FMS Foundation Newsletter

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March 1, 1996

Dear Friends,

"The False Memory Syndrome Foundation has been a needed corrective in the mental health field."

We have heard several versions of that opinion in the past few weeks—from professionals who have been sharp critics of the FMSF. We think that is significant, that it marks a point of understanding from which we can reach a resolution to the "memory wars."

As we mark the fourth year of the existence of the FMS Foundation, the issues on which all sides agree outweigh those points that are still in contention. At the social level all agree that the abuse of children is unconscionable and should not be tolerated. There is agreement that false accusations cause real harm to real people—both to those who make the accusations and to those who are accused.

Research shows that:

- Memory is a constructive process. Memory does not act like a videotape recorder.
- Whether they are continuous or not, some memories (of abuse or anything else) can be true, some can be a mixture of fact and fantasy and some can be false.
- The only sure way to tell a true memory from a false memory is through external corroboration.
- Unusual or traumatic events are more likely to be remembered.
- Dissociation between explicit memory (memory for events) and implicit memory (memory for skills such as bike riding) has been demonstrated for both physical and functional amnesia..

Inside

Research does not support the following

- There is no research that traumatic stress induces dissociative or repressive processes that results in amnesia. (People have been looking for this for 70 years without success.)
- There is no scientific evidence that children subjected to repeated trauma engage in defensive amnesia.
- There is no evidence that digging for memories is important to help people get better.
- There is no research on explicit and implicit memory that lends any support whatsoever to the notion that historical events can be inferred on the basis of mental and behavioral phenomena such as images and dreams, emotional feelings, bodily sensations, and intrusive behaviors.

(For a thorough and readable overview of what is known and not known, see Kihlstrom, J. Suffering from reminiscences: Exhumed memory, implicit memory, and the return of the repressed. To appear in Conway, Ed. *Recovered Memories and False Memories*, Oxford U. Press)

This is what we know in March 1996. While the majority of professionals we talk to have been making an effort to understand this research so that they can improve the care they give to patients, a vocal minority continues to resort to smear tactics. They have no evidence, so they attack those whose research does not say what they want to hear.

The *Toronto Star* this month wins top spot in our "hall of shame" for its lack of fact-checking in reporting on the false memory issue and for publishing sleazy ad hominem attacks. In a series of three columns, the *Star* smeared a number of FMSF advisors and supporters by printing wrong information, partial information and innuendo. One column, for example, gave the impression that Elizabeth Loftus recently resigned from the American Psychological Association because two complaints had been filed against her for misrepresenting repressed memory cases when writing or speaking about them. The columnist started this rumor by omitting critical information In fact, Dr. Loftus wrote to APA that she resigned because many subgroups and members "...have moved away from scientific and scholarly thinking..." The inability of APA to come to grips with a single report on memory is more than enough evidence for that. In fact, Dr. Loftus said she has never been notified of any complaints. Do the complaints exist? Are they rumor?

Smear works this way. That misleading column was sent around the world on the internet by a group of women in psychology asking people to write and applaud the *Star*. Rumors started flying. The Foundation received calls: "I heard she was asked to resign!" Dr. Loftus received calls: "Are you under investigation?" Although we requested that the *Star* print a correction for the misinformation about *all* the people *it* smeared, it has not done so. Instead, the Ombud (Ombudsman) wrote a column claiming that the *Star* was fair because they had received but not printed the many letters from around the world in praise of the column. That's how smear is done.

How does one respond to smear? In the case of Dr. Loftus, she wrote a letter to Raymond Fowler, Chief Executive Officer of the American Psychological Association. "...In order to deal appropriately with these false rumors, I must be shown the complaints that were filed. I have only a minimal idea about one of those complaints... I can say emphatically that so far as I am aware, all of my statements were strictly accurate...I wish I could explain to the women in question that while I may doubt the veracity of bizarre 'memories' acquired during psychotherapy, and while I consider it a moral obligation to continue to voice such doubts, I do not mean to trivialize the women's anguish...While it may be painful for people to hear scientific opinion, I know that is has to be voiced, to prevent further pain to others..."

Dr. Loftus suggests that, "To dispel the false rumors and end their unfair damage, I want you to know that I would fully support your asking the Board of Directors to investigate this situation. If the Board would like any background material on these cases, the court testimony, the scholarly chapters, or other nonprivileged documents that are in my possession, I will be happy to supply them. Once again, let me reassure you that I knew nothing about these complaints when I resigned, and I am happy to defend APA by asserting just as strongly that no one inside APA leaked any information to me. One ironic benefit for me personally of having endured these false accusations is that I now have

even greater empathy for the numberless falsely accused individuals and families that I have worked so hard to help..."

How does one respond to smear? James Randi, another advisory board member who was smeared in the columns has written that he has initiated a legal remedy. Others who were smeared are protesting through the Canadian Press Council. All that needed to be done to prevent this waste was for the *Star* to do some fact checking. The willingness to accept something as fact based solely on belief — without further verification — is a hallmark of what has been called the "false memory syndrome phenomenon."

Families are familiar with smear tactics since that is what was used against them. For professionals this behavior has come as an unpleasant shock. While outrageous and painful in the short term, however, the use of smear tactics by our critics is strangely helpful to FMSF. It provides a mirror for others to see more clearly that critics have no evidence with which to respond to FMSF.

That is why we repeat month after month memory claims that have been verified and claims that have not. The success of the Foundation in helping to clarify the issues can be seen in the gradual institutionalization of this information in psychology text books, in reference works, in novels, in television dramas, and in hundreds of scholarly papers. Indeed, the Foundation has been a corrective to a run-away belief system.

We have come a long way in four years. We have turned around a situation that once seemed hopeless. Thousands of families have resumed contact with their children and most of these families are continuing to help in the effort to reach the children who are still caught in a web of horrible "memories." We will continue in our efforts until contact is resumed with these people and until there are mechanisms in place to prevent a repetition of this mental health crisis.

Pamela

> "A devastating aspect of false accusations is that those who do not know you well, or who have some political or other gain to garner from the accusations, may show their colors. This orgy of feeding on the tribulations of the accused, found fortunately only in a small number but sadly, often in persons of power, can have devastating psychological effects on the victim. When victimization is due to actions of individuals who could have stood up for truth and against cascading falsifications, and when the victimization occurs at the hands of persons previously trusted and of presumably high professional standing, the situation is fraught with fear and grave concern for one's personhood and one's family."
>
> Lewis P. Lipsitt, Ph.D., Brown University
> Professor of Psychology and Medical Science
> *Open Letter to APA Friends and Supporters about his activities as science director for APA and the APA governance process that posed a legal threat to his membership in that organization.*

SPECIAL THANKS

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

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NEWS BRIEFS

STATE BOARD SUSPENDS GENESIS PSYCHOLOGIST

Daily Local News, Chester County, February 8, 1996
Michael Rellahan

The Pennsylvania state licensing board has temporarily suspended the license of Patricia Mansmann, a psychologist who is one of the owners of the controversial Genesis Association that was shown in the *Frontline* documentary, "Divided Memories" (April 11 & 17, 1995). The state Board of Psychology accused Mansmann of being a "clear and immediate danger to the public health and safety" because of the treatment practices used at Genesis. The practices include "detachments" of patients from family members, "rage work" therapy sessions, and "snuggle dates" with other patients. The petition calls the "detachment" substandard therapy that is unnecessary and harmful. Mansmann was ordered to turn over her wallet card, registration certificate and wall certificate. She is forbidden from practicing psychology in Pennsylvania pending the outcome of a Feb. 21 preliminary hearing.

PUBLIC CAUGHT BETWEEN STATE BOARD, TROUBLED THERAPISTS

The Houston Chronicle, Feb. 4, 1996, Mark Smith

This article is an expose of the Texas Board of Examiners of Psychologists, the state agency charged with disciplining wayward therapists. An examination of a number of cases shows "an eerie picture of pedophilia, sexual misconduct and violence by Texas therapists and shows a state agency unable or unwilling to do anything about it." For example, one therapist who has been sentenced to 40 years in prison for sexually assaulting four little girls still has his license.

The Texas Board receives more than 100 complaints each year yet only a few of the more than 3,000 Texas psychologists have lost their licenses. The *Houston Chronicle* was unable to determine if the Board is investigating Houston psychologist Judith Peterson. There have been at least five complaints filed against her by former patients and nurses. At least eight of her patients have sued her, accusing her of using coercion, hypnosis and drugs to plant false memories of satanic ritual abuse. Peterson has denied all allegations and reached confidential out-of-court settlements with at least five former patients. The record shows that no disciplinary action has ever been taken against Peterson.

The Psychology Board's stated mission is to protect the public, but it seems the board sees a duty to protect the psychologists.

TEXAS LAW HIDES COMPLAINTS AGAINST PSYCHOLOGISTS

Houston Chronicle, Jan. 14, 1996 Mark Smith

A Texas law passed last year which took effect in September forbids regulators to give out any information about complaints against psychologists unless the Texas Board of Examiners of Psychologists punishes them. Before the law, consumers could check up on psychologists by calling the board and asking whether any complaints had been filed against them. While details could not be given, the existence of a complaint against any of the state's 4,500 licensed psychologists could.

Only 12 psychologists faced any disciplinary action in 1994 and only eight in 1995. Most of these were technically suspended, but continued to practice while they completed therapy themselves and worked under the supervision of their colleagues.

A trade group of practicing psychologists lobbied hard for the change in the law. The reason given was that a psychologist with an outstanding complaint could not be accepted on a managed care panel. "It sounds like the psychologists have tried to cover up their tracks even more," said an advocate for the crime victims' rights group, Justice for All.

"Most booksellers agree that the trend in the self-help market has shifted from topics on co-dependency and self-recovery from repressed childhood memories to books about New Age principles that help readers to achieve success in work and love in spite of psychological handicaps." Major books coming out have moved away from blaming your parents.

American Bookseller, Dec 1995, page 33

SEXUAL TROUBLE STALKS MASS SHRINKS: LEAD ALL DOCTORS IN DISCIPLINARY ACTION

Boston Herald June 4, 1995, Michael Lasalandra

Psychiatrists represent 10% of the doctors in Massachusetts but they received nearly one-third of the disciplinary actions for sexual misconduct over the last decade. They also had the most disciplinary actions for drug abuse. According to the Division of Registration, the percentages would be even higher if psychologists and social workers were counted. "There are no figures available for people who bill themselves simply as therapists because they are not licensed or regulated."

FOSTER MOTHER WON'T FACE PROBE

Dallas Morning News, January 28, 1996, Victoria Loe

Texas child protection officials will not investigate a foster mother accused of physically forcing children to invent tales of satanic cult. As a result of these tales, a police officer and seven other people in the town of Gilmer were falsely accused of murder. The decision by the child protection officials ignores promptings of a veteran child protection worker and eminent child psychiatrist Dr. Bruce Perry, who testified at a recent hearing that a technique used by the foster mother, Ms. Bass, known as "therapeutic holding" amounted to torture. Three children, in videotaped interviews, said Ms. Bass squeezed them and rubbed their ribs with her knuckles until they screamed, cried or fainted. Since Dr. Perry's testimony, the Basses were allowed to adopt two more foster children. Ms. Bass now lives in another state with seven adopted children.

When he was 7, Danny Kerr Jr., a foster child, sustained severe brain damage as a result of therapeutic holding in the home of James and Marie Lappe. Ms. Lappe, who with her husband committed suicide after Danny's siblings told the authorities the parents had banged his head on the floor during a holding session, was previously an assistant to Ms. Bass.

"Therapeutic holding" was developed in the 1970s at the Attachment Center in Evergreen Colorado. It is supposed to help traumatized children express their feelings and bond with adult caretakers. Last year the Texas protective services adopted a policy that holding is only allowed under the direct supervision of a therapist and is not to be practiced by the caretaker.

REHAB CENTERS RUN DRY

Time, February 5, 1996, Elizabeth Gleick

Just five years ago, Sierra Tucson had 313 beds for people with various mental health problems. Now it has only 70. Five years ago it was "the Cadillac of the substance-abuse centers" with stays paid for by insurance. Now those who visit must pay their own way at $650-a-night. Sierra Tucson now has fewer clinic visitors and more spa visitors.

Managed care has changed the marketing of rehab centers like Sierra Tucson. Between 1988 and 1993, the inpatient stay in a rehab center dropped from 35 to 17 days.

RENO WON'T REVIEW WASHINGTON CHILD SEX CASES

The Washington Post, Feb. 3, 1996, William Claiborne

In a letter to Washington's Governor Lowry, U.S. Attorney General Janet Reno has stated that the Justice Department has been unable to establish that police and local prosecutors in Wenatchee acted in "willful violation of federally protected rights" or were guilty of an unconstitutional use of violence during an 18-month investigation that critics have called a witch hunt. The Justice Department will not undertake an investigation. Governor Lowry is said to be considering whether to launch a state investigation into the prosecutions.

LICENSED V NONLICENSED THERAPISTS IN COLORADO

According to a letter (1/4/96) written by the Colorado Association of Psychotherapists president David Pasikov to Colorado legislators, there are approximately 6,000 nonlicensed therapists in Colorado. The letter notes that there are twice as many nonlicensed therapists as there are licensed therapists. It notes that nonlicensed psychotherapists charge as much as one-half less than licensed therapists. The letter was written in response to the "Schmitt Report", a statistical study comparing complaints against licensed and nonlicensed psychotherapists from 1988 to 1994. According to this study, licensed psychologists registered 3.0% violations vs. nonlicensed therapists at 2.7% violations.

FOCUS ON SCIENCE

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

* * * *

A recent paper, presented at the American Psychological Association Annual Meeting in 1995, claims that the false memory syndrome is uncommon, and that "no evidence for any sort of epidemic was found" [1]. Certainly, an empirical study of this nature, assessing a group of women for proposed features of false memory syndrome, is a welcome contribution to the literature, provided that it is methodologically sound. If it has methodological flaws, however, it can be misleading.

Upon reading the study, unfortunately, we cannot rule out the possibility of serious methodologic limitations. First, and perhaps most important, the authors present little information about the manner in which the sample of 113 women was collected. The paper states simply that "the sample was collected through various methods, including advertisements in the local media and notices posted on electronic bulletin boards and throughout the community...", The authors give no information, however, about what the advertisements actually said, and what measures were used to ensure that the sample was truly representative. Even if the advertisement were phrased in the most careful and neutral of terms, and even if the authors were scrupulously unbiased in their recruiting methods, we must ask what proportion of women in treatment for possible childhood sexual abuse would answer an advertisement asking them to spend two hours discussing their experiences with a researcher that they had never met? Only a select proportion of patients—possibly very unrepresentative of the overall population of such individuals—would likely respond. Hence, generalizing from this group to the overall population would be hazardous.

In addition to this problem, known in epidemiology as "selection bias," there is also the problem of "information bias," which refers to the possibility that data obtained from the subjects might be colored or skewed in some way. We are given little information about the nature of the data collection, how the questions were designed to ensure that they would not be "leading" or suggestive, and whether the investigators were blinded in any way to prevent their own biases from influencing the subjects' responses. It is obvious, from reading the paper, that the authors are biased against the false memory hypothesis. Now, there is nothing inherently wrong with having a bias, provided that one carefully designs one's study to prevent that bias from altering the results. Regrettably, however, the authors of this paper provide us with little explanation of how they handled this problem.

Third, even allowing that the study controlled for these various sorts of bias, the authors seem to be setting up a straw man. For example, they find that the 51 women with "recovered" memories doubted their memories more than the 49 women with continuous memories. They claim that this finding contradicts the "false memory syndrome hypothesis." But the validity of the false memory syndrome "hypothesis" hardly depends on whether the memories are doubted or not. For example, several hundred "retractors" have contacted the False Memory Syndrome Foundation. These individuals doubted their memories so much that they retracted those memories and in some instances successfully sued their therapists for implanting such beliefs.

Similarly, the authors argue that the women with "recovered" memories reported more "trauma symptoms" in adulthood than women with continuous memories. But one can draw no conclusions from this observation unless one could show that the "trauma symptoms" are unique to trauma and are not also commonly seen in many other psychiatric disorders, such as anxiety and depressive disorders. Perhaps, for example, women with prominent symptoms of anxiety and depression are more likely to form false memories in an attempt to "explain" their symptoms—and these same women will score higher on most checklists of "trauma symptoms" because of their prominent anxiety and depression. And in any event, the presence or absence of particular symptoms provides little evidence that false

ARTICLES RECENTLY ADDED TO FMSF BIBLIOGRAPHY

#103 $4.00 Bauerlein, M. "The mirror cracked" *City Pages*, August 23, 1995 Relates the story of a retractor who sued her psychiatrist, Dr. Diane Humenansky and was awarded $2.6 million. Over 100 "alter" personalities and memories of satanic cults were produces.

#352 $1.00 Boakes, J. "False Memory Syndrome." The *Lancet*.Vol 346, Oct 1995. Discusses how the "recovery" of vivid memories of events that never happened threatens to undermine the credibility of psychotherapy.

#432 $2.50 Pope, H. & Hudson, J. "Can individuals 'repress' memories of childhood sexual abuse? An examination of the evidence." *Psychiatric Annals* Vol 25 (2) Dec 1995, Cites criteria for demonstrating repression, and reviews the four studies that attempt to test whether repression occurs.

#660 $2.50 Pendergrast, M. "First of all, do no harm." *Skeptic* Vol 3 (4), 1995. Story of a recovered memory therapist who recanted, and is now trying to stop this form of therapy from ruining more lives.

#779 $3.00 Roediger, H. "Creating false memories: Remembering words not presented in lists." *J of Exper Psychology*, Vol 21 (4), 1995. Describes two experiments that reveal remarkable levels of false recall and false recognition in a list learning paradigm.

#831 $1.00 FMSF Legal Project. "Brief Bank Index - Third Party Suits." 1996. Includes complaints and sample interrogatories as well as filings and opinions from 12 suits regarding duty to a third party.

memory syndrome is a rare occurrence.

In short, although the authors must be credited for attempting to explore this difficult area, their findings appear so vulnerable to methodological difficulties and potential sources of bias that it would seem hazardous to draw conclusions from them at this point.

1.Hovdestad, W.E., Kristiansen, C.M., Felton, K.A., and Allard, C.B. "An empirical study of the incidence of false memory syndrome." Paper presented as part of the symposium entitled "False Memory Syndrome—Science or Social Backlash?" at the Annual Convention of the American Psychological Association, New York, August 1995.

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NOW WE KNOW!

ATM PHOBIA CAUSED BY PARENTS

Some people have an irrational fear of bank technology. They will not use automatic teller machines, for example. "Experts say these phobias are caused by other deep-seated fears. 'We fear a specific object because it reflects something else,' said Annette Lieberman, a Manhattan psychotherapist. 'For example, if the only way your parents showed affection was to give money, you could develop ATM fear.'"

St. Louis Post Dispatch, Dec., 1995 (reprinted from *NY Daily News*)

COUNSELING SCIENCE

"NUMEROLOGY: AN OBJECTIVE TOOL FOR COUNSELING"
Sponsored by Mental Health Assn, Tompkins County, NY
Monday February 26, 1996

"Numerology is an ancient intuitive science, which by working with the name and date of birth of an individual reveals a comprehensive pattern of the qualities, talents and challenges that a person has come to deal with in their life. A numerology reading gives a person an objective picture of the lessons that they have come to master, and as a result a person can deal with their situation more purposefully and positively. Used as a diagnostic tool in counseling, numerology can show the areas of intensity and of particular importance that a person may need to focus on to gain a greater self-understanding. Those attending the Forum will have the opportunity to learn a little of their own numerological patterns and therefore to test the science on themselves."

DIAGNOSIS BY PORTRAIT

According to a report in the London *Times*, February 5, 1996 by Jeremy Laurance, a psychiatrist, Dr. Elinor Kapp has studied the earliest portrait of Elizabeth I and believes it shows that she was abused as a child. "Her eyes are candid but the set of her head on the neck and the folded lips show a wariness that gradually, as one studies the picture, becomes the most striking thing about it. There is a haunting loneliness about its reluctant but obsessive secrecy...a frozen watchfulness that recalls to me countless victims of deprived or abused *childhoods*." Dr. Kapp points out that when Elizabeth was three, her mother, Anne Boleyn, was beheaded, she was regarded as illegitimate, had three stepmothers and was the subject of constant scheming. If her childhood "were translated into modern terms, social workers would have been round at Henry's door constantly."

WALK THROUGH THE DOOR DIAGNOSIS

Wade: [Talking about sexual abuse victims] It's so common that I'll tell you, I can within 10 minutes, I can spot it as a person walks in the door, often before they even realize it. There's a trust, a lack of trust, that's the most common issue. There's a way that a person presents themselves. There's a certain body language that says I'm afraid to expose myself. I'm afraid you're going to hurt me.

Brenda Wade, Ph.D., CNBC Real Persons, April 27, 1992
(reprinted from *FMSF Newsletter*, May 1, 1992)

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Jean McCauley: I can almost spot these patients [survivors of abuse] as they walk in the door. There's a certain pattern of both physical and psychological complaints. There's a way that they fail to meet eye contact. There's a certain distress and depressed look about them, or anxious look about them that it's almost like I can tell as they walk in the door.

Assistant Professor of Medicine
Johns Hopkins Bayview Medical Center. , NPR ALL THINGS CONSIDERED
December 9, 1995

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Editors Comment: Three hundred years ago, during the Salem Witch Trials, a witch could be recognized by the screams she caused as she approached a panel of young girls. In the 1990s, however, the guilty party needn't even be in the same room. A child abuser can be recognized by a psychologist as the supposed victim approaches.

MULTIPLE PERSONALITIES NEED MULTIPLE LAWYERS

"Knoxville - Murder suspect Thomas Huskey has multiple personalities and the court should appoint counsel for each one, his lawyer, Herb Moncier, said. Two of the personalities have confessed to several crimes."

USA Today, February 9, 1996

NO MEMORIES

"How could it be a false memory when I have no memories, only feelings?"

An accuser to her sister.

RESILIENCE, THE BURNING HOUSE, AND THE TARRED BRUSHES

August Piper Jr., M.D.

If thy house must burn down,
at least warm thyself from the flames.

Years ago, the above proverb crossed the mind of someone who lived in Italy. Peoples around the world, over the millennia, have coined similar expressions that speak to what today's social scientists call resilience.

Newspapers, radio, and television constantly tell us of the *evils* that befall people. Yet the stories do little to answer the deeper questions: what allows people to endure *these* curses? What traits make for overcoming the blows of an outrageous fortune?

Studies of resilience tend to be relatively neglected in favor of less demanding investigations that simply show how some noxious event affects people months or years later. (This newsletter's readers know about these. They take the form "Sexual abuse is correlated with condition x.") However, some research has been done on mitigating the effects of childhood sexual abuse:

> Green, A.H. (1993). Child sexual abuse: Immediate and long-term effects and intervention. *Journal of the American Academy of Child and Adolescent Psychiatry* 32:890-902.
>
> Romans, S.E. et al. (1995). Factors that mediate between child sexual abuse and adult psychological outcome. *Psychological Medicine* 25:127-142.
>
> Widom, C.S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin* 106:3-28.

A notable addition to this literature has just appeared. McMillen, Zuravin, and Rideout, in the current issue of *The Journal of Consulting and Clinical Psychology* (63:1037-1043) have published a paper that frankly gave me butterflies when I considered citing it here. The title of the paper explains why: "Perceived benefit from child sexual abuse." I worried that our opponents would immediately seize on this citation, reading no further, and reach for the tarred brushed once again to smear the FMSF: "See, it's just like I told you—they're just a bunch of nasty pedophiles." Opponents: drop those brushes! Neither this organization, nor the paper's authors, endorse sexual (or any other) mistreatment of children.

So now, having said what the paper doesn't say, we can examine what it does say. The authors studied a sample of 154 women who were sexually abused as children. The women experienced a range of adverse effects—which, of course one would expect. However, almost half reported some perceived benefit from their experiences. The benefits fell into four main categories. First, the women learned more about how to protect their own children from abuse. Second, they developed a strengthened sense of self-protection. Next, they acquired both more general knowledge of sexual abuse and pedophilia, as well as increased empathy with other victims of childhood sexual maltreatment. And, finally, as one woman put it,

> [The experience] made me stronger because I turned to God to help me not hold grudges. This has helped me be stronger in other situations. I learned how to build me up. Some lessons are necessary to help you be stronger. I think it helped me be strong in that way.

The investigators note that "clinicians cannot change the abuse experiences encountered by their clients; they can only hope to influence reactions to the abuse." In so doing, McMillen and associates urge practitioners to employ healing cognitive interventions with their patients.

This investigation should encourage practitioners to rethink what they tell their abused patients. In particular, the results of the study do not support the kind of mean-spirited retaliations sometimes advocated by a few of some therapists. Those who have mastered resiliency can teach us how to move out of the morass of hate and anger.

August Piper, M.D. is in private practice in Seattle, Washington. His book on multiple personality disorder will be published in the summer of 1996. He is a member of the FMSF Scientific and Professional Advisory Board.

LEGAL CORNER

FMSF Staff

Second Patient Wins Malpractice Suit against Psychiatrist

(Carlson v. Humenansky, District Ct., Ramsey Co., Minnesota, Case No. CX-93-7260)

A 3-month-long psychiatric malpractice trial ended January 24,1996 with a jury award of over $2.5 million to one of the doctor's former patients and her husband for injuries suffered as a result of negligent psychotherapy to recover so-called "repressed memories." During the trial the plaintiffs, Elizabeth, David and Lisha Carlson, as well as several local and national experts in memory and psychiatry argued that the defendant, Dr. Diane Bay Humenansky, by using hypnosis, misinformation, coercion, threats and suggestions, had implanted false memories of childhood abuse. The jury apparently agreed.

Thought to be one of the longest malpractice trials in American judicial history, the trial brought much national attention to repressed memory theory and the necessity of obtaining informed consent when memory recovery techniques are used. There was extensive discussion of the nature of memory, the lack of proven reliability of the repression theory, research on emotional responses to abuse and accepted standards of care. During the 13-week-long trial, the jury heard testimony from approximately 30 witnesses.

Carlson accused Humenansky of planting false memories during treatment. With hypnosis and sodium amytal, Carlson became convinced she had created multiple personalities to deal with supposed sexual assaults by her parents, relatives and neighbors. As a result of the treatment, Carlson says she developed a false belief that she was a part of an intergenerational satanic cult. Carlson now says the abuse never happened and the treatment injured her and her family.

Defense attorney David Patton argued that Carlson already had a "significant history of physical and sexual abuses" before she became Humenansky's patient and that the psychiatrist acted properly in treating her. Edward Glennon, Carlson's lead attorney, told jurors that Carlson was "much worse than she had been" because of what he called Humenansky's unorthodox and negligent treatment. Psychiatrist August Piper testified that Humenansky had a responsibility to review Carlson's early therapy records and, by not doing so prior to embarking on her treatment plan, did not meet the standard of care for a psychiatrist. Piper testified that Carlson did not have MPD and any characteristics of it were created by Humenansky.

Dr. Humenansky and her defense experts testified that hypnosis, drugs, coercion, group pressure and suggestion cannot produce horrific and compelling false memories. This theory was criticized by Plaintiff's experts including Elizabeth Loftus, who testified that the theory of "repressed memory" is a myth that is unsupported by reliable scientific evidence. Dr. Richard Ofshe described how through treatment and threats a person can be coerced to remain with a therapist whose treatment they might otherwise question. Ofshe detailed specific coercive and suggestive statements made by Humenansky during a sodium amytal interview she had conducted with Carlson.

University of Minnesota medical school and psychology faculty members including Dr. Glenn Lewis, Jr., Dr. Keith A. Horton, Dr. Marian Hall and Dr. William M. Grove testified that Dr. Humenansky's treatment methods were "reckless and dangerous" and caused significant harm to the Carlson family. Other former patients of Humenansky and nurses from United Hospital in St. Paul testified that Humenansky had attempted to instill false memories of participation in satanic cults and sexual abuse by family members, telling the patients that they had repressed those memories.

Following within-trial hearings based on principles of Frye and Daubert, Judge Bertrand Poritsky limited the ability of the defense to argue the validity of repressed memory concept stating that there was a lack of valid scientific evidence to support it. All hearings were held outside the presence of the jury.

The jury found Humenansky negligent in failing to meet recognized medical standards and that her diagnosis, care and treatment were direct causes of harm to Carlson. Elizabeth Carlson was awarded over $83,000 for past and future medical expenses and $2,278,300 for past and future pain and suffering. Carlson's husband was awarded $150,000 for loss of companionship. Defense attorney David Patton said they would appeal.

This is the second multi-million dollar award in a year against psychiatrist Humenansky. The earlier case, Hamanne v. Humenansky, was reported in the Sept. '95 FMSF newsletter. The doctor still faces at least eight more malpractice suits. The third trial against Dr. Humenansky, Rohricht v. Humenansky, is scheduled to begin June, 1996.

Plaintiffs were represented by Edward M. Glennon, R. Christopher Barden, and Christopher H. Yetka of Linquist & Vennum, Minneapolis. Defendant was represented by David Patton of Patton and Associates, Detroit.

R. Christopher Barden, one of the attorneys for the Carlson family, said that this and the earlier verdict against Dr. Humenansky "send a powerful message to psychotherapists that they must stop using untested and unproven methods on *their* patients. These cases demonstrate that therapists must obey the informed consent laws or face serious legal consequences. People do not...suppress memories of traumatic events. To have an entire treatment based on junk science is inappropriate."

Tennessee Court of Appeals Declines, in a Case of First Impression, to Apply Discovery Rule to Toll Statute of Limitations in Repressed Memory Cases.

In an opinion filed February 13, 1996, the Court of Appeals of Tennessee in Hunter v. Brown, 1996 Tenn. App. LEXIS 95, a case of first impression in that state, declined to apply the discovery rule to toll the statute of limitations in repressed memory cases. It determined that the legislature was the appropriate forum for addressing the issue. The court's opinion was based on the same concerns as those expressed by the Michigan Supreme Court in Lemmerman v. Fealk, 449 Mich. 56, 534 N.W.2d 695 (Mich. 1995) and the dissenting opinion of Justice Wright in Ault v. Jasko, 70 Ohio St.3d 114, 637 N.E.2d 870 (Ohio 1994).

Relying on the language in Lemmerman, the court pointed out that, unlike in medical malpractice and products liability cases where there is always objective and verifiable evidence of an injury or illness, in repressed memory litigation that component is absent. Adoption of the discovery rule in repressed memory situations, therefore, "would leave a determination of the onset of a limitations period an open question within the subjective control of the plaintiff." Such a scenario would obviate the policy of the statute of limitations, increasing the possibility of fraudulent or speculative claims. For that reason, the Court concluded that the debate on the application of the discovery rule to repressed memory cases is more appropriately suited to the legislature.

The Tennessee Court of Appeals also quoted extensively from the dissenting opinion written by Justice Wright in Ault v. Jasko. The court agreed with his analysis that there was *little* agreement among psychologists as to whether memories can be recalled at all after they are repressed and, if so, whether they can be recalled accurately. He also cited psychological authority for the proposition that the methods used by psychologists and psychoanalysts to retrieve repressed memories were "unreliable and are not sufficiently established." Thus given the disputed reliability of the repressed memories and the techniques employed to retrieve them, Justice Wright would have found the appropriate forum for the determination on this issue to be the legislature. The court then concluded: "We find that there is simply too much indecision in the scientific community as to the credibility of repressed memory."

The court also went one step further. Even though it acknowledged that a line of cases hold that the discovery rule is applicable in repressed memory cases if there is independent corroboration of the abuse [Olsen v. Hooley, 865 P.2d 1345 (Utah 1993) and Petersen v. Bruen, 106 Nev. 271, 792 P.2d 18 (Nev. 1990)], it refused to follow their

lead. The court felt that even this corroborating evidence is not sufficient to replace the policy behind the statutes of limitations.

The decision also contains a concurring opinion which agrees with the result but for a different reason. Justice Franks concludes that while he would not apply the discovery rule to this plaintiff's claim, he did not think it should be a determination for the legislature. Rather, he writes, "I would follow the lead of the New Hampshire court in State of New Hampshire v. Joel Hungerford, 1995 WL 378571 (N.H. 1995), which held that expert testimony is required for the victim's testimony to be admissible."

Justice Franks's interpretation of the holding in Hungerford caused our legal staff to again review Judge Groff's written opinion in that case. Having done so, we feel that Justice Franks may have misstated the import of that decision. The portion of Judge Groff's opinion dealing with the requirement of expert testimony was a collateral issue decided by the court and not the holding in the case. Our reading of Judge Groff's holding reveals that he wrote:

> The court finds that the testimony of the victims as to their memory of the assaults shall not be admitted at trial because the phenomenon of memory repression, and the process of therapy used in these cases to recover the memories, have not gained general acceptance in the field of psychology; and are not scientifically reliable. [Op. page 1]

While it is true that Judge Groff did an analysis of the requirement for expert testimony, it was in response to an argument proffered by the state that the purported victims could testify as lay witnesses with their testimony "refreshed." However, the court disagreed and stated that for a person to have experienced a traumatic event, and have no memory of it whatsoever for years, transcends human experience. [Op. page 7] The court found that expert testimony is required if such testimony is to be admitted and the reliability of that expert testimony must be established. [Op. page 8] Of course the Hungerford court ultimately held, as stated above, that the expert testimony being offered could not meet the test.

It appears that the tenor of Justice Franks's opinion may stem from his concern that the legislature "could validate a scientific theory not generally accepted." Referring to the Daubert v. Merrell-Dow Pharmaceuticals, Inc., 113 S.Ct. 1286, 2796-2797 (1993) decision of the United States Supreme Court, he points out that the trial judge is charged with acting as a "gatekeeper" to "ensure that any and all scientific testimony or evidence admitted is not only relevant, but reliable." He, likewise, expresses the opinion that the scientific knowledge about repressed memory is too contradictory and inconclusive to be a reliable basis for expert testimony at this stage of scientific knowledge and development. When scientific evidence meets the Daubert criteria for admission of repressed memory evidence, the courts can, as they have done on other legal theories in the past, equitably toll the statute of limitations.

Repressed Memory Testimony Ruled Inadmissible in 3 Jurisdictions

In recent months, three jurisdictions have ruled "repressed memory" testimony inadmissible. In each of the cases, defendants' attorneys were able to vitiate the plaintiffs' cases using preliminary motions to outlaw the testimony of the plaintiffs and their proposed experts. The cases are State v. Hungerford, Case No. 94-S-045 thru 94-S- 047 in the Hillsborough County Superior Court for the State of New Hampshire (criminal); Barrett v. Hyldburg, Case No. 95 CvS 793 in the General Court of Justice, Superior Court Division of the State of North Carolina (civil); and Engstrom v. Engstrom, Case No. VC016157 in the Superior Court of the State of California for the County of Los Angeles (civil).

The Hungerford decision has been previously reported by us, but a recap is in order. In that case there was an evidentiary hearing where both sides presented expert testimony on the issue. Judge Groff then did a thorough analysis of four specific areas: (1) the law dealing with the requirement of scientific acceptance and reliability of expert testimony, (2) the troubled background of the complaining witnesses, (3) the phenomenon of repressed memory and (4) the process of psychotherapy. He concluded that such memories are not reliable, and therefore, could not be used as evidence. The decision was appealed by the state to the New Hampshire Supreme Court. An opinion is expected by the end of the year.

In Engstrom, Judge James M. Sutton held that there is "insufficient scientific evidence" to demonstrate the existence of repressed memories. The judge, in his written order, relied on the Frye v. United States, 193 F.1 1013 (D.C. Cir. 1923) and its acceptance by the California courts in People v. Kelly, 17 Cal.3d 24 (1976). He stated there was no general acceptance of this process in the scientific community. The judge also indicated he was "impressed particularly" by the 1995 article authored by Drs. Pope and Hudson which reviewed literature in this field. A month later, the court dismissed the entire plaintiff's case for lack of evidence.

Finally, in Hyldburg, the court granted a Motion in Limine filed by the defense to exclude repressed memory testimony. Although the court's opinion was not available at time of publication, the defense's motion argued that the plaintiff's claims of having recovered forty-year-old memories of abuse could not be deemed reliable. It cited the Hungerford decision and made specific reference to the testimony of Dr. Alexander Bodkin who testified that there was no general acceptance of this theory in the scientific community. It pointed to that state's holding in State v. Catoe, 78 N.C. App. 167 (1985) which required that proffered evidence be both reliable and relevant.

Filings from all three decisions may be ordered from the FMS Foundation. Ask for FMSF Brief Bank Index, publication #830.

Admissibility of Hypnotically Enhanced Memory Being Reconsidered by New Jersey Supreme Court

The New Jersey Supreme Court in State v. Fertig, 1996 N.J. LEXIS 1 (1996) had occasion recently to revisit the issue of the admissibility of hypnotically-enhanced testimony. The case was remanded to the trial level for further proceedings. The court concluded that, absent a more complete record, the ruling in State v Hurd, 86 N.J. 525, 432 A.2d 86 (1981), which stands for the premise that such testimony is admissible as long as certain requirements to safeguard their reliability are met, would continue to be followed. The defense in Fertig had asked the court to overrule Hurd and adopt a rule of *per se* inadmissibility of hypnotically-refreshed testimony.

The Supreme Court pointed out that at the time of the 1981 Hurd decision the majority of courts held such testimony to be admissible. Now, however, the tide is running the other way. Twenty-six states have concluded that hypnotically-refreshed testimony is *per se* inadmissible. While some states continue to apply the procedural safeguards analysis suggested by Hurd on a case-by-case basis, only 4 states consider such testimony to be generally admissible. The federal courts, on the other hand, evaluate this form of testimony by utilizing, on a case-by-case basis, a totality-of-the-circumstances test. Still other courts, relying on Frye v United States, 293 F. 1013 (D.C. Cir. 1923), render the testimony inadmissible because the scientific community does not generally accept hypnotically-refreshed testimony.

The court also noted that Martin T. Orne, on whose recommendation it relied in Hurd, now believes that procedural safeguards cannot fully protect against admission of testimony in which the witness confuses hypnotic pseudo memory with waking recall. Recognizing this problem, the court cautioned the trial courts to instruct the jury of the effect hypnosis may have on that testimony. It even asked the Committee on Model Criminal Jury Instructions to develop the appropriate language for that instruction.

GLF & KJF (daughters) v. R & KF (parents)
King County (Washington) Superior Court No. 94-2-08264-7

Two adult daughters, residents of Washington, sued their parents, residents of Alaska, claiming recovery of previously repressed memories of child sexual abuse by both parents and an older brother when the family lived in Iowa and Alaska. Pre-trial discovery established that an M.S.W. therapist, who treated both daughters, used hypnosis and other relaxation techniques and never questioned that the daughters' evolving "memories" of increasingly violent forms of sexual assault and of witnessing several sexual-sadistic homicides might not be historically accurate. The daughters maintained their beliefs in spite of declarations from police records custodians (where the "homicides" supposedly occurred) that no missing persons or murder investigations matched the daughters' detailed descriptions. A few weeks before the trial, the state health department lodged a professional misconduct complaint against the therapist regarding the professional services given to these plaintiffs.Two days before the trial was to begin, while the judge was considering motions in limine (a) to exclude repressed memory evidence under Daubert/Frye and (b) to exclude post-hypnosis testimony, plaintiffs sought to drop their case, which was then, by agreement, dismissed with prejudice. The licensure proceeding against the therapist remains pending.

Copies of the parents' pretrial motions may be obtained from the FMS Foundation. The parents' attorney was Steve Moen of Seattle.

California Court holds that state statute 340.1 does not apply to extend the statute of limitations to allow a suit under the theory of negligent supervision

(Chaney v. Superior Court of Los Angeles Co., 95 C.D.O.S. 8236, October 20, 1995)

A civil suit was brought by Stephanie Kennedy at age 23 against a family friend, Boyd Chaney, alleging sexual assault over an eight year period ending 5 years prior to filing. The wife of the alleged assailant was also sued on the theory that she had caused Kennedy to suffer damages by negligently supervising her while she was in the Chaney home.

Whether the complaint based on negligent supervision was filed in a timely way depended on which California statute applied. In California the limitations period for an action for negligence is one year (§340, subd. 3). Therefore, unless the California "discovery rule" (§340.1) applies, the suit against the wife for negligent supervision is time-barred. Section 340.1 provides, in pertinent part: "In any civil action for recovery of damages suffered as a result of childhood sexual abuse, the time for 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 period expires later."

Citing Reynolds v. Superior Court, 25 Cal.App.4th 222 (1994) the

CE PROGRAM SLATED FOR PHILADELPHIA IN MAY

Appropriate Standards of Care in Working with Memories, a continuing education seminar sponsored by the FMS Foundation, is scheduled for Friday, May 17, 1996 in Philadelphia on the University of Pennsylvania campus. The seminar has Terence W. Campbell, Ph.D. as the principal faculty and also includes Pamela P. Freyd, Ph.D. Psychologists will be able to earn 7.5 continuing education credits and application has been made to be eligible to grant 7 continuing education credits to social workers. Certificates of attendance will be given to all registrants. The registration fee for Foundation members is $60.00 (non members $80.00) when received by May 10. (Add $15.00 after that date.) A brochure describing the program will be mailed to members within the Philadelphia area and will be included in the April Newsletter. For more information about this program call the Foundation at 800-568-8882 or the direct line for continuing education, 215-387-8663.

court concluded that the statute of limitations under 340.1 should not be applied to a cause of action premised upon the allegation that the wife of an abuser was negligent in supervising the child molestation victim. In addition, the court noted that the motion to dismiss the negligent supervision count should have been sustained because of the insufficiency of the allegations.

Molestation conviction overturned by Canadian Appeal Court
Globe and Mail
February 5, 1996
by Thomas Claridge

In a 28 page decision (2/2/96), the Ontario Court of Appeal quashed convictions of a Toronto area man who had alleged sexually assaulted his 15-month-old nephew. The judges cited lack of evidence and inconsistencies in the child's testimony. The court noted the first indication that the child might have been abused surfaced two years later when the child began behaving inappropriately. The child was 6 years old at the time of trial. In their ruling, at least two of the three judges accepted all seven grounds of appeal advanced. Grounds for appeal included the trial judge's failure to warn the jury about the inherent frailties of a child's testimony and his decision to allow the child to give sworn testimony without first ensuring that he understood the meaning of an oath and his failure to give the jury a "fair presentation of the defense." Two of the three judges also found that the trial judge had improperly allowed a social psychologist to express an opinion that the absence of physical signs of abuse could be explained by prior sexual misconduct by the abuser.

Canadian Supreme Court Overturns Convictions
Saskatoon Star Phoenix
Feb. 1, 2, 1996
by Donella Hoffman

Canada's highest court has thrown out the 1992 convictions of a Saskatoon-area man found guilty of sexually abusing his girlfriend's three minor children 10 years ago. The appeal had argued that the convictions were unreasonable because the children "couldn't separate fact from fiction." The Court ruled immediately after hearing the lawyers' arguments to overturn the convictions and order a new trial.

FMSF Brief Bank Index Update

The FMSF Brief Bank Index now contains filings from over 95 repressed memory and malpractice cases (including third party suits). The format of the index has been expanded to include short case scenarios. The Brief Bank makes available at nominal cost important examples of complaints, deposition testimony, interrogatories, settlement agreements, and unpublished decisions. Also included are motions pertaining to the "discovery rule", access to therapy records, duty to a third party, admissibility of repressed memory testimony under Frye or Daubert.

#830	Full *FMSF Brief Bank Index*	**$ 2.00**
#831	Brief Bank Index of filings from 12 third-party suits,	**$ 1.00**

FMSF Legal Survey Report

A California civil suit which had been filed in 1990 by an adult daughter claiming she had repressed memories of childhood sexual and ritual abuse was voluntarily dropped during trial by the Plaintiff (1/20/96). The Plaintiff had sought $4 million when the suit was filed. She settled for childhood photographs. No money changed hands.

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A medical malpractice suit for wrongful death was concluded for 90% of the maximum allowable award following arbitration (12/8/95). The suit had been brought by the mother of a young woman who committed suicide in 1993 while on suicide watch in a Florida hospital. All defendants went into arbitration admitting responsibility in the wrongful death. In their defense they noted that the death certificate filed by the hospital and attending doctor stated that the suicide had happened because the young woman had probably been sexually abused by her mother. None of the treating physician's therapy notes had stated that she had been sexually abused.

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In an Illinois criminal suit, charges of sexual assault were changed to aggravated battery (1/96). Charges were filed originally in 1991 after an adult daughter claimed to have recovered memories of sexual abuse. Four grandchildren subsequently entered therapy. The defense claimed that the children had false abuse memories that were developed during sessions with therapists.

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A Portage County Ohio jury acquitted a step-father and mother of criminal charges of sexual assault of their 18-year-old daughter (1/25/96). The daughter had been in therapy at the time she first told investigators she had "blocked" out memories of the assaults. Testimony was ambiguous as to whether she meant she had not remembered the abuse due to some unconscious blocking mechanism. The state brought the criminal charges of sexual assault despite the fact that a gynecological examination determined that she was a virgin.

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A repressed memory civil suit in Ohio was dropped by the Plaintiff in mid-trial (1/17/96). The Plaintiff, Pamela Ross had claimed that physical and sexual abuse as a child caused her to have multiple-personality disorder and sought damages of $4 million. Plaintiff claimed that her father repeatedly beat and sexually abused her, and that her mother allowed the abuse to happen. Plaintiff's therapist, Gay Cable, testified that she had identified over 100 personalities in Ross.

The suit was dismissed with prejudice at Ross's request just after she had presented her case and before defense testimony began. Defense attorney Chris Nolan said that he was prepared to present expert testimony that Ross suffers from delusional disorder. Other siblings were to testify that their parents did not beat them.

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After a week-long trial, a Maine jury found James Wright not guilty of four-criminal counts of gross sexual assault against his 17-year-old daughter (12/16/96). The daughter had accused her father, a state trouper, of sexually abusing her from the time she was 11.

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The Tennessee Supreme Court (Robinson v. Robinson, 1996 Ark. LEXIS 55(Tenn 1/29/96)) reversed and dismissed a negligence action against the wife of a man accused of sexual abuse of his daughter. The court held that under the state parental immunity doctrine, the suit against Mrs. Robinson for negligence in failing to prevent the abuse was barred. The parental immunity doctrine did not preclude a child from suing his parent for willful and wanton conduct, but does bar actions for an involuntary tort against a parent. Negligence was the sole theory for the liability of Mrs. Robinson that was alleged in the complaint and upon which the jury was instructed.

BOOK REVIEW

The following review is of a book for professionals that presents a psychoanalytic approach to the problem of recovered memories.

TO BELIEVE OR NOT TO BELIEVE

Remembering, Repeating and Working Through Childhood Trauma: The Psychodynamics of Recovered Memories, Multiple Personality, Abuse, Incest, Molest, and Abduction.
by Lawrence E. Hedges
Jason Aronson, 1994, ISBN 1-56821-3 336 pages

Reviewed by John D. Carter

The therapeutic community has become divided, the lines drawn, and opinions strongly held about the reality of recovered memories, especially with respect to the issue of abuse. Years of zealous search for the recovery of memories of abuse by some in the mental health community have led to a crisis in which parents have been accused, legal precedents have been set in cases of decade old memories, some memories recanted, and therapists sued for planting memories, while experimental researchers have attempted to clarify matters. Recently, therapists are having to deal with the potential of false accusations directed at them. At last there is a perspective that takes the client's phenomenal experience seriously without participating in the reification of the content of these memories.

In *Remembering, Repeating and Working Through Childhood Trauma*, nominated by the National Association for the Advancement of Psychoanalysis as Best Book of the Year, Hedges argues that verbally cognized abuse memories that emerge in therapy function metaphorically to express early non-verbally cognized traumas of infancy. Hedges says, "my thesis is that, while we are now aware of much more real abuse than has ever been acknowledged before, this widely reported class of memories surfacing in psychotherapy today is not new and cannot be taken literally. Memories recovered during the course of psychotherapy need to be taken seriously, considered psychodynamically, and dealt with in thoughtful and responsible ways by therapists, not simply believed in and acted upon (p.4)."

Hedges develops this theme in four areas which become the basic structure of the book: One, Taking Recovered Memories Seriously; two, Multiple Personality Reconsidered; three, The Dual Relationship in Psychotherapy; and four, Psychotic Anxieties and the "Organizing Experience."

In the first section of the book the key insight Hedges puts forward regarding recovered memories emerging in therapy is that they are contextually dependent and need to be worked with in the therapeutic setting. That is, (1) recovered memories occur in a supportive, empathic, and caring relationship—psychotherapy; (2) they occur in the context of transference and countertransference; and (3) the character and quality of these memories are dependent upon the current developmental functioning level of the client. Using these key insights Hedges analyzes the differential character of remembering at each of four functioning developmental levels, with particular emphasis on the earliest level, which he calls "organizing." He describes how relatively minor strains produced by experiences early in life can have a cumulative effect which operates like a major intrusive trauma creating difficulties in relating and in remembering traumas later in life.

In the second section of the book Hedges reviews the literature and phenomena of multiple personality. He maintains that the fragmentation and multiple states in these persons reflect early trauma and organizing level functioning, though often showing up in more developed individuals. Hedges argues for a "listening perspective" approach which focuses on the goal of listening to the current immediate style of relating or not-relating of the client rather than the value laden goal of mature functioning held by traditional psychoanalytic approaches.

In the third section of the book Hedges shows by concrete example and a case history how working through early traumas in therapy via transference and countertransference necessarily involves a "dual relationship" as the therapist struggles realistically to contain the re-emergence of early traumas in the therapeutic process while simultaneously maintaining an adult client-therapist interpretive relationship. He concludes this section with illustrations and suggestions on how therapists can avoid accusations of abuse by appropriate handling of client transference and awareness of their own countertransference.

In the final section Hedges reviews clinical theory on primitive mental states, and the character of psychotic transference in the organizing experience. He characterizes it in terms of rage, flight, and frozen affect as distinguished from borderline fusing and attacking. In the earliest organizing experience, Hedges suggests that attachment is desired but authentic connecting is avoided because it was once experience as painful or frightening. Whereas in the developmentally later borderline or symbiotic level of relating the fear of abandonment is primary.

This book makes a great contribution to the psychoanalytic understanding of recovered memory phenomena. As Elizabeth Loftus, a leading memory researcher, says on the book's dust jacket, "He (Hedge) shows how and why these memories—whether true or false, or metaphor—must be dealt with in a thoughtful and responsible way and not sim-

ply believed and used as tools for destruction."

There is, however, a difficulty that does not reside in the book itself but may be created by some of Hedges' potential "Sorcerer's Apprentices." While Hedges' thesis and descriptions are clinically clear and penetratingly insightful, there are enormous problems in translating this knowledge into therapeutic practice. The pitfalls of working with early affective experience are many. I fear that inexperienced clinicians may grasp the idea of the organizing experience but fall prey to the confusing convolutions of the process of therapy with these clients.

Hedges has shown therapists how to take clients' memories of trauma seriously by examining the deeper developmental traumas, reflected in sudden memories of past abuses that arise to prevent present connection. He demonstrates and works with how to respect the therapeutic context in which they occur. Hedges stresses the importance of consultation and monitoring countertransference.

Hedges' work is likely to be of more interest to clinicians actually working with recovered memories than to the general public. It is rich, complex and sophisticated. *Remembering, Repeating, and Working Through Childhood Trauma* represents a revolution in the approach to recovered memories that, should it be embraced by the therapeutic community, will return the work of therapy to the struggle to love and be loved rather than the more sensational struggle to see satisfaction in retribution for unsatisfactory lives.

John D. Carter, Ph.D., is a psychotherapist in private practice in Santa Ana and Dean of Doctoral Studies at Trinity College of Graduate Studies, Orange.

FLAWS OF MEMORY

Michael Simpson, M.D.

In 1987, I was one of the invited international plenary speakers at a major trauma conference in Baltimore. One of the other guest speakers, whom I had long wanted to meet, was Primo Levi, the Nobel Prize-winning author who had written so brilliantly of his concentration camp experiences. Sadly, Levi committed suicide not long before the conference, as someone who had remained tortured by memories he had never lost, and, thus, never recovered. Recently, rereading his last great work, published posthumously, *The Drowned and the Saved* (1988), I found this very relevant passage: **"Human memory is a marvellous but fallacious instrument... The memories which lie within us are not carved stone; not only do they tend to become erased as the years go by, but often they change, or even increase by incorporating extraneous features."**

One area in which the impact of the FMSF is seen, is within the texts of some recently published books which otherwise assume the validity of Recovered Memory techniques. Phillips recently published "Healing the Divided Self." She quotes Glannon's 1993 description of the FMS as "a sociopolitical issue that must be confronted," (pp. 12-13). She also quotes Glannon's argument that "acceptance of abuse as a reality in our society is a relatively recent historical development," and "that when any issue so previously repressed historically finally erupts into collective consciousness, it will undergo a process of continuous unfolding until it encounters resistance that places some limits on its further development." Phillips quotes with approval Glannon's expressed concern that "with its political fervor the FMS movement could overshadow contemporary consciousness of child abuse and the status of adult survivors within the community."

This is a strangely recurrent argument, that expressing doubt that every single "memory" of prior abuse recovered by methods known to enhance the production of unreliable material, somehow denies the reality of the almost universally acknowledged, very real and extensive existence of child abuse. It is also surely relevant that with regard to other forms of trauma which have been brought into wide awareness within the same decades, but where therapists and researchers have adhered to far more accurate scientific methods and have made less extreme claims, there has been no such resistance, and no denial of the extent or reality of the sources of trauma addressed.

There is a section in Phillips' book of a sort unknown in earlier books of this type published before the activities of the FMSF, In "Therapeutic Abuses of Memory Material," (p 13) it is admitted that: "In total fairness, it must be said that there have been serious abuses in the eliciting of traumatic memory experiences and grave abuses by therapists in the management of material they have uncovered. Some therapists have invested too much of themselves in discovering trauma. This type of countertransference bias can lead to premature access to memory material with consequent increase in distortion, as well as to access to traumatic memory experiences even when they have not occurred. Through leading questions overzealous therapists can suggest to their patients events that did not transpire; this is especially easy to do with patients who are suffering from 'hysteria.' We have heard of a few therapists who go beyond suggestion with their patients, actually pressure them to "face the truth," and/or inform them that their personalities are identical with those of patients who have been abused."

Since the Formation of FMSF, both the public and professionals have come to understand that "The memories which lie within us are not carved stone," and that some therapy interventions may be highly suggestive.

Reference:

Phillips, C. Frederick. *Healing the Divided Self; Clinical and Ericksonian Hypnotherapy for Post-Traumatic and Dissociative Disorders*. WW Norton, New York, 1995.

Michael A. Simpson is Professor of Psychiatry at the Medical University of South Africa and Director of the National Centre for Psychosocial and Traumatic Stress in Pretoria, South Africa. He is a member of the FMSF Scientific and Professional Advisory Board.

The Shredding of Families
L. Dunsmore, M.D. and R. Dunsmore, M.D.
Fallowfield Publications

Written by two medical doctors, this book portrays the devastation to families when child protection agencies act without thoroughly checking .

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

California - CORRECTION We have subscribed to LifeLine/Amerivision for our long distance phone service. This means that FMSF will receive a check every three months from Amerivision in an amount equal to 10% of our long distance billing for that period. If you are interested call Life Line at **1-800-800-7550.**

New Jersey - In looking over our local Senior Citizen calendar of events, it occurred to my husband and me how we could get out some information on FMSF. We check all meetings that had any relationship to FMS. We called the program chair and asked if we could hand out information, show tapes and even speak. We were happy with the interest shown and the courtesy extended to us.

Texas - A mom who is a R.N. was browsing over a continuing education brochure from her university School of Nursing. There was a seminar on Dissociation and Adult Survivors of Sexual Abuse. A call to the head of the school of nursing indicated very limited knowledge of FMS. The mom sent a copy of Most Frequently Asked Questions and has started a good dialogue with the nursing school. She has offered to arrange a speaker about FMS from the Foundation's Speakers Bureau for a future meeting.

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

NOTICES

Building Bridges - Retractor Newsletter

Retractors - deadline for submissions for next issue is March 5. Try to keep under 1,000 words. Everything received will be kept confidential.

Due to unexpected difficulties, there will not be a Winter '95 issue. A one-year subscription costs $12.00 for retractors and $18.00 for all others. You may request a copy of the first issue at no charge by writing to: "Building Bridges" P.O. Box 17864, Tucson, AZ 85731-7864

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We regret to inform you of the death of Mr. W.N. (Taffy) Jones from New Zealand. Taffy's death was due to a sudden massive heart attack on November 7, 1995. Many FMSF families met Taffy when he attended the Valley Forge Conference in 1993. Taffy had seemingly boundless energy and determination to help families accused of satanic ritual abuse accusations for which there was no evidence. One of his daughters, Mrs. Caroline Henare, 13 Kairanga St, Papatoetoe, Auckland 1701, NZ will be continuing his work.

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The real Mark Barnes who is the Director of the Canadian Play Therapy Institute was not the model for the fictitious Mark Barnes described in *Victims of Memory: Incest Accusations and Shattered Lives* by Mark Pendergrast. According to a notice sent in December, the real Mark Barnes shuns the practices attributed to the fictitious character who shares his name. The choice of name was inadvertent.

MAKE A DIFFERENCE TO THE FMSF BUSINESS OFFICE

Whenever you send us a check, money order, or a credit card charge, please, **PLEASE tell us what the money is for,** otherwise we will assume it is a donation. Is it to renew your membership dues? Is it for the purchase of an article? Is it a donation? Is it for a newsletter subscription?

Always be sure to include:
- Name
- Address
  - Is this a new address? __ yes __ no
- Phone

and if the payment is by Visa or MasterCard:
- What is your card number?
- What is the card's expiration date?
- How much do you want us to charge your card?

ADDRESS CHANGES

We must have your address change notice one month before you move. Newsletter labels are printed at the beginning of each month, and we must have your address change notice before then if we are to mail your newsletter to the correct address.

Whenever you send us your new address, be sure to also include your old address or an old mailing label.

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If you give someone a gift subscription or membership, please note that we will send the gift recipient a letter informing them of the gift and who gave it to them.

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MISINTERPRETATION OF RESEARCH RESULTS: WHAT CAN BE DONE?

Editor's Comment: The acrimony of the FMS controversy has been further exacerbated by rudeness, misinformation and misinterpretation. When a psychiatrist refers to the families who have contacted the FMSF as "falsies," when a family refers to a professional in a disparaging way, when a columnist makes ad hominem attacks that are untrue, it lowers the level of discourse, raises the heat and makes it more difficult for those who wish to reach a professional accord on the topic. Although misinterpretation of another person's research results is an ongoing problem, especially in the social sciences, it has seemed particularly pernicious in the FMS discussions. Last week, for example, we received a copy of, "Memory or mirage? The FMS debate" (Toon, K., Fraise, J., McFetridge, M., & Aldwin, N, *The Psychologist*, Feb, 1996, 73-77.). In a section entitled, "Repression of memory" papers by Herman & Schatzow (1987), Briere and Conte (1993) and Williams (1992) were cited as evidence of "traumatic experiences occurring over a prolonged period have been held back from consciousness." But nothing in these three studies allows such a statement! Herman & Schatzow and Briere &Conte provide no independent corroboration for any abuse, single incident or repeated over many years. Williams questions people about a documented "target" incident. If professional psychologists in a peer review journal so misinterpret what has been printed as evidence for repression, what can be done to raise the quality and accuracy of the discussion of FMS?

LETTER TO LINDA MEYER WILLIAMS, PH.D.

Dear Dr. Williams:

I lost my beloved daughter to recovered memory therapy five years ago. I also have a doctorate in chemical engineering and for the past thirty five years I have applied critical thinking to solving technical problems. I am writing to you both as a mother and as a scientist. As a mother, I am deeply hurt by the recovered memory therapy practices. Only people in a similar situation can fully understand the pain, the sadness, and the fear for my daughter's future that became part of my everyday life. As a scientist, I am appalled by some of the nonsense that is presented as science by the proponents of the repressed-and-recovered-memory movement.

Let me share with you several thoughts on the ethics of belief. The distinguished mathematician W. K. Clifford wrote, "It is wrong always, everywhere and for anyone to believe anything on insufficient evidence." T. H. Huxley declared: "It is wrong for a man to say that he is certain of the objective truth...unless he can produce evidence which logically justifies that certainty." B. Blanshard proclaimed: "Where great human goods and ills are involved, the distortion of belief from any avoidable cause is immoral, and the more immoral the greater the stakes." In other words, the more important is the issue, the greater is our moral obligation to align our beliefs with valid evidence, and to abandon our beliefs if the evidence is insufficient.

In the view of many proponents of the recovered memory movement, your recent work became the long-sought evidence for repression. But is it? Repression or dissociation as presented, implicitly or explicitly, by recovered memory believers, is characterized by complete selective amnesia for repeated traumatic events of a sexual nature from one's childhood and adolescence, and by the presumed ability of the mind to recall these events years or decades later in minute detail. Some proponents of this mechanism claim that even a six months old baby "remembers" unwanted sexual experience via "body memories." These unsupported beliefs would be laughable if they did not receive such a wide acceptance among some mental care providers, and if they did not cause untold suffering to probably millions of people (the accusers and their families) in North America and other English-speaking countries.

Your work has been quoted as a proof of repression in purportedly scientific papers, in popular magazines, in newspaper articles, and in survivors' newsletters. You must be aware of this enormous popularity, and yet, all that your work shows is that people may not report events or they may forget and remember the forgotten events (traumatic or other) later in life. But this is a very common experience. Your work does not provide a shred of evidence for repression, as defined above. The subjects of your study represent a different sample population than the women who retrieved their memories in a therapy setting.

I listened to your lecture at the conference "Memory and Reality" in Baltimore in December 1994, and I read your recent article published in the *Journal of Traumatic Stress*. I have a strong impression that you do not view your findings as anything more than they are — a proof that people forget and may recall the forgotten events later in life. Nowhere in your lecture and your article have you explicitly proclaimed that your work provides the evidence for repression. In your letter to *Time* magazine in May, 1995, your wrote: "...I found that 38% [of surveyed women] appeared to have forgotten the sexual abuse... This research suggests that long periods with no memory of abuse should not be regarded as evidence that abuse did not occur." This, to me, is a valid and reasonable interpretation of your results. It is, however, a far cry from the interpretation of your work by others, who victoriously claim that they finally have <u>evidence</u> for repression. Having this presumed evidence, many therapists continue in their harmful activity with clear conscience.

If my research results were misinterpreted once, I would be upset. If they were misinterpreted many times, and if this wrong interpretation would hurt people and promote pseudoscience, I would speak up and protect my work from distortion. I believe that it is your moral obligation to stop the frequent misrepresentation of your results by explicitly stating your position using a public forum, such as a conference or a professional journal. You have this obligation to your profession, to the unfortunate recipients of recovered memory therapy and their families, and to the true sex abuse victims whose plight has been trivialized by an explosion of false accusations.

Sincerely,
Paula M. Tyroler, Ph.D.

References:
• Clifford, W.K. "The Ethics of Belief" in J. Burr and M. Goldinger, *Philosophy and Contemporary Issues*, (New York: Macmillan, 1984), p. 142.
• Huxley, T. H. *Science and Christian Tradition* (London: Macmillan, 1894), p. 310
• Blanshard, B. *Reason and Belief* (New Haven: Yale University Press, 1986), p. 410.

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(Dr. Tyroler first sent the above open letter to Dr. Bonnie Green, Ph.D., the editor of the Journal of Traumatic Stress (JTS).)

REPLY FROM BONNIE GREEN, PH.D.
Dear Dr. Tyroler:

Thank you for your recent letter requesting that I print an open letter to Dr. Linda Williams in an upcoming issue of JTS. I reviewed your letter and find that your focus is on Dr. Williams' interpretation of her research data, and more specifically, the interpretations that others have made. This is clearly an important issue, and the possibility of previously forgotten memories emerging after a period of time, and their possible psychological and interpersonal consequences, are topics of scientific study and debate.

Dr. Williams addressed this issue of the interpretation of her findings most directly in a response to Dr. Beth Loftus' response to her original article in the Journal of Consulting and Clinical Psychology. [1994, Vol 62, No 6, 1182-1186, "What does it mean to forget child sexual abuse? A reply to Loftus, Garry and Feldman"] ...I feel that in Dr. Williams research, she has been very thoughtful, careful and clear about the limits of her conclusions. While I appreciate your concern that others are misinterpreting her work, I do not agree with your assertion that she has an obligation to respond to this interpretation beyond what she already does (I imagine quite often) in professional settings.

Thus, since you are not taking issue with her research or her JTS article per se, I do not think it would be appropriate to publish your letter in JTS, and I must therefore turn down your request...

I am sorry for any pain that this issue may have caused you regarding your own situation, and regret that I can not be more responsive to your request. Thank you for your interest in JTS.

Sincerely,
Bonnie L. Green, Ph.D.

REPLY FROM LINDA WILLIAMS, PH.D.

Dear Dr. Tyroler:

I have only a few comments to add to the reasoned and compassionate response of Dr. Bonnie Green to your recent "open letter" to me.

On countless occasions I have clearly and carefully discussed the limits of conclusions based on my follow-up research on women sexually abused in childhood. I object to any implication that I have shirked my moral duty or been improperly influenced by what you call "enormous popularity." My study did not explore the specific mechanisms for the forgetting evidenced by the women in my sample. The findings do suggest, however, that for some women, having no recall of the abuse is based on more than just ordinary forgetting associated with the passage of time, their young age when abused, or lack of salience of the event.

It is my opinion that your statement that "probably millions of people" have been caused "untold suffering" due to "unsupported beliefs" about recovered memory would not withstand scientific scrutiny you require of others. I believe that we do the best science when we are modest in our conclusions and submit our work to respected, peer-reviewed journals. This is a scientific tradition to which I am proud to contribute. I would ask you to encourage all who do research on trauma and memory to submit their work to such critical review.

I am, of course, distressed by misrepresentations of my work. Such misrepresentations, I am sure you are aware, are not the sole province of the so-called "recovered-memory movement." For this reason, I encourage anyone interested in the scientific evidence on trauma and memory to consult the original journal articles and not to rely on the popular press or the facile trashing or praising of research that may find an outlet on the internet.

Sincerely,
Linda Williams, Ph.D.

FROM OUR READERS

MORAL OBLIGATION TO RETRACT

How do I describe the lifting of three and a half years of pain and anger caused by our daughter's false accusations? Our daughter recanted on a tape that we received four days after Christmas and her Dad responded immediately by phone saying, in essence, that it felt as though he had just been released from prison and could once again breath fresh air.

The tape was not unexpected as our daughter had left a message on our answering machine Christmas night thanking us for our gift (framed photographs of ourselves sent to all seven daughters) and saying that "You will be receiving a tape by the end of the week that you can look forward to."

These are her words: "Mom and Dad, After months and months of sound therapy and immense creativity in my artwork, now I have thought about how to say this. I have been moved this Christmas season, seasoned in a spiritual way, to release my stand on those issues which have separated us so painfully. I regret the suffering and grief for all of us caused by my allegations. I feel a moral obligation to retract them, to relieve you of their burden and their shadow." She further said that she hopes that we will want to know the person she has become and to share in her wonderful life. She is this spring completing her long delayed bachelors degree in art.

She has written to her six sisters individually, as her Dad had insisted "if and when she finds the truth." Each of us has different feelings in the aftermath and questions which may never be answered; her one stipulation is that "We are not to discuss [this] ever again. This is the last I

will speak of it."

For myself, as both a recently retired MSW psychotherapist and a mother of an accuser, I continue to feel shame and dismay for what has occurred in the therapy profession. Too many of us "have done harm" in the course of trying to help. Although belief systems die hard, the key to change is in education. To this end each of us can try to make a difference.

How we hope each one of you still waiting can soon have your own story to tell.

Relieved Mom and Dad

"My two daughters have made no contacts but I must admit that I read your continuing comments and encouragements on children rejoining their parents with hopes that a parent can't extinguish. How they would make peace with other family members is the bigger question."

A Dad

ABUSED AND ALWAYS REMEMBERED

If you mean to alleviate suffering of sexually abused people, first you must separate facts from the fantastic. You can't treat them unless you learn who "them" are. I am one of these people.

This is how I became interested in FMS. A few years ago, *I couldn't watch* TV or read the paper without running across stories of adults who claimed they had completely forgotten that they had been sexually assaulted as kids. Many actually became multiple personalities, playing out that condition for a TV audience. I thought it was irresponsible for a therapist to allow such a sick and fragile person to face an audience, but otherwise, I believed these folks had to be for real. As a matter of fact, I sometimes envied them their selective amnesia. I wished I could find a way to learn this trick. There was only one of me and I remember way too much.

In 1994, I saw a segment of CBC's "Fifth Estate" which featured an outbreak of MPD in a small Ontario town. A therapist from California had managed to convince many adults that they had been savaged as children by their parents and others. The documentary included footage from a Multiple Personality Unit in Texas where, and it was plain as day to me that these women were being driven and encouraged to act quite mad! (If you don't believe me, get hold of this program and you be the judge.) I wondered what, besides madness, this "treatment" was supposed to accomplish. Everything I saw was destructive. Had ethics taken a hike for profit? I had to conclude that, in this case, it had. Most people in this film had recanted, but not until their families had been smashed. To my mind, their therapy was at the least misguided and at worse, evil.

I subsequently saw the 4-hour Frontline program and any question I had about whether it was possible to tinker with memory was answered. Yes, it was possible, and yes, it was being done. I was enraged. That is when I got in touch with FMSF. The cliche, "I would not wish this fate on my worst enemy" is not a cliche to me. It is a literal expression of my true feeling. I have been a victim (I hate that word) of incest. The closest comparison I can draw is an amputation early in life. One does not wake up 20 or more years down the road and say "No wonder I've been having such a tough time getting around — I'm missing a foot!"

I do not remember what it felt like to be pure. When I found out, in my early teens, physical facts (like a hymen, etc.) that made one a virgin, I made an excuse to leave class; I sat down in a stairwell and cried and cried... There was never for me any virginity to consider giving up. There was no honor left to protect (except my already battered family name) so I kept my face shut.

If a therapist means to find out if a patient has been sexually abused, he or she might ask them about dirty jokes (or maybe tell them one). When I was 14 or so, having a smoke with the girls, someone would occasionally make with a dirty joke. All would giggle, but I laughed the hardest. In some frozen seconds I thought, "They all know! This joke is about me!" and then, "No one knows! Only two people do. Calm down!" This happened over and over throughout my youth — this sort of thing. Is it peculiar that I did not have a recess in my mind where I could lock such stuff up? I suspect these reactions are quite common with real victims. "Unrecovered Memory Lane" is a nightmare enough, without zealots out to spread the pain around.

When I took a critical look at my own past and compared it with those claimed under "recovered memory," I noted there were no day-to-day episodes like those I reported to you. I know there is a problem. The problem is that REAL children are REALLY being damaged, and afterwards they REALLY must live with these things. Maybe people don't heal from that. Maybe the best that can be hoped for is that a person can form a good, tough scab and carry on. People do overcome terrible things. The very fortunate may find a good therapist, and with age, a peaceful place in their hearts.

I have faith that common sense will prevail and that therapists will fulfill professional responsibilities and leave dangerous practices behind.

Yours truly, "J"

BEFORE AND AFTER THERAPY

Mothers Day, 1989

Mom,

Thank you for all your caring and support. I never would have made it to today without such a great mom.

Love, "F"

April, 1992

Mother,

I am scared to say this, but I need to not have any contact with you, verbal or written for the next six months. I was very hurt and angry to hear you feel I am causing you pain by taking care of myself. I suggest you go to your local AlAnon meetings if you would like to resolve some of your pain. That is not my responsibility. My responsibility is to resolve my pain and in order to do that I need no contact with you.

THE CREATION OF FALSE MEMORIES

The following are excerpts from a "Fairy Tale" that was written by our daughter as an assignment by her therapist. We believe that it is a peek behind the closed doors of therapy and blatantly demonstrates how false memories can be created, as well as the cookie cutter aspect of this kind of therapy (Bold type is emphasis added).

THE FAIRY GODMOTHER

Once upon a time there was a woman named Karen (name changed). She was a very sad woman. Her eyes felt heavy and she felt sick in her stomach almost all the time. Karen wouldn't eat the way other people ate. She wanted to lose enough weight so that she could disappear. Karen couldn't sleep very well either. . .. . .she called Utopia and made an appointment at the Magic Castle to talk to a Fairy Godmother. . .

"I'm your Fairy Godmother," the beautiful fairy princess said.

"Why don't you have a magic wand?" Karen asked.

"Oh Karen, magic wands are only make believe."

Karen did not like that answer, and she wasn't sure if a Fairy Godmother who had no magic power could help her. .

As weeks went by, Karen began to be more comfortable talking to her Fairy Godmother. They spoke of Karen's unhappiness and slowly, slowly she began to experience those things called feelings. . .

One gray, dark day, **the Fairy Godmother asked** the scary question. "Did a Big Ugly Monster ever do a bad thing to you?"

"NO!" Karen answered, her voice quivering. She could not look her Fairy Godmother in the eye. She wasn't really lying. No one had ever asked her that question, and Karen's memory of the past was cloudy and unclear. Big, Ugly Monsters were not supposed to do bad things to little girls, so no monster could have hurt her.

"Are you sure, Karen?"

"Yes."

"Did a Big, Ugly Monster ever do a bad thing to you?" The Fairy Godmother's voice was very serious.

Karen shivered. She hung her head and softly answered, **"I don't know."**

As the weeks went by, Karen slowly began to remember bits and pieces of her past. Some days she felt better about herself. Other days she thought she was crazy and that she must have imagined the bad things.

"You are not crazy. You did not imagine the bad things. There was a Big, Ugly Monster, and he was bad, not you." The Fairy Godmother told her day after day, week after week, month after month, every time Karen questioned herself. She knew that she was lucky to have such a patient Fairy Godmother who didn't mind telling her the same things over and over again.

Dealing with the Big, Ugly Monster became a full time job for Karen. She had to work every hour of the day, whether she wanted to or not. It was hard work, too! . . .. . . the Fairy Godmother never lied and she never made promises that she could not keep. "I believe you Fairy Godmother. I really, really believe you." . . .

We understand that writing is often "prescribed" (as in The Courage to Heal), and recently in an article about an incest survivor's group in The Daily World (Aberdeen, WA, 11/12/95), a new assignment is discussed. Each group member is to write a fairy tale, and there is one rule: "It has to end with hope." Coincidentally (?), the last three words of our daughter's story are, "She had hope."

What caused my daughter to decide to change counselors? From what I can determine, she recognized within herself the need. She realized she was failing to grow anymore and severed that tie. There was one year with no counseling. Then she started with her current therapist early in 1995. She immediately started gaining ground. Within 10 months she was ready for reconciliation... She continues to improve handling the intrusive thoughts with less trauma and terror and more understanding. Her present counselor is giving her tools for coping.

A Mom

Although our problems have never been as severe as others members, we have been interested in FMSF because the modus operandi was so similar to what we and our daughters went through. Two of our daughters, after seeing a therapist, accused me, the mother, of mental abuse. The therapist requires the patient to write an accusing letter to the offending parent. One daughter said that is the standard procedure. The accusers can't seem to remember any of the good things such as going pollywog hunting, bird watching or nature walks - only their twisted tormented imaginings. We took the advice from families in the newsletter and did not confront our daughters and they have now come around. They seek our company for family events or if they are in trouble. We wish to remain members of FMSF because it has given us insight into the seams of mental therapy. Too bad Consumer Reports doesn't look into this.

A Dad

I mailed a letter to my daughter yesterday and today I was able to articulate what makes me the most angry. Even though I now more fully understand the FMS phenomenon and the role of mind control in it, I become most angry about the fact that our daughter would rather continue to believe that we are criminal monsters than to question her beliefs and risk finding us innocent. How much she and the others must need this delusion to protect themselves from things which they cannot face in themselves.

My daughter has now dropped me our of her drama and states that I was not involved. I am sorry that I did not ask her in the letter when I could expect an apology from her concerning her false allegation, an accusation which was delivered when I was physically sicker than I have ever been in my life and one which devastated me emotionally. Do you think any of us will ever receive an apology? I don't. Even when they begin to recover, they want to slink back into the family and not talk about "it."

A Mom

MARCH 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

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

WEST VIRGINIA
Saturday, May 4 @10am-4pm
Bonanza Steak House in Weston
Liz (304) 269-5871

NEW MEXICO
Saturday, May 11 @1pm
speaker: Donald Tashjian, MD, PAPA
Maggie 505-662-7521 (after 6:30pm)

UNITED STATES

ARIZONA - (bi-MO)
Barbara (602) 924-0975; 854-0404(fax)

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

CALIFORNIA
NORHTERN CALIFORNIA
SACRAMENTO-(quarterly)
Joanne & Gerald (916) 933-3655 or Rudy (916)443-4041
SAN FRANSISCO & NORTH BAY (bi-MO)
Gideon (415) 389-0254 or Charles 984-6626(am);435-9618(pm)
EAST BAY AREA (bi-MO)
Judy (510) 254-2605
SOUTH BAY AREA Last Sat. (bi-MO)
Jack & Pat (408) 425-1430
CENTRAL COAST Carole (805) 967-8058
SOUTHERN CALIFORNIA
BURBANK -4th Sat. (MO) @ 10am
Jane & Mark (805) 947-4376
CENTRAL ORANGE COUNTY
Chris & Alan (714) 733-2925
1st Fri. (MO) @ 7pm
ORANGE COUNTY -3rd Sun. (MO) @6pm
Jerry & Eileen (714) 494-9704
COVINA AREA -1st Mon. (MO) @7:30pm
Floyd & Libby (818) 330-2321

COLORADO
DENVER-4th Sat. (MO) @1pm
Ruth (303) 757-3622

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

FLORIDA
DADE/BROWARD Madeline (305) 966-4FMS
BOCA/DELRAY 2nd&4th Thurs(MO) @1pm
Helen (407) 498-8684

FLORIDA cont.
TAMPA BAY AREA
Bob & Janet (813) 856-7091

ILLINOIS - 3nd Sun. (MO)
Eileen (708)980-7693

INDIANA -INDIANA FRIENDS OF FMS
Nickie (317)471-0922(ph);334-9839(fax)
Pat (219) 482-2847 (*)

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

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

KENTUCKY
LEXINGTON- Dixie (606) 356-9309
LOUISVILLE- Last Sun. (MO) @ 2pm
Bob (502) 957-2378

LOUISIANA Francine (318) 457-2022

MAINE -Area Code 207
BANGOR -Irvine & Arlene 942-8473
FREEPORT -3rd Sun. (MO)
Wally 865-4044

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

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

MICHIGAN-GRAND RAPIDS AREA-
JENISON -1st Mon. (MO)
Catherine (616) 363-1354

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

MISSOURI
KANSAS CITY 2nd Sun. (MO)
Leslie (913) 235-0602 or Pat 738-4840
Jan (816) 931-1340
ST. LOUIS AREA-3rd Sun. (MO)
Karen (314) 432-8789 or Mae (314) 837-1976
SPRINGFIELD - 4th Sun. (MO) @5:30pm
Dorothy & Pete (417) 882-1821
Howard (417) 865-6097

NEW JERSEY(So.) SEE WAYNE, PA

NEW MEXICO- AREA CODE 505
Maggie 662-7521(after 6:30pm) or Martha 624-0225

NEW YORK
DOWNSTATE NY-WESTCHESTER, ROCKLAND, ETC.
Barbara (914) 761-3627 (bi-MO)
UPSTATE/ALBANY AREA (bi-MO)
Elaine (518) 399-5749
WESTERN/ROCHESTER AREA (bi-MO)
George & Eileen (716) 586-7942

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

PENNSYLVANIA
HARRISBURG -Paul & Betty (717) 691-7660
PITTSBURG -Rick & Renee (412) 563-5616
WAYNE (INCLUDES S. NJ)
Jim & JoAnn (610) 783-0396

TENNESSEE - MIDDLE
Kate (615) 665-1160
1st Wed. (MO) @1pm

TEXAS
CENTRAL TEXAS
Nancy & Jim (512) 478-8395
HOUSTON
Jo or Beverly (713) 464-8970

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

WEST VIRGINA
Pat (304) 269-5871 (*)

WISCONSIN
Katie & Leo (414) 476-0285

INTERNATIONAL

BRISTISH COLUMBIA, CANADA
VANCOUVER & MAINLAND
Ruth (604) 925-1539
Last Sat. (MO) @1-4pm
VICTORIA & VANCOUVER ISLAND
John (604) 721-3219
3rd Tues. (MO) @7:30pm

ONTARIO, CANADA
LONDON -2nd Sun (bi-MO)
Adrian (519) 471-6338
OTTAWA -Eileen (613) 836-3294
TORONTO /N. YORK-Pat (416) 444-9078
WARKWORTH - Ethel (705) 924-3546
BURLINGTON - Ken & Marina (905) 637-6030

QUEBEC, CANADA -MONTREAL
Alain (514) 335-0863

AUSTRALIA -Mrs Irene Curtis
P.O. Box 630, Sunbury, VCT 3419
phone (03) 9740 6930

ISRAEL FMS ASSOCIATION
fax-(972) 2-259282 or
E-mail- fms@netvision.net.il

NETHERLANDS TASK FORCE FMS OF "OUDERS VOOR KINDEREN"
Mrs. Anna deJong (31) 20-693-5692

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

UNITED KINGDOM
THE BRITISH FALSE MEMORY SOCIETY
Roger Scotford (44) 1225 868-682

April '96 Issue Deadline: March 21
Mark Fax or envelope: "Attn: Meeting Notice" & send 2 months before scheduled meeting.
YOU MUST BE A STATE CONTACT OR GROUP LEADER TO POST A NOTICE IN THIS NEWSLETTER

IF YOU ARE INTERESTED IN BECOMING A CONTACT, WRITE: VALERIE FLING STATE CONTACT COORDINATOR

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ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

March 1, 1996

Do you have access to **e-mail**? Send a message to
`pjf@cis.upenn.edu`
if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list (it distributes reseach materials such as news stories, court decisions and research articles). It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1995 subscription rates: USA: 1 year $30, Student $10; Canada: 1 year $35 (in U.S. dollars); Foreign: 1 year $40. (Single issue price: $3 plus postage.

Yearly FMSF Membership Information

Professional - Includes Newsletter $125_____

Family - Includes Newsletter $100_____

Additional Contribution: _____

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Fax: (_____)_____

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Philadelphia, PA 19104-3315

TIME DATED MATERIAL

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

We must hear from everyone
for this effort to work!