

FMS Foundation Newsletter

3401 Market Street, Suite 130, Philadelphia, PA 19104-3318, (215-387-1865) Vol. 5 No. 9

October 1, 1996

Dear Friends,

The cross-examination of the appellant and his wife by Crown counsel was replete with improper questions. Both the appellant and his wife were asked time and again why the complainant would fabricate the allegations and were called upon to comment on the credibility of the complainant. These questions were not isolated instances but part of an obvious strategy that was both considered and deliberate.

Court of Appeal for Ontario, August 28 and 29, 1996

Here are some examples of questions that were given in the decision:

- Q If your husband is convicted, would you believe it then?
A. If my husband was convicted, I'd have to believe it wouldn't I?
Q. What else would make you believe it? If you saw it?
A. I would have to see something out of my husband.
Q Okay. So now it's just if you saw it or is it if you saw it and if he's convicted.
A. If I saw it, I would believe it
Q. What about if he's convicted, would you believe it if you didn't see anything?
A. If he's convicted, I would not believe it.

As the Ontario Court noted, the problem with such questions is that they place the witnesses in the position of having either to impugn the potential jury verdict and the jury system or to concede. This is the first decision that has passed our desk that has made note of the prejudicial questioning that has been so difficult for families.

Almost all families have had to deal with prejudicial questions—even from well meaning friends. Is there a family that was not expected to provide the answer for why their own child had become delusional on the topic of her childhood? Is there a family that has not had to explain that while a "denial" is certainly not proof of innocence, neither is it proof of guilt? Is there a spouse who has not been asked, "Did you ever think it could be true?" with the implication that if such a thought could have occurred then maybe "it" happened. Learning how to handle such questions, like learning how to live with the grief of child-loss is what FMSF families have had to do.

Has the FMS Foundation been too successful? When a child dies, friends rally round, professionals offer sympathy,

there is closure. FMS families, however, have had to live with suspicion, with attacks rather than compassion and with no closure to their grief. Has the Foundation been so successful that the mental health field has lost sight of the fact that most families joined the FMS Foundation to seek help in enduring the agony of child-loss.

FMSF families chose to deal with their personal pain by educating themselves and the public about the nature of memory rather than wallow in self-pity. They asked those who made claims about the nature of memory for the scientific evidence of those claims. They chose to fight for justice in the courts when they were accused. They chose to

point out some misdirections of thinking on the part of some professionals. They asked, "Please, will therapists make a good faith check into the accuracy of "recovered memories" before destroying the reputations, families and lives of people."

Is it because the Foundation has been so successful that some professionals respond with attacks and smear tactics rather than with compassion for people who are trying to cope with one of the worst stressors that life can bring: the loss of a

child? We do not have the answer to that question that observers of this acrimonious controversy ask. Where is the compassion?

The legal summaries this month present another remarkable series of decisions and settlements that capture the nonsense and waste of resources of the FMSF phenomenon and also the depth of harm that can come from false accusations in either repressed-memory or child cases. A jury in San Diego ordered a therapist to pay \$1.9 million for negligent treatment that caused a lawsuit and alienated a child. A judge in Missouri dismissed a repressed memory case and ordered the plaintiff to make \$125,000 restitution to the grandparents she had accused. The description of the settlement of a case in Oregon boggles the mind, and a

mental health consumer must ask how could such outrageous things have gone on without any intervention from professional peers?

The awful tragedy is that during the past seven years while the media has been riding on the "sex and gore" of the repressed memory stories, and the courts and lawyers have been prosecuting cases that are decades old, and families have been using all their resources to defend themselves, there has been a big rise in child abuse according to a study issued in September by the Department of Health and Human Services. While the incidence of child abuse is reported to have

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MEMORY AND REALITY: NEXT STEPS MARCH 22 AND 23, 1997

The family conference scheduled for Baltimore's Renaissance Hotel has been designated the Foundation's official fifth anniversary celebration and will combine important presentations and special social opportunities for families and professionals who attend. The results of the legal survey conducted by the Foundation's Legal Task Force will be one of the featured presentations. Speakers will include: Drs. Chris Barden, Pamela Freyd, Elizabeth Loftus, and Paul McHugh.

A continuing education program jointly sponsored by the FMS Foundation and Johns Hopkins Medical Institutions is slated for Friday, March 21, 1997. Brochures for both programs will be mailed later in the fall.

Help us celebrate the 5th Anniversary of FMSF.

increased by 107 percent, the number of cases that were investigated actually fell from 44 percent in 1986 to 28 percent in 1993. "This picture suggests that the child protective system has reached its capacity to respond to the maltreated child population," notes the report. The study noted that children of single parents had 77 percent greater risk of being harmed by physical abuse and an 87 percent greater risk of being harmed by physical neglect, and an 80 percent greater risk of suffering serious injury or harm than children living with both parents.

How are we using scant resources to help real children in the here-and-now? This is a question that we have raised before in this newsletter. Recalling that the incidence of child abuse reflects approximately 15% sexual abuse, 28% physical abuse and about 50% neglect, we ask: how are we using our resources? The data from two sources are revealing.

Crime Victims Compensation Reports for two states show the following:

California (6/18/96) Grants for Victimization Breakout

14 Child Physical Abuse
83 Child Sexual Abuse
70 Adult Sexual Assault
69 Adults Molested as Children

Oregon (6/18/96) Grants for Victimization Breakout

14 Child Physical Abuse
48 Child Sexual Abuse
40 Adult Sexual Assault
37 Adults Molested as Children

The National Institute of Justice Office of Juvenile Justice and Delinquency Prevention, June 1995, Prosecuting Child Physical Abuse Cases: A Case Study in San Diego Barbara Smith, included the following comment:

"More cases of child sexual abuse are prosecuted than cases of child physical abuse and neglect although the incidence of physical abuse is significantly higher. One reason for this situation is the common assumption that the prosecutor is unwilling to process these cases. San Diego was studied because it actively prosecutes child physical abuse cases."

To ask the obvious question of why more resources are poured into sexual abuse rather than physical abuse or neglect which represent a much greater percentage of the problem does not mean that stopping sexual abuse is not vitally important. It raises the question, however, of where

the money is going and what should be the priorities. Where ever the increases in funding of the past seven years have gone, it has not been for more investigations as the Department of Health and Human Services Study so clearly notes. We believe that the welfare of children is important enough to ask people to reflect on their priorities.

The Foundation has moved its office, although readers will not have noticed because we have been able to keep all our telephone numbers and even our suite number the same. The move has been planned for a year and a half during which time we have had rooms that were not only overcrowded but located on different sides of the building. We invite our members and our critics to visit us.

"Why do you need more space? Aren't the calls decreasing?" families might ask. The decrease in calls, of course, will be the indication that an important part of the work of the Foundation has been done. Unfortunately, the FMS problem still exists. We still receive approximately 85 calls a month from first-time callers who are asking for help because someone in their family has undergone a personality change, cut-off contact and made some accusation. An increasing number of the calls come from spouses who have lived through several years of "trauma-memory search" for parental abuse only to find that eventually they, too, are accused.

The number of calls seems still directly related to publicity about the Foundation. For example, a letter was published in a weekly magazine in Thunder Bay, Ontario. It contained the telephone number of the FMS Foundation. As a result of this letter, we received three telephone calls from individuals questioning their recovered memories. At least one is a retractor of her false memories who did not know about the Foundation.

Perhaps that tells us what we still need to do.

Pamela

**A Way to Help Someone
Who Believes in the Irrational**
August Piper Jr., M.D.

*The masses think it is easy to flee from reality,
when actually, it is the most difficult thing in the
world.*

Ortega y Gasset, 1948

A woman—who lives in Philadelphia, oddly enough—wrote last month to say that she had heard the False Memory Syndrome Foundation had gone out of existence. I called her to say that although probably any number of people most ardently wished this were indeed the case, the rumor contained neither jot nor tittle of the truth. A phone call to the FMSF office assured her that I had spoken correctly.

The main reason for the letter, however, was to ask a question about her 26-year-old daughter, Linda, who has become convinced that she is a victim of sexual abuse (she is not sure by whom) and satanic ritual abuse. "And in the past few years," the mother's letter continues, "with the help of two therapists, she has discovered she has some sev-

SPECIAL THANKS

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter.

Editorial Support: Toby Feld, Allen Feld, Howard Fishman, Peter Freyd. *Research:* Merci Federicia, Michele Gregg, Anita Lipton. *Notices:* Valerie Fling. *Production:* Frank Kane. *Columnists:* Katie Spanuello and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

enty different personalities.”

The mother said that she had half believed Linda's story as it evolved. Though she had never seen evidence that her husband had improperly touched her daughter, it was hard to argue with the therapist. For one reason, she claimed to be an expert. For another, she refused to meet with Linda's mother or to even talk to her on the phone.

Over the years, Linda's memories became more and more incredible. Finally, she came to remember being sexually molested in a ceremony in her parents' house—while her mother watched, doing nothing to assist Linda. The mother's letter says, “This accusation, though painful, nonetheless brought me an odd kind of relief. Whereas I didn't know whether or not my daughter's earlier claims were based in reality, I knew beyond any doubt that this one was absolutely false. So this preposterous accusation helped me see that my daughter had fallen victim to a cruel delusion; it helped me finally realize that her memories were unreliable.”

She has told her daughter of this realization—to no avail: “Linda continues to cling firmly to all her beliefs, including that her brother is part of a huge cult.”

This story, in all its dismal sordidness, must smell depressingly familiar to many of us: Childhood maltreatment that is remembered for the first time during psychotherapy. The ubiquitous “cult”—for which no one can ever seem to produce evidence. The expert therapist, so confident of his or her ability to unearth the truth buried in the past. Multiplication of “personalities,” as far as the eye can see. Ever-more fantastic memories of evermore fantastic mistreatment. The dreary features of this story are staples of the lawsuits, now blossoming all over the country, against both major and minor practitioners of recovered-memory psychotherapy.

In her letter, the mother asks the impassioned question voiced by so many FMSF members: “What can I do to help my daughter?”

Some research, based on sound cognitive-behavioral principles, might help answer this question. In treating patients who have delusions—that is, beliefs that are held firmly, despite a lack of evidence to support them, and in the face of evidence against them—psychiatrists have found that attempting to argue against the delusional belief usually accomplishes little. Rather, the research indicates a better course: simply ask the patient to generate his or her own alternative hypothesis for the phenomenon under discussion. After such explanations come forth, therapist and patient rationally discuss and weigh the merits and demerits of the various alternative explanations.

Beauty and elegance lie in this admittedly rather passive approach: in essence, patients are asked to argue against their own beliefs. It avoids the struggle that occurs when one side attempts to press its beliefs on the other. The therapist might offer an hypothesis, but only as something that the patient might—or might not—want to examine; the therapist is not passionately invested in one position or another.

So Linda's mother might say something like this: “Yes, dear, I understand you believe you were raped on an altar in our living room by the pastor and assistant pastor of our neighborhood Lutheran church while I watched. But is there any other hypothesis we might want to consider here?” She then refuses to discuss the matter further until daughter does the work of generating another theory that, one hopes, would conform more closely to the reality that most of us hold close.

Yes—the problems of this approach are many. It's slow. The accusing family member may never develop an alternative theory. It requires conveying the message that a delusional belief deserves the same credence as a reality-based belief. It requires cool, rational discussion of a hot, emotional issue. But I don't know any other research-validated method that tackles the vexing problem of therapy-induced false memories. Let me hear from all you wise readers who have other suggestions for Linda's mother!

FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodological 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 last six months, several new studies have described individuals who reportedly “repressed” and then recovered a memory of childhood sexual abuse or other trauma, and where it was later “corroborated” that the traumatic event actually occurred (1-4). It is likely that we will

see these studies cited in the future as new evidence that some people can develop amnesia for seemingly unforgettable traumatic events. (This phenomenon has been discussed under various terms in the literature, such as “repression,” “dissociation,” and “psychogenic amnesia.” For purposes of simplicity, we will use the term “repression” below.)

Do these studies provide legitimate evidence that “repression” can occur? In response, we must recognize that all of these studies were retrospective in design, in the sense that the investigators determined both the existence of the “repression” and the validity of the traumatic event at time points after each had occurred. Unfortunately, such evidence, as in other retrospective studies in science, is subject to serious methodologic limitations. Here are some examples which typify the studies cited above.

First, suppose that Ms. A recovers a “memory” that she

Are you a snow bird?

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

was sexually abused by Mr. B. Evidence later emerges that Mr. B indisputably abused several other children. Does it follow that Ms. A's "memory" has now been corroborated? No. Ms. A may well have known since her childhood that Mr. B was a bad character, and thus he would be the obvious "candidate" to become the perpetrator in her "recovered" memory, even if her memory were false and he had never abused her at all. Thus, the discovery that Mr. B is an abuser is not a corroboration, but a circularity: it may be simply a reaffirmation of something that Ms. A knew (or at least sensed) before she ever formed her "memory."

Now, suppose that Mr. C reports to the police that he has just recovered a memory that when he was an altar boy 20 years ago, he was sexually abused by Reverend D. An investigation ensues, and Reverend D actually confesses to the crime. Unlike the previous example, here we have clear corroboration (barring the possibility that Mr. D has made a false confession). But now we have a different problem: we cannot establish whether Mr. C actually repressed his memory, or merely claimed to have repressed it when in fact he remembered it all along. For example, Mr. C might need to allege repression in order to toll the statute of limitations and be able to prosecute Mr. D in court. Or more simply, Mr. C may have been embarrassed to disclose this homosexual encounter to anybody for the last 20 years. He may even have tried hard not to think about it himself, although in truth he never actually forgot it. Now, rather than admit that he never told anyone, it is easier to simply claim that he "repressed" it.

Next, suppose that Ms. E, a patient on a ward specializing in post-traumatic stress disorder, remembers that she was sexually abused as a child by Mr. F. Evidence shows that the abuse really happened. Although she remembers the event currently, Ms. E claims that she had no memory of the abuse for several years when she was in high school and college. Did Ms. E repress the memory? Again we cannot assume so. If we had encountered Ms. E during her college years, and asked her about the abuse episode, there is no proof that she would actually have professed amnesia for it at the time. (This last example is a study of the "do-you-remember-whether-you-forgot" type, the flaws of which have been discussed in detail in a previous "Focus on Science" article in the October, 1995 Newsletter.)

Of course, these scenarios are speculative. Perhaps Ms. A, Mr. C, and Ms. E really did repress their memories. But the point is that one cannot discriminate, in retrospective situations like these, whether repression did or did not happen. For this reason, as in many other areas of scientific study, retrospective studies are untrustworthy.

It might seem that we are imposing impossibly high standards on these retrospective designs. Unfortunately, however, experience has shown that lesser standards would be naive. Faulty conclusions from retrospective reports happen all the time in science, and often create sad consequences. Periodically, for example, a report will appear stating that patients with cancer or AIDS have benefited from some new drug or herb. Immediately, victims of the disease flock to obtain the treatment, even if they must fly to Mexico or obtain it on the black market. Eventually, someone does a legitimate prospective study of the treatment, assigning one group of subjects to the treatment and the other

group to an inert placebo - and the treatment proves valueless.

The same logic applies in testing the hypothesis that it is actually possible to "repress" a memory of a traumatic event. Further retrospective reports, based on cases like those described above, do almost nothing to advance our knowledge on this topic - any more than would additional retrospective accounts claiming that schizophrenia was cured with megavitamins, cancer with laetrile, or AIDS with Chinese herbs. The time has come to insist on properly designed prospective studies, in which victims of a documented traumatic event are followed up and actually asked by the investigators, at a later date, whether they remember the event or not. So far, the evidence from properly designed prospective studies indicates that people do not repress the memories of traumatic events. We will discuss the available prospective studies in a later Newsletter issue.

References

1. Herman JL, Harvey M. Adult memories of childhood trauma. Presented at Trauma and Memory: An International Research Conference, Durham, New Hampshire, July 26-28, 1996.
2. Kluft RP. True lies, false truth, and naturalistic raw data: Applying clinical research findings to the false memory debate. Presented at Trauma and Memory: An International Research Conference, Durham, New Hampshire, July 26-28, 1996.
3. Whitfield CL, Stock WE. Traumatic memories in 50 adult survivors of child sexual abuse. Presented at Trauma and Memory: An International Research Conference, Durham, New Hampshire, July 26-28, 1996.
4. Grassian S, Holtzen D. Memory of sexual abuse by a parish priest. Presented at Trauma and Memory: An International Research Conference, Durham, New Hampshire, July 26-28, 1996.

Christian TV Singer Sued by Parents for Libel *The Columbus Dispatch*, Aug. 8, 1996, Robert Ruth

The parents of Christian singer Jeffrey Fenholt have sued their son for \$12 million, saying he knowingly lied in interviews about being beaten as a child. Janet and Robert Fenholt contend their son made false claims of abuse in recent years on Christian TV shows, a World Wide Web site, in his autobiography and in Christian magazines.

The complaint filed 8/7/96 in U.S. District Court in Columbus Ohio, states that Fenholt knew his claims "were false, defamatory and libelous." The suit demands that Fenholt stop making the claims and that any unsold copies of his 1994 autobiography, *From Darkness to Light*, be destroyed.

The couple are also suing the book's publisher, Harrison House; Fenholt's record company; and Trinity Broadcasting Network, a Christian network on which Fenholt and his wife, Maureen, perform.

**GOOD NEWS BAD NEWS!
Indeed the truth does matter!**

Reactions to Bottoms, B. L., Shaver, P. R., & Goodman, G. S. (1996). An analysis of ritualistic and religion-related child abuse allegations. *Law and Human Behavior*, Vol. 20, No. 1, 1-34.

This article describes a well-designed survey of clinical psychologists about ritualistic and religion-related child abuse allegations. It has many potential audiences, especially those interested in ritualistic and/or religion-related abuse. It should also interest those wanting greater insight into the practices and beliefs of some clinical psychologists, and in that respect is an excellent companion to the research of Poole et al (1995) and Yapko (1994).

The authors objectively report the results of their survey of a stratified random sample of clinical members of the American Psychological Association. These scientists avoid editorializing and minimize politicizing even when they detail comments or material from respondents that at the very least might be deemed questionable and perhaps can even be described as bizarre. Approximately 6000 randomly-selected APA psychologists from various clinical specialties received letters explaining the research and asking respondents to indicate the number of cases of ritualistic abuse and/or religion-related abuse they encountered during the ten years ending January 1, 1990. Since there are no agreed-upon definitions of either of these two forms of abuse, the surveyed psychologists were provided with a list of 21 features that may readily be accepted as representing the abuses studied in this research.

There was a return rate of 46%, with 803 psychologists reporting encounters of ritual or religion-related abuse. These 803 replies created four distinct sub-groups for statistical analysis: children under age 18 reporting ritual abuse, children under 18 reporting religion-related abuse, those over age 18 making reports of experiencing these two kinds of abuse when they were younger than 18. Strikingly, a handful of psychologists (2% of the 803 who indicated such encounters) reported more than one hundred cases apiece. A geographical breakdown of reported incidences is included in the article. For those interested in the differentiation between these two forms of abuse made in this research, that information is also provided.

A follow-up detailed survey was mailed to the 803 respondents yielding 338 replies (a 42% rate), and 297 of these surveys were deemed appropriate for analyses. This second questionnaire was designed to elicit more specific details of the experiences clinicians had with these kinds of situations, the respondents' degree of belief in their clients' claims and their participation in ritual abuse workshops and seminars. Additionally, each respondent was asked to describe no more than eight representative cases (or all of their cases if less than eight).

The authors applied various statistical tests and interpreted these results. They also reacted to some of the cases and some interesting direct quotes cited in the responses. Differences between allegations reported by children and adults are discussed. Interestingly, ritual forms of abuse reported by adults are dramatically more extreme than those reported by children, but in religion-related abuse this was not so. There are additional data described: presenting

symptoms, DSM-III-R diagnoses, characteristics of victims and perpetrators, legal responses to these kinds of allegations, believability, evidence about the claim (e.g. little concrete evidence of ritualistic abuse, more compelling evidence for religion-related abuse-more so for children than adults, yet similar belief of validity by clinicians about these claims). There are only two circumstances in which the authors express personal opinions. One circumstance deals with areas for future research and here their commitment to science becomes evident. They define and strongly advocate future areas for research. The other appears in a brief paragraph titled, "Does the Truth Matter?" Here, again, they make effective use of quotations from some of the psychologists who responded to the survey, finishing their article with this statement:

...it definitely does matter whether the cults actually exist. To the extent that such claims are false, they undermine the believability of actual victims of child abuse and create a backlash against child protection, prosecution of actual abusers, and psychological treatment—a backlash from which these endeavors cannot easily recover.

The concerns about the impact on those who have truly experienced abuse, along with the adverse reactions to the helping professions, have frequently been expressed by the Foundation as well. One wishes that these respected authors would also have included at least three additional groups in their concerns: those who wrongly believe they have been victims of ritual abuse, those who are imprisoned because of false accusations of abuse, and the families that have been torn apart and are still devastated because some therapists have not learned that indeed the truth does matter.

Poole, D. A., Lindsay, D. S., Memon, A. Bull, R. (1995) Psychotherapy and the recovery of memories of childhood sexual abuse; U.S. and British practitioners' opinions, practices and experiences. *Journal of Consulting and Clinical Psychology*, 63,3, 426-437.

Yapko, M. D. (1994). *Suggestions of abuse: True and false memories of childhood sexual trauma*. New York: Simon & Schuster.

Editors Note: Belief in an intergenerational cult conspiracy is alive and well in spite of the information provided by the Bottoms et al article. Here are some examples that have crossed our desk this summer:

Satan abuse zealots meet to plan a new witch hunt. *The Mail on Sunday*, Sept. 15, 1996. Two hundred social workers, psychologists, counsellors, police officers, lawyers and clergy attended a conference organized by the Ritual Abuse Network. According to the Mail, one of the speakers was Katherine Gould who believes that both child victims and the adults who abused them have no memory of what happened because the cults force them to adopt multiple personalities. The conference, which was closed to the press and the public, may have been inspired by the knowledge of a recent Belgium paedophile ring.

Satanism, Cults, and Ritual Crime is the title of a chapter in a training book for policemen, *Criminal Investigation*, by Osterburg and Ward (Anderson Publishing, 1997). There

was no reference at all to the Goodman et al study and the Lanning report was dismissed as the work of a "skeptic."

"**Holistic Healing and Ritual Abuse: Honoring the Body and Mind While Healing the Spirit**" was the title of a conference sponsored by the Minnesota Awareness of Ritual Abuse Network in August, 1996 in Minnetonka, MN. Caryn StarDancer, the Executive Director of Survivorship, a non-profit organization for survivors of ritualistic abuse, mind control and torture, was one of the presenters. She also presented at the conference in England mentioned above. According to the Mail, StarDancer switches between a variety of personalities including a prostitute and "turtle boy" in front of audiences. There was no talk listed as presenting the information from the Goodman et al study.

Christian Treatment of Trauma Recovery, sponsored by Mungadze Associates and the Christian Society for the Healing of Dissociative Disorders, was held in Irving, Texas on August 8, 9. & 10. Catherine Gould, Ph.D, who also spoke at the conference in England mentioned above, presented several sessions on Healing from Mind Control & Cult Involvement.

A Book of Interest

The Politics of Child Abuse in America
Costin, L.B., Karger, H.D. and Stoesz, D.
Oxford University Press, 1996

An historical overview and analysis of the contradiction of a rapidly expanding child abuse industry consisting of enterprising psychotherapists and attorneys that consume enormous resources with the fact that thousand of poor children are still being harmed while being "protected" by public agencies. The authors suggest that the growing interest in child abuse as a middle class problem has led to a frenzied pursuit of offenders that has harmed many. They recommend the creation of a "Children's Authority" solely dedicated to protecting children.

Some headlines that crossed our desk this summer that indicate that the child welfare system is in need of a reexamination of priorities.

An Unqualified disaster

Scott Farnelant
Philadelphia City Paper, June 28-July 4 1996

"Half of Family Court's so-called psychologists are unlicensed and, in most cases, they ignore recognized testing guidelines when evaluating juvenile offenders and youths at the center of custody disputes. Does this decades-old system place children in danger?"

No more convicted felons as foster parents DDS to curb foster care by criminals

Boston Globe April 29, 1996

The state will immediately begin a case-by-case review of all foster homes operated by criminals who received a waiver from the Department of Social Services... The state has knowingly approved violent criminals, drug dealers, child abusers and habitual drunk drivers to be foster parents in the past two years.. In all, DSS granted waivers to 115 foster homes operated by individuals with criminal records...Waivers were granted because of a shortage of

foster parents and because of a policy encouraging the placement of foster children with family members.

Policy of keeping abused kids in tents to be reviewed

Dallas Morning News
Friday July 19, 1996

Some abused and neglected children in Texas have been housed for for more than a year in rural tent camps. The Texas Department of Protective and Regulatory Services has licensed eight "therapeutic camps" run by private nonprofit agencies. The children in the camps are aged 10 to 17 and have been sexually and physically abused or abandoned. Also included are those who have had run-ins with the law. The state pays tent camp operators between \$50 and \$100 a day to keep the children. The level of pay depends on the severity of the child's problems.

ONE RECOVERED MEMORY THERAPIST'S VIEW OF RECONCILIATION

Editor's Note: The following "Reconciliation" form was received by a mother from her son. The son received it from his therapist. The therapist is neither certified nor licensed in the state where she is practicing, Arkansas. Her business card states "Psychotherapist - Jung method." The licensing Board in the state where she is practicing informed the mother that it is illegal for this therapist to have a card that says "Psychotherapist" if she is not licensed.

Reconciliation

1. Person who feels harmed identifies specific behavior which hurt, and how that wound impacts life today. Must be stated in Behavioral terms. List:
2. Person who did harm acknowledges the experience and feelings of wounded person.
3. Person who did harm apologizes. "I am sorry, what can I do to make up for my behavior." - may be need for restitution.
4. Wounded person forgives. - if cannot forgive, may take time or may take more restitution.
5. Renewal: agreement of mutual behavior to prevent further hurt.
6. Checking back or reporting back with positive feedback.

General Policy:

1. Give person this process in writing.
2. Disqualifiers: "I know you did not intend to but..."
3. Ask for ample face to face for processing.
4. Stop at any step where process breaks down and say: "I will try again later..."

Did you know that?

Two Rivers Psychiatric Hospital in Kansas City pleaded no contest to charges it paid a psychologist \$41,000 for referring patients to it in 1990-91 and agreed to pay \$63,000 in restitution (According to *USA Today*, August 29, 1996).

Charlotte Vale Allen, author of Daddy's Girl and whose letter appeared in the September issue, has offered to respond to letters from readers of the FMSF Newsletter. Send them c/o FMSF Office.

BOOK REVIEWS

MAKING MONSTERS and VICTIMS OF MEMORY Updated

Reviewed by Allen Feld

Richard Ofshe and Ethan Watters have added an important chapter to the highly regarded *Making Monsters: False Memories, Psychotherapy and Sexual Hysteria*. The revision of their 1994 book appears in the First Paperback Printing (1996) by University of California Press and is published by an arrangement with Scribner (an imprint of Simon & Schuster). The original book was impressive because of its forcefulness and no-holds-barred approach to identifying serious lapses of science and questionable therapeutic techniques practiced by some therapists. The book contains descriptions of real situations which serve to highlight both the pain caused by recovered memory therapy and the absurd beliefs and practices of some professionals. This new chapter fits well within the framework of the original text, updating the changing picture in the false memory debate.

The twenty-page addition, "Afterword: Recovered Memory Therapy in Perspective," is a brief description of some of the changes that have taken place since the original manuscript was published. It draws some historical comparisons between the fields of medicine and mental health, notes the changing legal climate and introduces some of the legislative efforts to help monitor professionals. Consistent with the directness of their approach in the original manuscript, Ofshe and Watters candidly describe what they believe are efforts by some therapists to recognize that there is a problem with other therapists without taking responsibility for their own recovered memory work. There are references to the important role that the False Memory Syndrome Foundation, its Scientific and Professional Advisory Board and Pamela Freyd, the Foundation executive director, played in creating the significant societal changes that are occurring. (Ofshe is a member of the FMSF Scientific and Professional Advisory Board.) Anyone who is aware of the problems created by false memories should realize that the length of this chapter can only be a glimpse of what has happened in the two years since the book was published.

Mark Pendergrast's *Victims of Memory: Sex Abuse Accusations and Shattered Lives* is a second edition of his highly-praised book and this edition should get similar accolades. His skills as a writer and investigative journalist are readily apparent. The book is well-researched and includes an extensive bibliography that is an excellent resource for those who are beginning to explore the false memory phenomenon. Pendergrast states that there was a need for a second edition just one year after the first because so much has happened in that relatively short period of time. Pendergrast keeps his original work fresh by updating the evolving scientific and legal developments. His personal material has been excluded because the author felt that too often this became the focus when the original book was reviewed and because erroneous assumptions were made as to his motive for its inclusion.

One wonders if that will deter similarly misguided

assumptions by those who are prone to criticize material that doesn't conform with their beliefs. Excluding that material does not diminish the importance of this book. The revision still contains many personal stories about sexual abuse allegations, including several of the most highly profiled cases. Pendergrast is generous with his opinions on various subjects and situations. Interestingly, at times he offers his personal observations based only on his beliefs, similar to what some therapists have done and with whom he would disagree.

Both of these books speak to the head and to the heart. Their contribution to public understanding of the misuse of science and therapy should be a part of any documentation that is written about this unfortunate episode in the annals of mental health.

Allen Feld is a licensed social worker who was on the faculty of the School of Social Work at Marywood College for the past 26 years. He is a member of the FMSF staff.

Editor's comment: As the false memory phenomenon runs its course, books and articles published by professionals provide a lens on changing conceptual understanding about techniques that have been used in therapy. Hypnosis has been the technique singled out as being most problematic, and many professionals now provide warnings about its use. We think that the following review provides a fascinating insight into one therapist-author's partial understanding of how false memories may be created in therapy. From the training seminar brochures that continue to cross our desk promoting the use of hypnosis in reliving trauma, we have reason to think that many people have a partial understanding of why hypnosis is problematic.

HYPNOSIS AND FALSE MEMORIES: HOW FALSE MEMORIES ARE CREATED.

Freeport, PA: ZIOTECH International 120 pp; \$12.95
(US). Ronald L. Stephens, MscD, CHt (1996)

Reviewed by Campbell Perry, Ph.D.

This slim volume consists of 105 pages of text, a one-page reference section consisting of eight cited works (although several others are discussed in the text, but not referenced), a three-page index, a potted biography of the author, and a quite remarkable disclaimer that "mistakes, both typographical and in content, may exist" (p.8). This turns out to be an understatement; the book is riddled with misspellings, errors of fact, and some poor grammar (e.g. "[p]revention of a negative scenario is preventable with a little knowledge" (p. 93)).

More troubling is the spate of factual errors that run through the book. For instance, readers learn that Eileen Franklin's "recall began as flashbacks while watching one of her own children lying on the floor" (p. 14). In actuality, this was Ms. Franklin's fourth account of the source of her memory (MacLean, 1994), and the evidence suggests that she initially "recovered" the memory in hypnosis. The flashbacks occurred during therapy, not prior to it.

Stephens' account of the Chowchilla, CA, kidnapping of a busload of children is also in error, but then so is just about every account I have read of this case. It is true that

the bus driver had attempted to memorize the license plate numbers of two vehicles that were employed to transport the children to a remote area where a moving van had been buried so as to imprison them underground, while the abductors attempted to extract a ransom. It is true, also, that the bus driver was hypnotized subsequently, and was able to recall all but one digit of one of the license plates; on the other one, he was completely wrong.

More importantly, the land on which the moving van was buried was owned by the father of Woods, one of the defendants, and the prosecution established, also, that the moving van had been purchased recently by Woods. The hypnotic recall of the driver was never introduced at trial; given that the FBI had more basic information on land and van ownership, it was not needed (Giannelli, 1995).

Also in error is the statement that "[t]he electroencephalogram (EEG) tests that have determined six recordable levels of hypnosis encompass that spectrum between the preconscious and the unconscious" (p. 35). The EEG of a hypnotized person cannot be distinguished from that of an individual who is relaxed, awake, with eyes closed, and thus far, psychophysicologists have not been able to identify a preconscious / unconscious spectrum.

Another problem with this book, which may simply be a matter of interpretation, is the manner in which the author links accusations of sexual molestations of children in day-care with "recovered" memory cases. In two purple paragraphs (p. 98-99), he runs a common thread between the cases of Eileen Franklin, the Little Rascals Day Care Center case, Cardinal Bernardin and the Kelly Michaels Wee Care Day Nursery case.

Obviously, there are some affinities between these adult and pre-school children cases. All involve sexual abuse accusations, and in none of them was there independent corroboration to substantiate the accusations. Perhaps, also, all of them illustrate an Inquisitorial mode of thinking that is becoming all too common in society — there appears to be a growing tendency to accuse, and to judge as guilty, without benefit of a presumption of innocence, due process, or even, of evidence.

There is, however, a big difference between extracting an abuse narrative from pre-kindergarten children, and convincing an adult patient in therapy that s/he was sexually abused during childhood. While the author demonstrates some understanding of the FMS phenomenon, his primary emphasis is upon leading questions, and the belief that just one inappropriate word can create a false memory.

While there is no question that leading questions are part of the FMS mix, as the outstanding work of Elizabeth Loftus (cited in the text, but not in the Reference section) has demonstrated eloquently, there are other ingredients. Individuals turn to therapists when they feel that they are unable to grapple successfully with major psychological difficulties. They may become, as Frank and Frank (1991) have put it, "demoralized;" this means that they may become particularly vulnerable to explicit suggestions from a therapist that a repressed memory requires "recovery" in order to effect therapeutic change.

What is truly remarkable is that "recovered memory" therapists (RMT's) have accepted, uncritically, the untenable belief that all human distempers, from abulia to zoo-

philia, are the product of repressed memories of having been sexually abused during childhood by a parent. When a patient indicates that s/he has no such memories of incest, the "recovered memory" therapist indicates that s/he is "in denial." All of this occurs, on many occasions, without benefit of even a skeletal case history; the mind-boggling certainty of RMT's of their beliefs about etiology precludes the possibility of differential diagnosis.

Most RMT's prescribe *The courage to heal: A guide for women survivors of child sexual abuse* (Bass & Davis, 1988) as bibliotherapy. This book (which is not cited by Stephens) is premised upon the theory that repressed incest memories underlie all human psychic disorders, and is a handbook of techniques for "recovering" these memories (Perry, 1994). The procedures they describe, such as staging an angry confrontation with the putative abuser, breaking off all contact with the family, and "getting strong by suing" may, in themselves, be sufficient to create a false memory of sexual abuse which comes to be believed as veridical.

When combined with hypnosis, or one of its "disguised" variants (such as Guided Imagery, dream analysis, and "regression work"), the possibility of a false memory is greatly magnified. This is because hypnosis can be characterized as a situation in which the person is asked to set aside critical judgment, without abandoning it completely, and asked also, to engage in make-believe and fantasy (Gill & Brenman, 1959; E. Hilgard, 1977).

Given this, it should come as no surprise that the individuals who experience hypnosis most profoundly are people who can experience imagined events so vividly that they become credible and believable. A number of contemporary investigators have focussed upon these characteristics as central to the understanding of the hypnotic process — among these, the notion of hypnosis as "believed-in imaginings" (Sarbin & Coe, 1972) and as "imaginative involvement" (J. Hilgard, 1970/79) emphasize this notion of fantasied events that come to be accepted as veridical.

Stephens shows little awareness of these broader concerns — for instance, there are only two brief references to the role of imagination in the entire book. Instead, as indicated, the FMS phenomenon is represented as almost entirely a product of leading questions. Stephen's proposed solution to this problem thus becomes one of inducing hypnosis while refraining from asking leading questions. While this may be possible, what is recalled in hypnosis may still be confabulated — no amount of technical skill in inducing hypnosis can prevent a fantasy-prone individual from having fantasies

Despite his warnings about the possibility of creating false memories with hypnosis, Stephens believes in the pristine purity of hypnotically-elicited memories. Sprinkled throughout the book are statements such as that hypnosis is "usually considered the best possible method of retrieving uncontaminated memories" (p. 34). Further, there are some quotations, attributed to a Department of Justice manual (not cited in the References, and essentially a rehash of Guidelines for the forensic utilization of hypnosis that were originally formulated by Martin Orme) that "memory recall

through the application of hypnosis, properly induced and properly questioned, can provide the most accurate information available" (p.106). It should be emphasized that Orne does not share this latter opinion.

The reader is also told that "[r]esearch associated with recall finds that information obtained from a hypnosis state is reliable" (p. 107).

Actually, research on hypnosis and memory finds that (a) hypnosis increases productivity, but that most of the new information is error; (b) that it increases confidence for both correct and incorrect material, thus creating a witness who is impervious to cross-examination; and (c) that these effects can be found at all levels of hypnotizability, including low hypnotizability. They are most pronounced, though, among high hypnotizables in hypnosis. Interestingly, some low hypnotizables have been found to have imagination of comparable vividness to that of more susceptible people; they appear though to be less likely to find these imaginings believable. Nevertheless, they may be as equally vulnerable to believing memories of incest suggested by an RMT under the conditions of low morale described earlier.

I would have liked to have been more positive about this book, and in one basic respect I am. Stephens is clearly seeking to sound an alarm, and rightly so. The letters after his name (Doctor in Metaphysical Science and Clinical Hypnotist, which is a lay hypnosis credential) suggest that his target audience is the clergy who utilize hypnosis as a part of pastoral care. Though there may be a few Elmer Gantrys among them, (as there are in most professions), these are usually highly ethical, though not necessarily highly knowledgeable people, and their utilization of hypnosis for pain relief among the elderly can significantly reduce suffering, drug dependence and medical bills.

Hopefully this audience will heed his warnings without succumbing to the belief that hypnosis is a reliable method for enhancing accurate memory. Also, it is hoped they will not be lulled into a false sense of security in thinking that if they can avoid leading questions, they will not elicit confabulated memories from hypnosis. Finally, whenever new information is elicited in hypnosis, particularly from litigation-leaning patients, therapists must seek to corroborate it by independent means.

References.

- Bass, E. & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York, N.Y.: Harper Collins.
- Frank, J.D. & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (Third Edition). Baltimore, MD: The Johns Hopkins University Press (originally published in 1961).
- Giannelli, P.C. (1995). The admissibility of hypnotic evidence in U.S. courts. *International Journal of Clinical and Experimental Hypnosis*, 43, 212-233.
- Gill, M. M., & Brenman, M. (1959). *Hypnosis and related states: Psychoanalytic studies in regression*. New York: International University Press.

Hilgard, E.R. (1977). *Divided consciousness: Multiple controls in human thought and action*. New York: Wiley-Interscience.

Hilgard, J. R. (1979). *Personality and hypnosis: A study of imaginative involvement*. Chicago: University of Chicago Press, (2nd edition) (originally published in 1970).

MacLean, H. (1994). *Once upon a time: A true story of memory, murder and the law*. New York: Dell.

Perry, C. (1994). Review of Ellen Bass & Laura Davis (1988) *The courage to heal: A guide for women survivors of child sexual abuse*. *International Journal of Clinical and Experimental Hypnosis*, 42, 450-455.

Sarbin, T. R., & Coe, W. C. (1972). *Hypnosis: A social-psychological analysis of influence communication*. New York: Holt, Rinehart & Winston.

Campbell Perry, Ph.D. has retired as a professor of psychology at Concordia University in Montreal. A member of the FMSF Advisory Board, Dr. Perry has published widely in the area of hypnosis, including a recent article "The False Memory Syndrome and 'Disguised' Hypnosis." (FMSF Article Order # 580)

The Holidays are approaching! This is the time of year when we recall with gratitude—even in difficult times—the good that has come into our experience in the past year and consider ways of sharing with institutions and individuals dear to us.

For you to be reading our newsletter suggests that you share our concerns. If so, please help us continue our work by participating in our fund raising drive with a payment or a pledge. Details due late in October. Watch your mail.

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LEGAL CORNER

FMSF Staff

U.S. District Court of Appeals Dismisses Repressed Memory Suit

Knode v. Hartman,¹ U.S. Court of Appeals, Fifth Circuit,
No. 94-11120, unreported, dated Sept. 9, 1996.

A federal court, applying Texas law, found a repressed memory claim was barred by Texas' two-year statute of limitations. The plaintiff, age 44, alleged that her father had sexually and physically abused her during her childhood but that "memories" of the alleged sexual abuse only became known to her through therapy decades after the events were alleged to have occurred.

Under a Texas Supreme Court ruling, S.V. v. R.V., 39 Tex. Supp.J. 386 (Tex. March 14, 1996), the discovery rule applies to repressed memory suits in Texas only when the claim is both "inherently undiscoverable and objectively verifiable."² The only "corroboration" Knode appeared to present was an affidavit from her sister. The plaintiff's sister asserted that she had also been sexually molested by Mr. Knode but that she was unaware of any abuse until 1991 when she recovered vivid memories while in therapy. The court concluded that these "recovered" memories of sexual abuse were not sufficient to establish the objective verification of the plaintiff's sexual abuse. Apparently the court agreed with the defendants' argument that two recovered memories are not somehow more reliable than one repressed memory claim and one cannot serve as objective verification of the other. The decision is unreported and cannot be cited as precedent.

Court of Appeal for Ontario Chastises Prosecution

Regina v. Fawcett, Court of Appeal for Ontario, No. C21980, dated Sept. 10, 1996.

The Court of Appeal for Ontario sharply criticized Crown counsel (in English and Canadian courts, the name given to the prosecutor) in a short, but pointed, decision overturning two convictions for gross indecency and indecent assault. The appellate court concluded that the Crown's cross-examination of defense witnesses was so improper and abusive, that it prejudiced the defendant and deprived him of a fair trial. A new trial was ordered.

The criminal charges in the case related to alleged events which occurred from 1965 to 1972 when the complainant, the appellant's daughter, was 8 to 14 years of age. At trial, both the defendant and his wife were repeatedly asked by the prosecutor why their daughter would fabricate the allegations and were called on to comment on their daughter's credibility. The court concluded that such questioning not only put the parents in the position of having to call their own daughter a liar, but also suggested the parents

had the responsibility to provide a motive for her testimony. The court wrote, "This kind of examination undermines the fundamental principle of the presumption of innocence."

The court specifically referred to a series of questions aimed at the defendant's wife and another daughter who gave evidence for the defense. Both were asked how they "felt" when they heard of the allegations and whether they would believe them if the defendant were convicted. The court reasoned these questions either pitted the defense witnesses against the jury or forced them to concede that their belief in the defendant had been misplaced. This line of inquiry was also found to be highly prejudicial.

As startling as it may seem, defense counsel made no objection to any of the cross-examination and did not request any limiting instructions from the court that there was no onus on the appellant to provide a motive for the daughter's allegedly false accusations. Under the law, the appeals court could have simply refused to hear any of the defendant's arguments on these issues since they were not properly preserved for appeal. Rather, relying on the comments in a 1994 decision, the court stated: "The failure of counsel to object does not, however, give Crown counsel *carte blanche* at trial or immunize the cross-examination from appellate scrutiny." In no uncertain terms, the court gave Crown counsel notice that unless it stopped this kind of "improper and prejudicial cross-examination, the court would have to remit these difficult and sensitive cases back for a new trial at great expense to the emotional well-being of the parties, not to mention the added burden to the administration of justice."

California Appellate Court Follows Minority Interpretation of Statute of Limitations

Sellery v. Cressey, 55 Cal. Rptr.2d 706 (1996)

In August 1996, a California Court of Appeal applied the California "discovery rule"³ to extend the time during which a person may file until he or she has "discovered the connection between the alleged abuse and their injuries." 25 states have statutory language similar to that found in California.⁴ However, four state supreme courts have recently heard cases based on similar claims and dismissed each of them, concluding that they are time-barred.

The plaintiff in Sellery at age 39, sued her father for sexual abuse from age 2 to 19. She stated that some of her memories of the alleged abuse were repressed while others were never forgotten. The repressed memories of the most

3. California statute 340.1 (1990) provides in part, "In any civil action for recovery of damages suffered as a result of childhood sexual abuse, the time of commencement of the action shall be within eight years of the date the plaintiff attains the age of majority or within three years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the age of majority was caused by the sexual abuse, whichever occurs later." (emphasis added)
4. See, FMSF Legal Working Paper VIII(A) "Statute of Limitations; Discovery Rule."

1. See FMSF amicus curiae brief submitted in the case Knode v. Hartman, FMSF Publication #806.

2. The Texas Supreme Court specifically stated that, expert testimony cannot meet the "objective verification" requirement because there is no settled scientific view, or even a majority scientific view, regarding the subject of "repression." Decision is available as FMSF Publication #840.

profound abuse came about only after Sellery underwent therapy which included dissociative trance work, hypnosis, guided imagery, massage, and "body work." She claims that she did not appreciate the wrongfulness of the acts until she saw the connection between her current psychological ailments and her abuse in 1991 while she was in therapy. The trial court had dismissed the suit as barred by the statute of limitations because she admitted conscious memory of some of the abuse.

The appeals court reversed this dismissal after reviewing the intent of the legislators who had drafted the statutory amendment in 1990. The court concluded that the statute was intended to extend the limitations period even for plaintiffs who always recalled their abuse. The court cited another Appellate level decision, Lent v. Doe, 40 Cal.App.4th 1177 (1995), as supporting their analysis. The Sellery court held that the date when the plaintiff should have discovered the causal connection between her abuse and injuries is a triable issue of fact; it is not proper to dismiss the suit on summary judgment.

Supreme courts in four states⁵ have addressed these same issues head on. All four have held that the statute of limitations must be interpreted under an objective reasonable person standard. When a reasonable person is put on notice that they may have a cause of action, they are given a period of time to investigate and file a suit. To construe the statute subjectively as dependent on when the victim may "acknowledge" or "appreciate" some harm, effectively eliminates the statute of limitations. The statute of limitations can no longer afford protection either to society or to the courts against stale claims. Plaintiffs could say at any time that they only now "understand" an injury was caused by a long past event.

Third-Party Suit, Fultz v. Carr and Walker,⁶ Settles in Oregon

by J. Michael Dwyer

The recovered memory case brought by Jennifer and Kevin Fultz and their family against two psychologists practicing in Portland, Oregon, has now been settled in its

entirety. This was the first Oregon case alleging professional malpractice for recovered memory therapy. Dr. Cyril Walker settled with the Fultz family for \$1.15 million dollars in August. In mid-September, Dr. Sophia Carr settled with the Fultz family for a confidential amount. Trial was scheduled for September 30, 1996.

The lawsuit was brought by Jennifer Fultz, who was in therapy with Dr. Carr from 1991 to 1994, her husband Kevin Fultz, their two young children, and Kevin's parents. Dr. Walker treated Jennifer's "child alters" in group therapy and then saw the Fultz children for one year.

Upon commencing therapy with Dr. Carr, Jennifer was immediately suspected of suffering from Multiple Personality Disorder. During the course of her therapy over the next three years, she would come to believe as a result of her therapy that she had over two hundred personalities, that she had been abused since her youth by a Satanic cult which included her family and her husband's family, and that her husband had sexually abused their children. Under the influence of this belief system, Jennifer obtained restraining orders against her family and fled twice with the children to shelters to escape Kevin and the cult. After the second time, Jennifer and Kevin became involved in a divorce and heated custody battle (while Kevin was undergoing chemotherapy treatment for Hodgkins Disease). When none of the custody evaluators except the children's therapist found any evidence of sexual abuse, Kevin obtained custody of the children. After the trial, Jennifer's belief system began to crack with the aid of a competent therapist. She and Kevin attempted a reconciliation and filed the lawsuit.

Jennifer sought help from Dr. Carr, who was known as a Christian counselor, for depression, anxiety and marital problems. She admitted to feelings of emotional neglect as a child and a history of depression but she specifically denied any prior history of sexual abuse (much less ritual cult abuse). There was never any evidence to suggest that she had ever displayed multiple personalities. Soon into therapy, however, Jennifer was providing biographical sketches pursuant to her therapist's instructions, of her various personalities. Jennifer readily identified twenty or thirty moods, impulses, thoughts, feelings, or inclinations, put a name on each, and was told they were all different personalities. The number of personalities proliferated.

Moreover, they started work immediately to retrieve the memories that were the supposed cause of her multiple personalities. Carr testified in deposition that she never tried to do memory work with Jennifer, because Jennifer was frequently suicidal and unable to handle volatile memories. The memories emerged spontaneously with the re-association of Jennifer's dissociated alters. Carr also said she could never be sure whether Jennifer's reports were historically accurate, because they could be confabulations. While she admitted to the use of hypnosis, it was primarily to relax her distraught patient. On only a couple of occasions did she use hypnosis to work on memories (including regressing Jennifer to age 6 in her brother's room).

Jennifer claimed that the focus of therapy was to retrieve memories of the horrible traumas which were responsible for her emotional problems, including the creation of her "recovered" memories of abuse by her brother, then her sister, then her parents. Jennifer grew increasingly

5. Woodruff v. Hansenclever, 540 N.W.2d 45 (Iowa, 1995) (it is sufficient that the person be aware that a problem existed to be on notice to make a reasonable inquiry.); Blackowiak v. Kemp, 1996 Minn. LEXIS 245 (The nature of criminal sexual conduct is such that, as a matter of law, one is injured if one is sexually abused.); Kelly v. Marcantonio, 1996 R.I. LEXIS 187 (plaintiff must show theory of repression is scientifically accepted and valid and must prove that she actually repressed a recollection); Byrne v. Becker, 176 Wis.2d 1037 (Wis. 1993) (rejected argument that statute was tolled until plaintiff was able to "shift the blame" to the defendant and "accept the reality of the abuse."). See also e.g., Doe v. Roe 1996 Ariz. App. LEXIS 169 (The statute of limitations begins to run when a person has enough facts to prompt a reasonable person to investigate and does not wait for a person to know all facts about their claim.).

6. See FMSF Newsletters Sept. 1996 and June 1996 and Brief Bank #72.

isolated and dependent on her therapists, and the "memories" grew. But, according to Carr, sexual abuse alone was not sufficient to explain the proliferation of personalities. Only Satanic Ritual Abuse held the explanation for such egregious damage. Jennifer came to believe her therapist's theory—that her family was all part of the Satanic cult.

Carr drew upon isolated fragments of the family history and wove them together to knit a story in accord with her own belief in the existence of Satanic cults. In this way an anatomical skeleton named Charlie in her sister's bedroom, a trip to a historic graveyard in Southern Oregon with the family, and a sister's collection of African masks and artwork all became magnified and used as supporting evidence by the therapist when Jennifer balked at her conclusions. Moreover, Carr used her own personal history to overcome Jennifer's initial skepticism, telling Jennifer that she herself was MPD and had been a survivor of satanic ritual abuse.

When Carr referred Jennifer's four-year-old and two year old children to Dr. Walker because Carr suspected that they had been sexually abused, Dr. Walker quickly diagnosed the children as suffering from a dissociative disorder. She wrote that this meant they must have suffered trauma. Indeed, their play under her watchful eye indicated they had been ritually abused. For example, the children's crashing of cars over and over indicated to her repetitive play, hence ritualized behavior. Their coloring with blue crayons while expressing emotion meant that the color blue was associated with a traumatic experience. The children's father and his parents soon came under suspicion., Jennifer claimed that both Walker and Carr led her to believe that Kevin Fultz and his parents were also part of the Satanic cult. To ensure her children's safety, Jennifer fled with the children to shelters in the Fall of 1993. During this time her already disturbed mental state deteriorated further and she became highly paranoid.

A divorce and custody trial ensued. None of the evaluators except the children's therapist found any evidence of sexual abuse. Jennifer lost custody of the children. She and her husband obtained a legal separation and attempted reconciliation after Jennifer was referred to a competent therapist and her belief system cracked.

The key to the case was to obtain corroborating evidence that Carr and Walker held personal beliefs in the existence of organized, secret cults. This evidence would corroborate Jennifer's testimony and avoid a two-on-one credibility contest. In depositions both Carr and Walker distanced themselves from anything having to do with cults. In deposition Carr said she was not an expert in satanic ritual abuse. She expressly testified that she did not know whether cults of the type Jennifer described existed. She was constantly investigating the phenomenon but never came to any conclusion. Jennifer merely reported these things to her, and it was up to Jennifer to check the reality of the emerging memories.

In the discovery phase of our case, however, we unearthed several pieces of evidence which supported our contention that Jennifer's belief system was inculcated by her therapists. In 1990 Carr told a local television audience that she was a survivor of satanic ritual abuse and described a horrible personal incident when she was a teenager. (In deposition she testified that she never told anyone about this

after it happened, and only remembered bits and pieces of it until years later.) Also, she had lectured on Satanism and Satanic Ritual Abuse. She confided in a police officer sympathetic to SRA issues that she was MPD as a result of Satanic abuse and wrote to that police officer in 1992 that a man was going to kill her if she did not return to the cult. The Clinical Director at her clinic testified that Carr said in five different conversations that she believed there were organized intergenerational cults. We were also prepared to offer evidence from Carr's own family that Carr had accused her family of involvement with Satanic cults. This evidence directly contradicted Carr's numerous denials under oath that she had never formed a belief in the existence of Satanic cults.

As for Walker, a detective testified in the underlying divorce trial that Walker told him in an extensive private interview that our community, including the local child abuse evaluation unit at the hospital, had been infiltrated by organized, intergenerational Satanic cultists.

This view was in accord with the theories and beliefs espoused by Jim McCarthy and Dr. James Friessen. Carr and Walker, according to the Clinical Director of the office where they were practicing, became staunch believers in the offerings of Jim McCarthy, a cult deprogrammer from Colorado. He spoke, among other things, about Marionette Abuse—that is, intentional cult programming of individuals who then function as unknowing (because MPD has been created by the cult) robots who are trained to carry on the work of the cult. Friessen's theory is set forth in his book entitled *Understanding the Mysteries of MPD*, which Jennifer and Kevin Fultz said was recommended to them by Carr to help Kevin understand what his wife was going through. The general theme of the book is that Satanic cults are widespread but secretive, are creating MPD, and that healing must ultimately come through Christ's saving grace. Carr and Walker also consulted and relied upon Catherine Gould of Encino, California. Gould has advised her seminar audiences that the cult is everywhere.

Jennifer and Kevin's relationship, already badly bruised from a serious lack of trust as a result of the false accusations, has not been able to withstand their having to relive in litigation that painful time period; they will now divorce. Also, Jennifer never got to see her father again after she filed a restraining order against him. He died a few months before the divorce trial commenced.

As in other jurisdictions, except in sexual contact cases it has been difficult to prove psychotherapy malpractice because the standard of care is usually not clearly delineated. Moreover, there are inherent credibility problems in such a relationship, where the damage is done in the privacy of a therapist's office and one of the dueling story tellers is tagged as crazy. This case, however, has sent a strong message to the mental health community in Oregon that the type of therapy practiced by Carr and Walker carries significant legal consequences.

Strides were also made in the representation of third parties in such lawsuits. The trial judge permitted Kevin Fultz and his parents to bring claims based on intentional infliction of emotional distress and negligence; however, because Oregon continues to require physical contact to recover for psychological damage in negligence cases, they

were restricted to recovery for economic damages on that claim.

Michael Dwyer of Portland represented Jennifer Fultz. Kevin Fultz and his family were represented by Michael Shinn of Portland.

Missouri Repressed Memory Claim Dismissed; Jury Awards Defendants \$125,000 in Damages; Plaintiff's Attorney Sanctioned

A Missouri jury and federal judge recently exonerated a grandmother and grandfather who were wrongfully accused of abusing their granddaughter years ago. In August, U.S. District Judge Dean Whipple dismissed the repressed memory suit mid-trial, saying the Plaintiff had offered no evidence to support her claim. The original suit, *Jennifer Stocker v. Ralph and Marjorie Stracke*, was filed in 1994 in federal court in Springfield, Missouri. The judge also allowed the grandparents to continue their countersuit against their accuser, Jennifer Stocker. A jury subsequently returned a \$125,000 verdict in the Strackes' favor.

At roughly the age of 20, plaintiff Jennifer Stocker allegedly "recovered" memories of childhood abuse by her grandfather, Ralph Stracke. Ms. Stocker states that she first became aware of her repressed memories when she experienced a "flashback" after running over an opossum while driving on a dark highway. She later entered prolonged therapy with therapist Gloria Spratt. Ms. Spratt subjected Jennifer Stocker to guided imagery and age regression, as well as to "affirmation reprogramming." Ms. Stocker ultimately "recovered" graphic "memories" of several instances of abuse by Mr. Stracke. (In April 1996, in an independent action, the State of Missouri found that Ms. Spratt had practiced counseling without a license and a permanent injunction was entered restricting her to counseling only substance abusers, which Jennifer was not.)

After recovering her memories, Jennifer and her parents confronted the Strackes and demanded that they pay Jennifer \$500,000 in a lump sum, plus \$2,500 per month for life. When the Strackes refused, Jennifer sued them. The litigation was very acrimonious. When Jennifer refused to appear for a court-ordered psychological examination by the Strackes' expert psychologist, Judge Whipple precluded her from offering expert testimony to support her case. By way of further sanction, Judge Whipple held Ms. Stocker's attorney, Mitchell B. Martin of Kansas City, in contempt of court.

At the close of the Plaintiff's case, Judge Whipple ruled that therapeutically-enhanced memories are unreliable in the absence of specified procedural safeguards, none of which were employed by Gloria Spratt. With Jennifer's testimony limited, and with her expert witness stricken for her earlier failure to cooperate in discovery, the Court sustained the Strackes' motion for judgment as a matter of law at the close of the plaintiff's case.

The case then proceeded on the Strackes' counterclaims against Jennifer and her parents, Greg and Patricia Stocker. The Strackes alleged that Jennifer and her parents were subjecting them to intentional infliction of emotional distress in an attempt to extort money from them. The jury ultimately held that both Jennifer and her parents were lia-

ble for intentionally inflicting the Strackes' obvious emotional distress. The jury awarded the Strackes \$25,000 against Jennifer Stocker, and \$50,000 against each of Jennifer's parents, Greg and Patricia Stocker.

Defense attorneys were able to show that most of Jennifer's factual claims were impossible. One of her "memories" was of an event which supposedly took place in the family home six years before it was built. Even though Jennifer claimed she "remembered" a murder, a check of police records showed no missing persons or unexplained deaths in the area during that period.

The Strackes were represented by Lynn Hursch and Doug Richmond of Armstrong, Teasdale, Schlafly & Davis in Kansas City, Missouri. The Stracke's homeowners insurer provided for their defense.

California Jury Orders Therapist to Pay \$1.9 Million for Negligent Treatment; Jury Gives No Punitive Damages in Therapist Case, Questions license

San Diego Union Tribune, Aug. 30, 1996, Anne Krueger

A San Diego jury ordered therapist Virginia Humphrey to pay \$1.9 million in a malpractice suit brought by a father on behalf of his minor daughter who had been treated by Humphrey. The girl's mother had taken her to the therapist following the parent's divorce. After several therapy sessions with the child, who was then five years old, Humphrey concluded that the girl had been molested by her father and reported him to Child Protective Services. The child's allegations against her father grew more and more bizarre. A petition was filed in juvenile court accusing the father of molesting his daughter. A ruling was finally entered in the father's favor but he was unable to see his daughter for more than a year and a half. Eventually the father was awarded custody.

In a statement read in court, jurors said Humphrey showed a "serious lack of competence" in her handling of several issues in the case, and still does not recognize her errors. They said Humphrey's treatment of her patient in over 200 sessions "resulted in major deleterious effects on her patient, each of her parents and the relationship between the individual family members. Further, these effects were due to a serious lack of competence in her handling of several issues." The \$1.9 million in damages were awarded to the girl and her father for their suffering and their future health care costs. The jurors also voted 9-3 that Humphrey should pay punitive damages, meant to punish or deter future misbehavior, but the jury left the amount blank on the verdict form. The jurors instead recommended that state officials investigate whether Humphrey should be allowed to keep her professional license and sent their statement to state licensing officials.

Attorney Dan Stanford, who represents the father and his daughter, said he believes the verdict is the largest of its kind in the state. Neither the father nor his daughter were named in the press to protect the identity of the girl, who is now 11 years old. Brandt Caudill and Julian Hubbard are the defense attorneys for therapist Humphrey.

The case was cited in a 1992 *San Diego County Grand Jury Report*⁷ critical of the county's child protective system. Without using names, the grand jury concluded that the

girl's allegations of molestation were "very probably contaminated" by a therapist hired by the mother.

Colorado Court of Appeals Does Not Grant Absolute Immunity to Therapist in Third-Party Suit

Byrnes v. Clare Haynes-Seman, CO Court of Appeals, unpublished decision, Judges Kapelke and Pierce concur.

The Colorado Court of Appeals recently reversed dismissal of a suit against a therapist who conducted an evaluation regarding allegations of abuse. The plaintiff alleged that therapist Clare Haynes-Seman as an employee of the Kempe National Center for Prevention and Treatment of Child Abuse and Neglect acted willfully and wantonly in conducting and reporting the evaluation, and caused plaintiff severe emotional and physical distress. Defendant asserted that because her actions were not willful and wanton, she was entitled to immunity from prosecution under Colorado Governmental Immunity Act, C.R.S. 24-10-101.

The court ruled that under *City of Lakewood v. Brace*, P.2d (Colo. No. 95SC196, June 24, 1996), the qualified immunity normally granted to public employees, is lost by any employee whose conduct is found to be willful and wanton. "Since the public employee's immunity is a conditional defense to liability rather than a bar to the action...the question of whether the employee's conduct was willful and wanton is a fact-based issue ordinarily to be resolved by the fact-finder at trial." Accordingly, the court reversed the judgment and remanded the cause to the trial court for further proceedings.

Former Clients Sue Sex-Abuse Therapist; They Say They Were Coaxed Into Admissions

Detroit Free Press, Sept. 5, 1996 by Jack Kresnak

Eight former clients from three families have sued their counselor, Joseph Gardner, alleging that he brainwashed them into making false claims of sexual assault by their families. Also named as defendant is Gardner's employer, Eagle Village, a Christian-based program in a rural setting near Cadillac, Michigan. Gardner has a master's degree in theology and divinity. He has treated dozens of adolescent girls for suspected sexual abuse, his testimony has been accepted in many Michigan courts and he has often spoken at professional conferences about the needs of sexually abused girls.

Two former employees at Eagle Village have also criticized Gardner's methods. But the director of program development at Eagle Village, Wendy Samuels, said it is not unusual for child sexual abuse victims to recant.

The suit, filed in 49th Circuit Court earlier this year, seeks more than \$100 million in damages. Attorney David Ritchie, who is representing the former clients, said there are at least five more young women who plan to sue Eagle Village. Ritchie said Gardner was acting "beyond the scope of his authority" by allegedly coercing girls into believing they were sexually abused by their parents.

The defendants raised the question of whether their actions are shielded from prosecution by government-granted immunity. In Michigan, as in many states, agencies and individuals who undertake evaluations for the state may be granted either absolute or partial immunity from prosecution for their actions. A recent Appeals Court decision,⁸ which the Michigan Supreme Court has been asked to review, extended the governmental immunity enjoyed by government agents to private child-care agencies operating under the auspices of the court. Juvenile court judges frequently rely on the reports from private agencies when making decisions. Often, however, the therapists are not state-licensed and their work is seldom reviewed by independent professionals.

Genesis Associates Litigation Continues in Pennsylvania

The Legal Intelligencer, Aug. 21, 1996, Shannon P. Duffy

Four new lawsuits have been filed in the past few weeks against Genesis Associates, Pennsylvania, and two of its therapists. These suits were filed following a confidential settlement in a third party suit⁹ which had alleged that therapists had implanted false memories in their daughter that caused her to change her identity and flee.

One of the suits was brought by the Tuman's daughter who had entered therapy for treatment of bulimia, and now repeats the charges of false implanted memories. The second suit filed by another former Genesis patient who claims she was "encouraged and pressured...to have flashbacks and/or memories from her past that were false...some of which involve participating in Satanic rituals." She says that she, too, was encouraged to "detach" from her children, husband, mother and sisters and told that if she ever left the Genesis program she would "go insane and/or die."

Therapist Mansmann, who was dismissed as defendant from the Tuman's suit for taking no role in their daughter's therapy, has filed a suit claiming that the Tumans and their lawyers defamed her and made the allegations without first conducting any investigation.

In the most recent suit, Genesis, Mansmann and Neuhausel have sued a group of critics they say have defamed them and have plotted to drive them out of business. The suit accused the group of former patients and parents of patients of spreading false reports that describe their therapy "as a cult" and of forming a racketeering enterprise designed to shut Genesis down.

The cases are *Lujan v. Mansmann, et. al.*, 96-cv-5098; *Diament v. Genesis Associates, et. al.*, 96-cv-5342; *Mansmann v. Tuman, et. al.*, 96-cv-5252 *Mansmann, et. al. v. Smith et. al.*, 96-cv-5768. All four cases have been assigned to U.S. District Judge John R. Padova.

8. *Plaintiffs v. Children's Aid Society, et. al.*, 215 Mich.App. 88 (1996).

9. *Tuman v. Genesis Associates, Mansmann, Neuhausel*, 1996 U.S. Dist. Lexis 5406. See also FMSF Newsletter July/Aug. 1996 and Sept. 1995.

7. *San Diego County Grand Jury Report No. 8* is available from the FMS Foundation as Publication #850.

*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 five 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?

Canada: The Counsellor Training Institute of Canada in Vancouver offers a certificate in counselling by correspondence. I read their brochure and noticed *Courage to Heal* in their reading list. I wrote and complained and sent an accompanying critique of said book (Perry, *International Journal of Clinical Hypnosis*, XLII (4), Oct 1994). They have removed the book from the reading list. Letters can be powerful!

Oregon: In July a member wrote to tell us that after checking the laws that govern professionals, he had called the attention of his state licensing board to individuals who appear to be misrepresenting their credentials, such as a hypnotherapist leading people to believe he is a psychologist. Since then, the Oregon State Board of Psychologist Examiners has responded and sent cease and desist letters informing those individuals of the law regulating the practice of psychology. The Board has also offered to meet with families and discuss concerns regarding the advertisements.

Pennsylvania: For a period of time after I was falsely accused, my broken heart and broken family left me immobile. But now I am moving again. I have educated myself on FMS. Here are my thoughts:

How can the ethics boards of psychologists, psychiatrists and social workers say that parents of their patients are not involved in the therapy in those situations in which the therapists advised their patients to confront or to cut off contact from their family? If a doctor advised a patient to take some medication, that medication is part of the treatment plan. The doctor is responsible for knowing the potential adverse affects of taking that medication.

In advising patients to confront and cut off, therapists have made the family part of the treatment plan. How can a doctor possibly know the effects that will come from such action with absolutely no knowledge of the family?

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.

I have decided to file a complaint. In an effort to help other families, here is how to do it. Obviously if you do not know who the therapist is, you cannot do this.

To file a complaint, you need to know what rules and regulations govern the person in question. Such rules and regulations apply only to "licensed" professionals. You can find out if a person is licensed by calling the appropriate board in the state in which the person practices. Licensing is regulated at the state level. You should have as much information as you can such as where the person practices and what the person's credentials are (Ph.D., M.D., M.S.W., M.F.C.C., etc.).

If you find out from the licensing board that the professional is not licensed, contact the Attorney General of your state. At least one non-licensed person has been charged with performing psychotherapy and counseling on patients without being licensed to do so. (*St. Louis Post-Dispatch*, April 26, 1996 "Psychologist, hypnotist are charged with fraud.")

If the therapist is a "massage therapist" who appears to be performing psychotherapy and he or she practices in one of the states that licenses this specialty, you should consult the guidelines that govern their practice. The following states license massage therapists: Arkansas, Connecticut, Delaware, Florida, Hawaii, Iowa, Louisiana, Maine, Nebraska, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Texas, Utah, Washington. Massage therapists seem to be encouraged to think they can do psychotherapy. I recently read, "Massage therapists who facilitate the release of emotions via therapeutic massage ideally will be prepared to engage in directive dialogue with their clients. To be effective, this dialogue demands a certain level of knowledge in psychology; therefore this form of bodywork is, in essence, a form of psychology—and a background in psychology is certainly helpful." (The power of touch to heal the fear of touch by Tamara Nielsen. *Massage*, 60, 114-117).

If the person in question is licensed, ask the licensing board to explain the procedure for filing complaints. Request that a copy of the code that governs the professional be mailed along with the complaint form. In filing a complaint, you should list the exact code number(s) that you believe have been broken and describe clearly and specifically how this is so.

Many therapists belong to professional organizations that hold their members to an ethical code. A professional may belong to a state-level professional organization or to a national organization or to both. To find out if a professional is a member of a professional organization, you can call the organization and ask for their membership services.

Send your ideas to Katie Spanuello c/o FMSF.

Please remember to send FMS-related clippings from your newspapers, magazines, etc. or articles to FMSF, Philadelphia, PA. Please include the source and date.

FROM OUR READERS

A True Story

This summer we stopped to visit some old friends we had not seen in twenty years since we moved to another state. We revealed our problem when they asked about our daughter. Two mouths dropped open in three-quarter time before they announced that their daughter had done this to them ten years ago. Even worse. Our friends were not familiar with FMSF. I have shipped them a pile of material and expect that you will be hearing from them.

A Dad

To Parents,

I am troubled by a trend I see in recent letters from parents in the Newsletter. It seems that more and more parents are lashing out against their accusing children, refusing to have any contact unless the adult child retracts everything at one time and begs forgiveness. Some say they want no contact even if there is full recantation. I do really understand your pain, but I think you are making a mistake.

I never had a chance to recant to my adoptive father and mother. He was already dead when I began "recovering memories." She was existing, not living, with senile dementia, recognizing nobody. However, I did confront her when she was still somewhat cognizant. She was terrified of me, but could not communicate at all. I really wish they could have lived to hear my heartfelt apologies; it would have given me much healing. Instead, I will carry to my grave the horrendous guilt for all the lies I told.

So, please, leave the door open, just a little. Yes, you have been terribly wronged. But so have we. If there is no chance of reconciliation, you will continue to hurt, and we will have much less chance of throwing off our cloak called "Victim of Therapist Abuse."

A Retractor

Families Should be Interviewed

I have viewed sexual trauma as a rape crisis counselor, and I am a staunch feminist who takes sexual abuse seriously. I serve on the boards of a Women's Crisis Aid group and the National Organization of Women in my state. I am a member of the Alliance for the Mentally Ill. I also support the False Memory Syndrome Foundation because I am acutely aware of the damage that treatment incorporating a false report of sexual trauma can do. I am a mother who is still trying to put the pieces of a family back together. Four years ago my youngest daughter at age 30 was persuaded that she was a victim of horrendous familial sexual abuse. The therapists are now under investigation.

None of us want to do injury to our clients or their families. Without exploring historical data with other family members, we have only the patient's report. Before any group of professionals begins a treatment plan incorporating sexual abuse trauma, I would hope that a family interview for pertinent histories be required.

A Mom, M.S.W., L.I.C.S.W.

A Sham

I know you are interested in how FMS daughters return to their families. This is what has happened in our family.

We found out about our daughter's accusations, including accusations of satanic ritual abuse, in February, 1992, at which time we talked, in our daughter's presence, with her therapist, a licensed social worker. During this interview the therapist said the abuse "had happened" and that our denial wasn't even "discussable."

The next day we visited with our daughter's psychiatrist, Dr. "K," who was supposed to be supervising the therapy. During this interview, our daughter said the abuse was all very foggy in her mind and that she couldn't put faces to it. The psychiatrist responded, "Well, maybe somebody else did it."

Frustrated by this run-around, we suggested a second opinion and our daughter chose the "R" Clinic. At the end of a month of inpatient treatment there, the R Clinic psychiatrist suggested, in our presence, that our daughter change therapists.

After a few months, we called Dr. "K" to see why our daughter was still seeing the same licensed social worker. He said he would speak about a change with our daughter, but nothing ever came of it.

For over four years we have not visited with our daughter. Last fall I called the doctor at the "R" Clinic to tell him that our daughter had not followed his advice. He recommended that we get in touch with FMSF for moral support and that I call Dr. "K." When I said that Dr. "K" really did not want to discuss this with me, he said, "Call him. Times have changed."

I called Dr. "K." When he came to the phone, he said he was glad I called because he wanted to "get closure on this thing." In March of this year, I received a birthday card from our daughter for the first time in five years. This was followed by a telephone call on Memorial Day. She spoke pleasantly with both me and her dad and we made arrangements for her to spend the day with me at the hospital where I was undergoing radiation treatments. She was pleasant and friendly. The whole FMS topic was never mentioned.

Finally last week she attended an 80th birthday party given in honor of her father by his nieces and nephews from around the country and by our other children. Our daughter participated courteously in all these activities although she had told a cousin that it would probably be very hard for her. One of our other children called her after that party and suggested that her alienation and cutting off had started under the influence of her former husband. Our daughter replied, "No, it started when I started having flashbacks."

During all of these encounters our daughter showed no recognition of the harm she is doing us nor do we get any feeling of emotional closeness. We are now dealing with a pleasant stranger. Consequently, we feel that our daughter has not come back to us but that she has been sent back to us. She visits with us bodily, but her therapist has possession of her mind. She still has the paranoid delusions that were implanted by recovered memory therapy and her therapist is still controlling her behavior. In other words, this "reconciliation" is not "closure." It's a sham.

A Mom

From a Retractor to a Member of her Former Survivor Group

Dear "K,"

I hope you are doing well. I have wanted to write this letter to you for a long time because I care about you and want to inform you of what has happened to many people who have sought Christian counseling.

I want to inform you how false memories can happen and to make you aware of how many people have fallen into this trap.

With my husband's help, I realized my "recovered" memories were not true. Some things that helped me realize the memories were not true were:

1. I had no memories of abuse before counseling.
2. It is a Freudian theory that a person can repress years of abuse and remember it as an adult.
3. There is no Biblical support for repressed memories. My husband challenged me as to why I was believing something that was based on a psychological theory and not based on the Bible.
4. One of my counselors told me "God has you forget your memories of abuse as a child and has you remember them when you can cope with them as an adult." This is not true and is an example of false teaching (Colossians 2:8). There is no Biblical basis for this. Unfortunately I succumbed to this belief system for a period of time.

5. My husband told me of articles and books telling the stories of many other women (and men also) who have gone into counseling for various problems and have ended up believing they have been abused as a child. However they have since realized the new memories were not true and the abuse had never happened.

6. There was no proof or evidence of abuse other than my "new" memories.

I am concerned because this psychological theory is being taught by "Christian counselors." Christian families are being torn apart by "Christian" counselors.

I am concerned for other women who might have been in support groups like yours in the past who have false memories and are believing a terrible lie. I am including a list to help identify a person whose memories may be false.

My memories were very real to me and I adamantly believed them. Fortunately they were not true; and through the grace of God I no longer believe the terrible lies I once did.

I am willing to get together to talk if you are interested.

Sincerely, "Susan"

What is her reality after therapy?

Three years ago (June 1993) our daughter, "Nancy" returned to the family after 15 months of devastation and separation. She and her young family were devastated and our family was devastated. Initially and for quite a long time it was like walking on egg shells. She was very defensive and would flare up at any controversial topics, even minor ones. We avoided such situations as much as possible

and didn't bother to enter into debate. We watched what topics were introduced into conversation. Once in a while her father would throw out a comment to see how Nancy would react and how strong she really was.

In spite of all this, Nancy did not hesitate to let her father put our little granddaughter to sleep — partly because Nancy had difficulty doing it and partly because her dad has a knack for relaxing our granddaughter and putting her to sleep. Nancy did not mind leaving her dad alone with his granddaughter. She didn't mind him taking the two granddaughters shopping. Maybe that was because it took the kids off her hands for a while. Nancy acted as if nothing had happened in those 15 months of separation.

Several times, between long intervals, we asked her if she would like to talk about the 15 months. She said, "Not now, I'm not ready." So we told her to let us know when she thought she was ready. Several times in the past six months she told me that she could not believe I was about to turn sixty. She said, "You're going to be fifty-nine." I said, "No, I'm going to be sixty." Then Nancy said, "I've lost a year somewhere."

One month ago when Nancy and I were on a shopping trip, I mentioned to her over supper at a cafe how proud I was of her dad's behavior. He was given a hard time by investigators and therapists who tried to force him to admit to doing things he did not do, but he stuck to his ground saying, "I never molested anyone." I said people were very

hard on him and tears welled up in Nancy's eyes. I said no more.

Our relationship is slowing improving. Once in a while Nancy even returns to her own bubbly self and even taunts and teases her Dad — but not for long. It's far from what it used to be. We expect it will never be the same again. We can live with that so long as Nancy gets strong enough

to function effectively for her own good.

In spite of all this we have not discussed what happened while she was in therapy. We wonder if she'll ever be ready. We wonder what her "inner self" is like. What is her reality after therapy? Does she remember anything she said about us — all the negative things and false accusations — while in therapy? Does she still believe them to be true or was all this wiped out by hypnosis? Does she have guilt feelings? Was she counseled in therapy not to talk about it? Was she counseled to forget about it because it was our fault? What is her reality?

We would like to know how to approach this problem — how to approach her. We know of one good private therapist but cost is prohibitive. A facilitator could be useful — but we don't know if Nancy would accept and we're not sure how to approach the matter without offending or frightening her away after her very negative experience with a therapist.

Such is the situation now. We are glad she is back in the family in spite of the limitations. We will continue to support her and relate to her as best we can. We are thankful for our support groups.

A Mom

Videotapes of presentations at family meetings and at FMSF sponsored conferences are available to members of the FMS Foundation for the cost of the tape and postage. Send a stamped self-addressed envelope to the FMSF Office for details.

OCTOBER 1996**FMSF MEETINGS**

**FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER**

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

**CALL PERSONS LISTED FOR INFO &
REGISTRATION**

STATE MEETINGS**ONTARIO**

Saturday, September 28, @ 1-3pm
76 Anglesey Blvd., Toronto
Call local contact for info

WEST VIRGINIA

Saturday, October 19, @ 10-3pm
Bonanza Steak House, Weston, WV
Speaker: Claudette Wassil-Grimm
author of *Diagnosis for Disaster*
Pat (304) 291-6448

INDIANA

Sunday, October 27, @ 1:30 pm
Indianapolis Area
Indiana Assn. for Responsible Mental Health
Practices
Speaker: Sherri Hines
Nickie (317) 471-0922, FAX 334-9839
Pat (219) 482-2847

UNITED STATES

ALASKA- Bob (907) 586-2469

ARIZONA - (bi-MO)

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

ARKANSAS - LITTLE ROCK

Al & Lela (501) 363-4368

CALIFORNIA

NORTHERN CALIFORNIA

SACRAMENTO-(quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916)443-4041

SAN FRANCISCO & NORTH BAY (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am);435-9618(pm)

EAST BAY AREA (bi-MO)

Judy (510) 254-2605

SOUTH BAY AREA Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

CENTRAL COAST - Carole (805) 967-8058

SOUTHERN CALIFORNIA

CENT. ORANGE CNTY. 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

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

Jerry & Eileen (714) 494-9704

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

Floyd & Libby (818) 330-2321

SOUTH BAY AREA -3rd Sat.. (bi-MO) @10am

Cecilia (310) 545-6064

COLORADO

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

Art (303) 572-0407

CONNECTICUT - NEW S. ENGLAND

AREA CODE 203 (bi-MO)Sept-May

Earl 329-8365 or Paul 458-917

NOV/DEC'96 Issue Deadline: OCT. 15

Meeting notices **MUST** be in writing. Mark

Fax or envelope: "Attn: Meeting Notice" &

send 2 months before scheduled meeting.

FLORIDA

DADE/BROWARD Madeline (305) 966-4FMS
BOCA/DELRAY 2nd&4th Thurs(MO) @1pm

Helen (407) 498-8684

CENTRAL FLORIDA- AREA CODE S 352, 407, 904
4th Sun. (MO) @2:30 pm

John & Nancy (352) 750-5446

TAMPA BAY AREA

Bob & Janet (813) 856-7091

ILLINOIS -3rd Sun. (MO)

CHICAGO & SUBURBS

Eileen (847) 985-7693

JOLIET

Bill & Gayle (815) 467-6041

REST OF ILLINOIS

Bryant & Lynn (309) 674-2767

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

COVINGTON- Dixie (606) 356-9309

LOUISVILLE- Last Sun. (MO) @ 2pm

Bob (502) 957-2378

LOUISIANA- Francine (318) 457-2022

MAINE - AREA CODE 207

BANGOR -Irvine & Arlene 942-8473

FREEMPORT -4th Sun. (MO) Carolyn 364-8891

MARYLAND -ELLCOT CITY AREA

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

CHELMSFORD- Ron (508) 250-9756

MICHIGAN-GRAND RAPIDS AREA-JENISON -1st
Mon. (MO)

Bill & Marge (616) 383-0382

GREATER DETROIT AREA -3rd Sun. (MO)

Nancy (810) 642-8077

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- AREA CODE 314

3rd Sun. (MO)

Karen 432-8789 or Mae 837-1976

SPRINGFIELD - 4th Sat. (MO) @12:30pm

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

NEW JERSEY(So.) SEE WAYNE, PA

NEW MEXICO- AREA CODE 505

ALBUQUERQUE 1st Sat.. (MO) @1 pm- Southwest

Room-Presbyterian Hospital

Maggie 662-7521(after 6:30 pm) or

Martha 624-0225

NEW YORK

DOWNSTATE NY-WESTCHESTER, ROCKLAND, ETC.

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

UPSTATE/ALBANY AREA (bi-MO)

Elaine (518) 399-5749

WESTERN/ROCHESTER AREA (bi-MO)

George & Eileen (716) 586-7942

OKLAHOMA -OKLAHOMA CITY
AREA CODE 405

Len 364-4063 Dee 942-0531

HJ 755-3816 Rosemary 439-2459

PENNSYLVANIA

HARRISBURG -Paul & Betty (717) 691-7660

PITTSBURGH -Rick & Renee (412) 563-5616

WAYNE (INCLUDES S. NJ) -2nd Sat. Oct., Nov., Dec.,
@1pm

Jim & Jo (610) 783-0396

TENNESSEE - Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS

CENTRAL TEXAS -Nancy & Jim (512) 478-8395

HOUSTON -Jo or Beverly (713) 464-8970

UTAH -Keith (801) 467-0669

VERMONT (bi-MO)Judith (802) 229-5154

VIRGINIA Sue (703) 273-2343

WEST VIRGINIA (*)

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

INTERNATIONAL

BRITISH COLUMBIA, CANADA

VANCOUVER & MARLAND

Ruth (604) 925-1539

Last Sat. (MO) @1-4pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

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

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ISSN # 1069-0484

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