FMS Foundation Newsletter

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July/August, 1995
July 11

Dear Friends,

First the Bad News

The British Psychological Society (BPS) conducted a survey of its membership in conjunction with its report, "Recovered Memories: Report of the Working Party of the BPS" issued in January, 1995. The survey, "BPS Questionnaire on Memories of Early Sexual Abuse," was sent to all 4005 clinical members of the BPS in February, 1994. There were 1083 returns and the results were based on 810 members who indicated they had clients claiming child sexual abuse. The results of that survey have only recently been published ("The recovery of memories in clinical practice: Experiences and beliefs of British Psychological Society practitioners," *The Psychologist*, May 1995, 109-214). Two pieces of bad news:

#14 To what extent do you think that recovered memories of CSA [childhood sexual abuse] events from total amnesia can be taken as essentially accurate?

never 3%, sometimes 53%, usually 38%, always 6%

#17 To what extent do you think that clients' reports of having experienced satanistic ritual abuse can be taken as essentially accurate?

never 3%, sometimes 54%, usually 38%, always 5%

But the really bad news is the way that the BPS Working Party chose to treat this information in its January report. Question #14 led to the following remarkable conclusion (page 29):

> • *There are high levels of belief in the essential accuracy of recovered memories of child sexual abuse among qualified psychologists. These beliefs appear to be fuelled by high levels of experience of recovered memories both for CSA and for non-CSA traumatic events. The non-doctrinaire nature of these beliefs is indicated by the high level of acceptance of the possibility of false memories.*

One would naturally expect a similar conclusion based on #17, about high levels of belief in the essential accuracy of recovered memories of satanistic ritual abuse.

There was no such paragraph. Indeed, the January report made no mention at all of the extent of belief in satanic ritual abuse. The distribution of responses to #17 were not mentioned. *The very existence of the survey question itself was not mentioned.*

That's the really bad news.

Actually there's even more. Two other results from the survey (page 211):

 # 5 Do you ever use hypnotic regression to uncover traumatic memories? ***y = 10%***

#9 Of these [clients who had reported history of child sexual abuse], have any experienced remembering CSA from total amnesia - i.e. no conscious knowledge of the occurrence of the event - while in therapy with you? ***y = 23%***

How were these results reported five months earlier in the report? They were not reported. Instead, the BPS Working Party stated in its Executive summary of the report (page 3):

> • *...There is no reliable evidence at present that this is a widespread phenomenon in the UK.*

Bad news indeed.

(The members of the BPS Working Party are listed as: Bernice Andrews, John Morton, Debra A. Bekerian , Chris R. Brewin, Graham M. Davies, and Phil Mollon.)

Commenting on the BPS Report

"I am immensely proud of my profession when it opens up new research inroads and gathers empirical evidence with analytical criteria for a range of basic and applied psychological issues. But I despair when it indulges in issuing dogmatic assertions, barren of evidence, with an undeserved air of authority, all too easily judged to be self-serving. This helps neither the public nor the profession."

Larry Weiskrantz, *The Times*, April 11, 1995

Good News

"The American Psychiatric Association believes that past life regression therapy is pure quackery. As in other areas of medicine, psychiatric diagnosis and treatment today is based on objective scientific evidence. There is no accepted scientific evidence to support the existence of past lives let alone the validity of past life regression therapy."

Mel Sabshin, MD
Medical Director of the American Psychiatric Association
Chicago Tribune, June 21, 1995,

It seems incredible that such a statement needed to be made. But it was desperately needed. On the very day that we received Sabshin's statement, it was sent to families whose children have cut off all contact because they believe that they had been sexually abused in a past life. Would these people have entered past life therapy if they had known that the American Psychiatric Association considered it "pure quackery?"

The assumptions and practices of "regression" therapies have been central to the critiques made by the False Memory Syndrome Foundation. We have asked for evidence for the validity of any regression therapies. No evidence has been provided. On the contrary, evidence has been presented that indicates the humiliating absurdity of its use. What more is needed than the visual image from "Divided Memories" (Frontline, April 4, 1995) of the woman crawling on the floor reenacting her belief that she had been stuck in a fallopian tube?

The public deserves access to therapy that is safe and effective. We expect nothing less from other branches of medicine, from our water supply or from any needed services. The public should accept nothing less from therapy.

Inside

We don't seem to have a summer lull in the office. First-time telephone calls from people who tell us they have been falsely accused have averaged between 25 and 30 a week for many months. News of retractions and returners has been steady but has not yet reached the rate of calls from accused families. Telephone calls from professionals who want information range between 20 and 50 a week. In addition, calls from lawyers, legal researchers, families and former patients concerned with legal ramifications of repressed memories take approximately 60 hours of staff time a week. It takes two people at least an hour each day to open and sort the mail.

We have recently completed the annual external audit and will include Foundation financial information in the September newsletter. We have established a Speakers Bureau and are developing programs for continuing education. FMSF staff have completed articles, book chapters, briefs and presentations.

Media coverage has been steady and indicates that the predicted shift to a legal focus of the recovered memory controversy is well underway. The survey and method of reporting of the British Psychological Society show why the this shift is taking place. It is because of the inability or unwillingness of some of the professional organizations to accept responsibility and to address the needs of families and clients devastated by recovered memory therapy.

Pamela

Legislative News

Therapy critic hears practice concerns
APA Monitor, July 1995
Russ Newman, Ph.D., J.D.

In this column, Dr. Newman describes meeting with Christopher Barden, Ph.D., J.D. to discuss the legislative initiatives started by Dr. Barden's group, the National Association for Consumer Protection in Mental Health Practice. Model legislation was introduced this past year in New Hampshire, Illinois and Missouri based on Barden's efforts. In New Hampshire the bill was put on hold until the next legislative session. In Missouri, the bill was delayed pending completion of work by a task force and in Illinois, the bill was defeated in committee.

The APA had been concerned that the legislation would include a requirement for audio or video recording of informed consent sessions. This requirement was not included in any of the three bills. The Barden proposals cover three main areas: courtroom testimony by mental health experts, informed-consent procedures, and the identification of safe and effective treatment interventions. According to Dr. Newman, there is room for the American Psychological Association to negotiate with Barden in each of these areas.

Dr. Newman expressed concern that the APA's Council of Representatives allocation of $750,000 in 1996 had been inappropriately confused with the $18,000 allocated to monitor FMS advocates. He stated that the $750,000 funds were to better inform consumers about the many services psychologists provide, the training and the expertise they bring with these services, and the value of psychological interventions.

(Editor's comment: Given the results of several surveys (e.g., the BPS Questionnaire on Memories of Early Sexual Abuse, 1995, Poole et.at., 1995, Yapko, 1994) relative to widespread beliefs and practices of therapists regard of repress memories, given the increase in lawsuits against therapists where repressed memories are an issue, perhaps the APA should allocate funds to educate its members and then worry about educating the public.)

International Conference on Child Protectors and Clients

Netherlands, June 28-30, 1995

Professionals and families from the following countries attended the conference: Australia, Belgium, Denmark, France, Germany, Finland, Hungary, Ireland, Luxembourg, Netherlands, New Zealand, Norway, Sweden, United Kingdom, United States. The concerns of participants were in three areas: custody rights, situations in which children were removed from their families without proper investigation and false memory syndrome. There were approximately 80 participants including judges, lawyers, therapists, research psychologists, sociologists, writers, child protective workers, and parents. The aim of the conference was to begin to look for solutions to the problems that exist and to find ways to share information in what looks more and more like a world health problem.

Talks were given on a wide variety of issues. From the FMSF Advisory Board, Richard Ofshe spoke about the abdication of responsibility on the part of health care professionals, Jeffrey Victor provided several guiding principles that may help to break the jam of closed system thinking and Hollida Wakefield spoke about the new research on interviewing children and on suggestibility.

The similarity of the problems in all countries seemed at first shocking. Besides the well-known problems of misuse of interviewing techniques and the substitution of validation for investigation, a major problem in all countries is obtaining adequate and accurate statistics about child abuse and treatment. As the meeting progressed it became clear that the spread of some of the problems could be traced in large part to professional-training conferences. Unfortunately, new ideas and techniques seem to have been introduced at training meetings by professionals who had not adequately researched the consequences of the use of their ideas and techniques. In the United States, the spread of satanic ritual abuse beliefs has been documented by Victor, 1993 and the spread of multiple personality disorder has been described by Mulhern, 1991. The spread of satanic ritual abuse beliefs in United Kingdom can be traced to the visits of some American therapists. Conference participants described the spread of the use of 'anatomically correct dolls' in the Scandinavian countries one particular lecturer from England.

Horror stories of young children held hostage by overzealous child protective workers emerged. From Norway a television documentary showed interviews with a four-year old (Nikko) who was removed from his family. Not only

was Nikko at one time kept for hours with only naked 'anatomically correct' dolls for play, in another segment he could be heard begging to go to sleep as an interviewer kept badgering him. To this writer such treatment seems more accurately described as human rights violations than child protection. Astrid Holgerson, forensic psychologist from Sweden, presented examples of interviews in cases in Sweden in which she has been consulted. For example:

Professional: Now I shall put these "**if-questions**, you know.
Child: Yes
Pr: So, I say: **If you should have been in Per's home**-what do you think it would have looked like in his home?
Child: (Cannot answer but says that she has seen one of his rooms on television.)
Pr: But **if you should guess** what it...or what you think it might have looked like in Per's home - If you had been there. Do you remember that?
Child: **I haven't been there**, you know that.
Pr: Yes, but **what do you think**?
Child: It must have been a kitchen and a room, anyway.

Important research was presented by David Thorep and Corinne Wattan, both from the Applied Social Sciences at Lancaster University, UK. They have studied the child protection services in communities in Western Australia and in Wales over a 5-year period. Two important findings have emerged. In the Australian study, there was a 300% increase in numbers of children referred for child protection investigation during the five years — probably as a result of mandatory reporting. Yet the number of children deemed seriously harmed or neglected remained the same throughout the period. In other words, a huge number of children were put through child protective investigations but no greater number of children received help. The second finding focused on how child protective workers determine whether cases are "founded" or "unfounded." While a number of obvious factors enter into founded cases such as age, alleged harm and disclosure, the most influential single factor in determining whether a child came into care was maternal response — whether she was judged to have the ability to protect. As Steven Ceci and Maggie Bruck's work has opened up the window on individual child interviewing, so the work of Thorep and Wattan seem to provide important insights into the working of the systems that must be corrected if child welfare is to get back on track.

Participants at this conference have determined to remain in contact and to continue to work to bring the greatest help possible to children and families.

Ramona trial inaccurately reported.
Charles Whitfield, M.D. writes the truth for therapists and survivors.

"It was clear that Isabella, Rose and the others were not heard and judged by a jury of their peers. These 12 were not therapists, and none of them was known to be in recovery, so they probably would not have known much about the recovery process. Even if the jury had been peers, how many would have had expertise in trauma psychology and recovery? The jury selection process was supposed to have screened out anyone who had a personal or family history of sexual abuse. But it was later revealed that three of them did have a family history of sexual abuse, and two of these voted strongly against the therapists. One of these two had even refused to deliberate, since she had already made up her mind at the start of the trial. And what about any of the jury who were abused as children and were not yet aware of it?"

Charles Whifield, MD
Truth about Abuse Vol 1 No 4 (newsletter)
A memory based suit against therapists
(from Memory *and Abuse*, 1995, Charles Whitfield)

GUIDELINES FOR THERAPISTS
On what grounds are former RMT patients bringing lawsuits?

We have received several queries in the past month asking about the grounds on which former recovered memory therapy (RMT) patients are bringing lawsuits. We now know that there were more than 200 lawsuits filed against professionals on the basis of repressed memories in 1994 and that this number is expected to rise dramatically in the next few years. We know that these cases may cost as much as $700,000 to defend. (*National Psychologist*, Vol 4 #3, May/June 1995). We have learned that the awards or settlements seem to range from about $80,000 to 5-million dollars.

These queries have come at a time when therapists and clients alike have been discussing the need for improved guidelines, yet the lawsuits indicate that even basic "standards of care" are not being met. The problem appears to be that in the past decade, professionals and professional organizations have abdicated their responsibility for monitoring as some practitioners have drifted away from the established guidelines of practice.

As we have read the specific charges in suits filed against therapists, we have found that they seem to fall into broader issues that have come up over and over during the recovered memory discussion. Following are the major issues that we see and some specific examples for each.

1. Responsibility of a professional to provide an appropriate diagnosis.

- Defendant negligently failed to follow appropriate guidelines for evaluating and treating patients with symptoms such as those manifested by the Plaintiff.
- Defendant failed to take a proper history from the Plaintiff.
- Defendant failed to perform appropriate examinations and diagnostic tests.
- Defendant failed to recognize Plaintiff's underlying psychiatric difficulties.

2. Responsibility of a professional to provide appropriate treatment.

- Defendant breached standard of reasonable care expected because of profession and claimed expertise.
- Defendant negligently failed to properly monitor Plaintiff's ongoing symptoms and the degeneration of her/his mental condition.

• Defendant negligently failed to consult with other professionals regarding the appropriate diagnosis, evaluation, treatment and care of Plaintiff.

3. Responsibility to use techniques appropriately and for understanding their limitations.

• Defendant negligently misused hypnosis techniques on Plaintiff.
• Defendant misused drugs, medications, hypnosis and/or sodium amytal which would be expected to increase Plaintiff's responsiveness to suggestion.
• Defendant uncritically accepted the existence of "repressed" memories of child sexual abuse in Plaintiff without making any effort to obtain independent verification for the truth or falsity of such "memories."
• Defendant misapplied the concepts of "denial" and "resistance" in the treatment of Plaintiff.
• Defendant failed to explore and/or recognize the effects of his/her own beliefs on Plaintiff.

4. Responsibility not to extend therapy unnecessarily.

• Defendant negligently undertook and sustained a course of treatment which improperly and inappropriately extended the length of the course of Plaintiff's treatment.
• Defendant failed to discharge Plaintiff from the hospital when it was apparent that conditions did not require inpatient treatment.

5. Responsibility to obtain informed consent from patients.

• Defendant negligently and carelessly failed to inform the Plaintiff of the risks of his/her chosen treatment techniques.
• Defendant failed to warn Plaintiff of the possibility of an adverse psychiatric condition.
• Defendant failed to advise Plaintiff that the techniques utilized had the capacity to produce false memories of events which never occurred but which nevertheless may seem real to the patient.
• Defendant failed to adequately advise Plaintiff of experimental nature of drug regime and of possible side-effects of the use of prescribed psychotropic drugs in combination with others.
• Defendant failed to advise Plaintiff that the diagnosis of multiple personality disorder is controversial and that there are disputes within the mental health community as to its existence.
• Defendant failed to advise Plaintiff that a person can be taught to display behaviors of "multiple personality disorder" through the use of psychotherapy (iotrogenesis).
• Defendant dissuaded Plaintiff from seeking services from other mental health professionals or from seeking a second opinion.

6. Responsibility of hospital, clinic or other entity to adequately supervise the activities of mental health care workers they employ.

The complaints in the cases brought by former RMT patients generally are very basic and simple and point to a failure at the level of diagnosis or a failure at monitoring a patient's progress. The following malpractice case was reported recently in California.

Before Therapy

To Her Dad:

"I could not have expressed my feelings more accurately that this card: So thanks for being just the way you are.. You'll never know how much it means to have a father just like you."

To Her Mom:

"You have always encouraged me and have been proud of me as a person — I love you for that and I hope I have done the same for you because I love you very very much."

After Therapy

"Remembering that I was sexually abused has caused me to question everything and everyone in my life. Although I loved and cared about you two at one time, now I have only anger and mistrust...Until I get a clearer picture of who did this to me, I wish to have no contact with either of you...About the only thing that I want from you now is money. ..Because of this crime against my soul, my recovery will probably take two or three years."

$97,500 awarded in psychiatric malpractice suit; Dr. Roderick D. Ponath of Santa Ana treated a patient 12 years for 'hysterical neurosis.' An eye exam helped detect her muscle disorder.

Los Angeles Times, July 2, 1995
Lee Romney

In 1978, Bonnie Burke was diagnosed as having a 'hysterical neurosis' disorder. Her symptoms included having her legs fail her or not being able to raise her arm to brush her teeth. Sometimes she was too weak to make the office visit and she was treated mostly by telephone. Burke stated that she would feel like, "There must be something in my mind somewhere that I'm not dealing with." According to the article, "she blamed herself and searched her past for the repressed anger that Ponath said was destroying her life."

Dr. Ponath testified that Burke confirmed his diagnosis over the years by raising issues from her childhood that she thought could be linked to her physical weakness. Ponath never referred Bonnie to another psychiatrist or neurologist for a second opinion, nor did he ever consult with another doctor to confirm his diagnosis. According to Burke's lawyer, when Bonnie asked why she was not improving, he would tell her that she was not trying hard enough, that she had to believe in him and have confidence in his therapy or else her condition would not improve.

During her 12 years of treatment from ages 27 to 39, she came to believe that the problem lay within her and that she simply wasn't trying hard enough to overcome her hidden anger. She is said to have kept detailed diaries in the hope of discovering some childhood trauma.

During a routine visit to have her eyes checked in 1990, the opthalmologist noticed she could not keep up her eyelids. She was tested and found to have myasthenia gravis, a muscle disorder. She began restoring muscle strength within 20 minutes of receiving medication.

INTERESTING READING

The dark truth about the "Dark Tunnels of McMartin"
Issues in Child Abuse Accusations Vol 7, No 2, 76-131
John Earl

"If the McMartin tunnels really existed, the theory goes, the alleged child victims may have told the truth about everything else. That in turn, reflects well upon the credibility of alleged child victims and adult survivors of other ritual abuse cases." (page 93)

The "Dark Tunnels of McMartin" in the title refers to an article by Roland Summit, MD, in *The Journal of Psychohistory*, 21 (4), Spring 1994, 397-416. Roland Summit, creator of the child abuse accommodation syndrome, holds a special place of respect among child abuse professionals around the world. He has continued to make public and written statements on the existence of the tunnels in spite of a lack of evidence. In "Dark Tunnels," Summit refers to "Hard-won documentation of physical evidence." The reference is to research by Gary Stickel that alleges the tunnels exist. Earl's article critically examines Stickel and his claims. Stickel and the tunnel theory are both discredited.

Spectral Evidence - fear and ignorance in the Court
The Therapist, Spring 1995 pp 13-15
Margaret Jervis

"In 1693 the Salem witch-hunt withered away not because the hysteria had run its course, but because a type of evidence, known as 'spectral' was declared inadmissible by the courts...The modern secular equivalent of spectral evidence is recovered repressed memories of sexual abuse. Such evidence is usually, but not necessarily, therapeutically excavated. Its power resides in the obscene nature of its content. It is vivid, emotive, and convincingly articulated with clear details to convey the picture in the listener's mind of obscene sexual acts....[readers] may be unaware that they have been swept along by the force of the imagination, because, stunned by the power of the image, they experience a minor form of secondary trauma."

How to Spot a Witch
Civilization, March/April, 1995
Adam Goodheart

This one page article about witch-hunting describes the *Malleus Maleficarum (Hammer of Witches)*, a comprehensive witch-hunting guide published in 1486. The existence of *Malleus Maleficarum* is an ever constant reminder that even though a tidy set of directions has been devised to identify something, it does not mean that the "something" actually exists. The author notes how asking the right questions can guarantee finding a witch. Such questions are of the "How long have you been a witch?" variety.

To FMSF Newsletter readers these techniques seem not very different from the current belief that a sign of an abuser is that he or she denies it. "Oh, you deny that you sexually abused your child. You must be guilty!"

Resolved: Multiple Personality Disorder Is an Individually and Socially Created Artifact
Affirmative: Paul R. McHugh, M.D.
Negative: Frank W. Putnam, M.D.
J. Am Acad. Child & Adolescent Psychiatry, 34:7, July 1995 pages 957-963

The debate format of this article furthers our understanding of the central issues of the MPD controversy within the mental health profession. Dr. McHugh's position is that MPD is an artifact created in the therapy setting. Dr. Putnam cites the MPD literature as claims to its validity.

(See critiques of the MPD literature by Merskey, Piper and Simpson in *Dissociative Identity Disorder* (1995) Edited by Cohen, Berzott & Elin.)

MODERN-DAY WITCHES?
Violet Amirault - 71 years old
Fells Acre Case
in prison since 1986
Parole Board of Massachusetts
Parole denied. Vigorously denies the offense(s). Until such time as she is able to take responsibility for her crimes, and engages in long-term therapy to address the causative factors, she will remain at risk to the community if released.
(Reprinted in *Wall Street Journal*, March 14, 1995 by Dorothy Rabinowitz)

Letter to *Nature Medicine*, Vol 1 No 6, June 1995
David Spiegel, M.D.

In the most recent Diagnostic and Statistical Manual (DSM-IV), the name and description of MPD have been revised. For the layperson this is extremely confusing. A letter from David Spiegel in *Nature Medicine* 1 (6) June 1995, written in response to an article by Paul McHugh, MD , (*Nature Medicine* 1(2), Feb, 1995, "Witches, multiple personalities and other psychiatric artifacts") is a succinct explanation of the changes.

"The new and correct term for the disorder [Multiple Personality Disorder] is Dissociative Identity Disorder. As chair of the work group which made the change in name and which exhaustively reviewed the literature, I can report that we concluded that this fragmentation of identity and consciousness does occur without any 'therapeutic' coercion. This may happen, but there is no evidence that it accounts for the majority, or even many of the cases observed. The disorder is seen around the world. Such individuals suffer not from having more than one personality, but from having less than one, being unable to integrate anger and sadness, memories of victimization with an ability to carry on in everyday life."

"Dissociative identity disorder has been understood as a long-term sequela of childhood abuse, induced in part as a psychological defense against the feelings associated with victimization..."

To readers of the FMSF Newsletter who are still coming to grips with the claim by Richard Kluft, M.D. in 1988 in *Dissociation* Vol 1 No 4 that he had a patient with more than 4,500 alters and another with more than 4,000, the changes in name and description of MPD are not helpful. In

fact they very confusing. We hope that the profession will soon explain the significant difference in layman's terms between 4,500 alters and 4,500 unintegrated fragments.

Editorial
British Journal of Psychiatry (1995), 166, 281-283
Harold Merskey

As legal decisions mount, a number of professionals have begun to reflect on the role of repression in psychiatry. The following excerpt is from an editorial that is highly critical of MPD.

"Allegations which rely upon repressed memories have led to a closer examination of the idea of repression. It transpires that the psychological literature is unable to provide scientific evidence that repression occurs as a mental mechanism—although it has been looked at very closely (Holmes, 1990). This brings the practising psychiatrist who wishes to believe in repression face to face with a considerable dilemma. It has been all right to treat patients on the basis of dynamic notions of repression so long as the concept was only one which was exchanged between therapist and patient and merely served to revise, in a positive fashion, the patient's view of himself or herself in the world. Using repression as an idea which works to the detriment of other people, disrupts families, wipes out the life savings of parents, abolishes their contact with children and grandchildren, and embroils some in painful legal battles, is another matter altogether and not compatible with the old principle "first do not harm." This forces psychiatry into re-thinking what is meant by repression, how much we can rely upon it, and how much we can observe or encourage a belief in the classical Freudian defence mechanisms. Clinical experience may be cited to the effect that repression does occur in the face of traumatic experiences with grave impact. If so, the time has come for a critical examination of that evidence which at present remains unsystematic and anecdotal. At the moment it appears to this writer that we should still retain the concept of repression for conditions of acute or chronic conflict, but that it is not tenable as an explanation for the sustained loss of memory, and it is probably no longer useful as a concept dealing with past experience.

Dr. Merskey is a Professor of Psychiatry at the University of Western Ontario and he is a member of the FMSF Scientific Advisory Board.

The naive therapist syndrome
BC Medical Journal Vol 36 (9) September 1994
Thomas P. Millar, MD

"Psychoanalytic therapy derives its rationale from what psychoanalysis perceives to be the cause of neurosis, to wit, that a conflict in infancy, arising out of some frustration of the child's psychosexual development, is repressed — that is, forced our of awareness, where it continues to affect the individual by generating psychological symptoms. Therapy therefore consists of recovering this repressed experience and allowing the original frustration to be expressed (abreacted). The key to this formulation is repression, but what if there is no such thing as repression?..."

"If the conflict-repression model of neurosis is no longer credible, then there is a need for a new theory of neurosis... Suffice it to say that, so long as the childhood-conflict-and-repression notion of the neurosis dominates the clinical scene, we will be plagued with naive therapists seeing every psychological symptom as evidence for childhood incest and, like Freud before them, hammering out of their patients the memories they need to sustain their therapeutic illusion."

CLIENT/THERAPIST NARRATIVE—NOT NARRATIVE TRUTH

Allen Feld

As a client and therapist engage in therapy, what unfolds is a narrative, and since therapy is an interactive process, this can accurately be identified as a *Client/Therapist Narrative*. However, sound therapy suggests that this collaborative narrative, which is often referred to as *narrative truth*, should be approached with a skepticism similar to that applied in the scientific method. While the client (and/or therapist) may believe the narrative, its truth can rarely be discovered in the clinician's office. Including the word *truth* in devising a term to describe this important clinical activity is much more of problem than a misuse of the English language, and nowhere is this more evident than when issues around "recovered memories" of incest are discussed. Incest is an act—a behavior—and therefore has the potential of being verified. There is another significant aspect which seems to often be overlooked in dealing with adult clients who may be questioning their memories about early childhood incest or other events from their distant past. These clients typically enter therapy with a variety of symptoms and may frequently be questioning their own mental health. ***Recognizing reality* is a sign of positive mental health.** When therapists and clients synthesize the clients' past with metaphoric memories and therapists make no effort to test these for reality, it is difficult to understand how they can claim to be helping their clients. For therapists who believe that decade-delayed recalled memories of incest need not be verified or that "narratives" equate to the client's reality and that is good enough, the burden of proof is theirs. It is their professional obligation to publish in refereed journals the research and outcome studies that demonstrate that, by *ignoring* any effort to help their clients search for reality, these clients are actually being helped.

Allen Feld is an assistant professor of Social Work at Marywood College in Pennsylvania and is active in continuing education

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Are you a snow bird?

If you change your residence during the summer or winter, it is necessary for you to notify Nadine each time your address changes. Please mail or Fax (215-387-1917) your address change one month in advance to allow time for her to make the change.

Salem Jury's Rule

January 14, 1997 will mark the 300th anniversary of the Massachusetts Day of Repentances. The following statement was signed by the jury in Salem after the craze died down. The jurors believed that they had shed innocent blood, a sin which they believed would not be forgiven. This is known as "The Salem Jury's Rule" and may be instructive even today:

"We whose names are underwritten, being in the year 1692 called to serve as jurors in court at Salem, on trial of many who were by some suspected guilty of doing acts of Witchcraft upon the bodies of sundry persons:

"We confess that we ourselves were not capable to understand nor able to withstand the mysterious delusions of the Powers of Darkness and Prince of the Air, but were for want of knowledge in ourselves and better information from others, prevailed with to take up with such evidence against the accused as on further consideration and better information we justly fear was insufficient for touching the lives of any (Deuteronomy, 17.6), whereby we fear we have been instrumental with others, though ignorantly and unwittingly, to bring upon ourselves and this People of the Lord the guilt of innocent blood, which sin the Lord saith in Scripture he would not pardon (2 Kings, 24.4), that is, we suppose, in regard of this temporal judgement.

"We do therefore hereby signify to all in general (and to the surviving sufferers in especial) our deep sense of and sorrow for our errors in acting on such evidence to the condemning of any person, and do hereby declare that we justly fear we were sadly deluded and mistaken, for which we are much disquieted and distressed in our minds, and do therefore humbly beg forgiveness, first of God for Christ's sake for this our error, and pray that god would not impute the guilt of it to ourselves not others. And we also pray that we may be considered candidly and aright by the living sufferers as being then under the power of a strong and general delusion, utterly unacquainted with and not experienced in matters of that nature.

"We do heartily ask forgiveness of you all, whom we have justly offended, and do declare according to our present minds, we would non of us do such things again on such grounds for the whole world praying you to accept of this in way of satisfaction for our offence, and that you would bless the inheritance of the Lord that He may be entreated for the Land."

LEGAL CORNER

FMSF Staff

REFLECTIONS ON RECENT DECISIONS

Three Court decisions rendered within the past month have raised important challenges to repressed memory claims on two fronts:

1. whether repressed memory and expert testimony derived therefrom fall under the "Frye test" or the "Daubert analysis" for scientific evidence, and if so, whether repressed memories have been shown to be sufficiently valid to be relied on;

2. whether the discovery exception to the statute of limitations may be properly applied where there is no assurance that objective evidence is available with which the court may reliably verify the facts of the original wrongful act and the resulting physical injury.

Reliability of Repressed Memories under Frye and Daubert:

When presented with new or novel scientific evidence, or testimony derived from scientific theory or method, a court may choose to admit the testimony, determining its credibility during trial through cross-examination and challenges from other testimony. Or a court may review the evidence in pre-trial hearings or at trial on motion.

In general, in order to be admitted, testimony is to "assist" in determining the facts. It must therefore be relevant, but not conclusory. When offered by an expert, the expert is to be qualified regarding the issue. Because a jury may overly rely on an opinion offered with expert authority, two standards have evolved which courts may use in formally reviewing evidence which is based on scientific theory or method: the so-called "Frye test" and the "Daubert analysis". The "Frye test" is derived from a 1923 U.S. Supreme Court decision[1] which put forward a social definition of admissible scientific evidence and stipulated that novel scientific testimony is admissible if generally accepted by the relevant scientific community. However, the Frye decision had nothing to say about the intrinsic merits of evidence based on scientific knowledge or methods.

In 1993, the U.S. Supreme Court[2] provided guidance about judicial use of scientific testimony based on the Federal Rules of Evidence. It held that, to be admitted, such testimony must be judicially relevant and scientifically valid or

1. Frye v United States, 54 U.S. App. D.C., 293 F.1013 (1923)

2. Daubert v Merrell Dow Pharmaceuticals, 113 S. Ct. 2786, 125 L.Ed.2d 469 (1993)

Editor's Note: The Salem witch trials ended when "spectral" evidence was no longer accepted. Spectral evidence consisted of dreams, visions and hallucinations. 300 years later the issue of repressed memory cases in the courts is also focused on evidence. 300 years after Salem, people have once again claimed that dreams represent reality and that visions (flashbacks) are evidence for the reality of events. 300 years after Salem, the courts seem again to be deciding not to admit "spectral" evidence.

Will those who have brought and prosecuted the current repressed memory charges also have the grace to apologize to the wrongfully accused as did those responsible 300 years ago for the tragedy of Salem?

reliable. In defining validity and reliability, the high court attempted to establish what science would have standing in a court of law. To be admissible a scientific theory should be testable and falsifiable, capable of meeting peer review and if involving a methodology or process have a known rate of error. These guidelines were not, the Supreme Court emphasized, to be viewed as an exclusive, exhaustive or definitive test for admissibility, but rather are meant to be flexible.

To date, few decisions have had occasion to apply either Frye or Daubert to repressed memory claims.[3] Recent trial court decisions have held that both Frye and Daubert are applicable. Two trial level courts, the Maryland Circuit Court, 5/5/95, and the New Hampshire Superior Court, 5/23/95, both dismissed repressed memory lawsuits after lengthy pre-trial evidentiary hearings at which the reliability of repressed memory claims was considered. The Plaintiffs in both states have appealed the dismissals. Among other things, they will argue that too high a standard was used to restrict the admission of medical testimony.

Decision 1 State of New Hampshire v. Hungerford, State of New Hampshire v. Morahan, Superior Ct., Hillsborough Co., New Hampshire, No. 94-S-045 thru 047, No. 94-S-1734 thru 1936, 5/23/95

The New Hampshire Superior Court dismissed repressed memory claims after a pre-trial hearing after which Presiding Justice William Groff determined that "the testimony of the victims as to their memory of the assaults shall not be admitted at trial because the phenomenon of memory repression, and the process of therapy used in these cases to recover the memories, have not gained general acceptance in the field of psychology; and are not scientifically reliable."

In a 35 page Decree filed on May 23, 1995, Justice Groff addressed the issues which formed the basis of his decision, namely, (1) the requirement of scientific acceptance and reliability; (2) the factual background; (3) the phenomenon of repressed memory; and (4) the process of psychotherapy.

The Court first addressed the State's argument that there was no need for pre-trial hearing as to the reliability, and therefore the admissibility, of the repressed memory or expert testimony. The State claimed that repressed memory was similar to normal remembering and therefore should be admitted as any recollection would with the jury to determining the credibility of the parties.

Drawing a parallel to case law regarding the application of the Frye test or a general test of scientific reliability to memory refreshed by hypnosis, Justice Groff rejected this argument and concluded that "testimony that is dependent upon recovery of repressed memory through therapy cannot be logically disassociated from the underlying scientific concept or the technique of recovery." Whether the Frye test or the Daubert analysis were applied, the Court held that the result is the same: in order to prevent the jury from being misled by unproven and unsound scientific methods, the trial judge must ensure that any and all scientific testimony or evidence admitted is not only relevant but reliable. The Court further relied on a recent New Hampshire Supreme Court decision, McCollum v. D'Arcy, 138 N.H. 285, 638 A.2d 797 (N.H. 1994), a case with similar circumstances, which issued a clear and "inescapable" directive that, "The plaintiff still carries the burden to substantiate her allegations of abuse and if challenged, to validate the phenomenon of memory repression itself and the admissibility of the evidence flowing therefrom." Justice Groff carefully reviewed the facts of the case, describing the alleged victims, their psychiatric histories, the circumstances under which they reportedly "recovered" memories of abuse, and especially the techniques used by the treating therapists. Neither of the accusers had had memories of abuse until they were treated by the therapists and institutions which admittedly communicated to their patients their assumptions about a history, previously unknown, of abuse.

In his extensive review of the psychological literature regarding the phenomenon of repressed memory, Justice Groff concluded that many of the studies have not yet shown a definite relationship between trauma and memory, that there is no ability, absent independent corroboration or confirmation, to determine whether a particular "repressed memory" is false or true, and that there is a "raging or robust debate" regarding the phenomenon of repressed memory in the field of psychology today. The Court, therefore, found that the state failed to meet its burden of proof under Frye. In addition the Court found that the reliability of the phenomenon of repressed memory has not been established under Daubert.

This decision is one of the first that deals with the issue of repressed memory squarely on the merits. Justice Groff makes it clear that he did not intend to arbitrate the ongoing debate within the psychiatric community on the issue of repressed memories. His holding is based on the existing scientific evidence that the concept of repressed memory is not generally accepted in the field of psychology nor is there any way, absent independent corroboration, to determine the truth or falsity of a repressed memory. It is not in that sense scientifically reliable. Therefore the Court concluded that "there is no justification for the introduction of such evidence in a trial today under our system of criminal justice.

Decision 2 "Doe and Roe v. Maskell, Circuit Court, Baltimore Maryland, No. 94236030/CL185155 (May 23, 1995) The Baltimore Circuit Court dismissed a $40 million suit by two former parochial school students who said they had been molested by a priest at the school in the early 1970's. In dismissing the suit, Judge Hilary Caplan said he was ruling only on the statute of limitations issue and not on merits. The Court adopted the theories explicitly

3. See Isley v Capuchin Province, 1995 U.S. Dist. LEXIS 3064 (U.S. Dist. Ct. Mich., 1995) for a review of cases applying Daubert's reliability analysis in the context of expert psychological testimony concerning allegations of childhood sexual abuse, post-traumatic stress disorder, psychological and behavioral patterns of persons who had been abused, and traumatic amnesia.

discussed in the Defendant's Brief.[4] After a week-long evidentiary hearing, Judge Caplan rejected Plaintiff's arguments that the Frye test applied only to hard science, and did not extend to expert opinion testimony. The Plaintiff had argued that the expert testimony was based on standard techniques of evaluation, diagnosis and testing, none of which were new or novel. Plaintiff also argued that by submitting expert opinion testimony to either the Frye or the Daubert analysis, an unreasonably high standard for admission was raised — since experts who disagree with almost any judgment could always be found.

Judge Caplan found the rationale of the Maryland Supreme Court[5] to be particularly persuasive when it extended the Frye test to the hypnotically refreshed memories of a witness to a shooting incident. That court had held testimony which was hypnotically refreshed to be inadmissible under Frye because of the problems with memory retrieval and because even the experts cannot discern whether memories retrieved by hypnosis are truth, falsehood, or confabulation. Judge Caplan concluded that "[t]he Daubert case and especially the Reed/Frye analysis...is applicable." After determining that Frye applied, Judge Caplan noted that at present, there is no consensus among the community of psychiatrists. If at some future date, he wrote, it should achieve the general acceptance of the scientific community, the door may open and the evidence be admitted."If Daubert were to be applied in this case to scientific evidence," Judge Caplan wrote, "evidentiary reliability must be based on scientific reliability...The Plaintiffs' case are are shadowed...or based on evidence not necessarily reliable or valid. There is no way to test the validity of those memories....[T]he scientific evidence that was presented in this case strongly suggests that there are no empirical studies that verify the existence of repressed memories."

Decision 3 Michigan Supreme Court Overturns Lemmerman v Fealk and Williford v. Bieske[6]

On July 5, 1995, the Michigan Supreme Court held that the Michigan "discovery rule" did not apply to persons claiming insanity related to memory repression of childhood sexual abuse who brought civil suits. In so doing, the Supreme Court overturned an earlier ruling in Lemmerman v. Fealk by the Michigan Appeals Court[7].

The Appeals Court decision had rejected the requirement of objective corroboration of the alleged wrongdoing in repressed memory cases in order to toll the statute of limitations under the discovery exception. That court had argued that corroboration is a proof problem to be determined at trial, not a requirement to be met before courts can apply the discovery rule and that fairness required allowing claims to be heard at trial.

The Michigan Supreme Court rejected this conclusion for several reasons: "In these cases, both the existence of injury and the existence and reliability of any evidence of a causal link to the defendants remain highly disputed, and the outcome must ultimately turn on one person's word against another. While the plaintiffs' allegations may be true, the assurance of a just examination and decision regarding the relevant issues in such a situation is highly problematic. It cannot be concluded with any reasonable degree of confidence that factfinders could fairly and reliably resolve the questions before them, given the state of the art regarding repressed memory and the absence of objective verification."

The Michigan Supreme Court also reviewed the rationale behind statutes of limitation, i.e., to encourage plaintiffs to pursue claims diligently and to protect defendants from having to defend against stale and fraudulent claims. Against this tension between these needs, the court found that placing a plaintiff in a discretionary position to decide when they recalled events that were allegedly repressed but for which there is no means of independently verifying the allegations or allowing the plaintiff to decide the date of onset or termination of disability so as to toll the statute of limitations, would effectively invalidate the purpose of the statute of limitations. "As a threshold, such risk can only be outweighed when objective, verifiable evidence of the original wrongful act and the resulting physical injury is present." The concurring opinion noted that "There is no agreement on the viability and reliability of repressed memory syndrome within the American Medical Association or the American Psychiatric Association. In the absence of a consensus on this still-evolving theory from the appropriate medical experts, it would be unwise and premature to recognize the repressed memory syndrome as a basis for applying the discovery rule." Summary of opinion is taken from the Syllabus prepared by the Reporter of Decisions.

Plaintiff's Judgment Affirmed upon Appeal

Hoult v. Hoult 1995 U.S. App.
(1st Cir., June 1995)

The 1st Circuit Court affirmed a jury verdict of $500,000 for the Plaintiff in a repressed memory case, finding that the circumstances of the case were not sufficient to justify overturning the jury decision. The Federal Court decision also held that while a trial court judge is required to make a preliminary assessment of the reliability of a psychiatrist's expert opinion testimony under the Federal Rules of Evidence - even if the defendant does not object to the testimony - that such an assessment does not have to be "explicit" and "on the record".

An early report of the decision, published in *The Massachusetts Lawyers Weekly*, 5/39/95, announced the case under the headline: "1st Circuit says OK under Daubert". In fact, contrary to this report, The First Circuit court in its ruling (amended June 27, 1995), made it clear that it

4. Defense and Plaintiffs briefs as well as the court ruling are included in the FMSF Brief Bank. See Publication #830.
5. State v. Collins, 296 MD 670, 464 A.2d 1028 (1983)
6. Lemmerman v. Fealk, Williford v. Bieske, Mich. Supreme Ct., Docket Nos. 97839, 97841, 98365 (July 5, 1995).
7. Lemmerman v. Fealk, 201 Mich. App. 544, 507 N.W.2d 226, 1993 Mich. App. LEXIS 355 (App. Ct. 1993).

does not address the merits of the issue of the repressed memory nor approve as scientifically reliable, the introduction in evidence of testimony derived from such allegedly recovered repressed memories. The court's decision rests on the technicalities concerning the failure of the defense attorney at trial to object to any of Plaintiff's proffered "expert" testimony, thereby not properly preserving issues for appeal, and his failure, for procedural reasons, to properly pursue an appeal.

The suit was originally filed in July 1988 in District Court, Massachusetts. The Plaintiff claimed that from the time she was 4 until age 16, her father sexually abused and threatened her, but that she had repressed all memories of the abuse until she began to recapture them during therapy sessions in October 1985, at age 24.

At trial, the plaintiff, her treating therapist and an examining psychiatrist testified. The psychiatrist testified generally with respect to the psychological dynamics and clinical profiles of victims of childhood sexual abuse (CSA) and also about the phenomenon of repressed memories of traumatic events. She concluded that there "was a lot of correlation" between Plaintiff's "clinical presentation" and the clinical profile of a CSA victim.

Defense counsel presented no expert testimony, and did not object either to the psychiatrist's qualifications or to her testimony in general, relying instead on defendant's general denial of the charges and on vigorous cross-examination of the witness.

Defendant argued on appeal that the trial court erred in allowing the psychiatrist to testify with respect to the phenomenon repressed memory in the context of CSA. The court held that, under Daubert , and F.R.E.104(a), district courts are to conduct a preliminary assessment of the reliability of expert testimony even in the absence of an objection but declined to require that they voluntarily make "explicit on-the-record rulings regarding the admissibility of expert testimony." The court reasoned that such evaluations are often silently performed throughout a trial.

The court also considered defense contention that the judgment was void under Rule 60(b)(4) because admission of psychiatrist's testimony at trial "usurped the function of the jury" and therefore amounted to a violation of due process. The court noted that there is a real danger that jurors will lend too much credence to an expert's evaluation of the victim's credibility at the expense of their own independent judgment of credibility. On the other hand, judges traditionally have had broad discretion in determining whether expert testimony is reliable and helpful to the jury. The court concluded, "We think [the psychiatrist's] testimony may have crossed the line in commenting upon the Plaintiff's credibility.... She came perilously close to testifying that this particular victim/witness could be believed. If defense had properly objected to this testimony at trial and appealed a decision admitting the testimony, we would be faced with a difficult decision." However, because the jury had been presented with evidence contradicting or calling into question the psychiatrist's opinion, the psychiatrist testified that she had no way of knowing whether Plaintiff's allegations were true, the court expressly instructed jurors that they were free to reject the opinions offered by the psychiatrist, and the lack of objections at trial, the court ruled that psychiatrist's testimony did not so plainly usurp the function of the jury so as to constitute a violation of due process.

> Repressed memory theory, highly controversial, has been an increasingly popular form of evidence in abuse cases, but is beginning to lose its standing as courts question its validity...
>
> Most observers agree that the death blow to RMT — if it comes — will be dealt by insurance companies. Many health maintenance organizations place caps on the number of psychotherapy visits they will cover and insurance companies are likely to follow. Since RMT frequently requires long-term therapy and hospitalizations, caps will limit its use and availability. Furthermore, premiums for malpractice are soaring, in part because of the growing numbers of patients suing therapists allegedly implanting false memories.
>
> Chi Chi Sileo
> *Insight*, June 12, 1995

Legal news from Australia

The Weekend Australian, July 1-2, 1995

"Dark Memories"

Bettina Arndt

In the past few weeks, three men have been released from Australian prisons, their "repressed memory" sexual abuse convictions overturned in separate Supreme Court decisions, two in Melbourne, one in Sydney. One man was acquitted on all charges; in the two other cases the Appeals Court ordered a retrial.

The article published in The Weekend Australian reports that, "The juries who convicted were never asked to confront the possibility that the memories — which constituted much of the uncorroborated evidence against the accused — could be fabricated fantasies. The controversy about the validity of repressed memories was never aired in court. The memories were presented as fact.

The Supreme Court judges did not rule on the nature of the memories, instead overturning the convictions on the basis of mishandling of jury instructions by trial judges in which the jury was not given sufficient warning about the dangers of convicting on the basis of uncorroborated evidence of alleged long-passed events.

In one case, the Supreme Court in Victoria, Australia, ordered a retrial for a 67-year-old Melbourne man who had been sentenced to a seven-years-jail term based on a woman's repressed memory claim that her former music teacher had sexually abused her 25 years earlier. At trial, the court was told that the woman first complained of the alleged abuse following counseling 12 years after the last alleged incident. Justice Ashley agreed that the verdict "for the most part" was "unsafe and unsatisfactory" because the trial judge had not directed the jury properly. The jury had been unable to come to a unanimous decision so the court had accepted a majority verdict. He also said that the

woman's long delay in reporting the alleged offenses should have caused the jury to have "reasonable doubt" about the truth of her allegations and that there was a "serious risk" her recollection of incidents had been colored by "external influence" even though she may not have been aware of it. "In my view, the complaint's evidence was, at least in part, shown to have been based upon memory recovery techniques employed by a person whose qualifications were unknown."

The article notes that while the law may be tightening in criminal courts, the risk of jury conviction remains high. Some of the changes in standards in Australian courts may be due to the Australian Psychological Association report (FMSF newsletter, 11/2/94) which strongly warned that there is no way of determining whether such memories are real without independent corroboration. *Logically*, such evidence alone cannot be used to prove guilt beyond reasonable doubt — the high level of proof required in a criminal trial.

The article's author also reviews a repressed memory civil case in Victoria. The alleged victim, Sharon Arnold, ultimately received $10,500 compensation (the case is still under appeal because she seeks many times that amount). The case reportedly is based entirely on uncorroborated repressed memories whose validity was not questioned at trial. In addition, Arnold claimed, without challenge, that her psychological problems — insomnia, depression, anxiety, alcohol abuse, eating disorders — all stem from sexual abuse by the neighbor in whose home she took shelter as a young girl to escape her violent alcoholic father. The article's author asks, "How is it possible that compensation is paid for repressed memories of abuse without any attempt to assess the effects of a disturbed family history involving an abusive alcoholic father and a year of parental separation when the child was 10?"

FMSF SPEAKERS BUREAU and CONTINUING EDUCATION

The FMS Foundation is pleased to announce the establishment of a SPEAKERS BUREAU. The rapidly growing bureau includes psychiatrists, psychologists, social workers, nurses, attorneys, law enforcement officials and writers.

The Foundation is currently developing programs suitable for professional conferences or meetings, professional development/staff training seminars, mental health programs/panels, and Continuing Education conferences and workshops, as well as less formal programs.

Programs can be arranged in many areas, including but not limited to memory, False Memory Syndrome, forensic, dissociative disorders (MPD), hypnosis, therapy issues, interviewing techniques, cults, satanic ritual abuse, retractors, mediation, reconciliation, civil & criminal law, professional malpractice, etc.

For more information about Continuing Education or to arrange a program call 215-387-8663 directly, or 800-568-8882 to leave a message.

"In testimony, psychiatrist defends work; Ex-patient says memory of sex abuse was planted"
Minneapolis Star Tribune June 23 & 24, 1995
by Conrad DeFiebre

Dr. Diane Humenansky, a St. Paul psychiatrist accused by her patients of planting false memories of sexual abuse, defended her treatment methods and results during the first of six civil malpractice trials which began during the last week in June, 1995. "I've never had somebody recover a memory that was wrong," she testified. "I don't believe in false memories." Among the reports she credited were stories of satanic cults killing and eating babies and drinking their blood. Humenansky maintained that as least 90% of her patients had suffered sexual abuse as children.

The malpractice suits against Humenansky were filed in 1993 in Ramsey County District Court, Minnesota and include claims that she falsely diagnosed multiple personalities, misused psychotropic drugs and hypnosis on the Plaintiffs, and coerced them into falsely believing that they had been sexually abused by family members and, in some cases, by satanic cults.

Humenansky invoked her right to avoid self-incrimination six times when asked whether she had treated many of her patients for multiple personality disorders but listed less controversial diagnoses on insurance claims. Dr. Humenansky's medical license is under review by the Minnesota Board of Medical Practice.

Cases Dismissed

"In the past two years I have represented three accused in civil and criminal actions involving repressed memories. Each case has been dropped by the Plaintiffs or dismissed by the Court."

Gary M. Jackson, Esq.
Denver, Colorado

The majority of the cases (nearly 800 suits filed in U.S. alone) tracked by the FMSF Legal Survey continue to be suits brought by accusers claiming childhood abuse which was only recently discovered when they "recovered" so-called "repressed memories." Nearly all of the Complaints allege no knowledge of the wrongful acts until they were in therapy. Over the past three years we have learned that approximately three quarters of these cases are civil actions. Preliminary results of the 1995 Legal Survey suggest that larger numbers of repressed memory suits are being dropped by the Plaintiff or dismissed on motion than in previous years. The financial cost and the emotional cost of these cases can be enormous to both Plaintiffs and Defendants.

Some lawyers advise clients to settle cases because of the great expense of preparing for trial, or because of factors such as the health of the defendants. Defending a repressed memory case is often in the $80,000 to $100,000 range. Settling a case can have consequences that no one predicted, however. We were recently informed that as a result of a settlement in a repressed memory case that was

covered by the home owner's insurance (an unusual situation since most home owner's policies do not cover intentional acts), the accused was subsequently placed on a high risk category for insurance and has since been unable to reinsure his home. dollars.

HOLDING CHILDREN HOSTAGE

"I was told that I could not see my grandchildren unless I enrolled in the Codependency Program at 'S T'," a mother of an accusing child told us in May at a family meeting in Houston.

"I was told that unless I left my husband, I would not see my grandchildren," said another.

Across the country, a script has been repeated: "Unless you confess you will not see..." "Unless you enter therapy you will not see..." "Unless you end your marriage to X, you will not see..." Accusers have used their own children as hostages in the FMS phenomenon. When did using children as hostages become part of therapy and thus become socially sanctioned? Is it a natural consequence of the therapeutic position that therapists have no responsibility beyond their individual client? Is it a natural consequence of the argument that "truth" is irrelevant to therapy?

Not all people agree that it is acceptable to hold grandchildren hostage in this manner. Grandparents especially do not think it is acceptable. They are naturally concerned because they have experienced a profound personal loss. Some people consider that there are social and moral reasons to think that children are not the exclusive property of their parents. Children are born into a cultural and family environment which it is their heritage to know and experience. It is abusive to children to deny them their heritage when there is no real basis for such extreme action.

Some grandparents have wanted to take legal action to get visitation rights with their grandchildren. This is a tricky and individual decision because caring people do not want to put their grandchildren into a position that causes them conflict with their parents. For that reason the majority of grandparents have stepped back and avoided contact in the hope that the accuser would come to his or her senses.

What will happen when this generation of children grows up, asserts their rights to know the rest of their family and their heritage.

Sometimes, however, the delusional system of the accuser is so extreme (e.g. satanic conspiracy, public slander and libel) that the grandparents are concerned about the mental well-being of their grandchildren. We are aware of one family in which the grandparents become legal guardians of the accuser because their daughter was found to be legally incompetent. A number of other families have filed legal actions in an effort to get visitation rights. The results of these legal actions to try to get visitation rights to see grandchildren have not been especially positive. They can be very expensive. Grandparents have described being humiliated when they entered the arena of the child welfare system that oversees custody issues. We received the following note about a hearing for grandparent visitation that was held in April, 1995.

> "It was a worst case scenario. The mediator read my daughter's accusations first, assumed me guilty and treated me as such and refused to read my submitted papers. As a result of legal errors and a request by my attorney, she has not made her formal recommendation yet concerning my request for grandparent visitation. My daughter was hateful and refused to be even in the same room with me....it is apparent that many people who deal with the welfare of children, such as my mediator at Family Court Services, have never heard of false memory syndrome and are automatically assuming the accused guilty without further evidence. These people need to be addressed and educated about FMS."

The patience of many grandparents has worn thin -- especially as the window of time they may share with their grandchildren is closing. While some grandparents have resigned themselves to the loss, others want to act.

For those who wish to be proactive, the job is educating those organizations and government agencies from whom support is needed to solve the problem. The American Association of Retired People has a Grandparent Information Center that is funded through a grant from The Brookdale Foundation Group, but the Grandparent Center is not set up to handle the problem of grandparents affected by FMS. The Center provides assistance to grandparents who are raising their grandchildren. While it is very important to inform AARP of the problem because it is evident that they do not yet understand the issues of FMS, it is not realistic to expect any help from them at this time.

AARP Grandparent Information Center
Social Outreach and Support.
601 E. Street, NW
Washington, DC 20049
202-434-2296 phone 202-434-6474 fax

The Grandparents Rights organization has given help and emotional support to a number of families. They can be contacted at:

Grandparents Rights
Ethel Dunn
137 Larkin St
Madison, WI 53705

The problem grandparents face in taking a legal approach to visitation rights — in addition to the expense — is the fact that the people who are responsible for the decisions in these cases are not generally aware of the issues of memory and the very real differences between accusations brought on the basis of "recovered memories" and other accusations. These are people who are regularly faced with the all-too-real horrors of child abuse and who must act in the best interest of child safety. For those who wish to use the legal system to obtain visitation rights, a preliminary educational effort for those who are responsible for making the decisions is an important first step.

FROM OUR READERS

Ray and Shirley Souza

"Ray and I have written a note of thanks to all who have been so kind and generous toward us. It was so helpful to have these extra dollars to spend for the expenses associated with the appeal process. Since we would like to thank all personally for their donations, please feel free to write or to call if we have omitted this very important courtesy. We would like to hear from you."

Ray and Shirley Souza
July 5, 1995

[Background: Ray and Shirley Souza have been under house arrest for two years. Their motion before Judge Dolan to face their accusers under Article 12 of the Constitution of Massachusetts was recently denied. According to Shirley, Judge Dolan said that seeing the profiles of the children satisfies the law. The Souzas are still waiting for the decision on their appeal.

Many people who have been following the recovered memory legal situation have found the Souza case interesting for a number of reasons. One reason is that Judge Dolan is the same judge that heard the Amirault day care case back in the mid 1980s. Several articles in the *Wall Street Journal* have described the serious evidence problems of that case in which 71-year-old Mrs. Amirault is still in prison and has been denied parole because she won't sign a confession. Another reason for interest in the Souza case is that it began with a dream by one of the Souza daughters which was interpreted as evidence of past sexual abuse. The case illustrates the kind of family panic that can result from the interpretation of a dream. Ray and Shirley's grandchildren were then taken for testing, and after many interviews, the grandchildren made allegations that included being kept in a cage in Ray and Shirley's basement and made to drink a green potient.]

OUR SPECIAL MIRACLE

Mine is the all-too-common story of a daughter turned against us. About a year ago the phone rang one evening. A man's voice said, "This is Steve." I asked, "Steve who?" He said, "Your grandson." I stammered and greeted him. He had been a boy when last I heard his voice. He joyously said, "I'm a man now. I've turned twenty-one. I'm making my own choices and I want to be in touch with you." In an hour of long-distance catch-up conversation, we learned that he had spent a year in England as an exchange student, then put a pack on his back and a few dollars in his pocket and headed around Europe, Africa and Asia - eager to see as much of the world as he could. He had then returned to complete his studies at Washington University in St. Louis.

My grandson sent us copies of letters he had written to his family and his friends. It read like a book. He called again, this time from Mt. Rainier National Park. "I have a summer job here," he said. "Why don't you come to see me?" At the Mt. Rainier Visitors Center a few weeks later we walked into the arms of a big, blond, and to us beautiful out-doorsman. He has a job teaching troubled people his skills of rock-climbing, skiing, rafting, fishing, and wilderness survival.

Our grandson urged us to write to his 14-year-old sister. I wrote to her of my own work with the Forest Service and my husband sent her jewelry he made for her. We have not heard from her directly but another family member with whom we are in contact has told us that she is doing well and active with volunteer work.

How did these wonderful young people come out of such a troubled environment? It is our special miracle.

A Grandmother

FRUSTRATED

It has been close to four years now that we (myself, my husband, our son, our other daughter and our parents) have had no contact with our accusing daughter, her husband or her two children. It breaks our hearts. There seems to be no way to get her help. Whether her husband believes all this stuff or just goes along with her to keep peace in his family we do not know. We just do not know how he could believe the outlandish things she has accused so many of doing - me, her dad, our son, her now deceased paternal grandfather, her uncle, her cousin's husband and the husband of a couple that are very old family friends. She has "memories" from the time she is one month old until 30 years old. She is now 38 and lives in Eugene, Oregon and says that the rest of the family is "in denial." She had her son hypnotized when he was 7 years old.

Maybe there are others out there as frustrated as we are. There is not even a way for us to find out who is the therapist our daughter has gone to. According to our grandson, our daughter is totally "afraid" of us and has gotten hysterical when she knew we were in Eugene. (We had gone to visit a grandson who is in college there.) She thought we were going to come to her home and she was ready to call the police.

A Frustrated Mother

A REASON

My accusing daughter is a social worker. I have thought long and hard about what might be contributing to her ongoing belief system that she was abused. Could it be that such a belief system relieves her of "survivor guilt" and gives her something to share with the downtrodden? After all, how can she reveal that she was brought up in a happy home with a loving family and all the amenities of privilege to someone who owns nothing and is mentally and/or emotionally impoverished as well?

A Mother

WALKING WOUNDED

"We are all sort of back together —walking wounded — and have taken her back into the fold, as is."

A Mother

The following was written by my daughter to her dad in 1986, 4 months before she started therapy.

"You always trusted me - even when I'd screwed things up royally. And I know you trusted me because you loved me - and let me be my own person and make my own mistakes. I can never thank you for that - verbally. To sit down with pen and paper is different and I can actually write thank you Dad for being such a special person in my life. I love you very, very much. You gave me a wonderful environment to grow up in - rich with caring, opportunity and trust.

Your daughter, "M"

My daughter underwent "hypno-therapy" from a "Psychic Healer" four years ago. We haven't seen or talked to her since that time, nor have we been allowed to see her children. She has been hospitalized for severe mental illness and suicidal tendencies twice, and for attempted suicide once in that time period. So much for the healing power of hypno-therapy. In Florida hypno-therapists are not licensed nor governed by any state agency. Anyone can become a "Hypnotherapist" without training or qualifications.

Last August my daughter accused my husband of sexual abuse from age 2 to age 16 to the Orlando Police Department. There were 6 specific charges of abuse. My other children were called before we knew of the charges, and denied the truth of them. We were called to the police station to give our statements, a diagram of our residence at that time, and whatever we could remember from 30+ years ago. We denied all charges.

The charges were thoroughly investigated. Persons interviewed included the physician who cared for her at that time, her best friend from high school, her Godmother, and her ex-husband, as well as a brother and sister. Her accusations were submitted to the State Attorney, who refused to prosecute or file charges because:

1. the physical evidence of the house differed from her memories of it;
2. the hypnotic therapy of the alleged victim; and
3. all members of the family disputed the allegations.

Right now we are involved in a grandparents' rights suit. That, along with the legal fees of defending my husband's reputation have taken all our surplus retirement resources. Our lawyer has warned us that we must never be alone with the children, but must always have a witness to our actions to prevent further libelous accusations.

A Mother

Meeting our daughter's therapist (1995)

My accusing daughter wanted to attend my 77th birthday. Because meetings with us have been so strained, she asked us to meet with her therapist. We agreed and made the overnight drive to her city.

Prior to the meeting with the therapist, our daughter told us that the session would be recorded and that we would get a copy of the tape. The meeting started promptly at ten and the therapist started it with a sort of New Age prayer. She lamented that the tape recorder wasn't working but we noted that after the session began, she turned the recorder on. Since we have not received a copy of the tape, we assume that the recorder works for the therapist but not for us.

The therapist proceeded to explain that the past was so terrible that we should not dwell on it but should try instead to build for the future. At any mention of the accusations, we were reminded that we were looking to the future. When my wife asked what we should do in the future about the other siblings who had been told of the accusations and who thought their accusing sister was crazy, the therapist said that this was planning too far ahead and we should just plan for the upcoming birthday celebration.

Throughout the interview, our daughter hardly spoke. The therapist spoke for our daughter and our daughter was willing to let her. Before the session ended, out daughter said that she would never believe that the abuse did not take place. I contended that my conscience was clear before God and I could not help why she did nor did not believe. We parted with hugs.

Was anything accomplished by this meeting? My wife and I felt manipulated. We felt that the therapist was anxious to avoid confrontation but that she felt hostility toward us.

Our daughter attended the celebration and the party was all sweetness and light with no mention of past differences. We shall see what the future brings. We are encouraged that our daughter wants to attend a family function. We feel, however, that we have had enough of her "boundaries." We will never meet with her therapist again.

A Dad

A Pattern

From the letters in the FMSF Newsletter, I am beginning to see a pattern. Most of these letters reveal Christian parents who have a relationship with God, Church and family that helps sustain them.

It has been more than three years now since my daughter's accusations of sexual abuse against her dead father and subsequently against me, her mother, for knowing and condoning and not doing anything about it. Her divorced husband told me she probably never will because that would be like admitting she is crazy, and according to him, she would never do that. I miss my three grandsons, but hope that as they grow up and mature, they will be able to differentiate between what is truth and false.

My belief is that even under false accusations, if the parent is innocent with a clear conscience, they can afford to be calm and considerate. Those parents who have loved their children so well in the past can still show a charity that suffers long and is kind. I am almost 75 years old now. I would certainly like this settled before I die but if that doesn't happen, I'm not going to let it destroy my faith. I keep busy and have the support of six children and fourteen grandchildren so I still have a full life. It is better to count the blessings we have left instead of what we have lost."

A Widowed Mother

A thought

We look forward to the newsletters even though our own family problems have diminished considerably. Just wish we had the energy to be more active in the work. My husband will be 90 in a few days. I'm a young 82. Enough said.

A Mother

Still Bizarre

"I was accused almost 2 years ago. I still cannot get over how bizarre this all is. If this had not happened to me, and I were to hear about it happening to someone else, I would probably brush it aside as another screwball American craze. Since this did happen to me, my amazement seems to me to be every bit as great as the day it happened. I still feel as though it would be impossible to accomplish anything so sinister except with the feeble minded. Having considered my daughter to be intelligent, I am forced to reconsider."

A Father

In the May FMS Foundation Newsletter a letter appeared signed by "Confused Patient." It said, in part:

> "When I purchased "Victims of Memory" by Mark Pendergrast a few weeks ago, I read in it the name of my doctor...he was portrayed as an incompetent clinician, a quack...After reading his name attacked in the book in question, I was so distressed that I was in the bathroom weeping. For the next month I had recurring crying spells and a few related nightmares. It was worse than the molestation I experienced as a child.

One can't help wondering about the nature of the molestation she experienced as a child. Shouldn't she and her doctor take this reaction to a suggestion, just a suggestion in a book, as some sort of warning about the nature of her reactions in general? She does state, after all, that it was worse than the molestation she experienced as a child.

A Concerned Father

Getting it Right

I am a father of a daughter who was diagnosed with Multiple Personality Disorder (MPD). Recently, I learned they have a new name for it, "DID" It's about time they finally got it right! It does mean "Dissociative Iatrogenic Disorder," doesn't it"

A Dad

My Mother's Letter

My sister through hypnosis, heavy drugs and a young inexperienced therapist lead out family into an FMS nightmare. The other 7 of us siblings — 6 girls, and 1 boy — strongly and fully supported my parents through this living hell. We were willing to work with the therapist but she basically ignored us. We never knew what hospital she was in or if she was even alive. The therapist would tell us nothing.

Now that my mother has gone to be with the Lord, I would like to share one of her letters to my sister, "M" in the hopes that it could be of comfort or help to other families going through this. Feel free to use my name.

Joan Brown

Dear "M",

This is just a note to let you know that Dad and I pray for you constantly. We love you very much.

The love I have for you, "M" is not a weak, sentimental love — but is a tough kind of love that has withstood your angry false accusations of the past few years. I realize that these are the result of your mental illness.

However, the love I have for you will not allow you to manipulate me anymore. I had reached a point where life did not seem to hold any happiness or joy and the future stretched out — dreary and dark — your problems — illness — had saturated our life. It was then I decided that I could help you only in one way — by praying for you and the children. That God will have to work in your lives and I committed all of you completely in his hands. I had to come to the place that I could say, "If I never see "M" and my grandchildren again I will live with that. I will grieve for what I have lost but I will enjoy what I have left. If the relationship and your illness is not cured here — in heaven you will look in the Savior's face and know the truth and then there will be reconciliation with the parents who have always love you with a <u>pure</u> love.

Although within my heart there will always be a deep sadness, life is good again. The sun still warms my face in the morning — the birds still sing, Dad still reflects his sweet simple faith in Christ and I still have him by my side.

Again, I want to say — we have never been indifferent. I have experienced deep anger at your untrue words— inexpressible pain and deep anguish — but never indifference. I have great difficulty in communication to one who feels as you do. It's like the person who writes these letters and says what you say is someone I don't know. Not the loving daughter I used to know. Also, I do not know if contacting you in your fragile state helps your. We have never gotten any information from any of your doctors or counselors that would be helpful in our contact with you.

I wish you would share this letter with your Dr. and counselor. I must close but I want to paint a word picture that I hope you will carry in your mind. Every morning when I go to work I kiss Dad goodbye. He has had his breakfast and is reading his Bible and praying for you.

Love, Mother

MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that three years ago, FMSF didn't exist. A group of 50 or so people found each other and today we are over 16,000. Together we have made a difference. How did this happen?

Illinois: A story that appeared in the *Chicago Tribune* on July 4 highlights the constructive power that families can have. Diana Delogu chronicled how a couple in Orland Park successfully challenged the offering of a course, "Weight Loss through Hypnosis" by the Recreation Department of the village."Hypnosis should be in a clinical setting with professionals," argued Gerald Mikitka. One of the trustees of the village said after learning about the issues involved in hypnosis, "I feel this program should be pulled right now, as long as there is any danger. I don't think a program like this really has any place in our recreation program." The instructor for the course received her training from less than 12 hours of study with the Hypnodyne Foundation in Clearwater, FL.

FMSF families and professionals can monitor courses in their own communities. You can make a difference.

New York: A few families in upper New York state have checked hospitals and medical centers to find out about permission to put FMS and other brochures about new FMSF books on bulletin boards. Recently, we hung brochures at a Medical Center in Albany. We found a new empty bulletin board in a waiting room, placed some brochures in the middle and sat down and watched people get up and read them. We have placed brochures in libraries, bookstores, doctors' offices and banks.

Shrinkie Awards

Shirley Siegel, the director of Stop Abuse by Counselors, has announced a contest for the Shrinkie award. The Shrinkie award is named for those mental health professionals who have shrunk from their duty to "Do no harm." Selection for this year's award will be made to the person who can use the term "backlash" the greatest number of times in a 500-word article.

Send submissions to
STOP, PO Box 68292,
Seattle, WA 98192

The only thing necessary for the triumph of evil is for good men to do nothing.

Edmund Burke

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

PLEASE NOTE CORRECTION

Garry, M. & Loftus, E.F. (1994). Pseudomemories without hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 42, 363-378. [THE CORRECT SPELLING IS GARRY NOT GARY]

FALSE MEMORY SYNDROME VIDEO

A video copyrighted by the
False Memory Syndrome Foundation
app. 16 min

Overview of False Memory Syndrome. Images and voices tell the tragic, yet sometimes hopeful story. Explores the key psychiatric, psychological and scientific issues through interviews with researchers and clinicians and family and retractor stories.While the problem is complex, one important fact remains:

We must work together to assure that our mental health practices are so good that they both encourage true victims of child abuse to come forth and discourage false accusations. (Pamela Freyd, Ph.D.)

To order: send $10.00 + $2.50 S/H (US)
False Memory Syndrome Foundation
3401 Market St., Suite 130
Philadelphia, PA 19104
800-568-8882.

*This video would be appropriate to send to other family members and to friends as a way to explain what has happened in your family.

Of Professional Interest

An effort to bridge the gulf.
Conference
Appropriate for intermediate and advanced clinicians

Memory, Sexual Trauma and the Law.

Seattle	July 6-7
San Francisco	Aug 31-Sept 1
San Diego	Oct 12-13

Talks include:
Colin Ross, M.D - True and false memories - A call for therapeutic neutrality.
Elizabeth Loftus, Ph.D. - What clinicians should know about memory.
Skip Simpson, J.D. - How to avoid "False Memory" lawsuits
Gay Fite, M.Ed. - Cognitive therapy of DID

For information

1-800-255-3312 Ext 495

RETRACTOR NEWS

BUILDING BRIDGES NEWSLETTER UPDATE

Our first retractors newsletter, *Building Bridges*, will be sent to all the retractors who are registered with the FMSF. It is being sponsored by donations from accused family members and the Foundation. After the first issue you can receive a subscription by simply requesting one. Your address will be kept completely confidential and there is no charge for the first newsletter. If you know of a retractor who is not registered, please request an extra copy for them as well. We're very excited about the support *Building Bridges* will offer to those who have been harmed by memory retrieval therapies and who are seeking to rebuild their lives. To get your first issue, write:

Diana Anderson
P.O. Box 17864
Tucson, AZ 85731-7864

If you're a retractor, we would welcome your contributions, questions or suggestions. *Building Bridges* is:

- ❑ A forum for dialogue between retractors.
- ❑ A way to get answers to your questions.
- ❑ A means to increase public awareness.
- ❑ A place to post announcements and "network" with one another.

In addition, there are several things *Building Bridges* is not:

- ❑ It's not one person's newsletter; it's a joint effort by many retractors.
- ❑ It's not affiliated with any religious or political organization.
- ❑ It's not a recovery group.
- ❑ It's not for those who want to remain victims.

Building Bridges is a place where retractors can find a united voice to educate and strengthen ourselves and others, to express opinions, to make a difference. The newsletter does not promote *dependence*; our goal is interdependence, maintaining individuality while allowing for the valuable giving and receiving that comes from united voices. You don't have to contribute in writing to be a part of *Building Bridges*. Just pick up a copy and read it. If you have questions and would like to know more, please give me a call through the Foundation.

Diana

Excerpt from a Retractors's Story
One Woman's Story
Cornerstone Vol 23, No 106 July, 1995
by Jon Trott

"Dr. Simpson asked me to do something that morning that I had not done in a year and a half. He asked me to think. For the longest time my life had been consumed with decisions based on feelings. If I had a feeling, I automatically made a decision. If the color of the sweater you were wearing made me uncomfortable, I decided I couldn't be around you anymore. It didn't matter if it made sense or was even remotely logical. If you questioned me about something, big or small, and I felt threatened, I decided you were trying to control me and I eliminated you from my life."

Reconciliation Challenge

A retractor stopped by the FMSF office to say "good bye" and to let us know that she was moving to another part of the country. As we chatted, we asked how efforts at reconciliation were going in her family.

"Things with my parents are moving along well," she announced. "But my sister still will not talk to me. I know she is very angry. I'm taking a cue from the parents and sending her postcards every month just to tell her that I love her. I hope that someday she will reply."

Modern 'therapy' run amok

Toronto Star, July 10, 1995
Donna LaFramboise

This is the world from which many retractors have escaped.

"Try to visualize this scene: A young woman with freckles and auburn hair is strapped down to a bed. Thick, belt-like restraints encase her ankles. Others are looped around her wrists and secured near her waist. The woman, whose name is Gretchen, is not struggling."

This scene is from an HBO video called, "The Search for Deadly Memories" that was co-narrated by Gloria Steinem who says at the end of the film that the idea was all hers. The "therapy" took place in 1992 in a psychiatric hospital in Texas.

"But then Gretchen begins to pull at her restraints. Her face becomes contorted, her voice hoarse. She is now hysterical. Her struggles are so violent that the other people in the room have to grasp her limbs to hold her down."

Gretchen's mother has tried to contact Gloria Steinem but Gloria has not responded.

How does this kind of "therapy" help women?

JULY-AUGUST 1995
FMSF Meetings

FAMILIES, RETRACTORS & PROFESSIONALS WORKING TOGETHER

STATE MEETINGS

INDIANA - INDIANAPOLIS AREA/AREA CODE 317
Sunday, July 30, 1995 - 1:30-4:30 pm
Speakers: Mark Pendergrast & Eleanor Goldstein
Call for info: Nickie 471-0922 or Fax 334-9839
or Gene 861-4720 or 861-5832

WISCONSIN - MADISON AREA
Wisconsin FMS Society Meeting
Saturday, September 30, 9:00am to 5:00pm
(lunch included)
Seminar Speakers: Brooks Brennels, Ph.D.
Ethel Dunn, Eleanor Goldstein, Mark Pendergrast,
William Smoter, atty, and Darold A. Treffert, MD
$30/person; $50/couple - lunch included
For reservations: call Louise (414) 535-1804

UNITED STATES

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

ARIZONA - (BI-MO)
PHOENIX AREA
Barbara (602)924-0975
Saturday, September 23, 10:00 am
TUCSON AREA
Art (502) 299-0636

ARKANSAS - LITTLE ROCK
Al & Lela (501) 363-4368

CALIFORNIA
NORTHERN CALIFORNIA
SAN FRANCISCO & BAY AREA (Bi-MO)
EAST BAY AREA
Judy (510) 254-2605
SAN FRANCISCO & NORTH BAY
Gideon (415) 389-0254
Charles (415) 984-6626 (day); 435-9618 (eve)
SOUTH BAY AREA
Jack & Pat (408) 425-1430
Last Saturday, (Bi-MO)
CENTRAL COAST
Carole (805) 967-8058
SOUTHERN CALIFORNIA
BURBANK (formerly VALENCIA)
Jane & Mark (805) 947-4376
4th Saturday (MO)10:00 am
CENTRAL ORANGE COUNTY
Chris & Alan (714) 733-2925
1st Friday (MO) - 7:00 pm
ORANGE COUNTY (formerly LAGUNA BEACH)
Jerry & Eileen (714) 494-9704
3rd Sunday (MO) - 6:00 pm
COVINA GROUP (formerly RANCHO CUCAMONGA)
Floyd & Libby (818) 330-2321
1st Monday, (MO) - 7:30 pm
WEST ORANGE COUNTY
Carole (310) 596-8048
2nd Saturday (MO)

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

CONNECTICUT - NEW HAVEN/AREA CODE 203
Earl 329-8365
Paul 458-9173

FLORIDA
DADE-BROWARD AREA
Madeline (305) 966-4FMS
DELRAY BEACH PRT
Esther (407) 364-8290
2nd & 4th Thursday [MO] 1:00 pm
TAMPA BAY AREA
Bob & Janet (813) 856-7091

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

INDIANA - INDIANAPOLIS FRIENDS OF FMS
Nickie (317) 471-0922 -phone; 334-9839-fax
Gene (317) 861-4720 or 861-5832
SEE STATE MEETINGS LIST

IOWA - DES MOINES
Betty & Gayle (515) 270-6976
2nd Saturday (MO) 11:30 am Lunch

KANSAS - KANSAS CITY
Leslie (913)235-0602
Pat (913) 738-4840 or Jan (816) 931-1340

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
FREEPORT - Wally 865-4044
3rd Sunday (MO)
YARMOUTH - Betsy 846-4268

MARYLAND - ELLICOT CITY AREA
Margie (410) 750-8694

MASSACHUSETTS / NEW ENGLAND
CHELMSFORD Ron (508) 250-9756

MICHIGAN - GRAND RAPIDS AREA - JENISON
Catharine (616) 363-1354
1st Sunday (MO) -please note meeting day

MINNESOTA - MINNEAPOLIS AREA
Terry & Collette (507) 642-3630
Dan & Joan (612) 631-2247

MISSOURI
KANSAS CITY
Pat (913) 738-4840 or Jan (816) 931-1340
2nd Sunday (MO)
ST. LOUIS AREA
Karen (314) 432-8789 or Mae (314) 837-1976
Retractors support group also meets
SPRINGFIELD - AREA CODES 417 AND 501
Dorothy & Pete (417) 882-1821
Howard (417) 865-6097
4th Sunday [MO] 5:30 pm

NEW JERSEY (So.) See WAYNE, PA

NEW YORK
DOWNSTATE NY - WESTCHESTER, ROCKLAND & OTHERS
Barbara (914) 761-3627 - call for bi-MO mtg info
UPSTATE / ALBANY AREA
Elaine (518) 399-5749
Family group meets bi-monthly, call for info
WESTERN/ROCHESTER AREA
Call George & Eileen (716) 586-7942 [bi-MO]

OHIO - CINCINNATI
Bob (513) 541-5272
2nd Sunday (MO) 2:00-4:30 pm

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

PENNSYLVANIA
HARRISBURG AREA
Paul & Betty (717) 691-7660
PITTSBURGH
Rick & Renee (412) 563-5616
WAYNE (includes So. Jersey)
Jim & Joanne (610) 783-0396

TENNESSEE - MIDDLE TENNESSEE
Kate (615) 665-1160
1st Wednesday (MO) 1:00 pm

TEXAS
CENTRAL TEXAS
Nancy & Jim (512) 478-8395
DALLAS/FT. WORTH
Charlie & Jane (214) 221-1705
HOUSTON
Jo or Beverly (713) 464-8970

VERMONT - BURLINGTON AREA
Kim (802) 878-1089

WISCONSIN
Katie & Leo (414) 476-0285
SEE STATE MEETINGS LIST

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
Muriel (204) 261-0212
Call for meeting information

ONTARIO
LONDON
Adrian (519) 471-6338
2nd Sunday: changed to August 13 (Bi-MO)
OTTAWA
Eileen (613) 836-3294
TORONTO - NORTH YORK
Pat (416) 444-9078

OVERSEAS

AUSTRALIA
Mrs. Irene Curtis, PO Box 630, Sunbury,
Victoria 3429, Tel (03) 9740 6930

NETHERLANDS
Task Force False Memory Syndrome of
"Ouders voor Kinderen"
Mrs. Anna de Jong, 31-20-693 5692

NEW ZEALAND
Mrs. Colleen Waugh, (09) 416-7443

NORDIC COUNTRIES
DENMARK, FINLAND, ICELAND, NORWAY, SWEDEN
Eva odr Ake Moller
Paron vagen 15, 26262 Angelholm
Tel: 46-431-20571 Fax 46-431-21790

UNITED KINGDOM
The British False Memory Society
Roger Scotford 44-1225-868-682
***

Deadline for SEPTEMBER1995 Issue:
Wednesday, August 23rd
Mark Fax or envelope "Attn: Meeting Notice"
& send 2 months before scheduled meeting.

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". You'll also learn about joining the FMS-Research list (it distributes reseach materials such as news stories, court decisions and research articles). 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. 1995 subscription rates: USA: 1 year $30, Student $10; Canada: 1 year $35 (in U.S. dollars); Foreign: 1 year $40. (Single issue price: $3 plus postage.

What IF?

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

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

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

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

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

Please support our Foundation. We cannot survive without your support!

Reprinted from the August 1994 PFA (MI) Newsletter

YEARLY FMSF MEMBERSHIP INFORMATION

Professional - Includes Newsletter $125_____
Family - Includes Newsletter $100_____
Additional Contribution: _____

__Visa: Card # & expiration date:_____
__Mastercard:: Card # & expiration date:_____
__Check or Money Order: Payable to FMS Foundation in U.S. dollars

Please include: Name, address, state, country, phone, fax

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

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

July 1, 1995

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

TIME DATED MATERIAL

Attn. All Members!!
To speed the arrival of newsletters, please ask your postmaster for your
ZIP+4 code.
Send it ASAP along with your name and address clearly marked on a postcard to FMSF

We must hear from everyone for this effort to work!