group accuse me of being insincere at one meeting only to apologize and ask my forgiveness at the next meeting. Constant encouragement to become friendly with the group as they would "help" me. Only the group could help me, but they could only help me if I would "remember the terrible things I did." Then things would be better. It is difficult to describe to you the tremendous pressure. I can see it now that I am out of this group but it was difficult to see at the time.

"Knowing if I continued with this, I would not survive as my feelings about suicide increased. I went to another therapist. It saved my life as it got me out of the group. Shortly after this I received information from FMSF, read articles and for the first time in three years, my experience made some sense.

My daughter changed psychiatrists. Two months ago she called me and told me it was all a mistake. The memories had only been vague and those things never happened. It was a wonderful day. We have never spoken of this again. I think this will probably be characteristic of retractors. It was a horrible experience and I think she wants to put it behind her and that is fine.

"I thought I would feel complete relief and put it behind me if my daughter retracted. But that is not the case. What I feel is rage. How can the be allowed to happen and those people who are responsible not be punished. I can understand why people want to put this behind them, but to this point no one has said to me, "I'm sorry; I don't know how I could ever believe such terrible things about you."—no one. This is something you go through completely alone and it is difficult. I don't know how many people my daughter told I abused her. I have no idea how many people are out there thinking I am some kind of a monster.

Where do I go to get my reputation back? Hopefully the rage will subside over time and I will be able to get on with my life. This is probably the most difficult thing anyone will ever have to go through and each will go through it along. You don't do much talking about it."

A Dad whose daughter has returned and retracted.

My main concern now is with the emotional state of my daughter when she realizes she has been abused by writers of self-help books and fad-therapy. They make the money and she suffers the pain."

A Mom

Release from Tyranny

"I am free—free at last from the pain of trying to change the unchangeable and understand that which is beyond all understanding. And it is my daughter who has finally set me free.

"I have come to understand the tyranny was self-imposed. I believed two things that are not true.

"First, I believed a mother must love her child no matter what that child did or how that child behaved. I believed a "good" mother must always keep the door open and struggle to maintain an ongoing relationship, no matter how painful that relationship might be. I believed motherhood meant 'always being there—always being ready to forgive and forget"—no matter what.

"And secondly, I believed the mothering of a chronologically adult child meant the abdication of expressed criticism or unasked for guidance. An adult child, I believed, should be free to create her own person, to make her own mistakes, and be free of accountability to her parents.

"It is my lack of insight and misguided interpretation of motherhood that persuaded me I must endure treatment that included cruelty and disrespect, that permitted her to

criticize, yell, talk about me with hatred, lie, ignore me, and deliberately hurt me and others. But I have come to understand my inadequate response to this kind of behavior, my inability to tell her I found her behavior and her treatment of me unacceptable, my fantasy that maturity would change her attitude, is as much responsible for her continued mistreatment of me, as is her emotional instability, which I am finally able to acknowledge.

"She has slammed the door in my face. She has cut off all communication. it is as though she has turned on a bright light. she has forced me to look at her with blinding clarity and see her as someone I don't want to be with. I can even acknowledge that I don't love the person she has become—and not feel guilty about it. I can love the memory of a dear little girl I cherished, of a loving little person I cradled in my arms, of the beautiful and loving your woman I watched blossom into a teenager. And I can admit the fact that the person she became after that was someone who turned inward and grew like a sick and crooked tree into a bitter and unhappy woman.

"She has slammed the door and I will not try to open it. She cannot take away the memory of the child I loved, and she can no longer force me to deal with the woman I do not like.

"The tyranny is over and I am free to move forward with my life without the pain of constant attacks and the wastefulness of unproductive guilt. I accept the fact that I cannot love the unlovable and am not required to do so; nor can I change the person I created."

A Mother

> "A particularly distinctive and disturbing feature of FMS is the strength and vehemence with which the accusations are made, even in the face of contradictory evidence. This is not unlike the increased subjective conviction that accompanies hypnotically produced pseudomemories."
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> Brian J. Fellows
> Editorial Comment
> *Contemporary Hypnosis* (1994)
> Vol 11, No.2, pp.ii-iii.

BOOK REVIEW

BEDLAM: Greed, Profiteering and Fraud in a Mental Health System Gone Crazy.
By Joe Sharkey, St. Martin's Press. $22.95
REVIEW by John Hochman, M.D.

This is not an easy book for a psychiatrist to review. BEDLAM is a fast-paced journalistic account describing how private psychiatric hospitals made money, and lots of it, very fast, during the 1980's.

The author describes how a handful of corporate hospital chains built minor empires of psychiatric facilities, with strategic concentrations in sunbelt locations. Why the sunbelt? Go where the insurance is! Here were located not only healthy numbers of employees of major corporations with rich insurance benefits, but military families where dependents and retirees had access to the lush psychiatric benefits of the Defense Department's CHAMPUS program.

Sharkey reels off accounts of how psychiatric hospitals filled their beds using illegal detentions of minors (more profitable than adult patients), tapped into state crime victim funds for kids who were alleged preschool abuse victims, headed north to recruit Canadian alcoholics who all had coverage with Provincial health plans, and more.

The author attempts to give us a feeling for the people who made all this possible. We have the high flying captains of psychiatric industry (one who teamed up with a patient who was a marketing whiz from Kentucky Fried Chicken), PR specialists, and nurses who know the system is rotten but are afraid to protest. There is one chilling story of a psychiatrist who changed his stripes and began to denounce the very hospitals that made him wealthy; he was denounced by his colleagues and pronounced to be mentally ill. (Maybe he was; maybe the system drove him crazy.) Then there are the faceless "bounty hunters," 1-800 "hot line" operators and community relations experts who all did their part to bring patients to the hospital door, insurance cards in hand, serving to convince them that a brief (maybe) stay is what they need.

Readers of this newsletter looking for specifics about mind-bending therapies on special hospital units for "dissociative disorders," "eating disorders," and victims of "Satanism" will be disappointed. The book concentrates on hospitals and doesn't look into abuses that have taken place in the cottage industry part of the mental health industry: the offices of individual therapists.

One part of the book that newsletter readers might find enlightening was an account of how billion dollar Board Room Moguls made it all happen. Sharkey, who used to work with the Wall Street Journal, offered summaries of how these high flying psychiatric corporation stocks, once the darlings of Wall Street, took a big fall when they had to face the wrath of the Texas Attorney General, the Department of Justice, and insurance fraud lawsuits from the major health carriers. But now the party is clearly over, and insurance companies have changed their strategies from writing big checks to turning psychiatric benefit control over to penny pinching managed care companies. Nonetheless, the author claims that the hospitals are down but not out as they continue to try to find new gimmicks to fill their empty beds. It was only a few months ago that I received a flyer about an L.A. area hospital that heralded the opening of a specialized inpatient program for women who love too much.

The author is less successful when he attempts to ridicule the entire practice of psychiatry per se. He is particularly off base when he ridicules the use of medication, finds one of the few psychiatrists in the US that agrees with him , and quotes him continually. Actually, if there were no psychiatric medications, hospitals would be filled with very sick patients who needed to be there for long periods of time, and there wouldn't have been the temptation to fill up beds with patients who were relatively healthy.

John Hochman, M.D. is a member of the FMSF Scientific Advisory board. He is in private practice in Los Angeles.

BOOK REVIEW

Reviewer: J. Alexander Bodkin MD

VICTIMS OF MEMORY: INCEST ACCUSATIONS AND SHATERED LIVES
by Mark Pendergrast.
576 pages, soft cover, $24.95
ISBN -0-942679-16-4
Upper Access Books
P.O. Box 457
Hinesburg VT 05461
1-800-356-9315

These are hopeful times indeed for those who have been harmed by "Recovered Memory Therapy," as well as for those who have merely been disgusted by the spectacle of it. Lucid scholars and writers have begun to expose the intellectual poverty of its "scientific" foundations, as well as the harsh injustice and the frightening injuries resulting from this very disturbing social movement. Dr. Richard Gardner of Columbia University has correctly grouped this phenomenon with the Salem Witch Trials and the anticommunist frenzy led by Joseph McCarthy, as a class of periodic hysterias to which our society is tragically subject.

An important addition to the small but rapidly growing body of critical literature is the new book by Mark Pendergrast, *VICTIMS OF MEMORY: INCEST ACCUSATIONS AND SHATTERED LIVES*. This is both a comprehensive piece of elegant, readable scholarship and the realization of an intense personal quest. Mr. Pendergrast, an author of considerable accomplishment, is himself one of the injured. One of his grown daughters, despite having no prior belief she had been maltreated by her father, entered a psychotherapy in which she was persuaded that he had done something unspeakable to her long ago, and was counseled that she must exclude him from her life in order to "heal." She persuaded her sister of their father's misdeeds, whereupon both of them broke off all contact with him, even changing their surnames. Their alleged injuries were never specified to him. Wounded and bewildered, Pendergrast set about informing himself about this baffling phenomenon so that he could understand what had happened and perhaps repair the damage.

The result is a superb social and intellectual history of the Recovered Memory Movement. We are given a vivid exposition of the bizarre claims of its theoreticians, and we get a close look at the main written works of the Movement. It is clear that the core thinkers and writers believe deeply in what they are doing, but they are completely lacking in critical faculties. Thus, the oft quoted remark of Ellen Bass and Laura Davis in *The Courage to Heal*, "If you believe you were sexually abused, you probably were." The thinking of these authors has an almost religious fervor. And this is no benign faith: because of the central tenet that a relative has inflicted damage upon the believer, it has destroyed families and brought innocent people to financial and emotional ruin.

The presentation of the Recovered Memory Movement is followed by an account of what is actually known about human memory. This is a very comprehensive and scholarly analysis, including reviews of relevant work by Frederic Bartlett, Uric Neisser, Elizabeth Loftus and others. We are shown how inconsistent the current scientific understanding is with the claims of Recovered Memory theorists.

The path by which patients are persuaded of their victimhood is laid out in a fascinating chapter called "How to Believe the Unbelievable." For example, hypnosis, which has long been used clinically to modify beliefs and behaviors by suggestion, is now widely employed to facilitate recall of abuse by recovered memory therapists. This is in spite of the fact that hypnotically induced recall is so contaminated by suggestion that it has been excluded from courts of law as a source of accurate testimony. In this chapter it is also revealed that diverse psychiatric symptoms are now being confidently offered by recovered memory therapist as evidence of past abuse, including phobias and aversions of all kinds, eating disorders, psychosomatic symptoms and parasomnias (sleep abnormalities). Perhaps the most dramatic of these are panic attacks, frightening physiologic phenomena with a well characterized neurobiologic basis, which are being interpreted by therapists as "flashbacks" and "body memories," and presented to patients as strong evidence of repressed memories of abuse trying to resurface. This is despite the fact that panic attacks are heritable, respond to medication, can be induced experimentally in the laboratory by exposure to certain chemicals, and occur spontaneously in various mood and anxiety disorders.

> "More and more troubled people are "remembering" sexual violations, often under the supportive, encouraging, even coercive influence of therapists who are certain that the evocation and abreaction of such memories is the sine qua not of therapeutic success. The topic has become a staple of television talk shows, which disseminate the word worldwide. Such unitary etiological concepts are, of course, nothing new; diabolical influences, "hereditary degeneration," exposure to the "primal scene" — each has had its day, has enjoyed its vogue, and has either passed into the dustbin of history or assumed its appropriate place in the etiological spectrum."
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> Aaron H. Esman, M.D.
> Editorial, August, 1994
> *American Journal of Psychiatry*, 151:8,

The author addresses in considerable detail some of the more bizarre manifestations of the Recovered Memory Movement, exploring the Multiple Personality Disorder diagnosis, with its highly questionable empirical basis and curious history, as well as the recent enthusiasm for discovering fantastic cults of satanic ritual abuse.

The core of the book (chapters 7-10) consists of extended interviews with therapists, survivors, accused and retractors. Pendergrast does a good job of letting these people speak for themselves, and he refrains from intruding his personal views. Again and again it is revealed, in the words of the True Believers themselves, that the "memories" produced in therapy are explicitly instilled by the treatment, and are in no way "recovered." Interestingly, included in the chapter of interviews with those who have recovered

memories of abuse, is an interview with a woman who had been sexually abused and never forgotten it. This victim of never-forgotten abuse was fully aware of the horror to which she was subjected, yet looked upon her experiences calmly, and had tried to sustain a relationship with the perpetrator. This is in stark contrast to those who claim to have recovered memories of forgotten abuse, whose attitudes towards the alleged perpetrators can best be characterized as vindictive and vengeful. The interviews with "retractors" make clear the pathological effects of this treatment on patients, many of these former "survivors" admitting that preoccupation with recovering memories of abuse and the plotting of revenge had for years displaced everything else from their lives.

In chapter 11, ("And a Little Child Shall Lead Them (and Be Led)"), we learn of the government's role in the proliferating allegations of surreal child abuse at day-care centers. As a result of the well-intentioned Mondale Act, legions of social service bureaucrats, charged with uncovering child abuse and enjoying statutory protection from any penalty for false accusation, have made use of the suggestibility of your children to put a number of innocent people in prison. Unfortunately, as the rest of the book makes clear, extreme suggestibility is not confined to children, and it is this problematic aspect of human nature that has allowed the Recovered Memory Movement to flourish.

There is an exploration of the historical roots of the recovered memory movement (chapters 12-14), which finds its predecessors in several traditions of medical and religious quackery which specialized in exploiting and maltreating women for centuries. I think the author is overly hard on Freud here, but he does make clear the striking similarity of Freud's early forays into psychotherapy to the current day practices of recovered memory therapist. It is important, however, to recall that Freud recanted early on, and is widely seen as an enemy and traitor by acolytes of the Movement.

Pendergrast thoughtfully addresses the question of why the Recovered Memory Movement should be occurring right now. He delineates its relation to the Women's Movement, to the current enthusiasm for identifying oneself as a victim, and to present day notions of "Political Correctness." He also delves into the religious character of the commitment of patients to the belief in their own recovered abuse, and the cult-like role this plays in many lives.

Among the most alarming ideas in this book is a calculation in the final chapter of the numerical scope of the problem. Using conservative, empirically based figures, the author is able to estimate that approximately 2% of the US population has so far undergone recovered memory therapy. If only a small fraction of these treatments eventuated in the destruction of families and the shattering of lives, the number of injured would already far exceed a million people.

The book begins and ends with a very personal and quite beautiful message by the author to his daughters. We are privileged to peer into the most private corners of his family's history and its tragic destruction. this setting gives the book a unique emotional power and meaning which is quite different from that of other works of social and intellectual history. It reveals this massive and scholarly textbook to be in part a father's passionate attempt to enable his daughters to see what has happened to them. But beyond its personal meaning, I hope that I have made clear that this is an intellectual tour de force that will enlighten misguided children, falsely accused parents, and mental health professionals who take the time to study it with the care it deserves.

Alexander Bodkin, M.D. is a member of the Department of Psychiatry at Harvard Medical School and on the staff at McLean Hospital.

LEGAL CORNER

Incest Authors Dropped from Suit

According to a report in the *San Francisco Chronicle*, a Sacramento Superior Court judge dismissed that part of the lawsuit being brought by Deborah David, her husband and her parents against *The Courage to Heal*. The book was published by HarperCollins in 1988 and became a best-seller with more than 800,000 copies sold. A similar lawsuit is still pending in San Luis Obispo County.

Katy Butler
San Francisco Chronicle
September 7, 1994 page A 13

FMSF Comment

Emotions concerning *The Courage to Heal* and the issues of protection of free speech run high among people who have contacted the FMS Foundation. We have received information about legal defense funds for those on both sides in this issue. The FMS Foundation is not involved in any of these suits. We are including information about both defense funds. We are also printing two articles by lawyers on the legal issues involved followed by a short FMSF Comment. While lengthy and not the focus of the FMS Foundation, we believe that it is important to understand the legal framework which bounds this discussion .

From the Courage to Heal Defense Committee

Courage to Heal Defense Fund
c/o Dana Scruggs, Attorney at Law
340 Soquel Avenue, #205
Santa Cruz, CA 95062

"Suppose you woke up and found yourself summoned into court—your life thrown into turmoil, your livelihood threatened—all because you believed what women told you and you dared to write it down?...In the past two years the press has trumpeted the notion that many accusations of child sexual assault stem not from actual abuse but from negligence or deliberate deceit by mental health workers—and by authors. Those who make such claims are entitled to express their beliefs...Those among us who are those survivors, or who work with them, don't need to be reminded that Ellen Bass and Laura Davis were there when we needed them. Now they need us."

From the False Memory Family Defense Committee

False Memory Family Legal Fund
c/o Cathy Carroll, Trustee
1052 Rivera Road
Stockton CA 95207

"Suppose you woke up and found yourself summoned into court, your life thrown into turmoil, your livelihood threatened—all because your child entered therapy and is now accusing you of childhood sexual abuse, "repressed" for decades only to be retrieved... A three generational family has filed a lawsuit against several licensed therapists, a clergyman, a medical HMO, and authors of "Courage to Heal." alleging malpractice, fraud, misrepresentation, intentional negligence, infliction of emotional distress, implanting notions of childhood sexual abuse and satanic ritual abuse to name a few of the causes cited...A fund has been set up to defer the legal costs of this suit."

" Abuse Excuse" Extended Into Bizarre Memory Suit

By Alan Dershowitz
The Buffalo News , July 2, 1994 page 3
Reprinted with permission of UFS, Inc.

"There is a new and dangerous wrinkle on the proliferating use of the "abuse excuse," and this one poses a direct challenge to the First Amendment. Kimberly Mark is suing the author of a book she read, claiming that the book falsely induced her to believe that she had been molested. The book—"The Courage to Heal Workbook" by Laura Davis—is a popular self-help workbook for alleged victims of sexual abuse. It grows out of the controversial "recovered memory movement," which encourages people to remember long forgotten memories of having been abused.

"In one sense, this bizarre lawsuit is poetic justice, since these kinds of self-help books promote the abuse excuse by turning everyone—particularly women—into alleged "victims" of abuse, real or imagined. After reading the book, Kimberly Mark says she came to believe that she had 400 personalities and that she had suffered satanic ritual abuse at the hands of her father and others. Now she says that none of this really occurred and that reading the book produced emotional damage in her by causing her to accuse innocent people of abusing her. No mention is made of the emotional damage done to those she falsely accused.

This is a perfect example of what the cycle of excuses inevitably leads to: everyone blaming someone else for their crimes and problems. Kimberly Mark first blames her father for abusing her. Then when she realizes that her allegation is false, she immediately turns the finger of blame to the author of a book she read. I wonder if she has ever looked at herself in the mirror and acknowledged her own responsibility.

"The Courage to Heal Workbook" does encourage people to remember their repressed memories of abuse, to believe them even when in doubt, and to confront the alleged abuser. It does not encourage reflective self-doubt, and it clearly errs on the side of believing vague memories of even the most bizarre ritual abuse. It is, in my view, a dangerous and polemical book, which may do more harm than good, especially to vulnerable readers who are searching for scapegoats on whom to shift the blame for their personal failures.

"It is not surprising, therefore, that these same vulnerable readers would try to shift the blame away from themselves for falsely accusing parents of abuse and onto the author of the book. But under our First Amendment, writers cannot be held legally responsible for how their readers act in response to their books. If the First Amendment were to permit such legal responsibility to be imposed on authors, there would have to be an immediate cessation of all sales of the writings of Karl Marx, of the Bible and of murder mysteries in which the killer escapes justice. Our first Amendment imposes responsibility on the readers for their actions, not on the writers for their ideas.

"Indeed, according to Kimberly Mark's lawyer, it was another publication that made Ms. Mark doubt that she had ever been abused. After reading "The Courage to Heal Workbook," Kimberly Mark read an article in *Time* magazine which raised questions about the "recovered memory movement." Without the protection of the First Amendment, the author of "The Courage to Heal Workbook" could sue *Time* magazine for defaming her book, her movement, and herself. But under our First Amendment, no such suits are permitted.

"Instead, the marketplace of ideas must remain open to controversy about such hotly disputed issues as recovered memory. And the marketplace is working effectively, as evidenced by Kimberly Mark's rejection of one publication's ideas on he basis of ideas contained in another publication.

"Implicit within the First Amendment's theory of the marketplace of ideas is the personal responsibility of the consumer of each idea for how it is used. Thus, the author of "Final Exit"—a best-seller "self-help" book about suicide—is not legally responsible if a reader commits suicide. Nor was the author of a book about mushrooms responsible when two of its readers were poisoned by following the book's advice.

"A recent case did hold a therapist liable for malpractice in encouraging a patient to believe that she had been raped by her father, and Ms. Mark's lawyer is seeking to use that verdict as precedent for his lawsuit. But therapists have a one-on-one relationship with their patients. They are supposed to fit the therapy to the particular needs of their individual patients. Books are written for all potential readers, and the authors cannot know who will read them and how each of their readers may misuse the ideas contained in their pages. Authors cannot be required to purge their books of all ideas that are capable of being misused by the most vulnerable readers.

"It wasn't my fault because I read a book" must be rejected as an excuse. Let the marketplace judge books, and let the buyer beware of books like "The Courage to Heal Workbook," which encourages readers to blame others for their problems."

Attn. All Members!!
Remember to send us your
ZIP+4 code.
Attn: Nick. Thank you.

Commentary
Blaming a Book

by Professor Ralph Slovenko

Ralph Slovenko is Professor of Law and Psychiatry at Wayne State University Law School

In Sacramento and San Luis Obispo counties in California, lawsuits were filed against Laura Davis and Ellen Bass, authors of "The Courage to Heal" [1] and a companion self-help workbook. [2] It was alleged that the book falsely induced the plaintiffs to believe that they had been sexually molested by their father. The lawsuits were the first to take aim at the "merchandising of the recovered memory movement."

The complaint charged the defendants with negligent misrepresentation, arguing that the workbook goes beyond free speech by asking readers "to rely upon the writing" in following the book's advice and exercises. In arguing that the authors had a duty to their readers, the plaintiffs relied in part on a product-liability ruling in which Hearst was held liable for putting its Good Housekeeping Seal of Approval on a pair of shoes that caused injury. [3]

The book "Courage to Heal" is widely used by so-called "revival of memory therapists" as a guide in retrieving memories of abuse and allegedly as an aid in healing. The book says: "Even if you are unable to remember any specific instances of childhood sexual abuse but you have a feeling that something happened in your childhood, it probably did....If you think you were abused and your life shows the symptoms, then you were." [4] The book encourages retaliation. [5]

A number of patients have sued their therapists alleging wrongful "revival of memory" of sexual abuse. In a number of these cases the therapists were held liable. Also, in a much publicized case in California, a father of a patient, Gary Ramona, successfully sued the therapist. Not only the patient, but the patient's family, was affected by the wrongful revival of memory. [6]

Then why not the authors or publishers of books that promote "revival of memory"? Should they be held legally responsible? Do they owe an enforceable duty of care to readers?

In a commentary, Professor Alan Dershowitz says "no," because "under our First Amendment, writers cannot be held legally responsible for how their readers act in response to their books." Otherwise, he says, "there would have to be an immediate cessation of all sales on the writing of Karl Marx, the Bible and murder mysteries in which the killer escapes justice." And he adds, "Our First Amendment imposes responsibility on the readers for their actions, not on the writers for their ideas...[The] market place of ideas must remain open to controversy." [7]

The attorney who represented authors Davis and Bass said, "These are ideas, and you can't have liability for ideas."

How broad is the constitutional barrier to lawsuits against authors or publishers? Is it the law of torts or the Constitution that provides protection for authors and publishers? Clearly, writers of theatre, film or restaurant reviews are not held responsible for what they say. For one, they are expressing an opinion, and for another, they have no duty under tort law to their readers. Conceivably, the producer of a play or film or the owner of a restaurant may have a cause of action for a malicious misstatement of fact.

In Herceg v. Hustler Magazine, [8] a 14-year-old boy died while engaged in "autoerotic asphyxiation" described in the defendant's magazine. The Fifth Circuit held that the magazine article did not incite the adolescent to perform the act that led to his death, and, therefore, it was entitled to First Amendment protection. In dicta, the majority also said that imposition of civil liability for damages violated the First Amendment. There was a vigorous dissent to that proposition.

How far should the courts go to protect the First Amendment rights of authors and publishers? The constitutional protection accorded to freedom of speech and of the press does not countenance assault, defamation, fraud, misrepresentation, and intentional infliction of mental distress. [9] In these situations, tort goals overcome First Amendment protection; all publication is not vested with constitutional protection. It is the failure to establish causation that has protected films and videos in lawsuits that have claimed they resulted in homicide or suicide. [10]

In Norwood v. Soldier of Fortune Magazine, [11] the plaintiff was shot and wounded by two gunmen. He later learned that the gunmen were paid to kill him by the defendant, who had read "gun for hire" advertisements in a national magazine for mercenaries. In an action against the magazine publisher, the plaintiff claimed that the injuries he suffered were foreseeable by the magazine when it placed the ad. A federal district court held there was not First Amendment protection. The issue of causation was left to the jury. In the wake of liability, the magazine stopped accepting the ads and narrowly avoided bankruptcy. [12]

It is the practical politics of the law of torts, not the First Amendment, that is used to protect authors or publishers. In the law of torts, the question is: Is the author or publisher responsible to every reader who relies on the writing?

Following a luncheon address at an annual meeting of the Michigan Bar Association, Ann Landers was asked if she had ever been sued. She reported that in her years of giving advice, once. The case involved a housewife who had written to her saying that she was tired of always being asked what she did for a living. Ann Landers advised in a column, "Say you're a hooker; that will stop it, they'll be so surprised." The housewife followed the advice, but was overheard by a policeman and was arrested for soliciting. She suffered indignity, and now has a criminal record, but nothing came of the suit against Ann Landers. Advice columnists are not held to a duty to the public at large.

In a famous 1866 New York case, Ryan v. New York Central R.R. Co., [13] a fire broke out in the railroad's woodshed, through the careless management of an engine. The fire spread from nearby houses to houses far away from the woodshed. To whom should the railroad pay? The court shrank from the thought of liability to all these people. The court said, "To sustain such a claim...would subject [the railroad] to a liability...which no private fortune would be adequate." The court, quite atypically—but revealingly—made the railroad's capacity to buy and carry insurance an explicit element in measuring the limit of liability. The court added, "In a commercial country, each man, to some

extent, runs the hazards of his neighbor's conduct, and each, by insurance against such hazards, is enabled to obtain a reasonable security against loss." That is, the various homeowners could protect themselves by fire or health insurance. [14]

Liability in tort is very much linked to insurance. In one of the leading cases in the law of torts, Palsgraf v. Long Island R.R., [15] Justice Cardozo of the New York Court of Appeals expressed concern over the extent of liability in the event of wrongdoing. The issue was: Should a duty of care be owed only to a reasonably foreseeable victim or to the world at large? The potential of liability in the latter situation could be withering. Cardozo imposed a "class of person" limit on liability for a negligent act.

By and large, accountants are not held responsible to one and all who rely on their financial statements. In Ultramares v. Touche, Niven & Co., [16] the classic decision on accountant's liability, Justice Cardozo denied an action for negligent misrepresentation at the instance of a party not the defendant's client. Cardozo was again concerned with limiting liability. He reduced the number of potential plaintiffs to those in privity. He stated that "if there has been neither reckless misstatement nor insincere profession of an opinion, but only honest blunder, [an accountant's] ensuing liability for negligence is one that is bounded by the contract." [17] Some fifty years later, the same issue—"whether an accountant may be held liable, absent privity of contract, to a party who relies to his detriment upon a negligently prepared financial report"—was again before the New York Court of Appeals and it reached essentially the same conclusion: no liability absent fraud or a relationship akin to privity. [18]

In Tarasoff v. University of California, [19] the question was raised to whom a therapist owes a duty when a patient poses a danger. Is there a duty to warn only a reasonably identifiable victim or does the duty extend to anyone injured by the patient? In the latter situation, the patient poses a greater danger, but out of liability concerns, the duty has generally been limited, by court decision or statute, to reasonably identifiable victims. Only that victim has a cause of action.

In Brady v. Hopper, [20] the individuals injured as a result of John Hinckley Jr.'s assassination attempt on President Reagan sued the would-be-assassin's therapist. The federal district court in Colorado held that the scope of the duty to protect was limited to those instances where there were "specific threats to specific victims." The court said that this rule offers a "workable, reasonable and fair boundary" to the scope of a therapist's liability.

To whom, then, would an author or publisher be exposed to liability for a writing on a topic which might result in injury? For example, How to cut trees? How to keep bees? How to prepare food?

In Cardozo v. True, [21] the plaintiff, following a recipe, became sick by eating a raw ingredient that was poisonous until cooked. The plaintiff filed a lawsuit against the bookseller from whom the cookbook was purchased. The claim was based on breach of warranty and alleged that the book contained inadequate instructions and warnings. In denying the claim, the court drew a distinction between the physical book and the ideas contained in it. The court held the bookseller only to a warranty as to the tangible, physical properties, i.e., the printing and binding of the book, not its intellectual content.

In the usual case of a book , it may not be possible to establish negligence, but might its contents be considered a "product" under products liability law where fault (negligence) is not an issue? In Walter v. Bauer, [22] the plaintiff was injured during a science experiment using the textbook "Discovering Science 4," and brought an action under strict tort liability claiming the text was unreasonably dangerous in that it contained insufficient warnings. In denying the claim, the court stated that the textbook was not a "product."

Moreover, not only is it important to determine whether a duty to compensate exists, but also from where such compensation will come. Insurance policies usually refer to claims "respecting the product," i.e., the physical book with its physical characteristics.

In Sears, Roebuck v. Employers Ins. of Wausau, [23] the complaint alleged negligence in preparation of a manual explaining the operation of a power saw. The manual was one of a series of "Know How" books concerning the operation of various power tools. In a declaratory action as to whether the insurer was obliged to defend the insured vendor in a lawsuit brought by a purchaser of the manual, a federal district court said that the insurance policy in this case made no distinction between the physical manual and the intellectual content of the manual, so the insurer was obliged to defend.

In Winter v. G.P. Putnam's Sons, [24] a group of mushroom enthusiasts became severely ill after picking and eating mushrooms, on reliance of information in a book. They brought suit against the publisher on theories of products liability, breach of warranty, negligence, negligent misrepresentation, and false representation. Holding for the defendant, the court opined: [25]

> In order for negligence to be actionable, there must be a legal duty to exercise due care. .... The plaintiffs urge this court that the publisher had a duty to investigate the accuracy of The Encyclopedia of Mushrooms' contents. We conclude that [it has] no duty to investigate the accuracy of the contents of the books it publishes. Continuing, the court explained:[26] A publisher may of course assume such a burden [to investigate], but there is nothing inherent in the role of the publisher or the surrounding legal doctrines to suggest that such a duty should be imposed on publishers. Indeed the cases uniformly refuse to impose such a duty. [27]

In Barden v. HarperCollins, [28] the plaintiff, described as an adult victim of child abuse, purchased and read "The Courage to Heal" for the purpose of helping her recover from the trauma of her alleged childhood abuse. The plaintiff contacted one of the attorneys listed in the book, apparently in order to pursue a lawsuit against her father. Allegedly, the attorney accepted a retainer from her, yet failed, to perform legal services. Moreover, allegedly, the attorney's qualifications—detailed in the book—were false, and that the book contained unverified facts. The plaintiff sued the publisher on a negligent misrepresentation theory. The court held for the defendant.

Under the prevailing view, tort law is used to govern the responsibility of authors or publishers. Tort law or other law that is not governed by the Constitution can readily be changed by court decision or statute. The U.S. Supreme Court has circumscribed the tort of defamation by the First Amendment. [29]

Cases of negligence are based on a duty of care that the law says is owed to specific parties. Authors or publishers are not held to a duty of care to the world at large. Then, once a duty is established, it is necessary to establish a causal nexus between breach of that duty and the harm.

As might have been expected, nothing came of the suits against Laura Davis and Ellen Bass. They were dismissed. [30]

FMSF Comment

The preceding legal commentary by Professor Slovenko seems to set forth on an historic basis development of the law granting First Amendment protection to publishers against civil liability for harm to individuals arising from the published material. That protection against liability has prevailed and now prevails except in the cases of defamation, fraud, misrepresentation, intentional misconduct and the like. Present actions involving *The Courage to Heal* and its companion Workbook challenge First Amendment protection where negligent misrepresentation in a publication harmfully affects persons in a foreseeable manner. The thrust of this challenge is the more persuasive in the case of a workbook or similar publication where the publisher intends that the public act on the basis of the premises presented. We have yet to see how the law will develop and whether recourse will be granted to those aggrieved in this manner.

1. New York: Harper & Row, 1988
2. New York: HarperCollins, 1990.
3. C. Ness, "Recovered Memories Author Sued," San Francisco Examiner, May 21, 1994, p. F-3; B. Stewart, "The Courage to Sue: New Chapter in Recovered Memory," American Lawyer, Aug. 23, 1994, p. 2.
4. Id., at p. 22.
5. See R. Slovenko, "The 'Revival of Memory' of Child Sexual Abuse: Is the Tolling of the Statute of Limitations Justified?" J. Psychiatry & Law 21:7, 1993.
6. M. Hansen, "More False Memory Suits Likely," ABAJ, Aug. 1994, p. 36.
7. A. Dershowitz, "The newest excuse: 'I read a book,'" San Francisco Examiner (syndicated column), July 23, 1994, p. A-15.
8. 814 F.2d 1017 (5th Cir. 1987), cert. denied, 486 U.S. 959 (1988).
9. See e.g., Hustler Magazine v. Falwell, 485 U.S. 46 (1988).
10. M. Heller, "Teen suicide suit against video store revisits 1st Amendment issues," Los Angeles Daily Journal, reprinted in Detroit Legal News, Sept., 6, 1994. p.1.
11. 651 F. Supp. 1397 (W.D. Ark. 1987).
12. See also Eimann v. Soldier of Fortune Magazine, 880 F.2d 830 (5th Cir. 1989), cert. denied, 493 U.S. 1024 (1990) (denying liability); Braun v. Soldier of Fortune Magazine, 968 F.2d 1110 (11th Cir. 1992, cert. denied, 113 S. Ct. 1028 (1993) (upholding liability).
13. 35 N.Y. 210, 91 Am. Dec. 49 (1866).
14. The role of insurance in the development of tort law is discussed, for example, in L. Green & A.E. Smith, "No-Fault and Jury Trial II." Tex L. Rev. 50 (1972); 1297; A.E. Smith, "The Miscegenetic Union of Liability Insurance and the Tort Process in the Personal Injury Claims system," Cornell L Rev. 54 (1969): 645; A.A. Ehrenzweig, "Negligence Without Fault," 54 (1966): 1422; E.J. Weinreb, "Causation & Wrongdoing," Chi.-Kent L. Rev. 63 (1987): 407.
15. 248 N.Y. 339, 162 N.E. 99 (1928)
16. 174 N.E. 441 (N.Y. 1931).
17. 174 N.E. at 448.
18. Credit Alliance Corp. v. Arthur Anderson & Co., 483 N.E.2d 110 (N.Y. 1985).
19. 17 Cal.3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (1976).
20. 570 F. Supp. 1333 (D. Colo. 1983), aff'd, 751 F.2d 329 (10th Cir. 1984).
21. 342 So.2d 1053 (Fla. App. 1977).
22. 109 Misc.2d 189, 439 N.Y.S.2d 821 (Sup. 1981), aff'd 88 A.D.2d 787, 451 N.Y.S.2d 533 (App. Div. 1982).
23. 585 F. Supp. 739 (N.D. Ill. 1983).
24. 938 F.2d 1033 (9th Cir. 1991).
25. Id. at 1037.
26. Id.
27. The Court delineated a number of decisions by courts which also refused to impose a duty to investigate upon the publisher. See Jones v. J.B. Lippincott Co., 694 F. Supp. 1216, 1217 (D.Md. 1988) (publisher not liable to nursing student injured treating self with remedy described in nursing textbook); Lewin v. McCreight, 655 F. Supp. 282, 283-84 (E.D. Mich. 1987) (publisher not liable to plaintiffs injured in explosion while missing a mordant according to a book on metalsmithing); Alm v. Van Nostrand Reinhold Co., 134 Ill. App. 3d 716, 721, 89 Ill. Dec. 520, 524, 480 N.E.2d 1263, 1267 (1985) (publisher not liable to plaintiff injured following instructions in book on how to make tools); Roman v. New York, 110 Misc. 2d 799, 802, 442 N.Y.S. 2d 945, 948 (Sup. Ct. 1981) (Planned Parenthood not liable for misstatement in contraceptive pamphlet); Smith v. Linn, 386 Pa. Super. 392, 396, 563 A.2d 123, 126 (1989) (publisher of diet book not liable for death caused by complications arising from the diet).

In First Equity Corp. v. Standard & Poor's Corp., 860 F2d 175 (2d Cir. 1989), in finding that the case could be disposed of on tort law grounds, the court ruled that the defendant publisher could not be held liable for the alleged negligent misstatements of the summary of the terms of certain convertible securities reported in Corporation Records, a guide published by the defendant. See also Gutter v. Dow Jones, Inc., 22 Ohio St. 3d 286, 490 N.E. 2nd 898 (1986) (publisher of Wall Street Journal not liable to subscriber for nondefamatory negligent misrepresentation relied on by reader in choosing securities investment).
28. 1994 WL 463995 (D. Mass).
29. New York Times v. Sullivan, 376 U.S. 254 (1964).
30. D. J. Saunders (syndicated column), "On the docket: Americans vs. themselves," Detroit Free Press, Sept.9, 1994, p.11.

FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS WORKING TOGETHER

STATE MEETINGS

NORTHERN CALIFORNIA REGIONAL MEETING

Lunch meeting, November 19, 1994
Guest speaker: Richard Ofshe, Ph.D.
author of "Making Monsters"
For info, call San Francisco/Bay Area contacts.

ILLINOIS

DES PLAINES, IL - Prairie Lakes Park
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Rog or Liz (708) 827-1056

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Call person listed for meeting time & location.
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SACRAMENTO/CENTRAL VALLEY - BI-MONTHLY
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) 984-6626 (day); 435-9618 (eve)
SOUTH BAY AREA
Jack & Pat (408) 425-1430
Last Saturday, (Bi-MO)

CENTRAL COAST
Carole (805) 967-8058

SOUTHERN CALIFORNIA
BURBANK (formerly VALENCIA)
Jane & Mark (805) 947-4376
4th Saturday (MO) 10:00 am
CENTRAL ORANGE COUNTY
Chris & Alan (714) 733-2925
1st Friday (MO) - 7:00 pm
NORTH COUNTY ESCONDIDO
Joe & Marlene (619)745-5518
ORANGE COUNTY (formerly LAGUNA BEACH)
Jerry & Eileen (714) 494-9704
3rd Sunday (MO) - 6:00 pm
RANCHO CUCAMONGA GROUP
Floyd (818) 330-2321
1st Monday, (MO) - 7:30 pm
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
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CHICAGO METRO AREA (South of the Eisenhower)
2nd Sunday [MO] 2:00 pm
Roger (708) 366-1056

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

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

KANSAS
KANSAS CITY
Pat (913) 738-4840 or Jan (816)931-1340
2nd Sunday (MO)

KENTUCKY
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Dixie (606) 356-9309
LOUISVILLE
Bob (502) 957-2378
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BANGOR
Irvine & Arlene 942-8473
CAMDEN
Betsy 846-4268
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Wally 865-4044
3rd Sunday (MO)

MARYLAND
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Margie (410) 750-8694

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Jean (508) 250-1055

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Elaine (518) 399-5749

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CINCINNATI
Bob (513) 541-5272
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OKLAHOMA CITY
Len 364-4063 Dee 942-0531
HJ 755-3816 Rosemary 439-2459

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HARRISBURG AREA
Paul & Betty (707) 761-3364
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Jim & Joanne (610) 783-0396
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CENTRAL TEXAS
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Task Force False Memory Syndrome of
"Ouders voor Kinderen"
Mrs. Anna de Jong (0) 20-693 5692

NEW ZEALAND

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

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

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Friday, October 21

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The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

RATE INCREASE - Nov 1. '94 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. 1995 subscription rates: USA: 1 year $30, Student $10; Canada: 1 year $35; (in U.S. dollars); Foreign: 1 year $40. (Single issue price: $3 plus postage.)

What IF?

What if, parents who are facing lawsuits and want legal information about FMS cases, had to be told, "I'm sorry, there isn't any such thing available?"

What if, your son or daughter began to doubt his or her memories and called FMSF only to get a recording, "This number is no longer in operation?"

What if, a journalist asks you where to get information about the FMS phenomenon, and you had to answer, "Sorry, I don't know?"

What if, you want to ask a question that only an expert, familiar with FMS can answer, and find out that FMSF can no longer provide that information? Where would you turn?

What if the False Memory Syndrome Foundation did not exist? A frightening thought, isn't it?

Please support our Foundation. We cannot survive without it!

Reprinted from the August 1994 PFA (MI) Newsletter

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on a postcard to FMSF,
Attn: Nick. Thank you.
We must hear from everyone
for this effort to work!