FMS Foundation Newsletter

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"... 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."

William J. Groff, Presiding Justice
New Hampshire Superior Court, May 23, 1995

Dear Friends,

May was a remarkable month for people interested in the issues of recovered memories and for those concerned about justice. In the first two cases in which the scientific acceptance of memory repression was on trial under Frye and Daubert, judges in Baltimore and New Hampshire came to the same conclusion after hearing evidence from both sides: memory repression has not gained general scientific acceptance. These decisions must work their way through the appeal process before establishing case law, but even before that happens, they will probably influence the discussion and the actions around the repressed memory debate. The most likely effect will be that more courts will hold pre-trial hearings to determine the reliability of claims based only on recovered memories. Ultimately, we expect that there should be fewer lawsuits and threats of lawsuits brought solely on the basis of recovered memory.

There are increasing reports of legal actions in which a doctor's responsibility to a third party is the issue. In May, the Foundation submitted an *amicus brief* in Alabama that argues that under the principles of special relationships and circumstances, foreseeability, direct victims and public interest considerations, mental health professionals may owe a duty to third parties not to misdiagnose sexual abuse in their patients.

Comments about "justice" being served were repeated many times this month as the convictions in two major day-care cases, Edenton, North Carolina and Martensville, Saskatchewan, were overturned. The McMartin day-care case in Manhattan Beach, California was once again in the news because of the docudrama, "Indictment". Testimony was given before the Senate Subcommittee on Children and the Family on May 26 on ways to improve the Child Abuse Prevention and Treatment Act which has been the financial "engine" of the child abuse industry. What ties all of these with the recovered memory issue is concern about "justice."

"The court in no way is judging [the plaintiffs'] credibility, but their recollection. That did not meet the test of scientific reliability...No empirical studies verify the existence of repressed memory. There is no way to test the validity of these memories."

Judge Hilary Caplan
The Baltimore Sun May 6, 1995

Inside

For three years, critics have tried to portray the FMSF as an organization of perpetrators, as a group against therapy, and as a backlash against child abuse. None is correct. The Foundation is very much concerned that those found guilty of abuse are appropriately punished and that every effort be made to stem child abuse. Any "backlash" is a backlash against science by those who have ignored it and made unsubstantiated claims.

As the number of retractors and reunited families increases, it is becoming evident that the perpetrators and abusers were careless mental-health professionals. While families have understandable anger at those who have harmed their children, anyone who has taken the time to speak to reunited families will have heard them speak highly and enthusiastically about the help they have received from skilled and caring therapists. Psychotherapy is an essential service and people who need that service should be assured of quality care.

The concern of the Foundation is that all mental health professionals are being tainted because of the misguided practices of some. They are being tainted because the professional organizations have not disciplined those who fall below the "the standard of practice." It looks as if the professional organizations have forgotten the injunction, "First, do no harm." Their inaction on the critical issues in the FMS problem has brought serious harm to thousands of people.

Opportunity for action by these organizations is being lost. The courts are deciding the important issue of the scientific standing of memory repression, and also what constitutes "the standard of care." There is still need and opportunity for professional organizations to improve monitoring to make a serious effort to determine which therapies are safe and effective, to establish policies for introducing innovative therapies, and to review educational programs at both certification and continuing education levels. If they don't, others will do it for them. The public deserves the assurance of quality mental health care.

In her testimony before the Senate Subcommittee on Children and the Family on May 26, Carol Hopkins reminded us all that January 14, 1997 will mark the 300th anniversary of the Massachusetts Day of Repentance, the official apology for the Salem Witch Trials. She asks us all to "consider that day as a national day of contrition for the injustices which we have perpetrated and remembrance for the victims of that injustice." It's not too late for everyone to simply say a mistake was made, apologize and move on in a manner that lessens the chance of repeating the same mistake.

Pamela

"The fact that the phenomenon of repressed memory may be validated in the future provides no justification for the introduction of such evidence in a trial today under our system of criminal justice."

William J. Groff, Presiding Justice
New Hampshire Superior Court, May 23, 1995

REVIEWS OF FRONTLINE'S DIVIDED MEMORIES

Last month, we printed comments from reviews about the *Frontline* documentary, "Divided Memories," that aired on PBS on April 4 and 11. Since none of the 40 reviewers had any connection to the FMS Foundation, we thought that this provided a unique opportunity to examine opinion and understanding of recovered/repressed memory therapy in a relatively systematic manner. The reviews were consistent in their view that the program was fair. Most of the reviews expressed scathing criticism of the therapy sessions shown and in particular the notion that "the truth doesn't matter." Many of the reviews expressed dismay at the therapy profession in general.

We also examined the reviews for comments about how the patients were perceived. Families have said that they believed their children were getting worse rather than better in this therapy, but maybe families are biased. It seems the reviewers, however, endorsed the parents' view.

> The ultimate question, though is, does any of this do good? Is it, as the therapists say, empowering for women to find abuse and confront it? Happiness is not transparent, but the women Bikel focuses on look, after years of therapy, haggard and unsure of themselves.
>
> In place of long if troubled lives, they have a new life that began with the definition of their victimhood. In place of parents, siblings, spouses, even children, they have deep attachments to their fellow victims and, especially, to their therapist.
>
> Steve Johnson *Chicago Tribune* April 3, 1995

> In the end, though, the film's most telling scene is the one in which a band of therapy patients who have supposedly recovered their memories of abuse sit around grimly discussing their new-found happiness, and how they now enjoy the full range of emotions. Each seems to have discovered his inner child. With luck they will lose them.
>
> Dorothy Rabinowitz, *Wall Street Journal*, April 3, 1995

We wondered what the reviewers would attribute as a cause of this problem of "therapy gone awry."

> The film reveals that "psychotherapy" is the most significant religion of our age, and shrinks and pseudo-shrinks have become the priests, even though many are clearly charlatans.
>
> John Haslet Cuff, *Globe and Mail*, April 4, 1995

> "Some of the female therapists appear to believe that they are winning souls for feminism each time a female patient remembers a previously forgotten incident of abuse by a renegade daddy.
>
> But the impression one gets is a kind of hysteria sweeping the land, part of the eternal quest not only for explanations but for scapegoats. In their zeal to portray themselves as victims, some of the patients make victims out of others who may be utterly and helplessly innocent.
>
> Tom Shales, *The Washington Post*, April 4, 1995

> "Divided Memories" places recovered memory as an outgrowth of the addiction movement, in which love is "enmeshment" and friendship is "people addiction," and of pop-psych theory popularized during the 1980s about healing the inner child.
>
> Steve Johnson, *Chicago Tribune*, April 3, 1995

A new religion, charlatans, a political movement, an outgrowth of the addiction movement, hysteria — these were some of the explanations given by the reviewers as a source of the FMS problem. Some people have suggested another factor — money.

WHY SOME PEOPLE THINK RECOVERED MEMORY THERAPY IS ABOUT $$$$

Thousands of parents have received letters similar to the one that follows. To families it looks like a scam to get money for therapy and not an effort to insure either justice or protection for children. Incest is, after all, a crime. If a crime was committed, the perpetrator should be punished — not offered the opportunity to pay money so that there would be no legal action. The money does not seem to be so much for a treatment plan for their child but rather a payment plan for the therapist. Families call these "extortion letters."

> Dear Mr. and Mrs. "R",
>
> Please be advised that this Law Firm represents your daughter. She has consulted with me regarding the effects she is suffering from severe childhood trauma resulting from the abuse inflicted by all of you. The trauma described is unspeakable.
>
> As a result of this trauma, without relating all of the details in this letter, she has been unable to hold a full-time job. Further, her condition requires intensive therapy and frequent hospitalizations. Although she has been suffering the financial burden of this condition alone, at this time, she can no longer afford to do this and is seeking compensation from you.
>
> Without filing a Court action, Ms. "R" has authorized me to make the following demand letter for settlement:
>
> 1. You assume responsibility for Ms. "R's" medical and therapeutic expenses including any hospitalization for the remainder of her life.
>
> 2. Reimbursement to Ms. "R" for therapy and hospitalization expenses incurred during 1990 and 1991, in the estimated amount of $10,000.
>
> 3. Payment of $250,000 to help, in some small way, to compensate her for the disabilities, pain, suffering, humiliation and severe lifetime trauma that she has suffered and is expected to suffer.
>
> 4. A life insurance policy to be taken out on your lives with Ms. "R" to be named as beneficiary to ensure that the settlement be paid.
>
> 5. That you agree never to contact her or her children in any way. Ms. "R's" therapists and I am familiar with the details of her childhood trauma. We all agree that any contact with her family would be detrimental to her recovery.
>
> I am therefore requesting that you address all communication to my office. If you wish to enter into settlement at this time without the necessity of Court action, please contact my office. If I do not hear from you within 10 days, I will assume that you do not intend to enter into settlement and will advise Ms. "R" regarding the appropriate judicial relief. Rest assured, however, that if you do not settle this matter, in any lawsuit, Ms. "R" will be requesting substantially higher sums and her attorney's fees. As a lawyer, I have dealt with many of these cases, and

the facts that have been related to me and which will be related to a jury, warrant the imposition of substantial punitive and compensatory damages.

Please advise.

Your daughter's lawyer

"Do no harm?" By their inaction, the professional organizations gave tacit approval to the new notion that lawsuits are therapeutic. Therapy for whom and at what price?

Most families, however, have not been sued. Instead they have tried to understand how therapy could produce such alienation as seen in the contrast of letters that follow.

Before and After Therapy

May 1987

Dear Dad,

Just a note to thank you for taking such good care of me and my friend during our much-too-short stay. My friend is impressed and a bit envious of the loving relationship and open lines of communication which you and I share...I love you and I'm glad you're my dad!

Love "D"

November 1989

I am writing this letter for two reasons: (i) to attain closure for myself regarding my relationship with you and (ii) in the hope that you will seek help before you hurt anyone else the way you hurt me.

I have spent 37 years of my life denying and minimizing the torture that was my childhood and adolescence...I genuinely hope this letter causes you to seek help -- you are a very sick man. I do not wish to hear from you unless you are willing to admit the things you did to me and to seek help for your sickness.

"D"

How does such a remarkable change in the attitude toward a parent take place in therapy? Perhaps the following section will provide a clue.

> If the truth doesn't matter, what's the point in searching for memories?
>
> Executive Director, FMSF

Professional Training in Alienation

While the issues around confidentiality rightfully prevent us from observing what happens in individual therapy sessions, we can gain insight into some therapists' belief systems from the articles that they write and from the lectures that they give. The following segment is quoted verbatim from the tape of a presentation at the prestigious Menninger Clinic in the spring of 1993. The presenter was David Calof, a family therapist who specializes in dissociative disorders and multiple personality disorder (MPD). Calof stated:

"In ritual abuse especially you will see 'triggering programs' that are literally installed by the perpetrators to potentiate self-harm....You will find the possibility of disguised contact—or clandestine contact—with perpetrators that will then potentiate self-harm.

"Let me just give a sterling example of this because, indeed, it's so insidious that it can look benign. A ritual-abuse survivor—in a case I was consulting to—received a postcard from her sister who had also been abused and—we believe—was still active in the perpetrating group. And it's a very benign postcard on the surface. It said:

'Dear Sis,

Mom and I have been thinking about you. Can't wait to see you again...In the meantime take care of yourself.

Love, Sis'

"Client got this postcard and began to engage in horrible self-harming behavior for a period of about six weeks until we appreciated that this had been a trigger. Let's just simply look at it and see how insidious it can be. *'I'om and I have been thinking about you'* caters to the client's magical thinking. The client believes that people can read her mind.

"By the way, when an abusive parent of a survivor dies it doesn't necessarily mean more safety. My experience is it means less safety, because what happens then is when the person is alive you can locate them but when they die they become omniscient and omnipresent. And again catering to the magical thinking. Oftentimes injunctions are spoken during the abuse that reinforce that. For example, 'No matter where you are, or what you are doing I will know if you tell.' This gets internalized.... So *'Mom and I have been thinking about you'* caters to that. Now of course, it's coincidental for being in therapy. So that's enough almost right there.

"Then: *'We can't wait to see you again.'*Now you have to take this in context. This is a woman, the client is a woman who's on the lam from her family. She's running from her family and the perpetrating group. She knows—whether it's true or not I don't know—she knows that if she goes back something terrible is going to happen to her. So they're speaking of the inevitability that she will, in fact, go back: *"can't wait to see you again."* We call that a presupposition.

"The most insidious part, however, is the last sentence: *'In the meantime take care of yourself. Love, Sis.'* Now let's take a look at that. Anybody have a hit off of that? That's it, you've got it, that's it. *'Take care of yourself.'* Exactly. It was an injunction to kill herself. We finally found in this case an historical precedent for this. She went back to a rit-

ual in which she remembered watching another child being murdered for disclosure. OK? The people that murdered that child came to the client in question then, when she was just a little girl—I don't remember how old, 3, 4, 5, no older than that—and said to her, 'If you tell, we will take care of you or you will have to take care of yourself.' And there it was, there was the program. OK?

"So let me urge you to consider the possibility of clandestine recontact in these cases. I don't want you to feel paranoid. I don't want to leave you with the feeling that you can't feel safe in these cases. But I must tell you that I learned the hard way that this happens."

This was a verbatim transcription from the tape of Calof's talk. No questions or comments from the audience were heard on the tape. That is disturbing. Does it mean that the Menninger staff was in agreement with this approach?

For families, the lecture at Menninger provides insight into the puzzeling aspect of FMSF - the alienation and the fear.

"...Experts in psychology and group behavior warn that anyone can fall prey to paranoia—given the right combination of peer pressure and repeated exposure to one viewpoint."

"By all accounts, the descent into delusion is gradual. Everyone has experienced slights, insults or failures at one time or another, and most people find some way to cope. Or, if they don't, a trusted friend or family member may persuade them to forget the past and get on with their lives. But if they cannot shake off the sense of humiliation, they may instead nourish their grudges and start a mental list of all the injustices in their lives. Rather than take a critical look at themselves, they blame their troubles on 'the company,' for example, or 'the government' or 'the system.'"

"Often these aggrieved people fall in with others sharing the same point of view. The group helps them to rehearse their grievances, ensuring that the wounds remain open, and exposes them to similar complaints. As a result, paranoia blossoms and spreads." Gorman notes that the initial concern can be very real and shared by other citizens.

"Members of the group bond to one another and lose contact with other people who hold different opinions. The isolation works to reinforce their views..."

(Excerpt from a sidebar p 69)Time, May 8, 1995, Christine Gorman (reported by Lawrence Mondi)

RUMORS AND OUR CRITICS

The following are four rumors to which we were asked to respond in the last month.

Rumor 1 From a letter sent to a member of the FMSF Scientific Advisory Board (May 16).

"I've had a minimum of experience with MPDs/DIDs and have heard from them and associates of theirs that the Repressed Memory (Foundation?) is a brainchild of the cults that ritually abused them. They claim in earnest that this group and professionals like you are on the payroll of these cults to discredit true allegations of abuse.

"This accusation sounds inflammatory, indeed paranoid, in print. But I wanted to bounce it off you since I heard it from intelligent, articulate, educated, well-intentioned individuals. Have you heard this before? Do you have any comment?"

Staff Member, Health Services at major university

FMSF Response: The Foundation is funded by the dues and contributions of the families who have contacted it for information and help. These are families that are desperately trying to find a way to talk to their children who have cut off contact. We have no knowledge of the "cults" to which the writer refers. Three major studies have failed to find any evidence for such cults. The Goodman et al (1994) study looked at 12,000 allegations of intergenerational satanic cult activity and found no evidence.

History, on the other hand, provides us with a great deal of evidence that"intelligent, articulate, educated, well-intentioned individuals" are not immune from the influence of misinformed belief systems. Families that are desperately trying to reach their children wonder if there could be a misinformed belief system in operation when the psychiatric community at an institution such as Menninger Clinic, for example, does not immediately question the interpretation of *In the meantime take care of yourself. Love, Sis'* as "an injunction to kill herself."

Rumor 2 Contained in a letter to the FMS Foundation.

"As you probably are aware, there are rumors circulating that your group received financial support covertly from the CIA. Is this true?."

FMSF Response: The FMS Foundation has never received funding from the CIA.

Rumor 3 We received a phone call on May 15 from a person requesting clarification of the FMSF Scientific Advisory Board. "I have been told that the Advisors are paid a salary by the Foundation," the caller said. "Is that true?"

FMSF Response: The members of the FMSF Scientific Advisory Board receive no salary or payments from the Foundation. They serve on a volunteer basis. In fact, some of the members of the Advisory Board feel so strongly about the issues FMSF is addressing that they have made monetary contributions to the Foundation in addition to offering their advice.

Rumor 4 From a posting on the 'traumatic stress list' (i.e. a computer bulletin board)

"The FMSF is working not only to keep accused perpetrators out of jail and from having to making monetary reparations to victims, it is also getting convicted perpetrators out of prison."

FMSF Response: The FMS Foundation believes that those who are guilty of abuse should be appropriately punished. An accusation of sexual abuse should be taken very seriously. To make an accusation of sexual abuse and then to refuse to have it investigated is not taking such an accu-

sation seriously.

Many of our critics have used the term "accused perpetrators" to refer to people who contact the FMS Foundation. How do our critics know that these people are "perpetrators?" That is something that can only be determined by an investigation. In the absence of external corroboration, there is no way to know the historical reality of any memory. The people who contact FMSF are "accused people." To refer to them as "perpetrators" before there has been an investigation shows the extent of the bias of our critics.

The terms "victim" and "perpetrator" indicate judgment. The terms "accuser" and "accused" are appropriate prior to investigation.

DOCTORS FACE GUILT BY ASSOCIATION

American Medical News
May 8, 1995
Julie Johnsson and Howard Larkin

A "litigation feeding frenzy" is taking place in Texas in the wake of the kickback scandal at Psychiatric Institutes of America (PIA) which was formerly owned by National Medical Enterprises. The scandal is that hospital administrators *paid* doctors for referrals and this led to unnecessary admissions and extended stays and other abuses. Any association with PIA has made physicians targets for malpractice lawyers who have taken out ads in newspapers and magazines looking for people who have ever been treated at PIA. The stigma of being associated with PIA has apparently prompted some HMOs to drop some physicians from their panels. Others have had difficulty "getting on hospital staffs and obtaining licenses in other states." Ten doctors who claim they had nothing to do with kickbacks but have nevertheless been tainted by the fact that they have practiced at a National Medical Enterprise facility are themselves suing. The attorney for the ten doctors says the situation is unfair to doctors who may accept a salary or other payment in good faith that could later be construed as a payment for referral.

A counselor by the name of Bolen who owned a clinic in Burleson was sentenced last month to a prison term and a steep fine for participating in the kickback scheme. The FBI has brought in at least 10 agents to investigate health care fraud among other providers in Dallas. They are examining disguised kickbacks such as a physician who accepted a salary as an official of a psychiatric institute which was in fact payment for referrals and also a "professional association of psychiatrists" that accepted an annual payment from Brookhaven Psychiatric Pavilion in Dallas.

The director on one Dallas hospital has stated that this scandal has devastated Dallas's psychiatric providers. "The fear and distrust that was spawned certainly spills over on every facility, every physician."

> "The point of this seminar is to show that continuing tolerance of the belief in rampant repressed memories of sexual abuse (and the suggestive therapy which accompanies it) is adversely affecting the practice of clinical psychology. The public is losing respect for all psychotherapists and beginning to suspect their motives."
>
> From a description of a seminar, "False Memory and Clinical Psychology" presented at the Eastern Psychological Association, Boston MA March 31-April 2, 1995.

ACADEMIC FREEDOM ISN'T THE ISSUE IN MACK CASE

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Letters, Boston Globe, May 18, 1995

Recent coverage of the Harvard Medical School's inquiry into the research conduct of faculty member Dr. John Mack has been entirely in terms of academic freedom.

Mack is not just a researcher investigating signs that Martians contacted the Mayans 10,000 years ago. He is a medical doctor, a psychiatrist at Harvard Medical School. He has written a book lending credence to highly sexualized alien abduction fantasies and has appeared on talk shows to promote that book.

He is joined in the media by dozens of psychotherapists who claim that it makes no difference whether a patient's fantastic allegations are truth or fiction. Mack claims that it makes no difference whether thousands of disturbed individuals were actually abducted and sexually manipulated by body snatchers from outer space.

Really? Would a responsible oncologist write and promote a book touting the claims of bogus treatments for desperate, dying cancer patients?

Is psychotherapy truly a branch of medicine in which reality is completely irrelevant to the patient's health?

Harvard is a medical center as well as a scholarly research academy. Like all medical centers, it has an obligation to the well-being of all patients whose treatment is influenced by its conduct of medicine.

Let's hope the school's inquiry is not sidetracked by secondary issues of so-called academic freedom.

Margaret A. Hagen
Professor, Department of Psychology, Boston University

Repressed Memory Claims Expected to Soar

National Psychologist Vol 4 #3
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According to Eric Marine, vice president of claims at American Professional Agency, Amityville, NY which is the oldest writer of mental health practitioner insurance, there were hardly any claims connected with repressed memory complaints in 1992. In 1994, repressed memory complaints represented 16% of the claims filed against mental health professionals insured by the American Professional Agency.

Marin noted that more than 200 repressed memory cases were filed in 1994 with 55% being against psychologists. The defense fees are expensive with the largest to date exceeding $700,000.

WHAT IS A SYNDROME?

by H. Merskey, D.M.

Arguments sometimes arise in medicine about what is a syndrome. These arguments seem to depend mostly upon the expectations of individuals about whether a set of phenomena is sufficiently discrete to be recognized and treated as an entity or not.

The word syndrome is used by physicians to indicate a set of phenomena that go together. It comes from two Greek roots meaning 'with' and 'running'. Webster's dictionary defines a syndrome as: "a group of symptoms that occur together." The Oxford dictionary definition is similar. Dorland's medical dictionary defines a syndrome as "a set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex."

Syndromes may consist of symptoms, or they may consist of signs, or they may consist of a mixture of symptoms and signs. A cold is a syndrome. It usually begins with a tickle and some discomfort in the back of the throat, with reddening there, a thin, profuse catarrh and sneezing. The sufferer may have a mild fever and a hoarse throat and coughing. The catarrh soon becomes thick and the nose gets blocked with characteristic effect on speech. It lasts about two weeks.

In psychiatry, multiple personality disorder is a syndrome. Particular things happen with that syndrome. Many people think it is artificial — particularly many members of the FMS Foundation Scientific Advisory Boare — but there is no reason why we cannot recognize an artificial syndrome for what it is as well as a spontaneous natural one.

The recovered memory phenomenon is a syndrome, principally due to an artificial cause, i.e. induction of ideas by an external person. Other such syndromes are recognized in psychiatry. For example, Folie a Deux (now called Shared Psychiatric Disorder in DSM-IV) occurs when one person with delusions persuades another person to believe in them sincerely. It used to happen most often when there was someone with a paranoid schizophrenic illness, or similar severe mental illness, living in close proximity with a family member, who was unable to resist accepting the ideas of the primary patient. One can say that the false memory syndrome is a delusional state which is due to the influence of people who do not have that delusions about themselves (as a rule), but do impose it upon other people. But, these false beliefs or delusions differ from the types of delusions and other mental changes which occur in schizophrenia or hypomania or delirium.

The usual pattern of a syndrome in false memory cases has been well recognized. Among other things, it includes the fact that the person who develops it is fairly likely to have been troubled by some difficulty at the time of onset. The difficulty may have been present for a short while, or for a long time. It can be a trivial matter, such as concern about a job change and a feeling that some counselling is required, or a severe illness, such as quite a marked depressive state. Any of the items which lead people to request counselling and which have been taken to be signs of false memories may be part of the syndrome. So, in this respect, the syndrome is very broad and the main common feature of the onset is that there was a reason for consultation, or else that the person has been in touch with others, or with a set of ideas and thoughts, which might have led to consultation but, instead, led to the independent development of ideas that he or she has been abused. There is so much discussion of abuse nowadays, that the idea may have been produced simply by the influence of the media or some "friend", which is the main feature of the "label."

The third main feature of the illness is that it is a doxogenic disorder, i.e. it is one due to thinking about an illness and having the thought gives the condition. This term has been applied in the last three years to multiple personality disorder (Merskey, 1992), as well as to some types of conversion symptoms like hysterical fits, otherwise known as pseudoseizures (Merskey, 1994).

One feature of the false memory syndrome, which is quite striking and unlike many other findings in psychotherapy, is that the patient is encouraged to hate another person. This is unique in psychiatry.

Harold Merskey

Other symptoms of the false memory syndrome are that it generally occurs in a younger person with respect to an older person, although some people accuse others who are near to themselves in age, and some quite middle aged and elderly people have volunteered this syndrome. Beside focusing, for the most part, on the issue of child abuse, FMS often arises in conjunction with very bizarre or characteristic phenomena. Eighteen percent of cases indicate a history of alleged satanic ritual abuse. More than 40% of the cases involve only vague accusations, rather than specific ones, and the accusation is usually directed at a family member. One feature of the false memory syndrome, which is quite striking and unlike many other findings in psychotherapy, is that the patient is encouraged to hate another person. This is unique in psychiatry.

The above combination of complaints and observations characterizes many people who have laid accusations against families who have contacted the FMS Foundation. It does not necessarily characterize people who make false accusations such as police officers who have overinterviewed small children, or parents who make false allegations against an estranged spouse in the course of custody disputes.

To sum up, the phenomena of false memory syndrome, frequently include a person with a problem, a set of ideas for which there is no independent evidence, complaints based upon so-called recovered memories, and the propagation of hate and hostility. By the criteria that I have given of the syndrome, i.e. a set of items running together, there is no question that the FMS Foundation has identified a peculiarly nasty syndrome.

Dr. Merskey is a member of the FMSF Scientific Advisory Board and a professor at the University of Western Ontario in Canada.

WORDS FROM A READER

August Piper Jr., M.D.

Someone once offered the following counsel to any writer or speaker: First, have something to say. Second, say it. Third, when you finish, shut up.

During the past few weeks, I have had nothing to say to readers, and thus, in an attempt to follow the first suggestion above, have been absent from this newsletter's pages. My apologies to those who have missed reading the column, and my thanks to those who have complimented it in the past.

Apologies and thanks alike are owed to Camilla Hallinan, a reader from California. Ms. Hallinan wrote the Foundation late last year, in response to some concerns raised in this column about bridging the canyon between recovered- and false-memory camps; she believes the following suggestions will help erect such a bridge. Apologies are due because so much time has elapsed since she wrote; thanks because of the time and effort she spent in penning her ideas. Her thoughts follow; Ms. Hallinan took pains to point out that these suggestions apply to both camps.

> Ethical judgments are supposed to lead to action; knowing what is right without doing what is right is of little value to anyone.
>
> Kevin M. McConkey, Ph.D.
> *Australian Psychologist,* March 1995

1. Decide on a central theme and resolve it. The first questions might (a) can memory be repressed, and (b) can repressed memories, if they exist, be retrieved?

2. Stop name-calling; it knocks bridges down. In Native American spirituality, what you dislike about another person is a mirror reflection of yourself. Every charge hurled against one side in this debate is true of the other. Further, although sarcasm and mockery can be used as teaching tools, that path is steep and strewn with stones; I suggest these techniques be avoided.

3. Come to a consensus on terminology. For example, the materials I read never address childhood dissociation. Agree upon a definition of terms. Strive for clarity, but at least agree.

4. Accept that none of us owns the truth. State things in absolute terms only when there is no possibility of an opposing truth. Richard Ofshe is a bad offender at this. For example, in referring to robust repression, he says, "The only evidence supporting this concept is circumstantial and comes only out of the therapy sessions." This is not true for me.

5. Learn from survivors who want to communicate with you. I learn from FMSF, even if I do not agree. Listen to survivor accounts.

* * *

Brava!

A few comments, now, from me. First, it does seem that a good start toward answering Ms. Hallinan's first question has already been made. I am referring, of course, to Pope and Hudson's paper in *Psychological Medicine* (25:121-126, 1995) that proposes criteria by which claims of repression can logically, critically, and scientifically be evaluated. I suspect anyone can hear the calm voice of reason in these proposals. In order to satisfactorily confirm the hypothesis that repression can occur, three kinds of evidence are required.

First, of course, a traumatic event should, in fact, have befallen someone, and some evidence that it did should be available. Pope and Hudson point out that documenting sexual victimization, though difficult, is by no means impossible: medical records or reports from reliable and unbiased witnesses, for example, should suffice. The logic of including a requirement for an actual traumatic event is compelling and transparently obvious. Therefore, that the requirement is routinely violated in the published writing of recovered-memory theorists, as well as in everyday clinical work with recovered-memory patients, is nothing less than astonishing.

For example, in a recent lawsuit in which I served as a consultant, the psychiatrist had repeatedly told the patient — call her Elaine — that Elaine had suffered uncounted acts of violent childhood abuse. It did not matter that Elaine, before entering treatment, had not a whiff of any memory of even one such event. Nor did it matter to the doctor that Elaine had asked again and again if the doctor's stories were actually true. It was not a matter of concern that Elaine became progressively more distraught and depressed as she began to believe that her mother and grandmother—and many others as well—had repeatedly and brutally maltreated her during childhood. It did not trouble the physician that her patient spent months in the hospital being treated for symptoms largely resulting from the excesses of the physician's treatment.

Finally, it did not matter that the doctor possessed not a shred of evidence for her ghoulish theory of Elaine's past.

The second kind of evidence required by Pope and Hudson for a test of repression is a demonstration that the victim actually developed "psychogenic" amnesia for the trauma. This demonstration is quite difficult. It means excluding cases of amnesia due to "biological" causes — head injury, alcohol or drug abuse — and requires that the traumatic event should have occurred after the period of normal physiologic amnesia — lasting until about age three to six — shown by all children. It also requires excluding cases where victims simply avoided thinking about the trauma over the years, or where they remembered the trauma but failed to report it to an interviewer. As Pope and Hudson note, research investigators have known for years that during interviews, people commonly fail to disclose all manner of life events — sometimes because of embarrassment.

Another recent legal case highlights a different reason to claim amnesia. The patient — Ms. A — told me that for two decades she had repressed all memories of her childhood abuse, and had remembered it only after another therapist — Dr. B — discovered it. Of course, legal actions based on wrongs that took place long ago are usually forbidden by statutes of limitation. However, some states, including Washington, allow the statute of limitation "clock" to begin ticking only when the childhood abuse is discovered by the claimant. Such so-called "tolling" power-

fully encourages people to claim amnesia: if they didn't make such a claim, their cases would not be heard by the courts. The obvious problem is that claims of amnesia are impossible to refute. In the case involving Ms. A, I pointed out to the attorney that despite Dr. B's claims to the contrary, he simply had no way of knowing whether Ms. A had truly forgotten the childhood maltreatment, or was merely saying she had. (Both Slovenko and Campbell have examined the problems caused by "tolling":*Journal of Psychiatry and Law* , Spring1993, 7-33; *American Journal of Forensic Psychology* 16:25-51, 1995.)

The third kind of evidence is that the abuse be sufficiently severe that no one could reasonably be expected to forget it. Several writers have noted that the term "sexual abuse" is very difficult to define. Therefore, many experiences described as "sexual abuse" may well neither be memorable to a child or cause significant long-term harm to the child: it depends on whether a wide or narrow definition is used (See Levitt and Pinnell for a recent review:*International Journal of Clinical and Experimental Hypnosis* 43:145-162, 1995).

A closing remark on the comments about terminology. In these columns and in my papers, I have repeated (probably to the point of nausea in the reader) that terms so commonly used in recovered-memory therapies — dissociation, alter personalities, repression — are so vague as to mean nearly anything and everything one wants. Those who speak in these terms, it seems, might heed Ms. Hallinan's request for clarity.

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

RESEARCH QUESTION
A PUZZLING DIFFERENCE

The possible influence of the therapist in helping clients "recover" memories of parental incest can be examined from another prospective—the data on sibling abuse. If incest occurs between siblings, would "repression" or "traumatic amnesia" operate in the same way as it supposedly does in cases of parental incest? How will those who believe in the unproved theory that the brain deals with the trauma of incest in a unique manner explain the supposition that therapy rarely seems to uncover "memories" of sibling incest?

An excellent new article by Eugene E. Levitt and Cornelia Maré Pinnell[1] includes data about the incidence of incest that is often overlooked. In a thorough review of the research on the effect of childhood sexual abuse on adults, the data on incidents of sibling incest were also discussed. The authors noted that the most authoritative research reveals that sibling incest is far more prevalent than father-daughter incest, having a ratio of 13:1 (13 reports of incest by a sibling for each report of incest by a father). However, virtually the reverse is being reported by accused family members according to FMSF statistics. Fathers were accused of abuse six times more often than siblings were accused.

The difference between the data noted by Levitt and Pinnell on sibling-to-sibling incest and the data FMSF families report on accusations of sibling abuse is indeed dramatic in a number of ways. The accusations against siblings reported to the Foundation are virtually all in families in which parents (and sometimes grandparents) are also accused. In addition, FMSF data from retractors show that out of 40 surveys examined, twelve retractors reported to the Foundation that they also falsely accused siblings, but not one of these twelve women accused only siblings.

The difference surrounding the FMSF 6:1 ratio (father-to-sibling abuse) and the 13:1 ratio (sibling-to-father abuse) cited by Levitt and Pinnell is even more startling when the data the Foundation has about litigation in this area is taken into account. The sibling subgroup of falsely accused is an insignificant factor in the lawsuits known to the Foundation. Less than one percent of the more than 800 cases the Foundations is tracking is against only a sibling. The percentage increases to slightly more than one percent when siblings are included in lawsuits with other family members. It is reasonable to assume that if siblings were the significant or prime family person to have committed acts of incest, there would be many more legal actions involving siblings.

The reasons for these differences are ripe for speculation. One conjecture is that the important intervening variable of therapists' beliefs can be an essential element in these vast differences. If therapists believe incest may be present, do they assume it is parental incest and approach their clients with that assumption? Another speculation is: Will those who have yet to prove that the brain deals with trauma in a special manner now also ask society to believe that the brain differentiates between incest at the hands of parents from incest initiated by a sibling? These and other hypotheses can possibly be fertile areas for research.

From a professional who is an accused father

1. Levitt, E. E. & Pinnell, C. M. (1995). Some additional light on the childhood Abuse-Psychopathology Axis. *The International Journal of Clinical and Experimental Hypnosis*, Vol. XLIII, No. 2, April 1995 145-162.

OOPS! CORRECTION

In the May issue on page 17 in the "Recommended Reading" list we erred in two citations. The correct information is as follows:

Gullible's Travels, or The Importance of Being Multiple. Simpson, M. In *Dissociative Identity Disorder* (1995), (Cohen, Berzott & Elin, Eds.), Jason Aranson.

A skeptical look at multiple personality disorder. Piper, A., Jr., In *Dissociative Identity Disorder* (1995), (Cohen, Berzott & Elin, Eds.), Jason Aranson.

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 allowt time for her to make the change.

LEGAL CORNER

FMSF Staff

Recovered memory claim denied in sex abuse case

The Baltimore Sun May 6, 1995
Robert Erlandson and Joe Nawrozki

In Maryland's first test of recovered memory in sex abuse cases (Doe v. Maskell will be further reviewed in the July/August FMSF Newsletter), a Baltimore judge dismissed a lawsuit brought by two former students against a Catholic priest who is alleged to have molested them almost 25 years ago. The ruling, dated May 5, 1995, by Circuit Judge Hilary Caplan concerned only the narrow issue of whether the women's long-suppressed memories qualified for an exception to Maryland's statute of limitations for civil suits.

The two women claimed that a Roman Catholic priest and a gynecologist molested them while they were students at Archbishop Keough High School in Baltimore 25 years ago. Now in their 40's, the women assert they had developed an "amnesiac aspect of post-traumatic stress disorder" for decades because of the incidents until three years ago. The women argued — unsuccessfully — that this qualified them for an exception to a three-year statute of limitations on civil suits for those judged to be mentally incompetent at the time of the alleged incidents. Judge Caplan said the plaintiffs did not show that post-traumatic stress disorder "automatically leads one to amnesia. This is a leap of faith this court cannot make."

After hearing testimony regarding the reliability of repressed memory testimony in a pre-trial hearing, Judge Caplan concluded, "The court in no way is judging [the plaintiffs'] credibility, but their recollection. That did not meet the test of scientific reliability...No empirical studies verify the existence of repressed memory. There is no way to test the validity of these memories."

NEW HAMPSHIRE DECISION

One of the most important FMS legal events occurred on May 23 in the New Hampshire Hillsbourgh County Superior Court. Presiding Justice William J. Groff had ordered a pre-trail hearing to consider the admissibility of recovered memory testimony. The expert witnesses were, for the State, Daniel Brown, Ph.D and Bessel van der Kolk, M.D. of Harvard University and Jon Conte, Ph.D. of the University of Washington; for the defense, Elizabeth Loftus, Ph.D. of the University of Washington, James Hudson, M.D. of Harvard University, and Paul McHugh, M.D. of Johns Hopkins University. In our next issue we will carry a legal analysis of Judge Caplan's decision in the Maskell case (Baltimore) and Justice Groff's decision in New Hampshire.

Justice Groff's decision is a brilliant legal document. We wish we had the room in this newsletter to print it all (see page 13 to order). What appears below is the result of removing all citations, all discussion of case law, all discussion of the role of the interplay of Federal and State rules of evidence, all discussion of the specifics of the particular cases, and all discussion of the psychological literature. What remains (just a quarter of the original) is still a weighty document and we take great pleasure in printing it:

THE STATE OF NEW HAMPSHIRE

HILLSBOROUGH COUNTY SUPERIOR COURT

State of New Hampshire
v.
Joel Hungerford
94-S-045 thru 94-S-047

State of New Hampshire
v.
John Morahan
93-S-1734 thru 93-S-1936

DECREE

THIS IS AN ABRIDGEMENT

These cases involve indictments for aggravated felonious sexual assault. The Court finds that the victims had no memory of the assaults in these cases for several years and that their memories were recovered through the process of psychotherapy. The victims now wish to testify to the memory they claim to have recovered about the occurrence of these events. A hearing was held to determine whether the victims' testimony would be admitted at trial. The Court finds 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.

REQUIREMENT OF SCIENTIFIC ACCEPTANCE AND RELIABILITY

In the State's view, these cases do not involve expert testimony or scientific method. They simply involve the lay testimony of witnesses whose memories have been refreshed. Their testimony is a matter of credibility for the jury. It is the lay testimony of the witness from the recovered memory which is sought to be prohibited, and it is the phenomenon of that memory and the process of which that memory is the product, which is to be subjected to the test of scientific acceptance and reliability. Testimony that is dependent upon recovery of a repressed memory through therapy cannot be logically disassociated from the underlying scientific concept or the technique of recovery.

The concept of repressed memory and its recovery through therapy are clearly scientific processes. The recovery of a victim's repressed memory through therapy is not the same as a simple refreshed recollection under ordinary circumstances. If the victim's testimony is admitted, the jury will have to decide the credibility of the witness. However, this determination must be predicated upon the jury's understanding of the method by which the testimony was developed.

The reliability of the victim's testimony of her recov-

ered repressed memory depends on the reliability of the phenomenon of "repressed memory" itself and upon the reliability of the process used to recover it. Before the testimony of the victims may be admitted, the scientific validity of the phenomenon of repressed memory and the process by which it was recovered must be ascertained.

Finally, the Court finds that expert testimony is required in this case, if the victims' testimony is to be admissible. New Hampshire has acknowledged in numerous instances that where common knowledge furnishes no criteria for judgment, or where proof depends on observation and analysis outside the common experience of jurors, expert testimony is required to establish the proof. A jury can most assuredly understand the infirmities of memories and the motives that shape them in the normal course of their experience. The jurors are completely capable of evaluating the accuracy of the memory and the credibility of the person testifying from it, by virtue of the ordinary knowledge, common sense, and practical experience by which we all make such determinations in our everyday lives.

However, the very concept of a "repressed" memory, that is, that a person can experience a traumatic event, and have no memory of it whatsoever for several years, transcends human experience. There is nothing in our development as human beings which enables us to empirically accept the phenomenon, or to evaluate its accuracy or the credibility of the person "recovering" the memory. The memory and the narration of it are severed from all the ordinary human processes by which the memory is commonly understood. To argue that a jury could consider such a phenomenon, evaluate it and draw conclusions as to its accuracy or credibility, without the aid of expert testimony is disingenuous to say the least.

PHENOMENON OF REPRESSED MEMORY

It is absolutely clear that a raging or robust debate exists in the field of psychology as to whether such a phenomenon as "repressed memory" as defined in these cases exists. There is no reluctance to accept the existence of some limited partial amnesia as generally associated with trauma. However, it is the concept of the total loss of memory of the traumatic event for a period of years, or "massive repression" which is highly disputed. It is clear from the testimony of the expert witnesses, the literature, and the published opinions of the professional societies that there is not a general acceptance of the phenomenon of repressed memory in the field of psychology today. It is in fact clear that there is not only a lack of consensus, but a "violent" disagreement. It is clear that the state has failed to meet its burden of proof in this regard.

In applying these and other considerations to the phenomenon of repressed memory, the Court finds that the reliability of the phenomenon has not been established. The level and nature of the debate in this instance appears to extend across a panorama of scientific disciplines. The Court suffers form a lack of confidence in the validity of the concept as a result of this continuing "scientific dialogue."

The consideration of peer review and publication is complex. In one sense, it can be agreed that at a certain level studies have been published and submitted to peer review, and perhaps generally accepted. Yet the peer acceptance of these studies relates mostly to tested and unchallenged hypotheses, upon the extrapolation of which, the theory of repressed memory relies. The question is whether based on those studies, and that evidence, the present theory may be rationally and scientifically exhibited. At that level the analysis must fail. In this sense, there has been much publication and peer review, but little agreement. The reason for such disagreement lies in the inappropriate application of many of these studies to this phenomenon, and the substantial flaws in methodology which have been mentioned in regard to these studies. For these reasons, the testability may be seriously challenged and refutability may be seriously advanced.

Finally, the falsifiability of the phenomenon of repressed memories cannot be dismissed. Every expert that has testified in this case, and probably every researcher and professional involved in this issue, will concede that there is absolutely no ability, absent independent corroboration or confirmation, to determine whether a particular "repressed memory" is false or true. The potential of such false memories and the inability to identify them has readily been acknowledged since this controversial issue of memory repression surfaced one hundred years ago. The very question of whether a "repressed" memory exists is simply a question of whether what is remembered is true or not. It is either a memory, i.e. an actual recollection of an actual traumatic event, or it is a false memory, i.e. a manufactured narrative of an event which never happened. Furthermore, it must be acknowledged that "false" memories do occur. This is known by the existence of cases in which it is impossible that the events remembered occurred, such as in cases of remembered alien abductions. A further indication of the potential for false memories are the recantation of a growing number of those who once claimed recovered memories.

The implication of this potential falsifiability is devastating. Since the phenomenon of memory repression itself is beyond the life experience of the average juror, a juror has no basis to judge, evaluate, or determine the victim's testimony. The experts in this case have impressed upon the Court that the vividness or completeness of the memory, or the confidence of the witness in the accuracy of the memory are not determinative of memory's validity.

PROCESS OF PSYCHOTHERAPY

Even if the phenomenon of "repressed memory", itself, were accepted, the processes of psychotherapy used in these cases failed to achieve the required level of scientific acceptability and reliability. Psychotherapy as reasonably practiced by competent professionals for the legitimate treatment of psychological and emotional conditions is clearly an established science, and the Court does not presume to criticize or denigrate that respected profession. It is clear, however, that the psychotherapy utilized in these cases failed to exemplify the respected traditions of that profession.

There are no studies indicating that false memories have ever been implanted by the therapy process. However, therapy is recognized to be inherently suggestive. It is uni-

versally recognized that the processes involved in interactions such as psychotherapy are highly complex and undue suggestion may result. Suggestion has been found to be multi-dimensional, and may be influenced by the "hypnotizability" of the subject, the providing of misinformation, social persuasion, and interrogation. The significance of these factors in any given case will depend on the manner of inquiry, the credibility of the source, or the perceived power differential in the therapeutic relationship. Any significant false recollection usually requires an environment in which these factors are able to operate at an relatively high level. Nonetheless, because of the potential for suggestion the validity of the recovered memory is a source of concern. Studies have indicated that false memories may be created in subjects by the use of misinformation and other techniques, although there is a dispute as to the mechanism by which such false memories are implanted and their stability.

Certain psychotherapy techniques raise universal questions of suggestion and thus the reliability of the recovered memory. Use of so-called guided imagery, a process by which a therapist directs a client's visualization is considered highly suggestive. Age regression therapy, by which a patient is encouraged to return to an appropriate time in his or her childhood and to experience an event as that child would, is considered suggestive. Furthermore, a therapy by which a therapist communicates to his or her client a belief or confirmation of the client's beliefs or memories can be highly suggestive.

It is clear that a therapist must be careful not to repudiate or confront a client regarding his or her experience because such confirmation may be counter productive to the creation of a confidential environment. However, it is equally clear that the therapist must retain his or her neutrality. He or she must suspend judgment, listen, and try to understand. The therapist must not confirm, reinforce or validate the client's experience. It is inappropriately suggestive for a therapist to communicate to a client his or her belief that a dream or a flashback is a representation of a real life event, that a physical pain is a "body memory" of sexual abuse, or even that a particular memory recovered by a client is in fact a real event. Therapists are trained not to communicate subtle messages to their clients. A therapist must remain neutral in these matters, and guard against such confirmation by his or her conduct.

It is true that psychotherapy has no duty to investigate the reality of a client's experience in a forensic sense. A psychotherapist is not a private investigator. However, a therapist must be concerned about the accuracy of a client's information, and it is common, even in a clinical setting, to take steps to verify to some extent a client's experience. It is inappropriate to be unconcerned with the truth of a client's experience during psychotherapy. In the case of a person with no memory of sexual abuse, it is also inappropriate to engage in group counseling with other victims of sexual assault because of the danger that another patient's problem or experience will be inappropriately suggestive to the client. It is also important that various mechanisms and concepts, such as repression, not be explained to a client in therapy, because of the obvious danger of suggestion.

Since suggestion is always an issue in therapy, it is the danger of undue or unreasonable suggestion that is of concern. It is generally agreed that in order to create a false memory, a fairly high level of suggestion is required. When psychotherapy has been conducted in a highly suggestive manner, there is significant danger that the memory recovered is unreliable.

In determining the admissibility of the testimony of "repressed memories", it is not the Court's intention to determine which side of the debate is correct. As stated during the hearing, as to the outcome of that debate, "only time will tell." The Court's decision in this matter merely finds that based on the existing scientific evidence, the concept of "repressed memory" is not generally accepted in the field of psychology, and is not in that sense scientifically reliable. In finding that the process of therapy used in these cases was unreliable, the Court does not in any way impugn the profession of psychotherapy itself. The Court recognizes the daily contribution of psychotherapy to the mental health of our society, especially in the treatment of the recognized psychological ravages of sexual abuse.

The fact that the phenomenon of repressed memory may be validated in the future provides no justification for the introduction of such evidence in a trial today under our system of criminal justice.

So ordered.

5-23-95 William J. Groff, Presiding Justice

Suits Against Abusive Therapists Settled

Professional ethics and standard of care were the issues in two suits which were settled recently. The suits were brought independently in two different states by patients against their former therapists. The terms of both settlements are confidential.

Suit 1 The first suit was filed by Laura Deck in January of 1994 in King County Superior Court of Washington, against her former therapist, his supervisors, and the clinic which employed the therapist. Ms. Deck entered therapy primarily for problems in sleeping and feelings of depression. She revealed to her therapist that she had recently suffered a probable concussion due to an injury in the home, that she had felt depressed after the birth of her last child about a year earlier, and that she had long-standing worries about the well-being of certain members of her family.

In her suit, Ms. Deck asserted that instead of exploring these potential causes of her symptoms, her therapist immediately "embarked on a course of treatment involving hypnosis, guided imagery, and related techniques in which suggestions were made to Ms. Deck to imagine various scenarios and report what she 'sees.'" It was claimed that he eventually induced Ms. Deck to believe she had been brutally raped by an uncle, and that as a child she also had participated in bizarre and gruesome satanic rituals, even though she had no conscious recollections of any such events.

After suit was commenced, the therapist admitted in his deposition that he believed it was a "reasonable hypothesis"

such events occurred; that he believed it was "healthy" for Ms. Deck to reveal these suspicious to her family; and that he did not discuss with her the possibility of seeking corroboration. He admitted using a variety of techniques which are widely recognized as suggestive; e.g., hypnosis, guided imagery, and reading materials including *The Courage to Heal*. He also admitted that Ms. Deck resisted believing the events occurred, which he labeled "denial," and that his efforts involved "wearing down her resistance."

After suit was commenced, two declarations were filed in court supporting Ms. Deck's claims. One declaration, by Laura S. Brown, Ph.D., supported Ms. Deck's damage claim. Dr. Brown compared post-therapy results of the MMPI (Minnesota Multiphasic Personality Inventory) with the results of MMPI testing done by the former therapist immediately before he began to use hypnosis to explore Ms. Deck's childhood. Dr. Brown noted that all the scales of the first test administration were within normal limits, with nothing to suggest that Ms. Deck had been the victim of childhood sexual abuse. The scales of the second test were elevated well beyond normal limits and suggested Ms. Deck had undergone severe trauma since administration of the first test. According to Dr. Brown, if the therapist induced Ms. Deck to believe she had been violently raped by a family member and had been a victim of satanic ritual abuse, and if Ms. Deck revealed what she had been led to believe to family members, it is reasonable to say that her therapy experience was "extremely traumatic." She stated that "trauma of this type would probably be sufficient to produce the changes in Ms. Deck's MMPI profile."

A second declaration was submitted by Dr. G. Christian Harris, M.D. Relying on the therapist's treatment notes and on statements in the therapist's deposition, Dr. Harris formed the opinion that the therapist fell below the standard of care by: (1) failing to explore all the possible sources of Ms. Deck's symptoms; (2) employing suggestive therapy techniques "from beginning to end"; (3) failing to explore and/or recognize the effects of his own beliefs on Ms. Deck; (4) misapplying the concepts of denial and resistance; and (5) failing to discuss with Ms. Deck the possible importance of seeking corroboration of the alleged abuse.

Prior to trial, Ms. Deck moved for partial summary judgment, asking the court to rule that the therapist fell below the standard of care, and that his supervisors were also liable. Shortly before the motion was to be decided by a judge, the defendants made an acceptable settlement offer. Ms. Deck's attorney was David A. Summers, of Edmonds, Washington.

Suit 2 The second suit was filed by Lucy Abney, her children and her husband in October 1993 in District Court, Harris County, Texas against Ms. Abney's former psychologist and the hospital where she was treated. The Amended Petition alleged negligence in failing to make an accurate diagnosis and fraudulent misrepresentation of the patient's condition to the medical insurance carrier. Civil conspiracy and deceptive trade practice claims were also made. Other family members claimed that as a direct result of defendants' conduct their relationships and reputation were seriously damaged.

According to the Complaint, the defendants misdiagnosed Abney as having MPD and believed that the family had participated in satanic cult activities including rape, torture and human sacrifice. The husband was said to be a high-ranking member of the cult. The Complaint further alleges that the Abneys were hospitalized for one reason: "to extract from their medical insurance carrier the maximum amount of money that was available under their insurance policy" such that the hospital "devised a scheme whereby it paid the insurance premiums surreptitiously, telling the insurance company that they were being paid by Lucy Abney."

The matter went to mediation in April 1995, one month before it was set for trial. Final terms of the settlement are confidential.

Repressed-memory evidence banned in Australia

"Until further notice I advise that I will not seek to tender evidence of a recollection of a witness which emerged for the first time during or after hypnosis unless the following guidelines are satisfied,"

Mr. Royce Miller QC
Queensland Director of Prosecutions

The guidelines include that:

- Hypnotically induced evidence must be limited to matters which the witness had recalled and related prior to the hypnosis.
- The substance of the original recollection must also be preserved in written, audio or video recorded form.

from an article in *Australian*
May 9, 1995 p 8, by Scott Emerson

Couple brings suit over malpractice in New Hampshire

Monadnock Ledger
May 18, 1995 by Eric Poor

Mark and Linda Bean of Jaffrey are suing psychologist Mark B. Peterson and his wife for alleged malpractice in a lawsuit filed in Cheshire County Superior Court. The suit alleges that the psychologists treatment temporarily convinced Linda Bean that she suffered from multiple personality disorder and that she underwent therapy that included "reparenting." The suit alleges that the psychologist tried to convince Linda Bean that she had been "programmed as a child and had been part of a Satanic cult." The treatment caused her to become suicidal.

The Beans lost between $200,000 and $300,000 on the costs of a lawsuit that Linda brought against a close family member who lives out of state for alleged sexual abuse. When Linda terminated therapy in 1994, she regained a single identity.

According to the suit, Peterson had little or no training in making a diagnosis of multiple personality disorder and ignored "warnings that his treatment was inappropriate and potentially damaging." The suit also alleges that Peterson convinced Linda that she needed to be "reparented" although this form of therapy is unaccepted. The Beans

claim that the Petersons encouraged Linda to call them "mom and dad," and to terminate her relationship with her biological parents.

"The Petersons breached their professional responsibility to Mrs. Bean by using her as an experiment, rather than treating her illnesses," the suit alleges. The suit is scheduled for a jury trial on July 5.

Ex-Nursery Worker to Sue Over Ordeal of Sex Charges
New York Times
May 11, 1995 by Neil MacFarquhar

Margaret Kelly Michaels spent five years in prison as a result of her conviction of sexual molestation in the New Jersey Wee Care Day Nursery trial that started in 1985 when she was 22 years old. Her conviction, which occurred during the rash of multiple-child sex-abuse scandals in the 1980's was overturned in 1993. "The appeals court ruled that her trial involved flagrant prosecutorial abuses, including questioning of the children that tainted their testimony by planting suggestions."

Ms. Kelly is now suing the state of New Jersey, the Attorney General, the Division of Youth and Family Services, the Essex County Prosecutor's Office, the Essex County police, the Newark police and various employees who worked on the case. There were no comments from the defendants.

In addition to spending 18 months in solitary confinement, Ms. Michaels suffered loss of employment and income, loss of reputation and emotional injury. Her lawyer has noted that the state of New Jersey is also pursuing her for $800,000 in legal fees incurred by her court-appointed lawyers.

Appeals court overturns Martensville convictions
Star Phoenix, May 3, 1995

A three member appeal panel of the Saskatchewan Court of Appeal unanimously ruled that police questioned the alleged victims improperly in the Martensville sex-abuse case. They overturned the 1992 convictions of a (now) 23-year-old teacher and Ron Sterling, who ran an unlicensed babysitting service with his wife Linda. Justice Nicholas Sherstobitoff wrote that Judge Albert Lavoie erred in law by accepting expert evidence "as proof beyond a reasonable doubt that the boys had been sexually abused."

Nine people, including five police officers, were originally charged with a total of almost 180 sex-related criminal charges. This case received much attention in Canada because Judge Lavoie had ruled in 1992 that no news stories about the trial could be published until after the decisions.

Molestation convictions tossed out
The Philadelphia Inquirer, May 3, 1995

A North Carolina appeals court overturned the conviction of two people accused of molesting children at the Little Rascals Day Care Center and ordered new trials for Robert Kelly, Jr., co-owner of the center, and Kathryn Dawn Wilson, who was a cook at the center. The three-judge panel ruled unanimously That testimony by the parents about their childrens' behavior resulting from the alleged abuse was inadmissible. Such explanations are admissible only from expert witnesses, the court said. In Wilson's case the prosecutor improperly put therapists' notes into evidence during closing arguments.

Kelly, 47, had been found guilty in 1992 on 99 counts of sexually abusing 12 children at the center and was sentenced to 12 consecutive life terms. Wilson, 29, was sentenced to life in prison after being convicted on five counts of sexual abuse.

This case had drawn concern and attention from across the nation.

FMSF files *amicus brief* in Alabama case

A brief of the False Memory Syndrome Foundation as *Amicus Curiae* in Support of Petitioner in the matter McDuffie v. Sellers-Bok, Supreme Court of Alabama, No 1940524, submitted by Thomas A. Pavlinic, Esq. on May 10, 1995. The brief argues that under the principles of special relationships and circumstances, foreseeability, direct victims and public interest considerations, mental health professionals may owe a duty to third parties not to misdiagnose sexual abuse in their patients.

NOW AVAILABLE FROM FMSF

 # 801 **$20.00**
Brief of the False Memory Syndrome Foundation as *Amicus Curiae* in Support of Petitioner (McDuffie v. Sellers-Bok.)

#899 **$3.00**
The complete decision of Justice Groff on May 23 in the New Hampshire cases.

#099 **$30.00**
Memory and Reality: Reconciliation Conference Books LIMITED SUPPLY

ARTICLES OF INTEREST

•*Consciousness and Cognition*, Vol 3, No 3/4 (1994). (Special Issue: Recovered Memory/False Memory Debate. Includes articles by: Harvey & Herman; Howe et al; Ceci et al; Gary et al; Lindsay; and many others.

•Haaken, J. Debate over recovered memory of sexual abuse: A feminist-psychoanalytic perspective. *Psychiatry*, Vol 58, May 1995.

•Campbell, T., Psychotherapy and malpractice exposure. *American Journal of Forensic Psychology*, Vol 12, No 1, 1994.

FROM OUR READERS

Thanks from a student

I am the young lady that went to the conference on March 25. I personally want to thank you for allowing me to attend. I learned much from the parents and sympathize with their problem. This meeting was my first human contact with accused parents. I saw anger and determination first hand. No magazine articles can emit that feeling.

A High School Student

Therapist Logic

Isn't an event either remembered or not remembered? When I read the following statement in a review of *Unchained Memories*, I wondered if there were a new logic or if it followed from belief in multiple realities. *"People wrestling with unremembered or unforgettable traumatic experiences often consult pediatricians or general physicians...."* B. Frank, MD, JAMA, Feb 8, 1995, Vol 273, # 6

How can a person wrestle with something he or she does not remember?

A Psychiatrist

A Hug

A father at the New England Meeting, on March 12, 1995 told of writing the following letter to his daughter he hadn't seen in years. In part, the letter said:

> I'm taking a seminar this weekend. It's about living life more fully and being more effective as a human being. I did this because I am trying to build a new life. I hope you and the girls will be a part of it.
>
> Your recent letter was warm, welcome, and I was pleased with the spirit of your offer to forgive me. And I must make this crystal clear. The memories you believe you recovered in therapy are bogus. I did not sexually abuse you at age three or any other age.
>
> I pray that someday you will realize we are both victims of a health care system that has gone crazy — confusing superstition and science.
>
> Until that day, I remain your loving Father. Please give my love to the Kids.
>
> Dad

Recently, he took a chance, since he was in her neighborhood, and dropped in on her, unexpected. She and he talked for a couple of hours, not venturing upon the ground of FMS. He then took his leave, having to catch a plane. She asked him for a hug before he left. He cried as he told us this story.

Dear FMSF,

I watched the show called "Divided Memories" and felt compelled to write to you. Fortunately, I have not been the victim of False Memory Syndrome. In my own way though, my life has changed because it exists. My sister has three children. I have never and will never agree to baby-sit them, or take them on outings, or spend any substantial amount of time with them without other adults present. Not because they are in a bad family, they are a good family — not because I have any desires, I don't -- not because anything at all could happen — it could not. It is only because I am afraid of being falsely accused of something in some years in the future. I don't want to become one of those people whose life is destroyed from false accusations.

I believe in what you are doing. Many of those therapists I saw on TV came across as being afraid of you. For a therapist to participate in this kind of witch hunt just shows me how little they paid attention in class when they were supposed to be learning to help others.

California

THIS ADVICE MIGHT BE DANGEROUS TO...

A member's response to Dos and Don'ts for Families of Accusing Children

Claudette Wassil-Grimm's Dos and Don'ts...FMSF Newsletter May 1995 p.15) may have merited a warning label. Indeed, a caution in the form of an Editor's Note appears above the abbreviated list. The list takes a complex situation and offers suggestions to families who sometimes are looking for answers. I am concerned about checklists of any kind.

The list is well intended. It suggests concern for *all* parties, hoped-for paths that may keep lines of communication open and efforts to avoid conflict and further deterioration of relationships that are already strained. Although I agree with some of the statements, there are some faulty assumptions. If there is no contact with the accuser, as is the case in many families, then none of the printed Dos are applicable. While that is obvious, it is also important to recognize that if parents and/or siblings can implement these suggestions, then they are engaging in typical family kinds of communication. I wonder if a possible unintended outcome is the "normalization" of the present tragic relationship and an unintentional support of the false memories.

The Don'ts offer an even more perplexing range of possibilities. Parents and other family members frequently are the only resources that represent reality to the accuser in these situations. It is rare that the accusing family member is not surrounded by therapists and others whose belief systems offer no other thinking than that the abuse surely happened. Family members and friends should not be forced or even asked to take sides. However, creating a family structure that is unnatural around these concerns possibly leaves the accuser without any resource that may question these "memories". Creating responses to the accusers that are too cautious may result in shielding them from some of the responsibility for their actions, and also in supporting these false beliefs. The range of emotions these situations evoke may be wide and would surely include anger. Masking all of it or denying it entirely may distort the reality of the situation.

There are some specific potential problems with another item on the check list—the advice on suing thera-

pists. Clearly, lawsuits are individual choices and are determined on a case-by-case basis. No one can, or in my opinion should, tell another person to sue or not to sue. However, the advice about waiting overlooks an important legal matter. Statute of Limitations laws exist. If parents wait until they have no hope for reconciliation, they may forfeit their legal right to sue.

These are clearly my personal speculations and in that way similar to those in the book. All speculations should be taken with the very same caution.

These are some of the reasons which lead me to conclude that the Editor's Note is the essential ingredient of any list of Dos and Don'ts. I wish it had appeared in **bold**.

RETRACTOR'S NEWSLETTER UPDATE

Thank you to those who have expressed an interest in receiving the Retractor's Newsletter. There have been many requests for subscriptions. I need support from retractors! Please send your stories, thoughts, etc. to:

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

NOTES FROM RETRACTORS

FMSF helped Dad

The Foundation gave my father much needed support which helped him not lose his mind thought the whole episode. One of the most difficult parts of my therapy was that no matter how many times I told my therapist that I didn't think anything happened with my father, she would counter by saying she was convinced that it had because of the "symptoms" I exhibited. She even loaned me *The Courage to Heal* to read. The line in that book about it not mattering whether you have memories or not was almost enough to convince me and keep me forever separated from my father. My recovered memory therapy was given by a graduate student in a Psy.D. program at a Christian university.

Thanks for being there

Changed mind about FMSF

I am a 3rd year psychology student. Last September I finally admitted to my friends and family that I had NOT been ritually abused and that my father had never hurt me. Since then I have fought to get my life in order. My parents have welcomed me back with open arms, but I have lost many friends. The last 6 months have been very lonely. I don't live near my family.

I have known about FMSF for over a year now; I used to be one of the ones who hated you. When I "returned" I never thought of learning more about FMS. I didn't think it applied to me. I was wrong.

Glad you are there

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? Florida - For the past two years or so we have become activists in the fight against the recovered memory hysteria. We write letters to editors; contact legislators on the state and national levels; encourage libraries to provide books on this crisis; help organize support groups; distribute books and tapes; and take part in radio comment shows.

Like us many FMSers have come out of the closet in the last few years and would play an active role in combatting the repressed memory craze — if they knew how to go about it. As we grow the awareness of FMS grows and necessitates some added involvement. The time ow seems ripe to form a group of volunteer activists who would be willing to contribute their time and energy to presenting our cause.

Would each and everyone of you who read this please take a minute to write if you are willing to do any of the below.

1. Write and sign letters to editors and others. They will not print your name if requested. (If it was OK for Samuel Clements to use a pseudonym, it's OK for others.)
2. Contact legislators about the FMS crisis.
3. Testify in person or by letter before professional or governmental groups.
4. Take pare in roundtable discussions on radio or on TV.
5. Help organize an FMS support group in your area
6. Be interviewed by the responsible press.

I will be happy to forward your replies to your state contact. Send to Katie Spanuello c/o FMSF Make a Difference.

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

- An FMS Family has taken the very big step and decided to hold a family reunion. Three years prior the accusing daughter had left and the rest of the family had no knowledge as to the reason. A few days before the 40 people were to arrive the person got sick and was so upset that she got the shingles. She asked another FMS friend for help. The FMS friend who used to be a caterer took care of all the meals. The family reunion person thanked her friend by making a donation to the Foundation.

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.

FRIENDS OF THE FMS FOUNDATION

The board of directors of the False Memory Syndrome Foundation invites you to become a *Friend of the Foundation.*

The *Friends* membership category was approved by the board of directors to recognize members who express the highest level of commitment to the work of the FMS Foundation. It came into existence at the Baltimore "Memory and Reality" conference. At the conference 67 Foundation members, including both families and professionals, were acknowledged as *Friends of FMSF.* Now the board wants to extend an invitation to all members to become *Friends.*

For three years, the FMS Foundation has taken the leadership in bringing the problem of "therapy gone awry" to the attention of the public and in helping affected families cope with the devastation. The Foundation has amassed a valuable library of materials documenting the nature, scope and impact of the FMS phenomenon. It has also developed the most complete collection of legal resources available.

The changes in public thought and the stirring of thought in the mental health community during the three years of the Foundation's existence may be without precedent. Still, the work of the Foundation is far from completed, and the early programs must be continued. Now, the great need is to find ways to help families reconcile and to encourage the professional organizations and the public monitoring agencies to respond to the mental health crisis.

That is the basic work of the Foundation, and as indicated, the board invites you to be an important part of its work. What is involved in becoming a *Friend*? Starting on December 1, 1994, a contribution of $500 above the regular membership dues entitles a family or professional to be a *Friend of the FMS Foundation* for the 1995 dues year. As you consider this invitation, please keep in mind that the speed with which the Foundation's objectives can be attained is closely correlated to dollars available for the Foundation's work.

What are the benefits of becoming a *Friend of the FMS Foundation*? Frankly, the primary benefit is the knowledge that your personal commitment to the Foundation is helping to break down an extraordinarily evil and destructive belief system and to restore broken families. Beyond that, the privileges of membership include:

• **Executive Updates** - From time to time, special mailings will be sent by our executive director to keep you updated on items of importance.

• **Special Functions** - Periodically, a special function for *Friends* will be arranged.

• **FMSF Newsletter** - must reading for anyone who wants to be up-to-date on FMS - will be mailed first class.

To become a *Friend of the FMS Foundation* , send us a note indicating that you would like to become a *Friend* and enclose a contribution (over and above your membership fee) that will bring your gifts to the Foundation since December 1, 1994 to at least $500.

If you would like to give appreciated property or have questions, please contact Lee Arning, Membership Director, at the FMS Foundation, telephone him at 215-387-1865 or send him a FAX to 215-387-1917.

A REAL NIGHTMARE

by Adele Ferguson
Reprinted with permission of the author
Ellensberg Daily Record (Washington), March 21, 1995

In 1992, all was right with the world for Ron Gillespie. He was a respected pillar of the community in Bremerton, a former music teacher and high school principal, devoted husband and father of two sons who followed in his footsteps, along with their wives, to become educators. At 77, he was enjoying retirement.

Then, in June, the letters arrived, one each for him, his wife and their sons, from a woman all knew as a child and a student a quarter of a century before. She was going to the West High School reunion, wrote Linda Hunter, 38, and she didn't want to see Gillespie there because he had ruined her life. She would cause a scene if he attended.

Linda Hunter was the adopted daughter of old friends of the Gillespies, whom he had only seen twice since he forced her to transfer from West to East High School because her family had moved to the East side, and she was giving him disciplinary problems. Gillespie did not attend the reunion. Screwed up kid, he thought. Why aggravate her. A couple of months later, a letter arrived from Ms. Hunter's lawyer, indicating that a lawsuit was going to be filed against him unless a substantial sum was paid. The sum was $300,000. No way, said Gillespie, this is crazy.

In December, a lawsuit was filed, alleging that when Linda Hunter was 12, Gillespie engaged in revolting and malicious sexual abuse, causing her mental and physical harm that required psychological treatment. She had come to realize this, she said, while undergoing counseling during the last three years.

This time, Gillespie saw a lawyer, who investigated Ms. Hunter. She had graduated with honors from Washington State University, sold real estate and water beds, was twice divorced, had been in counseling over many years, and currently was in medical training in Pennsylvania. The abuse she claimed was inappropriate touching. My God, not me, said Gillespie, not with any kid, ever. He countersued.

For the past year, nothing was heard from Ms. Hunter. Then, the other day, her lawyer called Gillespie's lawyer. Would they accept a dismissal? They would. It was over. The Gillespies don't know why the lawsuit was brought, other than deep-seated resentment over Ms. Hunter's being kicked our of West High School, or why it was dropped.

All they know is that their family has been put through nearly three years of stress and humiliation, that left Ron Gillespie broken in health and considerably poorer. Echo the statement to *Newsweek* of Chicago's Cardinal Joseph Bernardin, accused of sexual molestation of a teen age boy 17 years earlier, an accusation withdrawn when the accuser realized he had been led to it by false memories suggested by an uncredited hypnotist: "My life will never be the same

INTRODUCING
THE FALSE MEMORY SYNDROME VIDEO

Produced by the Foundation, this video presents an overview of the False Memory Syndrome, a devastating phenomenon that has affected tens of thousands of individuals and families worldwide. Through images of families and retractors, tragic, yet sometimes hopeful, stories are told. Key psychiatric, psychological and scientific issues are also discussed through interviews with world-renowned researchers and clinicians.

Here is the perfect opportunity to learn about FMS while lending your support to the Foundation. The price for each video is just $10.00 (plus $2.50 shipping and handling for each video to a maximum of $7.50 per order to a single address). To order, simply complete the form below, enclose a check to the order of FALSE MEMORY SYNDROME FOUNDATION and mail to:

FALSE MEMORY SYNDROME FOUNDATION
3401 Market Street, Suite 130
Philadelphia, PA 19104-3315

I wish to order _____ FMS video(s) @ $10.00 per video (plus $2.50 for shipping and handling for each video to a maximum of $7.50 per order to a single address.)

My check for $_____ is enclosed:

Please send my video(s) to:
(PLEASE PRINT))
Name _____
Address _____
City _____ State _____ Zip _____
Telephone (_____)_____

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.

because of this." Ron Gillespie's life will never be the same again. He was a young 77. He is a very old 79.

So in these days when so many people claim to be victims, often at the prodding of poorly trained and inept therapists, whose livelihood depends on conjuring up painful memories and finding someone to blame them on, chalk up the name of Ron Gillespie. A good, decent man who devoted his life to his community, its school and its children.

His reward in his golden years was to be sacrificed on the alter of the fad of assisted memory recall. A fad that has damaged the lives of so many innocent people a False Memory Syndrome Foundation has been established to assist the accused.

"I think," said Anna Gillespie, of the woman who put her husband and family through their ordeal, "that the girl is a little bit sick."

Maybe so, but who is the REAL victim here?

(Adele Ferguson can be reached at PO Box 69, Hansville, 98340.)

Advisory Board Update

It is with great honor that we welcome two new Advisory Board members. **Aaron Beck, M.D.** (University of Pennsylvania) has world recognition for his work in depression and his creative role in the development of cognitive therapies. **Henry M. Roediger, III, Ph.D.** (Rice University) is a pre-eminent memory researcher and we have reported in the FMS Newsletter on some of his recent work in "remembering things that never happened."

Dr. Rochel Gelman has been honored by the American Psychological Association for her Distinguished Achievement.

Dr. Lila Gleitman won France's prestigious Fyssen Prize, presented last month in Paris.

Dr. Louise Shoemaker was one of six recipients to receive the Wittenberg Award of the Luther Institute in Washington, DC.

JUNE 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

MICHIGAN
Keynote Speaker: Mark Pendergrast
Saturday, June 10, 8:00 to 5:30
(lunch included)
Members from other states invited. Call for info: Chris (616) 349-8978 or Jaye (313) 461-6213

MINNESOTA
Saturday, June 24
Terry & Collette (507) 642-3630
Dan & Joan (612) 631-2247

UNITED STATES

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

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 AREA /AREA CODE 317
INDIANAPOLIS FRIENDS OF FMS
Nickie (317) 471-0922 (phone); 334-9839 (fax)
Gene (317) 861-4720 or 861-5832

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

KANSAS - KANSAS CITY
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
Jean (508) 250-1055

MICHIGAN - GRAND RAPIDS AREA - JENISON
Catharine (616) 363-1354
1st Sunday (MO) -please note day change
SEE STATE MEETINGS LIST

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

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
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
Saturday, June 10 - 1:00 pm.

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 Boyd (214) 221-1705
HOUSTON
Jo or Beverly (713) 464-8970

VERMONT - BURLINGTON AREA
Kim (802) 878-1089

WISCONSIN
Katie & Leo (414) 476-0285

CANADA

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

MANITOBA
WINNIPEG
Muriel (204) 261-0212
Call for meeting information

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

OVERSEAS

AUSTRALIA
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, (0) 20-693 5692

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

UNITED KINGDOM
The British False Memory Society
Roger Scotford (0225) 868-682

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Deadline for JULY/AUGUST 1995 issue:
Wednesday, June 21st
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 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 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

June 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!