



Dear Friends,

\$10.6 million settlement in the Burgus v Braun case.

*New York Times*, November 6, 1997 page 1  
"‘Memory’ Therapy Leads to a Lawsuit and Big Settlement"  
Pam Belluck

Criminal indictments brought against five mental health workers who used "techniques commonly associated with mind control and 'brain-washing'" on psychiatric patients...

*Houston Chronicle*, October 29, 1997 page 1  
"5 Psychiatric Workers charged in scam: Insurance allegedly collected after patients linked to ritual abuse"  
Mark Smith

These two important events bring 1997 to a dramatic conclusion in the legal arena. The huge settlement paid in the Burgus v Braun case by psychiatrists Bennett Braun and Elva Poznanski and by Rush Presbyterian Hospital is evidence of society's recognition of the harm caused by memory recovery practices. It is also highly significant that a federal grand jury has brought *criminal* indictments against two psychiatrists, a psychologist, a social worker and a hospital administrator, all connected with Shadows Glen Hospital in Texas, for fraud related to practices using memory recovery techniques. While indictments are no indication of guilt, it is still the case that a group of citizens believed there was sufficient evidence to warrant a trial.

The message these events give is that the abuse of therapeutic power will no longer be tolerated and that those responsible will have to deal with both the civil and criminal judicial process. The message at the end of 1997 is clear: the public expects therapy to be safe and effective.

As we were reflecting on the significance of the legal changes that have taken place in 1997, a lawyer who has worked on recovered/repressed memory cases called. He brought a smile to our faces as he gave a new definition to repressed memory:

"'Repressed' memory is a distant memory."

He explained:

"It's been beaten down so badly in the last few years

that it's been thoroughly discredited...But we are still by no means out of the woods." (David Lentz, Esq, West Orange, NJ)

The observation that we are not "out of the woods" is, unfortunately, true. There are several examples in this issue: the use of government money that supports belief in an intergenerational satanic cult conspiracy, including hiring witches; and the fact that therapists are still being trained to conduct abreactions despite their danger and despite the fact that there is no evidence for their effectiveness. In November, the daytime television talk-show "Leeza" featured a doctor who displayed his patient with 350 personalities. As long as government money is being spent for witches, as long as professionals continue to train each other in dangerous techniques of unproven effectiveness, and as long as doctors and talk shows exploit MPD patients for entertainment, we are in the woods.

While these examples show that there is no shortage of directions in which educational efforts need to be made, the good news, the exciting news is that we continue to see the positive results of past efforts. Every week we receive more calls from families who tell us their children have returned or retracted. Even families for whom this problem had been dragging on for years and who had come close to giving up hope, have called to share the happy news that they have started to reunite. The first journal issue devoted to the topic of retractors appeared in November: *Psychological Inquiry*. It features a target article by Joseph deRivera, a social psychologist at Clark University, and responses from many people including Steven Jay Lynn et al., Harold I. Lief & Janet M. Fetkewicz, and Theodore R. Sarbin.

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**Notice**

January/February 1998 will be a combined issue.

The good news is that outstanding articles and research continue to appear. Do you need an article to explain the problem to a friend or relative? Try "Creating False Memories" by Elizabeth Loftus in the September, 1997 issue of *Scientific American*. Do you need an article to give to a professional that shows the seriousness with which the topic of false memories is held? Try "Theories of False Memory in Children and Adults" by Reyna and Lloyd in *Learning and Individual Differences* 9(2), 1997. Do you need a book to give as a present? Try those listed in the box below or on page 4.

A few years ago families were dealing with their problem in silent sadness. Today the problem of FMS is recognized and is on its way to being solved. As this takes place it should ensure that scarce mental health dollars are not wasted on creating FMS victims, and will instead be available for true victims of abuse.

This has happened because families joined together to help each other. In so doing they have helped themselves, their children, abuse victims and the mental health profession. We exit 1997 knowing that we have moved significantly closer to the end of the FMS problem.

Best wishes for the holidays.

*Pamela*

**Books Make Great Presents**  
*Some Recent FMS Books*

*Manufacturing Victims: What the Psychology Industry is doing to People.* Dineen, T., Robert Davies Publishing. (1996, 1997).

*Smiling Through Tears.* Freyd, P. & Goldstein, E., Upton Press. (1997).

*Whores of the Court.* Hagen, M., Harper Collins. (1997).

*Spectral Evidence: The Ramona Case.* Johnston, M., Houghton Mifflin (1997).

*Hoax and Reality: The Bizarre World of Multiple Personality Disorder.* Piper, Jr., A., Jason Aronson, Inc. (1997).

*Psychology Astray: Fallacies in Studies of 'Repressed Memory' and Childhood Trauma.* Pope, H., Upton Books. (1997).

*Second Thoughts: Understanding the False Memory Crisis and How It Could Affect You.* Simpson, P., Thomas. (1997).

*Lost Daughters: Recovered Memory Therapy and the People It Hurts.* Van Til, R., Wm. B. Erdmans. (1997).

**special thanks**

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Howard Fishman, Peter Freyd. *Research:* Merci Federici, Michele Gregg, Anita Lipton. *Notices and Production:* Ric Powell. *Columnists:* Katie Spanuello and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

**HAVE YOU MADE YOUR PLEDGE?**

Have you made your contribution to the Foundation's annual fundraising drive? If not, please take a few minutes to think how professionals now recognize what false memory syndrome is and how it devastates families. If you are one of those families, try to imagine what it would have been like if there had been no one to call. Without your support, affected families, former patients, professionals, and the media will have no place to turn. Please be generous. Whatever you are able to contribute is deeply appreciated. To those who have already returned your pledge card, our thanks for helping to ensure that those who need the Foundation's help will continue to receive it.

**Seminar: "Hypnosis, False Memory and Multiple Personality"**

A 3-1/2 hour seminar entitled "Hypnosis, False Memory and Multiple Personality" given by The Alfred Adler Institute was held on November 1 in New York City. The announcement had promised that "The seminar participants will address the therapist's role in the retrieval of (false) memory and the manufacture of multiple personality."

It lived up to its promise.

Dr. Herbert Spiegel showed a film from the 60's in which a politically liberal young man was—within minutes—hypnotically implanted with delusions of a massive American communist conspiracy. Dr. Spiegel didn't let his subject remain long in the dark about the nature of his delusion. He told the audience that if the subject had not been adequately debriefed and had not returned to his usual associates but had, instead, moved into an environment of others who believed in the conspiracy, then chances were that he would have become a firm believer.

But the most exciting promise in the announcement had been that "This seminar will explore recently uncovered material on the most famous case of multiple personality. Audiotapes of a discussion between the author of the novel *Sybil* and *Sybil's* psychotherapist will be played and analyzed." The tapes are, indeed, a bombshell. The author of *Sybil*, Flora Rheta Schreiber, had taped her interviews with *Sybil's* psychoanalyst, Dr. Cornelia Wilbur and had given the tapes to Dr. Robert Rieber. Dr. Rieber recalled that fact only recently and was able to find two of the original 14 tapes. Two are quite enough.

Dr. Wilbur described her use of hypnosis and sodium pentathol in

developing the "personalities." She described how she couldn't understand why Sybil didn't hate her parents. She described how she succeeded in teaching Sybil to hate her parents. When the material in these tapes is published, it is difficult to believe that anyone can still take the Sybil case seriously. It is a sobering thought that this is the case that started "The Wilburian Revolution" responsible for today's popularity of multiple personality.

### Bewitched

*Willamette Weekly News*  
by Bob Young, Oct. 22, 1997

Would you believe that in 1997 government money and hospital money is being used to pay "witches?" It is in Oregon. Author Bob Young has documented the extent to which a belief in the existence of satanic ritual abuse and witches has penetrated social institutions in the state.

The article reviews the case of Patricia Rice, who was found guilty of killing someone in a car accident after she had been treated by witch Pat Mangis at Salem Hospital. (See FMSF Newsletters, 6/93, 3/95, 7/96.) Rice, who originally sought therapy with a hypnotherapist to stop smoking, developed memories of satanic ritual abuse and Mangis was brought in as a cult expert at the hospital when Rice was in a critical state. Rice later sued the hypnotherapist and received a \$700,000 settlement. She then sued Salem Hospital and has received a confidential settlement from them.

Mangis, self-educated in the occult, claims she can cast spells. She says that she has worked with police departments in Lake Oswego, Salem, Clark County, Dallas and

Tualatin in addition to Salem Hospital to help in satanic ritual abuse cases. Satanic ritual abuse is believed to be a big problem in Oregon. Sergeant Helen Bicart, one officer from the town of Lake Oswego, has testified that she has personally received 20 to 30 calls from psychotherapists who believed their patients were victims of satanic cults.

Tess Wiseheart, for ten years the executive director of the Portland Women's Crisis Line says "Oh yes, intergenerational satanic cults definitely exist in Oregon." (The crisis line is a nonprofit organization that receives almost \$200,000 a year in federal, state and local tax dollars.) Wiseheart says that the hot line receives approximately 1,000 calls every year complaining about ritual abuse.

According to Michael Dwyer, who has helped two patients sue their therapists for planting memories of satanic ritual abuse in their minds, "You're just hitting the tip of the iceberg in the depth and breadth of people's belief in satanic ritual abuse."

"If our courts had only observed the law instead of allowing themselves to become politicized, they would never have held that a mental flashback, uncorroborated by other evidence—a flashback by anyone, let alone a patient suffering from an emotional illness—could possibly meet the threshold of proof beyond a reasonable doubt."

George Jonas, Nov. 9, 1997  
'Recovered memories'  
led to mass hysteria  
*The Gazette, Montreal*

### False Memories or Politics?

In the September *FMSF Newsletter*, we noted that *Chatelaine* was the first Canadian popular magazine to publish a serious critique of the recovered/repressed memory problem. Reference was made in the *Chatelaine* article to Canadian survivor Sylvia Fraser as having recovered memories through therapy. In its November 1997 issue, however, *Chatelaine* published a letter from Fraser and apologized for making an error.

In the *Chatelaine* letter Fraser wrote:

"My memories first returned spontaneously, as I made clear in *My Father's House*. I was not in therapy. Before my memories returned no therapist ever suggested to me that I might have been sexually abused..."

It seems that Fraser had false memories, either when she wrote her letter in 1997 or when she wrote her book. This is what Fraser said in *My Father's House* :

"...I felt drawn to read about, and to experiment with, various psychological disciplines. Through Freudian and Jungian analysis, I learned how to interpret dreams as messages from my unconscious. Through primal and massage therapy, rolfing, bioenergetics, yoga, meditation, I grew more in touch with my body and my emotions...Unbeknownst to me, I was approaching time when I would remember. The obsession of a lifetime was drawing to a close. My path of revelation was to be the path of dreams."

Later she consulted a Toronto hypnotherapist to whom she said:

"...So far, most of my regurgitated memories are physical and emotional rather than verbal or visual...I ask myself: did this really happen?"

And later, under hypnosis:

"...After several false starts I begin:  
'I am a child in my father's house. My  
father sits on the bed in his under-  
wear...'"

Then:

"...On subsequent visits, I produce  
other childhood memories in which I  
express a growing sense of panic..."

(*My Father's House* (1988) pp 211,  
12, 225-228)



### Aaron Beck Honored

*Almanac:* University of Pennsylvania,  
October 27, 1997

Dr. Aaron T. Beck, professor emeritus of psychiatry, has won the Cummings PSYCHE Award of the Nicholas and Dorothy Cummings Foundation in collaboration with the Institute for Behavioral Healthcare, for "significant contributions which have reshaped the fields of psychiatry, psychology, social work and behavioral health." The presentation, consisting of \$50,000 and a bronze statue of the Greek goddess Psyche, honored him as "one of the major figures of 20th Century psychotherapy" and one who "permanently altered the face of psychotherapy" through his development of goal-directed treatment. In the course of his work, which continues at the Beck Institute for Cognitive Therapy and Research in Bala Cynwyd, Dr. Beck has published 11 books and some 350 articles in addition to delivering patient care.



### Abreactions

At the October 1997 Midwest Conference on Child Sexual Abuse and Incest, cosponsored by the University of Wisconsin and the Family Sexual Abuse Treatment, Inc. there was a session entitled "Beyond Abreaction" offered by Charne Davidson, Ph.D. and William Percy,

Ph.D. The following came from the handout for their session:

"We schedule abreactions with lead time, at least 3 weeks. We schedule longer session than usual to allow for technique to fall apart and come back together. Schedule at least 3 hours for first abreaction. Later abreactions get scheduled based on experience of earlier ones. The abreaction must be undertaken seriously but not too seriously.

"Prepare! Make office safe: move potentially dangerous things; rearrange furniture; have blankets to contain. Have barf bag available; bring towels as necessary; bring water (drink) and food as necessary; wear comfortable clothes; bring stuffed animals; have all calls on hold; prepare office members for potential problem like noise (particularly for first abreaction); have back-up; turn on white noise machine; check distractions. Pee before you begin.

"Additional preparations necessary. Review disaster plan. What of hospitalization? Who is driving: (after trance sessions how oriented is

client?) Does patient need a ride? Where is car parked? Does patient need time to cool down? Do you need time to cool down? Who will be at home later? What expectations made for patient later? Who do you talk to later?"



### Not Accurate

We received a telephone call from someone who was concerned that we had released our files to researchers and had not informed members. The caller had read the following passage:

"Pope has pointed out that the FMSF claims to have 12,000 documented cases of allegedly falsely accused family members where false memories were implanted mainly in therapy. From a scientific perspective that is a large sample. However, the FMSF has yet to provide information on what sort of "documentation" constitutes their scientific proof. In fact, an independent investigation of these data by the British Psychological Society found them to be largely incomplete, poorly documented, and more often than not failing to support the claim that allegations were the result of therapeutic suggestion." (page 425)

"Memory, Trauma Treatment, and the Law  
Brown, Schefflin, & Hammond  
W.W. Norton & Company, 1998

We informed the caller that:

The British Psychological Society has never examined the FMSF data, has never asked to examine the FMSF data and, indeed, has never communicated with the FMSF about anything.



### Protests Continue

Pickers continue to make life lively for Elizabeth Loftus. The most recent demonstration was at a November presentation in Canada at the prestigious Whidden lectures, named in honor of a former president of McMaster University. Inside the

### Books Make Great Presents Some FMS "Classics"

*The Myth of Repressed Memory*  
Loftus, E. & Ketcham, K.  
St. Martin's Press. (1994).

*Making Monsters: False Memory, Psychotherapy and Sexual Hysteria*  
Ofshe, R. & Watters, E.  
Charles Scribner's Sons. (1994).

*Victims of Memory: Incest Accusations and Shattered Lives*  
Pendergrast, M.  
Upper Access Books (1994, 1996).

*Satanic Panic: The Creation of a Contemporary Legend*  
Victor, J.  
Open Court Publishing (1993).

*Return of the Furies: Analysis of Recovery Memory Therapy*  
Wakefield, H. & Underwager, R.  
Open Court Publishing. (1994).

hall was the largest attendance in the lecture series history. Outside the hall were picketers. The picketers handed out a "fact" sheet that said that traumatic memory is different from normal memory, inferring that courts and therapists do not need to heed what is known about normal memory. Relying on van der Kolk, 1994, they wrote "There is a growing body of evidence to suggest the existence of physiological differences which can be documented through medial tests such as PET scans." Clearly the writers were unaware of the methodological and theoretical problems with the claims they so desperately want to embrace.

Thirty sexual assault organizations endorsed the fact sheet that also attempted to tar Loftus because she is a member of the FMSF Scientific and Professional Advisory Board. How do they describe the Foundation? "It's membership includes thousands of accused perpetrators and their supporters." Note that the accused are not "accused people" but "accused perpetrators." It is a sad commentary on our times that organizations such as Catholic Family Services and the YWCA, associate themselves with a written statement that stigmatizes people by using the term perpetrator.

*Editor's comment on terminology: The difference between "accused person" and "unaccused person" seems clear. It should be just as clear between "accused perpetrator" and "unaccused perpetrator."*

#### Notice

An FMSF member is searching for families who belong to the Mormon church, particularly those who may have been affected through the book, *Confronting Abuse, An LDS Perspective*.

Contact: Lee Holmes,  
3860 McHugh Drive,  
Helena, MT 59602-7440  
phone: 406-443-3189.

## M A K E D I F F E R E N C E

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

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

*This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?*

**New Mexico:** I received a phone call this summer from some parents in another country. Their adult daughter was participating in a cult-like group in Santa Fe which specialized in recovering memories.

The parents did not know the address or phone number of that organization. Several of our families here in New Mexico got together and did a little detective work. Soon, the parents were able to phone their daughter and they convince her to see a psychiatrist with an outstanding reputation.

We are happy to report that the adult daughter is no longer with that cult-like organizations. Teamwork and networking pay off!

**Florida:** In shock after being falsely accused by their daughter, the parents told few people. But two of those they told gave them the 800 number for the FMS Foundation.

The foundation told them about a support group for parents similarly accused. "We drove 185 miles each way once a month to go to the meeting," the parents said.

They said talking to others and spreading the word about false memory has helped them deal with the anguish of being estranged from their youngest daughter.

"Those meetings saved our sanity and kept us going. Thank God other families were there for us to talk to."

**California:** A Dad wrote to say that he had learned about the Foundation through an ad that some parents had placed in a local paper. He is sure that there are other parents out there who are hurting who would want to know about FMSF. He said that there is a "Penny Saver" paper in his area that places public service notices at no cost. Check your local paper and place your notice.

**Indiana:** The Indiana Association for Responsible Mental Health Practices worked closely with Indiana legislators in passing the Indiana Informed Consent Bill. As a result of this close and respected association, IARMHP was asked to testify at a hearing in the state house to license Drug and Alcohol Counselors.

With only a few days notice, Pat Knight agreed to attend and to testify. Among other things, Pat testified to the following:

"No mental health worker who loses his license because of malpractice or a violation of ethics or any other reason, may continue to work in any area of the mental health field for at least as long as the suspension lasts. If a mental health worker loses his/her license permanently, he/she would never be allowed to work in the mental health field."

"No one can call himself/herself a psychiatrist, psychologist, social worker, counselor, therapist or psychotherapist unless they have proof of having graduated from a bona fide college or university, with the appropriate education expected in each of these professions, none of which may be less than a bachelor's degree in counseling or a closely related subject." "No federal or state dollars may be spent on so-called psychotherapies until they are proven safe and effective by scientific research."

*Send your ideas to  
Katie Spanuello c/o FMSF.*

FMSF Staff

**U.S. Grand Jury Indicts Mental Health Professionals  
United States of America v. Peterson, Seward, Mueck,  
Keraga, Davis, U.S.**

Dist. Ct., Southern Dist. Texas, No. H-97-237. [1]

A federal grand jury in Houston returned a 60-count mail fraud and conspiracy indictment against the administrator and four medical practitioners at the former Spring Shadows Glen Hospital in Texas. The criminal charges accuse five mental health professionals of exaggerating diagnoses and the need for expensive treatments in order to collect insurance payments. Named in the indictment are hospital administrator George Jerry Mueck; psychologist Judith Peterson; psychiatrists Richard Seward and Gloria Keraga; and therapist Sylvia Davis.

The five are accused of collecting millions of dollars in fraudulent insurance payments in 1992 and 1993 by convincing patients that they had been involved in satanic cults. Patients with large insurance policies and their children were treated for MPD supposedly caused by, what the grand jury called, "unsubstantiated and unrealistic" allegations of sexual and satanic ritual abuse. According to the indictment, the employees used "techniques commonly associated with mind control and 'brainwashing'." The grand jury also charged defendants with conspiracy to defraud U.S. insurance companies through the U.S. mail and interstate wire communication systems. The defendants are accused of using hospital funds to pay patients' insurance premiums.

<sup>1</sup> For copy of indictment, see FMSF Brief Bank #176. Summaries of cases involving defendants found in *FMSF Newsletters*, 10/93, 11/94, 4/95, 3/96, 1/96, 9/96, 1/97, 10/97. See also, Gangelhoff, B. (1995) "Devilish Diagnosis" *Houston Press*; Pendergrast, M. (1996) "Multiple Personalities and Satanic Cults," *Victims of Memory*, Upper Access.

**FROM THE INDICTMENT**

It was further part of the conspiracy that:

... the defendants and others would and did fraudulently treat the insured patients for MPD caused by unsubstantiated and unrealistic allegations and abuses, including satanic ritual abuse and cult activity, while at the same time creating medical records to substantiate such treatment: and the defendants did issue unnecessary physician orders and otherwise fraudulently create in medical records entries falsely indicating the need for expensive treatments, such as suicide watches and similar staff-intensive treatments, in order to conduct their fraudulent insurance payment enterprise.

... the defendants and others would and did fraudulently elicit statements of satanic ritual abuse and cult activities from

the admitted patients, through non-traditional treatment modalities, including the use of leading or suggestive questions during therapy sessions while the patients were: under hypnosis; under the influence of a drug or combination of drugs; isolated from their families, friends and the outside world; denied certain privileges and freedoms, including uninterrupted sleep; held down by excessive or medically unnecessary physical restraints; or, otherwise by employing the use of techniques commonly associated with mind control and "brain-washing", in order to conduct their fraudulent insurance payment enterprises.

... the defendants and others would and did assure the compliance of the fraudulently treated, insured patients with the orders of the hospital, its staff, psychiatrists, psychologist and related psychotherapists by using non-traditional treatment modalities, including the use of: hypnosis; drugs; isolation from family, friends and the outside world, including the screening of visitors, mail and telephone privileges; threats; excessive use of physical or medically unnecessary restraints; and, otherwise by employing the use of techniques commonly associated with mind control and "brain-washing", in order to conduct their fraudulent insurance payment enterprise.

...the defendants and others would and did utilize the positions of administrator and various directorships in the hospital to carry out the policies and non-traditional treatment plans of these insured patients, including threatening other psychiatrists, psychologists, psychotherapists, nurses, and other hospital staff with the loss of their jobs, positions or remuneration to attempt to coerce them into creating or changing medical charts, records, observations of behaviors and otherwise to create a fraudulent medical record for the patient, in order to conduct the defendant's fraudulent insurance payment enterprise.

...the defendants and others would and did instruct, coach, guide and encourage the patients and children of patients to fraudulently inform Child Protective Services of alleged satanic ritual abuse, cult participation, and unsubstantiated and unrealistic abuses of children and others, in order to give an air of legitimacy to statements being made by the defendants and others to insurance companies, and related review companies, that official child abuse investigations were under way, in order to conduct their fraudulent insurance payment enterprise.

... the defendants and others would and did instruct, coach, guide and encourage the insured patients through leading questions, suggestions, availability of books on cult-related topics, group discussion, and allowing discussion among roommates and unit-mates, to relate "stories" during therapy sessions of alleged satanic ritual abuse and cult participation, and unsubstantiated and unrealistic abuses of children and others, so that the "diagnosis" of the insured patients would be backed up with medical records in the form of charts and therapy notes and tapes in order to make it difficult or impossible for the insurance and review companies to question the diagnosis or to request an independent medical opinion.

## Outcomes of Recent Malpractice Suits against Therapists Brought by Former Patients Claiming Negligent Encouragement or Implantation of False Memories

As part of our Legal Survey, the FMSF has collected information on 105 malpractice suits <sup>(2)</sup> filed by former patients against their mental health providers which claim the use of suggestive therapeutic techniques led to the development of false memories. The filings FMSF has collected from these cases show serious, long-lasting injury from improper therapy —especially where patients are led to falsely believe they had a horrendous history of sexual abuse at the hands of their family.

The FMSF Brief Bank contains copies of Complaints and other filings from many malpractice lawsuits. <sup>(3)</sup> Even a cursory reading of the Complaints shows that certain actionable wrongs are all too common in Recovered Memory Therapy. Most Complaints state that the defendant therapist failed to treat the presenting problem, failed to accurately diagnose or develop and document an appropriate treatment plan, and failed to correct the treatment program despite clear evidence of the deteriorating clinical status of the patient. Nearly every complainant was diagnosed with multiple personality disorder (MPD), supposedly the result of a

previously unknown abuse history. The Complaints detail techniques, such as hypnosis, guided imagery and a heavy reliance on medications which may increase the risk of suggestibility.

Despite the seriousness of the supposed past abuse, many Complainants charge that the defendant therapist failed to consider the need for corroboration and discouraged the patient from seeking it, even when disconfirming information could have been found. Most complainants were encouraged to cut off contact with family members. Some were hospitalized in dissociative units for long periods. Some were instructed to "detach" from all contacts outside the therapy group. The techniques found in many Complaints are quite similar to the practices described in a recent U.S. Grand Jury Indictment as those "commonly associated with mind control and 'brainwashing.'"

Despite the fact that obtaining informed consent has long been an accepted part of proper care, nearly every Complaint charges the defendant therapist with failure to inform the patient that the techniques used were unsupported by any reliable scientific evidence or that the diagnoses were controversial. The patient, therefore, lacked information necessary to make reasoned and informed consent to the treatment or to consider an alternative form of therapy.

In each of these malpractice suits, the negligence cause

### TRIAL OUTCOMES

**Althaus v. Cohen**, Court of Common Pleas, Allegheny Co., PA, No. GD92020893. In 1994, jury awarded \$272,232 to 17-yr-old girl and her parents. In 12/96 trial judge affirmed jury decision in strongly worded ruling, noting that as girl's charges became "progressively more outlandish," the stories were never challenged, in fact, the therapist refused input from parents. "Expert testimony demonstrates overwhelmingly that Cohen deviated from that standard [of care]." The girl entered therapy when her mother became seriously ill. Criminal charges of childhood sexual and ritual abuse against parents were filed, but later dropped.

**Hamanne v. Humenansky**, U.S. Dist. Ct., 2nd Dist., MN, No. C4-94-203. In 1995, jury awarded over \$2.46 million to woman after finding psychiatrist negligently failed to meet recognized standards and directly caused injury. Woman sought treatment for anxiety after a move, but was diagnosed MPD, and told she experienced childhood sexual and ritual abuse despite contrary evaluations and lack of memories of abuse. Treatment included hypnosis, guided imagery, sodium amytal, anti-depressants, lengthy hospitalizations. No informed consent. Also awarded \$200,000 to husband for loss of consortium.

**Halbrooks v. Moore**, Dist. Ct., Dallas Co., TX No. 92-11849. In 1995, jury found therapist guilty of negligence and that his actions were proximate cause of damage to his former client. Awarded \$105,000 and attributed 60% negligence to defendant therapist. Woman had sought treatment for recurring depression and familial conflicts, but claims therapy caused her to have false memories of childhood sexual and ritual abuse and to be mis-diagnosed MPD. The treating hospital settled prior to trial for nearly \$50,000.

**Carlson v. Humenansky**, Dist. Ct., 2nd Dist., MN, No. CX-93-7260. In 1996, unanimous jury verdict found that psychiatrist failed to meet recognized medical standards and directly caused injury. Awarded \$2.5 million. Woman had entered therapy for depression and marital problems, but claims therapy caused her to develop false memories of childhood sexual and ritual abuse. Treatment included sodium amytal, guided imagery, hypnosis.

**Carl v. Keraga**, U.S. Federal Ct., Southern Dist., Tex., Case No. H-95-661. In 1997, jury found remaining defendant 24% liable (individually and through her corporation) for injury to patient. Awarded \$5.8 million. Several jurors said they were concerned about failure to warn of the risks of treatment. Woman claims she was misdiagnosed MPD and told she had over 500 personalities to cope with childhood abuse, ritual murder, cannibalism and torture. She was instructed to report herself to the police as a child molester, even though she had no memory of ever abusing her own children. Her teenage children were also hypnotized and told they were victims of a cult. All but 2 of other 25 defendants settled out of court prior to trial.

of action includes the implantation or encouragement of false memories of childhood abuse through the use of suggestive techniques. Of the 105 claims, 1 was dropped, 42 settled out of court, 53 are still pending, and 9 went to trial. Of the cases that went to trial every one ended in a verdict in favor of the plaintiff against the defendant therapist. A number of those suits received a great deal of press attention. (See box "Trial Outcomes" on page 8).

The overwhelming majority of these suits were resolved when they were settled out of court, many on the eve of a scheduled trial. A few settled during trial after the plaintiff presented her case. The most recent case ended when a \$10.6 million settlement was finalized on the day trial was scheduled to begin. Most agreements stipulated that the amount of the settlement be kept confidential, but a partial list of recent cases for which the amount is published is listed in box below.

As far as we know, no malpractice case has been dismissed in its entirety as time-barred. Defendants often argue that if their patient's condition deteriorated as the therapy progressed, the patient should have been on notice at that time. To date, as far as we are aware, no court has accepted this argument. (One might ask, if the patient's condition deteriorated during therapy, shouldn't a prudent therapist meeting a minimal standard of care take that as a sign that the treatment plan needed reconsideration and revision?)

Few published opinions on this question exist. However, the U.S. District Court<sup>14</sup> has twice rejected defense motions to dismiss a malpractice claim as time-barred. That court concluded that the nature of the injury could render the patient unable to distinguish between true and false memories and that the patient "quite typically may have assumed her psychiatrist was providing proper treatment and may not have become suspicious" until sometime after the treatment ended.

While juries in some states have considered the question of comparative negligence which may be attributed to the patients themselves, other courts have rejected that notion. For example, a Pennsylvania trial court judge in a detailed post-trial ruling<sup>15</sup> affirmed a jury verdict and specifically rejected defense claims of contributory negligence by the patient or her parents. The judge concluded that it is precisely because of the patient's presenting psychological problems that her representations to her treating therapist cannot be seen as contributory negligence. Texas malpractice attorney Skip Simpson pointed out that it must be expected that a mental health patient enters therapy for a reason, whether it is depression, marital problems or something else. Because individuals enter therapy in a vulnerable state, ready to rely on the advice and treatment given by their therapists, those therapists must be held to a high standard of care.

#### SETTLEMENT OUTCOMES

Mark v. Zulli, et. al., Superior Ct., San Luis Obispo Co., CA, No. CV075386. In 1995, a settlement was reached with the primary therapist who treated a woman for unexplained chest pains after witnessing a serious accident. The therapist told her the chest pains were body memories of childhood sexual and ritual abuse. The therapy included hypnosis and relied on *The Courage to Heal*. Eventually the woman was diagnosed MPD with 400 personalities. The primary therapist had no insurance and settled for \$157,000.

Fultz v. Carr and Walker, Circuit Ct., Multnomah Co., OR, No. 9506-04080. In 1996, two treating therapists settled out of court, one for \$1.57 million, the other for a confidential amount. Patient had sought help for mild depression and weight problems, but she claims the therapists misdiagnosed childhood sexual and ritual abuse and MPD. Her preschool children were also treated and persuaded they were abused by a cult. The treating therapist assisted in obtaining restraining order against patient's parents and siblings.

Rutherford v. Strand, et al., Circuit Ct., Green Co. MO, No. 1960C2745. In 1996, a church in Missouri agreed to pay \$1 million to a woman and her family who said that under the guidance of a church counselor, the woman came to believe that her father had raped her, got her pregnant and performed a coat-hanger abortion — when in fact, she was still a virgin and her father had had a vasectomy.

Cool v. Olson, Circuit Ct., Outagamie Co., Wisc. No. 94CV707. In 1997, after 15 days of courtroom testimony, defendant agreed to settle for \$2.4 million. Testimony described how psychiatrist induced horrific false memories of childhood sexual and ritual abuse, including demonic possession and misdiagnosed MPD. Therapy techniques included hypnosis, age regression, exorcism and drugs which caused hallucinations. The patient had originally entered therapy for bulimia and help after a traumatic event had befallen family.

Burgus v. Braun, Rush Presbyterian, Circuit Ct., Cook Co., IL, No. 91L08493/93L14050 In 1997, on the day scheduled for trial, a \$10.6 million settlement was finalized. The patient originally sought treatment for post-partum depression but was diagnosed MPD as result of supposed childhood sexual and ritual abuse including cannibalism, torture. She claims psychiatrist utilized suggestive techniques, but failed to obtain informed consent. Her preschool age children were also hospitalized, diagnosed MPD and treated for SRA.



Some defendants have claimed that their treatment met the current standard of care or, at least, met the standard of care at the time the treatment was given. As psychologist and attorney R. Christopher Barden points out, it has been long known that hypnosis is not a reliable means of retrieving accurate memories. Professional organizations have recognized the unreliability of "repressed memories," especially when "recovered" with suggestive techniques. Even lay juries quickly conclude that memory recovery techniques do not meet a standard of care and are the direct cause of a patient's injury.

Recent settlements and awards are being entered in staggering amounts. Many more suits are still pending. Additional suits may be expected as the number of reconciliations within families increases. In October 1997, a federal grand jury brought what are believed to be the first criminal charges in such a case. The indictment charges that a hospital administrator and four therapists collected millions of dollars in fraudulent insurance payments by exaggerating patients' diagnoses and inducing false memories of being part of a satanic cult. Dr. Barden is working with states to pass legislation to force informed consent for this treatment. Barden also expects insurance companies will soon stop reimbursing therapists for mental health treatments not proven safe and effective.

References:

2 This number represents only those lawsuits of which we have been informed and clearly underestimates the total number of filings.

3 For an index of the FMSF Brief Bank of malpractice suits, see FMSF Publication # 830.

4 Lujan v. Mansmann, et al., 956 F. Supp. 1218 (E.D. Pa, 1997); Lujan v. Mansmann, Neuhausel and Genesis Associates, 1997 U.S. Dist. LEXIS 14987.

5 Althaus v. Cohen, Ct. of Common Pleas, Allegheny Co., PA, No. GD92020893. See FMSF Brief Bank #2.



**Record Settlement in False Memory Malpractice Case**  
Burgus v. Braun, Circuit Court, Cook County, Illinois,  
Case Nos. 91L8493/91L8493.<sup>16</sup>

Six years after filing, and on the day trial was expected to begin, Patricia Burgus and her family agreed to accept \$10.6 million from her former therapists and hospital in what is believed to be a record settlement amount for a false memory suit. Rush Presbyterian-St. Luke's Medical Center agreed to pay \$3.5 million based on derivative charges concerning treatment of the Burgus children. The remaining \$7.3 million will be paid by psychiatrists Bennett Braun and Elva Poznanski. The status of three additional defendants, Roberta G. Sachs, Ph.D., Ann-Marie Baughman, ACSW, and Rush-Presbyterian as it pertains to Patricia Burgus' treatment is currently on appeal before the Court of Appeal,

1st Dist., Ill.

Court documents <sup>[7]</sup> detail the charges against defendants Braun, Poznanski, and the hospital. Burgus was referred to the hospital for severe post-partum depression. She received a diagnosis of MPD and was treated with various medications, hypnosis, and occasionally kept in leather restraints during 6 years of treatment that included 2 1/2 years as an inpatient. Burgus became convinced that she was a member of a satanic cult, had participated in ritual murder, and had sexually abused her two children, none of which was true. Burgus was also persuaded to hospitalize her two healthy children, then ages 4 and 5, for almost three years because doctors believed her disorder might be genetic. Patricia and her husband Michael had to obtain a court order to get their children released from the hospital.

Zachary Bravos, one of Burgus's attorneys, said, "This case demonstrates the tremendous influence people in authority can have over a patient. While false satanic abuse memories are the most easily attacked outgrowth of such therapy, we really shouldn't lose sight of the fact that great harm can be caused when any false memory is encouraged and accepted without corroboration. If they can do this to adults, they can certainly do it to children."

"Psychologists have known for 100 years that false memories can be implanted using hypnosis," said Christopher Barden, another of Burgus's attorneys. Burgus was also represented by attorney Todd Smith of Chicago. Her attorneys said that if the case had gone to trial, they were prepared to call on experts to support their case. These experts were: William Grove, Ph.D., James Hudson, M.D., Elizabeth Loftus, Ph.D., Paul McHugh, M.D., Richard Ofshe, Ph.D., and August Piper, M.D.

The defendants made no admission of negligence in the settlement. Dr. Bennett Braun, director of the hospital's section of psychiatric trauma, called the settlement a "travesty" and said that it was done over his objections. Dr. Braun said Mrs. Burgus raised the stories herself and exaggerated the use of hypnotism. Braun said he used "standard psychotherapy" and any hypnosis was for pain control. Braun is quoted in the New York Times as saying, "Yes the kids did see handcuffs. They did see a gun. But it was for therapeutic reasons." Psychiatrist Elva Poznanski, the hospital's section chief of child and adolescent psychiatry, treated Ms. Burgus's sons from 1986 to 1989. Dr. Poznanski issued a statement saying, "On the basis of the knowledge available at that time, I would not change the treatment of these boys."

"I nearly died," Burgus said. "The memories I was being told were in my mind were so terrible that I could not live with myself as that kind of person." The "physical and psychological torture" drove her to attempt suicide. "They have taken my past, rewritten my past, contaminated all of

the memories that I have as a person, and I'm supposed to go on and live my life as though this has never happened. It's just not possible." Burgus said, "Our family was tortured for years at Rush. No amount of money can make up for what we went through." She said her family is still recovering from the ordeal.

Burgus, who is now president of the Mental Health Association of DuPage Co., Ill. said, "I hope that five or 10 years from now, history will reflect that this was a terribly dark period of psychiatry and that we did something to stop it."

#### References

6 See also, *FMSF Newsletter*, Nov. 1997; PBS Frontline, "The Search for Satan" (11/1/95) produced by Ofra Bikel; Ofshe, R. and Watters, E., (1994) "Therapy of a High Priestess," *Making Monsters*, Scribners; Belluck, P. (11/6/97) "Memory Therapy leads to a lawsuit and big settlement," *The New York Times*; Rotzoll, B. (11/5/97) "Settlement ends woman's ordeal: \$10.6 million for 'psychological torture.'" *Chicago Sun-Times*; Gregory, T. (11/7/97) "\$10 million award in psychiatry suit, new blot on therapy," *Chicago Tribune*.

7 FMSF Brief Bank #4 contains Complaints and many of the filings from the 6 year history of this suit.

8 See FMSF Brief Bank #178.



## Five Malpractice Suits Against Therapists and Genesis Associates Settled

Within the space of four days, five former patients at Genesis Associates in Pennsylvania accepted out-of-court settlements for their malpractice suits. At least eight other malpractice suits brought by former patients are still pending against psychologist Patricia Mansmann, social worker Patricia Neuhausel, and the Genesis Associates clinic. The amounts of the settlements are confidential. Four of the suits are summarized below:

### Lujan v. Mansmann, Neuhausel, and Genesis Associates, U.S. District Court, Eastern Dist., Pennsylvania, Case No. 96-5098<sup>[8]</sup>

This suit, filed by Brook Lujan in July 1996, has been reported in this newsletter several times. In March 1997<sup>[9]</sup> and again in September 1997,<sup>[10]</sup> the U.S. District Court rejected defense motions to dismiss the charges against them as barred by the statute of limitations. Padova concluded that Lujan may have naturally "assumed her psychiatrist was providing proper care" and therefore the time it took Lujan to discover her injury and its cause could not be considered unreasonable as a matter of law. In so doing, Judge Padova cleared the way for the case to go to trial October 16. The settlement with all defendants was finalized on October 17th.

According to the Complaint, because of the cult-like nature of the therapy she received, Lujan could not recognize that the techniques of mind control and unethical practices were harmful. Only after she began receiving information relating to a lawsuit filed by her parents

against Genesis Associates did she begin to understand her injury. The Complaint states that Lujan suffered and continues to suffer an ongoing interruption of her life due to the defendants' conduct in fostering false memories of a satanic cult, and encouraging and assisting her to leave the state and create a new identity.

Lujan was represented by Joseph Rizzo of Darby, Pennsylvania.

### Alton v. Genesis Assoc., Mansmann, Neuhausel, Court of Common Pleas, Philadelphia Co., Pa. Case No. 000159<sup>[11]</sup>

The Complaint states that defendant Neuhausel advised plaintiff that he would have to "detach" from his family of origin and from the woman he had been dating because they were all "toxic." Although he was not told how long the detachment would last, Alton was advised by Neuhausel that he "absolutely had to" detach to continue therapy at Genesis Associates.

### Saxanoff v. Genesis Assoc., Mansmann, Neuhausel, Fitzgerald, Court of Common Pleas, Chester Co., PA, No. 96-4903<sup>[12]</sup>

The Complaint states that plaintiff entered therapy for marital problems, but was instructed to "detach" from her husband and to curtail all sexual contact, which defendants claimed strained the marital relationship. Ultimately, defendants encouraged her to divorce her husband. She was permitted to have contact only with other clients of Genesis Associates. After her teenage son entered individual and group therapy at Genesis, he also was instructed to detach from his parents and family, and instead to be guided by the Genesis "network." Because of her therapy and the rewards for "recovering" "repressed" memories of abuse, plaintiff began to believe that flashbacks and dreams of satanic abuse might be real.

### Diament v. Genesis Assoc., Mansmann, Neuhausel, Fitzgerald, U.S. Dist. Ct., Eastern Dist. Penn., No. 96-5342.

Late in October, Carol Diament's negligence suit against her former therapists was resolved to the satisfaction of all parties. The suit had been set for trial October 27 but was resolved within a week of the trial date. She had claimed defendants negligently misdiagnosed and treated her for MPD and satanic ritual abuse and encouraged her to "detach" from her family.

#### References:

8 See FMSF Brief Bank #178.

9 Lujan v. Mansmann, et al. 956 F. Supp. 1218 (E.D. Pa, 1997) and *FMSF Newsletter*, May 1997.

10 Lujan v. Mansmann, Neuhausel and Genesis Associates, 1997 U.S. Dist. LEXIS 14987, Sept. 24, 1997 and *FMSF Newsletter*, Nov. 1997.



### Malpractice Suit Settles in California

In August 1997, a malpractice suit brought in Superior Ct., El Dorado Co., California by a woman against her former therapists and clinic was settled 2 days before it was scheduled to go to trial. The woman claimed that her therapists implanted false memories of childhood sexual abuse through techniques such as guided imagery and the heavy use of anti-depressants. Tapes of the therapy sessions documented the suggestive questioning employed by her therapist. The terms of the settlement are confidential.



### Malpractice Trial Underway in Michigan

Champney v. Faller, Washtenaw Co. Circuit Court, MI, No. \_\_\_ reported by Jack Kresnak, Nov. 3, 1997, *Detroit Free Press*

Third-party claims of negligence against nationally recognized University of Michigan expert in child abuse investigations Dr. Kathleen Coulborn Faller went to trial November 3rd. The suit alleges that Faller and sex-evaluators at the University of Michigan Family Assessment Clinic operated by Faller, emotionally abused a young child during an investigation. Just prior to trial, Judge Donald Shelton rejected defense claims of immunity because they operated as state employees.

Larry Champney says videotapes of interviews with his 3-year-old daughter show an interviewer at Faller's clinic using repeated and suggestive questioning to get the child to say something bad about her father. The interviewer used anatomical dolls and nude drawings and allowed the mother to participate in the interview. The mother readily admitted she was

so concerned about sexual abuse that she sniffed her daughter's genital area each day for signs of semen. Three psychologists who tested the mother, including one appointed by the court, one hired by the mother and one hired by Champney, said she had a personality disorder characterized by paranoia. Champney, who now has custody of his daughter, said the girl's mother's paranoia was fed by Faller's report.<sup>13</sup>

Defendant Faller has written books, peer-reviewed articles and trained interviewers on how to sort out the truth in cases of suspected child sexual abuse. Faller defended her colleagues and their techniques and says she stands by all of her final reports and recommendations. "I've got a pretty thick skin," she said. "I have learned to live with the stress of this kind of work."

The lawyer for Champney, Demosthenes Lorandos, said Faller's clinic destroyed parent-child relationships with faulty work. "Faller and her people are part of the industry of false validations that hurts every child who has really been abused and devastates families," said Lorandos.

Reference:

<sup>13</sup> Faller had written in her report that the child "can describe and demonstrate explicit sexual acts," that the mother's personality "does not indicate the mother is overprotective" and that Champney "appears to be a suspicious person."



### Lawsuit Claims False Memories; Woman Says Hospital Counselor Led her to Believe She was Follower of Evil Cult

by Kim Barker, Nov. 2, 1997 *The Spokesman-Review* (Spokane, WA)  
Avis v. Laughlin, Superior Co. King Co., No. \_\_\_

In a malpractice suit filed in Washington state, Robin Avis charged her former counselor with altering her memories and coercing her into believing she was the lifelong victim of an "intergenerational satanic cult" that physically and sexually abused her.

Named as defendants are John Laughlin<sup>14</sup> and Lake Chelan Community Hospital.

Avis first sought treatment for depression from Laughlin. Over the next two years, the lawsuit states that Laughlin used hypnosis and suggestion to implant her false memories. She came to believe she had helped torture and kill people and animals as part of a satanic cult. She thought she had given birth to a stillborn baby which was supposed to be sacrificed but was instead fed to dogs. Laughlin also convinced Avis that she had 30 multiple personalities living in her.

As time went on Avis said she fell more and more under Laughlin's spell. Eventually she went to his office four or more times a week until her insurance policy was exhausted. Laughlin finally convinced Avis to flee her family. According to Avis's attorney Michael Bolasina, "She got to the point where she was totally dependent on him and totally suspicious of everyone else in her life." Avis is also represented by R. Christopher Barden.

Reference:

<sup>14</sup> Over three years ago, John Laughlin settled a lawsuit with another former patient for an undisclosed amount of money. She accused him of making her think she'd been sexually abused in a satanic cult. He disputed the allegations, but the Washington Medical Quality Assurance Commission charged him with unprofessional conduct for allegedly inducing false memories of sexual and ritual abuse in a client. That investigation is continuing. See *FMSF Newsletter*, June 1997, FMSF Brief Bank #142.



## OTHER ACTIONS

### Amirault Appeals Continue

On October 30, the Massachusetts Supreme Judicial Court (SJC) refused to consider a prosecution effort to send Cheryl Amirault LeFave back to jail. Instead, the SJC said it would await a ruling by a lower court judge on a defense motion for a retrial for both Cheryl and her brother Gerald. Earlier

this year, the SJC had rejected efforts to have the Amiraults' verdicts overturned on a separate constitutional question, saying the Amirault case merited "closure."

The defense motion for new trial charged that prosecutors bullied and bribed children into making "wholly unreliable" sex abuse allegations and was based on recent research by Maggie Bruck, a professor at McGill University who studies the factors that influence the testimony of children. According to Bruck, flawed investigative techniques like the repetition of misleading information and peer pressure created an atmosphere of fear which may have tainted testimony that sent LeFave, her mother and brother to prison in 1987.

Prosecutors disagree, and have argued that the impact of the leading questioning was already weighed at the first criminal trials, in 1986 and 1987.



## RECENT APPELLATE DECISIONS

### Maine Supreme Court Declines to Apply Discovery Rule in Repressed Memory Cases

Harkness v. Fitzgerald, 1997 ME 207, (Oct. 21, 1997).

The Supreme Judicial Court of Maine stated that it found no compelling reason to reexamine its "carefully considered precedent" in which it had declined similar requests in sexual abuse cases<sup>115</sup> to adopt a judicially crafted discovery rule.

The plaintiff, age 32, alleged her father has sexually and physically abused her from ages 2-14 and that her mother had allowed the abuse to occur. She claimed continuous memory of physical abuse, but states that her father's actions caused her to repress memories of sexual abuse, thereby constituting fraudulent concealment.<sup>116</sup> Plaintiff further claimed her

parents misrepresented the wrongful acts as punishment, knowing that the acts were not punishment, and did so to prevent her from reporting the abuse. The Supreme Court of Maine held that the father's alleged behavior does not constitute misrepresentation of fact necessary to support a finding of fraudulent concealment and dismissed the case.

Reference:s

15 Nuccio v. Nuccio, 673 A.2d 1331 (Me. 1996) and McAfee v. Cole, 637 A.2d 463 (Me. 1994).

16 For cases involving similar claims, see, FMSF Working Paper, VIII.2



### Texas Court of Appeals reverses itself and dismisses repressed memory claim

L.C. v. A.D., 1997 Tex. App. LEXIS 5522, October 23, 1997.

The Texas Court of Appeals vacated its earlier judgment<sup>117</sup> and dismissed a repressed memory claim as time-barred. In 1994, the Texas Court of Appeals had applied the "discovery rule" to the repressed memory case, accepting the testimony of plaintiff's therapist as corroborating evidence. Dissenting judges, however, maintained that the court's opinion opens the door to fraudulent claims that would be nearly impossible to defend.

Two years after this opinion, the Texas Supreme Court<sup>118</sup> held that the discovery rule may apply in cases involving allegations of childhood sexual abuse, but that determination must be made on a case by case basis. In S.V., the supreme court made it clear that for the discovery rule to apply, a plaintiff's claim must have been inherently undiscoverable within the limitations period, and must be objectively verifiable.<sup>119</sup>

In 1997, the court granted a motion for rehearing an appeal of summary judgment. The Texas Court of Appeals in effect said that even assuming in this case, without deciding, that the discovery rule applied, the

statute of limitations barred Plaintiff's claims. By Plaintiff's own testimony she was aware over two years prior to filing that some of her physical and emotional problems were attributed by professionals to incest. Although she had not had any flashbacks of abuse at that time, the court held that a reasonably prudent person would be on notice that there might be sexual abuse in her background.

References:

17 L.C. v. A.D., 1994 Tex. App. LEXIS 2729, March 21, 1994. See also, FMSF Brief Bank #97.

18 S.V. v. R.V., 933 S.W.2d 1 (Tex. 1996).

19 The supreme court stated, "For purposes of applying the discovery rule, expert testimony on subjects about which there is no settled scientific view— indeed not even a majority scientific view— cannot provide objective verification of abuse...Opinions in this area simply cannot meet the 'objective verifiability' element for extending the discovery rule."



The recommended statutory provisions authorize a lawsuit where gross and irresponsibly hypersuggestive techniques and verbalizations are utilized by a therapist; techniques that create substantial risks of inducing specious memories and false accusations of odious sexual crimes purportedly committed by the plaintiff.....

It is important to note at the start, that applying the recommended remedial principles (principles of justice for a wrongly accused person and a shattered family) should have very little, if any effect on the very important work of providing treatment for actual victims of childhood incest.

Joel Jay Finer

*Journal of Law and Health* 11 (1&2)  
1996-97, Therapists' Liability to the Falsely Accused for Inducing Illusory Memories of Childhood Sexual Abuse— Current Remedies and a Proposed Statute

**INDIVIDUAL DIFFERENCES IN  
POSTTRAUMATIC RESPONSE:  
PROBLEMS WITH THE  
ADVERSITY-DISTRESS  
CONNECTION.**

By Marilyn Bowman

Mahwah, NJ: Erlbaum, 1997. 189 pp  
hardbound \$39.95

Reviewed by Loren Pankratz,  
Consultation Psychologist and Clinical  
Professor, Oregon Health Sciences  
University, Portland OR

"Sometimes psychological theories drive us in wrong directions. Marilyn Bowman has now posted some clear signs that cannot be ignored." With these two sentences I began the blurb that appears on the back of her book. I am please here to provide readers some additional thoughts on this important book.

Bowman teaches psychology at Simon Fraser University in Burnaby, British Columbia, and in the acknowledgment section of her book she expresses her appreciation to the pioneers of her northern upbringing. I have never met Dr. Bowman, but in my mind I see her looking down from Canada on the frenzy of psychology across the border. She sees therapists throwing themselves into the assessment and treatment of trauma. Calmly, she asks a series of questions, which she forms into chapter headings: *Do*

*more terrible events lead to more serious disorders? What are typical responses to direct exposure to toxic life events? How powerful are individual differences in emotionality? Which has more power in determining distress, the event or the person?*

Our society seems to take for granted certain beliefs about PTSD. Therapists, being dwellers in this society, have adopted these beliefs and certainly contributed to them. However, Dr. Bowman disregards popular belief, methodically exploring the research for answers to her questions. Her books posts new signs on the landscape.

Far from being an intellectual exercise, her analysis glows with a radiance of finding the truth. And that truth is heartwarming. The human spirit, she shows, has a remarkable resilience to horrible experiences. The book gives the reader an exciting journey down the rapids of life. Most people do not respond to toxic events with serious and long-term distress disorders in the way presumed by professionals.

*Why are clinicians reluctant to look for causes beyond the event?* Bowman answers the question of this chapter by providing a brief course on human error. The problem begins with a faulty idea that distress responses are an entirely natural, predictable reaction to an awful event. Some therapists believe that looking beyond the event smacks of blaming the victim.

*Can professional treatment remedy event-attributed distress?*

An explosion of treatment paradigms have been proposed, all with armies of defenders, despite the lack of supporting research. Bowman gives some fascinating and unexpected examples of how treatment can actually create pathology rather than remedy it. However, there are few guidelines here for professionals faced with distressed patients. In some situations the best response is simply to stay out or to point individuals back to their natural support systems. In the redirecting process professionals must focus on resolution without buying the distress-adversity connection or blaming the patient. These strategies are available but yet to be articulated in the management of posttraumatic distress disorder.

Between the chapters on the problems of therapy is another chapter that asks the question: *How important are emotions as a guide to well-being?* In this chapter we discover what Bowman's northern upbringing made of her. She answers this question by considering Hitler's *Mein Kampf*, the tears of Ivan the Terrible, deconstructionism, classical Greek culture, Liberation Theology, and other unexpected ideas. In the midst of this landscape I found an important historical landmark. "The whole history of improving well-being in humankind has been advanced by detecting and abandoning error with the help of the scientific method, which seeks increasing objectivity in nature."

Do not ignore.

**Good Grief! The Case for Repression**

Emily Nussbaum, *Lingua Franca*, October 1997, p 48-51

This article describes the research of George Bonanno whose experiments challenge the "grief-work" hypothesis—the assumption that showing expressions of grief are necessary to well being. His studies indicate that individuals who "express intense negative emotions when discussing their loss appear to do worse in the long term, while so-called repressors recover more successfully."

"Psychoanalytic practice is based on the idea that spilling the beans is the key to renewed health; as the patient releases his denied feelings—especially negative ones, such as hatred for a parent—he neurotic symptoms dissipate and the patient is able to move on..." From his research, "Bonanno concluded that the inhibition of negative emotion did not have a cumulative cost; rather, it might be an undervalued coping skill. For that reason, laughter, optimism, and inappropriate-seeming positive emotions should not be simply stigmatized as 'denial.'"

### Families of Murder Victims

"We, unfortunately, have all been asked to join this club that no one ever wanted to join." The speaker is Richard Rosin. Like most parents who have joined the False Memory Syndrome Foundation, he has lost all contact with his young adult daughter and her husband to be. "There is nothing in this world— and may you never experience it— that compares with a sudden phone call that interrupts your life, changes your life, and tells you very coldly, very bluntly..."

The feelings are similar, but the circumstances are even worse than for most of our readers. Richard Rosin's daughter and husband-to-be were not victims of FMS, but of murder. He was speaking, along with other bereaved family members who belong to the Philadelphia-based Families of Murder Victims organization, on the Oct. 26, 1997 segment of the TV news program *60 Minutes*. As a father who has lost his two daughters to "recovered memory therapy," I strongly identified with the feelings of the grieving parents as I watched the show.

Their meetings echoed so many FMSF meetings I have attended. I heard the same sorrow, the same relief to be able to share a similar story, the same frustration with society for not doing anything to help. Listen to some of their voices. They will sound familiar:

"My son was shot and killed. He was my only child, nineteen and a half years old. It's really difficult because people expect you just to go on with your life, and I have gone on— as much as you can go on with your life."

"Friends can't handle the answer, because it did not happen to them, and they're not walking in these shoes. These are some hard shoes to walk

in."

"It almost hurt, like in my center, in the middle. I mean, you— you could touch the pain. There wasn't anyone to hold our hand, or— or give us a hug, or maybe explain something to us."

"I hear the word, 'Closure, closure.' And it's just a hurting experience, because I'm still trying to get over it."

"I think this is what really hurts because people that haven't been through it want you to get over it. They don't want to see your pain. And so they say, 'Aren't you over that yet?'"

"I feel anger more than I feel hurt. That's why I don't cry."

"It's still truly hard for me to believe. I keep thinking, 'She's just going to come around the corner.'"

And there, of course, is the big difference in our situations. For FMS families, our children really could come around the corner— and increasingly, they are doing just that. I would never say that losing my children to FMS was worse than their being murdered or dying in some other way. I always have the hope (indeed, expectation) that they will come back into my life. Also, I imagine that they are getting on with their lives, accomplishing things, experiencing life, and that makes me happy.

On the other hand, the pain never goes away, and the very expectation that they may come back any moment sometimes makes it worse. For such as us, there truly is no closure. Also, when a child is murdered, usually the circumstances are fairly clear-cut, whereas when a parent has lost a child to FMS, people often compound the hurt by viewing them as child molesters. The *60 Minutes* program spoke of "second wounds" beyond the loss of the child, inflicted by the media, acquaintances, and a sometimes unfair justice system. For us, there sometimes seem to be second, third, and fourth wounds.

In short, I agree with Richard Rosin, who said, "There are too many scientists who tell you how to grieve. There is no right way. It's a very personal thing. And I think sometimes people need the permission from others, through support, to do it the way they feel best doing it."

—Mark Pendergrast  
Author, *Victims of Memory*



### Dear "Former Therapist,"

I'm writing to you to resolve some aspects of my therapy with you. You should know that although I feel there was misconduct or negligence on your part, I don't intend friction. I hope that we can come to a peaceful, healing conclusion.

Just so you know where I'm coming from, I've been living in Israel since I came here in June 1992, and am finding it a rich, meaningful home with a profound sense of roots. I've gotten very involved in traditional Judaism, which is providing me with a real spiritual path. Six months ago I got married and we are building a strong, solid, loving marriage together. I've been doing some teaching, but mostly have been focusing on building a home with him.

In the time that passed since I left New York, after a lot of self-scrutiny, I realized that the flashbacks and memories that I experienced when I was in New York were false. Although they may have made mistakes parenting, my parents and grandfather are not sexual abusers, and the memories I experienced while I was your patient are false. It is difficult to convey the magnitude of how much damage these false memories caused. When I came to you seeking therapy, I was already worried I was going crazy, and instead of becoming grounded, your approach encouraged me to wander farther and farther away from the truth. You are already aware of the suffering and trauma related to the "flashbacks"

themselves. Additionally, I've had to deal with massive confusion about reality, sexual confusion, pain of a destroyed family, and intense terror, all of which were based on things that never happened. For years I couldn't trust myself to know whether or not I was crazy, whether or not I had any kind of grip on reality. My parents also suffered a huge deal, both from the loss of their daughter, the hurt of the accusations, as well as my father's loss of credibility in his profession. It's taken years of concentrated effort to grope my way back to myself, which was time and energy that could have been spent in many other areas of my life. Thank God, I've reconciled with my parents and family, and we've all matured and grown from the whole experience. But it was still a terrible, painful rupture that could have taken me away from my family forever.

Even if you had no malicious intent, I believe your expectation to find sexual abuse at the root of my difficulties distorted your ability to see the truth, whether you were aware of it or not. You were professionally responsible for the therapeutic process, and under your care these false memories were created and nurtured. After a lot of careful thought, I've concluded that what I need for resolution from you is a written recognition of the damage that your therapy did to me, and an apology. I also believe that it's appropriate to return the money paid for the therapy. I don't have complete records, but I know I paid you at least \$7,110 over 1991-1992. If you can't do so immediately, I'm happy to work with you to make other arrangements.

Again, my goals are peace and healing. There has already been entirely too much pain everywhere, and the last thing I want is more. I just ask for some form of reply by August 15 so I know where we stand with each other.

Sincerely,

"Your former patient"

*Editor's comment: "Former*

*Therapist" did reply. She commented that she saw herself as "serious, careful, and conscientious" with a goal to "help others so that they could realize their own goals and be happy in their lives." She noted that she had attended conferences and workshops and paid for supervision and consulted with a psychiatrist. "Former Therapist" returned the money "with love and a wish that you can move on from whatever pain remains attached to me."*



### Thoughts about a Returning Daughter

I know that we have said that we would refuse to "live with an elephant in the living room" but little did we know that our "elephant" would have to suffer a severe psychosis and nearly lose her life over this horror. Having no experience with those who are exiting cult therapy, I did not realize the depth of confusion and denial that these FMS victims experience once the offending therapist is out of their life. I truly believe that my daughter does not realize yet what has happened to her as a result of so many years (!) of "therapy." She seems to be compartmentalizing the whole thing, waiting perhaps until she can deal with the massive trauma which, like so many other victims, she now describes as "IT."

Now our chief emotion toward our daughter is pity although we cannot show this when with her. What a tragedy that we all have had to suffer so terribly and so long. Neither she nor we will ever be able to make up for all those lost years. There will always be a part of us all that will never fully recover. What will happen to her when she finally realizes her own role in this dilemma and the harm which has befallen her and her family?

We have had our family member kidnapped, brainwashed, turned against us and her loving family and made terribly ill. We have all been terrorized and held as hostage to a theory

and therapy which have no basis in rationality or science. We have all been denied the opportunity of a hearing or a trial. We, as parents, may be forever stigmatized. How can anyone anywhere justify or sanction the horrors which have befallen us and thousands of others across the country and throughout the world? I weep for us all.

I wonder...Will her therapist who is the real offender, the real predator ever be called to pay for his crimes? Will he be personally called to account for his beliefs, his atrocious and flagrant behaviors. Will he ever be able to admit to or acknowledge the harm he has caused or will he just continue on his arrogant way, knowing he is protected by the premiums he pays to his insurance company or by the beliefs of his professional organization?

A Mom



### Our Son's Explanation

"Our family all sat at the table at Christmas for the first time in six years. We discussed inconsequential things - peacefully. Our son says he is able to do this because he considers that his sister had been mentally ill.

A Mom



### A New Career

I've quit practicing Psychiatry: I've turned in my licenses, my memberships, and am now retraining myself to do something less lucrative, and far less damaging to others..."

A Psychiatrist



### Dear Fellow FMSF Members,

We lost our daughter "K" when we sent her to a drug rehab to try to save her life after a four-year drug addiction. When she left she loved us. I remember the day that we hugged her good-bye, and committed our precious child into the hands of counselors and

strangers.

Last Christmas was the second holiday that "K" would not spend with us. Before the holiday, I was angry over our situation which had resulted in all three children turning against each other. I wrote one letter to all of them expressing rage and blame. I took it to a counselor before mailing it and he advised me to tear it up and throw it away.

I took that advice, went home, and re-evaluated how I wanted to handle this situation. My husband and I together decided to forgive all and keep our home and hearts open despite the challenges that might bring. This is the letter we then drafted:

Dear "K"

Soon it will be Christmas. We anticipate that again you will decide not to be with us to celebrate this holiday.

Although you have chosen to separate from this family, we want you to know that we will never abandon you. As time passes, we hope you will come to understand that we are not what others have said.

Today, we placed a red ribbon on the tree in our front lawn as a symbol of our loving hope that someday you will return home. This beckoning ribbon will keep vigil as the days, weeks, months or years pass while we wait for you to renew the love you once felt for us both. It will withstand wind, rain, storms, ice and intervals of bitter cold and isolation—as will our commitment to you.

Love,  
Mom and Dad



### What a Loss

In the fall of 1991 our daughter, then age 34 and in therapy with a psychiatrist, made dreadful accusations of abuse that supposedly occurred in the first three years of her life. Through the use of hypnosis she came to remember this abuse. She was very angry and

hostile. According to her therapist, she had developed Multiple Personality Disorder.

I am a counselor and we turned to a colleague to help us sort out our terrifying thoughts. We learned we could not control our daughter's behavior; we understood that we could get caught up in her hysteria or we could "keep a light in the window and the latch string out" for her and get on with our lives. We chose to do the latter. It was not easy but we were determined not to let our lives be destroyed by the false accusations.

Over the next three years, we heard very little from our daughter. In the beginning she would tell of new horrifying emerging "memories." Later, we would hear from her when she wanted something.

About three years ago we began hearing from her more often. Her tone was lighter and sometimes she sounded normal. Later I found out that the psychiatrist she had been seeing became angry when he learned that she had been reading material that I had given her. He refused to do any more therapy with her if she continued to distrust him. (This event took place as he was starting a new position as head of psychiatric services in a small hospital upstate...coincidence?)

She started counseling with a therapist who has helped her get on with her life. It has been three years since we have seen her act out MPD behaviors. She has told me that she wants to be part of the family again and that it's the hardest thing she has ever done, trying to come back. She still doesn't call or return calls unless she wants something. Her physical health is not good, though she works about sixty hours a week as an RN in a hospital dialysis unit. She is very friendly with some people who are still caught up in their belief of pervasive Satanic Cults and MPD.

At no time has our daughter expressed any remorse about her accu-

sations. She has never said that the accusations were false. While she often greets us with hugs when she sees us, other times she is aloof. She uses the phrase, "There are some things we will just have to agree to disagree on." About a year ago she talked to our older daughter, saying that she hoped that she (older sister) was understanding and that their relationship had withstood all that had happened in the past few years. Older daughter said that too much damage had been done and, without a lot of conversation and understanding and letting go, it could not be repaired.

We are busy with our own lives. We have no doubts that we did the right thing in not losing our own future in this mess. Our hearts still break for our daughter but we know that there is nothing we can do about the past six years and certainly no way to change them. We find it virtually impossible to trust our daughter, yet we make every effort to respond in kind when she reaches out to us.

I don't believe that our relationship with our daughter will ever be much better than it is right now. If I were to dwell on that, it would break my heart every day. Instead, we take each meeting with her as it comes and respond in what we deem an appropriate way.

My God, what a loss for us all!  
Most of all, for our daughter.

A Mom



### The Future

At the end of a momentous year in the memory wars, I want to thank the FMSF staff for providing us, the media, with the steady flow of breaking news and historical background which is indispensable to reliable and balanced journalism. They have done so under constant attack by those whose ideologically-based arguments are falling like so many houses of cards before the tests of science, reason and intellectual rigor.



## FLORIDA EVENTS

### International Cartoon Museum Party and Reception

Friday February 13, 1998 6:00 to 7:30 P.M.

All FMSF Members and Professionals are invited.

Hosted by SIRS to celebrate the publication of *Smiling through Tears* and Mort Walker, President of the International Cartoon Museum.

Museum is at 201 Plaza Real, Boca Raton, FL 33432 (that's in Mizner Park). Telephone: (561) 391-2200.

### Public Lecture featuring Elizabeth Loftus

Saturday Morning February 14, 1998

Sponsored by: Florida Atlantic University, 777 Glades Rd. • Boca Raton, FL and Social Issues Resources Series

### False Memory Creation:

Friday February 13, 1998

Attendance limited to invited professionals

Drs. Stephen Ceci, Elizabeth Loftus, Peter Ornstein, and Daniel Schacter

Sponsored by: Florida Atlantic University and Social Issues Resources Series

## RESEARCH PARTICIPANTS WANTED

Psychologists at the Johns Hopkins University School of Medicine are conducting a research study on "Memory for Facts and Contexts" and are seeking volunteer participants. They are seeking adults (age 18+) who have ever claimed to have first forgotten and then remembered childhood physical or sexual abuse, regardless of whether they now believe those memories to be true or false.

The study involves learning obscure facts and trying to recall them at a later time. It also involves taking several tests of memory, problem-solving, and personality. The study will require spending the better part of one day (4 hrs) at the Johns Hopkins School of Medicine in Baltimore. All participants will be reimbursed for their travel expenses.

The study is approved by the Joint Committee on Clinical Investigation of the Johns Hopkins University School of Medicine and by the Ad Hoc Research Review Committee of the FMS Foundation.

To volunteer for this study or for more information, contact Ms. Manjula Ramareddy at 410-955-3268 or 955-3269. Leave your name, telephone number, and the best time to reach you and she will call you.

If the tide turned with Ramona, it has crested to a tidal wave this fall. It took three years for recovered memories to return to the front page of the *New York Times* after the reports on the Ramona trial, three years in which predictions that Ramona would trigger a trend to lawsuits against therapists indeed proved prescient. But what now?

I would like to add my support to what I sense is the swelling tide of opinion that it is time to transcend the courtroom, where the battle of experts has reached what Ramona judge Scott Snowden rightly saw as a "level of sophistry" which overwhelms the capacity of juries and judges to wisely weigh its merits. Daubert and Frye pre-trial hearings help, but judges are neither memory scientists—nor God. I think it is time to pick up and promote a theme raised at the Day of Contrition conference in Salem in January—that

investigation of the recovered memory phenomenon by some non-aligned, neutral, authoritative body was needed to give guidance to the courts and to bring the memory wars to conclusion. This need for guidance cried out from the California appellate court's recent dismissal of Holly Ramona's case against her father: it sidestepped the seminal memory issue and decided, instead, on the much easier, narrower issue of the tainting of evidence by sodium amytal.

Three options have been suggested: Congressional hearings, legislative initiatives, and a National Academy of Science panel. Congressional hearings could be especially useful for the legal and justice issues (wrongful jailings, e.g.) and consumer protection issues (as in defective training, licensing, and practices of therapists). Legislating informed consent and amending statute of limitations laws would bal-

ance society's interest in higher standards of evidence and claims of verified victims of child sexual abuse.

I strongly favor an NAS panel composed of unimpeachably credible memory scientists and other relevant experts. Congress must request the panel, which should be given a short time frame of no more than a year to complete its work, and release its recommendations. Would we not all rather have courts guided by a report coming from the hands of distinguished scientists than by creative speculations on hippocampal shutdown, traumatic amnesia and dissociation?

Perhaps all three initiatives are needed. If so, how do we move them forward?

A happy New Year to all.  
Moira Johnston  
Author, *Spectral Evidence*

KEY : (MO) - Monthly; (bi-MO) - bi-monthly  
 (\*) - see the State Meetings List, page 17.

**CONTACTS & MEETINGS - UNITED STATES****ALASKA**

Bob (907) 556-8110

**ARIZONA**

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

**ARKANSAS***Little Rock*

Al & Lela (501) 363-4368

**CALIFORNIA***Sacramento - (quarterly)*

Joanne & Gerald (916) 933-3655  
 Rudy (916) 443-4041

*San Francisco & North Bay - (bi-MO)*

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

*East Bay Area - (bi-MO)*

Judy (510) 376-8221

*South Bay Area - Last Sat. (bi-MO)*

Jack & Pat (408) 425-1430  
 3rd Sat. (bi-MO) @10am

*Los Angeles County*

Cecilia (310) 545-6064

*Central Coast*

Carole (805) 967-8058

*Central Orange County - 1st Fri. (MO) @ 7pm**Chris & Alan (714) 733-2925**Orange County - 3rd Sun. (MO) @ 6pm*

Jerry & Eileen (909) 659-9636

*Covina Area - 1st Mon. (MO) @ 7:30pm*

Floyd & Libby (818) 330-2321

*San Diego Area*

Dee (619) 941-4816

**COLORADO***Denver - 4th Sat. (MO) @ 1pm*

Art (303) 572-0407

**CONNECTICUT***S. New England - (bi-MO) Sept-May*

Earl (203) 329-8365 or  
 Paul (203) 458-9173

**FLORIDA***Dade/Broward*

Madeline (954) 966-4FMS

*Boca/Delray - 2nd & 4th Thurs (MO) @ 1pm**Helen (407) 498-8684**Central Florida - 4th Sun. (MO) @ 2:30 pm*

John & Nancy (352) 750-5446

*Tampa Bay Area*

Bob & Janet (813) 856-7091

**GEORGIA***Atlanta*

Wallie & Jill (770) 971-8917

**HAWAII**

Carolyn (808) 261-5716

**ILLINOIS***Chicago & Suburbs - 1st Sun. (MO)*

Eileen (847) 985-7693

*Joliet*

Bill & Gayle (815) 467-6041

*Rest of Illinois*

Bryant & Lynn (309) 674-2767

**INDIANA***Indiana Assn. for Responsible Mental Health Practices*

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

**IOWA***Des Moines - 2nd Sat. (MO) @ 11:30 am Lunch*

Betty & Gayle (515) 270-6976

**KANSAS***Kansas City - 2nd Sun. (MO)*

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

**KENTUCKY***Louisville - Last Sun. (MO) @ 2pm*

Bob (502) 361-1838

**LOUISIANA**

Francine (318) 457-2022

**MAINE***Bangor*

Irvine & Arlene (207) 942-8473

*Freeport - 4th Sun. (MO)*

Carolyn (207) 364-8891

**MARYLAND***Ellicott City Area*

Margie (410) 750-8694

**MASSACHUSETTS/NEW ENGLAND***Chelmsford*

Ron (508) 250-9756

**MICHIGAN***Grand Rapids Area-Jenison - 1st Mon. (MO)*

Bill & Marge (616) 383-0382

**MINNESOTA**

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

**MISSOURI***Kansas City - 2nd Sun. (MO)*

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

*St. Louis Area - 3rd Sun. (MO)*

Karen (314) 432-8789

Mae (314) 837-1976

*Retractors group also forming**Springfield - 4th Sat. (MO) @ 12:30pm*

Dorothy & Pete (417) 882-1821

**MONTANA**

Lee & Avone (406) 443-3189

**NEW JERSEY (So.)***See Wayne, PA***NEW MEXICO***Albuquerque - 1st Sat. (MO) @ 1 pm**Southwest Room - Presbyterian Hospital*

Maggie (505) 662-7521(after 6:30pm)

**NEW YORK***Westchester, Rockland, etc. - (bi-MO)*

Barbara (914) 761-3627

*Upstate/Albany Area - (bi-MO)*

Erlaine (518) 399-5749

*Western/Rochester Area - (bi-MO)*

George & Eileen (716) 586-7942

**NORTH CAROLINA**

Susan (704) 481-0456

**OKLAHOMA***Oklahoma City*

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

**PENNSYLVANIA***Harrisburg*

Paul & Betty (717) 691-7660

*Pittsburgh*

Rick & Renee (412) 563-5616

*Montrose*

John (717) 278-2040

Wayne (Includes S. NJ) - 2nd Sat. (MO)  
 @ 1pm (No meeting in Dec., Jan., Feb., Mar.)

Jim & Jo (610) 783-0396

**TENNESSEE***Wed. (MO) @ 1pm*

Kate (615) 665-1160

**TEXAS***Houston*

Jo or Beverly (713) 464-8970

*El Paso*

Mary Lou (915) 591-0271

**UTAH**

Keith (801) 467-0669

**VERMONT**

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

**VIRGINIA**

Sue (703) 273-2343

**Washington**

Phil & Suzi (206) 364-1643

**WEST VIRGINIA**

Pat (304) 291-6448

**WISCONSIN**

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

**CONTACTS & MEETINGS - INTERNATIONAL****BRITISH COLUMBIA, CANADA***Vancouver & Mainland - Last Sat. (MO)**@ 1- 4pm*

Ruth (250) 925-1539

*Victoria & Vancouver Island - 3rd Tues. (MO)**@ 7:30pm*

John (250) 721-3219

**MANITOBA, CANADA***Winnipeg*

Joan (204) 284-0118

**ONTARIO, CANADA***London - 2nd Sun (bi-MO)*

Adriaan (519) 471-6338

*Ottawa*

Eileen (613) 836-3294

*Toronto /N. York*

Pat (416) 444-9078

*Warkworth*

Ethel (705) 924-2546

*Burlington*

Ken & Marina (905) 637-6030

*Sudbury*

Paula (705) 692-0600

**QUEBEC, CANADA***Montreal*

Alain (514) 335-0863

*St. André Est.*

Mavis (514) 537-8187

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Anna (31) 20-693-5692

**NEW ZEALAND**

Colleen (09) 416-7443

**SWEDEN**

Ake Moller FAX (48) 431-217-90

**UNITED KINGDOM**

The British False Memory Society

Roger Scottford (44) 1225 868-682

Deadline for the Jan/Feb. Newsletter is Jan 5.  
 Meeting notices MUST be in writing and should be  
 sent no later than two months prior to meeting.

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December 1, 1997

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**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 research 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.

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