

# FMS Foundation Newsletter

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February 1, 1996

Dear Friends,

*"Are things really changing?"* Yes, they are. For families, of course, the concern closest to the heart is *"Are more accusers returning to their families?"* Yes, they are.

There are many ways to measure change. As you read the comments and articles in this issue, try to compare what is taking place now with the situation four years ago when the Foundation was forming.

This past month we received a call unlike any we have ever received before. We think it indicates a change. The producer of the HBO documentary "Multiple Personalities: The Search for Deadly Memories" (1993) called to tell us that the professionals involved in that film no longer practiced the kind of sodium amytal abreactive work that was shown. He mentioned that he thought that efforts of the Foundation had helped to bring about this change in thinking. We thanked him for this information.

"Multiple Personalities: The Search for Deadly Memories" is extremely valuable as a record of the beliefs and practices of some professionals. Based on an idea of Gloria Steinem and narrated by her and by producer Michael Mierendorf, it was a product made with the cooperation of the participants. The unchallenged beliefs and practices of the therapists involved were presented. Those who have claimed that the penetrating exposure of the 5th Estate (1994) and Frontline (1995) documentaries was not balanced and that the picture of practice they showed was extreme should apply a similar standard when addressing "Search for Deadly Memories."

In 1993, the practice of shackling patients and giving them drugs to try to find a memory seemed not to be publicly questioned — even though it had the potential to be dangerous and had never been shown to be a scientifically valid treatment for anything.

The setting of "Search for Deadly Memories" is a psychiatric hospital in Texas with a ward of women diagnosed with MPD. The patients are warned in group therapy that "Your memories may mean you have to accept something about someone you don't want to." In other words, the therapists claim to know the content of memories the patients don't have yet.

The three patients who are shown in depth seem to have little social life but very intense relationships with their therapists, all of the opposite sex. Sessions involved physical contact as well as talking: Gretchen's therapist helped hold her when she had her fits, John's therapist gently rocked him, and then placed her hand on his bare leg, Barb's therapist gave her a big hug after a tough day.

The MPD therapists are convinced their patients are "survivors" of child abuse they totally forgot, and if they recover their "memories" they'll be on the road to "healing." After four months on the ward where she was given "truth serum" (barbiturate which has no proven ability to "recover memories") Gretchen comes up with an image of "big hands" and of being forced to perform oral sex — but can't remember with whom. John produces "memories" of being hooked up to an electrical torture machine, and of being abused by "male and female perpetrators, including a Priest." Barb's new "memories" involve her late father, a dentist, forcing her to be a child prostitute for his friends, and drilling away at her teeth for kicks. Nowhere do we hear of any corroboration of these accusations from relatives, friends, or from school, medical or dental records. Quite the opposite, we are shown photographs of all the patients having happy childhoods. The credits for "Multiple Personalities: Search for Deadly Memories" follow.

Narrated by: Gloria Steinem and Michael Mierendorf

Produced, Written & Directed by: Michael Mierendorf

SPECIAL THANKS: Kaleidoscope Treatment Program, Garland Community Hospital; Gary D. Letkof, M.D.; Pam Abernethy, L.P.C. Dissociative Disorders Program, Rush Northshore Medical Center; Bennett Braun, M.D.; Center for Abuse, Recovery and Empowerment; Barry M. Cohen, M.A., A.T.R.; Cottonwood Hospital; Michael DelSignore, C.S.W.; Christa White & Family; Kathleen & David Morris; Bernadette; Carry Applegate, Ph.D.; Walter Young, M.D.; George Frazier,

M.D.; Moshe Torum, M.D.; Katherine Steele, M.D.; Jim Struve, L.C.S.W.; William H. Percy, Ph.D.; Sandra Bloom, M.D.; Pam Reagor, Ph.D.; Colin Ross, M.D.; River Oaks Hospital; Mark Schwartz, Sc.D.; Judith Peterson, Ph.D.; Many Voices Magazine; Treating Abuse Today Magazine; Jean Olsen, R.N.; I.S.S. M.P.D.; Joyce Kallio; Christopher Fichtner, M.D.; Lukasz Konopka, Ph.D.; Hines Veterans Administration Hospital. Based on an idea presented by Gloria Steinem

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### 2.5 MILLION JURY AWARD TO RETRACTOR

On Jan. 24, 1996, the jury in the second of an ongoing series of malpractice cases filed against Dr. Diane Humenansky awarded E. Carlson \$2.5 million for injuries suffered as a result of negligent psychotherapy to recover so-called "repressed memories." Lawyer R. Christopher Barden, Ph.D., J.D., stated "If we can win this case, we may be able to win them all. It is now time for the mental health professions to take the legal rights of patients more seriously and stop using unproven and untested experimental treatments without adequate and informed consent."

It is in the best interest of our society that some professionals may no longer support this dangerous abreactive work.

Do we just move on, however? If we do, how do we know that other equally dangerous therapies will not emerge? Where are the safeguards? Those who have led in the search for deadly memories have received the profession's blessing in terms of awards and conference presentations.

But things are changing and that is encouraging. That change must continue until the public is guaranteed access to psychotherapy that is safe and effective.

Pamela

### WASHINGTON STATE FILES STATEMENT OF CHARGES AGAINST THERAPIST IN RECOVERED MEMORY THERAPY.

A concrete example of change is that the State of Washington Department of Health Counselors has filed a second Statement of Charges that relate to recovered memory therapy. The professional in this second complaint is a certified marriage and family therapist who treated two sisters between March 24, 1990 and January 22, 1994 when her certification expired. Following are the charges with the names removed.

- Respondent held a position of trust by virtue of providing professional counseling.

- Early in the period, the Respondent provided a copy of *The Courage to Heal* but did not explain the controversy surrounding the subject of "repressed memory therapy" and did not offer alternate explanations or alternate therapy for their presenting physical and mental problems.

Respondent focused on alleged childhood sexual abuse as the cause of [the sisters'] mental and physical problems. Respondent "validated" the memories of alleged childhood sexual abuse without seeking or encouraging [patients] to seek information from others that would objectively validate the memories of alleged childhood sexual abuse. Respondent encouraged [patients] to explain their family's response to their allegations of sexual abuse as their family's being in denial and did not suggest or encourage alternate explanations for their family's response. When the [patients] began having "memories" of numerous killings allegedly perpetrated by their father in public places, the Respondent did not explore alternate explanations or interpretations of the "memories." Respondent continued to validate the "memories" after they were reported to the police and even after negative results of subsequent investigations were revealed.

- Respondent used "trance work" and hypnotism in her treatment and did not discourage the [patients] from using hypnotism and "trance work" on their own to "develop" their "memories." Respondent did not provide treatment to decrease the [patients] tendency to dissociate.

- Respondent encouraged the [patients] to set up boundaries with their family and not allow family members to contact them during counseling. The isolation encouraged the [patients] to become dependent on the Respondent.

During the period of treatment, [one patient] suffered from mental and emotional illness which caused her to seek medical disability leave from her employment.

- Respondent encouraged [the patients] to confront those who had allegedly sexually abused them as children and young adults.

- Respondent refused to talk with mother when [one patient] became suicidal. Respondent told the mother that her therapy with the [patient] was confidential and without a release she could not speak with her, when in fact, RCW 18.19.180(2) specifically provides "That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a criminal or harmful act".

- Respondent did not observe clear professional boundaries. This lack of clear professional boundaries encouraged the [patients] to become dependent on the Respondent.

- Respondent convinced [patients] that even if they had no conscious memory of past events that the cells in their somatic bodies could "remember" traumas and that their body positions and actions revealed such trauma during "trance work".

- The conduct specified...constitute grounds for disciplinary action pursuant to 18.130.180(4) which defines unprofessional conduct as negligence, incompetence, or malpractice which results in injury to a client or which creates an unreasonable risk a client may be harmed.

The conduct specified...constitutes grounds for disciplinary action pursuant to RCW 18.130.180(24) which defines unprofessional conduct as abuse of a client.

The defendants should have known that the techniques they utilized were likely to produce mental images, ideas, thoughts, and suggestions which would be misconstrued as real, historically accurate memories and that group therapy would reinforce these beliefs that the images were real and historically accurate.

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#### EXAMPLE OF CHARGES IN A LEGAL SITUATION

The following charges are from a lawsuit brought by a former patient and pertain to the issue of informed consent.

The defendants failed to obtain informed consent. They had failed to disclose that:

1. The diagnosis and treatment of Multiple Personality Disorder is highly controversial;
2. The defendant's assessment of the plaintiff's mental condition was based on her personal beliefs regarding the existence of a secret, organized Satanic cult;
3. The techniques used to recover memory are not based on current science regarding memory;
4. The techniques and treatment could lead to false accusations.

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#### DON'T MISS THESE ARTICLES

- Lindsay, D.S., & Read, J.D. (1995). "Memory work" and recovered memories of childhood sexual abuse: Scientific evidence and public, professional, and personal issues. *Psychology, Public Policy, and Law*, 1, 846-908. (Publication of the American Psychological Association)

- *Psychiatric Annals* 25:12 - special issue, December, 1995. Includes:

- Fawcett. "A critical look at recovered memories."
  - Loftus & Pickrell. "The formation of false memories."
  - McElroy & Keck, Jr. "Recovered memory therapy: false memory syndrome and other complications."
  - Pope & Hudson. "Can individuals 'Repress' memories of childhood sexual abuse? An examination of the evidence."
  - Schacter & Curran. "The cognitive neuroscience of false memories."
-

## OPINIONS AROUND THE COUNTRY

"Reporters, the Cardinal [Bernardin] said, have asked him which was worse, the cancer or the accusation. 'Without any hesitation, I said the false accusation.

"'Tat was an attack on my character, my reputation. This was something that did not have to be, whereas the cancer was part of the human condition.'"

*New York Times*, November 18, 1995, Peter Steinfelds

"We can't think of anything worse than falsely accusing someone of child abuse. We believe there should be stiff legal penalties for anyone who makes frivolous charges. We should do everything possible to eradicate child abuse. But we must be careful not to turn the campaign into a witch hunt."

*Idaho Press-Tribune*, November 8, 1995, Editorial

"The Salem Witch Trials lasted only five months before sanity was restored. The McCarthy Hearings hysteria took much longer to cycle out. But far and away the greatest hysterical period in our country's history is happening now, and is more than a decade old: sex abuse hysteria flanked by a False Memory Syndrome epidemic of enormous proportions."

*Lincoln County Weekly* (Maine), October 5, 1995  
Guest Commentary, Gladden Schrock

"Rumors of violated children invoke both a decent rage and a strong passion to vent it. But passion must not override reason, a lock on the gates of hell. As they strung up their neighbors, Salemers thought they were doing God's will too."

*Naples Daily News*, Editorial, December 2, 1995

"Our legal system is based on the assumption that the accused is innocent until proven guilty. In crimes like child abuse, however, even a verdict of not guilty does not erase the harm done to the accused, let alone the financial harm.

"Such overzealousness does nothing to help fight child abuse. If anything, it may well hurt by making the public more sympathetic to defense claims of prosecutorial misconduct. The end result could be the freeing of real child abusers, who could then continue to prey on the young and innocent in our society."

*The Advocate*, Baton Rouge, Editorial, Dec. 18, 1995

"The thing I've been most appalled by is the sense of so many psychotherapists...that their job is to confirm their patients' delusions rather than help them find out what really has happened. It took a long time to convince myself that's what's happening, but it certainly is happening. I don't know whether it's more likely among social workers than Ph.D.s in psychology, or more likely among the Ph.D.s than the psychiatrists, who have medical training. But I do find it astonishing that anybody in psychology should be ignorant of the most elementary precepts of skeptical scientific scrutiny.

"As someone who spent a lot of time reading Freud and his followers, I also am distressed by the absence of a sys-

tematic effort to demonstrate that psychoanalysis is more useful than going to your priest or rabbi. Or whether there is such a thing as repression. It's always very dangerous when the error-correcting machinery is not working and there aren't systematic attempts to disprove what the revered founder of your field maintains." (p 62)

*Psychology Today*, January /February 1996, Carl Sagan

"What is even more troubling is where the patient retracts a 'memory' and is told he or she is in denial and that is proof of abuse. It is like the witch trials at Salem, where women were thrown into ponds. If they floated they were guilty and burned, if they sank they were innocent but dead. It is a no-win situation"

*Mail on Sunday*, November 5, 1995

"...the standard of proof required to use a new procedure clinically should be considerably higher than the standard of proof required to conduct research on its efficacy. This is particularly true in the case of such conditions as PTSD, for which existing treatments have already been shown to be effective.

*Skeptical Inquirer*, Jan/Feb 1996, Scott O. Lilienfeld

"They call it 'recovered memory'—the phenomenon in which victims of incest and abuse unearth buried recollections of bad, bad times many years after the fact. In America, it's a cottage industry in the psychiatric world, the publishing world and the theater world, where psychodrama continues to reign."

*Los Angeles Times*, October 26, 1995  
Valley Weekend; Theater Review by Robert Koehler

"To make the sole basis of a conviction the uncovering of a repressed memory, with no other validating evidence, would seem to me to go beyond reasonable doubt — not because we're skeptical of all repressed memory, but because the state of the art, the state of the science, is such that we're just not that good."

Dorothy Cantor, president-elect American Psychological Association quoted in "Recovered Memory Murder Case Unravels" Dan Morain, *Los Angeles Times*, Dec. 25, 1995

"All unhappy families may have been unhappy in their own fashion in the days when Tolstoy wrote the famous opening lines of *Anna Karenina*, but today's unhappy families — at least in fiction — seem pretty much the same. It often happens that I am in a bookstore leafing through one of the attractive new hardcovers, with its soft colors and its matte sheen, when my eye catches a phrase on the inside jacket: '...until she is forced to come to terms with the dark secret of her harrowing past.' I know without reading any further what the dark secret is. My heart sinks: *another novel about incest.*"

"Sexual abuse, of course, is everywhere splashed across the culture, wept about on talk shows, endlessly reported in the news...writers of fiction have obligingly followed along; incest has become our latest literary vogue..."

Making the Incest Scene (Review of eight books)  
*Harper's Magazine*, November 1995, Katie Roiphe

### EDUCATING DOCTORS AND SCHOOL CHILDREN

A program is planned in Adelaide, South Australia, to educate doctors about "Dissociative Identity Disorder" or D.I.D. Mental Health consumers with a D.I.D diagnosis from a therapist are being advised how to convince their doctors of the reality of this diagnosis. This convincing of one's G.P. was the recommendation of the guest speaker at the second Annual General Meeting of the Dissociative Identity Society of South Australia Inc., DISSA, which met in Adelaide on November 29. Dr. Stephen Bain spoke on the subject "Dissociative Identity Disorder and the General Medical Practitioner". The reason given for the advice was the ignorance of many medicos. Dr. Bain is proposing to help overcome this ignorance by distributing an information pack to doctors. Volunteers are also spreading the theory of D.I.D to school students, through the Mental Health programs. The South Australian Mental Health Services have made a grant of \$10,000 to promote the movement.

According to our Australian source, the D.I.D. education project is meeting some resistance, but DISSA proposes to continue the campaign.

Johns Hopkins Medical Institutions and the FMS Foundation jointly sponsor

#### Basic Standards of Care in Diagnostic and Therapeutic Practices with Memory and the Process of Family Reconciliation

San Diego, Saturday March 30, 1996

Boston, Saturday, April 20, 1996

Chicago, Saturday June 1, 1996

For details: Office of Continuing Medical Education  
Johns Hopkins Medical Institutions 410-955-2959  
phone 410-955-0807 fax.

### LEGISLATIVE INITIATIVES

#### REPPRESSED-MEMORY THERAPY TARGET OF BILL

According to the *Denver Post* (December 19, 1995) two state legislators have drafted a bill that has two main provisions. One requires mental-health workers to document that they advised their patients of the nature and possible consequences of repressed memory therapy. The other says an alleged perpetrator can't be held liable for civil damages more than six years after the abuse supposedly occurred — or more than six years after the alleged child victim reaches the age of 18.

Editor's Note: On January 1, 1996, a graduate student in clinical psychology, Thomas M. Dunn, M.A. wrote to the *Denver Post* arguing that the proposed legislation was not needed. He stated, "There is no credible scientific evidence to support the absurd notion that false memories about sexual abuse can be implanted in therapy." He might read:

December, 1993, American Psychiatric Association. "Memories also can be significantly influenced by a trusted person (e.g., therapist, parent involved in a custody dispute) who suggests abuse as an explanation for symptoms/problems, despite initial lack of memory of such abuse."

June 1994, American Medical Association. "It is well established for example that a trusted person such as a therapist can influence an individual's reports, which would include memories of abuse." "The AMA considers the technique of 'memory enhancement' in the area of childhood sexual abuse to be fraught with problems of potential misapplication."

November 1994, American Psychological Association. "It is also possible to construct convincing pseudomemories for events that never occurred."

### WISCONSIN

According to J. Puerline in the *Milwaukee Journal Sentinel*, on December 20, 1995, "The Wisconsin Assembly recently approved legislation to establish criminal penalties for false reporting of child abuse allegations. Assembly Bill 42 was approved 84-11 on November 15 and has been sent to the Senate Committee on Health, Human Services and Aging."

### INDIANA

State Senator Patricia Miller, Chairman of the Health and Environmental Affairs Committee introduced Senate Bill No 210 in January. The Synopsis of this bill: "Mental health patient protection: Provides that a mental health provider may use uncovering psychotherapy to help a patient recall memories of childhood sexual or physical abuse if: (1) the mental health provider is a physician or psychologist; (2) the provider completes all required study and training; or (3) the provider is supervised by a provider qualified to use uncovering psychotherapy."

Uncovering psychotherapies are described as: dynamically oriented psychotherapies; hypnoanalysis; hypnotic age regression; hypnotic memory enhancement; insight therapies; psychoanalysis; and psychoanalytically oriented psychotherapy. Mental health providers include those licensed in Indiana: physician, registered nurse or licensed practical nurse, clinical social worker, marriage and family therapist, psychologist, and school psychologist.

People in Indiana who are following this legislation tell us that opposition to this legislation appears to be coming from many sources. Some professionals such as social workers were opposed to being required to work under the supervision of psychologists. Some nurses said that nurses should not be doing that kind of psychotherapy. Some families and professionals felt that writing the bill in this manner would legitimate the use of unscientific, risky techniques.

### SPECIAL THANKS

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## POST TRAUMATIC STRESS DISORDER (PTSD) AND THE QUALITY OF FACTS

Harold Merskey, D.M.

Charles Whitfield, an internist and author of *Memory and Abuse*, said the following in a talk entitled "Internal Corroboration and Validation of Traumatic Forgetting."

"Circumstantial evidence, however, proves a fact from which an inference of the existence of another fact may be drawn. So: I've got a patient who has PTSD. That's a fact and the fact that could be drawn from that is that there was a trauma somewhere in that person's life because of the PTSD."

In other words, because you have bad dreams of an accident and some associated symptoms that proves that an accident occurred to you.

Whitfield's argument is about as good as the following: A man is found dead with a bruise on the side of his head. We can say that this is an event which might indicate a murder. It could also indicate that the individual stumbled and fell sideways, banged his head and unfortunately suffered sufficient trauma to his brain to experience a cerebral hemorrhage and to die from it, or he might have fallen and been bruised while dying from a coronary thrombosis or one of the many other possible causes.

Whitfield assumes that if his patient has what he takes to be the symptoms of PTSD that proves there was a trauma. But the symptoms such as anxiety, bad dreams, low spirits and brooding thoughts could be due to some other cause than trauma. They might result from a depressive illness following a viral infection which is not a psychological trauma, but an organic (chemical) change in the body, or cells of the body.

His argument is circular. Because he thinks he knows the consequence, he asserts a particular cause. But for that diagnosis to be correct, the cause must come first and the symptoms must follow it. Whitfield does not establish this. He alleges the presence of what he thinks he should find, notwithstanding the fact that the symptoms of PTSD are frequently not unique

to that state, not totally reliable. He sees something brown with four legs and claims it must be a brown cow because he is interested in brown cows, and it does not matter if it is big enough to be a moose, or small enough to be a rabbit.

I have seen the same dangerous folly put forward in a trial on two successive occasions. First, a counselling psychologist administered a test for PTSD which depended on a series of four sets of criteria. This test was the Clinician Administered Post Traumatic Stress Disorder Scale of CAPS. The first criterion had to be a traumatic event. Alleged recovered memories of abuse were taken by the psychologist to satisfy the first criterion. She assumed the truthfulness of the allegations because the patient was distressed and brooding. Fortunately, she was prevented by the court from using her evidence to draw a direct conclusion about the cause.

In the second case, a child psychologist serving as an expert witness argued that memories "recovered" seven years ago were stressful when "recovered." Interestingly this idea implies that recovered memory treatment makes people worse, but that was not dwelt upon. It was assumed that the "memories" being produced were accurate and that facing their cause made the patient worse. As well, it was presented in such a way as to support the belief that there was a childhood trauma taking effect after 27 years. Again, symptoms were taken to prove the hypothesis, although the test required that in a true case a known trauma should be identified close in time to the first symptoms. Like putting the cart before the horse, so the argument put the pain before the wound (an unusually rare occurrence). Incidentally, the accused in both trials were acquitted by their juries.

### Diagnostic criteria for 309.81 Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,

(2) the person's response involved intense fear, helplessness, or horror.

Note: in Children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

(2) recurrent distressing dreams of the event. Note: In children there may be frightening dreams without recognizable content.

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) efforts to avoid thoughts, feelings or conversations associated with the trauma

(2) efforts to avoid activities, places, or people that arouse recollections of the trauma

(3) inability to recall an important aspect of the trauma

(4) markedly diminished interest or participation in significant activities

(5) feeling of detachment or estrangement from others

(6) restricted range of affect (e.g. unable to have loving feelings)

(7) sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

(1) difficulty falling or staying asleep

(2) irritability or outbursts of anger

(3) difficulty concentrating

(4) hypervigilance

(5) exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B,C, and D) is more than 1 month.

F. the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

pages 427-429 *Diagnostic and Statistical manual of Mental Disorders - Fourth Edition*, American Psychiatric Association, 1994

Reference Whitfield, C. Talk presented at Fourth Annual Conference on Advances in Treating Survivors of Abuse and Trauma, Philadelphia, PA, December 7-10, 1995. Tape #H2568A, available from InfoMedia, 12800 Garden Grove Blvd, Suite F, Garden Grove, CA 92643.

## FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodologic limits. It is particularly important to understand what conclusions can and cannot legitimately be drawn from these studies on the basis of the data presented. As a result, we periodically present analyses of recent well-known studies, prepared with help from members of our Scientific Advisory Committee.

\* \* \* \*

In both the scientific and popular debates about the issues of childhood sexual abuse and "recovered memory," we often hear mention of various studies of the characteristics of abuse victims. For example, the October 1995 issue of *Scientific American* mentions two recent studies which found that one region of the brain, the left hippocampus, was smaller in victims of childhood sexual abuse than in comparison subjects. Does this mean that childhood sexual abuse leaves a measurable "mark" on the brain?

There is something elegant and satisfying about a study that exhibits a visible, measurable effect, such as a difference in brain structure as determined by sophisticated imaging techniques. But we must not allow the "high tech" aspects of such studies to distract us from a careful examination of possible methodological weaknesses. One common weakness is the failure to use a properly matched comparison group. In particular, the subjects in the comparison group must be chosen so that they exhibit the same levels of psychiatric symptoms as the patients in the sexual abuse group, except for the fact that the comparison subjects were not victims of a sexual abuse. If we fail to match in this manner, and instead use psychiatrically normal comparison subjects, then the abuse victims will of course differ from the comparison subjects in countless ways. But these differences may be simply nonspecific phenomena associated with overall psychiatric illness, and may have nothing to do with having been traumatized at all. Therefore, if we attributed our findings to the effects of abuse, we would be in error.

To illustrate this problem, suppose that we were to go back many decades, to the era when it was widely believed that excessive masturbation could cause mental problems, perhaps even insanity. We find a practitioner of that day, and ask him to give us a sample of 20 of his patients whom he has diagnosed as suffering from masturbation-induced mental illness. He provides us with 20 individuals, many of whom display quite severe depression, anxiety, and other

symptoms. We then recruit a comparison group of 20 age- and sex-matched individuals who show no evidence of mental disorders. We move our two groups forward to modern times, and compare them using sophisticated measurement techniques. We will probably find numerous statistically significant differences. For example, the patients with "masturbation-induced illness" will likely show higher scores on measures of dissociation; they will probably show neuroendocrine abnormalities such as higher cortisol levels; they may even have smaller hippocampi. Can we now conclude that masturbation leaves a scar on the central nervous system? Clearly, this would not be logical. We have merely shown that a group of people selected because they were ill differ from a group of people selected because they were well. We cannot logically extrapolate from this observation to say that masturbation caused the abnormalities which we have observed.

By analogy, it appears that most present studies of victims of childhood sexual abuse, even those using technologically advanced measurement techniques, have only demonstrated that people with psychiatric illness show more abnormalities than people without psychiatric illness. Whether childhood sexual abuse or other traumas actually cause any of these abnormalities remains unclear.

There do exist methodologic strategies by which one could address the question of whether childhood sexual abuse causes effects on the brain. For example, one could do a community survey of several hundred random subjects, then select those

who reported a history of childhood sexual abuse, regardless of whether they displayed any current psychopathology. Then one would obtain a matched control group from the same community sample, comprised of individuals who reported similar rates of psychiatric disorder in their family trees and similar rates of adverse experiences in their childhood, but who had never been sexually abused. One could then compare these two groups on all manner of measures; if the group with childhood sexual abuse displayed a given finding significantly more often than the otherwise matched control group, then - and only then - would we have compelling evidence that childhood sexual abuse leads to a measurable abnormality later on in adulthood.

If this sounds like a difficult and expensive study, it is. But only with a rigorous scientific design like this would it be possible to state with reasonable confidence that childhood sexual abuse produces lasting abnormalities. Pending studies with such scrupulous methodology, we must remain very skeptical of any statements we hear about the long-term effects of sexual abuse.

### ARTICLES RECENTLY ADDED TO FMSF BIBLIOGRAPHY

142 \$3.00 Rabinowitz, D. "Wenatchee, A true story \_ I, II, III", and "Verdict in Wenatchee." *Wall Street Journal*.

353 \$4.00 Brenneis, C.B. "Belief & suggestion in the recovery of memories of csa." *J of Am Psychoanalytic Assoc.*, 1994. *Offers 2 contrasting paradigms, suggestion and belief, to account for the processes by which fully repressed memories are recovered and discusses clinical implications for each.*

655 \$2.00 Nalder, E. "False memories." *The Seattle Times*, Nov. 1995. *The story of Laura Deck's treatment, accusations, retraction and lawsuit against her therapist.*

752 \$4.00 Brenneis, C.B. "Can early childhood trauma be reconstructed from dreams?" *Psychoanalytic Psychology*, 1994. *A critical review of the concept of traumatic dreams, the relation between dream content and trauma, and the use of dreams to reconstruct trauma.*

## A SPECIAL DELIVERY OF SOME FOOD FOR THOUGHT

August Piper Jr., M.D.

It was late at night. I was sitting around wondering what to write for the Newsletter, when all of a sudden, the clatter of little reindeer feet rang on the roof. A bustling down the chimney, and who should appear but jolly ol' St. Nick! He started to reach into his sack of goodies. "Oh boy," I thought, "Here's my reward for being good this year." He pulled out an envelope. "What's this—a big check?" I asked Santa. But he spoke not a word. Then, laying a finger aside his nose, and giving a nod, up the chimney he rose.

The envelope contained not a check at all, but rather a gift from a reader in Canada—a letter answering the question of what to write for this column. Here's the letter, only slightly edited:

If I remember correctly, some time ago you were soliciting topics for your column from the readers of the Newsletter. Here is a handful of ideas:

1. In the vast coverage of FMS-related topics, one group's voices are rarely heard. These are the people who had unwanted but remembered sexual experiences in their adolescence or childhood. Their voices are heard neither in support of the memory-recovery movement, nor of the false-memory movement. Where are these people? If I were in their shoes, I would be very angry with the "survivors" movement and I would speak up. I am quite puzzled by their silence. Do they consider their experience insignificant? Or do they just not want to be bothered?
2. To uncover the fictitious events from their clients' pasts, "recovered-memory" therapists must create pornographic scenes from those peoples' histories. Most of these scenes satisfy criteria for hard-core child pornography. My question, therefore: are some or all trauma-focused therapists sexual deviants or psychologically disturbed individuals? How otherwise to explain the production of this fantastic smut?
3. It is in the interest of patients to be rid of their therapy-induced delusions, to resume normal lives, and to reunite with their families. On the other hand, it is in the interest of therapists to keep their patients trapped in their delusional worlds forever. Why? Because therapists are aware of the lawsuits launched and won by retractors. These practitioners are thus inevitably afraid that patients who recover from their delusions may bring suit for malpractice. Rather than honestly admitting having made a grave mistake, the practitioners shield themselves from any information (such as facts about their patients' actual histories), and avoid any action, that might jeopardize their careers. These behaviors clearly occur at patients' expense.
4. Finally, the "recovered-memory" debate is

often presented as "polarized." This statement is so often repeated that it is accepted as undeniable—but it is not so. A continuum of opinions and beliefs exists in both professional and lay circles. One end of the spectrum is represented by those who think that "robust repression" does not exist. On the other end are those who perceive such repression as lurking behind every psychological phenomenon. Then, there are those in between who want to straddle both extremes.

The irony of this situation is that although the opinions are, in reality, not polarized, they should be. Either the human mind has the strange ability to completely and selectively repress repeated traumatic events of a sexual nature and recover them decades later in minute detail, or it does not have this ability. Either the intrusive and coercive techniques used by trauma-search therapists can accurately access life histories previously unknown to the patient, or these procedures are prone to create pseudomemories. Either the earth is flat or it is round. The truth cannot be somewhere in the middle.

\* \* \*

Although responding to a letter that is so well written, and that contains such hard-hitting comments, is difficult, I will try. It goes without saying that readers' thoughts may well be more helpful, or more interesting, than those that follow.

1. This is an interesting question: the answer to it is unclear to me, also. Readers: what do you think?

2. Some years ago, I was asking another psychiatrist how recovered-memory therapists could possibly treat patients the way they do. My colleague's response: "August, these people are just different from you and me."

3. "Who rides the tiger is afraid to dismount." This Chinese proverb neatly captures the dilemma facing these trauma-focused therapists. Nevertheless, one or two are beginning to jump off the tiger's back. For example, several weeks ago, the incoming president of the International Society for the Study of Dissociation publicly acknowledged that some of her colleagues may have indulged in a few excesses in their efforts to help patients. One leading multiple personality disorder theorist has conceded that the official diagnostic criteria for the condition are far too lax. And finally, evidence is accumulating that some trauma-search practitioners, for whatever reasons, are changing their practice techniques: no more hours-long "abreactive" sessions, for instance.

4. A theory is available to explain why advocates for "our side" are reluctant to state, boldly, definitively, and in capital letters, that robust repression is bunkum. This reluctance grows out of a desire to respect a fundamental principle of logic. The theory is as follows:

The "other side" is asserting the existence of a something: namely, robust repression. Refuting such a claim requires asserting the nonexistence of that something: "robust repression does not exist." But according to the rule of logic, any such assertion forever totters on weak and

spindly legs, forever vulnerable to even a child's effort that could send it crashing headlong to the ground. The child would only need to demonstrate even one example, anywhere in the universe and at any time, of the something: a single example of robust repression. Thus, the logical principle is that solidly proving a negative assertion is impossible.

However, an assertion that stands on considerably stronger legs has appeared. An example of such an assertion is provided by Pope and Hudson, in the January 1995 issue of *Psychological Medicine*. These writers make clear that if reasonable criteria for robust repression are established, not even one well-documented example of the phenomenon can be found anywhere in the published literature.

In other words, at this time, one is no more justified in believing in robust repression than one is believing in jolly ol' St. Nick!

August Piper, M.D. is in private practice in Seattle, Washington and is currently writing a book on multiple personality disorder. He is a member of the FMSF Scientific and Professional Advisory Board.

## BOOK REVIEW

*Satan's Silence: Ritual Abuse and the Making of a Modern American Witch Hunt* by Debbie Nathan and Michael Snedeker, Basic Books, 1995.

Reviewer: Jeffrey S. Victor, Ph.D.

This book is an exceptional piece of investigative journalism, which reads like a scientific detective story. The "crime" under investigation is that of false accusations of ritual child abuse against child-care workers, mostly women, many of whom were imprisoned. The book is a powerful and passionate indictment of the malicious mischief of child therapists, prosecutors and medical doctors, carried away by moral zealotry. It is such fascinating reading, that I found it difficult to put down the book. I was anxious to learn who did what, how they did it and why.

Debbie Nathan is an award-winning journalist and Michael Snedeker is a lawyer who defended several people accused of ritual abuse. The authors offer a definite point-of-view, but one based upon solid scientific reasoning and extensive documentation. The authors' sources included interviews with some of the principal characters, transcripts and videotapes of therapists questioning children, testimony and depositions from trials, besides abundant references to scientific research.

The authors' familiarity with a broad range of scientific research from child psychology to the social psychology of conformity pressure is evident in their ability to critically evaluate the faulty research and theorizing, which was used to support claims about ritual child abuse. Their criticism of these pseudo-scientific psychological and medical studies is better than is usually done by professional specialists.

This book is very useful for both parents and professionals concerned about false accusations of sexual child abuse. It is informative and interesting reading for parents, well worth the purchase price. Behavioral scientists and therapists will find that many insights offered in the book

will deepen their understanding of the similar social dynamics which produce false accusations from two seemingly dissimilar sources: children questioned by child protection workers, and adults questioned by psychotherapists.

The similarity is easier to grasp once we realize that accounts voiced by adult psychotherapy patients about events in the distant past and those voiced by children about events in the recent past are both accounts regarded as memories. (Ultimately, both are mistaken beliefs cognitively processed as memories.) The authors emphasize the social dynamics of conformity pressures which lead people, adults as well as children, to internalize false beliefs about recalled events. The conformity pressures to internalize false recall of sexual abuse existed between groups of fearful parents, between children's friendship groups, and between children and their professional questioners. Thus, the children being questioned by child therapists and police were exposed to powerful conformity pressures, both inside interrogation sessions and outside in their social network.

The authors make crystal clear that false accusations of sexual abuse originated in the preconceived suspicions of parents and child protection workers, rather than in the minds of children. They provide abundant evidence from interrogation sessions of highly suggestive questioning and even coercive manipulation used by child protection workers and police to get children to give accounts of sexual abuse, in order to confirm their preconceptions. The authors show how these preconceptions led child therapists and medical doctors to distort findings from their newly developed, but highly flawed psychological and medical tools of investigating sexual child abuse. Over-confident in their judgment, lacking in self-doubt and carried away by moral outrage, these people helped to convict innocent child care workers and parents.

The book also provides detailed information about the prime movers and organizations which promoted the moral panic over child sexual abuse and the major historical events which created that moral panic. The authors do an excellent job of tracing how exaggerated claims about the extent of child sexual abuse was influenced by political manipulations of federal and state governments and by economic interests. This needs to be more widely recognized. For example, the authors demonstrate how an implicit alliance between some feminists, political conservatives and religious fundamentalists helped to provide the money needed to fuel the organizations searching for satanic child molesters in child-care centers and in supposed group sex abuse rings. (The authors make an important distinction between these feminists whose thinking focuses upon male-female psychological differences and other feminists, who focus upon socioeconomic forces in society.)

The authors comment briefly about the FMS Foundation. Their most important observation is that: "the FMS debate, by legitimizing skepticism about ritual abuse, is inspiring a second look at the early children's cases (p. 239)". However, some members of the FMS Foundation may be offended by a few of the authors' other comments. For example, the authors accuse the Foundation of being unduly influenced by a few anti-cult activists (members of the anti-cult American Family Foundation) on the Professional Advisory Board, in accepting the analogy between



"cult brainwashing" and psychotherapy. I, for one, never accepted this misfitting analogy; and don't feel much influenced by those who make it. I also don't believe that anti-cult activists have had much influence on the research and scholarly writings of professionals in the FMS Foundation. The conformity pressures outlined by Nathan and Snedeker in this book are more consistent with scholarly thinking, than are any "pop" psychology notions about "brainwashing" by psychotherapists.

I am sure that many professionals in the FMS Foundation are aware of the similar social dynamics between false accusations of ritual child abuse voiced by adults in psychotherapy and those voiced by groups of children, in cases of community rumor-panics. Contributions to the FMS Newsletter provide evidence of this concern, as does the work of several members of the Professional Advisory Board. However, members of the FMS Foundation have preferred not to scatter their scarce resources and diffuse the focus of their effort, by taking on this related civil liberties issue. Perhaps it is now time to rethink this matter.

The major criticism I have of this book concerns its title. "Satan's Silence" is a very unfortunate choice of a title. The title will discourage many people from picking up the book and looking through it, for possible purchase. The subtitle is much better. This book offers an expose of a modern American witch hunt, with amazing parallels to what occurred in Salem, when children falsely accused adults of horrendous crimes and were believed by prominent authorities.

*Jeffrey Victor, Ph.D., professor of sociology at Jamestown Community College, is a member of the FMSF Advisory Board and the author of Satanic Panic: Creation of a Contemporary Legend.*

Dear Mom,

This is the most difficult letter I have ever had to write. Many questions have arisen regarding my childhood. Your truth and honesty, as painful as it might be, will save me many hours of therapy.

- (1) Was I sexually abused?
- (2) Who was my abuser?
- (3) Who knew I was being abused?
- (4) During what years of my life did the abuse take place?
- (5) To what extent was my abuse:
  - a) very severe
  - b) severe
  - c) least severe
  - d) all of the above

Please direct your response to these difficult questions to my therapist via telephone, overnight mail or a personal visit with me in his office prior to your surgery. I want to deal with this immediately so that we both can start the healing process.

After reading *The Wounded Heart*, I feel that honesty and forgiveness will be major part of our healing.

Love, Your daughter.

*(Daughter later said she followed therapist form letter.)*

## FLAWS OF MEMORY AND FALSE JEWELS

Michael Simpson, M.D.

A recent book in the area of memory is written jointly by a lawyer and a therapist: Goulding & Schwartz's: *The Mosaic Mind*. The authors give a supposedly even-handed discussion of FMS and memory (especially pp 44-45). "Those who take the 'false memory syndrome' position claim that repression over many years of repeated episodes of abuse is not possible..." I have seen no one argue that it is impossible, but that total repression (leaving no memory of such events) followed by detailed and reliable recall is, rather, incredible: unsupported by convincing research, and contradicted by scientific knowledge of the nature of memory. They state that: "The 'false memory syndrome' crusade sometimes offers unsupported assertions that memory recall is nothing more than a fad..." It is far from clear what sort of support they expect for the assertion that a phenomenon that behaves exactly like a fad (and has less intellectual support than the hula hoop or the pet rock), and whose supporters behave exactly like faddists, is a fad. The sarcasm in the tone of this section betrays a bias against FMS which it purports not to have. They express great sympathy for Davis & Bass in the face of lawsuits, but make no mention of the more numerous and serious trials based on unsupported memory evidence which have led to people spending years in prison, and which are now beginning to be overturned.

They assert that: "The false memory group also contends (without documenting evidence) that there are legions of therapists around the country who are jumping to the abuse conclusion as soon as a client mentions certain symptom patterns." But they do not quote any of the books or articles which have been published which contain such documentation. They portray the FMS group as working within a conspiracy theory: "They insinuate that there are large numbers of therapists making great sums of money or otherwise profiting by pushing their clients toward victimhood..." Again, documentation of these concerns is ignored. Then they say, in skewed contrast, "On the other side are the therapists who work with abused clients": as if all therapists who work with abused clients agree with the Recovered Memory group, and as if no one associated with the FMSF position ever works with people who have suffered abuse.

However, they are far more fair in other sections. They do admit (p 46) that "the extreme positions from this camp include dismissing concerns regarding the influence of therapist suggestion by contending that clients could never construct elaborate mental images based merely on hints from a therapist. This, despite the fact that decades of research... reveal almost identical problems. Some 'believers' escalate the extreme sides of the polarization by encouraging clients to confront or even sue family members based only on vague recovered memories with little corroboration, and by paying little attention to the consequences of such a suit." They comment: "For example, we believe that the false memory crusade has been helpful in its forcing therapists to be aware of undue influence they may bring to the therapy session" and they cite with respect the research of Elizabeth Loftus. They add: "But victim advocates who hug the extreme end of their position feel that admitting that the

FMS camp's work has resulted in anything positive would constitute a betrayal of their position." They continue: "It may be that the false memory movement is part of another cultural backlash and that some are using it to suppress news of abuse. Yet there are people and positions associated with the movement that have validity and need to be addressed by those who help survivors. Similarly, there are too many therapists who lead clients to abuse conclusions. Yet there are far more who do not and whose clients are retrieving powerful memories that have been dissociated. The false memory people are wrong to discount all delayed memories because some may be false."

They give some sound advice, for instance, to delay acting on "delayed memories," saying at p 50, that "clients should be encouraged to not immediately bring the accusations out of therapy and into the client's external world. The decision to confront, to sue, or to cut off relations with one's family need not be made quickly." In the recent Dutch literature, Ono van der Hart and colleagues (1995) have been earnestly promoting the status of "recovered memories" and of traumatic memories as a special phenomenon, claiming, mistakenly, that studies of Holocaust, World War II, and torture victims, (which are misquoted) had shown similar phenomena, when these have never been described. Jansen & Merckelbach (1994) surveyed how therapists construe False Memories. Wagenaar (1995) published a significant rebuttal to van der Hart, with the significant title: "The therapist cannot and must not determine the truth."

This reminded me of the artist Salvador Dali, (in *The Secret Life of Salvador Dali*, 1948) who wrote: "The difference between false memories and true ones is the same as for jewels: it is always the false ones that look the most real, the most brilliant."

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### CORRECTION CORRECTION

Mary Shanley's suit against the doctors has not been settled and litigation continues. (Erroneously reported in the January 96 Newsletter, page 4.)

## LEGAL CORNER

FMSF Staff

### THIRD-PARTY LAWSUIT SETTLED IN PENNSYLVANIA

A third-party lawsuit that the Foundation has been tracking since it was filed in November 1992 has been settled. The insurance companies of the defendant health care workers offered to award a settlement to the third-party plaintiffs prior to the issuance of a court ruling on the parents' third-party standing. Following a lengthy settlement conference, the parents accepted a cash settlement. However, a customary confidentiality agreement prohibits them from releasing information about the amount of the settlement or the names of the parties, two health care workers and their employer.

This insurance settlement on the parents was the culmination of more than five years of litigation that began with their daughter filing a civil lawsuit against them in 1990. In the first suit, both parents were accused of sexually and satanic ritually abusing their daughter from the time she was an infant until she was 19 years old. Their daughter's suit, which was based entirely on images recovered in therapy and had no corroboration, was dismissed with prejudice (meaning that she can't file another suit against them on these charges) four and one half years later. The parents strenuously denied the charges. Their daughter has not retracted her allegations. At least thirteen different law firms were involved at one point or another in the various legal aspects of the two suits, as well as two different county Courts of Common Pleas, the State Supreme Court and two different federal courts. Six insurance companies were also involved in the various litigations and in dealing with the complex issues of responsibility in defending these kinds of cases. Ultimately, the largest portion of the cost was borne by the parents in defending themselves against what they strongly assert are false accusations and in pursuing the lawsuit against the health care workers and their employer. The parents reported that the settlement award will more than defray those costs.

The third-party suit that was filed in Montgomery County included the following counts: Professional Negligence-Malpractice; Negligence; Intentional infliction of emotional distress; Negligent infliction of emotional distress; Loss of society, companionship and consortium; Defamation, libel and slander; Wrongful use of civil proceedings; and Invasion of Privacy.

In discussing their experience with the judicial process, the family felt that they were fortunate in that they had uncompromising support from their son, all other family members, friends and colleagues. They mentioned their extensive use of the Foundation bibliography and legal resources. "We educated ourselves, and tried to help our attorneys understand the scientific and therapy issues in what was a novel area of law for them. We defended the suit against us and pursued our third-party suit vigorously. We feel vindicated by the settlement, but there are no winners here. Our family and our lives will never be the same. . . Suing isn't for everyone. It was the right choice for us."

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**IOWA SUPREME COURT RULES INDIVIDUAL  
"RECOVERED MEMORIES" DO NOT  
CREATE MULTIPLE CAUSES OF ACTION**

Each time a new "repressed memory" is "recovered", is a new cause of action created for a Plaintiff? Does discovery of each new so-called recollection restart the statute of limitations, so that a suit may be brought for each and every new "recovered repressed memory"? This was the issue before the Iowa Supreme Court in Woodroffe v. Hansenclever 1995 Iowa Sup. LEXIS 241 (Iowa Supreme Ct., Nov. 22, 1995).

The Iowa statute of limitations for sexual abuse claims, Iowa Code section 614.8A (1991), provides a Plaintiff "four years from the time of discovery by the injured party of both the injury and the causal relationship between the injury and the sexual abuse".

Woodroffe's claim was based on newly recollected memories of sexual abuse from ages 1-13 by her uncle. Her suit was filed when she was over the age of 40, in November 1992. A notation in therapy records from March of 1985, seven years prior to filing, indicated that Woodroffe had a general recollection of the abuse at that time. The therapist noted that Woodroffe had suppressed most of her reactions to the abuse until seeing a T.V. program a few months earlier. Woodroffe agrees that the notation referred to her uncle but discounts its importance, arguing that she was only vaguely aware of the abuse at that time. She states that it was not until four years later, beginning in November of 1989, that she began to have a series of detailed recollections of specific acts of abuse. She states that she has only recalled the worst incidents recently and was only able to relate "some of the causal relationships between a specific psychological problem and the childhood sexual abuse" beginning in December 1989. Woodroffe therefore argues that the limitations period should not begin to run until she has recalled all of the abuse. Or, she argues, at the very least, she should be permitted to bring an action based on incidents that have only recently been recalled within the limitations period. Woodroffe also argues that requiring her to file based only upon her earliest recollection, would deprive her of full and adequate compensation for her injuries because she did not yet know the full extent of her injuries.

Defendant Hansenclever characterized this proposed extension of the statute of limitations as arguing in favor of a "rolling statute of limitations" where each time Plaintiff recalls something new, the "clock" would be reset and the Plaintiff would have additional time to bring another lawsuit.

The trial court had ruled that to adopt Plaintiff's theory would render the statute of limitations meaningless. It noted that in many personal injury cases, the statute of limitations period begins to run before the full specifics of negligence and the full depth of injuries are known. Iowa case law cited by the court determined that the statute begins to run when the person gains knowledge sufficient to put him on inquiry notice. Once a person is aware a problem exists, he has a duty to investigate even though he may not have exact knowledge of the nature of the problem that caused the injury. Duty to investigate does not depend on exact knowl-

edge of the nature of the problem that caused the injury. It is sufficient that the person be aware that a problem existed.

Plaintiff appealed the trial court's summary judgment on the claim for sexual abuse and a dismissal on the claims of assault and intentional infliction of emotional distress. The Iowa Supreme Court concluded that the trial court had been correct in applying the principles of the case law described above to cases where "the plaintiff is asserting multiple causes of action against a defendant based on memory surfacing sporadically after many years." The Iowa Supreme Court therefore affirmed the summary judgment on the claims of sexual abuse and dismissal of the remaining claims as well.

Editor's Note: Similar issue has been raised in other courts in the past as well. Those decisions include: Bowser v. Guttendorf 373 Pa. Super. 402 (Superior Ct., Penn., 1988); Byrne v. Bercker 176 Wis.2d 1037 (Wisc., 1993); Doe v. Maskell Circuit Ct., Baltimore City, Maryland, Case No. 94236030, 1995; Doe v. Roman Catholic Diocese, 862 S.W.2d 338 (Mo., 1993); Pritzlaff v. Archdiocese of Milwaukee N.W.2d 780 (Wis., 1995); Roe v. Doe 28 F.3d 404 (4th Cir., 1994); Vandenheuvel v. Sowell 886 S.W.2d 100 (Mo. App. Ct., 1994).

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**GEORGE FRANKLIN WILL BE RETRIED:  
CASE BASED ON REPRESSED MEMORIES OF A MURDER  
OVER 2 DECADES EARLIER**

On January 18, 1996, the San Mateo County District Attorney's office announced that they would retry George Franklin for the 1969 murder of Susan Nason. Retrial is expected sometime in March 1996. This case has attracted much attention nationally. The murder charges had originally been brought in 1984 after Franklin's daughter, Eileen Franklin-Lipsker, told police that she suspected that her father had killed her childhood friend. She claims that it was not until 20 years after the murder that she began recalling the incident. Based on her testimony, George Franklin was found guilty of first degree murder in San Mateo County Superior Court in November 1990. He was sentenced to life in prison in January 1991.

Earlier this year, U.S. District Judge Lowell Jensen ruled that Franklin must be given a new trial or released, concluding that "the risk of an unreliable outcome in this trial is unacceptable." Jensen wrote that "admissibility of the memory is but the first step; it does not establish that the memory is worthy of belief." Among his findings, Jensen ruled that the trial judge erred by refusing to permit Franklin's trial attorney, Douglas Horngrad, to introduce 1969 and 1989 news accounts of the murder. Those accounts revealed many of the details to which Franklin-Lipsker testified. "This is a tragic event which cries out for resolution," Jensen wrote, "but it cannot be resolved by a trial where violations of the Constitution have eliminated the necessary presence of fundamental fairness."

The crucial question facing prosecutors is expected to be whether a jury should trust the reliability of repressed memories enough to convict. Dr. Elizabeth Loftus commented to the *Los Angeles Times* (12/25/95) on the expected role of repressed memories in the Franklin case,

"The psychotherapy community is viciously divided on the subject [of repression] and that vicious division may play itself out in the trial. . . . We should not be dragging people through the courts on folklore." Deputy Attorney General Bruce Ortega, who argued the prosecution's case on appeal is quoted in the same article as saying, "Let's be honest, in the five years since the conviction, there is a whole lot more skepticism about repressed memory".

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**SUPREME COURT OF CANADA GIVES ACCUSED THE RIGHT TO DEMAND PRIVATE COUNSELING RECORDS**

*The Globe and Mail* by Kirk Makin, December 15, 1995

A Supreme Court of Canada ruling (Regina v. Beharrell decision not yet published, 12/14/95), refused to create a privileged class of communication for counselors comparable to solicitor-client privilege. The Supreme Court unanimously held that defendants should have access to private counseling records in certain circumstances, but their analysis was splintered when defining those circumstances.

The majority ruled that trial judges henceforth should place considerable weight on the right of an accused to a full defense when deciding on an application for records. The majority recognized that defendants are faced with a Catch-22 situation in making these applications because they cannot argue the relevance of material they have not yet perused. According to the process proposed by the majority, trial judges are to examine the counseling records to see whether they pass the hurdle of probable relevance. "A relevance threshold, at this stage, is simply a requirement to prevent the defense from engaging in 'speculative, fanciful, disruptive, unmeritorious, obstructive and time-consuming requests for production,'" wrote Justices Lamer and Sopinka for the majority. The trial judge then is to weigh: The extent to which the records are necessary to a full defense; The probative value of the material; The extent to which the victim has a reasonable expectation of privacy; Whether ordering disclosure of the material would be premised on a stereotype of bias toward rape victim; The potential prejudice to the complainant's dignity or security of the person.

In contrast, minority judges argued that the constitutional right of a victim to privacy, equality and security should be a major factor in determining whether to hand over counseling records, noting that most counseling records are of questionable relevance to the defense.

Alan Gold, one of the defense lawyers at the appeal, said counseling records can be a crucial aid in proving that a fragmented account by a vulnerable or suggestible complainant had been bolstered by overzealous counselors.

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**MURDER CHARGES BASED ON "REPPRESSED MEMORIES" ARE WITHDRAWN BY PROSECUTION;  
THIRD PARTY SUIT INITIATED**

On October 25, 1995 Massac County prosecutors dismissed first degree murder and arson charges for a woman's death in Illinois more than 28 years ago. Larry Stegman and Joe Rickman had been indicted in July 1993 for the death of

Hattie Barnes on March 2, 1967, and arson in the intentional burning of a farmhouse to dispose of her body. Criminal charges were filed based on claims by Stegman's daughter Connie Sievek that she had recently uncovered repressed memories of the murder and her father's role in it. Sievek was 3 years old at the time when remains believed to be those of Barnes were found in the ashes of a rural home. Sievek described detailed "recovered memories" of the rape, murder, dismemberment and hiding of a woman in the kitchen and back yard of her childhood home.

Charges were withdrawn following a series of events beginning with a February 1995 ruling by Judge Terry Foster that repressed memories recalled after the first date Sievek saw a hypnotherapist could not be used at trial. After ruling that hypnosis had tainted Sievek's memory, the court was required to make a determination of what had, and what had not been tainted, and to what degree. At this time, a motion was filed requesting a pre-trial evidentiary hearing to determine the reliability of repressed memories. The case was dismissed prior to the court actually ruling on this motion.

Whether Sievek had been hypnotized and if so whether her "memories" were admissible was one of the first questions raised by the defense. Mr. Stegman's defense attorney, Paul Henry of Metropolis, Illinois provided the information for this report.

On December 13, 1993, Henry filed a motion for psychological examination of Ms. Sievek and production of her complete mental health records. According to Sievek's parents, Sievek had a long history of mental illness. There was suggestion in the grand jury proceedings and statements that hypnosis and questionable therapeutic techniques may have been employed to induce and enhance Ms. Sievek's memories. The prosecutor vehemently denied the use of hypnosis and staunchly resisted production of Ms. Sievek's medical and psychological records. With reluctance, the Court ordered production of the records relating to Ms. Sievek's treatment. The forced disgorgement of these records on March 18, 1994, led to profound revelations. Sievek's medical records verified that Sievek had been hypnotized although the state at first denied it.

In December 1992, Ms. Sievek began therapeutic counseling sessions with psychotherapist Sylvia Dickey Smith. Both patient and practitioner agree that prior to entering therapy, Sievek had no recollections of the alleged murder scene. The therapy records of psychotherapist Smith were compiled from memory. No audio or video recordings of the sessions were made. There was no log of handwritten notes or memoranda made during the actual sessions. Techniques such as progressive relaxation, thought sequencing and imaging techniques were employed.

The notes of Ms. Smith reveal that on Jan. 26, 1993, during the first attempt to hypnotize Ms. Sievek, Sievek was "relaxed and cooperative but received only a light trance." The hypnotist, Dr. Armando Martinez, indicated that to be "successful" would take a long time. Records indicate that at least two of the several hypnotic sessions were videotaped. One of these videotaped, sessions took place the day immediately before the Massac County prosecutor and Metropolis chief of police arrived to interview Sievek. Therapist Smith and hypnotherapist Martinez were

also present at this interview. Inexplicably all videotapes of all hypnotic sessions were somehow accidentally erased.

Therapist notes reveal that just one month prior to the Grand Jury indictment, therapist Smith, while on vacation, met Ms. Sievek's older sister, Jennifer Striven. The evidence clearly established that Connie and Jennifer discussed the matter in detail.

The therapist's records, as poor as they were, contradicted the prosecutor's statements that hypnosis and other suspect techniques had not been employed to induce or enhance Ms. Sievek's memories. The Court, therefore, granted a hearing on the issue of hypnotic taint based on controlling Illinois precedent of Zayas. At the hearing in October and November of 1993 therapist Smith insisted that she had refrained from influencing her patient's recall. She denied hypnosis had occurred despite clear statements to the contrary in her notes. Dr. Armando Martinez testified that he employed hypnotic techniques nine times. The prosecutor expressed profound surprise that Martinez had conducted so many sessions. The Court ruled that hypnosis had been employed to enhance memory and barred any testimony which could not be established as existing before hypnotherapy began.

In January, 1995, additional motions were filed challenging the competency of Connie and her sister, Jennifer, to testify regarding any occurrence taking place when they were three or four years old. Attorney Henry notes that if an infant is incompetent how can an adult testify to the alleged memories of an infant? More significantly, a motion was filed to determine admissibility of testimony derived from repressed memory. The purpose was to force the court to rule on the scientific reliability of the repressed memory process under Frye and the more recent standards articulated in Daubert. In May, 1995, supplements to this motion was filed based on the thoughts of the Hungerford court. Just prior to an expected favorable ruling on this motion, the State entered a *not prose* on October 25, 1995 and the case was dismissed against both defendants.

Attorney Henry wrote that, "there are rational and reasonable explanations for the hysterical recollections of the girls but what realm does reason rule when fear and ignorance usurp control? The assault on the citadel will continue and the cost of defense is dear."

In a related action, filed in summer 1995, Mr. Stegman has filed a suit against his daughters Connie Sievek and Jennifer Strivens, as well as Sievek's psychotherapist, Sylvia Dicky Smith, and hypnotherapist, Dr. Armando Martinez. The complaint contends that Stegman's two daughters intentionally "designed and fabricated an elaborate conspiracy" to inflict economic ruin and emotional distress upon their father. The complaint also contends that in working with Sievek, Smith and Martinez alleged that Stegman was guilty of the crimes, and "purposely pursued his prosecution in order to gain fame, notoriety and fortune." The lawsuit alleges that Smith and Martinez should have known that they were pursuing an unsound course of treatment, which "created a substantial likelihood of generating false and fictitious results and memories". The lawsuit also alleges that Smith and Martinez did not warn patients that the therapy plan was not based on accepted scientific principles, that it was unproven, and that it could create "inaccurate and false

perceptions". Henry is quoted (*The Southern Illinoian*, 10/27/95) as saying that the lawsuit is "intended to explore more thoroughly this question of verifiability of repressed memory, and get some restitution for the severe financial strain" that Stegman suffered.

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**ASSISTANT DA FOUND INNOCENT OF MOLESTATION  
WOMAN CLAIMED MEMORY SURFACED OF INCIDENT  
MORE THAN 20 YEARS AGO**

*The Monitor*, Texas, by Juan Antonio Ramos 12/2/95

A district court jury in Hidalgo County, Texas ruled against a San Antonio woman who had accused Assistant District Attorney Omar Jaime Garza of sexually molesting her as a child. Reagan Acker Centeno, 29, filed a \$5 million lawsuit on April 13, 1994, accusing Garza of sexual assault when she was 4 years old and Garza was about 13 years old. Centeno claims she repressed memories of the events until April 14, 1992 when she experienced her first memory flashback while she was dressing her 4-year-old son.

The jury verdict on 12/1/95 came after 4 days of trial testimony. Dr. Kit Harrison, a psychologist, testified that there is no such thing as Repressed Memory Syndrome and that professionals are not entitled to diagnose that syndrome. Defense attorney William McCarthy said in closing arguments that memory was the most important issue in court, and several factors, including marijuana use, affected Centeno's memory.

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**MEMORIES OF ABUSE NOT ENOUGH TO CONVICT IN  
REPPRESSED MEMORY CASE**

*The London Free Press*, by Rory Leishman, 11/9/95

On 11/7/95, a London, Ontario Canada jury found an accused father not guilty of any of the counts of sexual abuse against him. Justice Dougald McDermid had repeatedly advised the jury to, "use your common sense."

The complainant testified that when she was about 24, she began to recover clear memories of having been sexually abused by her father between the ages of one and 16. She recalled that the assaults, including a rape at age 12, occurred two, three and sometimes four times a week.

Most attacks allegedly took place in the family home, but the girl's mother and other family members testified that they knew nothing about the attacks. The only independent evidence to support the complainant's memory was provided by psychologist, Louise Sas, who testified that child sexual abuse gives rise to the kind of anxiety attacks, flashbacks and other symptoms complainant displayed.

Sas also testified that client records had been destroyed for space reasons. The defense bid to stay the charges because some of the woman's counseling records had been destroyed and because research indicated the possibility that false memories of abuse may be triggered by questions asked during therapy. Justice McDermid ruled that the defense had not shown that those missing records were relevant to the trial or that the defendant would be denied a fair trial.

*When bad men combine, the good must associate;  
else they will fall one by one, an unpitied sacrifice in  
a contemptible struggle.*

**Edmund Burke**

## 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 and a half years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 17,000 have reported similar experiences. Together we have made a difference. How did this happen?*

**Florida** - You can make a difference even though your state legislature is not in session. This is a time to educate legislators and their aides about the FMS tragedy.

A contingent of five Florida Friends of FMS members and two sympathetic attorneys went to the state capitol in December before the opening 1996 session. The families were novices. Here are some things they accomplished.

In a meeting with the chairman of the Senate HRS Committee, two families told their stories. An attorney discussed state laws that make it difficult to defend falsely accused parents. The senator had been totally unaware of the FMS problem.

Although we were not on the agenda of the HRS Committee, the chairman introduced us to the committee and arranged for our packets to be distributed to members.

A family member had arranged for FMS to be on the agenda of the House Insurance Committee in which two attorneys testified.

The family members met personally with various legislators and their aides with whom the families had previously communicated by letter or phone. A senator on the HRS Committee invited the families and attorneys to testify at a public hearing to be held in January.

Learn your way around your state capitol during committee meetings and hearings. You'll find your legislators are sympathetic and they will remember you if you need to contact them during the session.

**Maine** - Lately I've been doing something that FMSF readers might also find effective: I've gone right into the operating bowels of the criminal jury trials... four of them in the last five weeks, involving false allegations and/or induced belief systems not grounded in reality. I've simply watched the papers for notice of trial; have called attorneys to get the details...then gone right into the venue of the trial itself. I've had a chance to talk with expert witnesses, prosecutors, counselors and some witness advocates - many of whom seemed never to have had anyone look them in the eye and offer challenge. I've had in-depth conversations with three circuit judges and spoke to the state Attorney General and have started an ongoing dialogue with three excellent defense attorneys who had been functioning in isolation.

**New York** - As a clinical social work psychotherapist and Mother of an accusing daughter, I have long felt the need

for change in social work training and practice as it applies to False Memory Syndrome. Through my contacts at my alma mater, a graduate School of Social Work, I have been able to initiate a continuing education program for Social Work therapists in our area on April 19, 1996. Allen Feld, M.S.W. will present an all-day program to include a live interview with a local accused parent.

In addition to expanding our efforts in continuing education, it is also necessary to address concerns for social work training curriculum within all Social Work schools. To that end I will try to work at the national level so that future clinicians can be correctly informed.

Such efforts can be made by anyone, as noted in this column in October. "Connections" are not necessary - only concern and the willingness to speak out. I am willing to speak with you if you would like more information. Write to S.V.S c/o Katie Spanuello, "Make a Difference."

**Vermont** - A mom sent a letter and added educational material about FMS to the Attorney General. As a result, the Attorney General forwarded the information to the Chief of the State's Child Protection unit and a meeting was arranged.

So many people in public office know nothing about FMS and are more than willing to learn and to help educate others in their departments. But you have to get the ball rolling with letters and calls!

*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.*

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### Building Bridge Newsletter

Contact: Diana Anderson for information

P.O. Box 17864

Tucson, AZ 85731-7864

*The next issue of the newsletter for retractors will be in March.*

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### Matching Fund Drive Meets Goal

Thank you, thank you!

We are pleased to let you know that we have surpassed our goal.

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### United Way

FMSF is now registered with United Way organizations across the country. If it is not listed in your area, please take the initiative and start the process.

**FREE LIBRARY DISPLAYS** are now available through SIRS Publishers. Call 1-800-232-7477. This is an attractive and positive way to inform people about the many new books that are now available about false memories and the devastating effects this is

## FROM OUR READERS

### DAD IS IMPORTANT

Our 30 year old daughter has decided that Dad is important again. I don't know what she believes about her thoughts of several years ago. We don't talk about that.

We spent several days together this summer on two different camping trips and we both had fun. Lots to talk about since we are both in the field of education. We also talked about the comfort of camping in places we long ago enjoyed. She can hardly wait to bring her new beau here for the Thanksgiving holidays. We can't either.

Thank you for taking an interest. The newsletters have not only been informative but have given me comfort and hope things would improve."

Mom and Dad

### PRAYERS ANSWERED

We had a blessed Thanksgiving. Our daughter came to the family gathering with her husband of one year and four year old daughter. She truly seemed to enjoy the family love and fellowship and our granddaughter seemed to love being with all her cousins. It's been almost three years since she had any communication with her father and brothers. She told her Dad that she loved him just as though nothing had happened. We are so grateful to FMSF and to the support meetings with other families. My husband didn't go to the meetings but he did read all the literature. I wanted to let you know that all your efforts have not been in vain. We feel that our prayers and the prayers of those who know and love us have been an important part of our joyful reunion.

A Grateful Mom, Dad and Brothers

### A MIRACLE

Christmas eve, a miracle happened. Our daughter and grandchildren were reunited with us. It was wonderful. She hugged me, her dad, like I'd never been hugged before.

It made us realize that in our case, anyway, that patience paid off. We were so mad at her at times that I had wanted to call her boss. I thought someone to whom she would listen could say something to her. My wife felt like scolding her on the telephone. We didn't.

And now, all that we have to do is not bring up the past. When my daughter hugged me she said, "Let's make this a beginning and put the past behind us." If I even get close, she reminds me.

I should mention that something triggered this marvelous reunion. It was a tragedy in our family and I don't want to talk about it.

Your newsletters, the regional meetings, all helped keep our sanity through this long three years. Thank you. To all of you out there, don't give up hope, although I hope it doesn't take a tragedy to spark a returning.

A FMSF member from the Midwest

### A MIRACLE

Miracles happen. Our loved one is back with us. It was 5 years with lots and prayers and a letter from a sibling. Thanks for the support. Hope there are many more successes this year.

A Mom

### RESPONSE TO ISSD STATEMENT

I am writing in response to an article in the January 1996 Newsletter, "ISSD RESPONDS TO "SEARCH FOR SATAN"", in particular the statement "The majority of people who suffer from Dissociative Identity Disorder are not diagnosed impulsively or capriciously, as was implied by this Frontline segment". It is noted in the ISSD statement that, on the average, people have spent seven years in the mental health system before the diagnosis is recognized.

I recently attended a conference on "Advances in Treating Survivors of Abuse & Trauma" in Philadelphia December 7-10, and one of the workshops which I attended was "Advances in the Assessment of Post Traumatic Disorders: the SCID-D", which discussed information on the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID), a diagnostic tool for detecting dissociative symptoms and disorders.

In this workshop, it was stated that the diagnosis and assessment of dissociative disorders can be accomplished in only three sessions, with administration of the full SCID-D requiring two to three hours. In addition, it was recommended that certain at-risk patients routinely be screened for dissociative symptoms, including those with eating disorders and depression. The audi-

ence, which ran the gamut from graduate students to Ph.D. psychologists, was delighted with this information and the fact that the SCID-D could be purchased for just \$21.95 at the conference bookstore. Someone asked if it was necessary to purchase the Interviewer's Guide also, since he attended the workshop and became acquainted with its administration. The presenter told him that it was desirable. But at the more hefty price of \$60.00 for the set (Interview plus Guide), I wonder how many of those present (and others just reading or hearing about this diagnostic tool), will opt for purchasing the interview alone. It's frightening to me to think that so many therapists untrained in administering this interview, let alone treating dissociative disorders, will indiscriminately be doing just that to clients who come to them with a checklist of symptoms such as those mentioned above.

I used to wonder about the many professionals who express concern and skepticism about the increasing number of cases of DID that are being diagnosed. I no longer wonder.

A Conference Attendee

"In the early states of my recovery I attended a John Bradshaw workshop where I learned about original pain work or what I call age-regression visualization work. Age regression visualization work is going back to your childhood memory and trying to recall painful events. You can do this by allowing yourself to regress in age as you visualize places and events, then by allowing your memories to resurface."

*The Path to Wholeness*

### WHAT HURTS

What really hurts is their completely ignoring all that I have been and done for them -- love, support, understanding — as if it were nothing, zero, non-existent. Forget consistent reality; my daughter's delusional fiction, which is her private reality, is all that matters. Her reality is never to be questioned."

A Dad

### MEDIATION

For 2 1/2 years, we only had a minimum of written contact with our son who lives on the opposite coast. From the very beginning, when we had no idea what the problem was, our main goal was to keep communications open. We also did a lot of research and reading. When he finally confronted us (via letters) and accused both of us with specific incidents of sexual abuse, we were devastated. We denied the accusations emphatically. After a number of fruitless accusations and denials, both of us and our son finally reached the conclusion that we might never agree whether or not the abuse actually did occur. However, we all had one goal in common: we wanted a reconciliation. Our son made it very clear that the only place he would meet with us was with his therapist in the therapist's office. We knew that we would be at a great disadvantage without having a spokesperson at our side at such a meeting.

As luck would have it, our therapist was going to be in the same city at the time we were going to have a meeting. After a lot of negotiations, our son finally agreed, at the persuasion of his therapist, that it was O.K. to have our therapist present at the meetings. The two therapists had various telephone conferences and agreed on an agenda and that there would be two meetings. The main prerequisites were that our son was not going to demand a confession from us. We understood that he believed that the sexual abuse had taken place and we knew he would not recant. These pre-conference conversations were extremely helpful to us. This meeting took place last May. It was a tense time for all of us but the groundwork for future relationship was laid. We discussed at length our shared past family history and how our family dynamics needed to be changed so we could better meet each other's needs in the future.

We have had regular telephone conversations with our son since then and he visited us this past September. He wasn't ready to stay at our home during his visit but did come to our house for dinner. It will take time to strengthen our relationship. It cannot be the same as in the past, but hopefully will develop into a strong and lasting family bond.

A Mom and Dad

### HELP TO PROFESSIONAL

I find the information from the Foundation to be very informative. A patient of mine was accused by a daughter and, of course, this caused much anguish to the rest of the family. Congratulations on your organization and newsletter  
A Professional, MSW

### BEFORE THERAPY - 1985

Dear Mom and Dad,

"The bond that links your true family is not one of blood, but of respect and joy in each other's life." - Richard Bach *Illusions*

Thanks for the call tonight. I was sort of expecting it. It was good to talk with both of you. Now let me think if there's any news that I can tell you that we haven't already talked about. I baked heart-shaped cookies with pink icing and cinnamon hearts on top to carry on ye olde family tradition. I wondered if you'll be sending out the annual Valentine's cards. I forgot to thank you for the cookie letter on the phone. It was good, though a tad stale and crumbled. Thanks for the fatherly advice over the phone, Dad. I have a lot of decisions to make soon. I have to get some sleep now, will finish this letter tomorrow. Take care. Miss ya, Call again during exams if you want. Love, M

### AFTER THERAPY - 1992

Dad This is what I expect you will do.

1. You will pay for my past and present therapy costs.
2. You will reimburse me for educational debts accrued while I attempted to start post graduate studies twice during the early memory/crisis period of my healing.
3. You will continue an individual counselling process of your own once you return home, in which you will work to get out of denial and to realize that the things you did were sexually abusive and have been seriously damaging to me.
4. You will look at the symptoms and effects in your immediate and extended family and try to "get it" and piece together the whole picture. You will try to move from being an abuser to being a more whole human being.
5. You will point out sexism and inappropriate and abusive behavior in other people when you see it. You will educate yourself about the reality of men's violence against women and children in our society. You will try to understand the relationship between child sexual abuse, sexism, harassment, rape, pornography, prostitution, wife-battering and the way you, as a male, have been socialized in our society.
6. You will try to make up for what you have done.
7. You will tell me that you believe me when I say that what you did was sexual abuse and was damaging. You will say, whether or not you are prepared to remember or come out of denial, that because I

### FMSF MEETINGS HELP

My husband and I went to the meeting in San Francisco last month. It was great. We learned so much from authors Pendergrast and Goldstein. I personally talked to a young woman, a recanter, who gave me hope not to give up. FMS meetings are so much help to us all. A Mom



### TORN UP AND RETURNED

At the advice of one of the retractors, I decided to send some postcards to my accusing daughter, a doctor. I searched for cards that related to events in her youth and wrote a comical or historical note on them hoping to remind her of the good times in the past. My daughter has returned all but the last three I sent. She cut them up and sent them back in an envelope so she at least took the time to address the envelope and probably read them too. I don't know why she didn't send back the last three.

A Dad

### FMS AND ATTACKS ON PARENTS: WHAT THE BIBLE SAYS

There are reports about religious groups and individuals embracing the "Recovery Movement" and developing false memories of sexual abuse by parents. A case close to me involves a "born-again Christian" woman who has falsely accused her father of incest. Do such people really know what the Bible says about attacks on parents? Both the FMS children and their parents can benefit from such knowledge. Before listing some basic references, I am well aware that "the devil can quote scripture" and there is a strong Judeo-Christian tradition against child abusers.

The first, and strongest of all references is, of course, the Fifth Commandment of the ten given to Moses by God. "Honor thy Father and thy Mother" it reads. (Also relevant is number nine, "Thou shall not lie.")...

The Old Testament has much to say about the relations of children to parents. (There are no mentions of "recovered memories" as a justification for attacking parents.) In Deuteronomy 27:16 Moses says "A curse on him who treats his Father or Mother dishonorably."...

Early in Matthew 10:21, the first book in the New Testament, Jesus tells his apostles the bad things which can happen in their mission and states "Children will rise against their parents and have them put to death." St. Paul also lists abuse of parents among the future evils of the "last days." He writes in 2Timothy 3:2 "People will be self centered...arrogant and rude; disobedient to their parents."

False Memory therapists and their willing patients may proudly tout their righteous and moral behavior but it is clear that they are flouting the greatest sources of moral guidance in our culture and civilization—the Holy Bible.

William C. Rogers, Ph.D.

### FIVE YEARS AND NO RETURN

As our situation is now five years old and showing no signs of resolve, I thought I would share with you how I have dealt with the pain so that it might be of help to others. Over the years I tried putting our story in print on my computer or in handwriting but found the task too upsetting. Our daughter had one child at the time of her accusations and now has a son whom I have not seen. It is the loss of my grandchildren that disturbs me at this point. I have made a video of the situation as I know it and directed the video to these two grandchildren. The process of making the video was stressful but easier than I thought it would be. The video is in our safety deposit box with instructions that it be shown to them only when they are of age to understand and only if they wish to see it. I have always worried I

would die or become unable to answer for myself and this has relieved that worry somewhat.

A Dad

### AN APOLOGY

Dear "B,"

Could you please send me your parents' address. Your father's reputation was apparently damaged by something I said. Nobody really knows how far a story like that gets.

I want to write your father a long overdue letter of apology. There has never been inappropriate contact between your father and me and I doubt that I ever accused your father of exactly that. The remarks were made at a time when my former friends were trying to take away my custody of my children.

At the present time, there is a great deal of money for therapists, their clients and unscrupulous lawyers if they can get false memories and accusations to stick in a court of law and collect damages. Professionals like these should be reported in my opinion. I certainly intend to do so.

I would never deliberately hurt your father, my uncle, or damage his reputation in any way. I recant any kind of accusation made on my part. This is a difficult letter to write, so near the holiday season, but I will feel a lot better for having done so. It was good to see both your parents at the difficult time of my father's death. I hope we may have many more happy visits in the future. The wake and funeral were not.

Thank you for your help, "B." Sincerely,

Your cousin "M"

### UNEXPECTED

September 24

On September 7, I wrote the following letter to send to you for the October newsletter. I didn't mail it. "Well, here we are, heading towards our 5th year of no meaningful contact with our daughter. Now we have also 'lost' our granddaughter. Does this nightmare ever end?..."

A Hurting Mom and Dad

Today, as I was sitting outside with a cup of coffee, a car pulled up and parked by our house. To my amazement, my granddaughter was standing by me. She apologized for the way she had acted the last visit we had with her. There were tears and hugs. Wonder of wonders, she stated that her mom (who was sitting in her car), wanted to talk to us.

By that time my husband had joined us, and we managed to hold our breath and invite them in. There were more tears and hugs. Needless to say, we are still numb from the experience. It seemed as if time had stood still since our last contact on Christmas Day, 1991.

She acted upbeat and was so glad to be back. No accusations were made; we looked at a few family videos. Both daughter and granddaughter seemed to want to rejoin the family. Now will her brother be able to forgive?

My prayers continue to be with the hurting ones. My prayers for us have been answered for now.

Thank's for being there FMS Foundation! This threat is real; it's a killer.

A Happy Mom and Dad

## FEBRUARY 1996 FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS  
WORKING TOGETHER

key: (MO)=monthly; (bi-MO)=bi-monthly;  
(\* )=see State Meetings list

**CALL PERSONS LISTED FOR INFO &  
REGISTRATION**

### \*STATE MEETINGS\*

**CALIFORNIA-CENTRAL COAST CHAPTER**  
Saturday, March 9 @ 9am  
speakers: Eleanor Goldstein, Mark  
Pendergrast, Paul Simpson, Ed.D.  
Cecilia 310- 545-6064 or Carole  
805-967-8058(phone), 967-4124(fax)

#### INDIANA

Saturday, April 27 @ 9am-4pm  
speakers: Pam Freyd, Ph.D., Barbara  
Skees, psychiatric nurse  
Nickie 317-471-0922, 334-9839(fax)  
or Pat 219-482-2847

### UNITED STATES

#### ARIZONA - (bi-MO) (\*)

Barbara (602) 924-0975; 854-0404(fax)

#### ARKANSAS - LITTLE ROCK

Al & Lela (501) 363-4368

#### CALIFORNIA

##### NORTHERN CALIFORNIA SACRAMENTO-(quarterly)

Joanne (916) 933-3655 or  
Rudy (916)443-4041

##### SAN FRANCISCO & NORTH BAY (bi-MO)

Gideon (415) 389-0254 or  
Charles 984-6626(am);435-9618(pm)

##### EAST BAY AREA (bi-MO)

Judy (510) 254-2605

##### SOUTH BAY AREA Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

##### CENTRAL COAST Carole (805) 967-8058 (\*)

##### SOUTHERN CALIFORNIA

##### BURBANK -4th Sat. (MO) @ 10am

Jane & Mark (805) 947-4376

##### CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925  
1st Fri. (MO) @ 7pm

##### ORANGE COUNTY -3rd Sun. (MO) @6pm

Jerry & Eileen (714) 494-9704

##### COVINA AREA -1st Mon. (MO) @ 7:30pm

Floyd & Libby (818) 330-2321

#### COLORADO

##### DENVER-4th Sat. (MO) @ 1pm

Ruth (303) 757-3622

#### CONNECTICUT - NEW HAVEN

Earl (203) 329-8365

Paul (203) 458-9173

#### FLORIDA

##### DADE/BROWARD AREA (\*)

Madeline (305) 966-4FMS

##### BOCA/DELRAY 2nd&4th Thurs(MO) @ 1pm

Helen (407) 498-8684

##### TAMPA BAY AREA

Bob & Janet (813) 856-7091

#### ILLINOIS - CHICAGO METRO AREA

(South of the Eisenhower) 2nd Sun. (MO) @ 2pm  
Roger (708) 366-3717

#### INDIANA -INDIANA FRIENDS OF FMS

Nickie (317)471-0922(ph);334-9839(fax)  
Pat (219) 482-2847 (\*)

#### IOWA -DES MOINES

Betty & Gayle (515) 270-6976  
2nd Sat. (MO) @ 11:30am Lunch

#### KANSAS -KANSAS CITY

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

#### KENTUCKY

##### LEXINGTON- Dixie (606) 356-9309

LOUISVILLE- Last Sun. (MO) @ 2pm  
Bob (502) 957-2378

LOUISIANA Francine (318) 457-2022

#### MAINE -Area Code 207

BANGOR -Irvine & Arlene 942-8473

FREEMPORT -3rd Sun. (MO)

Wally 865-4044

#### MARYLAND -ELLCOT CITY AREA

Margie (410) 750-8694

#### MASSACHUSETT /NEW ENGLAND

CHELMSFORD- Ron (508) 250-9756

#### MICHIGAN-GRAND RAPIDS AREA-

JENISON -1st Mon. (MO)

Catherine (616) 363-1354

#### MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

#### MISSOURI

KANSAS CITY 2nd Sun. (MO)

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

ST. LOUIS AREA-3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

SPRINGFIELD - 4th Sun. (MO) @5:30pm

Dorothy & Pete (417) 882-1821  
Howard (417) 865-6097

#### NEVADA -LAS VEGAS AREA

Dani (702) 243-9450

#### NEW JERSEY(So.) SEE WAYNE, PA

#### NEW MEXICO PLACITAS Feb. 3rd

Maggie (505) 662-7521 or  
Martha 624-0225

#### NEW YORK

DOWNSTATE NY-WESTCHESTER, ROCKLAND, ETC.

Barbara (914) 761-3627 (bi-MO)

UPSTATE/ALBANY AREA (bi-MO)

Elaine (518) 399-5749

WESTERN/ROCHESTER AREA (bi-MO)

George & Eileen (716) 586-7942

#### OKLAHOMA -OKLAHOMA CITY

AREA CODE 405

Len 364-4063 Dee 942-0531

HJ 755-3816 Rosemary 439-2459

#### PENNSYLVANIA

HARRISBURG -Paul & Betty (717) 691-7660

PITTSBURG -Rick & Renee (412) 563-5616

WAYNE (INCLUDES S. NJ)Mar. 9 @ 1-4pm

Jim & JoAnn (610) 783-0396

#### TENNESSEE -MIDDLE TENNESSEE

Kate (615) 665-1160

1st Wed. (MO) @ 1pm

#### TEXAS

##### CENTRAL TEXAS

Nancy & Jim (512) 478-8395

##### HOUSTON

Jo or Beverly (713) 464-8970

##### VERMONT (bi-MO)

Judith (802) 229-5154

#### WISCONSIN

Katie & Leo (414) 476-0285

### INTERNATIONAL

#### BRITISH COLUMBIA, CANADA

##### VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Sat. (MO) @ 1-4pm

##### VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tues. (MO) @ 7:30pm

#### MANITOBA, CANADA -WINNIPEG

Muriel (204) 261-0212

#### ONTARIO, CANADA

##### LONDON -2nd Sun (bi-MO)

Adrian (519) 471-6338

OTTAWA -Eileen (613) 836-3294

##### TORONTO-NORTH YORK

Pat (416) 444-9078

#### QUEBEC, CANADA -MONTREAL

Alain (514) 335-0863

#### AUSTRALIA -Mrs Irene Curtis

P.O. Box 630, Sunbury, VCT 3419  
phone (03) 9740 6930

#### ISRAEL FMS ASSOCIATION

fax-(972) 2-259282 or

E-mail- fms@netvision.net.il

#### NETHERLANDS TASK FORCE FMS OF

"OUDERS VOOR KINDEREN"

Mrs. Anna deJong (31) 20-693-5692

#### NEW ZEALAND

Mrs. Colleen Waugh (09) 416-7443

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