FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

June 1997 Vol. 6 No.6

Dear Friends,

This month we report a breakthrough in legislation.

A mental health provider shall inform each patient of the mental health provider about:

1) the mental health provider's training and credentials;

2) the reasonably foreseeable risks and relative benefits of proposed treatments and alternative treatments; and

3) the patient's right to withdraw consent for treatment at any time."

With these words, Indiana has become the first state to pass a law requiring mental health providers to inform patients about the risks and benefits of treatments. This law represents a critical step in the institutional reforms that are needed to stop FMS and to prevent an outbreak of a similar problem. It is difficult to understand why many professionals have fought the passage of this law that moves psychotherapy from a fad-driven exercise toward professional practice grounded in scientific theory.

Under the Indiana law a professional cannot plead ignorance for providing inaccurate information:

"Professional incompetence... includes the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake...and failure to keep abreast of current professional theory or practice."

Christopher Barden, a psychologist, lawyer and President of the National Association for Consumer Protection in Mental Health Practices said, "The mental health system will never be the same again... This is a stunning victory for our efforts to produce badly needed reforms in the psychotherapy industry."

If therapists had informed our children about the scientific findings regarding memory, the dangers inherent in memory-recovery techniques and the fact that they would probably become estranged from their families, would our distressed children have embarked on their tragic course? It seems likely that the passage of this "informed consent" law in Indiana will energize citizens in other states to work to ensure that psychotherapy is safe and effective—if not in time for their own children, then as a legacy for their grandchildren.

The Indiana legislation is an indication of dramatic change at the broadest social level. Unfortunately, that does not translate to immediate relief for affected families. FMS is a social phenomenon founded on a belief system that includes erroneous notions of memory, sexual abuse, society and therapeutic practice. By educating the media, professional organizations, judicial system and legislative bodies, we help expose the flaws in that belief system so that they can be addressed. As change occurs, it raises the probability that our children will start to use their critical thinking skills again.

Positive news on the legal front is that Violet and Cheryl Amirault have been told that they are entitled to another trial. The legal issue underlying the Amirault appeal was their right to face their accusers. This is the same ground on which Ray and Shirley Souza's appeal is based. The right to face accusers is the reason why FMS families are so disturbed by the cutting off behavior of their children. Most FMS families were never afforded the right to defend themselves in the presence of their accusers in a forum with respectful discussion.

Respectful discussion is vital—at the level of families and at the level of the professional arguments about memory. As Schacter has noted,

> "the emotional stakes for all involved are incalculably high... Parents are faced with a personal—and sometimes legal—nightmare. People who come to accept memories of abuse that never occurred may needlessly endure the trauma

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that results from believing that one has been betrayed by parents or other trusted caregivers. Others who recover genuine memories of sexual abuse are likely to encounter doubts about the validity of their recollections, thereby further intensifying the pain of an already difficult experience. And professionals on both sides of the debate may find their competence, motives and even integrity called into question. These are some of the reasons why the recovered memories debate has been consistently characterized by strong emotions and often by outright acrimony." [1]

Intense emotion makes respectful discussion more difficult and charges of "extremism" have been heard on both sides of the debate. One psychologist and memory researcher who has been trying to reduce the emotional noise is Stephen Lindsay. In this issue, we have printed a letter he sent to us in which he notes that some "who might be powerful and effective allies... perceive the FMSF and similar organizations as claiming that all or virtually all recovered-memory experiences are illusory." He suggests that we reiterate our oft-repeated statement about memory: *"Some memories are true, some a mixture of fact and fiction and some are false—whether the memories are continuous or remembered after a period of being forgotten."* Lindsay urges caution to both families and trauma-oriented therapists to avoid all or nothing claims about recovered memory experiences because he feels that they "exacerbate polarization." Lindsay also argues that it is possible to have a middle ground in the repressed/recovered memory debate. But is it? Some say that there is no middle ground in science.

"Science is not in the middle-of-the-road. It's not a tribute to a scientist to walk where the data are not."[2]

Stephen Ceci, in *Spectral Evidence*, p. 227

Laird Wilcox argues that "...extremism is more an issue of style than of content." He states that "The extremist style...hampers our understanding of important issues, muddies the waters of discourse with invective, defamation, self-righteousness, fanaticism, and hatred, and impairs our ability to make intelligent, well-informed choices," a point with which most of us probably agree.[3] He observes that,

"the extremist style is not only found at the fringes of the political or religious spectrum, but sometimes in the "middle" as well. An individual who is uncompromisingly, intolerantly, "centrist" may be far more dogmatic and prejudiced than someone who adopts more radical views but does so in an open and tolerant manner. Consequently, a guarded middle-of-the-road position doesn't necessarily provide a solution to extremism, and in some cases may only serve as a mask to conceal it. In fact, it could be argued that those may only serve as a mask to conceal it. In fact, it could be argued that those beliefs that are accorded legitimacy by consensus, which is to say that everyone unthinkingly accepts them, may be even more prone to appear on the extremist agenda and more difficult to challenge or effectively debate."

It behooves us all to avoid an extremist style. What are the characteristics of extremist style? Included in Wilcox's list are: Character assassination by questioning motives, qualifications, past associations and mental health rather than dealing with the facts or issues raised; Name calling and labeling that diverts attention from arguments; Irresponsible sweeping generalizations; Inadequate proof for assertions; Advocacy of double standards; Tendency to view opponents and critics as essentially evil; Tendency to see world in terms of absolutes of good and evil; Tendency to identify themselves in terms of who their enemies are; Tendency to use argument by intimidation; and Emphasis on emotional responses and, correspondingly, a de-emphasis on reasoning and logical analysis.

"What is objectionable, what is dangerous about extremists is not that they are extreme, but that they are intolerant. The evil is not what they say about their cause, but what they say about their opponents."

Robert F. Kennedy in *American Extremists*, p. 56

Respectful dialogue in families and between professionals is surely the direction in which we should move. But how can that happen if children and their therapists and some professional leaders refuse to meet with those whom they have accused?

Pamela

References

1. Schacter, L., Norman, K. & Koutstaal, W. (1997) The recovered memories debate: A cognitive neuroscience perspective. In M. Conway (Ed.) *Recovered Memories and False Memories.*, Oxford: Oxford University Press.
2. Johnston, M.*Spectral Evidence: The Ramona Case: Incest, Memory, and Truth on Trial in the Napa Valley*. New York: Houghton Mifflin Co., 1997
3. Wilcox, L. (1996) What is extremism? Style and tactics matter more than goals. In J. George & L Wilcox (Eds.) *American Extremists: Militias, Supremacists, Klansmen, Communists and Others*. New York: Prometheus Books.

"Memory is such a shape shifter of a thing, so influenced by old photographs and old letters, self-image and self-doubt; there's even a cottage industry among academics who believe it can be constructedfrom the ground up, resulting in false memories of horrible abuse dropped into the brainpan whole, just as though they were true".

Anna Quindlen
How Stormy? I Can't Recall
New York Times Book Review, May 11, 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*: Danielle Taylor. *Columnists*: Katie Spanuello and members of the FMSF Scientific Advisory Board. *Letters and information*: Our Readers.

More on Cutting Off

FMSF Staff

Of all the techniques supported by some recovered memory therapists, the one that is most disturbing to families is "cutting-off." It is unlikely that the FMS Foundation would have formed if parents had been able to have reasonable dialogue with their children and their therapists. Parents have continued to ask the Foundation whether "cutting off" is accepted therapeutic practice. In turn, we suggest asking the professional organizations if or under what conditions detaching or cutting off or isolation is considered acceptable.

Families express tremendous difficulty in understanding why their children cut off and will not speak to them. Reading "survivor" literature is one way to learn. One organization that made "detachment" central to its therapy program was Genesis, a Pennsylvania group that was portrayed in the Frontline documentary "Divided Memories" and whose leaders have since had their licenses suspended. The Genesis approach, according to their statements, attempts to parallel the Alcoholics Anonymous model[1]:

> "It has long been accepted in Alcoholics Anonymous (AA) that an individual will likely not stay sober while being around addictive, unhealthy 'persons, places and things.' As a parallel philosophy, we firmly believe that while a client is working through ACOA issues in therapy and making the transition from dysfunctional to healthy, it is necessary to detach from the dysfunctional environment."

Cutting off is not a matter of choice it is required:

> "Detachment is never easy, but it must be done to accomplish two of the goals of therapy: to reparent the child within and to mourn a lost childhood... we require our clients to detach from their caregivers of origin during the therapeutic process..."

Psychologist Susan Forward[2] tells readers that they must be "prepared to significantly change your relationship with your parents, or even sacrifice it." (p 294)

Beverly Engle[3] warns readers that "permanent separation is usually the only possible resolution if either parent... either directly or indirectly brings you only pain when you get together." Engle provides explicit instructions on how to divorce your parents:

> "You may decide to divorce your parents in person. In this case, refer to the confrontation preparation exercise described earlier. If you have been able to successfully complete this exercise, you are probably ready for a real face-to-face good-bye. As you did in the exercise, choose a safe place for your meeting. Know what you are going to say ahead of time, and make sure you say everything you want to say. There is no need for discussion; just say your good-byes, and leave."
>
> (page 166)

This exemplifies the therapeutic cultural milieu or environment that greeted many of our children when they sought professional help for their problems. To most parents "cutting off" seems better designed for creating a cult than for therapy.

References

1. Mansmann, P. & Neuhausel, P. (1993) "Detachment: Applying a well-known concept to ACOA issues." *Professional Counselor Health Communication.* October.
2. Forward, S. (1990) *Toxic Parents: Overcoming Their Hurtful Legacy and Reclaiming Your Life.* New York: Bantam Books.
3. Engle, B. (1989) *The Right to Innocence: Healing the Trauma of Childhood Sexual Abuse.* New York: Ivy Books.

To express your concerns about cutting off please write:

Harold Eist, M.D., President
American Psychiatric Association
1400 K Street NW
Washington, DC 20005

Next month, August Piper will back with a column answering questions from a loyal Texas reader. He sends his sincere thanks to all of you who have read his book.: Hoax & Reality.

F M S NEWS

National Academy of Science Symposium on Memory

The 134th annual meeting of the National Academy of Science was the site of a Symposium that brought together five preeminent memory scientists to highlight RECENT ADVANCES IN RESEARCH ON HUMAN MEMORY. Endel Tulving of the University of Toronto moderated a panel that included: Henry L. Roediger III, Washington University in St. Louis: *Memory: Explicit and Implicit*; Stephen J. Ceci, Cornell University: *Memory: Reproductive, Reconstructive & Constructive*; Larry R. Squire, University of California at San Diego: *Memory and Brain Systems*; Daniel L. Schacter, Harvard University: *Neuro-imaging of Memory and Consciousness.*

Dr. Tulving described the focus of the panel as reviewing the most recent memory research from a dual perspective-the "mind side" and the "brain side." He also said the panel would address the question "[Why people are] remembering things that didn't happen." The panel lived up to that promise. The audience, which was largely composed of members of the Academy, who are among the nation's most respected scientists, reacted with great interest to the research. The relative ease that leads some to remember "things that didn't happen" was apparent in the presentations and presented in an objective fashion. The rapidly expanding knowledge being gleamed from brain imaging underscored the potential to increase the understanding of how the brain develops memory and retrieves it both accurately and inaccurately. Yet, it was also clear that this research is relatively in its infancy. The material presented can (and will be) found in major refereed professional journals.

Elizabeth Loftus elected President of American Psychological Society

The 16,000 members of the American Psychological Society (APS) have elected Elizabeth Loftus, Ph.D. as president. Dr. Loftus is a member of the FMSF Scientific Advisory Board. She will assume office in 1998 after a one-year term as President-elect. The APS is a research-oriented organization.

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Deletion of Word in Welfare Bill Opens Foster Care to Big Business

New York Times, 5/4/97, Nina Bernstein

A change in legislation "opened the way for for-profit orphanages to compete for the billions of dollars that the Government spends each year to support poor children who are taken away from homes judged unfit... Historically, only foster families or non-profit institutions, mostly charity-based, were eligible for this money..." "Companies in the running for the new stream of money include the successors of the for-profit psychiatric chains that ballooned in the 1980's, then crashed after scandals and lawsuits."

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Locked wards open door to booming business. Along the way, some patients are interned for no reason.

Boston Globe, 5/11/97

"Researchers have a phrase to describe what's going on with publicly funded psychiatric care: Gaming the system. To play in the Medicare reimbursement league, the aim is to get around payment caps...that the federal government imposes on medical and surgical care, but not on psychiatric care provided in psychiatric hospitals or locked wards at general hospitals." According to Celeste G. Simpkins, a Vanderbilt University researcher, "psych inpatient care is the fastest growing part of Medicare's hospital budget..."

"Patient complaints are part of the fallout from a little-noticed but dramatic shift this decade, in which hospitals have gravitated to a new patient base of the poor, disabled and elderly, and have been paid as much as $1,000 a day per patient from Medicare and Medicaid...As private insurers have curtailed mental health coverage, psychiatric and general hospitals have rushed to the only freewheeling game left in town —federal- and state- funded psychiatric care. And the hospitals have become increasingly dependent on beds being filled by a captive clientele, patients who are locked up in a process initiated by doctors, nurses, even police, without outside review for at least 10 days."

This article describes some complaints by patients brought against Westwood Lodge and Pembroke Hospital that are owned by the private, for-profit Charter Behavioral Health Systems in Atlanta. In 1995, 70 percent of the 4,000 admissions to these two hospitals were involuntary.

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Fugitive psychiatrist is arrested in London

Houston Chronicle, 5/9/97, Mark Smith

Dr. Robert Hadley Gross was arrested on criminal charges arising from an investigation of insurance fraud at mental hospitals. Dr. Gross was indicted on fraud charges alleging kickbacks for referring patients to Psychiatric Institute of Fort Worth and Bedford Meadows, both owned at the time by National Medical Enterprises. Gross maintains that he was an unwitting accomplice in patient recruitment efforts and billing fraud. Gross was also ordered to pay $40 million in civil settlements for "assaulting three teenage patients. The young women were pinned to the ground while health care workers ground their fists into the patients' ribs and stomach as part of a therapy known as 'rage reduction.' The psychiatrist told his patients that the therapy was designed to allow patients to release their anger."

National Medical Enterprises (NME) sold more than 70 of its hospitals in 1994 as part of a plea bargain. NME has changed its name to Tenet Healthcare.

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Psychiatrist accused of fleecing insurers

Kansas City Star, April 3, 1997, John Dauner

Psychiatrist David E. Sternberg was accused of filing 2,000 false claims, inflating the number and length of appointments, and allegedly paying kickbacks to a psychologist for referring patients to him. He is charged with demanding payment of $250,000 and the referral of 25 new patients from Charter Hospital in return for agreeing to refer patients to the hospital. The money was never paid. Sternberg practiced at Charter Hospital, Shawnee Mission Medical Center, Two Rivers Psychiatric Hospital and Kansas Institute.

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HHS Anti-Fraud Effort Retrieving Millions

NASW News, January, 1997

Operation Restore Trust was begun as a pilot program in five states in May 1995 by the Health and Human Services Department to reduce Medicare and Medicaid fraud. Fraud occurs when a provider knowingly and willfully lies to get paid. The operation recovered $ 43.3 million in its first year. The states involved are New York, Florida, Illinois, Texas and California. More than one-third of all Medicare and Medicaid beneficiaries live in those states.

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Hospitals seek patients abroad

Philadelphia Inquirer, 5/5/97, Marian Uhlman

"Faced with slumping profits and a saturated market, Philadelphia-area hospitals are going global. They want to export their medical expertise and import patients from abroad."

Patients now are checking up on doctors

USA Today, May 14, 1997, Steven Findlay

Six months ago Massachusetts began a program to allow consumers to access background information on doctors, including malpractice histories. Since that time other states are following. Similar bills are pending in California, Connecticut, Illinois, Maine, Maryland, Rhode Island, Texas and Vermont. The Florida legislature has already passed a bill and if signed by the governor will be effective by July, 1999. According to the director of the Massachusetts registration board, "The response has really been overwhelming." Massachusetts consumer groups are working to add patient complaints to the profiles.

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Dysfunction Junction

The New Republic, 4/14/97, Ruth Shalit

All recovery, all the time! On April 23, a new cable channel called the Recovery Network will begin 24-hour-a-day stories about addiction and recovery. A video promo explains that topics go "from alcohol to drugs, to depression, sex, obsession, eating disorders, family violence, compulsive gambling and sexual abuse." The Recovery Network hopes to create a new class in the TV culture, one in which "victimhood" is celebrated. While one of the advisors to this channel, Dr. Joseph Pursch the psychiatrist who treated Betty Ford and Billy Carter, says that the network must not become a platform for recovered memory buffs and self-proclaimed survivors of satanic ritual abuse. But Donald Masters, chairman of the Recovery Network states, "I've run into people who've lived through satanic ritual abuse. I've seen some horrible things..." While Dr. Pursch notes that there is a danger of excessive reliance on a small clique of recovery celebrities and is quoted as saying, "I'm thrilled that they are avoiding John Bradshaw," the programming schedule indicates that in the first week one show will feature "John Bradshaw." To date advertisers seem to be organizations such as Hazelden, Camp Recovery or Annacapa by the Sea, but the corporate prospectus explains that revenue will also come from merchandising such items as twelve-step T-shirts, books, and inspirational videotapes.

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Victims of Abuse that Never Was

The Daily Telegraph (UK)
Margaret Jervis and Celia Hall

"Thousands of people may suffer delusions of child sex abuse as a result of counselling, according to a report by the British Association of Counselling. It is issuing guidance to its 14,000 members, cautioning against recovered memory techniques and says that the creation of false memories is a problem of unknown proportions. The Reverend Alex McGuire, chairman of the association's research and evaluation committee, said he thought the number of people with recovered memories which proved false was low. 'But having said that, we don't know what 'low' means. It could be tens, hundreds or even thousands. There is no doubt that it is a genuine hazard.'"

Available in July
Laughing through Tears
Pamela Freyd and Eleanor Goldstein
Upton Books

A collection of cartoons that have helped us to understand the social movements contributing to the false memory phenomenon.

The next issue of the newsletter will be the combined July-August summer issue. It will feature a "Festival of Books," a listing of many of the fine books that have been published that have help to move the repressed memory/ false memory controversy towards its inevitable conclusion.

MAKE a DIFFERENCE

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?

Illinois - A father wrote to the local PBS station to complain about John Bradshaw. "Dr. Bradshaw does have credentials and some people have found him to be helpful," was the reply. The father suggested that the station rerun the Frontline documentary "Divided Memories," and that the station should consider the outcome of the type of therapy he espouses when they mention Bradshaw's credentials. The father sent the station a copy of the Washington State Crime Victim's Compensation study.

Colorado - A video of the Rutherford family is available from Pastor Ed Bulkey. Tom Rutherford was an Assemblies of God minister who was fired from his job as a result of his daughter's accusations. The daughter has since retracted and the Rutherford's received a $1 million settlement from the church. One family in a similar circumstance ordered the tape so that they can make it available to their own church to educate both the clergy and the members. (for information 303-451-5433)

"What Can I Do to Make a Difference?" Have you considered giving your library a subscription to the FMSF Newsletter? Libraries around the world have back issues and current subscriptions. Does your library?

Send your ideas to Katie Spanuello c/o FMSF.

Legislative Update

Informed Consent Bill Signed into Law in Indiana

In April, 1995, families in Indiana decided that they would approach the legislature with regard to sponsoring an "informed consent"[1] bill in an effort to correct the problem of repressed memory therapy. Representative John S. Keeler agreed to sponsor the bill but had heard that there was already an informed consent bill (Senate Bill No 210) prepared to address the problem. SB 210 had been introduced by Senator Patricia Miller in response to numerous complaints from her constituency. It was soon learned, however, that the informed consent bill sought to be introduced contained language which would have effectively legitimized "Uncovering Psychotherapy" and hypnotic techniques used to conduct such therapy (including, "hypnotic age regression" and "hypnotic memory enhancement"). Indiana families set about to educate the legislators about the serious problems with these techniques, and the language was deleted from SB 210. Due to the controversy surrounding the legislation, it was agreed that SB 210 would serve as a temporary bill pending the findings of Mental Health Practice Study Committee (see *FMSF Newsletter*, May 1996). The committee held four hearings in which senators and representatives heard from both mental health professionals and families devastated by the effects of repressed memory therapy.

On April 17, 1997, Indiana Governor Frank O'Bannon signed into law Senate Bill No. 309 which contains recommendations of the Mental Health Practice Study Committee formed last May under Senate Bill No 210. The Indiana Code now requires that mental health providers obtain consent from their patients before providing mental health services. Section 6, Indiana Code 16-36-1.5-10 has been added to the Indiana Code as a new Section to read: "Sec 10.

A mental health provider shall inform each patient of the mental health provider about:

1) the mental health provider's training and credentials;

2) the reasonably foreseeable risks and relative benefits of proposed treatments and alternative treatments; and

3) the patient's right to withdraw consent for treatment at any time."

The Indiana Code also contains provisions for disciplinary sanctions if standards established by the board regulating the profession in question are not met. For example,

the practitioner may be subject to sanctions under amended Section 7. IC 25-1-9-4 if:

"4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:

A) professional incompetence that: I) includes the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake,...B) failure to keep abreast of current professional theory or practice."

Mental health providers are defined as registered or licensed practical nurses, clinical social workers, marriage and family therapists, psychologists, school psychologists and any individual who claims to be a mental health provider. SB 309 also states that a physician (therefore, psychiatrist) must obtain consent from each patient as provided in Indiana Code 27-12-12. The new law becomes effective July 1, 1997.

Christopher Barden, a psychologist, lawyer and President of the National Association for Consumer Protection in Mental Health Practices said, "The mental health system will never be the same again. Consumers will now have to be told that psychotherapists who want to talk about the patient's childhood are offering them what is at best an experimental and quite possibly a harmful procedure. We did not expect to see passage of portions of this Act (Truth and Responsibility in Mental Health Practices Act) for years. This is a stunning victory for our efforts to produce badly needed reforms in the psychotherapy industry...[t]he Indiana law is a major step in the right direction."

References:

1. See Faden, R.R. and T. L Beauchamp, *A History and Theory of Informed Consent* (1986), New York: Oxford University Press (discusses origin and nature of the concept of "informed consent").

A Lawmaker's Brush with False Memories - *Fulton County Daily Report*, March. 6, 1997 by T. Renaud

Rep. Theo Titus, II, R-Thomasville, Georgia, a sponsor of House Bill No 440 which would allow relatives of patients to sue therapists for creating or suggesting false memories of childhood abuse, testified personally in support of the bill before the Senate Judiciary subcommittee on March 5, 1997. Rep. Titus disclosed that his daughter, following therapy sessions with a clinical social worker, had falsely accused him and a brother of molestation and rape when she was a child. The daughter has since recanted her charges and is back in the family. Rep. Titus told the subcommittee members that damage to families from such false accusations is rampant. The subcommittee also heard testimony from Atlanta lawyer Robert B. Remar, speaking for the Georgia Psychological Association. Mr. Remar said that psychologists oppose the bill because it would disrupt the ability of patients to receive mental health services and would create an unprecedented duty of a health care provider to a third party. Subcommittee chairman Rep. Roy E. Barnes, D-Mableton, expressed concerns about the bill and recommended

that the subcommittee meet to discuss it further after some research and thought.

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Move to enlarge window on child sex-abuse charges fails

Chicago Daily Law Bulletin
May 8, 1997, D. Heckelman

On May 8, 1997, the Illinois House Judiciary II - Criminal Law Committee failed to adopt Rep. Mary K. O'Brien's proposed amendment to Senate Bill 172, which would have amended the Criminal Code to extend the statute of limitations to 15 years on prosecutions for criminal sexual assault against victims under 18 years of age. Rep. O'Brien had previously sponsored H.B. 2257 which would have removed the limitations provisions entirely. She said victims who have reached the age of 21 still may be living with their abusers and therefore may be subject to intimidation preventing their reporting of the abuse. Rep. Thomas L. Johnson, R-West Chicago said he was reluctant to extend the statute of limitations to 15 years, expressing concern over the issue of "reconstructed memory" in relation to allegations of child abuse. A witness testifying in opposition to the proposed amendment, Cook County Assistant Public Defender Gregory O'Reilly, echoed Johnson's concerns, stating, "There is a huge controversy over the validity of recovered memory." And Rep. James Durkin, R-Westchester, agreed stating, "By extending the statute of limitations for 15 years, we're getting into a very dangerous area," referring to the difficulties of proof after such a long period.

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False Reporting of Child Abuse

During 1996 and 1997 a growing number of state legislatures have recognized the problem of false reports of child abuse, particularly related to divorce cases. Connecticut set down penalties for filing a false report of child abuse following a much publicized case in which anonymous allegations of child abuse were made against a mother five times over a two-year period. Her children were examined each time but no evidence of abuse was found.

Several states have made willful false reporting a misdemeanor crime punishable by fines or imprisonment or both: Arizona, Arkansas, Connecticut, Florida, Idaho, Indiana, Louisiana, Michigan, Missouri, North Dakota, Ohio, Rhode Island and Virginia. Some states have recently increased the penalty for false reporting. Evidently several states (e.g. Indiana, Virginia) have noted that some individuals repeatedly make false allegations and have provided for more serious penalties in those cases.

In Tennessee, "any person who either verbally or by written or printed communication knowingly and maliciously reports, or causes, encourages, aids, counsels or procures another to report a false accusation of child sexual abuse commits a Class E felony." In Michigan, the person who intentionally makes a false report of child abuse or neglect is guilty of a misdemeanor if the crime alleged would be a misdemeanor. If the crime falsely alleged were a felony crime, the person making the false allegation is guilty of a felony and is subject to imprisonment for not more than 4 years or a fine of not more than $2,000, or both.

Some states, including Florida and Louisiana, grant immunity from liability for reporting made in "good faith" but do not extend that immunity to a person who makes a report known to be false or with reckless disregard for the truth of the report.

Indiana statute entitles a falsely accused person to access to relevant reports if the original report is determined to be unsubstantiated and intentionally made. North Dakota statutes specifically provide that a person willfully making a false report in addition to misdemeanor charges may also be liable for civil damages suffered by the accused person.

For text of the statutes, see FMSF Working Paper, "False Reporting of Child Abuse." Below is a summary of the most recent legislation to pass our desk.

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Arkansas enacts two new laws related to child abuse

On April 14, 1997, Arkansas Act 1351 of 1997 was enacted to increase penalties for willfully making false allegations of child abuse. Arkansas Code Section 12-12-504 has been amended to read: "Penalties...1) Any person, official or institution willfully making false notification pursuant to this subchapter, knowing such allegations to be false, shall be guilty of a Class A misdemeanor. 3) Any person, official or institution willfully making false notification pursuant to this subchapter, knowing such allegations to be false, and who has been previously convicted of making willful false allegations shall be guilty of a Class D felony." The new law is effective July 31, 1997.

In addition, on April 14, 1997, Governor Huckabee signed into law Act 1240 authorizing the formation of a family protection unit within the Arkansas State Police to conduct child abuse investigations. The Act states that the transfer of responsibility for child abuse investigations from the Division of Children and Family Services to a separate unit of the police department is due to the difficulty of DCFS caseworkers' ability to "separate their dual roles as investigators and service providers; that many studies show that child abuse investigations are compromised when these very different functions are not separated." The Act also calls for an oversight system to review the administration of the child abuse hotline and conduct of child abuse investigations.

LEGAL CORNER

Therapist Acted Unprofessionally, Washington State Panel Alleges *The Seattle Times*, 4/23/97 by Carol Ostrom

State of Washington, Dept. of Health, In the Matter of the License to Practice Medicine of John W. Laughlin, PA. No. 95-05-0053PA, filed 4/7/97[1]

A state disciplinary board has accused a mental-health therapist of unprofessional conduct for allegedly inducing false memories of sexual abuse and satanic ritual involvement in a client. The charges against therapist John W. Laughlin, PA, state that over a period of 2 1/2 years, he used methods including hypnosis, "attempting to break through what he described as 'victim denial' by his patient." Laughlin "repeatedly told his patient that she had to be very careful because 'cult members' might be watching her," and that if she terminated therapy she would be in great danger. He offered to perform an exorcism because "evil had been programmed into her."

The Statement of Charges noted that "subsequent therapy by other health-care providers cast doubts on [Laughlin's] treatment and the reliability of the information obtained by means of hypnosis." It also states that Laughlin was practicing at the time without adequate oversight or supervision and that the treatment provided was below the standard of care.

The Washington State Department of Health, Medical Quality Assurance Commission brought these charges two years after Laughlin settled out of court with the former client for an undisclosed sum. Another lawsuit was recently filed by another patient who has alleged similar misconduct.

Maryella Jansen, program manager for the state board, said if Laughlin is found guilty, he could lose his license or face lesser sanctions. However, it has been learned that soon after these charges were filed, the State granted a renewal of Laughlin's license to practice.

References

1. See FMSF Brief Bank # 142.

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Arizona Appeals Court Rejects Decade-Delayed Claim

Nolde v. Frankie, 1997 Ariz. App. LEXIS 69, 5/1/97

In a succinct majority opinion, a Court of Appeals of Arizona affirmed summary judgment of a lawsuit against a track coach by three former students. The three women claimed sex abuse, threats and intimidation by the coach during the 1970s and 1980s. The plaintiffs offer several reasons for their delay in filing, which they argue should have tolled the statute of limitations. The claim they were unable to understand the causal connection between their injuries and the defendant's conduct until they entered therapy. They also presented expert testimony that each plaintiff experienced emotional problems due to sexual abuse such as psychological blocking, internalized shame, guilt, self-blame, confusion, denial, repression and dissociation. Thus it was impossible for plaintiffs to take any practical action to redress their grievances. Plaintiffs also argued that a special tolling rule should be adopted for cases involving the abuse of a child by an adult in a position of trust.

The Appellate Court rejected plaintiff's arguments based on a recent Arizona Supreme Court ruling, Florez v. Sargeant, 185 Ariz. 521, 917 P.2d 250 (1996).[2] It summarized, "The supreme court concluded that in each case, the statute of limitations barred the action. The court rejected every argument concerning psychological pressure, repressed memory, post-traumatic stress disorder, duress, fraud and equity that Plaintiffs in the case now before us have raised. The supreme court held that the touchstone of whether an unsound mind will toll the statute is whether the plaintiff is able to manage his or her ordinary daily affairs, something that all of the Plaintiffs in the case before us have indisputably been able to do. Florez governs this case, and we are required to follow it."

A lengthy concurring opinion echoed that the court is bound by Florez and expressed the hope that either the state supreme court or legislature would give more consideration to the issue.

References

2. See FMSF Newsletter, July 1996.

❑

Texas Appellate Court Considers Malpractice Suit

Halbrooks v. Moore, 1997 Tex. App. LEXIS 2153, 4/24/97[3]

A Texas Court of Appeals affirmed a trial court judgment in a therapeutic malpractice case. In March 1995, a jury awarded Diana Halbrooks $90,865 for past medical expenses and pain and suffering and her husband $15,000 for loss of consortium. The jury attributed 60% negligence to the therapist and 40% to the patient. Prior to trial, Halbrooks settled with Bedford Meadows Hospital for $50,000. Halbrooks appealed the trial court rulings, asserting that the damage awards were inadequate and that there was insufficient evidence to support the jury's contributory negligence finding. The appellate court reviewed the testimony and stated that "we cannot conclude that the jury verdict was so contrary to the overwhelming weight of the evidence as to be clearly wrong and unjust." It also held that some of the points of error were not adequately preserved for appeal.

In 1985, Diana, then 36, began group counseling sessions with Moore, a licensed professional counselor and ordained minister. She sought treatment for recurring

depression and familial conflicts. Diana alleged that she was not treated for her presenting problem but that as a result of the counseling, Moore caused her to have false memories such as being a victim of sexual abuse by several family members. Moore convinced her that she suffered multiple personality disorder. She alleged that Moore exerted an ever-increasing control over her and caused her to disassociate from her family and have an unnatural and unhealthy dependence upon him.

References

3. See also FMSF Brief Bank #73.

❑

Violet and Cheryl Amirault Granted a New Trial

Summary taken from articles by Tom Mashberg, *The Boston Herald*, May 10, 1997

Violet Amirault and Cheryl Amirault LeFave have been granted their freedom and a new trial based on a rarely successful constitutional appeal. The ruling by Superior Court Judge Isaac Borenstein came on May 9 after a week of fast-breaking developments.

The decision marks the second time in 22 months that a Middlesex Superior Court judge has erased the Amirault women's convictions[4] on constitutional grounds. The women were released on bail in 1995 by Judge Robert A. Barton, who ruled their criminal trial unconstitutional because they were prevented from facing their accusers in court. The trial verdict was then reinstated by the Massachusetts Supreme Judicial Court (SJC) on March 17, after the state's top court declared that whatever its constitutional flaws might have been, the case merited "finality."

Then on May 5th, Judge Barton was asked by County D.A. Thomas Reilly to revoke the women's bail based on that SJC decision. But Judge Barton recused himself from the case in dramatic fashion, saying he was "no longer impartial" because he felt "justice has not been done." "I maintain that whether a death sentence or one-day deprivation of liberty is imposed, the judicial process itself must be constitutionally correct," Judge Barton intoned in a sonorous baritone. "Though I was not affirmed by the SJC, I believe that I am right: These women did not receive a fair trial, and justice was not done."

The Amiraults' attorney, James L. Sultan commented, "When the story of this case is written, Judge Barton will be seen as a hero of justice." Sultan went on to say , "We are not going to give up. The SJC may think the case is over, but it is not over."

Judge Borenstein was then handed the Amirault docket, and prosecutor Reilly predicted that any further appeals or retrial motions would be ruled "frivolous or absurd," and that the women would be back in jail by the end of the week.

In his decision on May 9, Judge Borenstein accepted the defense assertion that the women's first legal team had been "ineffective" in handling the case. Under both the 6th and 14th Amendments to the Constitution and Article 12 of the Massachusetts Declaration of Rights, criminal defendants are entitled to the best legal defense possible. Appeals on this issue, however, are rarely successful because most lawyers' mistakes do not amount to gross error.

Defense attorney Sultan said the Amiraults' previous lawyers were "ineffective" two times: First in 1987 when as trial attorneys they failed adequately to contest the lack of face-to-face confrontation in court. And then in 1991, when as appellate lawyers, they neglected to raise the seating issue at a previous appeal to the SJC. Sultan said the Amiraults' previous attorneys were incompetent if they did not recognize that the issue was legal grounds for an appeal and more so if they did recognize it was an important legal issue and chose not to raise the matter.

Judge Borenstein ruled that if the unconstitutional nature of the seating had been argued at the 1991 SJC appeal, "the likely result would have been a reversal and new trial." Because the seating issue was not brought up in 1991, "I find it was ineffective assistance of counsel," he said. He then ordered a new trial and let the women remain free on bail.

The Amiraults' previous attorneys are well-respected but filed affidavits saying they had badly erred by failing to make a vigorous constitutional challenge.

As of May 10, according to *The Boston Herald*, prosecutors say they intend to appeal Judge Borenstein's ruling. On the other hand, the Amiraults' lawyers say they will quickly seek a similar ruling in Gerald Amirault's case. It is, however, likely that Judge Dolan will preside at Gerald's next hearing, and she may well decide differently than Borenstein. In that case, Gerald would remain in jail - at least until the DA's office appeals the Borenstein ruling to the SJC. If the high court backs Borenstein, Gerald Amirault could also go free, because the argument against his conviction is identical to that of Violet and Cheryl. But if the SJC rejects Borenstein, as it rejected Barton, the women would again face prison. By that time the Amiraults' lawyers would have exhausted their appeals in state court and likely take the case to the federal system. If a federal court accepts the case, the women could seek bail pending a ruling, but bail would not be guaranteed. The 13-year-long Fells Acres Day School child abuse saga appears to be far from over.

References

4. Violet, 74, and Cheryl, 39, Amirault had been tried in 1987 and convicted of molesting five youths at the Fells Acres Day School in Massachusetts. They have served eight of the 20 years they received. Violet's son, Gerald, 43, was convicted in 1986 of abusing nine children and is serving a 40-year prison sentence. The children had alleged rape by a clown, being tied naked to a tree and being forced to watch animals slaughtered at the day care. All three defendants have consistently denied that any abuse took place.

FOCUS on SCIENCE

This is the last in a 4-part series examining the question of whether childhood sexual abuse causes psychiatric disorders in adulthood. The series is not intended to "forgive" or exonerate the morally repugnant phenomenon of child sexual abuse in any way but simply to examine the methodology of scientific studies claiming that child sexual abuse causes adult psychiatric disorders.

Alcohol Consumption, Lung Cancer and Higher Mathematics

Harrison Pope, M.D.

As illustrated by the experiences of our apocryphal investigators in the previous three issues of this column, the problems of selection bias, information bias, and confounding seriously compromise the conclusions of virtually all published studies examining the relationship between childhood sexual abuse and adult psychiatric disorders. As these flaws are more widely acknowledged, newer and more sophisticated studies are attempting to address the question of causality. Are these newer efforts helping us to reach a more definite answer?

Consider one recent study in the prestigious *American Journal of Public Health*[1] *(AJPH)*. The authors examined survey responses from 1099 randomly selected American women regarding their experiences of childhood sexual abuse and history of bulimic behaviors. The methodology was careful and sophisticated. The women were administered face-to-face structured interviews in which they were asked detailed questions. Specified operational diagnostic criteria were used both for the diagnosis of bulimic behaviors and for childhood sexual abuse. These strategies would be expected to minimize the problems of selection bias and information bias, discussed in our previous columns. When the investigators analyzed the results of the study, they found that, even with these biases controlled, a clear association between bulimic behaviors and childhood sexual abuse still remained. In fact, binge-eating was twice as common among abused respondents as compared to non-abused respondents, and a full bulimic syndrome (binge-eating, overconcern about body weight, and a history of vomiting, laxative abuse, or similar measures) was three times as common in abused as opposed to non-abused women.

So much for association. But is the association causal? Or are bulimic behaviors and sexual abuse mutually caused by confounding variables? To deal with this question, the authors used a sophisticated mathematical technique called regression analysis, in which they calculated the "population attributable risk," or AR_C, where

$$AR_C = (x-y)/x$$

and where y, in turn, is defined by the formula

$$y = \sum_j n_j \hat{I}_j *$$

Without stopping to explain all of these symbols (they are all defined in the paper), suffice it to say that even after mathematically controlling for the effects of age, ethnic group, and parents' educational level, the authors found bulimic behavior was still associated with childhood sexual abuse. Specifically, the authors suggest that among the women with the full bulimic syndrome just described, as many as 34% of the cases would not have occurred in the absence of childhood sexual abuse.

Certainly this analysis represents an elegant mathematical treatment, far more sophisticated than the simplistic designs of Doctors Harrison and James in the previous columns. Do these findings now finally allow us to conclude that childhood sexual abuse causes bulimic behaviors, at least in some cases?

Absolutely not. Consider again an example from medicine. Suppose that we surveyed 10,000 patients for their history of alcohol consumption and their history of lung cancer, using the same survey and interviewing techniques described in the bulimia study. We would find an association between alcohol and lung cancer. But is this a causal association? As it turns out, it is not. Alcohol in itself has little or no role in causing lung cancer. But people who drink alcohol also smoke more cigarettes, and cigarettes really do cause lung cancer. The confounding variable, in other words, is tobacco consumption.

Now suppose that we do a logistic regression analysis, just as in the bulimia study described earlier, and calculate "adjusted odds ratios" to measure the contribution of alcohol to lung cancer. As with the above bulimia study, we control for numerous variables, such as age, ethnic group, and parents' level of education. We even go further and control for additional variables: the respondents' height, weight, and blood pressure, their religious affiliation, political persuasion, and even their favorite brand of breakfast cereal. But we still forget to control for their consumption of cigarettes. What happens? We have used a lot more computer time, and our mathematics looks even fancier, but our findings continue to give the erroneous impression that alcohol is the culprit. We have still missed the real cause of lung cancer.

Now it may still be correct, in a certain technical sense, to say that alcohol is a "risk factor" for lung cancer, because people who drink do show a higher rate of lung cancer. And we could blur the whole issue a bit by arguing that alcohol is part of a "multifactorial group of interacting etiological factors" in lung cancer or that it is part of an "integrated causal model" for lung cancer. All of this would sound very impressive if we did not know the simple truth. Alcohol doesn't cause lung cancer; cigarettes do.

Returning then, to the bulimia study reviewed here, we must acknowledge that its methods repre-

sent a considerable advance over most of the studies previously published in this area. But despite its sophistication, it still ultimately founders on the issue of confounding variables. Perhaps childhood sexual abuse is one of several related factors in the cause of bulimia nervosa, but these results still do not permit us to conclude that it necessarily has any causal role at all.

References

1. Wonderlich, S.A., Wilsnack, R.W., Wilshack, S.C., Harris, T.R.: Childhood sexual abuse and bulimic behavior in a nationally representative sample. *Am J. Public Health* 86: 1082-1086, 1996.

This column appears as a chapter in the book, Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma, by Harrison G. Pope, Jr. M.D., Upton Books, 1996. Copies of this book are now available and may be obtained by writing to Social Issues Resources Series at 1100 Holland Drive, Boca Raton, Florida, 33427, or by calling 1-800-232-7477.

From the Business Office

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BOOK REVIEW

Spectral Evidence: The Ramona Case: Incest, Memory, and Truth on Trial in the Napa Valley

by Moira Johnston

New York: Houghton Mifflin Co., 1997

Reviewer: Harrison G. Pope, Jr., M.D.

Spectral Evidence chronicles what may someday be considered one of the most influential legal cases in the history of psychiatry. In Ramona v Isabella et al., a father, Gary Ramona, successfully sued two therapists and a hospital on the charge of implanting false memories of childhood sexual abuse in the mind of his daughter, Holly. From the outset of her book, Moira Johnston catches the seismic implications of the trial:

> "The rare act of granting a third party—not a patient—the right to sue a therapist was a chilling warning to the entire profession of psychotherapy. If Gary Ramona won, it would be a surgical strike to the heart of the international recovered memory movement; it would open the floodgates to lawsuits and force public scrutiny of, and perhaps wrenching change in, one of the most potent forces in American culture, the "talking cure." The ghosts of Freud and the founding fathers of psychoanalysis would also sit on the defendants' bench." (p. 1)

But whatever its historic significance, Ramona was also the story of a prominent family shattered by the effects of "recovered memories." Gary had been a wealthy and successful business man, stably married for more than 20 years, with three apparently happy daughters. Then the eldest, Holly, began to develop bulimia nervosa (the syndrome of binge eating and vomiting) in high school. After Holly was in college, she started to see a Master's level therapist and, within months, she began to have "flashbacks" of her father sexually abusing her. She entered the hospital for an Amytal interview, mistakenly believing that Amytal was a "truth serum" that would help to confirm the truth of her "memories." And then, in a family meeting organized by her therapist, she confronted her unsuspecting father with the allegation that he had raped her.

The next three years saw high legal drama and mounting human tragedy, as the most intimate details of the Ramona family were bared in legal depositions, court appearances, and the media. Stephanie Ramona, convinced that her daughter's "memories" must be true, promptly served divorce papers on her husband. Holly brought a lawsuit against her father for the alleged sexual abuse. As time went by, she even recovered new "memories" that her father had orally, anally, and vaginally raped her up to the age of 16, and had even forced her to have sex with Prince, the family dog. All of these memories, she believed, had been repressed from her consciousness for years before she started psychotherapy.

Meanwhile, Gary made numerous efforts to talk with Holly and with her therapists. He tried to arrange for family meetings. He even offered to take Amytal himself to show that he was telling the truth. But all of his attempts failed. Finally, after many long discussions, he decided to sue the therapists for malpractice, as the only way to clear his name.

I remember those discussions, because I served as an advisor to Gary, and subsequently to his legal team. Having been a player in the case, I obviously cannot pretend to be a completely dispassionate reviewer of *Spectral Evidence*. But on the other hand, I witnessed firsthand many of the scenes that Johnston brings to life in her book. And even I had forgotten the full measure of human tragedy that she so vividly portrays, as the case worked its way through innumerable

legal wranglings, into the courtroom, into the newspapers, and eventually onto the major television networks and even the BBC World News.

Johnston takes pains, I believe, to tell the story in a neutral fashion, never passing judgment on the truth or falsehood of a given observer's version of the story. Typically, she lets a "single eye describe the scene:"

> "When the story arrives at an event that has high significance for Stephanie, I let her tell it. I let Gary tell his most powerful moments.... What emerges for the reader, then, is the story like the one the jury heard, seven weeks of opposing truths, half of which had to be untrue or only partly true." (p. 401)

Nevertheless, as Johnston draws the parallel between Ramona and the Salem witch trials, where "spectral evidence" justified the hanging of innocent people, one cannot miss her skepticism about the validity of "recovered memories" as evidence for legal accusations. And on the question of whether a third party should be allowed to sue a therapist—a question hotly debated since the Ramona victory—Johnston's sympathies seem to favor the rights of accused fathers like Gary Ramona.

In any event, whether or not one agrees with these positions, *Spectral Evidence* is mandatory reading for anyone, lay or professional, who has been touched by the "memory wars." You cannot hear this story without being moved by the private tragedy of this family and the public implications of a case that will continue to reverberate in legal and scientific debates for years to come.

Harrison G. Pope, Jr., M.D., is Associate Professor of Psychiatry at Harvard Medical School and a member of the Professional Advisory Board of the False Memory Syndrome Foundation. A consultant to Gary Ramona's legal team, Dr. Pope has written a scientific article on the case ("Recovered memory" therapy for eating disorders: implications of the Ramona verdict, co-authored with James Hudson, M.D., International Journal of Eating Disorders, 19: 139-145, 1996).

Talk of the Devil: Repressed memory and the ritual abuse witch-hunt

Richard Guilliatt

(Melbourne, Australia: The Text Publishing Company, 171 LaTrobe St., Melbourne, Victoria 3000, Australia (1996), 296 pages, US$13.20)

Reviewer: Campbell Perry, Ph.D..

This outstanding book, written by Richard Guilliatt, a feature writer with the *Sydney Morning Herald* (one of Australia's oldest newspapers of record) is built around a two-month legal case involving multiple allegations of SRA which commenced at Bunbury, Western Australia in October, 1994. The accused man, Clive Moore (a pseudonym), aged 65, was originally charged with 130 offenses; they were reduced to 42 charges by the time that the case came to trial before the Western Australia Supreme Court. The charges were brought by two of his daughters; a third daughter, his two sons, and his wife stood by Mr. Moore throughout, and testified on his behalf.

Clive Moore was not the most likely candidate for an accusation of SRA. He is a devout Baptist, belonging to the Bretheren, which Guilliatt characterizes as a "somewhat insular and enigmatic faith" (p. 56); their places of worship are rarely listed in telephone books, they have no central office, their beliefs are not codified in a formal creed, and most of their pastors are laypeople. He was a schoolteacher who became a headmaster for many years, until he retired from the State Education Department after 36 unblemished years in 1990.

Since, however, the leader of Bunbury's Anglican Church youth group had been revealed by police as a pedophile a year earlier, when hundreds of photographs of naked boys were found in his house, Moore's innocence could not be assumed.

To make matters worse for Clive Moore, his response to police questioning raised suspicion. Like Paul Ingram (Ofshe, 1992), he responded to the charges by saying that he did not remember any of the alleged offenses, and acknowledged that he might have committed them, but that he did not remember them. He said (p. 16): "It's possible, anything's possible really." Nor, when asked, could he give an assurance that the alleged transgressions had not happened.

More damning was that the daughters' allegations appeared to independently corroborate each other. Not merely were their stories similar, but each had been seeing a different therapist, and they insisted that they had never discussed the accusations with each other.

It strains credulity to think that two sisters, "recovering" often bizarre "memories" of SRA would not have compared notes, but it was up to the defense lawyers to prove that, despite their denials, such contamination had occurred. They performed a remarkable feat of investigative leg-work; they subpoenaed the daughters' diaries and hospital records, and were able to establish that, in fact, one therapist had treated the daughters together (along with a third daughter, who did not "recover" any SRA memories) on a number of occasions.

In the end, the jury cleared Moore of 15 charges, and deadlocked on the remaining 27. He could have been retried on these remaining charges, but fortunately for him (and, I suspect, the credibility of the Western Australia legal system) the Director of Public Prosecutions declined to proceed further. It cost Clive Moore $A250,000 (around $US 150,000) to defend himself.

These are but the bare bones of an absorbing account of the Bunbury trial, which takes up approximately one half of the book. Had Guilliatt confined himself to an account of the trial of Clive Moore, he would have performed a valuable service. But the book offers much more. For one thing, it provides capsule accounts of some 20 legal cases involving repressed memory or SRA issues, for which legal documen-

tation was available.

In addition, the book traces the origins of FMS in Australia. Interestingly, a part of its origin was the Sixth International Congress on Child Abuse and Neglect, held in Sydney in August, 1986. Four of the keynote speakers, Roland Summit, Kee MacFarlane, Astrid Heger and David Finkelhor, shared the (soon to become) dubious distinction of being involved in the McMartin Day Care pedophile scandal. In 1986, however, McMartin appeared to be a credible cautionary tale of sexual abuse by pedophiles.

But for some years prior to this event, American clinicians had been reporting cases of sexually abused patients who harbored putative repressed or dissociated memories of their abuse, with some of them appearing to manifest their traumatic memories through MPD. Such reports were filtering into Australia, and in 1985, a year before the Congress, the New South Wales Child Protection Council (CPC) began its operations with a mandate to focus entirely upon childhood sexual abuse, even though data indicated that, at the time, child beating and neglect was almost three times more prevalent than sexual abuse of children.

Guilliatt is able to show, also, that the CPC employs many professionals who believe in the reality of SRA. He presents convincing evidence that they have successfully discredited their critics from within by the time - honored Public Service technique of a negative written performance report.

In addition, with financing from the NSW State Government, CPC produced a 26 page booklet entitled, "Ritual Abuse Information for Health and Welfare Professionals," which drew heavily from Satanist conspiracy theories in the United States and Australia. It also made claims for the ubiquity of SRA practices at all levels of Australian society. It advised sexual assault counsellors that "allegations which sound like fantasies might have been caused by the drugs and hypnotism administered to victims as children" (p. 112).

No formal link is provided between these developments in New South Wales, which was the launching pad for SRA conspiracy theories in Australia, and the events at Bunbury. It is a loose end that the book does not tie up but, in fairness, the underlying process may be unknowable. The webs of association and influence among like-minded professionals cannot always be documented.

Another possible shortcoming is that the book could have been strengthened by some research data on memory, and the effect of hypnosis on it. But given all that the book gives to a reader, these are minor blemishes and the FMS story is ongoing.

Overall, in terms of Olympic criteria for evaluating such qualitatively adjudicated performances as diving, figure skating, and gymnastics, the book rates, at the very minimum, a 9.5. It is that good.

References.

1. Ofshe, R. (1992) Inadvertent hypnosis during interrogation: False confessions due to dissociative state; misidentified multiple personality and the Satanic cult hypothesis *International Journal of Clinical and Experimental Hypnosis*, 40, 125-156.

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

Rather than attempt to justify irresponsible therapy, psychiatrists, psychologists, social workers and professional counselors ought to universally step forward and say that they will not allow this kind of therapy to continue in their professions. If the witch-hunts do not end by self-discipline in these professions, then they must end in the courtroom. William Smoler
Letter, April 4, 1997
Milwaukee Journal Sentinel

Correction

In the May newsletter (p. 14) it was incorrectly stated that reviewer Robert McKelvey worked for the *Cleveland Plain Dealer*. The correct information is as follows: during his 44-year career as a newspaperman, Mr. McKelvey worked for the *Detroit Free Press*, the *Detroit News*, the *Toledo Blade*, the *Ft. Wayne Journal-Gazette*, the *South Bend Tribune*, the Chicago *Sun-Times*, the *New York Daily News*, the *Indiana Daily Student* and the *Rochester (IN) News-Sentinel*.

RESEARCH PARTICIPANTS WANTED

Psychologists and psychiatrists 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 being taught 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 at the Johns Hopkins School of Medicine in Baltimore. All participants will be reimbursed $100 for their time and expenses.

This study has been reviewed and 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 the FMS Foundation at 800-568-8882. Leave your name, telephone number and the best time to reach you. One of the Johns Hopkins investigators will call you.

FROM OUR READERS

Dear Editor:

I am a cognitive psychologist whose research focuses on human memory. Over the course of the last three years, my colleagues and I have published several journal articles and book chapters that have attempted to convince psychotherapists of the risks of suggestive forms of "memory work" (i.e., searches for suspected hidden memories of childhood sexual abuse). I believe that suggestive "memory work" has led substantial numbers of non-abused clients to develop illusory memories and/or false beliefs of being sexually abused as children. I also believe that it is important to make clear that criticisms of suggestive memory work should not be misconstrued as implying that all recovered-memory experiences are false.

Let me begin by defining some terms. I will use the phrase "recovered-memory experience" to refer to the subjective experience of remembering a previously non-remembered instance of childhood sexual abuse (CSA). Note that the phrase "recovered-memory experience" as used here is agnostic with regard to whether or not the remembered event actually occurred and, if the event did occur, with regard to the mechanism by which it was forgotten prior to the recovered-memory experience. Thus the phrase "recovered-memory experience" entails only the subjective experience of remembering CSA that the person feels was not previously remembered.

All parties to the controversy agree that in the last decade substantial numbers of people have reported recovered-memory experiences; the controversy has to do with explanations of this phenomenon. "Ordinary forgetting" refers here to mechanisms that account for the fact that people often cannot recollect particular past autobiographical events (e.g., poor attention during the event, decay, interference, context- and state-dependency effects, lack of rehearsal, etc.). Finally, "massive repression" refers here to a hypothesized mechanism whereby individuals suppress memories of traumatic experiences that [presumably] could not be forgotten via ordinary mechanisms of forgetting.

In my opinion, existing scientific evidence does not provide compelling support for a special massive repression mechanism by which people can forget entire histories of extreme trauma. But suppose that future scientific research conclusively demonstrated that there really is a special mechanism by which people can suppress memories of years of horrific abuse in such a way that they could later recover those memories. Would that mean that all recovered-memory experiences are essentially accurate? If science showed that people really are capable of suppressing and then recovering memories of years of violent abuse, would that mean that all parents who have been accused on the basis of recovered memories are guilty as charged? No, it would not. Regardless of whether or not there is a special massive repression mechanism, exposing people to suggestive forms of memory work might lead them to develop illusory memories or false beliefs.

Conversely, suppose that future scientific research led to the definitive conclusion that there is no special massive repression mechanism. Would that mean that all recovered-memory experiences are essentially false? No, it would not, because ordinary forgetting might lay the ground work for essentially accurate recovered-memory experiences. It is well established that people often fail to recollect past experiences, even quite dramatic ones. For example, studies indicate that people sometimes fail to remember automobile accidents, hospitalizations, robberies, and other dramatic events. If such forgetting is not due to massive repression, then presumably it is due to ordinary forgetting. It is also well established that experiences that are not remembered under some conditions can later be remembered under other conditions, especially if appropriate cues are given. That is, there is converging evidence that supports the idea that people can forget and then later recover memories of childhood experiences.

Although scientific data on the issue are lacking (and would be difficult to obtain), it seems likely that there are limits on the sorts of histories that can be forgotten via ordinary forgetting. For example, it seems unlikely that ordinary forgetting could lead a person to be unaware of years of violent abuse, such that they would think they had a loving relationship with a parent who repeatedly raped and tortured them. Because it seems unlikely that ordinary forgetting could lead to forgetting of repeated and extreme abuse, and because the evidence for massive repression is weak, I am very skeptical of cases *in which a person* initially appeared to remember no abuse and then subsequently experienced recovered memories of years of extreme abuse. My skepticism is further fueled if there is evidence that the "memories" were recovered via suggestive memory work. On the other hand—and this is my central point—I see no reason to doubt that ordinary forgetting mechanisms can sometimes lead people to forget isolated instances of CSA, especially if the abuse was not physically violent. Retrospective self-report studies suggest that the most common forms of CSA involve one or a few isolated instances of non-violent abuse. Given what we know about memory and remembering, it seems likely that some adults who experienced such abuse will fail to remember it in adulthood, and that some such adults could recover essentially accurate memories of the abuse if appropriately cued.

In my view, recovered-memory experiences range along a continuum. Some are relatively plausible (i.e., the kind of abuse reported is relatively common and is said to have happened a small number of times and after the first few years of life; no extensive memory work was involved in recovering the memories; and there is at least some evidence in support of the report). Others are relatively implausible (i.e., the reported abuse is bizarre and extreme and is said to have happened on numerous occasions over a period of many years; the reports emerged via extensive memory work; and there is little or no evidence supporting the report). Examples of cases at both ends of this continuum can be found in a forthcoming book co-edited by J. Don Read and myself, based on our NATO-sponsored Advanced Studies Institute and titled *Recollections of Trauma: Scientific Research and Clinical Practice* (to be published by Plenum later in 1997).

Some people may protest that the term "recovered memories" should be used solely to refer to "massively-repressed-and-then-recovered memories of years of extreme abuse." I disagree. First, it is preferable to use theory-neutral terms to label observable phenomena that are subjects of ongoing research. In this case, the phenomenon of interest is that some people report remembering previously non-remembered CSA, and the controversy concerns explanations of this phenomenon. Second, when writers use the term "recovered memories," too many readers are likely to think they are referring to reports of remembering previously non-remembered CSA, not only to reports of massively-repressed-and-then-recovered memories. Third, as noted above, even if scientific research definitively supported or definitively refuted the existence of massively-repressed-and-then-recovered memories, the controversy about the potential role of suggestive memory work in producing illusory recovered-memory experiences would remain.

My belief that people can experience the recovery of essentially accurate memories of CSA in no way reduces my concerns about suggestive forms of memory work. I believe that such approaches are unjustified and that they needlessly put clients and their families at grave risk of profound harm. My arguments do speak in favor of a middle ground on the memories controversy. The middle ground acknowledges the existence of both essentially accurate and essentially inaccurate recovered-memory experiences (and of recovered-memory experiences that blend accurate and inaccurate material), and seeks simultaneously to discourage use of risky forms of memory work while acknowledging the importance of supporting victims of actual childhood sexual abuse (including those who did not report the abuse during childhood and those who report a period of not remembering the abuse).

I have submitted this letter for publication in the *FMSF Newsletter* because I believe that some competent psychotherapists who do not use suggestive memory work in their practices, and who might be powerful and effective allies in discouraging others from using such techniques, perceive the FMSF and similar organizations as claiming that all or virtually all recovered-memory experiences are illusory. Although *The FMSF Newsletter* has previously published statements indicating that the Foundation does not claim that all recovered-memory reports are false, I believe that it is worthwhile to reiterate and clarify the point. Doing so makes clear the common ground between trauma-oriented practitioners (who, after all, do not want to foster false allegations) and the Foundation (which does not want to dismiss true allegations).

Some parents accused of abusing their children on the basis of recovered-memory experiences may be tempted to the extreme position of claiming that all or virtually all recovered-memory experiences are illusory. Similarly, some trauma-oriented psychotherapists accused of leading their clients to develop false memories may be tempted to the extreme position of claiming that all or virtually all recovered-memory experiences are accurate. Extreme views are comforting in their simplicity, and they have a short-term political expediency. In my view, however, both of these extreme views have two disadvantages: they exacerbate polarization and they are likely to be proven wrong.

D. Stephen Lindsay, Ph.D., Unilever Senior Research Fellow Assoc., Prof. of Psychology, U Victoria (on leave).

❑

Baltimore Conference

What an extraordinarily fine and well organized conference in Baltimore! We came away energized by the events that have happened that spell clearly PROGRESS. The selection of speakers and the order of speaking was well thought out. We know its success was due to the grand efforts of the whole office staff and we send big "thank-yous" to all.

A Mom and Dad

Dear L.M.,

This letter is in response to your column in the FMSF March newsletter titled "Are there Others?"

My husband and I have battled this same question since 1992 when our daughter entered a Chicago clinic for attempting suicide. She spent 28 days in treatment. During this time we were not allowed to see her or call her since she was 22-years-old and considered an adult. She was diagnosed as having Multiple Personality Disorder and when she was released she withdrew all contact with her immediate family and other relatives.

Our daughter stated several times that she did not recover her memories in therapy. This has been troublesome to us since most of the FMS literature has been directed toward clinical experiences. When I look back on her behavior prior to her hospital stay, it was apparent that something was definitely wrong while she was a student at the University of Kansas in 1989. She had been seeing a master's level school counselor who told her that she was anorexic. She transferred to another college and became a Bible major. During this time I think that her friend and her friend's mother had a role in our daughter's recovered memories, perhaps through suggestive books. I believe that our daughter fell prey to outside influences of society, institutions, authors and misguided friends.

Our family has been torn apart. Our daughter has lost as much as we have—maybe more. The remaining members of our family are very close. Our daughter did not attend the same university as yours, but I think there are some similarities. I hope this has helped. I don't know what I would have done without the support of FMSF and the many others I have been in contact with through the foundation.

A Grieving Mom

❑

Retraction

Another adult daughter has broken loose from the clutches of her therapist! Let me tell you about it. Her retraction followed a pattern which we see described frequently in this newsletter. It's been a slow reversal and her awareness of the truth isn't really clear yet.

Our forty-year-old daughter sent the accusing letter in May, 1992. Actually, her therapist had accused her father the previous summer but we were so confused we believed both she and her therapist were "working through" memories and would emerge into the truth in time. However, we did stop financing the therapy at that time. We had spent thousands of dollars on it. In the summer of 1992, we learned of FMSF and felt like a lifeline had been tossed to us. We were able to deal with the pain and misery we felt for the next few years. All of the family and friends that knew of our problem stood with us. Our poor daughter was excluded from family affairs— two funerals, family reunions, trips and vacations. Her dad underwent heart bypass surgery during this time.

A minimum of contact was maintained. One sister became the liaison person, and we always knew where she was. We sent birthday and Christmas cards and a gift when she had surgery but the more generous gifts and checks ceased. We loved her.

Life was difficult for her. She went through a divorce, her step-son broke contact, she had a hysterectomy and her therapist was her only support - her "new family." In time, however, she made tentative advances toward us — sort of testing a relationship. There were some setbacks along the way. She did not want to talk about THE PROBLEM. Our contact increased. She brought her new friend to our house twice and in February of 1996 she invited us to her wedding.

A little more than a year ago I put her in touch with a retractor. At first she didn't like talking to this person, but things warmed up. I spoke to the retractor who told me that my daughter had some doubts about her memories but that it would be a long and slow process. She advised us not to initiate the conversation. Therapy sessions tapered off.

Our daughter's therapist came to the wedding. After the ceremony I had a private talk with him and told him how dangerous and damaging it is to rip into family relationships without validating any facts. He appeared not to realize nor accept my disdain for his methods. My daughter is not likely to see him again because the newlyweds have moved to another state.

Last week I opened the conversation with her privately about how she now feels. It was not a gushing reversal but she said she can't believe we could have done those horrible things. (I really think she doesn't quite remember what she wrote in her accusing letter and how she removed herself from her family.) She said she did not know how to talk to her dad but that she wanted to do so. And she did! She recanted with much more conviction and apology. She accepts that her thinking was similar to cult mentality.

We will probably never quite recover the lost relationship—it has been too painful. But we'll have good times and already are planning a family rafting trip this summer.

Likely this pattern is rather classic—the accusing and recanting. Some have waited longer, some shorter. Fortunately we were never unaware of her whereabouts. The door has always been cracked open a little bit in both directions. It has sustained us to read FMSF reports and to realize that our case was within the range of thousands of others. The similarities have given us courage. We hope that many others will find this joy soon.

A Mom and Dad

❑

Our Group Meeting

I want to share with readers the wide variety of family experiences expressed at our January meeting. Christine, our leader, had another program planned but started out by asking for updates. The ensuing discussion took up the entire meeting. We had not met since before the holidays which for some is a time of hope and for others a time of despair.

Grace described how her accusing daughter, who maintains some communication with her but not with her father, pleaded for help when she became quite ill and could not take proper care of her infant child. Grace

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ISSN # 1069-0484

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