

FMS Foundation Newsletter

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January 1, 1996

Dear Friends,

Why has the mental health community become so polarized over the issue of false memory syndrome and the FMS Foundation?

As we enter 1996, we look for answers to that question. One answer may be that there has been a misunderstanding of the domain of concern of the Foundation.

"Recently the traditional reflective approach in psychotherapy has been challenged by a confrontational stance on behalf of patients. As a result, the place of truth and the validity of long-delayed memories of abuse in childhood have become the focus of a debate that has polarized the behavioral-science community. Neither side has attempted to minimize the incidence of or the damage caused by the sexual or physical abuse of children. Memories suspected or sustained throughout childhood and adolescence, even partial memories, are not at issue. **What is at issue is the accuracy of the recall of childhood trauma by adults in their 30s and even 40s who have previously never entertained the idea that they might have been abused.**"

Fred Frankel, M.B., CH.B., D.P.M.

Beth Israel Hospital and Harvard Medical School

New England Journal of Medicine, Vol 333 No 9 591-594

Some professionals have stated that the False Memory Syndrome Foundation has taken an "extreme" position. Is it "extreme" to ask professionals to follow their own codes of ethics?

"First, do no harm."

"Nonscientific Practitioners. It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care until his or her condition becomes irreversible." Section 3.01 AMA Code of Ethics

"Informed Consent. ...The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice..." Section 8.08 AMA Code of Ethics

Would any profession not accept these statements? Is it "extreme" to suggest that the public should expect the same standards to apply to mental health professionals as to those who practice other forms of medicine? Professionals answered that question when they accepted payments from insurers and the government based on a medical model.

In *Memory Wars*, Frederick Crews chided "middle of the road extremists." He suggested that the really "extreme" position is that of professionals who think that they can remain neutral or take some sort of middle-of-the-road position on the topic of the accuracy of the recall of childhood trauma by adults in their 30s and 40s who have previously never entertained the idea that they might have been abused. The professional organizations have cautioned their members that there is no way to tell the truth of such memories in the absence of external corroboration. That has been the position of the Foundation since its inception. Is that "extreme?"

The pharmacological component of modern therapy, the descriptions of proven safe and effective therapies and the scientific information about the malleability of memory are part of the scientific base that should inform professionals in the performance or art of their practice. To ignore this scientific base and the cautions of the professional organizations is dangerous. It is unethical according to the standards of the American Medical Association.

When the Foundation started in March, 1992, proponents of memory recovery offered studies by Herman & Schatzow (1987), Briere and Conte (1993) and then Williams (1994) as scientific evidence for the accuracy of recovered "repressed" memories. These studies, however, show that some people may not remember or not report childhood abuse just as they may not remember or not report other events. As it has become clear that these studies do not represent scientific evidence for a special mental mechanism for "repression," the claim changed to one of a

special mental mechanism that produces amnesia for selected traumatic events. The problems with this new claim, however, are the same as with that for the claim of repression, namely a mechanism, an account of how the mechanism both leaks (to account for symptoms) and is inaccessible, and that can account for accuracy of recall. There is currently no scientific evidence that satisfies these conditions. Maybe such a mechanism will be found in the future, maybe not. We, however, live in the present and must make decisions based on the best evidence at the

present time.

"If someone has been charged and acquitted in a child abuse case, would you still be suspicious of them?" Dateline asked 502 adults. Poll results showed that 12% were not sure, 11% said no, an acquittal would remove all suspicions, and an overwhelming majority, 77% said yes, they would still be suspicious, even if the suspect was cleared. When a therapist makes a diagnosis of incest based on a "recovered memory," he or she gives a lifetime sentence to

the accused. Given these consequences of a false accusation, is it "extreme" to ask that therapists ground their work in science?

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"So massive and disruptive have the effects of this kind of therapy been that there seems little doubt that in a hundred years time historians and sociologists will still be studying one of the most extraordinary episodes in twentieth century history, and that in all probability they will still be arguing about its causes."

Richard Webster, page 512.

Why Freud Was Wrong: Sin, Science, and Psychoanalysis (1995)

PAMELA

WHAT IS THE DIFFERENCE BETWEEN BELIEVING AND VALIDATING A CLIENT?

Fred H. Frankel, M.B.Ch.B., D.P.M.

This question is deceptively simple. However, as it has become the focus of a debate, it needs to be addressed:

Psychotherapy entails reflecting respectfully, empathically, and non-judgmentally, on the clinical material reported by clients, in an attempt to understand them. It should consider with care the factors that might be influencing the narrative such as the client's perceptions and hidden disappointment, rage or envy. Believing the client's feelings, a *sine qua non* of psychotherapy, is different from believing the reported facts. When a client requests that the therapist acknowledge belief in a recovered memory, the therapist owes it to the client to try to understand the meaning of that wish. When the therapist's knowledge of the material recovered is limited, the therapist may honestly share that limitation with the client, rather than profess belief in or openly challenge the accuracy of the narrative.

The expectation or demand that a narrative be believed closes the door on an exploration of the report and its multiple affective meanings. Emphasizing the importance of believing or disbelieving the reports, especially in the absence of corroborating information, is likely to impede the process of therapy, reshape it, and leave it incomplete.

Dr. Frankel is a Professor at Harvard Medical School and Psychiatrist in Chief at Beth Israel Hospital. He is a member of the FMSF Scientific Advisory Board.

ISSD RESPONDS TO "SEARCH FOR SATAN"

Imagine what you'd think if there had been a TV documentary about a surgeon who amputated the wrong leg and the International Society of Surgeons responded with a complaint about slanted news coverage because most surgeons, after all, don't amputate wrong legs.

You can easily imagine what you'd think about such a Society. And it would be a matter of much wonderment that the Society in question couldn't just as easily imagine what you'd think.

What then are we to make of the ISSD, the International Society for the Study of Dissociation (until recently known as ISSMP&D, the International Society for the Study of Multiple Personality and Dissociation)? It formally issued: "This statement is a response to misleading implications about the diagnosis and treatment of Dissociative Identity Disorder (formerly called Multiple Personality Disorder) that were presented on Ofra Bikel's documentary *The Search for Satan*, broadcast on October 24, 1995, as part of the PBS television series *Frontline*....The majority of people who suffer from Dissociative Identity Disorder are not diagnosed impulsively or capriciously, as was implied by this *Frontline* segment....Although some persons with Dissociative Identity Disorder allege that they experienced ritual abuse during childhood, most do not make allegations of this kind, as was implied by this segment of *Frontline*....Contrary to the impression conveyed by this segment of *Frontline* optimal primary treatment method (and the approach used for most people diagnosed with Dissociative Identity Disorder) is individual outpatient psychotherapy using techniques that are widely accepted by psychiatrists and psychologists....We urge the media to educate the public by presenting scientific information on this and all mental illnesses in a balanced and responsible manner."

It was this very Society that was shown in the *Frontline* program honoring the chief subject of the documentary, Bennett Braun, M.D. The ISSD complains about the documentary in general but is entirely silent on the particulars. It makes no statement about practices — portrayed in the *Frontline* program — such as keeping two children (five and seven years) hospitalized for more than two years to

deprogram them from an intergenerational satanic cult.

The ISSD statement concludes with the following paragraph: "The ISSD strongly discourages therapists and members of the media from sensationalizing the diagnosis of Dissociative Identity Disorder and from publicly appearing with, portraying, or otherwise exploiting individuals who suffer from this painful disorder."

"Strongly discourages"? We'd like to see some evidence. One of the most egregious examples of "publicly appearing with, portraying, and otherwise exploiting individuals who suffer from this painful disorder" was the infamous 1993 HBO program *Multiple Personalities: Search for Deadly Memories* conceived of and narrated by Gloria Steinem. Many ISSD members were listed in the credits, among them, of course, was Bennett Braun, M.D.

Apparently the ISSD had to wait until two ex-patients of an ISSD past-president (Dr. Braun) voluntarily appeared on a TV documentary before it decided on its present policy to "strongly discourage."

LEGISLATIVE INITIATIVES BY PROFESSIONALS

Professionals in two states have introduced legislation designed to protect the public. In Maryland, the Department of Health and Mental Hygiene plans to introduce legislation during the 1996 session of the General Assembly that would, among other things, give more powers to the Board of Social Work Examiners to enable them to enforce their practice acts. (See *Bulletin of the Maryland Board of Social Work Examiners* Vol. 1 (2) Fall 1995.) In Pennsylvania, a coalition of professionals has already introduced legislation in both houses that would require some qualifications for a wide branch of counselors. Currently in Pennsylvania and many other states there are no requirements.

Shirley Siegel, Director of Stop Abuse by Counselors, suggests that people interested in legislation of this type should contact Delores Spice, Executive Director, Health Unit #2, Washington State Department of Health, P.O. Box 47869 Olympia, WA 98504-7869 (phone 360-586-0453). They should ask for a copy of Washington State's Omnibus Credentialing Act.

CONTINUING EDUCATION UPDATE

STATUS OF FMSF AS A CE PROVIDER

In November, an effort to pressure the American Psychological Association to rescind the status of FMSF as a provider of continuing education credits for psychologists was mounted by some of the Women in Psychology, Division 35 of the APA, including the current president. This letter-writing campaign was initiated by Kenneth Pope, Ph.D. with a letter distributed on the internet that some have suggested was misleading about FMSF.

In early December, the written formal approval of FMSF as a continuing education provider was received from APA. The Foundation has met all the criteria for approval.

The FMSF has long been concerned about the quality and the content of continuing education programs. (See FMSF Newsletter: March 5, 1993; June 3, 1993; August 30, 1993; March 8, 1994; and July 6, 1994.) We are eager to work with professionals to see that programs of the highest quality are offered.

FMS FOUNDATION AND JOHNS HOPKINS MEDICAL INSTITUTIONS JOINTLY SPONSOR

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

Conference Description

This continuing medical education conference will focus on: defining the scope of the problems created in psychotherapy by memory work, the clinical practice and ethical issues involving the rational management of patients with recovered memories of doubtful validity and the process of family reconciliation after the discernment of a false memory. With the overall goal of restoring the integrity and good reputation of psychotherapy, the conference will determine the educational needs of participants and teach the basic standards of care in diagnostic and therapeutic practices with memory. The conference will identify the desirable rehabilitation climate for families who have suffered the consequences of false allegations, and will suggest some essential steps to initiate the process of family reconciliation.

Conference Objectives

Following this program, the participant should be able to --

- understand the potential scope of the problems created by false memories
- analyze the experimental and clinical research literature on memory
- discern the particular therapeutic practices that may generate FMS in patients
- use basic standards of care in diagnostic and therapeutic practices with memory
- differentiate the therapeutic, ethical, and legal implications between narrative and historical truth
- identify the necessary steps to initiate the process of family reconciliation

PROGRAM

Morning Session

- 8:00 **Registration and Coffee**
- 8:30 **Opening Remarks** - Paul R. McHugh, M.D., Allen Feld, ACSW, LCSW
- 8:45 **Scope of the Problem** - Pamela P. Freyd, Ph.D.
- 9:30 **(San Diego) Experimental Research on Memory, Suggestibility, and Repression** - Elizabeth F. Loftus, Ph.D.
(Boston) Understanding Memory: Perspectives from Basic Research - Daniel L. Schacter, Ph.D.
(Chicago) False Memory Syndrome: A Neurobiological Perspective - Stuart Zola, Ph.D.
- 10:30 **Clinical Research Findings on Memory, Suggestibility, and Repression** - Jason Brandt, Ph.D.
- 11:15 **Question and Answer Forum**
- 11:45 **Summary of Morning Session**
- 12:00 **Lunch (on your own)**

Afternoon Session

- 1:30 **Basic Standards of Care: Diagnostic Practices with Memory and Treatment Issues** - Paul R. McHugh, M.D.
- 3:00 **Question and Answer Forum**
- 3:30 **Family Reconciliation: A Process, Not an Event - Live Interview - Discussion**
 John Hochman, M.D. (San Diego);
 Elizabeth Feigon, M.D. (Boston);
 Carolyn Saari, Ph.D. and
 Terence W. Campbell, Ph.D. (Chicago)
- 5:00 **Program Summary and Concluding Remarks**
 Paul R. McHugh, M.D.
- 5:15 **Program Adjourns, Evaluations**

This conference is intended for psychiatrists, psychologists, social workers, and other mental health counselors. Registration will be accepted on a first-come, first-served basis. 6.5 continuing medical education credits and 7 hours of continuing education for psychologists available.

LOCATIONS

- | | |
|-----------------------------|--------------------------|
| San Diego , Westgate Hotel | Saturday, March 30, 1996 |
| Boston , Harborside Hyatt | Saturday, April 20, 1996 |
| Chicago , Loyola University | Saturday, June 1, 1996 |

FEES

- Professional Registration Fee \$225
 Professionals who are FMSF Members Fee \$175

TO REGISTER

- Contact Hopkins/False Memory,
 Office of Continuing Medical Education,
 Johns Hopkins Medical Institutions
 Turner 20, 720 Rutland Avenue
 Baltimore, MD 21205-2195
 FAX 410-955-2195

HIGHLIGHTS OF FMS-RELATED EVENTS IN 1995 REPORTED IN FMSF NEWSLETTERS

January 1995

- American Psychological Association Working Group on the Investigation of Memories of Childhood Abuse issues an Interim Report. Some conclusions of that report: *Most people who were sexually abused as children remember all or part of what happened to them; it is possible for memories of abuse that have been forgotten for a long time to be remembered; it is also possible to construct convincing pseudomemories for events that never occurred.*
- Nicole Althaus and her parents are awarded over \$272,000 in compensatory damages by a PA jury. Dr. Judith Cohen and the University of Pittsburgh's Western Psychiatric Institute and Clinic were found guilty of negligence for improper diagnosis of Nicole. (1/16/95)
- Mary Shanley files a \$50 million malpractice suit against Spring Shadows Glen Psychiatric Hospital and the therapists who had treated her. Shanley sued for conspiracy, negligence and insurance fraud. (The suit against the doctors has been settled.)
- U.S. District Ct., in Oklahoma (*Peterson v. Wallentiny*) refuses to grant therapists blanket immunity from liability to a third party (1/9/95 Not reported in Newsletter)

February 1995

- FMSF files first amicus curiae brief (*Vesecky v. Vesecky*, Texas Supreme Court). Brief reviews scientific literature questioning reliability of repressed memories and whether the "discovery rule" applies. (2/6/95)
- British Psychological Society issues report. They noted that *The possibility that therapists could create false memories in clients warrants careful consideration.*

March 1995

- Texas jury finds therapist Michael Moore negligent in his treatment of Diana Halbrooks. Halbrooks claimed Moore did not treat her presenting problems but convinced her that she suffered from MPD and had been a victim of child sexual abuse.
- A U.S. District Court in Arizona (*State v. Dorsey*) dismisses, at prosecution request, repressed memory claims of sexual abuse, satanic rites and ritual murder. Dismissal followed a court ruling that evidence of memories retrieved through hypnosis and expert testimony regarding the retrieval of repressed memories through hypnosis would not be admitted. (3/10/95)
- First mental health professional to be examined by a licensing board on the basis of a third party complaint about recovered memory therapy. Linda Rae MacDonald in Seattle Washington was notified by the Health Professionals Quality Assurance Division that she would lose her license to practice unless she successfully defended herself against administrative charges.
- National Center on Child Abuse and Neglect announces that a study could find no substantiation in more than 12,000 accusations of ritual cult abuse. (Goodman et al.)
- New York Supreme Court Appellate Division (*Stee v. Cucuzza*) affirms dismissal of a repressed memory claim where Plaintiff failed to show her alleged psychological and emotional problems constituted disability under the "insanity" statute. (3/27/95)
- U.S. Ct. of Appeals, 2nd Cir. (*Overall v. Klotz*) affirms dismissal of a repressed memory claim on the grounds that Plaintiff did not show duress which would extend the statute of limitations. (3/31/95)

April 1995

- Frontline airs 4-hour documentary "Divided Memories" about recovered memory therapy. April 11 & 18.
- U.S. District Ct., CA (*Franklin v. Duncan*) overturns the murder conviction of George Franklin. His conviction in 1990 was based on his daughter's new recovered recollections of the death of her childhood friend over 20 years earlier (4/4/95)
- Lucy Abney's malpractice suit against her former therapist in Texas is settled through mediation. Abney claimed her psychologist convinced her she had been sexually and ritually abused, misdiagnosed her with MPD and fraudulently misrepresented her condition to her medical insurance carrier.
- Arizona Board of Behavioral Health Examiners orders one year's probation for Alfred Ellis, director of Samaritan Counseling Services in Phoenix in response to complaints from parents.

May 1995

- Superior Ct., NH judge William Groff (*Hungerford v. State of New Hampshire*) dismisses two repressed memory suits after a pre-trial hearing to consider the admissibility of repressed memory testimony. He concludes that *"... the phenomenon of memory repression and the process of therapy used in these cases to recover the memories, have not gained general acceptance in the field of psychology; and are not scientifically reliable."* (5/23/95)
- Baltimore judge Hillary Caplan (*Doe v. Maskell*) dismisses two repressed memory suits after a pre-trial hearing to consider the admissibility of repressed memory testimony. He concludes that repressed memories did not *"meet the test of scientific reliability. ... No empirical studies verify the existence of repressed memory. There is no way to test the validity of these memories."* (5/23/95)
- Michigan Psychological Association adopts strong statement on repressed memories noting that *"Given the nature of the scientific evidence to date, there is substantial potential for harm in treating claims of recovered memories of sexual abuse presumptively valid."* (5/17/95)
- NC Appeals Ct. overturns the 1992 convictions of 2 Little Rascals Day Care workers, because of improperly admitted testimony. The trials are believed to be the longest and most expensive in NC history. (In September, 1995, the NC Supreme Court grants, on appeal, the right to new trials to Robert Kelly and Dawn Wilson.) (5/3/95)
- California jury awarded \$7.3 million in general damages to 4 individuals who had sued Los Angeles Co. The four had been charged with 17 counts of child molest in 1984, but the charges were later dropped. (5/11/95)

June 1995

- FMSF files its second amicus curiae brief (*McDuffie v. Sellers-Bok*, Alabama Supreme Court). Brief argues that mental health professionals may owe a duty to third parties not to misdiagnose sexual abuse in their patients.
- Laura Deck agrees to a settlement offer made by her former Washington therapist just prior to trial. Deck claimed that the therapist used suggestive techniques, including hypnosis, to induce memories of sexual and ritual abuse.
- Saskatchewan Ct. of Appeals overturns a 1992 conviction in the famous Martensville case. The Court held that police had improperly questioned the alleged victims.

July/August 1995

- *New England Journal of Medicine* publishes article about FMS by Fred Frankel, M.D. The article presents an overview of the issues of FMS. (8/31/95)
- The Michigan Supreme Court (*Lemmerman v. Fealk*) holds that neither the discovery rule nor the insanity disability statute extend the statute of limitations. The court writes, *"We cannot conclude with any reasonable degree of confidence that factfinders could fairly and reliably resolve the questions before them, given the state of the art regarding repressed memory and the absence of objective verification."*
- U.S. District Ct., PA (*Tuman v. Genesis*) upholds parents' third-party rights to pursue a breach of contract claim against their daughter's therapist (7/19/95)
- A Wisconsin jury finds psychiatrist Kenneth Olson guilty of negligence and awards his former patient \$204,000. The patient claimed Olson had misdiagnosed MPD and provided inappropriate treatment. This is the first of 3 such suits against Dr. Olson (7/18/95)
- Minnesota District Ct. (*Hamanne v. Humenanskey*) jury awards more than \$2.6 million to Vynnette Hamanne, finding her former psychiatrist guilty of malpractice. The therapist was accused of planting false memories of sexual abuse and satanic ritual by using drugs, hypnosis and threats. (7/31/95)
- A British Columbia Appeals court grants a new trial to a man who had been found guilty of sexually assaulting a 35-year old woman over 20 years before. The court questions admission of the repressed memory testimony as the memories had been recovered under hypnosis. (7/10/95).
- A U.S. District Ct. jury in Maine awards \$850,000 in damages to Peter Murray and his family after therapist, Judith Osting, said Mr. Murray had molested his daughters. (7/22/95)
- The 5th Circuit Ct. of Appeals overturns the conviction of Donna Hubbard. Hubbard was one of 37 child molest cases brought in Kern Co., CA during the mid 1980s. She had been sentenced to 100 years in prison. (8/7/95)

• American Psychological Association publishes "Questions and Answers" noting that "it is impossible, without other corroborative evidence, to distinguish a true memory from a false one." (8/11/95)

• The Michigan Supreme Ct. (*People v Peterson*) applies the Davis-Frye test to expert testimony regarding behaviors of child sexual abuse victims and limits its use (8/22/95)

• Massachusetts Superior Ct. overturns the 1987 sex abuse convictions of Violet Amrault, age 71, and her daughter and ordered their immediate release. (8/29/95)

• FMSF files third amicus curiae brief (*Heroux v. Carpenter* Rhode Island Supreme Court). Brief argues that repressed memories are not sufficiently reliable to extend the statute of limitations under either the discovery rule or the disability exception. (8/30/95)

September 1995

• An Orange Co. Superior Ct. judge holds that repressed memory theory fails the *Kelly-Frye* test and labels it "junk science." Motion for non-suit granted. (9/6/95)

• Malpractice suit brought by Laurie Stone against her former psychologist is settled in a confidential agreement. Stone accused her therapist of negligently implanting false memories of childhood sexual abuse and creating false multiple personality disorder. (8/15/95)

October 1995

• Frontline airs documentary "Search for Satan", a devastating indictment of the therapy of two women. (10/24/95)

• *The Lancet* publishes article by Janet Boakes, M.D. about the problems caused by FMS and the Foundation's efforts to solve them. (10/21/95)

• Second Circuit Ct. of Appeals (*Borawick v. Shay*) offers a set of criteria to weigh when considering admissibility of repressed memories allegedly recovered following therapeutic hypnosis. (10/17/95)

• American Psychological Association publishes *Jeopardy in the Courtroom* by Ceci and Bruck, a comprehensive review of the legal and psychological issues involving child testimony.

November/December 1995

• *Memory Wars* by Frederick Crews is published. This book includes Crews' original articles published in *The New York Review* and the correspondence which followed.

• A Denver jury finds therapist Beverly Nussbaumer professionally negligent and awarded her former patient, Jane Brennan, over \$120,000. She was accused of using techniques such as hypnosis to implant false memories of incest by her father (11/2/95)

• Iowa Supreme Court (*Woodroffe v Hansendeaver*) refuses to extend the statute of limitations for each new recollection of sexual abuse. The court notes that such a "rolling statute" would render the statute of limitations meaningless (11/22/95)

• Wenatchee, WA jury acquitts Robert and Connie Roberson of all 14 counts of child sexual abuse. (12/11/95)

• Kimberly Mark agrees to an out of court settlement of \$157,000 from her former therapists. She claimed the therapists had negligently implanted false memories of sexual abuse by her father, had failed to warn her of the unreliability of recovered memories and had negligently diagnosed and treated her for MPD (12/5/95)

• Basic Books publishes *Satan's Silence: Ritual Abuse and the Making of a Modern American Witch Hunt* by Debbie Nathan and Michael Snedeker, a comprehensive history of child protection movement and ritual abuse beliefs.

CONFLICTING ADVICE ON RECORD KEEPING

Q. Brandt Caudill, Jr., Esq

The repressed memory war is a war of attrition
The California Psychologist, October 1995.

"Comprehensive notes must be taken which reflect not only the memories recovered, but the process by which the memories were recovered. The psychologist must be conscious that in any subsequent action a key question will be who first raised the issue of abuse, and how it was raised. Where the psychologist questions the accuracy of the patient's memories, the notes should reflect that the question was raised and what the patient's response was. Generally the more outrageous, bizarre or unusual the allegations of abuse and repressed memories are, the more detailed the notes should be. In addition, the more bizarre the allegations, the more thoroughly the psychologist must consider alternative explanations, such as that the memories being reported are metaphors and not literally true."

Charles L. Whitfield, M.D.

The Crux of Traumatic Memory

Presentation September 28 & 29, 1995, Pennsylvania
J&K Seminars - Tape 4 Side #2

"Let me just present a little bit of caution here. I don't ask people not to talk about it, but I bring them back to the abuse experience and not describing this kind of stuff [satanic ritual abuse] because if this ever gets to a court situation. I don't write it in my clinical notes because I know that it's going to be destructive if it ever gets into a legal situation because satanic ritual abuse is almost the kiss of death in any court situation. Why? I don't know why, but I know that it is heavily discounted. So I would suggest not writing that in the clinical notes."

MANAGED CARE'S FOCUS ON PSYCHIATRIC DRUGS
ALARMS DOCTORS: TALK THERAPY DISCOURAGED
Wall Street Journal, December 1, 1995, Ellen Pollock

"Managed-care companies, with their mandate to cut costs, make no bones about their preference for treating mental-health problems with drugs. Not only do they limit coverage for psychotherapy, they often pay psychiatrists more per hour to supervise drug treatment than to provide counseling."

This article presents the views of doctors who are concerned that they may not be able to do what they think is best for a patient and also the views of managed-care

DOUBLE STANDARDS

Mail on Sunday, November 5, 1995

"It is an alarming case of double standards within our medical profession where little is seemingly said or done to warn potential patients and their families of the frightening risks associated with some kinds of psychiatric treatment...Two thirds of British psychologists who took part in a recent survey believe that such 'recalled memories' can sometimes be false; implants triggered by drugs or suggestive questioning...Compare this admission with the rigorous tests that have to be carried out before a GP can prescribe a new drug. Strict trials have to be undergone. Committees on Medical Safety pore over the results. On average it takes seven years before a new drug can be widely available. Even small risks are enough to cause alarm...It seems that there are more safeguards on cold remedies sold over the counter of Britain's High Street shops than there are on some controversial mind-tinkering therapies."

firms that note that traditional psychotherapists have both financial and emotional incentives to favor months or even years of talk therapy.

INTERNS ACCUSED, BUT THERAPIST AT RISK
Orange County Register, September 23, 1995

Insurance companies paid settlements of \$150,000 and \$250,000 to two women who were sexually abused by interns at Interface Psychological Services. Both interns were in their mid to late 20s and had treated the women for years for depression resulting from sexual abuse as children. The supervisor, Richard Dickinson had known the therapists personally and earned a percentage of the billable hours for the patients. One of the interns was a one-third partner in Interface. The case is unusual because the California Board of Behavioral Sciences has gone after the license of Dickinson who did not directly participate in the abuse. Dickinson said he was not aware of the abuse.

ELDERLY INCEST SURVIVORS:

A HIDDEN PROBLEM IN A HIDDEN POPULATION

the clinical: a newsletter for APOGEE clinicians, Winter 1994

This article just recently came to our attention. It indicates that there is an untapped market for recovered memory therapy. "Little attention has been given to the affects of child sexual abuse among older women... Many of these women have sought mental health services when a stressor has made them psychologically fragile. The stressor can take many forms, such as rapidly declining health or recent widowhood...Not only do they need to resolve their own conflicts resulting from past abuse, but they also feel compelled to break the pattern of generational sexual abuse."

"For example, we're finding a lot of undiagnosed, unrecovered multiples in nursing homes. Well, don't ever let me hear about any of you doing abreactive work with an eighty-six year old person. It's just not the thing to do. I learned the hard way. One of my multiples had a stroke during an abreaction. Fortunately, she recovered from it but it sure makes a point to me about considering constitutional issues."

David Calof, February 5-7, 1993, Anaheim, CA Tape F113-3
Presentation at Advances in Treating Survivors of Sexual Abuse.

CHILD ABUSE ESTIMATES LOW
USA Today, Dece,ber 7, 1995

A study by the Gallup Organization has revealed that there are far more cases of physical and sexual abuse than federal reports indicate. For the survey, 1,000 anonymous parents were interviewed nationwide. Critics of the survey say that the results are unreliable because they depend too heavily on how abuse is defined. Among Gallup's findings:

- Physical abuse is three times greater among families with incomes of less than \$20,000 than for families earning \$50,000 a year.

INTELLIGENCE SUPPLIES SOME PROTECTION
AGAINST PTSD

Harvard Mental Health Letter, Vol 12 (5) Dec. 1995

A study by Richard J. McNally and Lisa M. Shin published in June 1995 in the *American Journal of Psychiatry*, suggests that "high intelligence supplies some protection against the development of posttraumatic symptoms." One hundred five veterans were given questionnaires about combat exposure and posttraumatic symptoms and a cognitive test that correlates well with IQ. The IQ scores predicted more of the variance in PTSD symptoms than did level of combat. The significance held even after correcting for years of education.

CRIME AND PUNISHMENT

"Mildred, 82 years old, died in November, another victim of unresolved FMS. Mildred was never one of the accused. Her crime? Mildred said that she didn't know what had happened, and she tried to keep contact with both the accused and the accuser. Her punishment for contact with the accused? The accuser, who once showed love, care and attention to Mildred, would no longer visit her nor would the accuser allow Mildred to see the great-grandchildren, not even to see their pictures.

"Not even pictures?" you might well ask. "Why?" The accuser, who proclaims that she has healed, was afraid that Mildred might show the pictures of the great-grandchildren to the accused. What interpretation of the concept of "healing" would promote such cruelty?

Mildred's Friend

ANSWER? A GRANDPARENTCTOMY
FMSF Staff

Editor's Comment: We received the preceding letter as we read John Briere's 1989 book Therapy for Adults Molested as Children: Beyond Survival published by Springer. We suggest that the practices recommended in the Briere book are typical of those that have contributed to the "grandparentectomy" that broke the heart of Mildred. These are the practices that so many professionals are vigorously defending.

"A final issue with regard to family members is what may be called 'parentectomy.' This refers to intentional, permanent separation from one or both parents because of their continuing abusiveness and the extremely low likelihood of eventual rapprochement. This procedure is advocated for most instances involving the molester, it may also be necessary with regard to the remaining parent. In the latter case, this radical action may be warranted when the 'nonoffending' parent directly or consciously defends the molester and negates the survivor and/or where said parent, herself, has engaged in physical or emotional abuse without remorse or intent to change.

Although a 'parentectomy' is likely to improve the survivor's general mental health, it nevertheless extracts an unavoidable price. Such psychological surgery results in permanent unfinished business." page 142

FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss the 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 the most recent issue of the *Journal of Traumatic Stress* (October, 1995), three new studies are presented which may be cited in the future as evidence that it is possible to develop psychogenic amnesia for traumatic events such as childhood sexual abuse [1-3]. (Note that it does not matter, for the purposes of the discussion below, whether this amnesia is hypothesized to be attributable to "repression," "dissociation," or some other process. In the interest of economy, we shall use the term "repression" here as a generic term for this phenomenon.) As most readers are undoubtedly aware, the question of whether it is possible to "repress" the memory of a traumatic event has assumed great theoretical significance in psychiatry. Therefore, these studies represent important contributions to a critical debate, and it is imperative that we examine their methodology with great care.

All three studies used essentially the same design: they examined a group of individuals who currently remembered that they were victims of some traumatic event (childhood sexual abuse or otherwise). Then, the investigators asked these individuals whether there had been any period of time in the past when they had forgotten about the trauma. In each of the three studies, a certain number of the subjects reported that they had "forgotten" the traumatic event for some period of time in the past. Can we conclude that these individuals had truly experienced a period of amnesia for the trauma?

Such a conclusion would be premature for several reasons. Most important, none of the three studies provides validation for the questions asked about "forgetting." In other words, the investigators did not test whether a "yes" answer on the question actually meant that the respondent had amnesia for the traumatic event. Instead, perhaps individuals answering "yes" simply meant that there had been a period of time when they preferred not to think about the traumatic event, or a period when they were preoccupied with other activities and simply did not bestow any thought on the event. If so, then a "yes" answer would not indicate true repression at all.

The importance of validating a question can be illustrated by example. Suppose that one did a survey of 100 people and asked them, "Have you ever experienced a hallucination?" If 20 of the 100 people answered "yes," would we be justified in concluding that 20% of the population has a history of "schizophrenic symptoms?" Obviously not—we would have to show that a "yes" answer on our

screening question corresponded to a genuine experience of hallucinations as they are defined in published diagnostic criteria for schizophrenia.

Another example of the importance of validation can be found in the study by Linda Williams, "Recovered memories of abuse in women with documented child sexual victimization histories." In this study, Williams presents actual case histories of five individuals who are said to have forgotten an episode of childhood sexual abuse and to have then recovered the memory. However, when we read these case reports, we find that one of the women (case 3) stated, "well I guess I may not have completely forgotten about it after my mother talked to me, but blocked it out most of the time, just stopped thinking about it." With regard to another woman (case 4), Williams states, "She reported that periodically when she is happy, she forgets." These two examples clearly do not sound like genuine amnesia.

A second methodological problem with these studies is the question of whether the traumatic events actually occurred. In one of the studies, by Elliott and Briere,[2] no corroboration is provided; in fact, the subjects were never actually seen or interviewed by the investigators, and data were obtained from mailed-in questionnaires. In the second study, by van der Kolk and Fisler [3], it is stated that some of the individuals had corroboration, but specific details are not provided. Only in the Williams study is it claimed that all cases were corroborated. But what is meant here by corroboration? Consider again an actual case example presented by Williams (case 3) in which a four-year-old girl reportedly was subjected to sexual intercourse at the hands of her uncle. Studies have shown that vaginal penetration of a four-year-old girl by an adult almost invariably leaves medical findings. For example, in one study, [4] 96% of girls between the ages of four and ten who experienced vaginal penetration exhibited medical findings on unaided examination. But in this girl, according to the article, no medical findings were seen, and the uncle stated that the abuse did not occur. Certainly, then, one would have some hesitation about accepting this case as "corroborated." Yet it is classified as such in the article. How many other cases in this and other studies might also be based on uncertain "corroboration?"

Third, there is the problem of early childhood amnesia. A child might experience a trauma at the age of three or four, and then forget it via the normal process of childhood amnesia. Then, later, the child is told about the event, and gradually comes to believe that he or she has remembered the event independently. Most of us have had this experience: our parents or other adults have told us about an event (traumatic or otherwise) which occurred in our childhood, and we gradually come to regard the memory as our own, even though we actually reconstructed it from the accounts of others. If we subsequently report that we "forgot" and later "recovered" this memory, it would be invalid to conclude from our report that repression occurred.

In short, studies using this design—asking subjects whether they "remember if they forgot" an event—are subject to several important methodological limitations which compromise interpretation of their results. Even if we were to see a dozen more studies using this same retrospective design, we would still not be in any better position

to conclude that individuals are truly capable of repressing the memory of traumatic events. Only a prospective study, in which subjects with an unequivocally documented trauma are subsequently interviewed and asked directly if they remember the event, can properly test the hypothesis that repression can occur.

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MYTH DISPELLED: CHILDREN'S DISCLOSURE OF SEXUAL ABUSE: WHAT DOES THE RESEARCH SAY? FMSF Staff

In 1983, Roland Summit developed a model called the Child Sexual Abuse Accommodation syndrome. This model stated that the stages of disclosure of child sexual abuse followed the following patterns: secrecy, helplessness, entrapment, disclosure, and retraction. According to Debbie Nathan and Michael Snedeker in *Satan's Silence*, Summit had no children as patients at the time he developed this model, and he had done no research. The model, which was purely hypothetical, became tremendously influential in the thinking of child protectors. Steven Ceci and Maggie Bruck in *Jeopardy in the Courtroom* asked how Summit's claims stack up against the empirical literature.

According to the research, Ceci and Bruck note that, "there are a number of children who immediately disclose their abuse (either accidentally or deliberately), but there are also a number of children who delay their disclosures for long periods of time. No profile accounts for a sizable portion of these children's behavior." (p 35)

One can find many references in the stories of accusers to the fact that they were "threatened" that they would be harmed if they disclosed. What does the research say on this issue? Ceci notes that "The available evidence does not support this assertion. In Sauzier's (1989) study, for example, the likelihood of disclosure was unrelated to threats of the offender. When the offender used aggressive methods to gain the child's compliance to keep the secret, children were equally likely to tell about the abuse immediately following the event or to never disclose the abuse. Gray (1993) reported that although 33% of the children in her study were threatened by the perpetrator not to tell, two thirds of these children nevertheless still disclosed." (page 35)

BOOK REVIEW

Satanic Ritual Abuse: Principles of Treatment
by Colin Ross, M.D. University of Toronto Press, 1995

Reviewer: Jeffrey S. Victor, Ph.D.

I was looking forward with hopeful anticipation toward reading Colin Ross's new book, *Satanic Ritual Abuse: Principles of Treatment*. I had heard him speak at length on this topic on Canadian radio, where he emphasized the need for psychotherapists to avoid jumping to conclusions about the existence of secret, criminal satanic cults. Ross has directly treated or supervised the treatment of about 300 alleged survivors of satanic ritual abuse, according to his count (p 119). So I hoped to gain better insight into how satanic cult stories become incorporated into the memories of clients in psychotherapy. Unfortunately, I was disappointed.

In his book, Ross states: "The major point that I am making in *Satanic Ritual Abuse* is that the therapist must take a position of ideological neutrality in order to work effectively with individuals claiming past involvement in Satanic cults: it is important not to accept or reject too much of the sociological reality of the ritual abuse memories (p.58)." Unfortunately, I found that the meaning of "ideological neutrality" in the context of Ross's book to be entirely unclear. It seemed to be only a pretension of open-mindedness. I'll return to this issue later.

Is Ross's book useful to readers of this newsletter? His book could be useful to some people as an introduction to the point-of-view of a psychiatrist who specializes in the treatment of MPD and who is also a critic of the concept of false memories. It might also be useful as a statement of Ross's theoretical position for psychotherapists and behavioral scientists. The primary audience for whom Ross is writing is that of his fellow psychotherapists. The core of Ross's book is a defense of his interpretation of dissociative disorders (more specifically, MPD patients who claim to be survivors of satanic ritual abuse) and his methods of treatment. Unfortunately, this book is not particularly useful in understanding false accusations of satanic cult ritual abuse, or the nature of false memories of SRA. I expect that the book's greatest usefulness will be as a document for future social historians, in their attempts to understand the current moral panic over accusations of satanic cult crime.

Readers of this newsletter are likely to disagree with Ross on many of the issues in his book. Some of these issues include: the issue of whether or not repression is a scientifically proven psychological process; the issue of whether or not MPD is essentially a social construction (an iatrogenic creation) or a unitary and universal mental disorder; the issue of whether or not trauma from child abuse is the exclusive cause of MPD and dissociative disorders; the issue of whether or not therapist suggestion effects play a major role in the social construction of a patient's SRA stories; and even whether or not the disease analogy (medical model) is adequate for understanding psychological problems which are caused by stress and social learning experience.

Ross's book is divided into the following sections: 1) The Historical and Social Background; 2) Satanic Cults Today; 3) Therapy of Satanic Ritual Abuse Survivors; and

4) Society's Response to Satanism. It might appear that most of this book addresses historical and sociological issues related to claims about satanic cult ritual abuse. However, there is little genuine history or sociology to be found. Instead, the book is a highly speculative work of creative fiction, in the tradition of Doctor Freud. It is a curious circumstance that many psychotherapists feel free to write accounts of history and sociological analysis, without having had adequate training in history and sociology. They do so, by assuming the mantle of medical authority, based upon expert knowledge of the cause of disease.

The basic flaws of faulty logic in this book transcend any possible disagreement over specific research issues. For example, Ross employs many slippery slope arguments. (Many horrible things have been revealed in the past, therefore, it is possible that many secret atrocities by satanic cult criminals will be revealed in the future.) He employs circular logic which plays into conspiratorial thinking, whereby the lack of evidence for a conspiracy is possible evidence for the effectiveness of satanic cult conspirators. He makes many inappropriate analogies. For example, Ross uses information about past secret groups which committed murders and about the extent of child sexual abuse to argue that we should be alert to the possible existence of unknown horrors committed by secret criminal satanic cults. Sample: "All of these facts about known, successfully prosecuted destructive cults make it conceivable that Satanic human-sacrifice cults could be operating in secrecy through a combination of bribery, financial power, political connections, and intelligence expertise" (p.53): Sample: "The Jeffrey Dahmer case tells us that we cannot reach any firm conclusions about the reality of multigenerational orthodox Satanic ritual abuse based on the present lack of objective evidence" (p.49).

Ross asserts that there is no sociological evidence for the existence or nonexistence of organized secret satanic cults. He thereby tries to affirm his neutrality on the question. However, science can only examine alternative explanations about people's claims concerning reality. Today, prominent psychotherapists are giving credibility to some rather bizarre claims being made by patients in psychotherapy. Scientific research cannot prove the non-existence of aliens from UFOs who kidnap people; or past-life experiences; or secret satanic cults. Ross carefully avoids dealing with the important issues of how the validation of SRA allegations by some psychotherapists has contributed to a loss of public credibility for the profession of psychotherapy.

Ross dismisses in a few sentences sociocultural explanations of the origins of satanic ritual abuse allegations, based upon the internalization of contemporary legend stories into the confabulated memories of psychotherapy patients and reinforcement by therapist suggestion effects. Yet, he gives lengthy consideration to many dubious sources in his attempt to explore the possible real existence of organized, criminal satanic cults; such as books by Mike Warke (which has been proven a total fraud), by Linda Blood and by Carl Raschke (both of which are ideological tracts from anti-cult "experts"). However, Ross ignores the major government and scientific studies which report finding no evidence to support claims about the existence of criminal organizations which engage in sexual child abuse

and torture, justified by a satanic religious ideology (Goodman, et. al. 1994; La Fontaine/U.K. Department of Health, 1994; Lanning, 1992; Netherlands Ministry of Justice, 1994). This is the context of Ross's pretension that he holds the moderate, reasonable middle ground, between the extremes of "believers" and "skeptics." (The logical fallacy here, of course, is that the middle is closer to the truth.)

Is there anything in Ross's book which is helpful in understanding how satanic ritual abuse stories become expressed as personal memories from childhood? Yes. Ross makes a very useful distinction between the structural themes and specific content in the SRA stories told by patients having dissociative disorders. Unfortunately, Ross himself becomes wrapped up in the content of SRA accounts in his book, indicating that it is all too tempting for therapists to pay too much attention to dramatic story content. Ross also cautions therapists that the commandment to "always believe the client's story" is a dangerous principle for psychotherapy. He implicitly recognizes that many therapists are following this pop culture fad and thereby reinforcing the false memories of their clients. Perhaps, most importantly, Ross provides some research data on the possible extent that 'wounded healer' therapists may be involved in the treatment of alleged "survivors" of childhood victimization and cautions therapists about this danger. In a sample of 1,000 mental health professionals registered for MPD conferences, Ross found that 55% had a history of childhood sexual abuse (p. 87 & p. 122). I believe that this is a key to understanding why some therapists so easily validate false memories of child sexual abuse. It may also explain the selective attraction of some therapists to recovered memory therapy.

I hope that this review can serve the purpose of providing some insight into the range of deep differences which must be bridged, if professionals with divergent views on the issues related to SRA can ever come together seeking productive dialogue. Ross said in these pages (Feb. 1995), that it is time for professionals to seek common ground. Perhaps, Ross can take the initiative in organizing a conference for professionals holding these divergent views.

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

LEGAL CORNER

FMSF Staff

THERAPISTS SETTLE OUT OF COURT IN CALIFORNIA MALPRACTICE CASE

The hypnotherapist and MFCC (Marriage and Family Certified Counselor) who had treated Kimberly Mark agreed to an out of court settlement of \$157,000 on December 5, 1995. Kimberly Mark and her husband had sued the therapists for negligently implanting memories of sexual abuse by her father, failing to warn of the unreliability of recovered memories, and negligently diagnosing and treating for MPD.

According to attorney Patrick E. Clancy, Kim originally went to a hypnotherapist for help with excessive chest pains. It was later discovered that, not only was the hypnotherapist unlicensed, but he had only a high school diploma and had achieved his certificate in hypnotherapy by watching 200 hours of video tapes at home. (In California, unlicensed hypnotherapists are allowed to help people give up habits, such as smoking, but are not allowed to do psychotherapy.)

Kim had over of 50 sessions of hypnosis and came to believe that she had recovered "repressed memories" of molestation and of ritual abuse. The hypnotherapist diagnosed her as MPD.

The hypnotherapist then involved an MFCC to help Kim. The MFCC accepted the hypnotherapist's diagnosis of MPD and mapped out over 250 personalities in Kim. Sometime later, the therapist was introduced to a group called Entity Extractors at a Los Angeles seminar. Kim was sent to the Entity Extractors, where she was reportedly told the MPD diagnosis was wrong and that the alters were not "children" but "entities." The "entities" were horrible monsters which could be extracted through hypnotic sessions.

Attorney Clancy described the arguments used by the defense. The first was that the hypnotherapist had no insurance or assets and thus could not pay. The MFCC argued that she had not implanted any memories and that Kim was exhibiting the symptoms of MPD before seeing the MFCC. The MFCC's insurance company settled over her objection. It was also argued that Kim's occasional use of drugs was the true cause of her problems. The Entity Extractors argued that they had only worked with Kim for three or four days. Additionally, they argued the proposition that "entities" existed was supported by religion.

In California, under the MICRA act an upper limit of \$250,000 is placed on damages for pain and suffering which can be awarded in medical malpractice cases. Further the jury is instructed to assign a percentage of responsibility for the injury to the defendants and to the plaintiff (called contributory negligence). There is no limit on the losses for special damages such as lost wages.

Attorney Clancy states that he currently has four more retractor cases. He expects that three of the cases will come to trial in 1996.

DENVER THERAPIST LOSES FALSE MEMORY CASE

Rocky Mountain News, November 2 & 3, 1995
(Report of the trial in FMSF Newsletter Nov./Dec. '95 p 10)

Denver therapist Beverly Nussbaumer was found professionally negligent and was ordered to pay \$120,857 to Jane Brennan for implanting false memories of incest. Supervising psychiatrist, Henry Bible was cleared of liability.

Brennan's attorney, Joyce Seelen, accused Nussbaumer of using hypnosis and unproven techniques to plant false memories in Brennan's mind that her father had sexually abused her. As a result, Brennan cut off relations with her parents and her siblings, devastating her family. Her father subsequently suffered a stroke.

Brennan sought treatment in 1990 for postpartum depression. After a year in therapy, Brennan was gripped by a depression so deep she couldn't care for herself or her three children. Eventually dim memories, then detailed recollections of weekly sexual assaults emerged. Brennan says Nussbaumer would get angry when she questioned the memories saying, "Why don't you just accept this? You want to get better, don't you?"

Nussbaumer's attorney, Gilbert Dickinson, said he wasn't sure whether he would appeal the verdict and said

Nussbaumer had followed accepted practices. He admitted that therapists view recovered memories of incest much differently now than they did five years ago but he said Nussbaumer never purposely set out to give Brennan false memories.

The jury awarded \$79,250 for lost earnings, \$30,507 for medical costs at the time of treatment, and \$11,100 for punitive damages. Jurors said they did

not believe the father's abuse had happened, but the verdict was a compromise after one young juror became adamant that Brennan should have left therapy when she saw it wasn't working. Another juror said she was "disappointed" and "embarrassed" by the small award, especially the jury's decision not to award damages for family pain.

"Which is my point that I made this morning. That when you tell these stories, the fact that they sound incredible virtually is the proof of them."

David Calof

Presentation at Advances in Treating Survivors of Sexual Abuse: February 5-7, 1993, Anaheim, CA Tape, F113-3

APPEALS COURT REFUSES TO RESTORE MURDER CONVICTION OF GEORGE FRANKLIN

San Francisco Chronicle, November 21, 1995

On November 20, 1995, a federal appeals court refused to restore George Franklin's 1990 murder conviction. The state has decided not to appeal further. Prosecutors have ninety days to decide whether to retry the case or to let Franklin go. The U.S. Court of Appeals upheld a lower court ruling last April that overturned Franklin's conviction. Both courts said the trial had been tainted by improper allegations that Franklin had confessed and by the exclusion of crucial evidence.

Franklin's conviction involved the nation's first case involving repressed memory testimony. Franklin's daughter, Eileen Franklin-Lipsker, testified that she had witnessed her father murder a childhood friend in 1969, but had repressed the memory for 20 years. Neither court specifi-

cally criticized recovered-memory testimony as the basis of its ruling.

Assistant District Attorney Martin Murray said that the state had not decided what action to take. He made it clear that a central factor in the decision will probably be medical experts' increasing skepticism about repressed-memory testimony, which played an important role in the trial. "There have been some additional studies on that subject since the trial," Murray said, "and we would have to evaluate those and see what the psychiatric landscape looks like" before deciding whether to retry the case.

**CONTROVERSIES SURROUNDING GENESIS, ASSOC.,
A COUNSELING CENTER IN EXTON, PA
Philadelphia Inquirer, November 4, 1995**

Certification of two therapists who operate Genesis, Inc. was revoked on November 1, 1995. The Pennsylvania Chemical Abuse Certification Board found psychologist Patricia Mansmann and social worker Patricia Neuhausel had "failed in their duty to maintain a client-therapist relationship by creating a dependency on the therapist for all aspects of their lives." The therapists were accused of providing harmful treatment, including "detachment" from family and "snuggle dates" with other clients.

The Chemical Abuse Certification Board is a private, nonprofit organization that establishes a code of ethics for professionals and issue certification in the field of chemical abuse treatment. Certification is not required to operate the counseling center.

A press release from the Pennsylvania House of Representatives on October 31, 1995, indicates that Commonwealth Secretary Yvette Kane has instructed her department's Office of Prosecution actively to investigate the complaints against Genesis, Inc. At the end of the investigation period, expected by mid-January, a decision will be made on whether to bring charges against Genesis before the Psychology Board. Members of the County delegation to the state House are considering holding hearings on the matter due to the numerous complaints they have received from individuals who claim to have been victimized by Genesis.

**FENDER BENDER TRIGGERS REPRESSED MEMORY CLAIM:
RECALLED TRAUMA LEADS TO A \$107K AWARD
Massachusetts Lawyers Weekly, October 30, 1995
David L. Yas**

A 50-year old woman recently was awarded \$107,000 from another driver after recovering repressed memories following an automobile accident. After the woman's car was rear-ended at 35 mph, she suffered a mild head injury. The woman claimed that the injuries triggered traumatic childhood memories. The woman sued the other driver for adverse effects including migraine headaches, cognitive dysfunction, sleep disturbances, and flashbacks to a childhood trauma of which she was previously unaware.

The issue wound up in arbitration after the insurer for the defendant agreed that while the issue of liability for the accident was clear, the issue of damages was not. The

arbitrator's task was to determine whether a mild head injury could trigger the plaintiff's flashbacks of childhood trauma. Expert opinion was offered from a neuropsychologist to establish a causal connection between the relative mild head injury and the childhood trauma which occurred decades earlier.

Attorneys for the plaintiff were Robert W. Casby and Marianne C. LeBlanc of Boston.

Alan S. Fanger of Boston, a lawyer who was interviewed for this article, suggested that this is a doubly disturbing case. It is disturbing first because there is no scientific support for the concept of recovered repressed memories and second because the plaintiff recovered from a third party — someone with no connection whatsoever to any traumatic childhood experiences.

**SUIT: WRECK REVIVED MEMORIES OF ABUSE
The Register-Guard (Eugene Oregon)
September 22, 1995**

A 47-year-old East Wenatchee woman is suing her father and a teen-age boy after an automobile accident she says triggered memories of childhood sexual abuse by her father. One of the defendants is a teenage boy who rear-ended a pick-up which, in turn, struck her vehicle from behind. As a result of the accident, the woman began to remember repeated sexual abuse by her father nearly 40 years ago. "It's like the wreck broke open barrels of toxic waste, and now I have to live in it," the woman is reported to have said in an interview.

The suit seeks compensation for medical expenses and lost wages for the woman and also compensation for her son and husband who have lost her love, support and care as a direct result of the accident and the memories it revived.

**WOMAN FIRED FOR MENTAL CONDITION (MPD)
SETTLES LAWSUIT
Naples Daily News, November 9, 1995**

Diane Krug, who worked with animals at a wild life refuge, became unable to work in August 1992 because of psychological symptoms stemming from trauma she suffered as a child. Court documents said a therapist found that Krug had at least nine different personalities.

Krug filed her lawsuit under the federal Americans with Disabilities Act and claimed she was discriminated against because her employer did not make reasonable accommodations for her when she was ready to resume working. Her employer claimed that her condition prevented her from remaining alert when working with potentially dangerous animals. Krug's lawyer said that Krug no longer had any symptoms of the illness and was "perfectly capable of resuming the same duties." Krug's lawyer, Archibald Thomas III, stated that there was some dispute that she suffered from multiple personalities and acknowledged that there is also dispute in the psychological community as to whether the disorder even exists. The defense asserted that Krug could not show at the end of a leave of absence that she was a "qualified individual with a disability" who could do her job with reasonable accommodations.

UPDATE ON CASES INVOLVING CHILDREN

ROBERSONS FOUND NOT GUILTY IN WENATCHEE

New York Times, December 12, 1995, Timothy Egan
Seattle Times, December 12, 1995, Thomas Haines

On December 11, the jury acquitted Robert and Connie Roberson of all 14 counts of sexual abuse of children in a trial in which no physical evidence was offered to support the charges. The Robersons were accused of being at the center of a sex ring in which children were ritualistically raped and abused. The case was based on the accusations of a 13-year-old foster daughter of the police officer, Detective Perez, who investigated the Robersons. The girl has named 23 adults who she said were sexually abusing her or other children. More than 40 adults have been arrested in Wenatchee and more than 20 remain in jail. The U.S. Department of Justice has completed a look at the Wenatchee to see if civil rights have been violated. They will soon announce whether there will be a formal investigation.

The Robersons are now seeking to regain custody of their child. They have said that they plan to sue the agencies involved in the prosecution. Defense attorney Robert Van Siclen said, "There was no reason for this case to go on."

THE PRICE OF CHILD ABUSE

Seattle Times November 27, 1995

This article describes what has been happening to the children involved in the Wenatchee cases. To date forty-two children have been removed from the homes of parents who were charged with abuse. Thirty-two of those children remain in the care of the state. Although there had been reports that some children were in mental institutions, that was apparently not accurate. Most of the children are in foster care and most will someday be placed for adoption. According to the writer, foster parents may not be able to afford to adopt any of the children. Foster parents are paid from \$366 to \$1,700 per month per child depending on the difficulty of the child's behavior. The state also pays for special services, including weekend caretakers to allow foster parents to get away sometimes.

While there is debate whether all of the children needed to be removed from their homes, some doctors have reported strong evidence of sexual abuse on at least eight of the children. At the same time, questions about conflicts of interest and coercive interviewing have raised so much doubt about the cases that Governor Mike Lowry asked for an investigation by the U.S. Department of Justice.

Of the children in foster care, some never said that their parents abused them, some say that they were raped or abused and others have recanted their accusations. They are all being treated as though they had been abused by a sex ring. The children have all had to cope with new routines, new authority figures, new schools and regular therapy schedules. They have also had to deal with the feelings of loss of their parents. In many of the cases there is more money for the children and better care. Teachers said that some children have received long needed glasses and cleaner clothes. Many are receiving special instruction at school and some are enrolled in speech therapy. The

children's reading scores and school performance are reported to have improved.

Almost none of the natural parents are expected to regain parental rights but one therapist says that it is good that some of the children are staying in touch with their parents who are in prison. He noted that even children who had testified against parents miss them. "Not a single one of these kids wanted their parents to go to jail. I encourage the child to write to the parent. I think that has been very helpful for some of these kids. It's not as traumatic if they maintain contact with people who were their parents."

GILMORE TEXAS CASE ENDS IN A WHIMPER

Dallas Morning News

(compiled from articles 1/25/94 to 11/7/95)

The Texas attorney general's office has asked for indictments to be dismissed after a 3-year-long child-abuse investigation that involved charges of kidnapping, murder, cannibalism and ritual child abuse by a Satanic cult. The Attorney General's Office filed a motion on November 3, 1995, in Upshur County court to drop 48 child sexual abuse indictments against 10 people because the special prosecutor who once handled the case "irreparably tainted" the children. A gag order was also issued by the court.

The child abuse case is related to a murder investigation conducted in 1992 by special prosecutor, Scott Lyford, in the disappearance of 17-year-old Kelly Wilson from the small town of Gilmer, 110 miles east of Dallas. As a result of Lyford's investigation, eight people, including Gilmer police Sgt. James Brown, another officer and his wife and 5 members of the Kerr family were indicted on charges of kidnapping, sexually assaulting and murdering Wilson. Sgt. Brown had been in charge of the investigation into Wilson's disappearance. He was indicted five weeks after he had an argument with Lyford over the direction and credibility of Lyford's investigation. The indictments specified molestation, rape, stabbing and satanic abuse even though Wilson's body was never found. They were based on the investigation of Lyford, without the involvement of the Police Department, the sheriff's office or the district attorney. Lyford maintained all files on the case. According to critics, Lyford used the indictments as though they were a fact-finding tool.

Stephen Braggs, an expert in ritual abuse, and Elizabeth Goar, a local caseworker were engaged to assist the investigation and stated in an affidavit that the Kerr children had told them in 1990 that the defendants had forced them to have sex and attend Satanic ceremonies. The Kerr children were removed from their family soon after that investigation began and were repeatedly interviewed from 1990 through 1992. Subsequent searches of the Kerr property failed to find evidence to support the allegations of satanism or ritual abuse. In June 1993 a 7-year-old boy said that the Kerrs had killed Kelly Wilson and that a man in a blue uniform had been there, too. It was later discovered that the boy's statements were made after the child had been interrogated for hours by as many as 7 adults about possible abuse. At one point he begged, "Stop, stop... I'll do what you want me to do."

In March 1994, state district judge, James B. Zimmer-

man dismissed all indictments against the eight defendants charged with abducting and murdering Kelly Wilson. All members of the Kerr family remained in jail, charges of child abuse still pending. Then in May 1994, the child welfare workers and foster parents involved with the Kerr children came under investigation by the Texas Department of Protective and Regulatory Services. The agency removed two social workers from the case and investigated whether the group had circumvented regulations, resisted oversight, trespassed into the preserve of law enforcement, built their own prosecutorial team and made decisions that ultimately harmed the children they were trying to protect. Operations manager, David Reilly, said he approaches all allegations of so-called ritual abuse with "benign skepticism." He was also critical of the interviews of the children. "Subjecting any child to that kind of process is way out of line," and violates Protective and Regulatory Services policy, Mr. Reilly said.

THERAPEUTIC HOLDING - GILMORE

"On Nov 7, 1993, according to some of Danny's siblings, one or both of his foster parents beat his head against a wooden floor until the back of his skull was mushy. Danny now can't walk, talk, or sit unaided or feed himself.

"The children — social workers had assigned 10 to the home — said he was brutalized during a session of "holding," a technique that included forcing them to run up and down stairs until exhausted and squeezing them under the arms until they screamed."

Victoria Loe

Dallas Morning News, Nov 16, 1995

Although physical examinations show that some of the children may have been molested (visitation with those parents has been severed), physical evidence to support the more sensational allegations of satanic ritualism and murder was never found. Records show that the cult stories came forth after the children, all of them 7 or younger when they were removed from their families, were placed in two "therapeutic" foster homes.

Finally in November 1995, the 45 indictments against nine members or acquaintances of the Kerr family were dismissed at the request of the Texas attorney general's office. The attorney general contended that the case had been irreparably compromised by overzealous investigators bent on exposing a satanic cult. Videotaped interviews of three of the children were played in court. The children said that they had fabricated the tales of abuse after they were subjected to a technique called "therapeutic holding." One of the children told child psychiatrist Bruce Perry that one foster mother would hold them and rub their ribs with her knuckles hard enough to produce bruises if they did not confess to having been ritually abused. The boy who had implicated the Kerr family and Sgt. Brown in the disappearance of Kelly Wilson, said he would tell the foster mother whatever she wanted to hear in order to avoid the painful holding sessions.

ARRASMITH CONVICTED

Is murder justified if a person believes that someone has sexually abused a teenager? The details of the Arrasmith case have never been in dispute. On May 17, 1995, 44-year-old Ron Arrasmith of Sunnyside, Washington got in his car and drove to the home of Ron Bingham in Lewiston, Idaho. When Arrasmith arrived, he found Bingham lying under his truck working on it. Arrasmith took out his gun and shot Bingham 23 times. Arrasmith then went and found Ron Bingham's wife, Luella Bingham. Arrasmith said that the Bingham's deserved to die. "It's Ron and Luella's own fault I shot them because they were raping and torturing children," he told the jury.

This case received national attention and people sent donations of money to both the prosecution and to the defense. Former Ms. America, Marilyn van Derber, for example, was mentioned in several articles as a contributor to Arrasmith's defense fund.

GERALD AMIRAULT DENIED NEW TRIAL

United Press International, November 29, 1995

Judge Elizabeth Dolan denied a new trial for Gerald Amirault who is serving up to 40 years in prison for his conviction of crimes at the Fells Acre Day School in Malden, Mass. Gerald Amirault was convicted in 1986 of assault of children at the family's day care center by a jury in Judge Dolan's court. In a separate trial his mother, Violet, and sister, Cheryl, were also convicted. In August, 1995, Middlesex Superior Court Judge Robert Barton overturned the convictions of Violet and Cheryl, ruling that they had been denied their right to "face to face" confrontation with their accusers at trial. The child witnesses sat at a small table facing the jury, their backs to the defendants. Judge Dolan, however, ruled there was no evidence to support his claim that he was unable to see the children testifying against him. Gerald Amirault's lawyer said that he plans to appeal the Dolan decision to the state Supreme Court.

**PSYCHIATRIC PROGRAMS SPARK HUGE LAWSUIT:
AETNA ALLEGES THAT FRAUD RAN INTO THE MILLIONS.
DEFENDANTS SAY FIRM IS TRYING TO RECOUP FUNDS**
Los Angeles Times, December 10, 1995, Julie Marquis

Aetna Life Insurance Co. alleges that a group of psychiatric providers in Los Angeles and Orange counties systematically lured unsuspecting patients from throughout the country with false promises and improper perks. Aetna has accused Paracelsus Healthcare Corp that has hospitals in California, Nevada and Florida of luring patients, lying to insurers and giving kickbacks. Hollywood Community Hospital of Van Nuys, Bellwood Health Center in Bellflower and Orange County Community Hospital have been named as part of what has been called a "heads in beds" program. Much of the focus of the lawsuit is on programs labeled Christian Therapy. Lawyers for the hospital chain have rebutted each of the charges. Both former patients and former workers at the hospitals have confirmed Aetna's claims.

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

Edmund Burke

Thoughts on the Cause of the Present Discontent Vol. i. p. 526.

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?

California - We have subscribed to LIFELINE/AMERIVISION for our long distance phone service. This means that FMSF will receive a check every three months from Amerivision in an amount equal to 10% of our long distance billing for that period. If you are interested, call LifeLine at 800-492-2002.

Florida - We encourage all families to purchase half a dozen of the 16 minute FMSF video tapes produced by Allen Feld (cost \$10.00 each). Mail a tape with a cover letter to major magazines and also to your local newspaper. The letter could encourage the editor to launch an investigation or to publish a story. It's something people can easily do, if they are looking for a way to help educate the media about FMS.

New Mexico - An alert attorney read a child abuse prevention pamphlet that said ritual abuse (which is another term for Satanic abuse) is a significant problem in all communities. The State government had been distributing this through the Department of Children, Youth and Families. The attorney, M. Churchill, said "Child abuse does occur, obviously, but if you get people in a panic, they'll start accusing people who are innocent." She tried unsuccessfully in August to get the pamphlet changed. State officials decided to rewrite it only after inquiries were made by the *Albuquerque Journal* newspaper.

Vermont - Here in Vermont, we try to invite a guest speaker to most meetings for two reasons: to educate us and to be educated about FMSF issues in return. We have had lawyers, therapists, insurance executives, and journalists thus far. The caliber of these meetings is noticeably more upbeat and energized than those in which we simply commiserate with one another. In traveling around the country, I have found that some meetings never invite outsiders. I think that's a shame. I feel strongly that we should reach out.

Since going public (with great trepidation) with my own story in *Victims of Memory*, I have not received hate calls or hate letters. On the contrary, many people have called and written to thank me profusely. It has been a liberating experience — very similar, in some respects, to some-

one who has always remembered being sexually abused and finally decides to speak out about it. Going public is a personal decision for each person, of course, but this has been my experience, and I encourage others at least to tell relations, friends, and acquaintances about your personal plight. You will probably be surprised at the positive and sympathetic response.

We must continue to educate more and more people. Getting the new books on recovered memory into bookstores is one of the most effective ways to balance the unscientific books such as "Courage to Heal." If you would like free booklets that specifically critique these ideas that may be given to bookstore owners to alert them to its negative impact, call my publisher at 800-356-9315. (Mark Pendergrast)

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 Spanuella c/o FMSF.

MEDIATION

More and more families are telling us about their accusing children retracting their allegations, or expressing a desire to "return" to the family. These situations sometimes spur other families to ask what they can do to initiate a reconciliation process. The answer some are considering is a form of mediation. Mediation has been used in the past primarily in labor disputes and legal circumstances, and only recently has it been applied in situations involving "repressed memory."

In mediation, families can try to resolve their differences in a *neutral* environment. This can help to promote positive communication as family members attempt to clarify their expectations. Some professionals who serve as facilitators for such a process include neutral family therapists, family doctors, clergy and retired judges. As long as the mediator is indeed neutral, this can be a direction in which to proceed.

The Foundation would like to hear from any families who have had experience with mediation, both positive and negative. We would also like to hear from any members of the Foundation who are considering mediation. In this way we can benefit from each other's experiences, and share information on the neutrality and effectiveness of mediators. We are aware of several instances in which a mediator professed neutrality, but in reality this was not the case.

Mediation can be an avenue for some families to consider as we work together towards our ultimate goal—reconciliation for families.

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 having on families.

FROM OUR READERS

THANK YOU ALL AND THANK YOU CHUCK

Thank you all for the wonderful support you have given to us by your letters and phone calls. You helped us survive the weeks of dread while we waited to have our hearing before Judge Dolan. You should know that our bags were packed in readiness to be sent to separate prisons for a very long time. We were so happy when Judge Dolan told us that we could remain under house arrest until our next appeal before the state Supreme Court in January. Can you imagine being happy about being under house arrest? It ranks up there in absurdity with those who are happy because they have been accused of satanic abuse (because there is *no evidence* for it) or those who are happy that they were both accused (because that reduces questions).

We say a special thank you to _____ who came all the way from Texas to be with us during this time. Her husband is still in prison there. We say thank you to Helen for calling the governor. We say thank you to Jean for more than we can ever list.

We say thank you to Chuck. Chuck Noah was one of the people who called us. He said that he would come East to be with us on one of the most unsettling days of our lives. Chuck is a precious commodity, a truly dedicated man, a man with a mission. He and his wife have been a part of our lives for over two years and the bond is strong -- as it is with all those who have been so hurt by false and cruel allegations by our adult children.

Chuck found his way to deal with the pain and his way was to take to the street with a public showing of the craziness of recovered memory therapy. Chuck didn't sit and brood. He didn't hide and try to work behind the scenes. Chuck was up front and "in your face" with picket signs.

Chuck arrived on Sunday November 5. He and two other young men set out for the lumber yard. They set to work and constructed a sign which was ten feet high and as wide as the rear of his rented auto. The sign read "Free The Souzas." Early next morning Chuck set out for Boston where he drove around the state house and up and down the highway. He was very visible and said that he had quite a good positive response. He said that he got good signs from motorists, some curious enough to ask, "Is that sign for the grandparents?" Once Chuck was pulled over on I 93. He was not given a citation for driving too slowly because the State Police Offices said that he knew Shirley and Ray and the officer

repeated three times over... "They are innocent."

On the morning of the hearing Chuck parked in front of the courthouse. He walked up and down in front of the entrance with his sandwich sign which read "Therapy is a dung heap." The court officers supplied him with warm coffee during the day. When the good news was brought out to him he shed a tear or two with other supporters. "I believe in picketing," Chuck said more than once. "It really gets attention." He was not wrong. During his three days there we received quite a few calls telling us about this man with the big sign who was driving around Boston.

If there is a victory party—and I am certain that there will be—a friend has called to say that she is planning to give her free air time to Chuck and June. Chuck is a living example of what true friendship is. He is an example of unconditional love. It has been an honor to *meet him personally*, not just us but for all who were a part of a most dreaded day turned festive. Chuck does not expect anything. But Chuck should know that he has become a hero and a symbol to many families. To a man of strong principles we say "Thank You" most sincerely.

Ray and Shirley Souza

A TERRIBLE MISDIAGNOSIS

I am writing to you to hopefully help people who believe they were abused and to provide some hope for their parents.

Before therapy 1988

I love you, and want to thank you for all the help both you and dad have given me in my life, especially in the last few years. I would have had a much harder time not having you behind me.

Love from your daughter "C"

After therapy 1989

Over the past three months I have experienced some memories which have been painful and upsetting for me. I now believe I was sexually abused as a child, and I believe this is the reason for my problems that I have had both past and present. If there is anything you know and have not told me, or anything you remember about my behavior as a child that may point to me having been abused, I would appreciate hearing about it. You can write me a letter detailing what you know or suspect. If you wish to talk to me in person, I would prefer to do so with my therapist present...At this time I don't feel I can see you or dad, or have you visit us at home. ...I am making my healing a priority in my life right now and am totally committed to this process, no matter how painful it may be.

Sincerely "C"

I believed I was abused and therefore cut off all contact with my parents and family for almost three and a half years. I sued my parents and I was completely convinced that they (my parents) had abused me. During this time period I missed one of my sister's weddings, the birth of a nephew, and meeting and getting to know my other sister's boyfriend who is now her husband. I also missed my grandpa's funeral and the construction of a new home for my family and the selling of our old home where I grew up. Now when I look at pictures of myself and my family when I was younger, I cannot believe I got so far from center.

I have been reunited with my family for almost two years now. Fortunately for me, my parents took me back. I am very lucky and I am very grateful. It has been a long road back and there have been times I thought I would never feel comfortable again, but I didn't give up. It is still hard, but I'm praying that time will continue to help.

Nothing spectacular caused me to call my parents finally. Just one night, I guess I was lonely and I called them. If you had known me then, it

would seem a miracle because I wasn't rational at the time. My brother, who was still in grade school, answered the phone when I called. I didn't talk. The next day I called again and talked to my dad. I think my brother had told my dad that he thought it was me who had called, but my dad didn't believe it after all I had put them through. I drove out to my parents' home with my three dogs and my mom and my dad and I went out to dinner and talked. It was a beginning. My dad said he had been praying for me. I think his prayers were answered and God told me to call.

Since that day I have been working on my relationships with my parents and my family. It has been easier with my parents. It has been slower with my siblings. I have met my nephews and witnessed the birth of another nephew and a niece. I have attended my sister's wedding. I found good homes for my dogs and moved closer to my family and I got a full-time job.

As I write this, I am in my parents' living room. My brother is upstairs and at noon I will go with my mom to the doctor. To me, it is a miracle that I am sitting here in their home. I can't say enough how grateful I am. I have been here for about 10 days after having been hospitalized for two weeks. My parents were at the hospital every day. They did not have to do that. It was not a short drive for them and I know my mom and dad did a lot of sacrificing to be there. To be able to stay at their home is, to me, the greatest thing of all. It makes me feel like some trust is restored. It has made me very happy.

While I was apart from my family, I saw many doctors and therapists. In the process I did learn some things, maybe, but mostly I screwed myself up. Now I see a new psychiatrist and I understand my problem. I have Obsessive-Compulsive Disorder (OCD) and that is what turned my life into a living hell. Perhaps OCD can account for others out there who think they were abused. It makes sense when you learn the problems OCD causes. If you don't know the symptoms of OCD you could destroy your life and the lives of others by trying to understand your obsessions the Freudian way which leads to a search for "repressed memories." With the combination of medicine and the help of my new psychiatrist, however, I have improved.

In my case there was a link between OCD and repressed memories. I don't want anyone else to go through what I have been through when help exists. If this message can get out, something construction would be accomplished. I believe so.

I hope you will print this letter, and if there is anything we can do together, I'm all for it. I'd like to help in some capacity if you need it. I'm glad my parents found you to give them a partial answer while I was gone. Hopefully we can change this wave of repressed memories. God is a big part of it for me, so I close by wishing you all well and praying that you and yours are in God's prayers.

Sincerely, "Retractor"

ADVICE FROM DAUGHTER CAUGHT IN MIDDLE

My non-accusing daughter told me that when explicit accusations are not made, it is because the FMS victim really isn't sure about what happened. That is, real doubts are there along with the feeling that something must have happened. In her view, it was not helpful to ask for details (as I did) because it just pushed the attempt to recover memory. She said it was awful being caught in the middle and that she could not communicate with me for some time because she had to have the space to think things through for herself and not be committed.

A Dad

RETURN AFTER EIGHT YEARS

For eight long years we were without our two daughters. They were lost in a sea of false memories. We had tried many approaches - including a year of therapy - to bridge the gap without success.

In 1986 our oldest (A) went to a psychic for a reading. It turns out that the psychic doubles as a FMCC therapist. Within a year A is relating to us all sorts of childhood abuses. She managed to proselytize her sister (B) who in 1988 had a breakdown and wound up in a care center for a couple of years. In the Fall of 1991, B moved in with her sister. That December B wrote us that she wanted to reestablish a relationship with us which delighted us to no end. But the euphoria didn't last. The next February B wrote that she had a flashback while seeing the movie "Prince of Tides" of being sexually attacked by her grandfather some 35 years ago. For many reasons, we didn't think that this could have happened. Then followed a couple of years of virtual silence.

Last November, A wrote that she had been so lonely and depressed, had attended a church service with friends and joined. She is now actively involved in the church along with her sister. She signed her letter with "love." We sent back a short but loving response and got an immediate reply asking about our activities. Meanwhile, B responding to her 40th birthday card sent a note signed with "love." We then sent each a long letter/Christmas greeting covering three years of our travels and activities. This time it did not end there. We're calling it the Beginning.

During the winter and spring of this year several newsy letters passed back and forth. Then in July we motored home down to visit and had a joyous three day visit with them. We're writing, talking and exchanging gifts. Just like a family again - like nothing had ever happened.

I doubt that we will ever broach "the problem" with them; and then only if they bring it up. Does it matter? It was our positive attitude that

got us through this, therefore, we will look forward and enjoy the life we have left.

Enclosed is a Christmas donation for the Foundation. Thank you for having the courage to make a difference.

A Mom and Dad

"If hypnosis worked for retrieving memories, I'd go to a hypnotist before I went to Mexico. That way I could get back all that Spanish I learned in high school."

Eleanor Goldstein, Nov 4, 1995

ABUSED AND ALWAYS REMEMBERED

When I attended an FMS meeting a few months ago, I was pretty intimidated by the situation and could not bring myself to speak. There were a lot of people there and I felt like an intruder or something. But I do think I have a helpful perspective to bring to the issue of "recovered memory." I wholeheartedly support your cause after viewing "The Fifth Estate" and subsequently, "Frontline." I was disturbed by the first, and enraged by the second. While I have never been one to join groups, in this case I felt compelled to see what could be done to stop these incredibly destructive practices. I believe I might inject some reality into this discussion on your side...

As regards real 'villains,' the boy who did that to me was not some Devil-worshipping, three-eyed monster, but a deeply troubled and beat-up young man, only seven years older than me. My family was always disturbed and it showed. I was ridiculed by many neighbors kids and shunned by parents. If they had known incest had been a part of the picture, they would have gone wild. I was afraid in my family, of my family, and for my family.

When it comes to forgetting or repressing, I suppose it is possible to repress certain details or specific incidents, but the notion that a girl (I wish!) could stash this reality would be some trick, indeed! The sad fact is that one day (I think I was 7), I was this child, and the next day, I knew my life was changed forever. I was another child - I was completely different from my peers. If this was as common as Measles, why would kids not have found each other? I stress this because those who profit from pain, would have their patients and the public believe it is a simple black or white matter. Incest is anything but that. It is, like it or not, a central fact of one's life.

I know from experience that an antidote (if you will) to this condition is not to regress and become a child again, which, I believe is terribly destructive, but to GROW UP!

If one manages to reach 30 or so, without doing something rash, even horrific experiences begin to sort themselves out in your head. As far as being labeled a "survivor," I reject that tag. So you survive. So what?

I have had a career with dope. I have had my head read, but nothing has accomplished what good, old-fashioned aging has -- perspective and some peace. In retrospect, I am grateful that in my case, I did not confront anyone. It would have served no constructive purpose. The boy died in an accident in 1981, and both my parents died without having to struggle with such knowledge. My remaining family is the opposite to the Waltons, but they are MINE and I cherish all of them. I have long since forgiven the man who hurt me and know that compared with his life, mine was a breeze.

I suppose I wrote this letter as a sort of reality-check against which FMSF families could compare the fantastic stories coming from their grown children. I did not know what to say to those poor folks gathered at the FMSF

meeting. I did speak to a few but basically I stayed out of their way. I do want to help, but I have not yet figured out how. "J"

FMSF WILL BE OUR CAUSE

Thanksgiving really meant a lot to us *this year*. Our "lost" daughter was here with her husband plus other friends. We do not know if these friends were aware of the accusations or not. We do think our daughter called some of our lifelong friends. We know she told our close relatives. If they did know, these friends were kind enough to keep it to themselves. We have not noticed any unusual behavior from them which speaks well of their trust in us.

Our daughter now comes over often and we go there too. She says she loves us, hugs us, etc. and in every way seems just as she used to be. With one exception. She has never once mentioned the terrible accusation nor has she, as yet, said that she is sorry for all the pain it inflicted. We do not want to bring it up, for perhaps she is trying to put it all behind her. But my husband is hoping to hear the words and hopes to see a complete resolution of the terrible accusation period.

Time will tell. When I mentioned her therapist my daughter said, "Oh I'll have nothing to do with her!" and she told me that she has thought of suing her.

Even though things have eased for us, FMS is our cause too. It's been quite an experience.

A Happy Mom

"A psychologist gave evidence and said that if the [school] marks dropped when a victim went to live with her abuser, it is one of the indicators of sexual abuse. Similarly, if a victim's school marks improve when she goes to live with her abuser, it is also an indicator of sexual abuse because the victim may be trying to please her abuser in an effort to get him to stop."

from Canadian court documents

WE NEED A MIDDLE GROUND

My daughter and I are speaking, if I call her. This has been going on for about a year. Recanters and people like my daughter, who can't quite recant, really do need a middle ground. The parents do too.

A Mom

HAPPY ENDING

"Our daughter never really remembered any of what she accused her father and brother of and admitted as much to us. She was married last April and her father and I walked her down the aisle. Our daughter's current doctor has been very supportive. I believe it was a psychiatric social worker who got us into all of this. I feel that this had gotten completely out of control before this Doctor realized what had happened. The social worker has long since gone and this doctor seems to bend over backwards to help her get completely well. We feel that he knows his responsibility and is trying to make it up to all of us. My husband and I feel his attitude is a result of our actions at that first meeting with this current doctor. We could not have had the faith and confidence to handle that meeting without the material from the Foundation and the support of the rest of our family. Thank you."

A Happy Mom and Dad

JANUARY 1996**FMSF MEETINGS**FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHERkey: (MO)=monthly; (bi-MO)=bi-monthly;
(*)-see State Meetings list**CALL PERSONS LISTED FOR INFO &
REGISTRATION*****STATE MEETINGS*****ARIZONA**Saturday, January 13 @ 1pm
speaker: Pam Freyd, Ph.D.
Barbara 602-924-0975**FLORIDA**Saturday, January 20 @ 10am-6pm
speaker: Dr. Paul Simpson
Radisson Barcello Hotel-Orlando
Madeline 305-966-4FMS**INDIANA**Sunday, January 28 @ 1pm
Indianapolis, Logansport, Ft. Wayne
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****SAN FRANCISCO & NORTH BAY (bi-MO)**

Gideon (415) 389-0254

Charles (415) 984-6626(day);
435-9618(eve)**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) 967-4376**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

Esther (407) 364-8290

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****FREEPORT -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

Jan (816) 931-1340

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

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****PENNSYLVANIA CONT.****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**

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