FMS Foundation Newsletter

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Dear Friends,

"Is the Ramona trial the first of its kind? What is the significance of it? Are many other families planning to bring lawsuits?" These were the most frequent questions from reporters this past month. We answered as follows:

The Ramona case is the first third-party suit that we are aware of that has gone to trial. This contrasts strikingly with the hundreds of suits we have been following that were brought against parents based only on evidence of "repressed memories" recovered in therapy.

The Ramona case is significant for two reasons. First it brings into question the interpretation of 'duty of care' as being limited only to the client. In accepting this case, the court has broadened the notion of responsibility of a therapist to include a person who is not a patient but who is affected by the results of the therapy.

Second, the case is significant because it focuses on the use of techniques that have no scientific foundation. Newspaper reports indicate that he accusing daughter, Holly, sought therapy for an eating disorder and that it was suggested that the eating disorder was caused by childhood sexual abuse that she had repressed. The reports continue that she was told that if she recovered a memory of abuse under the influence of sodium amytal that the memory would be historically accurate. There is no evidence to support such a statement. Indeed, it is known that sodium amytal, like hypnosis, often results in confabulation. Memory is not like a videotape recorder that can be replayed. People "fill in the blanks" when they reconstruct a memory. There is no magic formula to get a perfect memory, however much we may wish it were so. Are therapists responsible for knowing the scientific facts about techniques they employ and for informing their clients about these facts and the risks of the therapy technique? Is therapy to be grounded in "belief" or "science"?

We don't know whether the Ramona case will result in more third-party suits. We can report an increase in questions about this issue since the trial began. When parents contact us, they generally want to find some way just to talk to their children and grandchildren. Legal action may be the only option for some families.

"I am 88 years old and feel that it is unlikely that my injury and pain will be assuaged. I look for a future in this regard not for me personally but rather for an untold number of people who are or will be subjected to this treatment."

"I only want to know that my child is getting better."

If any other medical product had more than 13, 000 complaints, it would be taken off the market. Not only is there no way to take a "therapy" off the market, there is no way for people affected by the therapy to have their complaints considered.

Parents have asked professional organizations to set procedures and standards for these situations. After two years, there are no statements that specify what an accused person might do other than take legal action. It should be no surprise, then, that some families who love their children will proceed in this manner.

Parents have asked the mental-health community to reflect on its assumptions and practices. They ask professionals to consider the consequences of validating a belief that may be false. They ask professionals to consider the consequences of using techniques that have no scientific basis and that may lead to false beliefs. What happens to the client? There are two paths once a false belief of abuse is validated: either the client lives the rest of her (or his) life believing that the people who most loved her were cruel monsters, or the client lives the rest of her life with herself and with the shame and guilt of hurting those she loved. Would any person want such a choice for another human being?

Pamela

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Last month we introduced Colin Ross, M.D., President of the International Society for the Study of Multiple Personality & Dissociation (ISSMP&D). We told about his book on his theory that the CIA caused a lot of our mental problems through its mind-control programs. This month Dr. Ross shifted his attention. He begins his lead article in the *ISSMP&D News* with:

> "The most pressing issue for the ISSMP&D membership, early in 1994, is that of false memories and the many lawsuits expected over the next few years against therapists for allegedly implanting false memories."

He says some things we only wish had been said a few years ago:

> "...normal human memory is highly error-prone...it is a fact that suggestible individuals can have memories elaborated within their minds because of poor therapeutic technique...it is very difficult to tell a false from a real memory clinically. There are undoubtedly incompetent therapists who should be sued...What I have learned from the false memory controversy is that false memories are profound, subtle, and difficult problem in both therapy and research."

But somehow it turns out that therapists aren't really to be blamed:

"There is no need to be defensive about the fact that clients and patients have false memories because everyone does. False memories are biologically normal and, therefore, not necessarily the therapist's fault...there undoubtedly

International Conference
Memory and Reality: Reconciliation
CoSponsored by The False Memory Syndrome Foundation and The Johns Hopkins Continuing Education Program
Baltimore, MD December 9, 10, 11 1994
Registration forms will be in June issue.

are falsely accused perpetrators, but such false memories are not necessarily the therapist's fault."

To which one naturally asks: what *are* the therapist's fault? If not false memories, what? Dr. Ross seems to suggest that therapists are no more responsible than advertisers and politicians:

"No one launches suits against advertisers for creating false needs, or against politicians for creating false votes, though this is no less rational or plausible than a false memory suit against a therapist..."

We would have thought that a psychiatrist would not want to make that comparison. And indeed, Dr. Ross does not leave it there: it turns out therapists are *less* responsible than advertisers and politicians because their patients, after all, are prone to false memories.

"Juries need to be instructed in the difficulty of differentiating true from false memories, and the subtle puzzle of whether the false memory suit is based on a true or false account of therapy."

How many of our members wish that the psychotherapeutic community would come forth to so instruct juries when it is parents instead of therapists who are accused! The reason, Dr. Ross tells us, that so many patients develop false memories is because of something called "projective identification":

"During therapy, the client creates false memories of abuse to place her father in the perpetrator role, and to receive secondary gain from the therapist."

Alas, the same process, we are told, can then be turned against the therapist:

"When the external contingencies shift, the father is switched to the rescuer role and the therapist becomes the perpetrator, in order to receive the inverse secondary gain."

All of which leads Dr. Ross to the wonderful deduction:

"Logically, the therapist should be able to sue the parents for false memories of therapy, as much as the parents should be able to sue the therapist, since both parties are pawns of projective identification."

Not content with parents, Dr. Ross finds even more people to sue:

"Therefore, therapists should be able to launch false memory suits against the parents, lawyers, and background organizations suing them. I am considering doing so."

Just who, we wonder, are these "background organizations" suing therapists? Last month we reported that the President of the American Society of Clinical Hypnosis had written that the FMS Foundation "continues to sue therapists involved in suits alleging recovered memories of childhood sexual abuse." (We are involved in no suits.) And this month the President of the ISSMP&D threatens to sue not just one but all of the "background organizations" suing therapists. Which organizations do you have in mind, Dr. Ross? Not content with those suing him, Dr. Ross envisions even more suits:

"The media should also be liable for damaging professional reputations through sensationalizing false memories of therapy, thereby generating ratings, circulation and advertising revenue for themselves."

It is ironic that in this piece Dr. Ross may have provided crucial evidence against therapists in false memory suits. The issue is not, as he seems to think, the charge that therapists *implant* false memories but that they neglect to take the steps that a prudent therapist should take. He tells us that:

"Juries need to be instructed in the difficulty of differentiating true from false memories."

Indeed. And patients and clients need to be so instructed. In his entire piece Dr. Ross neglects to mention the one crucial action that a therapist should take to avoid being sued, to wit, informing his patients and clients of this very difficulty. There is a hundred years worth of experience on the part of prudent therapists that patients and clients need to be warned about the nature of "memories" that surface in therapy. Dr. Ross tells us:

"...it is very difficult to tell a false from a real memory clinically..."

Indeed. What then are we to think of a therapist who gives out copies of something like *Courage to Heal* with its advice that that if you think you have been abused then you were? (No book is more recommended by American therapists.) What are we to think of a therapist who makes no effort to tell the false from the real? Who neglects to acquire the patient's childhood medical records? Who refuses to meet with the accused parents? Who nonetheless proceeds with a therapy based on the reality of the memories?

Science or belief? Is our mental health system to be based on "beliefs" or is it to be grounded in "science?" Will courts discriminate between expert testimony based on belief or based on science? These questions are part of the FMS discussion. The national media continues to help explain this complex issue. *60 Minutes* on (April 17, 1994) documented the striking divergence within the profession between therapy based on *belief* or *science*.

Interview with Morley Safer and Sue Blume

SAFER [as a preface to the dialogue]: Few psychiatrists would disagree with Dr. McHugh on that. [Re the unreliability of memories at six months, or three years or even up to ages four or five.] But there are a number who do believe in repressed and recovered memory. Complicating things are a slew of therapists with questionable credentials. In at least 28 states and the District of Columbia, no license is required. And there are the self-help and how-to books. One of the bibles of repressed memory is *Secret Survivors* by E. Sue Blume, a licensed New York social worker. Her book provides a handy check list of 34 symptoms. Her critics say the checklist is a grab bag of physical and emotional ailments that could apply to most anyone. She says, if you

have a majority of these symptoms you're likely to be an incest survivor.

SAFER: Therapy and psychiatry in this country has a long history of embracing and rejecting fads.

BLUME: It also has a long history of embracing and denying the possibility of incest.

SAFER: But to what extent is your kind of therapy, therapy *du jour*, I wonder?

BLUME: I help people to clarify what they feel. I help people to clarify their inner truth and their life experience.

SAFER: But you help them to clarify this with a very, very strong mindset of your own going in.

BLUME: Yes, that incest exists. That's my mindset. That a particular person, even if I'm totally in my heart...

SAFER: It's even likely.

BLUME: Oh, Okay, you want to call that bias: That I think incest is likely? Okay. I'm biased. If you want to tell me I'm biased because I think incest is likely, and if you want to overlook all of the research that says how common it is, okay, I'm biased.

SAFER: Sometimes recovered memories, memories that are recovered in therapy, involve satanic abuse....

BLUME: That's correct. That is correct.

SAFER:..Which involves, according to some memories, eating of babies.

BLUME: That's correct. And drinking of blood.

SAFER: And you believe it?

BLUME: Yes, I believe it.

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SAFER [cutting away from the Blume dialogue]: Dr. McHugh says before believing anything, a therapist must check out everything he can about a patient's past.

MC HUGH: I believe that it's crucial that the evaluation *precede* the therapy and that part of the process of supporting the patient is to find out what actually happened.

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SAFER: Do you ever believe that what they're telling you isn't the truth?

BLUME: In terms of whether incest happened and the content of the truth of their experience, I never believe it's not the truth. Can memories be confused? Can you compress four incidents into one? Certainly. But people, what people really do, is they fight against this truth. This is not a welcomed truth.

SAFER: To what lengths do you go to corroborate...?

BLUME: I'm not a detective; I'm a psychotherapist. It would be inappropriate for me to act like a detective. I'm there to help my client heal.

> The therapeutic community must police itself better. The professions should require the same kind of informed consent on risks and alternative treatments that patients normally give for surgery.
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> Editorial, *Los Angeles Times*
> April 17, 1994

Science of belief? *Esquire Magazine* in March featured a report by John Taylor called, "The Lost Daughter" that was remarkably insightful and informing. The steady destruction on the Smith family as a daughter came to believe that she had multiple personalities caused by childhood abuse, resulted not only in social services and police removing younger children from the house in handcuffs, but later to legal action. The parents were exonerated in court, and since the publication of "Lost Daughter," we are very happy to report, the Smith family has reconciled.

The Taylor article provides a historical perspective to popular "check lists." Taylor contrasts some of the commonly used survivor checklists (e.g., Fredrickson, Bass and Davis, Littauer, and Blume), with the checklists for identifying witches that are so carefully listed in the *Malleus Maleficarum* (aprox 1486). The similarities are frightening: the lists of "symptoms" so common that one might say they reliably differentiate the living from the dead.

It is a puzzle that so many credentialed therapists use such checklists since professional codes of ethics require the use of scientifically based treatment approaches. Any check list that has not been subject to the standard processes of test construction to confirm its validity and reliability is not scientific. Evidence of test validity and reliability undergo peer review before use.

> "No matter how compelling seems the need to validate every traumatic memory in the service of promoting a healing experience, it must be kept in mind that the patient has on the deepest level, deeper than the transference wish to be believed, protected, and nurtured, entered into a therapeutic alliance with the good faith and expectation that the therapist always will remain firmly grounded in reality, and will help the patient carefully sift through the mixture of fact, fantasy and illusion, eventually to settle on what the patient must decide is his or her final truth."
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> George Ganaway, M.D.
> Historical versus narrative truth: Clarifying the role of exogenous trauma in the etiology of MPD
> *Dissociation*, Vol II, No 4:December 1989.

Other Articles: If you need to update your glasses prescription, do it quickly. Educating ourselves about the FMS phenomenon is our responsibility and a steady stream of excellent books and articles will flow for the rest of the year to help us understand what has happened. We urge people to read all perspectives. On the other hand, there is no point in reading the same thing over and over. Several articles highly negative to FMSF appeared this month. Therapists writing for *Z Magazine* and Santa *Barbara News Press*, for example, chose to make personal attacks rather than to make a contribution to the issues. Such articles continue to cite the Briere and Conte(1989), Herman and Schatzow (1987), and Williams (1994) studies as evidence that repression exists, apparently unaware that these three studies show only that people forget (or don't want to talk about) all kinds of things, even sexual abuse. Such articles add nothing to understanding

and only serve to further divide.

Recommended:

• **"Flights of memory,"** (*Discover*, May 1994) by Minouche Kandel, an attorney with the Support Network for Battered Women, and her father, Eric Kandel, recipient of the National Medal of Science and many other awards argues for the biological foundation for recovered memories. The material presented in this article is hypothetical. It is speculative. The authors note that when there are improvements in brain imaging, "We may then be able to see whether sexual abuse leads to physical changes in the amygdala that reflect a person's memories of the event..."

Because we do not have a technical background in neurobiology, we requested permission of Harvard psychiatrists Alexander Bodkin, M.D. and Harrison Pope, M.D. to print a letter they wrote to *Discover* in response to the Kandels' article.

"In the May issue of *Discover*, Minouche and Eric Kandel argue that "repression" of childhood traumatic memories may have a biological basis. Specifically, these authors suggest that traumatic experiences are encoded only dimly in explicit (verbal) memory, but strongly in implicit (motor, affective) memory. They argue that psychotherapy and other key experiences can cause implicit memories to reawaken the explicit memory of traumatic events. They suggest that explicit memory of sexual abuse may be blunted by the release of endogenous opiates at the time of trauma, then reactivated and made conscious by noradrenalin release under stress at a later date. Do the data support these speculations?

First, explicit and implicit memory are not equivalent to the psychoanalytic concepts of conscious and unconscious memory. They are closer to the concepts of "verbal" and "performance" memory. There is no good evidence that implicit memory lurks in a hidden form, secretly influencing thought, feeling, and behavior to manifest as clinical psychopathology, as is claimed for "repressed" memories.

Second, if endogenous opiates can dim traumatic memories, why do most survivors remember their trauma clearly? Survivors of fires, kidnapings, and war atrocities—whether children or adults—often have painfully detailed memories of their experiences, in contrast to what the opiate hypothesis would predict.

The Kandels' next hypothesis—that previously repressed memories are "released" as vivid flashbacks by endogenous noradrenalin—is also questionable: many forms of psychopathology, including symptoms that may be mistakenly interpreted as flashbacks, from panic attacks to exacerbations of psychosis, are known to be associated with noradrenergic activation.

Finally, there is no methodologically sound scientific evidence that repression actually occurs. In a recent review, David Holmes noted that 60 years of laboratory studies have failed to provide experimental evidence of repression. And outside the laboratory, only four clinical investigations have specifically tested whether the memory of adverse sexual experiences can be repressed. All four have sufficient methodologic limitations that none can exhibit a single unequivocal case of documented amnesia for documented trauma. For example, the Williams study, cited in the Kandels' article demonstrates only that many women will not report abuse experiences when interviewed by a stranger years later. It was not ascertained whether these women actually remembered the abuse, but simply chose not to report it.

In short, while we commend *Discover* for frequently publishing interesting speculative articles at the frontiers of research, we fear that it is a disservice to publish material which may mislead the reader into believing that science has sound evidence for "repression."

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Recommended (continued):

• **"An ethical dilemma: Risk versus responsibility,"** by Sally McDonald, RN in *Journal of Psychosocial Nursing* 1994, Vol 32, No 1 is a chilling account of the efforts of nurses in a dissociative unit of a private mental hospital in Texas to stop what they viewed as unethical practice. Nurses who spoke out and tried to stop the use of mechanical restraints and abreactive sessions were fired. Nurses who complained about the treatment of children were fired. "The child was said to have been involved in a satanic cult, but was "amnesic" to events or abuse. She was a bright, articulate, preadolescent who was an academic honor student, athlete, and musician. She did not demonstrate any self-mutilating behavior, and the nurses were unable to identify any self-destructive alters. Yet, this child was confined to the central lobby for months at a time; she ate cold food from a tray delivered from the cafeteria and slept on a mattress on the floor under the lights of the central lobby. She was denied access to her mother both by visitation and phone; her father lived in another city."

> "Ramona's case highlights the crying need to define more clearly whether evidence that is ferreted out—or fabricated—during therapy should be allowed as evidence in trials."
> Editorial, *San Diego Union Tribune*
> April 17, 1994

• **"The reconstruction of early childhood trauma: Fantasy, reality, and verification,"** by Michael I. Good, M.D., *Journal of the American Psychological Association* 42/1. This article by a clinician describes a patient who was absolutely certain that she had had a clitoridectomy and that this was the cause of her many problems. The doctor wrote that her description "evoked surprise and dismay that such a sadistic 'treatment' would have been performed." Encouraged to talk to her gynecologist about this, she learned that her belief of decades was a fabrication. "The belief that she had been 'castrated' had contributed to her symptoms, and the realization of her intactness promoted her improvement."

• "Recovered childhood sexual memories: An overview," by Richard A. Shadoan, M.D. in the California Psychiatric Association Newsletter, March 1994. This short article was of interest because it is one of the first to appear in a professional publication mentioning the FMS Foundation in a positive manner. "In the early '70s, parents who had been accused of causing schizophrenia in their children began to form local organizations. This organization has grown into what is now called the National Alliance for the Mentally Ill and is considered the most effective voice for better research and treatment of the seriously mentally ill. Could the False Memory Syndrome Foundation someday provide an effective voice for research and treatment of sexually abused children as well?"

General Climate: The number of former patients who tell us they have experienced false memories is now over 150. In addition, more than 100 families have said that a retraction has taken place. Several hundred families tell of reconciliations with no discussion of the accusations yet. The number of phone calls from professionals who call to request our help in locating speakers to talk about False Memory Syndrome has skyrocketed. (We could do with a speakers' bureau.)

Cartoonists have had "open season" on repressed memories in the past few months. From Doonsbury to the *New Yorker*, they have poked fun at recovered memories.

Uninvited: Hope + Help Recovery Resource Center and Sierra Tucson presented the "Second Hope + Help Conference for Survivors of Childhood Sexual Abuse" on April 23-24 in Downtown Toronto. The conference brochure noted that it was open to survivors and supporters and, according to a preconference article in the Toronto Star (4/8/94), there would be "roving therapists available throughout the conference to provide support to participants." We receive many notices of similar conferences. What made this one of note is that in early April we were asked to participate in a panel on false memories. The organizer with whom we spoke told us that there would be a moderator and from this we inferred that we did not need to worry about a repeat of the McGill fiasco in which Harold Lief was not given the opportunity to speak.

An interesting development then occurred. We received an apologetic call that we had been "uninvited" to participate in the conference. The reason: Margo Rivera, one of the other people on the panel on false memories, refused to sit at the same table with us. In Canada, Margo Rivera is one of the chief trainers of other therapists in the recognition and treatment of MPD. She was interviewed in the 5th Estate program,"Mistaken Identities." According to a Canadian ISSM&D newsletter, she has been concerned about a possible loss of government funding as a result of that CBC documentary. We were to be replaced on the panel by Sylvia Fraser, survivor and author.

Vagaries of Memory: We were naturally curious. What was the expertise of Fraser in the area of false memories? In a recent article in *Saturday Night Magazine*, "Freud's final seduction," March 1994, Ms. Fraser thoroughly bashed the FMS Foundation. She also gave an account of the genesis of her memories of incest. She wrote, "...no therapist can be accused of misleading me, since none was involved in the initial recovery. I read no books on incest... and had no conscious interest in this subject..."

Apparently Fraser had forgotten what she had earlier written in her book, *My Father's House* . In that work, she noted that for ten years after her father died, "... I felt drawn to read about, and to experiment with, various psychological disciplines. Through Freudian and Jungian analysis, I learned how to interpret dreams as messages from my unconscious. Through primal and massage therapy, rolfing, bioenergetics, yoga, meditation, I grew more in touch with my body and my emotions... Unbeknownst to me, I was approaching time when I would remember. The obsession of a lifetime was drawing to a close. My path of revelation was to be the path of dreams." Later she consulted a Toronto hypnotherapist to whom she said "... So far, most of my regurgitated memories are physical and emotional rather than verbal or visual... I ask myself: did this really happen? And later, under hypnosis: "... After several false starts I begin: 'I am a child in my father's house. My father sits on the bed in his underwear...'" Then: "...On subsequent visits, I produce other childhood memories in which I express a growing sense of panic..." (*My Father's House* pp 211, 12, 225-228, 1988.)

Finances: The financial year for the FMS Foundation ends in March. In April, we prepared tables and charts all of the records for the past year and in May the external auditors will examine these records and then prepare a report. As soon as that is completed, we will publish the information in the newsletter.

The Foundation is not the "rich, media-savvy" organization that our critics describe. The Foundation depends on the dues and contributions of people who contact us in order to survive, and we have struggled. The staff involved in the day-to-day work of the Foundation are all from the field of education and there is no public relations firm or advertising firm or even any PR budget. The success of the FMS Foundation is due to the fact that families and professionals across the country have developed trust and have worked together.

The priority for the past two years has been to educate the public and professionals about the crisis. In doing this, we have surveyed, interviewed, collected material and documented the situation. We have tried to present the most accurate and up-to-date information on memory and on what is happening and how people feel.

Now that the FMS crisis is generally recognized, it is time to focus our efforts on working with professionals to help families out of this nightmare. We hope that the "Memory and Reality: Reconciliation" conference in December will provide leadership to set constructive paths toward reconciliation of therapy issues, legal issues and family issues.

The Foundation needs your ongoing and generous support to continue. Families have asked for a Legal Advisory Panel that they can call with questions. This means raising money to pay for such a service. Families ask for materials to be sent to professionals. This costs money. Families ask us to give talks and to prepare written materials. This takes time and money.

What has happened to families is not right and it is not fair. But until such time as the professionals assume their

fair share of responsibility for what has taken place, families will have to "bootstrap" themselves out of this morass.

Finding ways to help our children back to reality and to help families reunite is the most important thing in our lives. Please support the FMS Foundation with the financial support it needs to do this.

LEGAL CORNER

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

Third Party vs. Therapist Interpreting Illinois Law

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

Parents (third-parties) who are considering suits against their child's therapist often say that they do so in the hope that the court will provide an avenue for redress and for allowing the facts to be heard by the child in a respected forum. The ultimate hope of the parents is that the child will come to understand that she/he may have been misled by the therapist and reconciliation with the family will occur. As an alternative, complaints to state regulatory bodies regarding the therapist's actions may not produce satisfactory results because of the difficulty in getting records or information without the cooperation of the patient. Parents who choose the route through the courts have difficult hurdles to overcome. To be allowed standing to even bring the lawsuit, parents must get by the questions of: 1) does a therapist owe a duty of care to a third party (someone other than the client/patient)? and 2) under what conditions and for what grounds can a mental health care worker be held accountable to a third party for their actions?

As this writing, the first third-party suit to actually go to trial is still underway in California. This case was brought against the accuser's therapist by a parent accused of sexual abuse on the basis of his daughter's recovered repressed memory. (See page one, Ramona case.)

While it has not yet gone to trial, some important issues were recently decided in an opinion dated February 28, 1994 by Judge James A. Zagel in the U.S. District Court for the Northern District of Illinois (applying Illinois law). [1994 U.S. Dist. LEXIS 2297,1994 WL 65662]. The ruling addressed issues of standing and duty in the context of a defendant/therapist's motion for summary judgment seeking dismissal of a suit brought against him by the parents of a woman who claimed to have recovered memories while under hypnosis administered by her unlicensed therapist, Dr. __ (hereafter "Unlicensed Therapist"). The recovered memories were of sexual abuse by an older sibling. Summary judgment is a means of getting a case decided without a trial, but is available only if the party seeking summary judgment demonstrates there are no disputed issues of material fact.

The daughter entered therapy in September, 1990, at age 23. The following month, she and Dr. __ confronted her parents with accusations against a sibling. The sibling denied the accusations and no corroboration could be found among the other children, the household staff, or the records of the children's doctors. In November, 1990, the father wrote to his daughter threatening to take action against Unlicensed Therapist for damages he was inflicting on the daughter and other members of the family. On January 2, 1991, the father made a written complaint against Unlicensed Therapist to the Illinois Department of Professional Regulation.

The lawsuit was filed on January 6, 1993. The claim contained five counts: I. (Malpractice), II (Intentional Infliction of Emotional Distress), III (Negligence), IV (Loss of Society and Companionship) and V (Public Nuisance). In Illinois, personal injury claims must be filed within 2 years of the date of injury. As one might expect, Unlicensed Therapist sought summary judgment on the basis of the statute of limitations having expired. It should be noted at this point that Illinois law provides for two kinds of injuries, one for physical injuries, which has a two-year statute of limitations, and one for intangible injuries, which has a five year statute of limitations. After some discussion regarding when the injury was "discovered," the court found that Counts II and III were clearly personal injury claims and were subject to the two-year statute of limitations.

With regard to Count I (Malpractice), the court found that the injuries of the parents were intangible (and subject to the longer statute of limitations) and that a jury could find the Unlicensed Therapist "specifically directed his actions, in part, against the parents and their interests, that he imposed a false memory in [the daughter], instructed her to break contact with her parents if they dissented from her memory and prevented the parents from taking some reasonable steps to inquire into the validity of the memory." The court also held that the state statute governing malpractice by the licensed practitioners (with a two-year after discovery and four-years after event statute of limitations) did not apply because the daughter's therapist was not licensed.

Unlicensed Therapist contended that the claims were unprovable. In refusing to dismiss the claims of malpractice, the Judge relied on an affidavit by a psychiatrist who evaluated the parents' account of their daughter's treatment by Unlicensed Therapist and the resulting confrontation and alienation. Unlicensed Therapist's defense was that both he and his patient denied that he had implanted any false memories. The Judge noted, "[W]hen there are only two witnesses to an event and both swear to the same version of the event, it is often difficult to refute that version. But it is not impossible, even when the refutation must be proved beyond a reasonable doubt." Judge Zagel recognized that the parents had—and could only have—nothing but circumstantial evidence to offer and held that upon examining the events and statement which were known to be true, a trier of fact could reasonable "lay at [Dr. ___'s door" responsibility for the negative family relationship suffered by the parents and siblings with the daughter. "From these facts, a jury could infer that the memories were false and intentionally or recklessly implanted by [Dr. ___.]"

As to Count IV (Loss of Society and Companionship), the court held that "the injury is the excision of their daughter from their family." In a prior case addressing malpractice which causes damage to a parent-child relationship (in cases where the child lives) the Supreme Court of Illinois

had ruled that the parent could not sue for loss of filial society that occurs as a consequence of malpractice, but had split on the question whether the rule would apply to acts "intentionally and directly interfering with the parent-child relationship," Dralle v. Ruder 529 N.E.2d 209-214. A later decision, in federal court, held that it was not actionable. However, Judge Zagel found that the reasoning of the later decision would not affect the facts of this case in that two of three reasons given by the judge for not allowing an action on intentional torts were missing in the present case: that the child will sue and the possibility that the claims would be multiplied. Judge Zagel ruled that the availability of a tort remedy to the child would not apply because "the gravamen of this particular sort of claim is that the damage inflicted by the defendant causes the inability of the child to sue." Judge Zagel noted, "[P]rior to [Dr. ___'s] hypnosis, [the daughter] never made similar statements. Finally, there is the statement by [the daughter] while being treated by Dr. ___... that she would decline all family contacts unless family members admitted the statements were true...[T]here is no question that after the statements were made by [the daughter] her relations with her parents and siblings changed for the worse. It would be hard to doubt that the family relationship would be seriously and negatively affected in this situation."

Count V (Public Nuisance) was based on [Dr. ___'s] status as an unlicensed clinical psychologist whose practice resulted in an injury. The Illinois Clinical Psychologist Licensing Act (CPLA) implies a private right of action for persons injured by one who practices clinical psychology without a license. The approved form of action is public nuisance. The CPLA does not specify a statute of limitations period for bringing such an action, thus the court held that the five-year "catch all" period for statutory actions would apply. Dr. ___ argued that he did not "represent" himself as being licensed. However, the court found that a jury could conclude that Unlicensed Therapist did represent himself in some manner as a psychologist able to practice clinical psychology. Since he represented that he was a "Clinical Psychotherapist," and his office literature might well lead members of the public to conclude that he was a clinical psychologist, a jury could find that he violated the CPLA.

Although the court did not reach Counts II and III because of the application of the two-year statute of limitations, the court did comment that Count III was purely a negligence claim and could not be pursued by anyone other than the client/patient herself. Had the court been able to rule on Count II, the straightforward intentional infliction of emotional distress, the court's rational supporting the claim could have crossed state lines. The case will go to trial on the parents' claims of malpractice, loss of society and companionship and public nuisance (injury by an unlicensed therapist).

Daughter Recants Incest Accusations

Reprinted from *Rocky Mountain News*
March 10, 1994
Bill Scanlon

Jane Brennan hugged her parents last month; for the first time in three years. It was three years of hell, says the Denver children's clothing store owner, years in which she falsely accused her father of vile sexual abuse when she was a child. Now the family is back together and she no longer believes her father sexually abused her, or that her mother let it happen.

"I'll never get the past three years back," she said. She's angry enough at her therapist—who she says convinced her that the root of her problems was incest—to consider filing a lawsuit. She won't name the therapist, but she has obtained a lawyer.

Brennan says her problem began after the birth of her twins, when she was feeling depressed and having trouble with premenstrual syndrome. She saw a therapist, who told Brennan she believes that at least one in three women is sexually abused as a child.

"From the minute I walked in her door, her agenda was sexual abuse by my father," Brennan said. "That's all we talked about. I remember saying to her, 'I was never sexually abused by my father,' But she just kept at it."

Meanwhile, Brennan's panic attacks and depression worsened. 'I started to buy into it. She gave me a pamphlet for a support group called 'Wings.'

"'But," Brennan said she told her therapist, 'I'll have to admit I've been sexually abused by my father."

"Yes, you need to admit that," Brennan said her therapist replied.

"'So..I did... " ...She was hypnotized and put on anti-depressants. Everything fell apart for Brennan. She was unable to take care of her children, hired a nanny, almost lost her business, drove her husband to the verge of leaving home.

At her therapist's insistence, she wrote a letter to her parents laying out the charges and saying they couldn't see her or the grandkids again. Her father had a stroke after reading the letter. "My therapists said, 'That's a ploy. That's what they all do.'"

Last May, her husband began substituting fiber pills for her daily anti-depressant, she said. After she told her therapist she was feeling much better, her husband told her what he'd been doing. Only when she stopped seeing the therapist altogether did she begin to feel better. She called her brother, who had stopped speaking to her, and eventually, she called her parents.

She said she is suing because she wants to be compensated for the past three years. "We almost went bankrupt. I had to sell all my furniture. The hospital and therapy bills were just enormous. No one can imagine the hell we went through, the toll it took on our lives."

"If a therapist is incompetent or grossly negligent in treating a client, the Board can investigate the particulars of that situation. However, it is virtually impossible for the Board to conduct such an investigation without the consent and cooperation of the actual client. The confidentiality of psychotherapeutic communication is protected by law and therapeutic treatment records cannot be obtained without a written release from the client, if the client is an adult." *California Board of Behavioral Science*

SUGGESTIONS FOR ACCUSED PARENTS: A PROPOSAL AND AN ANALYSIS

August Piper Jr., M.D.

Could the FMSF do more to help families? That question surfaced after I received several letters and calls from Foundation members whose children had accused them of long-ago abuse. A telephone conversation with Dr. Freyd followed, during which we developed an idea: to compile and publish suggestions for families whose members have been accused of abuse.

We hope these suggestions will flow from two sources. First, and most important, we want you, our members, to tell each other what you have learned. Do you have suggestions for other parents who have been similarly accused? What helped you contend with this affliction? If the family ever reunited, what helped bring this about? When parents are confronted with these accusations, is there anything you'd advise them not to do?

Being condemned to repeat history is the unhappy fate of those who fail to learn from the past. We hope to avoid this punishment. Therefore, the second source of information for the suggestions will be the thoughts of people who have previously wrestled with and written about the questions that occupy us today. I have begun to review the literature on these subjects to obtain this information.

If you wish to contribute to this effort, please send your comments and thoughts to me, in care of the FMSF.

One important question is frequently asked of the Foundation: how can parents encourage their children to renounce unfounded abuse accusations? The following analysis may be useful.

About twenty years ago, several cults sprang up in the United States. I believe the practices of those groups resembled today's methods of treating multiple personality disorder and satanic ritual abuse, and of performing recovered-memory therapy. Therefore, examining the history of cults should teach some ways that today's families and parents might usefully respond to the problems caused by these three therapies. (Though I am a little uncomfortable with the word "cult, " because of its connotations, it should be pointed out that no disrespect is meant to either religion or to spirituality, and that 'cult" is not used pejoratively. Also, I am not saying that all practitioners who perform these three treatments are members of cults.)

What characteristics do recovered-memory therapy, treatment for MPD, and therapy for satanic ritual abuse have in common with the cults of two decades ago?

Let's start with a definition. The term "cult" does not have a precise scientific meaning, but as used here, it refers to a group with a "devoted or extreme attachment to or extravagant admiration for a thing or ideal, especially as manifested by a body of admirers; any system for treating human sickness that employs methods regarded as unorthodox or unscientific" (Webster's *Unabridged Dictionary*; Random House *Unabridged Dictionary*). According to various references, it is the excessive or extreme attachment formed by members of these groups that is key. This behavior disrupts the lives of involved followers, and therefore causes concern to families and friends of these individuals.

Cults typically are established by strong or charismatic leaders who control power hierarchies and material resources. Cults possess some revealed "word" in the form of a book or doctrine. Also, they confine their membership in various ways—for example, by bringing people into controlled environments where they are bombarded with strange new ideas (Streiker, *Mindbending*; Kaplan, Freedman, and Sadock, *Comprehensive Textbook of Psychiatry*). Group membership is contingent on accepting the doctrines and dogma of the leader. Joining the group brings two powerful reinforcements into play. First, rather than being encouraged to discover their own responses to the complexities of modern life, cult members learn a seemingly coherent system of ideas providing simple, "cookie-cutter" answers. For example, many in today's cult-like groups are told that past sexual abuse is responsible for all their current problems. Second, members develop a sense of being part of a group that shares their feelings and aspirations. These two forces produce a third vital effect—a significant increase in self-esteem *(Canadian Journal of Psychiatry* 24:593-602, 1979).

Above all, cults employ systematic forms of consciousness-altering practices (chanting, spending long hours reciting memorized material); they encourage their members to remove themselves from greater society so as to devote more time to the cult; they discourage critical thinking and suppress alternative views of social reality; and they strongly encourage members to cut off communication with families, often by inducing fears and phobias—"Your father raped you when you were a helpless child," (Pavlos, *The Cult Experience*; Streiker).

To a greater or lesser extent, the three kinds of treatments under discussion here share these characteristics. For example, in my experience, many patients who become involved with these therapies do so excessively. Treatment becomes the focus of their lives. They spend tens of hours each week in therapy and therapy-related activities. One teenager I evaluated was seeing her therapist at least six or seven hours a week for months. In addition, the therapist encouraged her to devote several hours each day to writing down ever-more-fantastic "memories" of rapes by her father and episodes of satanic abuse by her parents and grandparents.

Mainstream clinicians and scholars regard the theories supporting these three treatments as unorthodox and unscientific. For example, the idea of "repressing" a whole series of memories, and then accurately recovering them after years or decades, is now considered to be without foundation.

Science encourages critical evaluation of ideas. Cults, on the other hand, tend to regard books like *The Courage to Heal* as exactly and timelessly true. Because such texts rest on faith, rather than on the strength of supporting evidence, they admit of no doubt, require no proof.

Controlled environments? Bombarding people with strange ideas? These phrases exactly describe hospitals where patients are encouraged to search for "buried memories" of sex abuse and for "hidden alter personalities." The facilities often employ systematic forms of consciousness-altering practices, like hypnosis and Amytal interviews, in such quests. Influential clinicians encourage patients to re-

main in these hospitals for weeks or months. during this time patients withdraw from the larger world in order to undergo the inward-directed rituals of recovered-memory or satanic-abuse treatment.

It should be acknowledged that almost all the above characteristics of cults could be applied to both legitimate psychotherapies and to mainstream religions. However, two of them cannot be: no conventionally oriented western religion, nor any standard psychotherapy, isolates the bulk of its adherents from the outside world, or urges general severance of family contacts.

I have set out, perhaps at immoderate length, the analysis. Does it help those asking for advice on how to heal their families, and how to talk to accusing children? I believe it does. Some advice that follows from the analysis:

First, each family's situation is obviously different; there is no one "procedure" that works for all.

Second, I have recently heard of parents who are considering kidnaping their children and "deprogramming" them, just as was done two decades ago. The literature of the time indicates that such drastic methods worked poorly then; they would probably fare no better now. In addition, they are almost certainly legally and ethically indefensible, because they violate freedoms guaranteed by the Bill of Rights. Finally, techniques of coercive persuasion strengthen the hand of cult-like groups: these procedures show cult members that parents and friends are not to be trusted. Thus, not only does "deprogramming" anger those on whom it is attempted, but it also risks driving other members deeper into the cult (*American Journal of Psychiatry* 136: 279-282, 1979).

Third, families should remain optimistic about the likelihood that loved ones will renounce their accusations. Several literature sources claim that about nine of ten members of cults eventually leave them. Do any Foundation members have figures on the present rate of recantations of accusations?

The key word in the previous paragraph is "eventually": healing from accusations should be considered a marathon run, not a sprint. One father and mother to whom I recently spoke had just been accused of years-ago sexual abuse by their grown son (whose therapist had apparently "discovered' the abuse); after accusing them, he had refused to even talk to them. Nonetheless, these devastated and panicked parents were set to take a two-thousand-mile airplane trip to try to talk him into retracting his allegations. I wondered if they might better avoid reacting when the adrenalin was pumping, and take a little time to make a reasoned response. (They canceled the trip.)

The older literature advises against trying to argue accusers out of their beliefs. One modern commentator echoed this. If the accusations really are untrue, "Family members should deny, deny, deny—but arguing with the accuser is a waste of time." The theory behind this, of course, is that it truly is difficult for just one person to have a successful argument. Instead of debating, parents might simply continue quietly saying, "We'll always be your parents, and we'll always be ready to welcome you back," or something to that effect. In such a way, the children hear every day a still, small voice of their own, asking if they really know what they are doing. Parents might remember: "The drop maketh a hole in the stone, not by violence, but by oft falling."

If the child insists on talking about the alleged abuse, parents may have to be firm and simply refuse to discuss the matter, to change the subject, or use other tactics to avoid entering into a debate about truth or falsity of the accusations. These tactics force accusing children to examine their own consciences, to listen to the inner voice that asks if they really know what they are doing.

What about arguing with therapists? The FMSF working paper, *Meeting your Accusing Child's Therapist*, offers good thoughts.

Streiker advises that friends of the family, and non-accused siblings, have important roles to play. Their task is to make consistent efforts to establish and maintain contact with the accusing child, to develop his or her trust, and to create opportunities for dialogue. Obviously, they too should avoid arguing with the estranged family member.

Equally obviously, guilt-tripping ("Do you know what you're doing to us? How can you do this to us?") and insults ("How can you be so stupid?") seldom lead to reconciliation.

The papers warn parents against developing an obsession with the cult and the apparent loss of their child. The importance of parents carrying on with other aspects of their lives and those of their other children is also stressed. A support group or formal counseling might help. Halperin's book, *Psychodynamic Perspectives on Religion, Sect, and Cult*, has some interesting comments on these points.

Several writers urge families to look honestly at the accumulated misunderstandings, poor communications, and hostilities that have contributed to the present difficulties: neither accepting an excessive amount of blame for the problems, nor minimizing responsibility for them.

The literature warns; no matter how attractive the ideas of "mind-control" or "brainwashing" are, these notions are oversimplified and almost certainly inaccurate as well. See *Cults, Converts, and Charisma: The Sociology of New Religious Movements* by Robbins.

I found interesting the articles that talk of difficulties experienced by people who leave cults. They are beset with guilt and shame: for turning their backs on their belief system, for letting down or deserting their friends in the cult, and, of course, for hurting their families in the first place. For weeks or months, recanters may be disoriented, isolated, angry, embarrassed, and depressed, or may have 'dissociative" experiences. They will need understanding and nurturing and support—at exactly the time when the family's own reserves may be depleted. Several writers make what I consider a good case for a brief course of professional counseling at the time of reentry to the family. It hardly seems necessary to say—but I will—that the chosen therapist should not be one who will practice what one commentator called "hokum therapy": no alters, no rooting around for buried abuse. The goal of the counseling should be simply to help the family and the child rejoin.

Finally, parents may have to face and accept the terrible truth; they may, after all, be powerless to stop the child from worshiping false gods.

Let us know your thoughts!

August Piper Jr. M.D. a psychiatrist in private practice in Seattle, is a member of the FMSF Scientific and Professional Advisory Board.

A Cornerstone for Responsible Psychotherapy
A Review by Allen Feld

House of Cards: Psychology and Psychotherapy Built on Myth by Robin Dawes (338 pages. Free Press $22.95) could easily (and perhaps justifiably) be regarded as a book that criticizes psychotherapy and psychologists; in reality, it is about improving the helping professions and the services they provide to society. I see the central theme of Robyn Dawes' book as simultaneously profound and simple: there is an abundance of appropriate research studies, and these studies should be the foundation of psychotherapy and should override intuition, clinical experience, political posturing and personal bias. While he writes from the perspective of a psychologist and from the discipline of psychology, he targets his message to all who offer themselves as therapists (psychiatrists, social workers and counselors).

Like other authors who have raised questions about psychotherapy and therapists, Dawes uses his personal experience and philosophy to support his positions. While he never hesitates to let the reader know his stance, each of his strongly held opinions is supported by scientific evidence.

In his book, he models the behavior that he asks therapists to assume. He cites over 300 empirical investigations and summaries of investigation to buttress his arguments. It is the manner in which he uses the scientific material available that makes his book so potentially valuable for therapists. In non-technical language, Dawes explains the important statistical concepts that readers must understand, and he uses examples that are readily understandable to non-researchers. It is rare to find this kind of reader-accessibility in a book which is scientifically based. As a result, non-research professionals and college students should find this book very readable.

The concern that non-scientific intuition is replacing critical thinking is a recurring theme in this book. Dawes points out that court decisions are impacted by "clinical judgment " and laws are passed on the basis of unproved theories, resulting in gross injustices and poor social policy. His unhappiness with the diminishing part that research plays in his profession is evident by his concern for the harm done from the belief in various myths. He cites scientific evidence that dispels a number of these myths: greater length of clinical experience does not increase the competence of therapists; projective tests which require specialized training, such as the Rorschach, are unreliable; and therapists with little experience and training are often as effective as better-credentialed and higher-priced therapists.

His suggestions about licensing and the pricing of psychotherapy are equally provocative. Licensing, Dawes argues, is more important for those staff who provide more direct and/or custodial care, and who spend more time with clients. He claims it is a myth that the public is protected by the current licensing process. Contained in his suggestions about licensing is the requirement that therapists demonstrate the use of scientific knowledge in their therapy, not merely obtaining degrees and other credentials. His approach to paying for therapy would also require social policy changes. He is virtually libertarian in his views concerning individuals who don't need society's protection and are paying therapists directly at an exchange determined by the therapists and clients. However, when therapists receive common funds, whether through third-party or tax funds, only therapists who are licensed on the basis of knowledge should be paid with licensed therapists receiving the same rate. Since he has demonstrated by careful analysis of the research that greater credentials do not necessarily lead to greater expertise, the rate of payment therapists would receive should be the rate given to private-practice social workers. No doubt some psychotherapists will be uncomfortable with these kinds of suggestions.

He also uses his analysis of the research to challenge a variety of other widely held clinical assumptions. Some of what is often commonly believed fails to hold up under the scrutiny of available research. Two such examples of myths he attempts to debunk:
self-esteem as an essential prerequisite to being productive people and early childhood as a determinant of how we function as adults.

Robin M. Dawes combines the skills of a researcher, teacher, writer, and keenly perceptive observer of contemporary society with his strong personal ethical standards and commitment to persons who seek therapy and social justice. He has written a book which should be required reading for those in the helping professions.

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

MAGAZINE & NEWSPAPER ARTICLES:

__292a "Real or Imagined?" by David McKay Wilson. *The Reporter Dispatch*, October 20, 1993. [$1.00]

__298 "Family gets blamed for everything," by Kathleen Parker. *Orlando Sentinel*, December 31, 1993. [$1.00]

__298a "Pandora's Memory," by Sarah Jones. *The Monthly*, March 1994. [$1.00]

__299 "The Lost Daughter," by John Taylor. *Esquire*, March 1994. [$3.00]

__301 "Dark Memories," by Paul Wood. *The News-Gazette*, March 6, 1994. [$3.00]

__302 "Are Secrets Locked Inside?" and "Military controls my mind, woman says," by Carol Gentry. St. Petersburg Times, March 6, 1994. [$3.00]

__ FMSF Newsletters 1992 [$8.00]

__ FMSF Newsletters 1993 [$15.00]

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One Daughter to Another

Audio tape formed from the life experience of retractor, Janet Puhr. The approach is designed to lead a daughter down a situational path of reality. 50 min. Cost $30 (includes shipping. Make checks payable to Janet Puhr, PO Box 293, Chicago Ridge, Il 60415 Enclose name and phone number.

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.

FROM OUR READERS

The following letter was sent to the Practice Directorate of the American Psychological Association in response to a recent article about FMS. The author is director of clinical services for Preferred Mental Health management, Inc., a managed mental health care organization owned and operated by Ph.D. clinical psychologists. Approximately 750,000 individuals fall within their domain of coverage.

"...From this vantage point, I can assure you that false memory syndrome is real and that many, many patients are being damaged by mostly well-meaning therapists using inappropriate techniques. The similarities among the cases are striking, and it is almost always the same therapists who 'discover' heretofore unknown sexual abuse. Virtually all of these therapists believe that the only way to address sexual abuse is through abreaction and they also almost always utilize images, journaling and 'body-memory' techniques. The sequence of events is predictable. The clients begin with generalized unhappiness, depression, relationship problems and the like. The therapist suggests to the patient the possibility of having been sexually abused and almost always has them read one of the popular books on the issue, most frequently The Courage to Heal. Then as imagery and body memory techniques are used, the client begins to get vague images of people and situations. As therapy progresses these images become clear. We have dealt with one case wherein the individual recovered recollections of having murdered her baby in the context of ritual satanic abuse. Even though there was no evidence that in fact she had ever given birth to a child in that time frame, the psychologist accepted at face value the recollection and focussed therapy on her need to forgive herself...

Of course, not all are so dramatic and bizarre. At the same time the similarity in the process of the 'uncovered' recollections is unmistakable. Another very predictable aspect of the therapy is that these clients almost always get worse rather than better and almost always go through an acute phase of being suicidal, often requiring multiple hospitalizations. If you raise an issue with these therapists as to why the client is getting worse rather than better, the universal answer is that it is a normal and expected part of the healing process! I have been treating depressed and sexually abused individuals for twenty years, and I have yet to have to hospitalize someone. We even have psychologists who have requested inpatient treatment in order to use abreaction because they were concerned that the 'therapeutic' process would cause decompensation to the point that the individual would have difficulty functioning for a few days outside of the hospital. It seems to me common sense that if a 'therapeutic' technique is going to cause an individual to decompensate such that they cannot function, even for a few days, it is a technique that should not be employed. We have seen such counter-productive results that we cannot in good conscience provide insurance coverage for individuals who fall under our domain of care undergoing this sort of treatment; we do offer alternative treatment with psychologists and clinical social workers in our panel who address these issues in ways that do not promote decompensation.

I should add here that a very large portion of the individuals who 'recover' recollections carry with them an axis II diagnosis of borderline personality. This is explained away as the borderline personality being the result of sexual abuse. I do not believe there is any evidence in the literature outside of psychoanalytic anecdotes and theory that supports this notion. It is, in my opinion, much more parsimonious to see the phenomena as one of borderline personalities meeting the preconceived notions of their therapists; I believe false memory syndrome is far more widespread than is currently being recognized by psychologists. i also believe that those therapists who are using these techniques are a very high risk for malpractice as the facts concerning false memory syndrome continue to emerge.

This brings me full circle back to false memories and the False memory syndrome Foundation. It seems to me that the FMS Foundation is one of the few organizations having had the courage to take the politically incorrect view that scientific data and the facts as we know them about memory should be the cornerstone of thought and therapy rather than politics and anecdote. Indeed, the FMS Foundation has partially corrected an imbalance in how these issues are viewed.

Douglas E. Mould, Ph.D.
Director of Clinical Services
Preferred Mental Health Management
Wichita, Kansas

Dear Daughter,

Your father died today taking your accusations to his grave.

He was not in the least afraid of death as he believed that he will live again in Glory with the Lord, and that He knows the truth. You were never molested by your father. He loved his first-born more than life.

I only regret that now you can never reunite with your father on this earth when you finally realize that your recovered memories were not real.

Mom

"I have been going through the process of terminating the employment of a young woman who worked for me for four years. About 18 months ago she began remembering having been sexually abused as a child. She had been in therapy for some time prior to these memories because of difficulties she had in adjusting to divorce. I accepted her memories as real and was extremely patient and sympathetic. I made no job demands on her at all for six months.

"She is an educated and experienced professional. Her performance prior to these memories had been outstanding. But afterward, both the quality and quantity of her work deteriorated to totally unacceptable levels. She seemed unable to apply the technical knowledge she had. And, she seemed not fully aware of the extent of this deterioration. She became hostile and defiant. In the final phase of her employment she accused me of mental abuse. She believes that she was no longer able to perform her job because of me.

"I do not know if her childhood memories are of actual events or not, but I want to know more about this phenomenon."

A Professional

Making Extortion Legal

"I received my M.S. in Counseling and Mental Health. I became interested in the field when my own experiences in therapy turned my life around. I had an enormously difficult childhood. While I always knew there were inappropriate sexual behaviors on my father's part, I would never have used the word incest. At least not until recently when the definition of incest became clear did I realize what incest really was. Suddenly I had become first a victim of and finally a survivor of incest. What I have to say deserves some background.

"When I was attending college, I volunteered to be a subject for a demonstration in body work. This was my first real introduction to repressed memory. My experience with the demonstration left me feeling clear of negative emotions which I believed at that time were repressed. I saw other clients recover very traumatic memories and become quite emotional. They too appeared to feel better and look better after thee sessions. I planned on making this my life's work.

"During my training I witnessed a demonstration in which a young woman was crying and telling us how bad her childhood had been. I was completely caught up in the demonstration when the instructor stopped her cold saying, "That's a nice story but it's not the truth." The woman began laughing and stopped her drama abruptly. This was my first experience with false memory. I began to wonder how one person could uncover real events and work through them, while another could create an event. Perhaps the therapy created expectations. The entire class had taken the theory of repressed memory as fact. it seemed that mere suggestion was enough to make everyone in the class produce the expected results.

"In 1991, my own son confronted me in a restaurant with his recovered memories of being molested by me which he had discovered in therapy. I was shocked nearly speechless. All I could say was, "What makes you think it was me?" He told me, "Because I see your face above me." He asked me some questions about where I changed his diapers and what the room looked like. I answered him as honestly as I could. That was the last time I saw my son. His next communication was through his attorney accusing me of molesting him as an infant. That began an eighteen month nightmare. On the advice of our attorney we settled out of court for $100,000. I was told that my innocence was irrelevant and that it would cost as much to prove my case as to settle out of court. My doctor put me on anti-depressants in September when I became so depressed I couldn't get out of bed.

"I've read the arguments for and against false memories. In my own experience and work I have seen the phenomenon. I know it is extremely difficult to tell the difference between a false and a real memory. I also know the subject has become a great controversy. In my own therapy, I never considered making my parents responsible for my pain. My father was deceased when I went through my therapy, perhaps that had an influence. I don't really know. My mother, whom I approached with my discovery of a single repressed memory was wonderful in corroborating my suspicions and in resolving her own. She was an intimate part of my healing process. Today I have a wonderful relationship with my Mom which I never had as a child. This single repressed memory was not my only memory of being molested. I remember several very traumatic sexual events that were too painful ever to forget. My personal expectations of therapy are to heal and forgive. I've had plenty of time to review the differences in my therapeutic journey and my son's. They are radically different.

"Instead of being able to support my son through his therapeutic process, I have been cut out of his life. I know he was molested by my second husband and I knew one day he would need to go into therapy. I thought I would be there for him. Instead I have been attacked by a combination of abuse therapist and abuse attorney. These specialists in abuse cases isolate their clients.

"I've collected articles and tapes and read most of your literature. I believe I have studied the subject thoroughly and I'm going to work to stop what I feel is a great injustice. When my attorney warned me away from proving my innocence due to the vigilante state surrounding the highly charged issue of sexual molestation and child abuse, I begrudgingly opted to settle out of court. I also thought that a court battle would destroy any chance for reconciliation in the future. I became aware of the extortion that was made possible by the system. I believe the innocent are going down with the guilty. I know I never copulated with my infant son while he was still in diapers as i have been accused. I don't even believe it is possible to have sexual intercourse with an infant. His conclusions are based solely on recovered memories and on my description of the location of his bathinette in our home. That bathinette held a maximum of 60 pounds and would have broken beneath our combined weight. Not to mention the fact there is no way he could have seen my face above him at that age. He would be staring at an adults mid-section and feel as if he were suffocating. The charges are ludicrous. And yet the risks of going to court are too high.

"We have all lost when we settled out of court. The greater loss is my family. My son is gone. I've lost health because of the severe stress and grief. I've lost trust. I would have given my son money if he had asked for it.

"I hope that I can contribute in some small way to changing the system that has made extortion legal."

A Professional, A Mom

> Our fathers claimed, by obvious madness moved,
> Man's innocent until his guilt is proved.
> They would have known, had they not been confused,
> He's innocent until he is accused.
>
> Ogden Nash
> *I Wouldn't Have Missed It: Selected Poems*
> Boston: Little, Brown & Company 1975.

"I want to first thank you from the bottom of my heart! Thank you for your support to my parents. In October of 1993 I was finally reunited with them after three *horrible* years of being involved with a "bad" counselor and learning first hand what the false memory syndrome was all about. Today I am very thankful to God to be back together with my family!!! I have friends that I was in a SRA/MPD group with that are still in the same boat I was in and they will no

longer speak to me since I am now the 'enemy." My parents have been so forgiving and i am so thankful that we have been reunited. My deepest thanks to FMSF for sharing with my parents that they were not alone and for providing them with much encouragement. I can't ever thank you enough.

Well, I'm sure my story is pretty much the same as all the ones you have heard. Currently, I'm looking into seeing an attorney about the possibility of a law suit. That's my next step, just to see what that would entail. My husband doesn't want us to be all consumed with my former therapist. She already ripped away three years of our lives and we don't want to give her any more. I'm praying that the Lord will guide us in our decision about what to do next. I do want her stopped !!!! I would hate for anyone else to have to endure all that my husband, my family and I have endured these last three years. I'm sure as I go on, that you can tell that I'm continuing to work out all my "stuff" that I experienced these last three years and the anger that is there.

If you know of any retractors.. I'd love to communicate with them. Please let me know.

A Loving Daughter

ATTENTION READERS

Special Issue of *Skeptic Magazine* on False Memory Syndrome

-Dr John Hochman on the Problem of Recovered Memory Therapy

-Dr Gina Green on Facilitated Communication

-Dr Carol Tavris on the Illusion of Science in Psychiatry

-Dr. Thomas Szaz on A Skepticl Analysis of Psychiatry

-Dr Michael Shermer on the Similarity of FMS to the Witch Crazes Send $6.– + $2.00 s/h to:

Skeptics Society
2761 N. Marengo Ave
Altadena, CA 91001

Also available: Dr. John Hochman's Caltech lecture on FMS for the Skeptics, considered the best lecture of the year.
Send $19.95 + $2.00 s?h to Skeptics, or call 818-794-3119

"Therapists should interview the family and review medical and school records before boldly affixing blame. Patients should not rush to sue or tell all to Oprah if there is doubt, and there may always be doubt. Therapy should seek to give a person a future, not foster an obsession with the past."

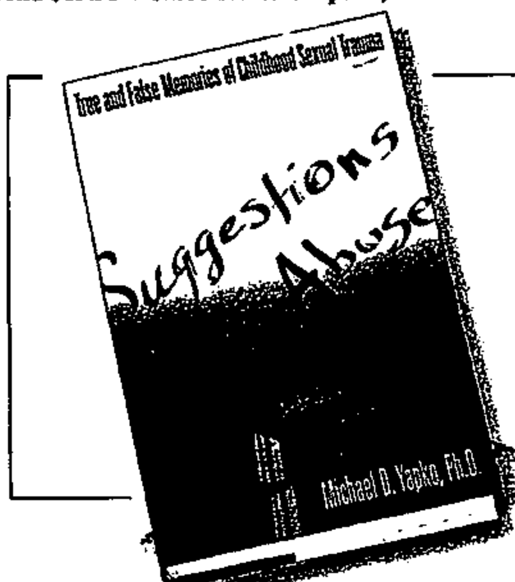
Editorial
Boston Globe April 17, 1994

Talk with A Retractor

"Last week I had my first telephone call from a retractor. At first I was excited. Here was my opportunity to learn all about the other side. I was not prepared for what I heard. First of all—the fear. The fear of her parents because she had been convinced they would hurt her, maybe even kill her. The pain—obvious in her voice—how much she had missed her parents, and how much she had wanted a mother while she was going through all this, especially at Christmas. And now the pain and guilt and sorrow that comes with realizing the pain she had inflicted on her parents. The self doubt. Why did I believe this? How could this happen? And the anger—at her therapists for what they had done to her. The questions—what could she do to stop this so others don't go through this? How to pick up the pieces and go on? And how to let go of her psychiatrist since she still needed him because she is addicted to the medication he's been giving her. How to get off the medication? The relief she felt talking to me, "I feel like the world has been lifted off my shoulders. Now I know I don't ever have to believe them again." And finally the determination, "Never again will I let anyone tell me what to believe." And the reassurance she needed not to be so hard on herself.

"Talking to her taught me many things. Mostly it helped me realize just how excruciating it the pain and anguish that this therapy inflicts on our accusing children, perhaps even more than that felt by parents if that's possible. It's important for us as parents to be patient and understanding and compassionate towards the children who hurt us so deeply when they take their first fearful steps back to us. We, the parents, have one advantage. We know we are innocent and if we educate ourselves about this terrible cruelty happening in the mental health field, we can at least bring the understanding that we are all—parents and children—caught in something much bigger than any of us. We can stop blaming each other and together hold those who are responsible for this atrocity accountable for the damage they have done to innocent families."

A Mom



"An indispensable consumer guide for victims of abuse—and for victims of abuse accusations."

—Carol Tavris, author of The Mismeasure of Woman

FMSF MEETINGS

FAMILIES & PROFESSIONALS WORKING TOGETHER

MIDWEST REGIONAL MEETING
May 21-22, 1994
Michigan State University
LANSING, MI

APA
American Psychiatric Association
ANNUAL MEETING
Doubletree Hotel
PHILADELPHIA, PA
Wednesday, May 25, 1994
2-5:00 pm Seminar Speakers:
Drs. Green, Lief, McHugh, Singer

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

UNITED STATES

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

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

CALIFORNIA
CENTRAL COAST
Carole (805) 967-8058
NORTH COUNTY ESCONDIDO
Joe & Marlene (619)745-5518
ORANGE COUNTY (as of May 1st)
Chris & Alan (714) 733-2925
1st Sunday (MO) - 10:00 am
Jerry & Eileen (714) 494-9704
3rd Sunday (MO) - 6:00 pm
RANCHO CUCAMONGA GROUP
Marilyn (909) 985-7980
1st Monday, (MO) - 7:30 pm
SACRAMENTO/CENTRAL VALLEY
Charles & Mary Kay (916) 961-8257
SAN FRANCISCO & BAY AREA - BI-MONTHLY
EAST BAY AREA
Judy (510) 254-2605
SAN FRANCISCO & NORTH BAY
Gideon (415) 389-0254
Charles (415) 984-6626 (day); 435-9618 (eve)
SOUTH BAY AREA
Jack & Pat (408) 425-1430
Last Saturday, (Bi-MO)
BURBANK (formerly VALENCIA)
Jane & Mark (805) 947-4376
4th Saturday (MO)10:00 am
WEST ORANGE COUNTY
Carole (310) 596-8048
2nd Saturday (MO)

COLORADO
DENVER
Roy (303) 221-4816
4th Saturday, (MO)1:00 pm

CONNECTICUT - AREA CODE 203
NEW HAVEN AREA
George 243-2740
Sunday, June 19, 1994 (bi-MO) 1:00 pm

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

GEORGIA - NEIGHBORING STATES WELCOME
ATLANTA MEETING
Call for information: Jean (404) 840-7097, Nancy (404) 922-7486 or Lee (404) 442-0482
Sunday, May 22, 1994, 2:00 pm

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

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

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

KANSAS
KANSAS CITY
Pat (913) 238-2447 or Jan (816) 276-8964
2nd Sunday (MO)

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

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

MARYLAND
ELLICOT CITY AREA
Margie (410) 750-8694
Sunday, June 5, 3:00 pm

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

MICHIGAN
GRAND RAPIDS AREA - JENISON
Catharine (616) 363-1354
2nd Monday (MO)

MINNESOTA
ST. PAUL
Terry & Collette (507) 642-3630
Saturday, June 18, 9 am - 3 pm

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

NEW JERSEY (SOUTH) - See PENNSYLVANIA (WAYNE)

OHIO
CINCINNATI
Bob (513) 541-5272

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

PENNSYLVANIA
HARRISBURG AREA
Paul & Betty (707) 761-3364
PITTSBURGH
Rick & Renee (412) 563-5616
WAYNE (includes So. Jersey)
Jim & Joanne (610) 783-0396
Saturday, May 14, 1994, 1:00 pm
Saturday, June 4, 1994, 9:30 am - 1:00 pm

TEXAS
CENTRAL TEXAS
Nancy & Jim (512) 478-8395
DALLAS/FT. WORTH
Lee & Jean (214) 279-0250
HOUSTON
Jo or Beverly (713) 464-8970

VERMONT & UPSTATE NEW YORK
BURLINGTON
Elaine (518) 399-5749
Monday, May 9, 7:00 pm

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

WASHINGTON, DC - See VIRGINIA

WEST VIRGINIA - SEE VIRGINIA

WISCONSIN
Katie & Leo (414) 476-0285

CANADA

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

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

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

AUSTRALIA
Ken & June, P O Box 363, Unley, SA 5061

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

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

To list a meeting: Mail or fax info to Nancy **2-3 months before meeting date,** (ex., for July/August newsletter, send by May 25th). Standing meetings will continue to be listed unless notified otherwise by state contact or group leader.

Why I am a Board Member of FMSF

Robyn Dawes, University Professor
Department of Social and Decision Sciences,
Carnegie Mellon University

There are a few principles in psychology and psychiatry that can be termed "scientific." They are not as plentiful as principles of physics, engineering, and medicine, and they are of a more probabilistic nature than are most principles in these "hard sciences." But they are there. They are, moreover, supported by evidence that has been subjected to skeptical examination, just as any other accepted scientific principle has had to survive the challenge of "show me."

In the present context of "recovered repressed memories," the relevant principles concern memory (reconstructive in nature), inference (which can systematically deviate from mathematical rationality), and group influence (which can lead to behaviors, judgments, and even perceptions that are radically different from those obtained without it). The courts, the public (and even—perhaps especially—psychotherapists) should be aware of these principles and their potential applications. We should educate.

The opposing idea is that people with a special status "just know" the nature of reality on the basis of "experience" pure and simple. General principles are claimed to be at best irrelevant to "this particular problem," and at worst, quite remarkably, to lead unerringly to the wrong conclusions. ("Q. Is it your position that repression can only be addressed by clinicians and not by researchers? A. The kind of researchers that are bringing this to question, sociology researchers, researchers who are doing cognitive psychology experiments, are not the ones who can make a value judgment on repression. It is the clinicians who can"—Lenore Terr, M.D., Akiki Trial Testimony.) We should also educate the courts and the public (and psychotherapists) that true expertise—even that involving a large dose of intuition—involves working within the bounds of what is known, not outside these bounds on the basis of one's "own reality," or someone else's.

An airplane built without regard to principles of physics and engineering would surely crash, if it were ever able to get off the ground in the first place. If we were to fund the development of such an airplane, we would be funding wreckage. Acceptance of—and payment for—a claimed expertise in psychology and psychiatry that ignores general principles has the same (predictable) result: Wreckage, in this context human wreckage.

December 20, 1993

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May 3, 1994

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