

FMS Foundation Newsletter

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September 1, 1994

Dear Friends,

"I've been accused of abusing my children," a prominent scientist informed us two weeks ago. She said that a friend had sent her a tape of this accusation made on a radio talk show. "How can this be?" she asked. "I never had any children!"

When we repeated this story to a group of professionals, they laughed. "She must have repressed her children," someone offered. "She's clearly in denial," said another.

"Who is trivializing the issue of child abuse?" we ask. When accusations are bandied about in such careless fashion...When rumor substitutes for fact...When people are accused and not allowed to defend themselves...When people start to laugh because of the absurdity of accusations, it undermines the efforts of the past fifteen years to treat child abuse with the importance it deserves.

We have a run-away phenomenon. Good intentions, a lack of knowledge about memory, a panic about child-abuse, an over-generalization of recovery techniques in therapy, women's issues, media sensationalism, the death-throes of Freudianism, economic issues and all the problems and anxieties that come from being human or living in a family have somehow mixed together to take on a new form with a life of its own. The result has been a disaster.

But this juggernaut called false memory syndrome is beginning to slow. As we have documented and tried to make sense of it all, the first change we saw was a willingness of accused families to speak out. That broke the log jam. After that, we saw news coverage that showed understanding of the complex issues. Next we noticed that the topic of FMS was appearing in professional meetings. Starting last spring, we begin to hear more regularly from retractors. This month, we see the biggest and the most significant change: a great increase in the number of scholarly papers about FMS. Because of the tone of the papers and because of the depth in which the issues are addressed, we conclude that the academic community is concerned about the consequences of recovered memory therapy and is now willing to speak out in a voice about the scientific foundation of memory.

The August issue of *Applied Cognitive Psychology*, 8(4) is a case in point. This is a special issue edited by Pressley and Grossman entitled "Recovery of Memories of Childhood Sexual Abuse." It features a landmark article by Stephen Lindsay and J.D. Read called "Psychotherapy and memories of childhood abuse" to which a number of responses, both critical and supportive, are given by noted scholars. Read and Lindsay's response to the critics is masterly and strong. They note that "most of the cognitive psychologists who have become involved in this debate have focused on

criticisms rather than defenses of memory recovery therapies."

Lindsay and Read tackle each of the premises on which memory therapy is based and present the research data. For example, one of the assumptions is that it is common for children to repress or have amnesia for sexual abuse as a way to survive. There is, however, simply nothing in the research to support that assumption:

Base rate of total amnesia

Although many memory recovery therapists believe that "children often cope with abuse by forgetting it ever happened" (Bass and Davis, 1988: p 22; see also Blume, 1990; Briere, 1992; Courtois, 1988; Olio, 1989; Putnam, 1991; Sgroi and Bunk, 1988; Wyatt and Newcomb, 1990), we know of only a few studies that have addressed this issue directly (Briere and Conte, 1993; Femina, Yeager, and Lewis, 1990; Herman and Schatzow, 1987; Loftus, Polonsky, and Fullilove, in press; Williams, in press). What is most striking about these studies is the lack of agreement about what constitutes amnesia and the very modest support for the claim that many adult survivors of abuse are totally amnesic for the abuse. All of these studies

used quite non-representative samples. In most of these studies the subjects' simple statements that they did or did not remember were taken at face value. Moreover, even assuming that all claims of abuse in this research were true (an assumption contested by some, e.g. Frankel, 1993; Rich, 1989, 1990), the studies do not support the view that a large percentage of clients are completely amnesic for actual childhood sexual abuse, suffering amnesia so dense that only intense and frequent sessions of memory recovery therapy can break through. For one thing, Martin, Anderson, Romans, Mullen and O'Shea (1993) have shown that initial negative responses to questions about childhood sexual abuse are often followed by affirmative responses to additional, more specific questions. Such effects of more specific probing can be explained without recourse to the assumption of complete long-term repression. Furthermore, some findings that have been taken as evidence of complete amnesia for childhood abuse may in part reflect the creation of illusory memories rather than the recovery of repressed memories. (page 311)

A number of new books are about to appear that expose the cruelty and the pseudoscience of recovered memory therapy. We will list many of them this month and will review them all in future issues. This month there are reviews of two books many of you

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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.

have been waiting for: *The Myth of Repressed Memories* by Elizabeth Loftus and Katherine Ketcham and *Making Monsters: False Memory, Psychotherapy and Sexual Hysteria* by Richard Ofshe and Ethan Watters. These books are certain to have a powerful impact.

Conference: The change in climate is reflected in the plans for the *Memory and Reality: Reconciliation* conference this December 9-11. The program and registration have gone in a separate mailing. This will be the defining conference on the issue of False Memory Syndrome this year. It is a very special occasion to have so many outstanding scholars at the same meeting. It is an extremely important occasion because it should mark the change in the focus of FMSF from informing people that there is a problem, to an invitation to professionals, retractors, and families to join us and become an active part of the solution. It will be a remarkable occasion because there will be a coming together of professionals in the field with families affected by the problem. We hope that our critics will attend. They will be welcome.

The small group/poster sessions were one of the highlights of the Valley Forge Conference. This year they will be even more exciting. These sessions are designed around special interests and give participants a chance to talk with an expert or get to meet other people in the same field or from the same area. We will describe them in future newsletters. An invitation to students to present their research on posters will be mailed this month. Families and professionals have been calling us with their ideas for other special meetings to be set around the conference. If you have a suggestion, please give it.

Many professionals told us that they felt that the first Memory and Reality conference in April 1992 marked a turning point. Perhaps they are right. Between that conference and this, the situation for families has changed dramatically. Whereas in April 1992, FMSF families were besieged and devastated, they are now setting the pace and the agenda for the changes that must be made to solve the FMS problem. The *Memory and Reality: Reconciliation* conference will define the focus for future work. We hope to see you there so that we can all become part of the solution.

Pamela

A point that our critics have used on numerous occasions in their effort to discredit the FMSF, is the claim that the Foundation was formed by accused families. In fact, the Foundation was formed by both accused families and concerned professionals and it wouldn't have gotten very far if it hadn't had the prestigious board of advisors from the very beginning. But most such organizations (i.e., Alzheimers or AIDS) are formed by those directly affected with the problem. The fact that people experience the problem does not effect the issues involved in that problem. These same critics neglect to mention their own organization: the Professional Advocacy Network (PAN) formed by accused therapists. PAN was co-founded by Judith Sherven, a Los Angeles psychologist and Lynn Steinberg, a Los Angeles social worker. In its first year it has attracted a membership of

a thousand accused professionals according to an Associated Press story in August. The number of complaints against social workers in California doubled from 1992 to 1993, to over 1,200. Touching, fondling or having sexual intercourse with clients are the most common complaints.

According to the AP article, therapists complain that regulatory boards for psychologists and social workers are conducting witch hunts in an overzealous response to clients' complaints of misconduct. They claim that the vigorous prosecution of complaints is wrecking innocent lives across the United States and chilling their profession. PAN is concerned about procedures that permit charges to be brought years later, allow changes in the accusations at any time, keep complaints secret from practitioners and hold them to current standards rather than those in place at the time of the alleged misconduct. Sound familiar? In fact, many of the issues raised by PAN are those that families have raised. Therapists, however, have a forum in which the accusations can be evaluated. Accused families have no place that will investigate the charges.

We can't help but wonder how many of the accused therapists gave the book *The Courage to Heal* to their patients. (It is the most highly recommended book by therapists according to *The Guide to Self-Help Books* published by Guilford Press in 1993) We have often wondered how carefully therapists have read it before giving it to their patients. Some of the sections were highly disturbing to us when we read them. Are they disturbing because of something fundamental in what they say or are they disturbing just because they mention fathers and grandfathers? Sometimes, by substituting words, it can help one to see a message more clearly. We did that with some of the passages that disturbed us. First we substituted in terms that are traditional targets for bigots—racial and ethnic terms. Then we thought that if this book is given by therapists, what would they think if we used them, instead, as the target?

The following document then is a parody. We think it is disturbing. But we have found no other other way to make clear what it is that parents find so upsetting about the tone of the book *The Courage to Heal*. It was constructed by taking selections from pages 134 through 161 (pages 123 through 150 in earlier editions) and applying the following four replacement rules:

| | | |
|------------------------------------|---|-------------------|
| <i>child</i> | → | <i>patient</i> |
| <i>survivor</i> | → | <i>ex-patient</i> |
| <i>abuse, victimization</i> | → | <i>therapy</i> |
| <i>abuser, father, grandfather</i> | → | <i>therapist</i> |

All other words were left untouched. The words *anger, rage, fury, hate, kill* are just as just they appear in *The Courage to Heal*. So are these phrases, each of which is cited as a good thing to do: *making menacing gestures, visualize revenge, see them suffer, beaten him to a pulp, demolished him, dream of murder or castration, be glad he is dead, spit on his grave.*

Page numbers below refer to the third edition. For earlier editions, subtract 11.

ANGER—THE BACKBONE OF HEALING

DENYING AND TWISTING ANGER

Anger is a natural response to therapy. You were probably not able to experience, express, and act on your outrage when you were in therapy. Rather than be angry at the person or people who held you in therapy, you probably did some combination of denying and twisting your anger. One way ex-patients cut themselves off from their anger is to be-

PARODY

come so immersed in the perspective of the therapist that they lose connection with themselves and their own feelings. But if you are unable to focus your rage at the therapist, it will go somewhere else. Having been taught to blame yourself, you stay angry at the patient within—the patient who was vulnerable, who was injured, who was unable to protect herself. (134)

GETTING IN TOUCH WITH YOUR ANGER

It's often easier to get angry for someone else's pain than for your own. Imagine a patient you love being held in therapy the way you were. (135) You can hear her fury and be incited. Getting into an angry posture also helps. Physically taking an angry stance, making menacing gestures, and facial expressions, invites genuine anger to rise. You can also write a letter to your therapist. Try beginning with "I hate you." (137)

PARODY

I'D LIKE TO KILL HIM

At one point or another, many ex-patients have strong feelings of wanting to get back at the people who hurt them so terribly. You may dream of murder or castration. It can be pleasurable to fantasize such scenes in vivid detail. Wanting revenge is a natural impulse, a sane response. Let yourself imagine it to your heart's content. Giving yourself permission to visualize revenge can be satisfying indeed. (139)

PARODY

If you start to think of acting on your fantasies, you need to consider how your actions would affect your own future. It's not wise to seek violent revenge in this society; you'd most likely perpetuate your own therapy. There are nonviolent means of retribution you can seek. Suing your therapist and turning him in to the authorities are just two of the avenues open. (139)

DISCLOSURES AND CONFRONTATIONS

If you feel you need to confront, do it. Because the next thing you know, that person's going to be dead, and you're going to be wishing for the rest of your life you had. It's those unvoiced cries that haunt you forever. (144)

Although most ex-patients have been taught to keep their therapy a secret, this silence has been in the best interests only of the therapists, not the ex-patients. Nor does it protect the patients who still have contact with the therapist. (144)

PARODY

You may want to make the therapists feel the impact of what happened to you. You may want to see them suffer. You may want revenge. You may want financial reparations. You may want to warn others that there are patients at risk. (144-5)

THE CONFRONTATION

There are many ways to confront or disclose. Twenty years ago, an ex-patient went to her therapist's funeral and told each person at the grave site what he had done to her. In Santa Cruz, California, volunteers go with ex-patients.

PARODY

There they are, ten or twenty women, surrounding a man, giving tangible support to the ex-patient, as she names what he had done to her. This makes for a dramatic and effective confrontation. (150)

The initial confrontation is not the time to discuss the issues, to listen to your therapist's side of the story, or to wait around to deal with everyone's reactions. Go in, say what you need to say, and get out. Make it quick. (150)

WHAT IF HE'S DEAD OR GONE?

If your therapist has died, you may be glad he is dead. This is perfectly reasonable feeling to have. One woman said she couldn't wait for her therapist to die so she could spit on his grave. (154)

Another said: "I went through periods where I knew my therapist was lucky he was already dead because if he was alive I would have killed him. I would have beaten him to a pulp. He would have been eighty-something years old and I would have demolished him. I can imagine him denying the whole thing, me flying into a rage, and not even having the awareness of what I was doing until I did it, and ending up behind bars." (154)

PARODY

FORGIVENESS?

When talking about the stages in the healing process, the question is inevitably raised: What about forgiveness?

Developing compassion and forgiveness for your therapist is *not* a required part of the healing process. (160) You are not more moral or courageous if you forgive. It is insulting to suggest to any ex-patient that she forgive the person who held her in therapy. (161)

There is one prominent psychiatrist who recommends *The Courage to Heal* not only to patients but to the world. Judith Herman, M.D. is so enthused that her endorsement of the book appears above the title on the cover of the third edition (it is the only endorsement—unlike the earlier editions—anywhere in the book). In an article in *Nieman Reports*, Spring, 1994, Dr. Herman argues that it is sexist and unfair for the FMSF to request that accusations against parents be investigated. We are told that the established process for dealing with accusations "did not work fairly: it rewarded those who wanted to fight, and punished those who wanted to avoid conflict." It is apparently all right to accuse someone of the worst crime there is short of murder but it is not all right for the accused to fight back. Dr. Herman goes so far as to describe the following as a basic feminist insight: "[T]he rules of journalism, like the rules of other major institutions, are made for the public world, the world of war and politics, the world of men. The rules are not made for the private world, the world of sexual and domestic relations, the world of women and children. The same principles that ensure a reasonable degree of equity in con-

licts between men do not ensure equity in conflicts between men and women." If that's a basic feminist insight then what are to make of Dr. Herman's endorsement of *The Courage to Heal*? Are we to believe that the Bass and Davis advice: *making menacing gestures, visualize revenge, see them suffer, beaten him to a pulp, demolished him, dream of murder or castration, be glad he is dead, spit on his grave* is Dr. Herman's recommended feminist alternative?

* * *

On the subject of the new edition of *The Courage to Heal* there have been many interesting changes which we will be discussing in forthcoming Newsletters. Bass and Davis have, in particular, drawn back from their certainty about never doubting memories of abuse. On page 485 they write that "our movement is not beyond reproach" and:

Some therapists working with adult survivors have pushed clients to acknowledge abuse or have attributed problems to abuse that did not occur. False allegations have been made.

By 508, though, the problem is only with bad therapists:

The core of the "false memory" argument is that fictitious memories of child sexual abuse are implanted in the minds of impressionable patients by overeager, manipulative, or greedy therapists, and that they use coercive mind-control techniques to do so.... This is not how responsible therapists work.... Good therapists don't lead...

The notion that false memories are "implanted" by therapists is, of course, an oversimplification that we have tried to avoid. The origin of false memories is a complex subject about which we expect a continuing debate. But Bass and Davis wish to simplify the discussion down to one about "overeager, manipulative, or greedy therapists." We suggest that they may wish to consider, instead, all those therapists who took seriously the section entitled *For Counselors* (pages 345-353) from the earlier editions of their own *The Courage to Heal*. (The section, thankfully, has been entirely dropped from the third edition.) Bass and Davis instructed counselors as follows:

Be willing to believe the unbelievable.... it's imperative that you be willing to hear and believe the worst.... No one fantasizes abuse.... If sexual abuse isn't the presenting problem but your client has eating disorders, and addiction to drugs or alcohol, suicidal feelings, or sexual problems, these may be symptoms of sexual abuse.... if your client says she wasn't abused but you suspect that she was, ask again later.... "No, I wasn't" may mean "No, I don't remember yet."

We're certainly happy that Bass and Davis have removed this advice. Indeed, they now tell us (page 509):

When a therapist inaccurately surmises that someone has been sexually abused as a child, it is a serious error of grave concern. It has the potential to damage both the client and the family involved. Families who have suffered this kind of pain deserve acknowledgment and compassion.

We must count this as progress given their previous stand.

But we wonder how they can still say on page 508, "It is unusual for therapists to convince their clients that abuse took place when it didn't." Perhaps they must be reminded of their own words. Their advice to counselors on page 347 in the earlier editions:

Believe the survivor. You must believe that your client was sexually abused, even if she doubts it herself.... Your client needs you to stay steady in the belief that she was abused. Joining a client in doubt would be like joining a suicidal client in her belief that suicide is the best way out. If a client is unsure that she was abused but thinks she might have been, work as though she was. So far, among the hundreds of women we've talked to and the hundreds more we've heard about, not one has suspected she might have been abused, explored it, and determined that she wasn't.

We suppose that we should be thankful that Bass and Davis are no longer so sure but the standards of evidence that they seem to think are acceptable in their discussion of the "backlash" are just what you might expect given their standards of evidence when it comes to tearing families apart. Just a few indications of their "scholarship":

They tell us that the Foundation's "original membership was drawn from a list of 202 families who had contacted the Institute for Psychological Therapies." (p 492). Their evidence for this false statement is something called *FMS Foundation Newsletter* of February 29, 1992. The first newsletter with that title was not until after the Foundation was incorporated on March 12, 1994. In their vicious attack on the Foundation they even quote (p 490) one of our "founders" citing a newspaper that has, in fact, never interviewed the person in question.

In a section entitled *What We Do and Don't Know About Memory* (p 513-516) the expert they devote the most space to is one of their favorite "psychotherapists," David Calof. Mr. Calof has no known credentials and according to *PsychoInfo* (the index of articles on psychology and related fields from 1300 scholarly and professional journals), Mr. Calof has never published a peer-reviewed research paper. (He is, nonetheless, one of the most visible missionaries on recovered memory therapy.) In the same section they quote the paper by Briere and Conte that the recent AMA report cited as just the sort of research that should not be taken seriously.

In a section entitled *Facing Sadistic Ritual Abuse* (p 518-522) Bass and Davis must argue that the FBI's official report on the subject (*Investigator's Guide to Allegations of "Ritual" Child Abuse*, Jan '92, by Kenneth V. Lanning) is all wrong. (Of course, they give no hint to the reader that there is any such report.) How do they counter the FBI? With an article from *Vanity Fair*, an *Oprah Winfrey* program, and, of course, the notorious unpublished findings of Gary Stickle's crew of amateur archaeologists who found "tunnels" at the McMartin School (see below). At the back of the book in their "Resource Guide" they also have a section on SRA (p 552-554). Among the gems: the 1989 pamphlet by the Los Angeles County Commission for Women,

the same body that ended up believing that it was being collectively gassed by evil forces; the infamous best-seller *Michelle Remembers*; the video from Cavalcade Productions that we excerpted in the last April's Newsletter in which eight experts go on record as to the huge problem the nation faces in the form of SRA. (Bass and Davis, of course, neglect to tell their readers that three of those experts have since recanted and now express skepticism about the very phenomenon they were previously so certain of.)

* * *

With regard to the McMartin tunnels, a well-known author has gone on record:

McMartin Preschool Tunnel Claims: Evidence of a Hoax by Debbie Nathan

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PsyLaw (Internet service), PsyLaw-L@utepa

A revised edition of *The Courage to Heal*, by Ellen Bass and Laura Davis, includes a new chapter on the "backlash" attempting to discredit claims of real child abuse. As an example, the authors cite the McMartin Preschool ritual abuse case and claim that it must be taken seriously since "tunnels" have been found under the school.

This claim has also recently appeared in an article by Roland Summit, of UCLA, in the *Journal of Psychohistory*; and an article by Kathleen Coulborn Faller, of the University of Michigan, in the Spring, 1994 *APSAC Advisor* (of the American Professional Society on the Abuse of Children).

Following is background on the people who have promoted the claim, and of events surrounding the dig. As will be seen, much evidence suggests that the "tunnels" are a hoax. All information herein is documented by the author's research, as well as in published media articles, and in Los Angeles District Attorney and Police Department documents in this author's possession. These are available on request (please reimburse copying and postage expense).

* * *

In 1984, several months after the McMartin investigation began, several children involved in the case started talking about having been taken beneath the school to be molested. Glenn Stevens is a former assistant district attorney who worked on the case and then quit after he decided it was a hoax. Stevens recently noted that most or all the children who made tunnel claims were going to the same therapist, Martha Cockriel. DA's office reports support his observation.

By early 1985, a core group of true-believer, highly politicized parents had coalesced who thought that a satanic cult was behind the abuse. In late March, 1985, they descended on the school to dig up the yard. Their intent was to find evidence of tunnels and of dead animals that children said teachers had killed and buried to terrorize the students.

The district attorney's office heard about the dig and sent investigators to observe it. At some point, a parent who

was digging called everyone over and claimed to have just unearthed a tortoise shell. An investigator examined the site and noted that the shell lay in soil of a different color than the surrounding dirt, and that it contained fresh leaves. Next day, the district attorney's office had a Huntington Beach surveying company ultrasound the school to check for any sign of tampering or tunnels beneath it. No such evidence was found. However, the investigators did find a small note with a diagram of the school drawn on it, with "X's" indicating "Turtle 1" and "Turtle 2." This would suggest that someone had recently buried two turtles or turtle shells and was providing diggers directions to locate them.

The foregoing suggests that the parents involved in digging were deliberately implanting evidence.

The tunnel issue died down until 1990, toward the end of the second Buckey trial, when the same group of parents (by now with a smaller number of people) decided to do an "archaeological dig." The main activists in this effort were Jackie McGauley and Ted Gunderson.

Jackie McGauley's history is this:

Her daughter was 2 1/2 years old when she attended McMartin for a short period. She was among the hundreds of children who never testified in the trial, many because their claims were beyond any credibility.

Shortly after the investigation started, Jackie McGauley became intimate with a writer for the Daily Breeze, a LA beach communities newspaper. After the two broke up, in 1984, McGauley called the police and reported that her daughter was saying the man molested her. Charges were never filed but they were made public in the LA Times and the writer's career was ruined.

In 1985, McGauley's daughter attended a special daycare at the Richstone Center (a facility where several state-appointed therapists were treating McMartin children). The daycare was only for McMartin children, and they had to be "victims" to qualify. During this period, McGauley called police and told them that her daughter reported that a therapist at Richstone had molested her. Police were unable to get much information from the child; most of it came from the mother. Charges were not filed against the therapist and the incident never became public.

In 1990, Jackie McGauley was living with Ted Gunderson. He is former head of the Los Angeles FBI office. After taking an early retirement in the late 1970s, Gunderson was hired by friends of Jeffrey MacDonald, the Green Beret convicted of brutally murdering his wife and small children. MacDonald's case is detailed in Joe McGinniss's book *FATAL VISION*. MacDonald always claimed that his family was murdered by a Charles Manson-like cult, and Gunderson located a female street person with a history of severe drug abuse who claimed she had been in the house with the cult when the family was murdered. (Her claim had previously been rejected by the FBI). From this work, Gunderson apparently adopted the idea that the country was overrun with murderous Satanic cults. He elaborated this idea when he was associated with Jackie McGauley and the rest of the McMartin parents.

In the early 1980s, as Gunderson publicized his theories about Satanic cults, he began making bizarre claims to the media. One was that Satanists and the FBI were out to harm him. He once told the LA Times that someone had

thrown a crowbar at him as he drove on the freeway. Another time, he said, he was sunbathing in his yard and awoke to find a satanic poem left at his side.

In the late 1980s Gunderson became something of a regular on shows such as *Geraldo*. In May, 1989, after the Matamoros drug-cult killings, he appeared on *Geraldo* and claimed that Mason County, Washington was filled with satanist "killing fields" stocked with hundreds of dead bodies. The county went into a panic and parents took their children from school. Extensive investigation revealed no such fields.

McGauley and Gunderson organized the 1990 McMartin dig and hired LA archaeologist Gary Stickel. Stickel used the McMartin parents as the sole excavators of the site. These were people who not only had an agenda about finding something, but who had a history of apparently implanting phony artifacts. This is significant in light of the fact that the artifacts they present now as their chief evidence are two small (easily implantable) items: a Mickey Mouse plastic sandwich bag and a saucer with five-pointed stars painted on it.

The McMartin parents also claim that the tunnels they found are about five feet high, 30 inches wide, with no flooring, wall or ceiling material, and completely filled with dirt and paint chips. Compare this to claims the children made back in the 1980s: e.g. about a "secret room" 10 feet by 10 feet, filled with sofas and flashing lights, leading to an triplex residence inhabited by a little old lady. Construction and contracting professionals whom the media contacted during the 1990 dig pointed out that the McMartin site had been continuously built on since the 1920s (it used to be a stable) and that what was found sounded like the channels dug for plumbing that are normally found under any such site.

Currently, McGauley and Stickel are distributing Stickel's report on the dig only to members of the child protection coterie who have made their careers promoting the existence of satanic ritual abuse—such as Coulborn Faller and Summit. The report is not available to the public. McGauley and Roland Summit have said it cannot be released unless someone (a publisher, for instance) pays substantial amounts of money for it. This position contradicts the normal practice in California among archaeologists, which is to archive their reports for peer review and public use.

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June, 1994

NEWS NOTES

The mail and phone calls to FMSF this summer have remained relatively constant. During August we have averaged 40-50 first time inquiries each day. Many callers learned about FMSF from a first-person account of a family published in *Good Housekeeping*. The topic of repressed

memories remains in the news and because of all the legal cases stories will probably continue to appear. Following is a sampling:

Chicago Tribune, August 12, 1994
Episcopal Bishop's Son Accuses Priest of Molesting Him
Associated Press

In what will likely be another high-profile case, Jeffrey Haines, the 35-year old son of the Episcopal Bishop of Washington is accusing an Episcopal priest, Hodge, in North Carolina of abusing him. The suit names the current and former bishops of the Episcopal Diocese of western North Carolina on the ground that they knew or should have known about the abuse. Haines claims his memory of the molestation which went on for 12 years until he was 20 only returned to him last year when he was in therapy. A similar suit against Hodge was filed earlier in August.

San Francisco Chronicle, July 27, 1994
Memory Case Loser Hires Gloria Allred
Katy Butler

Holly Ramona has hired Gloria Allred, "known as a combative advocate for feminist causes" to represent her in her case against her father. The case has been set for trial on January 25, 1995. Gary Ramona, meanwhile, has filed motions requesting more than half a million dollars in additional costs and damages from the losing side in the highly publicized trial last spring. "Legal costs for all sides in the Ramona trial are expected to top \$2 million."

Newsday August 24, 1994
"Woman Suing Priest, Seeking \$23M in Suit"

A 44 year old Long Island, NY registered nurse claims she recovered memories of being molested by a priest 30 years ago while watching "The Home Show" last year when actress Margaux Hemmingway discussed sexual abuse and eating disorders. The woman who had been depressed and not found the reason why with various therapists said, "I woke up the next morning and recalled I'd been sexually abused." She claims she was abused by fondling for four years starting when she was 15.

Honolulu Star Bulletin, August 17, 1994
"Your memory might be just imagination"

Memory goofs can tie police in knots. Last year, a Houston woman claimed to remember the murder of two girls from 30 years before, when she was 7. She named two men as the culprits and told police where the bodies were buried. but when they dug up the area, no bodies were found. And police have not been able to find any evidence that either girl ever existed outside the imagination of the woman who 'remembered' them.

Times of London, July 10, 1994
Father scarred by 'rape' planted in daughter's mind
by Andrew Malone and Lois Rogers

The trial of a 61-year old merchant sailor on charges of rape and assault was the "most startling case brought before a British court based on controversial regression therapies to revive repressed childhood memories." The 34-year old accuser who had a history of mental problems alleged the first of systematic rapes occurred when she was 16 but she had not known about them until therapy. The father was arrested and put in jail for 4 days. The jury took 27 minutes to throw the case out.

St Petersburg Times, August 19, 1994
"Sex case against father dropped"

by Craig Pittman

John Bence, arrested and handcuffed in front of the Florida school where he taught for 20 years, spent four days in jail accused of repeatedly raping and molesting his daughter when she was 7 to 17. She didn't remember any of this until Christmas 1992 when she was 22 and was talking to friends about childhood incidents. The State Attorney dismissed all 16 charges against the father when the similarity of her claims to stories in the book *Courage to Heal* were noted.

Two Studies presented at the recent APA meeting.

At the recent American Psychological Association, two studies were reported that indicate that discussion on the topic of memory will continue for some time. We expect that a growing number of the discussions will be on "research methodology" or the way in which the data are collected (what is asked, who is asked, how are they asked) and analyzed. Kate Hays and Sheila Stanley of Concord, NH claim that they found a link between fear of dentists and childhood abuse. They sent a survey of 30 questions to 250 people including members of the New Hampshire Incest Center. Of the 181 female respondents, 132 reported having been sexually abused as children. They believe the results show abused women were twice as likely to report anxiety during dental visits. In another study reported at the same conference, Henry Roediger from Rice University showed how easy it was to introduce false memories and how confident people could be about them. Roediger gave a list of words to college student subjects to read and then asked them to write down the list. (Thread, pin, Eye, Sewing, Sharp, Point, Prick, Thimble, Haystack, Thorn, Hurt, Injection, Syringe, Cloth, Knitting) When asked if the word "needle" was in the list, more than 80 percent said it was and 60 percent were absolutely sure it was. Lenore Terr has claimed that Roediger's experiment is not relevant because college students aren't the same as trauma victims. The people who claim that sexual trauma memory for events is fundamentally different from other memories of events have the burden of proof.

RANDOM THOUGHTS

August Piper Jr., M.D.

In the May Newsletter, I asked FMS Foundation members for suggestions that might help other accused families. These letters have begun to appear.

One couple from Washington State wanted "the details of some of the recanters' stories: How they got themselves and their families into this mess, and what caused them to wake up and get out of it." Can any readers answer these questions?

Two other parents, from California, found that keeping a diary was quite helpful in their three-year ordeal as parents accused of molesting their daughter. In their words:

Not only has this been an excellent emotional outlet, but, on reviewing the diary, I'm able to keep developments in proper order and see patterns of behavior that might otherwise be lost to my memory (and we all know how rotten memory can be!) . . . one such pattern is the ebb and flow in the friendliness of her contacts with us . . . [this cycle] grows closer with each turn."

These parents say that anger, recriminatory judging, even reasoned answers to the bizarre accusations do not work. What does, they say, are calm reassurances of their love for the daughter. They advise other parents not to focus on the pain of the accusation, but rather on "the love and good memories that carried [you as] parents through the raising of [your] child." After all, they say, "the author of our pain isn't just the evil that was done to us, but the love that left us vulnerable."

Pam Freyd said something similar recently. In a speech in Seattle, she remarked that when parents are accused by their children, it is the parents' love that makes them painfully vulnerable to self-doubt.

From new Mexico, a third letter advised accused parents that they

cannot make sound decisions about any traumatic event when emotions [rule] . . . we avoided making long-term decisions about dealing with our daughter until our emotions were lowered and we had studied and read as much information as we could find.

These parents' plans for the future? To simply wait and be available to their daughter if she desires.

A reader in Vermont suggests that parents meeting with the accusing child's therapist adhere to the following guidelines: Become human to your daughter and her therapist. Treat them as well-meaning humans. Remain calm: don't be angry, don't use words like "crazy" or "insane." Open a dialogue. Stress current and future real relationship changes that you would like put into place, not past problems. To the degree that you can, respect whatever "boundaries" your child wants to set up, no matter how restrictive or ridiculous: as she begins to trust you again, she will more and more become her "real" self.

I sincerely thank those who have either sent letters, made suggestions, or commented favorably on this column. More suggestions to help other accused families will be appreciated!

Speaking of letters: One was received from a psychiatric nurse in charge of a hospital unit where many patients said to have multiple personality disorder are admitted each year. He attended a recent conference at which both Beth Loftus and David Calof spoke. (Mr. Calof is a therapist in private practice, the author of a book on MPD, and editor of *Treating Abuse Today*, "The International Newsjournal of Abuse Survivorship and Therapy"). The nurse believes that the false-memory camp and the abuse-survivorship camp—exemplified by these two speakers—have tended to speak two different languages: Loftus, memory and research; Calof, dissociation and clinical practice. The nurse's thoughtful letter urged a "calm and studied discussion and a reasonable debate" between representatives on each side of the false-memory canyon.

Such discussions would indeed be useful. In fact, some days before the nurse's letter arrived, Pam Freyd and I had talked about the value of this kind of bridge across the canyon. The problem: neither of us knew how to build it. Can any readers suggest ways to open a discussion with the

other side?

Another letter called attention to a case of abuse. The story, if true, is frightening because the abusers were clinicians. According to an article in *The Journal of Psychosocial Nursing* 32:19-25, 1994, the victims were patients on a dissociative disorders unit. They were kept in the hospital for highly questionable reasons—the article strongly implied that money was at the root of the doctors' refusal to discharge the patients. They were inappropriately restrained, sometimes for days at a time. Some of the patients' parents were told they must relinquish all rights to their children. Two patients spent two full years in the hospital.

How could this happen in the late twentieth century? Harold Merskey, one of our board members, has it exactly right: loosen the critical, reasoning part of human beings even slightly, and there is no end to the foolishness that can follow. However, the high-water mark of recovered-memory therapy, satanic ritual-abuse treatment, and MPD is probably close at hand, or has already passed. Why do I say this?

First, Pamela Freyd notes that the Foundation is being contacted by many people—about one a day—who retract their claims of parental abuse. Second, the news media are becoming increasingly skeptical of the abuse-survivorship camp's claims. For example, viewers of the Canadian Broadcasting Corporation recently heard Colin Ross, a psychiatrist who is president of The International Society for the Study of Multiple Personality and Dissociation, claim that the Central Intelligence Agency deliberately implanted MPD into some patients:

They're taken to special training centers, where these different techniques, like sensory isolation and deprivation, flotation tanks, hypnosis, various memorization tasks, virtual reality goggles, and hallucinogenic drugs and so on are used on them to try and deliberately create more alter personalities that can hold information.

But perhaps the most compelling evidence that these three unverified therapies are becoming discredited is provided by recent research, which should cause anyone to be skeptical of many claims made by MPD- and abuse-survivorship therapists. Here is a brief outline of these studies. (The comments following the references are usually from the papers themselves).

Esman: Sexual abuse, pathogenesis, and enlightened skepticism. *The American Journal of Psychiatry* 151: 1101-1103, 1994. In this just-published editorial, a plea is made for more balanced and less credulous assessment of sexual abuse claims. This is an important statement, appearing as it does in the official publication of American Psychiatric Association.

Fromuth: The relationship of childhood sexual abuse with later psychological and sexual adjustment. *Child Abuse and Neglect* 10:5-15, 1986. The association between adult symptoms and childhood abuse appeared to result not from the abuse itself, but from the victims' adverse family backgrounds.

Horner: The biases of child sexual abuse experts: Believing is seeing. *Bulletin of the American Academy of Psychiatry and Law* 21:281-291, 1993. In this study, 48 expert evaluators estimated the likelihood that a child has been sexually molested by her father. The range of estimates the clinicians provided was extreme, despite the fact that they had all evaluated the same material.

Hussey and others: Psychological distress, problem behaviors, and family functioning of sexually abused adolescent inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry* 32:954-961, 1993. The writers note that the "failure to partition the effects of abuse from other impinging life circumstances, problems, and confounding influences has been a major methodological flaw" in the existing studies of childhood sexual abuse.

Kendall-Tackett and others: Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin* 113:164-180, 1993. The investigators note the wide variety of factors influencing the development of symptoms in sexually-abused children.

Lindsay and Read: Psychotherapy and memories of childhood sexual abuse: A cognitive perspective. *Applied Cognitive Psychology* August 1994 "Incautious use of incest-focused memory-recovery therapies may lead some adult clients who were not abused to...believe that they were." A thoughtful and massively-documented work.

Malinosky-Rummell and Hansen: Long-term consequences of childhood physical abuse. *Psychological Bulletin* 114:68-79, 1993. Many variables affect the relation between abuse and any resulting long-term consequences.

Malmquist: Children who witness parental murder: Posttraumatic aspects. *Journal of the American Academy of Child Psychiatry* 25:320-325, 1986. Of sixteen children who had witnessed a parental murder, not one "repressed" the memory.

Mullen and others: Childhood sexual abuse and mental health in adult life. *British Journal of Psychiatry* 163:721-732, 1993. The possible effects of sexual abuse should be regarded as only one element among many that increase susceptibility to psychiatric disorders. "Many victims of sexual abuse do not...show long-term impairment in their mental health, and not all psychiatric problems in those who have been abused are attributable to that abuse."

Nash and others: Long-term sequelae of childhood sexual abuse. *Journal of Consulting and Clinical Psychology* 61:276-283, 1993. Greater nonspecific impairment among abused women may result...from a disturbed family environment, rather than from abuse per se.

Spence: Narrative truth and putative child abuse. *International Journal of Clinical and Experimental Hypnosis* (in press). The author notes that delay in recalling memories is associated with decay of those memories. Therefore, "one should be particularly suspicious of the suddenly-appearing, highly-detailed memory of child abuse that has been forgotten for 20, 30, or 40 years."

Zweig-Frank and others: Psychological risk factors for dissociation. *Canadian Journal of Psychiatry* 39:259-264; 265-268, 1994. The authors failed to find any statistical relationship between dissociation and either physical or sexual abuse. "The findings do not support theories that dissociation [in these subjects is] associated with childhood trauma.."

The AMA action is fine, but it has no teeth. It is now incumbent on the state boards, in California and elsewhere, that license therapists to bring closer oversight to psychotherapy, which is largely unregulated. Too many families have been torn apart by apparently imagined memories for this to go on without intervention by the normally lax medical authorities.

Therapy Watch
June 17, 1994
Los Angeles Times

Reviews by Allen Feld

The Myth of Repressed Memories: False Memories and Allegations of Sexual Abuse by

Elizabeth Loftus and Katherine Ketcham
336 pages, St. Martin's Press \$ 22.95

Making Monsters: False Memory, Psychotherapy and Sexual Hysteria by

Richard Ofshe and Ethan Watters
app. 341 pages, Charles Scribner's Sons, estimated cost \$22.00

STANDING UP FOR SCIENTIFIC TRUTH

*If I refuse to budge as a scientist, perhaps
they could appeal to me as a woman... (p. 205)*

The Myth of Repressed Memories: False Memories and Allegations of Sexual Abuse is a first-person account of Loftus's involvement with the scientific (and often political) debate about "repressed memories". The book is written from Loftus's unique vantage points as a scientist, expert witness and woman, as well as a confidant to retractors, families, professionals, therapists, academics and authors. The authors, who have collaborated previously on the critically-acclaimed *Witness for the Defense*, describe how memories can be constructed, integrating accounts of actual situations involving "repressed memories" with analysis using the current scientific understanding of memory.

Had Loftus and Ketcham chosen, they could have shifted the focus of their book from the issues around repression to the pressure that was placed on Loftus to bend her strong commitment to scientific proof. Readers are explicitly exposed to the pressures that this highly regarded scientist endures, although this is not the central theme of the book. This allows us to glimpse what a scientist may face when ideological and economic interests are central elements in what should be largely a scientific debate. Loftus refuses to be expedient, rejecting the suggestions and urgings from colleagues, friends and antagonists that she change her expert opinion on matters or, at the very least, remove herself from the debate about "repression". As a scientist she seeks and respects proof, and because of her own integrity is willing to face some anticipated conflicts from many who would be her natural allies in most other situations.

A meeting with Ellen Bass, one of the authors of *The Courage to Heal*, is described. The account of this meeting, reconstructed from Loftus's notes, offers readers an unusual opportunity to "eavesdrop" as two concerned individuals wrestle with their different views of the world. There are many references to exchanges with therapists who share a diametrically opposite view of memory. What emerges is a picture of a professional whose own personal style simultaneously rejects accommodation and strives to use dialogue,

patience and rationality with even her most strenuous detractors.

The authors make scientific arguments which refute the notion that memories of trauma are frequently repressed and years later accurately recalled, supporting these arguments with detailed accounts of actual situations. Carefully and in non-technical language, the process of fabricating memories is delineated. While being unequivocal about the seriousness of childhood sexual abuse, they separate that important societal problem from the presumed large number of people who purported to have "repressed" their memories of sexual abuse.

While readers familiar with the debate about repression and recovered memory therapy may have an initial impression that this is familiar material, that will probably not be their conclusion after reading these accounts. Loftus has been involved in some of the most prominent and widely-publicized situations concerning repressed memories. It is here where her intimate knowledge is central to the importance of this book. For example, in the George Franklin case, Loftus was an expert witness for the defense. In the Paul Ingram case, she was asked to give an objective expert opinion for a television station doing a documentary based on transcriptions of the tape-recorded police interrogations. To those familiar with both cases, further valuable insights will be gained into these compelling and complex situations. Some of the other cases Loftus and Ketcham describe may not be as well known, but are important in understanding why the debate about memory and repression is not purely an academic or clinical debate.

Attorney Steve Moen and his client Doug Nagle (pseudonym) portray the difficulty that may be encountered in defending against false accusations.

This situation depicts so well the anguish a father (also an attorney) experiences as he is torn between his survival instincts and his devotion and desire to save his family. Moen's reactions and his client's love for family are made real for readers. So too is Mike and Dawn Patterson's love for each other and their accusing daughter, Megan. This care led them to do what was unusual for them. The Pattersons hired a detective, who went as a pseudo-client to their daughter's therapist, feigning symptoms that their daughter had. Further insight is added by the detailed stories of retractors, the primary victims of repressed memories, who made themselves available to Loftus.

An important element is the authors' analysis of seven techniques Renee Fredrickson describes in her book for helping recover repressed memories. Each of these techniques is explained, followed by a WARNING based on how these activities may create pseudomemories. In using both Fredrickson's specific advice to therapists and the authors' "warning" about advice, readers are offered both sides of the debate.

Elizabeth Loftus, a professor of psychology and adjunct professor of law, and Katherine Ketcham, an author, were successful in using both personal and scientific information, and have made an important contribution to the fast-growing literature critical of repression and recovered memory therapy. It is written in a style that should appeal to

When I was younger I could remember anything, whether it happened or not.

Mark Twain

a wide audience. What remains to be seen is whether a phrase that Loftus reported repeating to herself in a particularly stressful situation, *This is a debate about memory, it's not ideology*, will become the broadly-accepted conviction in the controversy over repressed memories.

HOW THINGS GO WRONG IN RECOVERED MEMORY THERAPY

Making Monsters: False Memory, Psychotherapy and Sexual Hysterias a bold and comprehensive analysis of recovered memory therapy (RMT). It is a book that will probably evoke a range of strong emotions for most of its readers: sadness, because of the harm that RMT has done to the clients and their families described in *Making Monsters*; anger, that well-credentialed and highly-educated therapists, including some who are leaders in their fields, believe, write and say some of the things they do; empathy, as readers identify with clients and families whose stories are such an important element in this book; hopefulness, in reading about some people who have been egregiously harmed by RMT and are attempting to put their lives together again; and even humor, possibly coming from the absurdity of some of the belief systems described.

The book is an unapologetic no-holds-barred exposé of a therapy in which "...opinion, metaphor and ideological preference substitute for objective evidence." (p. 5). Ofshe, a social-psychologist, and Watters, a journalist, weave together several different sources to justify their conclusions. Therapists' accounts of their therapeutic techniques and belief systems are integrated with scientifically-accepted knowledge about memory and hypnotic states. The examples of the powerful influences that therapists and groups have on clients, particularly vulnerable ones, are integrated with factual accounts of families who have been devastated by RMT.

The authors seem to work well as a team, avoiding jargon, and explaining professional terms in non-technical language. This allows the book to serve as both a text book and one that the general public may find important. The discussions of robust repression and repression, historical and narrative truth and their use (or misuse) in clinical situations, therapist influence, hypnosis and hypnotic states are based on their analysis of current research. For the readers who may be unfamiliar with some of these theoretical aspects, this book offers a sufficient and readily-understandable overview. For those who are more acquainted with them, it serves as a good review and possibly an update of current sources. These discussions are important foundations for understanding how memories can be created and why Ofshe and Watters refer to RMT as a pseudo science.

While some challenges to the authors' discussions of theoretical issues can be expected, the analysis of the work and beliefs of some RMT proponents might possibly stimulate a more heated debate. It is here that Ofshe and Watters

name names and don't hesitate to point fingers. The chapters on Satanic Abuse and Multiple Personality Disorder (Dissociative Identity Disorder) and the words of Cory (D. Corydon) Hammond and Colin Ross will no doubt spark debate in some quarters. Their examination of several of the widely-used checklists that seem to be favored by so many RMT therapists led them to conclude that these checklist were so general in nature that their use in therapeutic situations was unwarranted. The critique of the research and the subsequent conclusions of Herman, Terr and Williams adds to the academic importance of this book and might also stimulate some controversy. In several of these discussions and analyses the authors' subjectivity comes into play. However, a degree of subjectivity is inherent in analysis and often becomes the source for criticisms.

The case examples cited provide the moral basis for the concerns that are expressed about the pseudoscientific dimension of RMT and remove the debate from merely an academic exercise. There are anecdotal accounts of how

memories of abuse may be created using traditional talking-therapy as well as hypnosis. The chapters on MPD as an artifact and Satanic abuse are important descriptions of how iatrogenic illnesses can be created. It is in some of these stories that people's resiliency can be seen. While each situation described in this book is poignant, Anne Stone and her family's experience with RMT is unusually powerful. The authors' decision to include

it was impacted by two interrelated factors: Anne's experience exemplifies the most severe outcome of recovered memory therapy." and "...many years of her treatment were spent under the care of two of the nations best-known experts on recovered memory therapy and multiple personality disorder (app. p 225)

No synopsis of this situation can adequately encapsulate this account which includes memories of child abuse, multiple personality disorder and torture in a satanic cult. What began as Anne's therapy with a psychiatric social worker after an extremely difficult birth led to hospitalizations, drug therapy, hypnosis, and hospitalization of her two sons. Anne became to believe she was "a High Priestess" in a satanic cult and her therapists introduced her in public with this title. Anne and her family's strength are also a source of hope. In spite of the years of questionable therapy, the authors report that the family seems to be putting their lives back together. This and other actual accounts fully describe the intangible cost of RMT to clients and their families. The economic costs of this therapy are only inferred.

Making Monsters is a compelling book, written for a wide audience, well-documented and a good resource about one of society's significant contemporary, social and therapeutic issues. It is certain that it will not please everyone. It is just as certain that the authors did not set that as one of their goals.

Allen Feld, ACSW, LSW is an Associate Professor at Marywood College, School of Social Work, Scranton, PA. He also serves as a consultant with the False Memory Syndrome Foundation.

The therapists who are doing this [Recovered Memory Therapy] are a new kind of sexual predator. Without ever touching their victim, they move them as close as you can possibly get to experience rape and brutalization....And they get paid by the hour for doing it.

Richard Ofshe, Ph.D.

A Review by

Holida Wakefield, Harry MacLean and Ralph Underwager

Unchained Memories: True Stories of Traumatic Memories, Lost and Found

by

Lenore Terr

Harper/Collins, Basic Books

Note by HW: The portion of this review focusing on the two chapters Lenore Terr devotes to the Eileen Franklin case are written by Harry MacLean, who has written a definitive analysis of this case in his book, Once Upon a Time. Mr. MacLean talked about his research on this case at last year's FMSF conference. Wakefield and Underwager wrote the remainder of the review.

Lenore Terr is a strong advocate for repression and dissociation of trauma and is often cited by the recovered memory advocates. Her recent book, *Unchained Memories: True Stories of Traumatic Memories, Lost and Found* (1994) is a Book-of-the-Month Club selection. The book consists of seven detailed case studies designed to illustrate how memories can be repressed or dissociated and later retrieved. The infamous Eileen Franklin case is discussed in detail in two chapters. Eileen Franklin's father was convicted of murder following the alleged recovery of Ms. Franklin's repressed memory of seeing her father murder her best friend.

Terr believes that repressed memories, once retrieved, are generally highly detailed and accurate, although she believes there can be some minor mistakes in what is recalled. She sees repressed memories as different from those that are dissociated. According to Terr, in repression the individual unconsciously and energetically defends against remembering, whereas in dissociation the traumatic memories are set aside from normal consciousness during the event itself. Therefore, compared to the sharp and accurate details of retrieved repressed memories, those that are dissociated are likely to remain fuzzy, unclear, and filled with holes. Dissociated memories, according to Terr, rarely come back clear and complete.

Terr believes that traumatic memories operate differently from ordinary memories. She claims there are two types of trauma. Type I traumas, which occur when the child is subjected to a single, unanticipated traumatic event, include full, clear, detailed verbal memories, although there

may be some mistakes. The children kidnaped and buried in Chowchilla (Terr's best known earlier work) illustrate type I traumas.

Type II traumas, which occur when there is long-standing or repeated exposure to trauma, result in dissociation or repression. The theory is that dissociation is a powerful and common defense against repeated childhood trauma and because the child dissociates during the trauma, the trauma is lost from conscious awareness. Since in Terr's own case-examples there are no instances of children over the age of three who are completely amnesic for the event, the repeated trauma theory is used to explain why children with documented trauma remember the trauma.

Most of Terr's children experienced a single trauma. According to Terr's theory, if the children had been repeatedly traumatized, this would be Type II trauma and they

would have learned to dissociate and therefore might not remember the trauma. It is important to note, however, that some of Terr's cases do involve repeated trauma and, although the memories of these children may have been sparse and fragmented, there are none who had complete amnesia.

Terr maintains that, even when the memory is completely repressed, there will be signs that reflect the traumatic event. She believes that corroboration for the recovered memories comes from the person's symptoms and she illustrates this through writers, artists, and filmmakers, such as Stephen King, whom she says reenact their trauma in their writings and art. Therefore, even when there is no external corroboration, the proof of the traumatic event comes from the person's feelings, behaviors, and actions.

Terr believes that even memories from early childhood and infancy, once repressed, can be retrieved through appropriate cues. In one of the cases in her book, a retrieved memory is of the man's mother trying to drown him in his bathinet. Terr herself reports having a memory of her grandmother putting hot tea in her mouth when she was 11 months old.

Although Terr's work is used to support the claim that recovered memories of repressed or dissociated trauma have been corroborated, neither this book nor her other writing accomplish this. The corroboration of the repressed memories in this book is simply not convincing. There are significant problems with her account of the Eileen Franklin case, as is seen in the discussion below by Harry MacLean. MacLean notes that Terr makes several egregious factual mistakes and he concludes that her account of this case re-

"While the P.S.C. has no desire to interfere with psychologists' theoretical orientations, all practitioners should be aware of the potential consequences of unrestrained attempts at persuasion of clients that they have repressed memories of abuse, and that this is the cause of their distress. First, there are precedents unfolding in the United States for civil action against therapists who go to great lengths to convince clients that they were victims of earlier abuse (c.f. lawsuits against Dr. Diane Humenansky, "Beliefs", *New York Times*, July 10, 1993). Second, there is substantial doubt in the scientific community that human memory works in a manner consistent with such claims of repressed trauma (c.f., Loftus, 1993, "The reality of repressed memories", *American Psychologist*, 48, pp. 518-537).

"While the College has yet to receive any formal complaints about such practices, we have heard unsubstantiated reports of such practice. Any psychologists engaging in this practice should begin reviewing the scientific literature related to this area and begin careful monitoring of their own practice in anticipation of future complaints or civil suits."

Chronicle, November 1993

College of Psychologists of British Columbia.

sembles "a fable more than fact." There is little or no corroboration in her other examples of recovered memories.

It is reasonable to assume that Terr's other accounts are no more factually accurate than is her description of the Franklin case. In addition, most of her other cases do not address repression of childhood traumatic events. One case essentially deals with a fugue state and another with a man's attempts to remember ordinary things about a brother who died when the man was four years old. The man had always remembered his brother's death. Another is of a false memory. The literary chapter is about an author, James Ellroy, and how his childhood experiences, including a seductive mother who was murdered, have influenced his writings. Although there is a lengthy discussion of the nature of his memories, there are no accounts of traumatic events that were repressed or dissociated but later retrieved.

In one chapter Terr describes in detail the case of Marilyn van Derbur Adler, former Miss America, who claims to have been sexually abused by her father from age five until she left for college. Van Derbur Adler supposedly defended against this trauma by splitting into a "day child" and a "night child." The day child knew nothing of the sexual abuse—all of the abuse memories resided in the mind of the night child until Van Derbur Adler was 24 years old and her memories returned. Terr maintains that this type of splitting into a day child and night child is a defense sometimes used by young children enduring repeated traumas. Terr offers an extensive analysis of the former Miss America—all from Van Derbur Adler's many television appearances and interviews given to reporters plus one interview with one of her three sisters. Terr did not evaluate nor even interview Marilyn Van Derbur Adler. Despite the fact that Van Derbur Adler exhibited a number of extremely pathological and highly disturbed behaviors, Terr does not question the accuracy of her recovered memories but instead develops a complicated scenario involving dissociation, splitting and body memories.

In point of fact, people who undergo severe trauma remember it. There is a large scientific literature on the reactions of people to documented severe trauma, such as fires, airplane crashes, terrorist attacks, automobile accidents, hurricanes, and being held hostage. Such trauma victims show many symptoms, including feelings of unreality, detachment, numbing, disorientation, depersonalization, and flashbacks, but total amnesia for the entire event is not a common response. Amnesia resulting from head injuries can happen but psychogenic or traumatic amnesia in which all memories for the event are gone is quite rare. Instead, the memories may be fragmented and impaired, but they are not gone.

The scientific literature includes studies of children who have suffered documented trauma. Terr's finding that the children she studied did not forget the trauma unless they were under the age of infant amnesia is consistent with these. There are reports on the effects on children of witnessing acts of personal violence such as homicide, rape, or suicide, and seeing a parent murdered as well as undergoing disasters such as bushfires, terrorist attacks, and plane crashes. There is research on the types of trauma children undergo in war, including witnessing the violent death of a parent or other close family member, terroristic attacks, kid-

naping and life threat, and bombardment and shelling. This literature does not include descriptions of children developing amnesia.

Terr's theories that traumatic memories are processed differently than ordinary memories, that there are different mechanisms for repeated trauma compared to single instances of trauma, and that repressed memories, when retrieved, will be detailed and accurate, are not supported by scientific evidence. Terr's theory of two types of trauma appears to have been developed to counter the fact that her assertions about repression, amnesia, and trauma are not supported by her actual research with children who have undergone verified trauma. We were unable to discover a single case described by Terr in which a child over the age of three had total amnesia for a documented traumatic event.

The research also fails to support the theory of type II trauma for repeated traumatic events, such as sexual abuse. Children traumatized in war time include many who have undergone *repeated* trauma. This research falsifies the claim that children will learn to dissociated repeated trauma so that all memories for the trauma are gone. We did not discover any accounts in the literature where the children were described as developing amnesia.

Terr's book fails to provide any support for the assumptions of the recovered memory therapists. As some mental health professionals are wont to do, Terr simply builds a complex, convoluted network of unsupported and unfounded assertions about internal psychological events which either can never be checked or, in fact, have been shown to be impossible. Terr builds castles in the air, collects a hefty rent for them, and tells us about all the wonderful rooms, but a single question punctures the balloon. What is your factual data?

Comments by Harry MacLean

Leonore Terr's version of the facts of the precedent-setting Franklin case in her book *Unchained Memories* would be laughable were it not such a serious matter. Terr has certain conclusions to reach and certain hypothesis to support, so she twists some facts, omits others, and creates her own to this end. There is not the slightest hint of objectivity in the presentation of the facts; they are all twisted to support her themes. Time and again she accepts as true facts accounts that are hotly disputed. It is horrible journalism, as well as bad science, to tell only one side of the many-sided story as if it were true; it is even more unforgivable not to tell the reader that you are doing this.

For example: The opening pages of the book are a lyrical presentation of how Eileen supposedly recovered the memory of her father killing Susan Nason. On and on Terr goes, supplying telling little details to give it the ring of truth. Nowhere does Terr mention that this is only one of five versions that Eileen told people about how she recovered the memory. Nowhere does she indicate that Eileen told her sister she recovered the memory in a dream, her brother in the course of therapy.

It is important to Terr's thesis and in her belief in Eileen's story that the murder memory be Eileen's first recovered memory. On page 3, Terr writes: "She knew nothing at all about the psychological defense of repression." The undisputed fact is that Eileen testified that she was in therapy

the previous winter with a woman and supposedly recovered a repressed memory of her father digitally penetrating her. The psychologist explained to Eileen how repression worked. Terr repeats this mistake on page 8.

Terr adds facts when the known ones aren't sufficient. On page 5, she states with certainty that during her father's rape of Susan, Eileen could "see white socks and white child-size underwear." Eileen *never* testified that she saw Susan's underwear, only that she saw something 'white.' Terr repeats this mistake on page 28.

On page 12 Terr explains one of her key criteria for the return of a memory—the person has become safe or comfortable. Eileen, she says, has become comfortable in the third decade of her life. In fact, even Eileen does not claim this was a good period of her life. Months earlier she filed for divorce from her husband, alleging severe emotional abuse. She had no education and no money and was terrified of losing her daughter. She emptied her bank account and grabbed the children and fled twice with the children only to be blackmailed into returning. Barry, her ex-husband, said he would file criminal charges against her for theft. Terr says that Eileen had achieved a "state of well-being," a "ground of comfort." Nothing could be further from the truth. According to court documents and her own statements, Eileen was a severely abused woman who was scared to leave an abusive husband. Terr was aware of the divorce: she was cross-examined on it during the trial. But these facts don't fit her theory, so they are ignored.

In Terr's version, Eileen was not in therapy when the memory returned. In fact, Eileen was seeing therapist Kirk Barrett at the time. Terr writes that "Barrett stayed neutral; he told Eileen he couldn't be certain that her memory was real." In fact, Barrett testified that he told Eileen that he believed her.

On page 14, Terr tells the story of Janice Franklin, one of Eileen's older sisters, going to the police in 1984, with the charge that her father had murdered Susan Nason. Terr neglects to mention that the police in 1984 had dismissed Janice's story because the time she gave for her father's return in effect provided an alibi for him. It was only after she was in therapy with Kirk Barrett that she straightened the time out to match the known facts.

Terr's version contains many other factual errors, some of which are not particularly important, such as having the wrong name of the prosecutor who filed the case, the wrong

name of Franklin's home town, an inaccurate description of the type of law enforcement officers who arrested Franklin, the wrong town Franklin lived in when he was arrested, the wrong order of events in the trial, incorrect defense strategies, etc.

What cannot be countenanced is her contrivance of a key fact in the story. Terr recounts Eileen's phone conversation with the officer in which she told the story. In response to a question, Eileen says that her feeling is no, her father did not rape Susan Nason. Terr volunteers that the reason Eileen feels that way is because of her "conflicted love for her father." Eileen repeats that she can't say that penetration was made and on page 22 Terr writes, for God

only knows what reason, that "There was sperm in Susan's vagina." Susan's body had decomposed for two months on the side of a mountain, a fact which Terr knows quite well because she recites them earlier in the book. The only flesh on the body was mummified. There was never the slightest suggestion by anybody at any time in this case that sperm had been found in Susan's vagina. Terr seemed to have some sort of need to convict Franklin in her book of rape as well as murder.

Terr also has Eileen originally saying that the killing occurred in the "early afternoon." Eileen said that the killing happened in the morning.

It is more than a little ironic, given these gross mistakes, that Terr writes that in looking at returned memories one must "rely on good detective work," page 30. Terr seems to have accepted everything Eileen told her at face value.

Terr also confuses the order of Eileen's recovered memories. On pages 34-35 she writes that a few months after the murder memory Eileen recovered a memory of digital penetration. Eileen herself testified that this was the first recovered memory.

The most egregious example of accepting something as true which is highly disputed (and failing to not that it is a disputed fact) is Eileen's supposed habit of pulling her hair out, resulting in "a big, bleeding bald spot near the crown" (page 35). Terr relies on this several times in the article as proof of the accuracy of Eileen's memory. ("This behavioral reenactment provided internal confirmation for me of the truth of Eileen's memory," page 36) She even says that Eileen had this bleeding bald spot well into high school. Eileen's mother denies that Eileen had any habit of pulling her hair out; her older sister Kate, who practically raised the

As an expert on psychological measurement, I have developed an automatic "tax cheating detector." While it is based on the length of the forehead relative to that of the lower arm and the little finger, it has yet defied "quantification." Consequently, I just observe these three features of each person that may be a tax cheater, and I make a quick intuitive estimate based on my feeling that "something is wrong" about the forehead/lower arm/little finger configuration. I engaged in my diagnosis on April 16 of each year, and subsequent investigation has revealed that several of those people I diagnosed as tax cheaters have cheated on their income tax. In addition, of course, an unknown proportion of those for whom subsequent investigation reveals no evidence of cheating may in fact have cheated and gotten away with it. Hence, "there is no completely accurate way of determining the validity" of my test "in the absence of corroborating information" (lines 6 and 7, page 2 of the AMA statement of June 16, 1994), "rigorous scientific assessment" of it "are not available" (lines 3 and 4, page 2) but "there are instances in which" it "proved to be correct" (lines 40 and 41, page 3). So should I be able to administer my test as part of a professional service?

Robyn Dawes, July 8, 1994

kids, denies the habit or the existence of any "big, bleeding bald spot." Diana, Eileen's youngest sister and the sibling to whom she was closest, denies any habit or bleeding bald spot. None of Eileen's schoolmates or teachers that I talked to ever mentioned a bleeding bald spot. Knowing kids, if she had had one, they would have noticed it. On page 38 this habit has expanded to "bloody hair-pulling all thought her mid-childhood."

In any event, even if Eileen did pull her hair out, how does that substantiate the notion that she "saw" the murder. She lost her best friend and she certainly learned as a child the nature of the injury. She simply could have been repeating what she had been told or read.

Terr's unrelenting bias, and obvious lack of objectivity, is evident again when on page 42 she explains Eileen's confusion of her rapist (changed from black to white, from stranger to stepfather), as a "natural mistake."

The mistakes go on and on. I will close with one that is particularly egregious. On the last page, Terr attacks Eileen's siblings who didn't believe her. She writes: "They do not believe her. And they think she has willfully ruined their reputations, their privacy and their father's remaining years." Where did Terr get this? How does she know what Eileen's siblings think? Has she talked to them? I'm sure not. Can a scientist really recount as fact what is in someone else's mind when she hasn't talked to that person? The implication that the siblings are upset that their father's remaining years are ruined is contrary to the evidence: there is no indication that any of the children care about George Franklin.

Terr's recitation of events resembles a fable more than fact.

FROM OUR READERS

Frankly, I feel all the emotions that you describe in your newsletter. But I feel most a sense of betrayal and rage. It took three generations of incredible risk and work and family and love to give this daughter the resources to live a middle class life: protected and supported and loved and encouraged to go to college and graduate school. And to the finest schools. Schools that taught the scientific method, logical reasoning, rational discourse. Schools that were themselves the product of generations of sacrifice. Shame on her. Shame on the members of the professions who have embraced these evil beliefs.

A father whose daughter told him he is a "former father."

Confrontation

One aspect of my experience with a psychiatrist may illustrate the extent to which a doctor may go in support of her theory about the reliability of recovered memories. I was accused by this doctor in a direct confrontation in the presence of four of my sons of sexually abusing their oldest sister. The only evidence the doctor had came from the therapy produced memories of her patient. My wife and the other nine children are appalled that a doctor would take such action without even meeting her patient's parents. I was left gasping when this doctor confronted me with three possibilities: I could admit my guilt, I was lying, I had a re-

pressed memory of incest. No possibility of innocence was to be considered. My suggestion of a lie detector test was dismissed by her explaining that my memories of incest would be repressed. Had she lied to me I could understand, but that she really believes this suggests a level of incompetence or bias that befouls her profession.

A Dad

Cease and Desist

When doctors decide to experiment with the mind and memory of their patients in repressed memory retrieval efforts, psychiatry has run amuck. Warning these doctors that retrieved memories are suspect is not enough. Cease and desist orders are due so that these experiments are stopped!

A Dad

Reconciled

Our daughter no longer accuses us of molestation and now expresses her love for us both. She welcomes opportunities to have her two children, ages 4 and 9, spend the night with us with her being absent. All in all, we are satisfied with this situation, and do not wish to "rock the boat" by asking her to recant her previous statements.

A Mom and Dad

In Denial

It seems that the intent of these accusations was to destroy our loving family by a daughter who is in denial about being raised in a wholesome atmosphere.

A dad, A Mom and three brothers and sisters

Case Dismissed

In our little scenario, after 3 1/2 years of expensive legal work, the court dismissed the case against us. After paying over \$100,000 in legal and expert fees to defend against totally outlandish accusations created by sodium amytal and hypnosis, our family is looking into suing the therapist.

A Dad

Case Dropped

I received a letter of apology from the lawyer representing my daughter. The lawyer said he had informed my daughter that she did not have a case. I have spent in excess of \$150,000 preparing a defense against the absurd charges. An apology is not sufficient. I intend to sue.

A Dad

Responsible

I read with mixed feelings some of the letters from accused parents quoted in the March Newsletter. On the one hand, my heart went out to them, especially the mothers who so desperately want to forgive and forget. Yet I couldn't help wondering where is the righteous indignation of the falsely accused?

Perhaps I am being callous and hard-hearted to feel mostly anger and resentment. I was a decent father. No doubt there have been better, but none who were more innocent of abusive or perverted thoughts or conduct toward my

children. Yet my daughter has accused me of the vicious and disgusting crime of having sexually abused her as a little girl. Her psychiatrist "diagnosed" her as having beef child abuse because she exhibited all the "symptoms." In my mind, that does not excuse her. She is a grown woman with a good husband and a lovely daughter, and if she's not responsible for her actions now, she never will be.

I can forgive the pain and the sleepless nights which my daughter has caused me, but only after heart-to-heart talks which convince me beyond any doubt that she is truly sorry. I hope I'm not alone in feeling the way I do, because if I am, I have a great deal of soul-searching to do.

A Dad

Name Calling

As a "retractor" I have held my tongue and suffered pain as I have read attacks against the possibility that false memory does exist. I attended the conference in Montreal when Dr. Lief bravely stood his ground. I personally was terrified by the crowd, my very being felt at risk. As my friend spoke through her tears and her pain, icy stares came our way. Perhaps the starers believed we were an isolated incident, but what about the other retractors across North America telling the same story. Our experiences in therapy are so similar—finding at the end of our treatment that it's all been a lie.

I will not stoop to pointing fingers or name calling because I believe that as a woman with new-found dignity, I do not need to disgrace anyone in order to be heard. My heart aches for others like myself who have experienced a cruel therapy treatment.

Today I am free to think for myself, choose who I will share my life with, take responsibility for all areas of my own life. My dad has suffered enough for a crime he did not commit. I am blessed to still have him today.

To those who call us names I say, "Shame on you." The loudest is not necessarily the truth.

A Retractor

One issue has come to the forefront as I read the Newsletter articles and review personal events of these three years: the accuser's degree of responsibility for her own actions no matter the culpability of the therapist(s). What finally drove me to end all communications with my sister after trading letters for over a year was the degree of her viciousness, refusal to allow any questions, and her use of one of her sons as, I have to say it, an attack dog. It got to the point I was afraid to look in the mailbox for fear I'd find more hate and increasingly outrageous charges directed at Mom through me. And despite what I sensed as her own loneliness and pain, I also heard a smugness and air of superiority which was impossible to break through. Right from the beginning I tried to explain to her that no matter what the truth, she was responsible for the way she was behaving in this matter. What I got in return was, "I'm the victim, so whatever I do is acceptable."

I read of the families whose accusing children suddenly come back into their lives and offer no explanations. I'm mystified when I read that sometimes parents are so grateful they ask no questions, open no dialogue. I completely un-

derstand the feelings of loss and grief these parents have held and their joy at renewed contact. But can a hidden, unhealed wound be healthy?

This is a dilemma facing all of us: what would we do if the child or sib suddenly calls?

COST OF REPRESSED MEMORIES

Repressed memory claims cost significantly more than other types of claims for Crime Victims Compensation in the state of Washington.

Average Amount Paid Per Claim 1993

| | \$500 --> | \$1,000 --> | \$2,000--> | \$3,000 --> | \$4,000 --> |
|----|-----------|---------------|------------|-------------|---------------|
| 1. | \$600 | | | | |
| 2. | | -----\$1,086 | | | |
| 3. | | | | | ----- \$4,555 |
| 4. | | ----- \$1,524 | | | |

1= non family sexual assault 2= family sexual assault
3= repressed memories 4= non sexual assault

This information is from the Washington State Institute for Public Policy at the Evergreen State College report "Findings from the Community Protection Research Project: A Chartbook, 4th edition, June 1994. (To obtain this report call 206-866-6000, extension 6380)

In the biggest health care fraud settlement to date, National Medical Enterprise (NME) paid \$ 375 million to the federal government to settle charges of insurance fraud. The NME settlement is the first of several investigations of private mental hospital chains to be decided. National Medical Enterprise has sold the bulk of its psychiatric division to the Georgia-based Charter Medical for \$300 million in order to pay legal bills in defense of more than 100 ex-patients charging they were put in hospitals against their will so the company could collect insurance money.

Calvin Sims, *New York Times*, Apr 15, 1994

The Janet Greeson weight clinics (A Place for Us), based in Orlando Florida, have largely folded as a result of lawsuits for fraud. Greeson, author of popular books reflecting her view that eating disorders arise from deep-seated trauma, usually child sexual abuse, received her Ph.D. from Columbia Pacific University, an unaccredited correspondence school. Some people responded to her ads for a stay in weight control clinics only to find themselves confined to private psychiatric hospitals. "Fat farms" as they are called have masqueraded as psychiatric centers because most health plans do not cover weight-reduction therapy. The hospitals submitted claims (mostly from people who were out of state and insured by Blue Cross in their home states) to the insurers and paid Greeson a flat fee for each patient. The peak years for the Greeson clinics were 1989-1991 during which it is estimated they generated \$100 million in billings. Greeson claims that she is the innocent object of a Blue Cross vendetta that has crippled her business. Aetna has also filed a similar suit.

Thomas Mulligan, *Los Angeles Times*, April 10, 1994

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.

BIRD V. W.C.W.

Public Policy and Third Party Standing in Texas By James Simons, J.D. and FMSF Staff

In the July/August issue of the FMS Foundation Newsletter we discussed the rationale utilized by a California trial court to maintain that a third party father (Gary Ramona) had standing to sue his daughter's therapist for negligence in a false memory case. At this writing, it remains to be seen whether that decision will hold up or will be appealed; and, if appealed, how the California Supreme Court will ultimately view that question. Third party standing represents the major hurdle that aggrieved family members must overcome in order to seek relief in the courts. Whether relief is possible will vary from state to state as each state individually determines its own law—often in the context of a specific factual situation.

The Supreme Court of Texas earlier this year held that a third party does not have standing to sue a therapist for false accusations of child abuse. Although this case, Bird v. W.C.W.¹, did not involve False Memory Syndrome issues, certain negligent actions by the therapist were clearly involved. Unlike Ramona, the Texas case never reached the trial stage. Prior to trial, the Defendants filed a motion for summary judgment which sought to have the case decided by the court strictly on questions of law. For a case to be appropriate for disposition on summary judgment, there must be no questions of fact at issue (or the facts must be regarded to favor the non-moving party). The questions to be decided are strictly legal questions.

In the Texas case, the legal questions presented were whether or not the therapist owed a duty to a third party and whether or not the therapist could later be sued by the person the therapist had wrongly accused of child abuse. The facts of the case which were reported by the appellate court opinion² show that the allegations of abuse arose when the legal custodian of the child, the father who was living out of state, made plans to have the child who had been staying with his grandparents and then with his mother and her boyfriend, returned to him. The mother contacted the Texas Department of Child Protective Services and also filed criminal charges against the father. The next day the mother and her boyfriend took the six-year-old to Ms. Bird, a psychologist. The mother claimed that the boy had said that "daddy" had sexually abused him. Ms. Bird spent about 10 minutes with the child. She did not ask him any specific questions and did not test him. She interviewed the mother and the boyfriend and performed some limited testing on them. This was the first child sexual abuse case Ms. Bird had ever handled.

One week later Ms. Bird executed a sworn affidavit

stating "I have concluded that [the child] has been the victim of [repeated] sexual abuse by his father (W.C.W.)..."³ The affidavit was then used in a custody battle over the child in family court and was also the basis for criminal charges being filed against the father. W.C.W. was arrested when he returned to Texas to assert his parental rights in family court. The family court judge appointed an expert witness for the court, and the father also obtained an expert. Both concluded that W.C.W. had not sexually abused his son. The criminal charges were dropped. The father maintained custody of his son.

Later, W.C.W. sued the therapist, Ms. Bird, her supervisor, and the clinic, charging negligent diagnosis and mental anguish which in part was derived from injury to W.C.W.'s reputation. Ms. Bird contended that her affidavit was a privileged statement because it was made in the course of judicial proceedings and that she owed no duty to the father. The trial court granted summary judgment to Ms. Bird and the other defendants, holding that there was no duty to the father and that the therapist's reports were absolutely protected.

As might have been expected, the plaintiff/father appealed the trial court's decision. The question as stated by the Appellate Court was "whether a parent (W.C.W.) has a cause of action against a psychologist for negligent misdiagnosis of sexual abuse by the parent."⁴ The Appellate Court reversed, finding that the therapist did have a duty to not injure a third party when such injury was foreseeable. After that, the Defendants appealed to the Supreme Court of Texas which upheld the original summary judgment decision for Defendants in the trial court. The Supreme Court opinion addressed two points.

First, the Court considered whether a mental health professional owes a duty to a parent not to negligently misdiagnose a condition of the child. Acknowledging that harm to a parent falsely accused of sexual abuse is foreseeable, the Court balanced the possibility of that harm with the countervailing social utility of eradicating sexual abuse against children. The Court concluded that young children's difficulty in communicating sexual abuse requires that mental health professionals be allowed to evaluate the child and exercise their professional judgment without a judicially imposed duty to third parties. The Court cited lower court cases in Texas holding that a physician is liable for malpractice or negligence only when there is a physician-patient relationship, and extended that requirement to cover therapist-patient as well.

Second, the court held that a privilege exists for communication of an alleged child abuser's identity in the course of a judicial proceeding whether or not the accusations were negligently made. First, the court found that Ms. Bird's affidavit was a communication which was not part of diagnosis or treatment. Thus, the false accusation in the affidavit could leave the therapist open to a defamation action unless some other protection existed. Next, the court held that the affidavit provided by Ms. Bird was part of a pre-trial court proceeding and fell under the protection against

1. 868 S.W. 2d 767 (Tex.1994)

2. 840 S.W.2d 5D (Tex. App.--Houston [1st Dist.] 1992), rev'd; 868 S.W.2d 767 (Tex. 1994).

3. Id. at 52.

4. Id., at 52.

defamation provided for all witness testimony in court proceedings.

It should be noted that during its contemplation of the case, the Texas Supreme Court was presented with no less than four Amicus Curiae Briefs supporting the Defendants. Amicus Curiae Briefs are position papers filed with the court by interested parties which urge the court to consider a particular rationale or course of action. Briefs were filed by the Texas Children's Hospital, Baylor College of Medicine, a private Pediatric Group, and the Texas Medical Association. All argued the same premise—that public policy required that medical and mental health professionals should be allowed to exercise their responsibilities to detect and report child abuse without fear of repercussions from those who may be falsely accused in the process.

In explaining its decision, the Supreme Court's treatment of public policy issues regarding the reporting of child abuse is instructive. The opinion clearly indicates that the court intends for the laws of Texas to shield therapists seeking to protect the children of that state who may be at risk for abuse. However, in finding no duty to third parties regarding the negligent misdiagnosis of sexual abuse in the *Bird* case, the Court's opinion appears to leave the door open for a different outcome on a different set of facts: "A mental health professional's duty might differ, however, if identifying or communicating the identity of the abuser was part of the patient's treatment such as when part of the treatment is to confront the abuser or to solicit the family's assistance in helping the patient cope with the abuse."⁵ This comment by the majority of the court (five justices) suggests that therapists might be held to a higher standard under a set of facts more familiar to the readers of this column. There were also two concurring opinions, each signed by two justices. One concurred solely on the grounds that the therapist's statement was privileged; the other cautioned that the "judgment should not be read as conferring a grant of absolute immunity upon mental health professionals."⁶ The concurrence went on to discuss the requirement that mental health professionals adhere to "an appropriate standard of professional responsibility" and reminded that the courts can impose such a standard.

Thus, the question remains unanswered in Texas as to whether the Court's interest in protecting children from child abuse would extend to include questionable allegations of abuse which supposedly occurred decades ago and whether the court's view of professional responsibility will encompass accusations based on nothing more than "recovered memories." (See American Medical Association recent cautionary statement.)

THANK YOU FOR THE TYPEWRITER

The office staff thanks all of you who offered us a typewriter. Who would have thought that in the world of computers, a typewriter could be so needed? It is much appreciated.

5. 868 S.W. 2d at 771.

6. 868 S.W. 2d at 772.

New Books of Interest

Campbell, Terence, **BEWARE THE TALKING CURE: PSYCHOTHERAPY MAY BE HAZARDOUS TO YOUR HEALTH.** \$14.95. To order: Upton Books. Call 1-800-232-7477

Hedges, Lawrence E., **REMEMBERING, REPEATING, AND WORKING THROUGH CHILDHOOD TRAUMA.** \$40.00. To order: Jason Aronson Inc. Call 800-782-0015 (Psychoanalytic focus.)

Kelly, Charles R. and Eric C. **NOW I REMEMBER: RECOVERED MEMORIES OF SEXUAL ABUSE.** \$20.00 (If order is placed before Oct. 15, 1994 you will receive hardcover edition.) To order: KR Publications, Department F, 13717 S.E. 36th Street, Vancouver, WA 98684-7770, phone 206-896-4004

Loftus, Elizabeth and Ketcham, Katherine, **THE MYTH OF REPRESSED MEMORY** \$ 22.95 + \$4.50 SHIPPING To order: St Martin's Press. Call 1-800-288-2131

Ofshe, Richard and Watters, Ethan, **MAKING MONSTERS: FALSE MEMORY, PSYCHOTHERAPY AND SEXUAL HYSTERIA.** \$22.00 To order: Charles Scribner's Sons. Call 1-800-257-5755

Pendergrast, Mark, **VICTIMS OF MEMORY: INCEST ACCUSATIONS AND SHATTERED LIVES.** Special price for FMSF members \$22.50 To order: Upper Access Books. Call 800-356-9315

Pressley & Grossman, *Applied Cognitive Psychology* 8(4) August, 1994 (Special issue **RECOVERY OF MEMORIES OF CHILDHOOD SEXUAL ABUSE**) Special price of \$19.50 for members of FMSF (includes air postage). To order: John Wiley & Sons, Baffins Lane, Chichester, Sussex PO19 1UD, ENGLAND FAX 44-243-530-361

Sharkey, Joe, **BEDLAM; Greed, Profiteering, and Fraud in a Mental Health System Gone Crazy.** \$22.95 To Order: St Martin's Press. Call: 1800-288-2131 (Not about memory therapy but describes part of the climate that let it happen.)

Underwager, Ralph & Wakefield, Hollida, **RETURN OF THE FURIES: ANALYSIS OF RECOVERY MEMORY THERAPY.** \$16.95 To order: Open Court Publishing Co. Call 1-800-435-6850

Additional articles available from FMSF

- ___304 Steele, D.R. Partial Recall. *Liberty*, March 1994. pp 37-47 \$2.00
- ___574 bb Pope, H.G. An interview with Harrison G. Pope Jr., M.D. *Currents in Affective Illness* XIII (7) July, 1994. pp 5-12 \$2.00
- ___538 Freedland et al, Four cases of supposed multiple personality disorder: Evidence of unjustified diagnoses. *Canadian Journal of Psychiatry* 38, May 1993. pp 245-247 \$1.00
- ___580 Singer, M. Coming out of cults. *Psychology Today*, January 1979. pp 7-19 \$2.00

FMSF MEETINGS

**FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER**

INTERNATIONAL MEETING

Memory and Reality: Reconciliation
Cosponsored with Johns Hopkins Medical
Institutions
December 9-11, 1994
Baltimore MD

STATE MEETINGS**CALIFORNIA**

Plans for state-wide meeting underway
We need your help!
To volunteer, please call
Eileen & Jerry (714) 494-9704

ILLINOIS

DES PLAINES, IL
Prairie Lakes Park
October 8, 1994 - 9:00 am to 6:00 pm
Rog or Liz (708) 827-1056

WASHINGTON STATE

3-Day Seminar: November 4, 5, 6, 1994
"Current Topics in the Law and Mental Health"
presented by Missoula Psychiatric Services
THE WESTIN HOTEL, SEATTLE
Call 406-542-7526 for information

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

BURBANK (formerly VALENCIA)
Jane & Mark (805) 947-4376
4th Saturday (MO) 10:00 am

CENTRAL COAST

Carole (805) 967-8058

CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925
1st Friday (MO) - 7:00 pm

NORTH COUNTY ESCONDIDO

Joe & Martene (619) 745-5518

ORANGE COUNTY (formerly LAGUNA BEACH)

Jerry & Eileen (714) 494-9704
3rd Sunday (MO) - 6:00 pm

RANCHO CUCAMONGA GROUP

Floyd & Libby 818-330-2321
1st Monday, (MO) - 7:30 pm

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)

WEST ORANGE COUNTY

Carole (310) 596-8048
2nd Saturday (MO)

COLORADO

DENVER

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

CONNECTICUT - AREA CODE 203

NEW HAVEN AREA
George 243-2740

FLORIDA**DADE-BROWARD AREA**

Madeline (305) 966-4FMS

DELRAY BEACH PRT

Esther (407) 364-8290
2nd & 4th Thursday (MO) 1:00 pm

ILLINOIS**CHICAGO METRO AREA (South of the Eisenhower)**

2nd Sunday (MO) 2:00 pm
Roger (708) 366-1056

INDIANA**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) 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**BANGOR**

Irvine & Arlene 942-8473

CAMDEN

Mary Jane 236-2411

FREEMONT

Wally 865-4044
3rd Sunday (MO)

MARYLAND**ELLCOT CITY AREA**

Margie (410) 750-8694

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

MISSOURI**ST. LOUIS AREA**

Mae (314) 837-1976 & Karen (314) 432-9789
3rd Sunday (MO) 2:00 pm
Retractors support group also meeting.

NEW JERSEY (So.) - See PENNSYLVANIA (WAYNE)**NEW YORK - UPSTATE / ALBANY AREA**

Elaine (518) 399-5749

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
2nd Saturday (MO) 1:00 pm

TEXAS**CENTRAL TEXAS**

Nancy & Jim (512) 478-8395

HOUSTON

Jo or Beverly (713) 464-8970

VERMONT & UPSTATE NEW YORK

Elaine (518) 399-5749

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

Meetings resume 4th Saturday (MO)

September 24, 1994 - 1:00-3:00 pm

Civic Garden Center, 777 Lawrence Ave E,
North York, Studio 4 (Exit 401, Leslie St, So)

AUSTRALIA

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

NETHERLANDS

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

UNITED KINGDOM

The British False Memory Society

Roger Scofield (0) 225-868682

...

October Issue Deadline: Friday, September 14

A Comprehensive Overview of True and
False Accusations of Childhood Abuse

Sunday, October 30, 1994, 9:00 AM to 4:30 PM,
NYU, Medical Center, Sponsored by: American
Academy of Psychoanalysis, Fee \$115 before
10/10/04 Call 212-475-7980 or Fax 212-475-8107

National Conference of Cult Awareness Network

Michael Yapko, Ph.D. and William Goldberg, MSW
will be featured speakers on Nov 4, 1994 in Cleve-
land, Ohio. Dr. Yapko is the author of the book, "Sug-
gestions of Abuse" and an authority on hypnosis. Mr.
Goldberg has extensive experience with therapy
cults. For conference program write C.A.N. National
Conference Dept F, Box 504, Fox River Grove, IL
60021-0414 or Call 312-267-7777

Midwest conference Audio Tapes Available

#1. Terence Campbell, Ph.d. - Jack Shephard, #2.
Christopher Barden, Ph.D.# 3&4. Paul Simpson
Ph.D.#5. Dr. Wesley Brun #6. Pamela Freyd, Ph.D.
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26230, Fairview Park, Ohio 44126

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

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.

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

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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Professional - Includes Newsletter \$125 _____

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September 1, 1994

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