



Dear Friends,

We have evidence of another major shift in the "memory wars" this month. The Ramona case is finally and completely over. Gary Ramona's lawsuit against his daughter's therapist, psychiatrist and hospital for implanting false memories received a tremendous amount of publicity in 1994, but the August demise of a lawsuit by Holly Ramona against her father for alleged childhood abuse received limited coverage. Yet, the ending of the suit by Ms. Ramona is equally, if not more, significant. It marks two important changes taking place in the recovered memory debate: the increasing number of legal opinions that "recovered memories" lack the scientific support to meet the legal standards of evidence and the fact that a shift is taking place in proponents' claims about "recovered/repressed memories."

The Los Angeles Court of Appeal held a special hearing to determine the admissibility of Holly Ramona's recovered memory testimony (for a description see the Legal Corner of this issue). In an effort to avoid that special hearing about the scientific reliability of recovered memories, however, Ms. Ramona's lawyer noted in a brief to the court that Holly did not know if her memories were true or false since all memories are fallible! This is a 180-degree change in what proponents of recovered memory had been claiming: until recently they claimed that there is something special in the way that memories of trauma are stored that makes them more reliable than ordinary memories.<sup>[1]</sup> The FMS Foundation has consistently cited the lack of research that proves "recovered memories" to be more reliable than any other memories.

Holly Ramona originally accused her father in 1990 on the basis of the "truthfulness" of her memories. In 1997 she claims that she doesn't know if they were true or false. And we, as families and as a nation, are left with destroyed families and the fact that almost half of the states changed their statute of limitation laws because they were told that "recovered repressed memories" were more reliable than other memories. Indeed, most families who have contacted FMSF report that their children made similar claims.

The recovered repressed memory debate is being decid-

ed in the legal arena because of the lawsuits that were filed against parents and others. This month we report on two more appellate decisions not to extend the statute of limitations for repressed memories. In both of these cases the Foundation had filed *amicus* briefs outlining the scientific reasons why the courts should not extend them.

The recovered repressed memory debate is being decided in the legal arena because of lawsuits that have been filed by former patients against their therapists. The number of these suits that are reaching juries is growing — as are the sizes of the awards. From several awards of more than \$2 million just a year ago to the \$5.9 million award in the Lynn Carl case described in this issue, the message is clear: therapists who harm their patients by creating false memories will be held liable for the damage that is done.

As legal events race forward, some critics are not hearing the message and they remain mired in smear campaigns. Their comments usually ignore what is going on. A recent ridiculous article appeared in the *Columbia Journalism Review*.<sup>[2]</sup> To capture its flavor readers need look no further than the caption to a picture stating that the FMS Foundation was formed "...to satisfy the media's 'craving for human drama'" Sure!

Not all the news this month has been positive. Many of you probably know about the death of Violet Amirault who, along with the Souzas and the Perkins, had become a symbol for us all in the fight against injustice. Violet Amirault died of stomach cancer on September 12 at her home in Saugus, MA. Violet, her daughter Cheryl Amirault LeFave and her son Gerald spent the past twelve years fighting charges of sexually abusing preschoolers at the Fells Acres

**In this Issue...**

FMS News.....	2
Focus on Science.....	4
Legal Corner.....	7
August Piper, Jr., M.D.....	13
From Our Readers.....	14
Bulletin Board.....	18

Day Care in Massachusetts. Gerald is still in prison, but Violet and Cheryl have been free since 1995 while arguments over whether they should be given a new trial have gone on.

Violet "died in legal limbo, either one of the sickest pedophiles in Massachusetts' history, or one of the greatest victims of witch hunt hysteria since Salem." (*Boston Herald*, September 18)

"The images of Violet and her family at Salem last January, their freedom still tentative, their dignity and courage unquenchable, is etched forever in my mind, eye, and heart. We who were there witnessed, and touched, a witch hunt as few have done. Violet's force will be far beyond her death in the quiet tide of commitment to justice her spirit has generated in us all. Let us fight with deepened determination for the justice Violet and her family were denied. Rest in Peace." Moira Johnston

While there is much to be thankful for in the changes that are taking place, we can't overlook the sadness that false memories have created for so many families. The Foundation work needs to continue and so our annual fund-raising drive is underway. We wish we didn't have to ask for money. It doesn't come easy to ask the very people who have been victims of this madness, who have lost their families, to give more. The reality is that the Foundation is still dependent on the dues and contributions of supporters. The tide has turned in the "memory wars," but the damage is still going on. Intellectual support from the memory research community about the reliability of memory was the first change that we saw. Now we are seeing changes in the legal arena. We are also seeing hints of changes in insurance policies and in a better handling of third-party complaints. But we still have a long way to go to help families reunite. Legal issues are not finished. Accountability is needed.

We can only file *amicus* briefs, compile research and disseminate information if we have the resources to do it. This problem is not going to go on forever. Make FMSF a priority this year in the knowledge that the tide has indeed turned and the expectation that this support will not be needed much longer. Thank you.

*Pamela*

[1] Others are making similar points. For example one cognitive psychologist wrote, "Memory may be largely true or largely false for either continuous or recovered memories. We are aware of no scientific research showing that memory is more fallible for recovered memories than for continuous memories." (p 69), Freyd, J. J. & Prince, A. P. *The Judges Journal*, Summer 1997.

[2] Stanton, M. (July-August 1997) "U-TURN ON MEMORY LANE" *Columbia Journalism Review*.

#### WE NEED YOUR HELP

The 1998 Fundraising campaign is now underway. Important and dramatic changes have taken place during the five and a half years since the Foundation opened its doors, but the Foundation's work is still not finished. Donations are the major source of funding for the Foundation. Lee Arming and Charles Caviness, co-chairs of the Foundation's annual drive, ask that you return the pledge card with your tax deductible gift today. Your gift is important. Please be as generous as you can.

#### 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.

#### Legislative News

**Missouri:** The legislature passed a new section of the Psychology Practice Act and Rules Act. Section 337.035 No. 4 reads as follows: "An interested third party may file a complaint or appear or present evidence relative to such complaint or another complaint filed pursuant to this section. For purposes of this section, an interested third party includes a parent or guardian of a person who received treatment by a psychologist or any person who is related within the second degree of consanguinity or affinity and who is financially responsible for the payment of such treatment."

Under this section, third-party complaints against a psychologist are dependent upon that third party (parent) having paid for the treatment, according to a legislative assistant.

**Illinois:** In late July, Governor Edgar signed House Bill 1664 into law. This bill regulates the practice of hypnosis in the state and limits hypnotists from engaging in mental or physical health practice that is normally performed by a registered and licensed psychologist or physician. Hypnotists will not receive any documentation from the Illinois State Board of Registration indicating they are registered. Both the Illinois Psychologist Association and the Illinois State Medical Society were interested in the passage of this bill as were many concerned FMS families in the state.

□

#### Warning patients does not prevent pseudomemories

Two recent research studies examined the effect of warning people about false memories. Gallo, Roberts and Seamon found that warning subjects about the danger of forming memory illusions or false memories will reduce but not eliminate the false

recognition effect. ("Remembering words not presented in lists: Can we avoid creating false memories?" (*Psychonomic Bulletin & Review*, 1997, 4 (2) 271-276).

At the American Psychological Association annual meeting this summer, Joseph Green (Ohio State) and Steven Jay Lynn (SUNY Binghamton) reported on their research in which subjects were warned that hypnosis could lead to false memories. While the warnings discouraged pseudomemories to some extent, they did not prevent pseudomemories and did not reduce the confidence subjects had in those memories. In another study, Dr. Green found that false memories can be created with self-hypnosis. (*New York Times*, September 10, 1997, Jane Brody)

□

### **How Suggestible are Preschool Children? Cognitive and Social Factors**

S.J. Ceci and M.L. Huffman  
*Journal of the American Academy of Child and Adolescent Psychiatry* 36:7  
pp 948-958, July, 1997

This article describes seven studies that examine the cognitive and social conditions that can undermine the accuracy of young children's reporting. Many of the studies show how some young children can internalize false suggestions, especially through the use of repeated suggestions, stereotypes, and visually guided imagery. These studies have become familiar because they have received much publicity in the past few years. Less well known are some studies that show that professionals (psychiatrists, psychologists, social workers, attorneys and judges) are unable to distinguish between true and false accounts in videotapes of children making false statements (that they have come to believe are true). These participants watched for children who were shifty-eyed or twitchy or who displayed inap-

propriate emotion. According to Ceci, these clues can be misleading.

The average child is formally interviewed 3.5 to 11 times before appearing in court and that gives much opportunity for the creation of false beliefs. The studies showed that even 3-year-old children, if not interviewed suggestively, can recall 90% accurately. However, once a young child has accepted a fictitious event as true, the studies showed how difficult it can be for either the interviewer or the parents to convince the child otherwise.

□

### **Embezzler admits defense a hoax**

*Register Guard*, July 9, 1997  
Bill Bishop

In July at her sentencing hearing, Cathleen Byers admitted that she really knew what she was doing when she stole \$630,000 from a credit union that she managed in Eugene, Oregon. Byers had earlier been found guilty in a trial in which she had claimed that separate individual personalities did the thefts. MPD specialist Phillip

### **Children's Memory for Traumatic Experiences**

"[F]ailures to recall traumatic events, when they do occur may not be the result of "repression" or dissociation, but rather to an inability to interpret, and hence provide a stable encoding of, the event in the first place. These failures, like those potentially associated with extreme (and perhaps unusual) neuroendocrine reactions, are at the level of storage, something that suggests that these extreme events are not well represented in memory at all." (page 168)

Mark L. Howe *Learning and Individual Differences* Vol 9 (2), 1997 pp 153-174  
*Editors Comment: Readers who are interested in the role of stress in modulating memory performance in children will want to obtain this article.*

Coons, M.D., the principal defense expert, had described Byers' as a "classical case." (*Register Guard*, 3/18/97) At her sentencing hearing in July, however, Byers admitted that she had known what she was doing when she stole the money.

□

### **Sybil Minds**

*Saturday Night*, Sept. 1997 pp 35-42  
Carol Milstone

Skepticism about Multiple Personality Disorder (MPD, now called Dissociative Identity Disorder, DID) seems to be spreading. "Sybil Minds" is the first article in a major popular magazine in Canada to deal with the questions that many professionals have about this diagnosis. Milstone brings to light the powerful institutional and government support and funding that MPD has received. MPD was a rare diagnosis until after the publication of the book *Sybil*. Milstone notes the recent revelations by Herbert Spiegel that Sybil, about whom the book was written, did not have MPD.

□

### **Sex-assault plaintiff threatened**

*Montreal Gazette*, August 30, 1997

A 76-year-old unidentified Canadian woman who is suing her brother for alleged sex assaults that began 69 years ago claims that she received a threatening telephone call. The woman claims her now 81-year old brother was 12 years old when the first assault occurred. After watching a television program, she began to think that there was a link between her psychological problems and the childhood assault. Apparently the anonymous threat came just hours after publication of a story about the suit. The woman's family is seeing to her safety.

*Editors comment: To our knowledge, 69 years is the longest time between alleged sexual abuse and the filing of a lawsuit.*

*This 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.*

## FOCUS ON SCIENCE

### Can People Repress Memories? Evidence of Prospective Studies Part I

Harrison Pope, Jr., M.D.

In previous columns in this Newsletter, we have examined retrospective studies that purport to show scientific evidence of "repressed memory." As we have noted, however, such studies are fraught with methodological flaws, in that they rely on individuals' unconfirmed recollections of whether or not they forgot an event for some period of time earlier in their lives. Such designs, which we have previously termed "do-you-remember-whether-you-forgot" studies, do not pass scientific muster as satisfactory tests of the "repression" hypothesis.

Instead, a much better way to test the repression hypothesis would be to design a prospective study, in which one is not dependent upon somebody's unconfirmed recollections of any sort of information. Such a design would not be difficult. First, one would obtain the names for a large group of people who had undergone a known, documented trauma. For example, one could go to the records of a hospital emergency room to find 50 children who were seen for trauma - severe injuries, physical abuse, or sexual abuse - and where there were specific medical findings in the records to show that the trauma actually occurred. Alternatively, one could identify 50 children who underwent a traumatic medical procedure, such as a painful rectal or gynecologic examination. One could get 50 assault or rape victims from police records, 50 victims of a tornado, or any other group

where the facts of their personal traumatic experience were known and documented. Then, one would locate all of those trauma victims several years later, interview them, and simply ask them if they remembered the traumatic event. If a certain percentage of the subjects reported that they had completely forgotten the event, then we would have persuasive evidence that some people can repress the memory of trauma. On the other hand, if none of the subjects in any of the studies reported forgetting the trauma, then we would suspect that repression does not really happen - except, of course, in the movies.

We would have to be careful about several confounding effects in such a study. The first is the normal amnesia of early childhood. If someone has no memory of having been brought to the emergency ward at age 1 or 2, such a case clearly provides no evidence of repression. We all have amnesia for most events before the age of 3, and even most events before age 6. Second, we would have to exclude neurological or medical causes of amnesia. If an individual was knocked unconscious in an accident, or if she received anesthesia for a medical procedure, we would expect her to have amnesia without any need to postulate repression. Similarly, combat veterans would represent a poor choice for our study, because head injuries, severe sleep deprivation, and other neurological insults to the brain are so common in wartime. Third, we would not want to study people with only mild trauma, because then we could not rule out the possibility that the subject was just experiencing ordinary forgetfulness for an event that was not particularly memorable. In other words, to test whether one can truly repress a memory, one would have to study a group of subjects who experienced a trauma that no ordinary person would be expected to forget. Fourth, when we interviewed our subjects to ask them

about their memories, we would have to take care to make sure that they were disclosing all that they remembered. We will discuss this issue in detail in the next two columns, but an example will suffice here. Suppose that a girl undergoes a painful and embarrassing gynecologic procedure at age 10. When she reaches age 15, a researcher sees her for an interview and asks her if she has undergone any unusual medical procedures. Even if the interviewer is careful and sympathetic, the girl may still answer, "no," even though she actually remembers the event. To minimize such non-disclosure, the interviewer may need to ask the subject about the specific event in a more direct manner: "I know from your medical records that when you were 10, you were seen at the hospital for a special medical examination. Do you remember that?"

In summary, then, a satisfactory scientific test of repression would have to follow only a few simple rules: 1) locate a group of people who were victims of a documented trauma, and 2) interview them some years later to see if any of them report amnesia for the trauma. We would exclude cases where the failure to report might be due to a) early childhood amnesia, b) neurological or medical causes, c) ordinary forgetfulness, or d) deliberate non-disclosure. If after these exclusions, we were still left with a fair number of patients who described amnesia for the event, we would have evidence that repression really does occur.

Those are the ground rules. What is the verdict? To our knowledge every study in the world literature which has come even remotely close to the above standards has failed to show any evidence that people can repress memories.

Here are some examples. In the 1960s, Leopold and Dillon (1) studied 34 men who had survived a terrible explosion when two ships collided. In

interviews conducted about four years after the explosion, many of the men reported serious post-traumatic psychopathology, but none displayed amnesia. The authors wrote, "repression does not appear possible." In another study, Terr (2,3) interviewed 25 children who had been kidnapped and buried alive in a school bus four years earlier. She found that "each child could give a fully detailed account of the experience." Malt (4) interviewed 107 individuals who had been seen at an emergency ward for traumatic injuries 16 to 51 months previously. The only amnesia found in these individuals was that due to neurological injuries; no one was described as having repressed the memory. Wagenaar and Groeneweg (5) studied 78 subjects who were seen in relation to a Nazi war crimes trial in the 1980s. These subjects were asked about their memories of having been in a concentration camp 40 years earlier. Although many of the subjects were quite elderly by the 1980s, most remembered the camp "in great detail." Although the subjects had forgotten various specific items from their experience, they had forgotten non-traumatic items just as much as traumatic items; there was no evidence that they had selectively repressed traumatic memories. Interestingly, there were six men who had testified to various specific traumatic experiences when they were originally liberated from the camp in the 1940s, but who did not describe these memories when they were re-interviewed in the 1980s. However, when they were reminded of their earlier testimony, all but one of them promptly recalled the particular events. This is a remarkable record when it is considered that these former inmates were 65 to 82 years old by the 1980s - and hence vulnerable to biological amnesia. Peterson and Bell (6) interviewed 90 children who had been seen at a hospital in Newfoundland for traumatic injuries six months earlier. It

appears that every child, including even those only two years old at the time, remembered the event. Among the children who were 9 to 13 years old at the time of their injuries, so few made errors in their recall that the investigators could not even include them in a statistical analysis of the causes of errors of memory.

The above studies span a range of traumas, from single events like the marine explosion to longstanding events like the concentration camp experience. Some of the subjects in some of the studies had spoken at length about their experiences to other people, or undergone prior interviews, and hence might be expected to have particularly clear memories. On the other hand, some of the subjects were being studied for the first time, and had had no opportunity to "rehearse" their memories previously. The one feature shared by the subjects in every study was that they remembered their trauma.

Some critics might still object to our evidence here. They would argue that explosions, kidnappings, concentration camps and hospital visits are very different from "secret" traumas such as childhood sexual abuse. Even allowing that repression does not occur for ordinary traumas, perhaps it might still occur in certain special situations, like that of a child who is forced to undergo repeated sexual assaults from someone whom she is supposed to love. Therefore, rather than be too quick to dismiss the possibility of repression, we owe it to ourselves to examine prospective studies that look specifically at the memories of victims of childhood sexual abuse. However, as will be seen in the next two columns, these studies also fail to provide any methodologically sound evidence that repression can occur.

#### References

1. Leopold, R.L. and Dillon, H: Psycho-anatomy of a disaster: a long term study of post-traumatic neuroses in survivors of a marine explosion. *Am J Psychiatry* 1963: 119-921.

2. Terr, L.C.: Children of Chowchilla: a study of psychic trauma. *Psychoanal Study Child* 34: 552-623, 1979.
3. Terr, L.C.: Chowchilla revisited: the effects of psychic trauma four years after a school-bus kidnapping. *Am J Psychol* 140: 1543-1550, 1983.
4. Malt, U: The long-term psychiatric consequences of accidental injury: a longitudinal study of 107 adults. *Br J. Psychiatry* 153: 810-818, 1988.
5. Wagenaar, W.A. & Groeneweg, J: The memory of concentration camp survivors. *Appl Cog Psychol* 4: 77-87, 1990.
6. Peterson, C. & Bell, M.: Children's memory for trauma injury. *Child Develop* 67:3045-3070, 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.*

### At what age did the alleged abuse start?

FMSF Family Survey data show that approximately 68% of the accusers believed they remembered abuse happening before the age of 4 years.

#### Age at which abuse allegedly started

age	N	%
0-2	N=149	34.97
2-4	N=142	33.33
4-6	N= 71	16.67
6-9	N= 40	9.38
9-13	N= 18	4.23
13-17	N= 6	1.41

The phenomenon of childhood amnesia raises questions about claims of very early memories of events. "The term childhood amnesia refers to the fact that very few adults can recall more than a handful of events from when they were aged below about five years (cf Rubin et al. 1986; Wetzler and Neber 1986). Thus, the older child and the adult cannot remember what they were able to remember when they were aged five years and younger. . ."

Conway p 9

*Recovered Memories & False Memories*  
Oxford University Press, 1997

## Public Opinion of "Recovered Memories"

Comments about "recovered memories" are frequently made in contexts that are not part of the ongoing debate within the psychological community. Following are excerpts from reviews of a new movie, "A Thousand Acres" based on a Pulitzer Prize novel (1990) of the same name by Jane Smiley. Smiley's novel was a retelling of "King Lear." It seems that opinions about "recovered memories" have changed greatly since 1990.

Poor Shakespeare — obliged to motivate his tragedies with nothing more than seven terribly familiar sins and a smattering of Aristotle. How much richer his works might have been had the blessings of post-modernism been his. He might, for example, have been free to draw openly on incest as a theme instead of dropping little hints of it here and there for the scholars to ferret out 400 years later. And what about recovered memory? That's a dramatic device he never dreamed of.

Richard Schickel, *Time*

\* \* \*

The post-Shakespearean bugaboo of recovered memory is now important here, as is incest as an explanation of the family's deepest woes. Think obsessive-compulsive Lady Macbeth or Ophelia with an eating disorder, and you have an idea of just how simplistic that seems.

Janet Maslin, *New York Times*

\* \* \*

A secret involving that discredited trick, the recovered memory.

James Verniere, *The Boston Herald*

\* \* \*

The movie repeats the currently fashionable pattern in which men are bad and fathers are the most evil of all...All white male patriarchs must be guilty of something in modern women's fiction, preferably the sexual abuse of their children, and I was not surprised to find out that Larry visited the bedrooms of Rose and Ginny. Rose describes the

visits in lurid detail, but Ginny cannot remember, although they took place as late as her 16th year; her memory lapse, I think, serves to prolong the breathless scenes of description. The screenplay is based on a novel by Jane Smiley, unread by me, which won the Pulitzer Prize — which means that either the novel or the prize has been done a great injustice.

Roger Ebert, *Chicago Sun-Times*

\* \* \*

Oh, woe!

Oh, adultery, insanity and incest! Oh, alcoholism, cancer and divorce!

Oh, poisoned water, drunken driving and cold-hearted lawyers!

Oh, repressed memories, disfiguring mastectomies and lingering deathbed scenes!

Oh, the misfortune that occurs in "A Thousand Acres!"

Oh, the trials of Job! Actually, it's "Lear."

Soren Andersonm, *News Tribune*

\* \* \*

That "A Thousand Acres" winds up choosing a different direction from "Lear" isn't the problem. The problem is the direction it chooses. Once Rose drops the bomb about a family secret, the deck is stacked against ol' Larry. He becomes the villain, with no hope of redemption, or forgiveness by the audience. Everything else goes out the window, and the film becomes a saga about repressed memory.

Mick LaSalle, *The San Francisco Chronicle*

### Conversation with a Parent

A woman from Florida called the Foundation wanting to update her family's situation. After no contact with her accusing daughter for five years, not knowing whether the daughter was dead or alive, the woman hired a private investigator to find her. The investigator found her living in the Boston area. The mother was so happy to know she was alive, and wrote her several short notes, saying that she loved her and missed her. She also sent her a Christmas present. After five months, she received a letter from an attorney, written on letterhead stating that her daughter wanted absolutely no contact from her mother, and if she did not abide by this, legal action would be taken.

The mother was distraught, her offense being that she told her daughter she loved her and she sent her a present.

### Questions for Therapists

Do you or do you not acknowledge that there are both true and false memories?

If you acknowledge that there are both, how do you distinguish between the two?

If you do not distinguish between the two, what does that say about therapy?

How do you know if a patient is a legitimate victim, deluded, highly suggestible and under therapeutic suggestion, or even malicious?

If you do not distinguish among these, what are the means to test the therapeutic hypotheses that form the foundation of your 'expertise'?

Adapted from Spencer Harris Morfit

FMSF Staff

### California Court of Appeals orders dismissal of "repressed memory" claim in Ramona case

*Ramona v. Ramona*, 66 Cal. Rptr. 2d 766 (Aug. 19, '97)<sup>[1]</sup>

In a widely watched "repressed memory" case, the Second District Court of Appeal ordered a lower court to dismiss the "repressed memory" claim brought by Holly Ramona against her father. The court stated that her proposed testimony was inadmissible because it was tainted by the drug sodium amytal, administered during therapy. In California, it is well-settled that memory refreshed by use of the drug is tainted and, therefore, the Court held that recollections induced by sodium amytal must be excluded under the *Kelly* rule.<sup>[2]</sup>

The court agreed with the defense contention (offered on a motion for summary judgment) that *all* of Holly's "recovered memories" were inadmissible—regardless of whether they were "recovered" during or 2 years after a sodium amytal interview. The court considered expert declarations from both sides. Elizabeth Loftus, Ph.D., James Hudson, M.D., and Richard Ofshe, Ph.D. offered expert testimony concerning the lack of acceptance in the scientific community of the reliability of repressed memories recalled after commencing therapy and undergoing a sodium amytal interview. Daniel Brown, Ph.D., Jon Conte, Ph.D., and Colin Ross, M.D. provided declarations for the Plaintiff. The court quoted extensively from Martin T. Orne, Ph.D., M.D., finding his expert opinion sufficient to shift the burden of providing evidence to Holly.

The court further concluded that expert testimony for Holly failed to produce any rebuttal evidence on the issue of the reliability of memories recalled following a sodium amytal interview. Nor was it sufficient to create a triable issue of fact to withstand the defense summary judgment motion. In fact, Colin Ross' statements that "memory contamination can occur during a sodium amytal interview," and "the risk of contamination is increased," were used to support the court's determination that Holly's testimony must be excluded under *Kelly*. In its unanimous opinion the court concluded that "Holly's testimony on [what she believes are recovered repressed memories] is inadmissible under *Kelly* due to the lack of general acceptance in the scientific community of the reliability of memories recalled after a sodium amytal interview."

Following an extensive review of California case law regarding the admissibility of hypnotically-enhanced testimony, the court concluded as a matter of law that "the trial

court cannot reasonably determine Holly's memories were not created during the sodium amytal interview."<sup>[3]</sup> The court was not persuaded by Holly's contention that *Kelly* does not apply because the sodium amytal interview is not a new procedure, it was not a scientific technique, and it was conducted solely for therapeutic purposes. The court wrote "If there is a consensus regarding the reliability of a sodium amytal test, it is overwhelmingly negative....Holly's motive for undergoing the procedure bears no relevance to the procedure's reliability."

The court focused on the narrow issue of the scientific validity of sodium amytal and memories recalled while under its influence. It expressly declined to rule inadmissible all of Holly's repressed memory testimony, finding it unnecessary to decide the case.

In 1990, Holly Ramona claimed that when she was 19, she recovered memories of sexual abuse that occurred as early as age 5. She said she repressed memories of the abuse until she sought psychiatric counseling for an eating disorder. That same year, after Holly's counselor told her that a large majority of women who suffer eating disorders were also sexual abuse victims, Holly underwent a sodium amytal interview. After that interview, Holly said she became convinced that her father had molested her as a young child. Thereafter, her father, Gary Ramona, filed suit in Napa County against his daughter's therapists, alleging that they planted false memories of sexual abuse in her mind. The jury found that the therapists were "negligent in providing health care to Holly Ramona by implanting or reinforcing false memories that plaintiff [Gary Ramona] had molested her as a child," and awarded him \$500,000 in 1994.

In the current case, the trial judge granted Gary Ramona's motion for summary judgment in 1995, citing the \$500,000 judgment Gary Ramona had won against his daughter's therapist at trial. The appeal court reversed the grant of summary judgment in October 1995, ruling that the Napa County case and verdict against the therapists did not decide the claims filed by Holly herself.

In the current case, the appeal court has now ordered that the trial court reverse its ruling and grant summary judgment to the defendant. Gary Ramona was awarded costs. Attorney Richard Harrington of San Francisco represented Mr. Ramona.

The *Napa Valley Register* (9/6/97) reported that Holly Ramona has decided against appealing this decision to the California Supreme Court.

[1] For a thorough review of the Ramona case, see Moira Johnston (1997) *Spectral Evidence; The Ramona Case: Incest, Memory and Truth on Trial in Napa Valley*, Mifflin. See also FMSF Brief Bank #140.

[2] The court relied on the seminal *People v. Kelly*, 17 Cal.3d 24 (1976) in which the California Supreme Court barred evidence gleaned from scientific techniques that do not meet general acceptance in the scientific community.

[3] In so writing, the court drew a parallel to the long history of case law which

typically has held that because determining the role of hypnosis in the content of and confidence in a memory is impossible, such testimony must be inadmissible. The court quoted Dr. Martin Orne's declaration, "sodium amytal is, in some aspects, even more problematic than hypnosis in its effects on producing false memories and confabulations."



### **Pennsylvania Supreme Court refuses to apply discovery rule to "repressed memory" claim**

**Dalrymple v. Brown**,  
1997 WL 499945 (Pa. Aug. 25, 1997)<sup>[1]</sup>

In deciding what it described as "an issue of contemporary significance," the Pennsylvania Supreme Court has refused to apply the discovery rule to cases involving repressed memory. The court held that the discovery rule "cannot be applied so loosely as to nullify the purpose for which a statute of limitations exists." The court noted that Pennsylvania has always applied the discovery rule in "the most limited of circumstances." In a concurring opinion, the court noted that the majority's ruling was really motivated by its distrust of the entire theory behind repressed memory theory.

Under Pennsylvania law, the court held that a party seeking to invoke the discovery rule bears the burden of establishing the inability to know of the injury despite the exercise of reasonable diligence. The court stated that, "[u]nder application of the objective standard it would be absurd to argue that a reasonable person...would repress the memory of a touching so that no amount of diligence would enable that person to know of the injury." The purpose of the objective standard is to protect both parties: plaintiffs who didn't know they were injured and defendants who may be faced with "indefensible" claims. The court added, "[A]lthough this court is sensitive to the issue of child abuse, that sensitivity cannot overcome solid jurisprudence."

The court also found that actual hard evidence is necessary in order to demonstrate an undiscoverable injury. Noting that recovered memory does not provide the necessary hard evidence, the court stated, "Here we have only the 'memories' of the plaintiff to rely upon in determining that an actual injury occurred...There is no objective evidence of an injury. To require an alleged tortfeasor, no matter how heinous the allegations, to respond to claims of an injury many years after the fact, where the only 'evidence' of the actual injury is held in the 'memory' of the accuser, would allow the exception known as the discovery rule, to swallow the rule of law embodied within the statute of limitations itself."

Plaintiff, now 35 years old, alleged she was sexually assaulted in 1968 and 1969, but could not recall the events until 1990, because she had repressed the memory. Rejecting plaintiff's argument that memory repression was

part and parcel of the injury caused by the alleged sexual assault, the court called her theory "original" but "not persuasive." "Regardless of how [plaintiff] categorizes repressed memory, she cannot escape the fact that the original injury was a battery...[I]n a typical battery all the elements of the offensive touching will be present and ascertainable by the plaintiff at the time of the touching itself."

In a concurring opinion, the court reasoned that plaintiff had failed to produce any affidavit or expert report that would have enabled a fact finder to evaluate her claim of repressed memory. The concurring opinion noted that "the validity of repressed memory theory is subject to considerable debate in the psychological community, and some courts have rejected its admissibility," citing New Hampshire v. Hungerford, 1995 WL 378571 (N.H. Super. 1995) and Doe v. Maskell, 342 Md. 684 (Md. 1996), cert denied, 117 S.Ct. 770 (1997). However, the specific question of whether repressed memory evidence is admissible was not addressed in the opinion.

Plaintiff's attorney William Lamb agreed that the majority doubted the validity of the theory behind repressed memory stating, "[T]here's a natural suspicion of these kinds of cases by judges. During oral argument there was a lot of discussion about the whole notion of corroborating evidence." Defense attorney Andrew Forbes wasn't surprised by the court's decision stating, "During oral argument the justices were skeptical and seemed to be in need of a lot more proof of the theory of repressed memory." Both Lamb and Forbes are quoted as saying that the decision effectively closed the door to repressed memory claims in Pennsylvania.

[1] FMSF *amicus curiae* brief submitted in this case is available as Publication #807.



### **Illinois Supreme Court dismisses "repressed memory" claim [1]**

**M.E.H. v. L.H.**, WL 562001 (Ill., Sept. 4, 1997), *slip copy*

The Illinois Supreme Court affirmed dismissal of a repressed memory claim finding no compelling reasons to justify the plaintiffs' delay in filing the claims. The court stated, "[A]lthough plaintiffs assert that they were still uncovering new and different incidents of abuse as late as 1995, they both admitted that they had discovered that they were victims of childhood sexual abuse by 1992. Yet they did not file suit until the fall of 1994, two years later and almost three years and 10 months after the 12-year period of repose [2] took effect."

The court narrowly defined the issue it chose to consider as follows: Was the claim barred by the Illinois statute of repose which was not in effect when the abuse occurred and was repealed before the action was filed. The court did not



rule on whether the discovery rule should have been applied to the "repressed memory" claims, concluding that the complaint was time-barred irrespective of whether or not the discovery rule applied. In a concurring opinion, the court indicated it would have preferred a more definite statement regarding the "repressed memory" question, stating, "[t]he majority opinion sidesteps these issues."

Plaintiffs, two sisters, 44 and 45 years old, alleged that their father sexually abused them from age 4 until they completed high school. They argued that the Illinois discovery rule applied because they were still in the process of discovering, with the aid of therapy, new incidents of abuse even after they filed their complaint in 1994. While the court did not specifically decide this issue, it noted that Illinois courts typically apply a case-by-case approach to the question of whether a plaintiff acted within a reasonable time. The court also noted that, "[T]he amount of time the courts will grant plaintiffs to initiate their litigation is not limitless...[I]f they fail to [proceed within a reasonable time following the effective date of the statute of repose], their actions will be barred even if they have not yet discovered that they have a claim."

The court found that even if the discovery rule were to apply, the claims expired in 1991 when the 12-year repose period was enacted. At that time, both sisters were over the age of 30. They did not file until the 12-year period was long past. The court emphasized that upon expiration of the limitation period, a vested constitutional right of the defendant against further liability is generated.

[1] FMSF *amicus curiae* brief submitted in this case is available as Publication #808. See also FMSF Brief Bank #124.

[2] During the past 8 years, the Illinois legislature has passed and then repealed a series of statutes of limitations. In 1991 prior to the filing of this claim, a statute of repose, 735 ILCS 5/13-202.2 (West 1992), was enacted. It allowed litigants 12 years after the age of 18 to file for personal injuries based on childhood sexual abuse. Then, shortly before plaintiffs filed this suit, the 12-year repose period was deleted from the statute.

At the time of this filing, ILCS 5/13-202.2(c) (West 1994) was in effect. It provides in part: "[I]f the injury is caused by 2 or more acts of childhood sexual abuse that are part of a continuing series of acts of childhood sexual abuse by the same abuser, then the discovery period under subsection (b) shall be computed from the date the person abused discovers or through the use of reasonable diligence should discover (i) that the last act of childhood sexual abuse in the continuing series occurred and (ii) that the injury was caused by any act of childhood sexual abuse in the continuing series."

### Minnesota Court of Appeals dismisses "repressed memory" claim

Doe v. Dickinson, 1997 Minn. App. LEXIS 1017 (Sept. 9)

A Minnesota Court of Appeals affirmed dismissal of a claim for negligent infliction of emotional distress brought as part of a repressed memory claim. The court held that the statute of limitations had expired. The court wrote that by its nature, sexual abuse of a minor is an intentional act.

Therefore, Minn Stat. @541.073 applies, such that any action for damages based on personal injury caused by sexual abuse must be commenced within 2 years (rather than 6 years for a negligence claim) of the time the plaintiff knew or had reason to know the injury was caused by the sexual abuse. Plaintiff had claimed sexual abuse from infancy to age 18, but stated that he had repressed his memory and did not recall the alleged abuse until age 28. Plaintiff conceded that under Sarafolean v. Kauffman, 547 N.W.2d 417 (Minn. App. 1996), the battery and intentional infliction of emotional distress claims had already been properly dismissed by the district court.

### Michigan Court of Appeals dismisses "repressed memory" claim

Terry v. Transfiguration Lutheran Church, unpublished *per curiam*, *Lawyers Weekly* No. 30188, 2 pages.

A Michigan Court of Appeals found that where plaintiffs claimed repressed memory, but failed to allege verifiable evidence, the trial court properly found that their sexual misconduct claims were barred by the applicable statute of limitations. Plaintiff alleged molestation when he was a minor and again as an adult. Defendant admitted he had taken plaintiff to a public health club, but denied that the acts occurred. The court held that "because plaintiffs have failed to 'take these cases out of the arena of stale and unverifiable claims,'...we conclude that the claims are time-barred," citing Lemmerman v. Fealk, 534 N.W.2d 695 (Mich. 1995)

### Washington Court of Appeals interprets Victims Crime Compensation Act in case involving "repressed memory" claim

Christensen v. Dept of Labor Industries, 1997  
WL 537736 (Wash. App. Div.1) *slip copy* (Sept. 2)

The Washington Court of Appeals affirmed denial of benefits under the Washington Victim's Compensation fund<sup>[1]</sup> in a case involving a repressed memory claim. The claimant, a woman in her 40s, sought benefits for injury due to an alleged sexual assault in 1975. She claimed she did not recall "additional events" until nearly 20 years afterward. The court held that the woman was not eligible to receive benefits because she was an adult at the time of the alleged assault. In addition, the court held that because she did not report the alleged crime within one year of the events, or within a year of when she could reasonably have been expected to report, she was not eligible for benefits.

[1]The Washington Crime Victims Compensation Act, RCW 7.68.060(3) states in part that "Because victims of childhood criminal acts may repress conscious mem-

ory of such criminal acts far beyond the age of eighteen, the rights of adult victims of childhood criminal acts shall accrue at the time the victim discovers or reasonably should have discovered the elements of the crime. In making determinations as to reasonable time limits, the department shall give greatest weight to the needs of the victim." (See *FMSF Newsletters* April, 1993, May 1993, September, 1994, May, 1996, November, 1996, March, 1997, and April 1997.) Our research could find no other state with a similar statute.



### Wisconsin Court of Appeals dismisses claims

Joseph W. v. Catholic Diocese of Madison,  
1997 Wisc. App. LEXIS 965 (August 21)

The Wisconsin Court of Appeals applied a recent Wisconsin Supreme Court decision [1] to negligence claims brought by a 24-year-old man and by his parents. One of the questions raised in this case concerned application of the statute of limitations to parents' claims arising from the sexual assault of their child. The court concluded that the parents' claims against the diocese accrued at the same time as their son's, and that the statute of limitations for their claims is the same as that for his claims citing John BBB Doe.

The plaintiff claimed he had been sexually abused by a priest on several occasions over 10 years prior to filing this action. He did not claim loss of memory, but stated that he did not discover the causal relationship between his suffering and the assaults until 10 years later. The court considered only the negligence claims against the diocese and church.

The parents argued that their claims did not accrue until their child revealed that he had been assaulted. The court disagreed and emphasized that John BBB Doe enunciated a clear public policy against an indefinite extension of the statute of limitations stating, "[A]ccepting the parents' position means that the defendants in a case such as this are subject to suit indefinitely. Such an indefinite extension of opportunity to assert a claim greatly increases the difficulty of defending against claims and the risk of fraudulent claims."

[1] John BBB Doe v. Archdiocese, 565 NW.2d 94 (1997). In which the Wisconsin Supreme Court concluded that all claims (whether Type 1 or Type 2) accrue at the time the alleged assaults occur. Accrual of a cause of action is not dependent upon knowing the full extent of one's injuries. The court pointed out that delaying the accrual of a plaintiff's cause of action until they regained their memory would extend the tolling period indefinitely: "Such an extension would increase the risk of fraudulent claims and severely undermine the statute of limitations... That legislative restraint, together with our balancing of the policies protecting plaintiffs' right to enforce legitimate claims and those protecting defendants from having to defend against stale or fraudulent claims, causes the balance to tip against judicially extending the applicable limitations period for these claims of repressed memory." John BBB Doe at 115. See *FMSF Newsletter*, Sept. 1997, p. 10.



### Jury awards \$5.8 million in satanic memories case

Mark Smith, *Houston Chronicle*, 8/16/97

Carl v. Peterson, U.S. Federal Ct., Southern Dist., Case No. H-95-661, Judge Ewing Werlein Jr.[1]

On August 15th, a Texas jury awarded nearly \$5.8 million to a woman who claimed her family was torn apart when her psychotherapy produced false memories of satanic ritual abuse. The judgment is believed to be the largest among several handed down in recent years against therapists accused of implanting false memories of sexual abuse, often involving a satanic cult.[2] Many other such suits filed around the country have been settled out of court.

Lynn Carl filed the malpractice suit in March 1995 against some 25 Texas mental health professionals and organizations. All but two defendants settled out of court prior to trial. Remaining defendant psychiatrist Gloria Keraga treated Carl during the early 1990s when Carl and her two minor children were hospitalized at Spring Shadows Glen. Carl states that her treatment convinced her that she had developed more than 500 personalities to cope with past satanic ritual abuse, ritual murder, cannibalism and torture. Carl testified that she was never warned the memories she recovered through hypnosis and other forms of psychotherapy might be unreliable. In addition, she was forced to report herself to the police as a child abuser, even though she had no memory of abusing children. The family's two years of treatment cost \$2 million, with Keraga charging \$225 per day per patient. During this time, Carl states that her mental state deteriorated and she blamed herself for her children's problems. She divorced and was no longer allowed to see her children. Last December, the Carl family was reunited and Lynn and her husband remarried.

Carl's teenage children were also hypnotized at Spring Shadows Glen. They came to believe they had been programmed by the cult and that they had to come up with new memories in order to get better and be released from the hospital. Carl's daughter described her treatment in Spring Shadows Glen as "a year of extensive brainwashing." Carl's husband testified that he was told his family had retrieved memories that they "raped, robbed, sold drugs, murdered and cannibalized." Keraga, he said, "never portrayed these things as anything but true."

During trial, Keraga testified that she didn't know if the specific memories Carl recovered in therapy were true, but said she believed the "gist" of them. One of Keraga's attorneys, Suzan Cardwell, argued that the medical care Keraga provided was a reasonable effort to help the patient work through severe emotional problems. Cardwell described members of the family as "evil," and said Carl demonstrated symptoms of abuse. Referring to Carl's journals, Cardwell said such memories could not be falsely implanted.

Jurors said they reached a general consensus in favor of plaintiff Carl during the first few minutes of their deliberations. Several jurors said they were concerned Keraga and other Spring Shadows Glen therapists failed to warn their

patients about the risks of the treatment. The jury found that Keraga as an individual bore 12% and Keraga, Inc. bore an additional 12 % of the liability in the case. A number of others (who had already settled out of court) were identified as sharing the blame for Carl's negligent treatment. A separate negligence claim by Carl's children is still pending.

"This verdict validates my story, and I hope gives strength to those other patients who have suffered similar abuse," said Carl. Carl's attorney, Skip Simpson of Dallas, argued during the trial that therapists implanted false memories that worsened Carl's condition so they could collect more than \$1.1 million in insurance. "This case was all about creating victims so the mental health field could have patients and expensive treatment," he said.

[1] See *FMSF Newsletter* April 1995, Smith, M. (8/10/97) "Family says therapists implanted 'false memories' of satanic abuse," *Houston Chronicle*, and Tedford, D. (3/8/95) "Woman sues her therapists alleging fraud," *Houston Chronicle*.

[2] For a review of some of these cases, see FMSF publication #833. Carl is one of more than a dozen patients who filed lawsuits against therapists at the former Spring Shadows Glen Hospital in Houston. The patients allege that therapists planted false memories of abuse and misdiagnosed multiple personality disorder. In 1993, Spring Shadows Glen closed the dissociative disorders unit, where Carl and the other patients were treated, after state authorities cited the hospital for excessive use of physical restraints on patients and, in one case, making a patient's discharge contingent upon safety from a "satanic cult."



### Memory and Justice

"And this is what's anguishing, I think, about memory, is in questions of justice. It's enormously important to try to figure out what really happened. But the more you try to unravel the past, the more the mix of fact and narrative overlay becomes inextricable."

Mary Gordon, June 9, 1997  
Fresh Air with Terry Gross,  
National Public Radio

### What the Foundation has said about memory

Some people, apparently, misunderstand the FMS Foundation position on the accuracy of memories. When we have written about the truth or falsity of memory, we have been talking about "normal" memory. It is about normal memory that we have information. There is no scientifically accepted theory about special memory mechanisms for trauma and we have suggested that those who claim the existence of such mechanisms have the burden of proof. As Martin Conway writes, "...for memory recovery of a small number of events, for example one or two, there is little reason to postulate any special memory mechanisms. Our current understanding of human memory can provide good accounts of how this may occur. Amnesia for many experiences and whole time periods cannot, however, be easily accounted for by current models of memory and it may be that new research and new theory will be required here." So far, we have no evidence.

Martin Conway, Editor

page 10, Introduction, *Recovered Memories and False Memories*, Oxford U Press

- Whether they occur in or out of therapy, some memories may be historically accurate, some distorted or confabulated and some false. (*Frequently Asked Questions*)
- Memories for events are reconstructed and reinterpreted. There is no scientific evidence for any other kind of memory for events. Some memories may be historically accurate and some confabulated or false. (Vol 2 No. 5, May '93)
- Researchers agree that some memories are true, some memories are confabulated and some memories are false. (Vol 2 No. 6, June '93)
- It does not contradict the weight of scientific evidence that memories of events are reconstructed and reinterpreted and that some memories are true, some a mixture of fact and fantasy and some false. (Vol 2 No. 7, July '93)
- They have helped us remind people that while some memories are true, some are a mixture of fact and fantasy and some are false. (Vol 2 No. 8, Aug. '93)
- While the debate flares, it is still the case that there is agreement within the psychological community on many issues such as the fact that some memories of events are true, some a mixture of fact and fantasy and some are false. (Vol 2 No. 9, Oct. '93)
- Is the idea that some memories are true, some a mixture of fact and fantasy and some false such a threat? (Vol 2 No. 11, Dec. '93)
- Some memories are surely true, but some are just as surely a mixture of fact and fantasy or even false. (Vol 3 No. 1, Jan. '94)
- We have stated again and again that "some memories are true, some a mixture of fact and fantasy and some are false." (Vol 3 No. 3, Mar '94)
- At one extreme are those who argue that such repressed memories do not occur, that they are false memories, created memories, or implanted memories, while the other extreme strongly supports not only the concept of repressed memories but the possibility of recovering such memories in therapy. Other professionals believe that some memories may be false and others may be true. (Vol 3, No. 7, July '94)
- Whether they are continuous or not, some memories (of abuse or anything else) can be true, some can be a mixture of fact and fantasy and some can be false. (Vol 5 No. 3, Mar. '96)
- First, the position of the FMS Foundation has always been that whether they are continuous or recovered — some memories are true, some a mixture of fact and fantasy and some false. (Vol 5 No. 8, Sept. '96)
- The Foundation has stated from the start that some memories are true, some a mixture of fact and fantasy and some are false, whether they are continuous memories or recovered. (Vol 6 No.1, Jan. '97)
- 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. (Vol 6 No. 6, June '97)
- Some memories may be true, some false and some a mixture of both (Vol 6 No. 8, Sept. '97)

**Try to Remember**

by Zane Kotker

Random House, \$22 (254p) ISBN 0-679-440-42-9

It's encouraging that Random House, the nation's largest publisher of hard-cover books for adults, has published this engaging novel. Zane Kotker has attempted the most difficult task: to make it understandable how a well-adjusted young person can fall victim to false memory syndrome. Publishers Weekly said, "Timely and trenchant, Kotker's examination of family dynamics in an era of confrontational blame is a gripping read....Her well-intentioned therapist, a young intern, is convinced by her supervisor that Phoebe's symptoms indicate prototypical childhood sexual abuse syndrome, and she coaxes Phoebe into recollections of molestation. When Phoebe confronts her parents with this accusation, hazy memories and self-doubt lead to anguish all around. The rest of the family finds that they are no match for credulous Phoebe's zeal in exposing the atroci-

ties that no one but she believes can have happened. Kotker is adept in portraying family relationships, and especially the tensions between the generations." (Alas, even Kotker's skill won't work for everybody. Kirkus Reviews said, "It's never quite clear why Phoebe, a well-educated, self-aware adult, is so thoroughly gullible.")

**Recovered Memories and Other Nonsense**

Reviewer: Adriaan Mak

The above fairly translates the Dutch title: *Hervonden Herinneringen en Andere Misverstanden* (publisher: Contact), a new book by psychologists Hans Crombag and Harald Merkelbach of Maastricht University. The "other nonsense" in the title refers to Multiple Personality Disorder and Psychoanalysis. In an interview with Dutch newspaper Haagse Post, the authors attack the notion that childhood experiences determine the rest of one's life. Psychoanalysis lacks a solid scientific foundation; its continuing practice is gross ignorance in the light of evidence that it does not help and even can have detrimental effects on the client. On page 204 of their book, they affirm: "Recovered memories are always pseudo-memories."

Two years ago the public in The Netherlands was shocked by the revelations of Yolanda, whose book, an overnight best-seller, detailed the most horrendous recovered memories of gross sexual indecencies and cannibalistic infanticides perpetrated by both her parents and dozens of townfolk of Epe. After hours of exhausting police interrogation and emotional blackmail, reminiscent of the Ingram case, Yolanda's father finally admitted to some of the unspeakable cruelties. Multiple Personality disorder specialist Onno van der Hart became involved in the case and wrote a lengthy after-

word to Yolanda's book. Yolanda's parents are still serving time for alleged illegal abortions, although a second trial clearly showed the highly fantastical and nonsensical nature of the testimony. Crombag and Merkelbach's work may help to clear up this miscarriage of justice; investigation in the Yolanda affair is continuing.

The motto for their book is from Dutch writer, Hofland: "One hallmark of reason is that it frequently allows itself to be surprised by insanity." Following the recent translation into Dutch of Loftus and Ketcham's *The Myth of Repressed Memory*, this is the second book on this topic to appear on the Dutch scene. Both will go far to restore sanity and reason.

*Adriaan Mak is a retired high school teacher of literature and dramatic arts. He is the editor of the Canadian False Memory Newsletter.*

**Psychology Astray:  
Fallacies in Studies of  
"Repressed Memory" and  
Childhood Trauma**by Harrison G. Pope, Jr., M.D.  
Upton Books

This is an indispensable guide for any person who wants or needs to understand the research claims about recovered memories. A review by Stuart Sutherland in the prestigious *Nature* magazine (July 17, 1997) says that the book is a "model of clear thinking and clear exposition." The book is an outgrowth of the "Focus on Science" columns that have appeared in this newsletter.

**Lost Daughters:  
Recovered Memory Therapy  
and the People It Hurts**

Reinder Van Til

Foreword by Martin E. Marty  
Wm B. Erdmans Publisher

This long-awaited book is now available. It contains five chapters that are moving first-hand accounts of families devastated by the loss of children who claimed to have recovered repressed memories of sexual abuse. These chapters alternate with five chapters of analysis that "expose the underbelly of the recovered memory movement," (Stephen Ceci). The introductory comments by eminent theologian Martin Marty should help this book reach deep into the religious community where so much of recovered memory therapy is taking place.

## A Late-Breaking Revelation

August Piper Jr., M.D.

Here's an early autumn potpourri for newsletter readers!

In the last column, I promised to discuss the recent revelations of a well-known expert in the multiple personality disorder field. Yes, Dear Reader: in the January 27, 1997 issue of *U.S. News and World Report*, National Institute of Mental Health psychiatrist Frank Putnam, M.D., who is described as "a leading MPD researcher," is interviewed.

The magazine says Dr. Putnam now believes some 20 percent of MPD diagnoses are incorrect. He acknowledges that the criteria for the disorder are too vague, requiring, according to the article, "little more than the appearance of distinct personalities" and claims of extensive amnesia. He furthermore states that therapists sometimes fall in love with the diagnosis.

Especially astute readers will recall that some of us have been repeating the identical claims, to anyone who will listen, for several years now. But I fear I digress: better a late revelation than none at all....

According to the article, experts say the best way to diagnose this condition is to "wire up patients in the laboratory and watch their brains at work." People with the disorder "show massive shifts in electrical activity between altered states, patterns that control subjects have never been able to fake."

This idea of using the electroencephalogram (EEG) to diagnose MPD sounds very exciting, doesn't it? — all neat, tidy, and scientific. There's just one little problem, however: the notion has been pretty thoroughly debunked. For example, here's what one study, published in the *Archives of General Psychiatry* (39: 823-825, 1982), says:

EEG differences among personali-

ties in [an individual with MPD] involve intensity of concentration, mood changes, degree of muscle tension, and duration of recording, rather than some inherent difference between the brains of [MPD patients] and those of normal persons.

Employing the EEG for this purpose is criticized in a scholarly text by psychiatrist Carol North and colleagues (*Multiple Personalities, Multiple Disorders: Psychiatric Classification and Media Influence* [Oxford, 1993]). These writers comment that "no laboratory measurement has been developed that can differentiate MPD from other disorders."

Herein lies psychiatry's Holy Grail: finding an objective test to reliably distinguish one psychiatric condition from another, and to reliably distinguish psychiatric disorders from non-psychiatric ones. Various people at one time or another over the years believed they had discovered such tests. None, however, has lived up to its discoverer's hopes. Thus, until the Grail is found, psychiatric disorders will be diagnosed just as they are today: not with golly-gee-whiz technology or sophisticated blood tests, but by taking careful histories from patients. It's not very glamorous, I admit — but so far, it's all we have.

\* \* \*

I was glancing through a certain women's magazine (the name of which I blush to disclose) the other day when I found something that reminded me of a remark Charles De Gaulle made. "You have to be sure," he said, "that the Americans will commit all the stupidities they can think of, plus some that are beyond imagination."

What was in the magazine? An article on past-life regression therapy. According to one of its practitioners, identified in the piece as "an Ivy League-trained psychiatrist" in private practice, the therapy

involves the mental act of going

back, through hypnosis, to a time prior to this life in order to retrieve memories that may still negatively influence a patient's present life and [that] are probably the source of symptoms running the gamut from phobias to addictions.

Sigh.

\* \* \*

Last time, the column contained some advice for parents (and others) facing being deposed by an attorney or testifying in court. Several people commented favorably and requested a few more thoughts, so I contacted a couple of lawyers for their ideas. Here they are:

- Stay calm.
- Stay calm.
- Stay calm.

It's not a misprint: the opposing lawyer is in his or her element to begin with, and therefore owns an advantage over you, who are on unfamiliar ground. Do you want to increase that advantage by having anger hormones gum up your brain's thinking molecules?

- Don't be theatrical at trial — it's serious business (as if you didn't know that).
- Dress appropriately — it's serious business.
- Answer the question asked of you, then shut up. Beware of over-laboring.
- You may see the opposing lawyers acting as if they are going to rip each others' eyeballs out any second. They rarely do, so relax. They're just doing their jobs; after the trial, you may see them making plans to go to dinner together. Don't let the displays of anger upset you.
- Remember — you may hear at trial what you say during the deposition. Think!

I close by asking Dear Reader to add to this list any suggestions he or she has found helpful. Many thanks!

August Piper, Jr. M.D. is in private practice in Seattle. He is a member of the FMSF Scientific Advisory Board and the author of the book *Hoax and Reality: The Bizarre World of Multiple Personality Disorder*, Northvale, NJ: Jason Aronson, Inc.

*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?*

**California:** Just about every state has a huge selection of mental health seminars that professionals can attend to comply with continuing education requirements. Many are sponsored by universities, hospitals or professional associations (Nursing, Social Workers, Psychologists). Call these different places and get your name put on their mailing list. You will then be able to monitor what information is in these seminars. If you spot something that is "misinformation" you can alert the sponsors. This whole phenomenon (FMS) continues because so much misinformation is given at professional conferences and seminars.

**Canada:** Recently in this column you read about a Mom who had read an article in the magazine *Chatelaine* (a Canadian monthly journal for women.)

The Mom complained about an article that published advice to a recovering alcoholic to read *The Courage to Heal*. The editor replied that *Chatelaine* "was unaware of the checkered history of *The Courage to Heal* until readers alerted us." As a result of complaints *Chatelaine* received, the September issue had a really good five-page article about False Memory Syndrome.

**Indiana:** A Mom writes - I was astounded at the list of books on FMS published in the July/August newsletter. Fifty-eight and not one published before 1992. I have duplicated this list and with a cover letter have sent it to every head librarian in my part of the state. In my letter I stated how we were falsely

accused in 1990. The only thing I could find in the library then was *The Courage to Heal* (3 copies). I explained that to this day they only have 3 books on False Memory Syndrome. If they had provided more good information sooner, fewer people would be in my position today.

So far I had one response, but, it was very rewarding. The librarian gave me some very helpful advice and some excellent suggestions. In many libraries they have monthly book reviews. *Lost Daughters* by R. Van Til would be a natural for such a forum. Call your local library and see what you can accomplish.

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

Dear Editor,

I would like to comment on the debate over the term "middle ground" in the recovered memory debate. I have found a few cases in which people were sexually abused for a limited period of time, forgot that the events occurred, and then recalled them much later. Most of these cases have firm corroborating evidence, although there is always the question of whether people "really forgot" the abuse or not. Nonetheless, it should come as no surprise that people can forget events and then recall them later. None of these cases, however, involved "massive repression" in which someone experienced years of traumatic events, completely forgot them, then recalled them again. After years of research into this issue, I have yet to find even one convincing case of massive repression.

Although various therapists have claimed that they have many such corroborated cases, no one has allowed me to interview anyone, though I promise complete anonymity. Of course, I realize that a therapist could not request that a patient submit to even an anonymous interview, but they could indeed ask whether they would be interested in doing so, in the name of truth. None have been willing to do so. To be convinced of the validity of a case, I would want to interview the accuser and the accused and to see any physical evidence, such as medical records or diaries.

Stephen Lindsay argues in favour of a "middle ground" between two extreme positions: One that holds that all recovered-memory experiences are accurate memories and one that holds that all recovered-memory experiences are iatrogenic illusions. As I have said, I agree with Lindsay that it is likely that at least some "recovered

## Smiling through Tears

Pamela Freyd and Eleanor Goldstein

Upton Books • ISBN No 9-89777.125.7 •

\$14.95

Over 125 cartoons by more than 65 cartoonists lead the way through a description of the complex web of psychological and social elements that have nurtured the recovered memory movement.

*Advance comments:*

**"At once both thoroughly informative and devastatingly witty."**

Alan Gold

Criminal Defense Attorney, Toronto,

**"I think the book is terrific. I liked it because it supported a lot of the opinions I've had on psychiatry; cults, brain-washing and other ideas mentioned in the book."**

Mort Walker

Creator of *Beetle Bailey*

**"It's a must read"**

Elizabeth Loftus, Ph.D.

Author of *Myth of Repressed Memory*

*Smiling through Tears* will be available in bookstores in November. Ask your bookstore to order the book. For brochures about the book call 1-800-232-7477 and ask for Stacey.

memories" are essentially accurate. However, I want to emphasize that Lindsay's comments should not be misconstrued as claiming that massively repressed memories of repeated violent abuse are often accurate.

Much of this argument has become mired in semantics. Some prefer the term "discovered memories" for the confirmed cases of limited abuse that are recalled, to distinguish them from "recovered memories" that often imply massive repression. That makes sense, but of fundamental importance is the recognition that "massive repression" is unproven and unlikely.

As things stand, my conclusion is that the term "middle ground" is a misleading misnomer. The implication of the term "middle ground," whether Lindsay intends it or not, is that while many cases of "massive repression" are untrue, many are also accurate. Most of the cases that surfaced during the 1985-1995 decade involved massive repression. Those constitute the majority of the cases in my book. I consider it unlikely that any cases of massive repression constitute real memory retrieval.

Imagine a line two miles long, with massive repression on one end, and always remembering every incident of sexual abuse on the other end. I believe that the "middle ground" lies a few inches from the latter end — not anywhere near the middle. People may indeed sometimes forget limited incidents of sexual abuse, particularly if it occurred on the "cusp" of infantile amnesia (around the age of five), or if the abuse was not initially perceived as traumatic. But that is a far cry from the wildly improbable notion of massive repression.

Mark Pendergrast  
Author, *Victims of Memory*

"Nonetheless, I think it is generally agreed that our patients are our patients because they do not perceive things or think about them or act on them "rationally."

Charles L. Rich, M.D.

*Annals of Clinical Psychiatry* 2:1, 1990

## A Phone Call

I just had a phone call that I'm dying to tell someone about. It was from my oldest grandson who is 17. His mother was the prime mover in the lawsuit against me. My grandson brought me up-to-date on the news with him, gave me the address of my youngest daughter and told me of his plans to get out of the house and maybe move to California. We spoke for twenty minutes.

I was absolutely delighted, of course, but I kept having the feeling that there was something he wanted to say and hadn't gotten to it. Did he want money? Was somebody sick? No: he wanted to thank me for his birthday card and the check enclosed. I said "You're welcome," of course, thought a second, and then said "I've been sending you birthday cards for years, you know. I don't know if you've gotten them all." He replied, quite softly, "No, I don't think I have."

I have to admit I'd been thinking of stopping sending cards and checks to people who never acknowledged them, but said to myself, "No, don't give up quite yet." Am I glad.

My grandson's call raised some questions in my mind. Are some of these accusing women going to find themselves cut off not only from their parents but from their children, too? Will my grandson treat his mother the way she has treated me? Could he have made that phone call if he had not had some serious doubts about her charges against me. That is a wedge of distrust.



"D"

## A Business Decision

I would like to comment further regarding the letter from "A Father" in the February, 1997 issue of the newsletter. His letter was provocative, with heartfelt insight into parents' reactions and the future.

Let me take talk of reconciliation a few steps further. False Memory

Syndrome not only involves anger, hate and blame, it also involves power and greed. In our case, two daughters sued us for one half million dollars each, seven years ago. Their lawyer was Mary Williams who wrote the chapter on "How to Sue Your Parents" in *The Courage to Heal*. After a period of many months and many depositions and before the FMS Foundation was in existence, our daughters petitioned to settle with us for approximately \$25,000 each. BUT for a further \$5,000 each they would both recant.

Ours was a business decision combined with a desire to get on with our lives (we were in our late sixties) that prompted us to settle. What was at first a void grew to an abyss because of lies, accusations, humiliations and manipulation of family and friends. We offered to go into therapy to understand "why"; we paid for their therapy; we took lie detector tests. We didn't need this further "to hell and back" problem as we already had a severely retarded child and a son with serious memory problems that were the result of an auto accident. We tried.

Now, discussion of "it" is limited to less than five minutes a day. We have changed the locks to which each of our five children used to have a key. We have changed our wills. Money which would have been left to these two daughters has been left to charity. We travel, enjoy the company of other family members and wonderful friends. [1]

Wringing our hands will not make them return. Indeed, it is difficult to see how an honest disclosure now could possibly undo the damage done by the lies and a lawsuit. There seems no end to what was set in motion with the decision to embrace a therapy and false memories that relied on imagining, dream recording, autobiographical writing and self help groups. There is nothing more frightening than human beings who are convinced beyond a shadow of a doubt that they are right.

So much lost for a little bit of money. For some families, it is not just false memories but also greed, power and hate that make reconciliation seem unlikely.

A Mother

[1]Editor's Comment: Some families have chosen FMSF as that charity.



### A Sad Story from Indiana

Wayne Caley had been to some of our meetings. He had been (we believe) falsely accused by his step-daughter. His wife stood by him. She did not believe her daughter. He was arrested, found guilty and eventually sent to jail. Wayne and his wife lost their jobs and their home. They found lower paying jobs where Wayne worked until he was sent to jail. Every Sunday for almost two years, Wayne's wife and father made the three-hour roundtrip to visit him in jail. They each were allowed to visit him for 1/2 hour. In April he was released from jail and returned to his job. He was killed in a job related accident 13 days later. One member sent him FMS literature and letters almost every week while he was in jail. She went to the funeral home which was crowded with friends and flowers. His letter from jail to members of FMS Foundation follows:

To all those connected with the False Memory Syndrome Foundation:

How many times have you sat back and thought "If only I?" If only I had known about the FMS Foundation, then maybe I would not be writing this

#### Who are the therapists?

The Foundation received an advertisement for "Therapist Mailing Lists" for licensed professionals in the State of California.

Licensed Psychologists

10,209 names

Licensed Clinical Social Workers

12,632 names

Licensed Marriage and Family Counselors

21,312 names

letter from a 9X7 room with no windows, a table that is smaller than a large pizza, and a corner that has a wash basin and toilet as one unit.

I am in a County Jail. I am here because of a small lie, just a small one, but with the help of an over-zealous County Child Service Department, and a few other people, that small lie grew and grew until it caught the local newspapers attention. The rest is history...

I thought my name would be cleared. After all, I was going through our legal system, the best in the World. I even had taken two poly-graph tests and I had documents of dates and times that would prove my accusers wrong. (I was not allowed to use my log books to prove I had been on the road.) I was blind to the witch hunt that was building. I was unaware that no matter what I did, I did not have a chance to prove my innocence.

Folks, please continue the fight. Do not ever give up. I can not begin to tell you how important the help and information about FMS has meant to me. Although my battle is virtually hopeless, others can win. I can honestly say I now have more information than my lawyer ever had at the time of the trial.

Please keep fighting to stop the lies and false accusations.

Thank you  
Wayne Caley



### Education- Key to return of daughter/victim of FMS

Educating the spouse, family and friends of an FMS victim can be the key to the return of their loved ones. The more the family knows about the nature of how FMS affects the victim, the more they will be able to help get their loved ones out of this tragic type of therapy. When the victim becomes progressively worse, and the therapist persists in telling the family or spouse that his patient has to get worse before she can get better, they should know otherwise! Continue to send FMS

information even if you are told not to. Someone may read it when things get desperate. That person might just realize that the family member really is getting worse.

Send information to relatives, in-laws, co-workers, teachers, neighbors, family doctor and her Pastor.

Put FMS information in any library your daughter may visit. One retractor said that she had gone into the library looking for information on "False Memory Syndrome" and could not find any.

Don't be afraid to send information to your daughter. Will it make her mad? Yes it will. What is she going to do? Not talk to you? Make more rules? Someday she may realize you cared enough to send her information. She may just read the literature and realize it sounds just like her case. At least send her a friendly post card.

Do not close the doors to your daughter or son. There is no way to know how hard your child has tried to resist the therapist's suggestions or how much she has even doubted her own memories.

The best medicine for your child is to spend time with parents and family. Some parents want to work out all details or have a complete retraction and apology before contact. My belief is, don't wait that long. Start the process now. Don't throw up road blocks. Give it a try. Be patient. When your child first starts the process of returning, he or she may still have some "false" memories of childhood. The good memories will return with contact.

Mother of a Retractor



"Psychology and fiction writing are the two trades with the biggest stake in the idea that someone else may know more, or uncover more about us, than we can on our own."

Paul Allen  
*The Guardian* (London)  
September 10, 1997



## ILLINOIS FMS SOCIETY

What is the Mental Health Industry doing to stop "Junk Therapy?"

October 18, 1997 9AM to 5PM

Schaumburg Marriott: 50 North Martingale Road Schaumburg, IL 60173

Keynote Speaker: Tana Dineen, Ph.D. Author of Manufacturing Victims

### EVERYONE WELCOME

Call 847-240-0100 Fax 847-240-0120 Donation: \$35 person, \$60/couple  
Includes lunch (\$5/ person additional at the door)

Reservations requested by October 4.

Call 815-467-6041 Fax 815-467-7764

e-mail: welgal@aol.com

## NORTHERN MOUNTAIN REGION- MONTANA

Saturday, October 18, 1997

8:00 AM - 4:00 PM

Colonial Park Hotel

2301 Colonial Drive Helena, MT

Sponsored by:

MUM

(Montanans Understanding Memory)

Speakers: Pamela Freyd

The Rutherford Family

Contact Lee & Avone (406) 443-3189

## FLORIDA

"Crisis in Counseling: In and Out of the Church"

November 14 & 15, 1997

Rollins College, Winter Park

Presented by Central Florida Friends of FMSF and Rollins College  
with the cooperation of the Florida Council of Churches.

Speakers: Paul Simpson, The Rutherford Family, Elizabeth Carlson,  
Don Russo, Robin Symons and two parents whose daughters  
received regression therapy by Christian counselors before accusing  
their fathers of childhood sexual abuse.

Advanced registration for the conference is \$25.00 for the first person,  
and \$15.00 for each additional person from the same family or  
congregation (in the same mailing). Students may register for \$10.00

\*\*\*\*\*

### Special Family Meeting

Friday night, November 14, 7:00 - 10:00 P.M.

There will also be a meeting for falsely accused families on the  
Rollins campus. Dr. Simpson and the Rutherfords will discuss coping  
and reconciliation. For a brochure or more information about these pro-  
grams, please contact John and Nancy at 352-750-5446 or Email at  
<http://www.johnbell@totcon.com>.

## TRI - STATE MEETING: PENNSYLVANIA, NEW JERSEY AND DELAWARE FAMILIES & FRIENDS

The Hurt That Families Endure

When Therapists Err

Saturday, November 1, 1997

Trinity Assembly of God Church

1022 Pottstown Pike (Rte. 100) West Chester, PA

Registration: 9:30 AM

Meeting: 10:00 AM to 5:00 PM

Guest Speakers: Pamela Freyd, Ph.D.

The Rutherford Family

A contribution of \$20.00 per couple (\$5.00 for other  
family members) is requested to defray operating  
expenses.

RSVP by October 15, 1997 with check payable to:

James Munshour 671 Joseph Dr.

Wayne, PA 19087

For more information call:

Sally or Lee (609) 967-7812

or contact Jim & Jo: (610) 783-0396

## MEETINGS OF INTEREST TO FMSF NEWSLETTER READERS:

### WEIGHING THE EVIDENCE OF RECOVERED MEMORIES

A conference on recovered memories of child sexual abuse, previously announced as taking place at the Quinnipiac College School of Law in Hamden, CT, on November 14, 1997, will be held on that date, but the exact location has yet to be determined. The conference will either be on the Quinnipiac campus in Hamden or in the vicinity of New Haven, CT.

For Further information, contact Pamela Castellano at (203) 287-3254.

### HYPNOSIS, FALSE MEMORY AND MULTIPLE PERSONALITY

Saturday, November 1, 1997 1:00 - 4:30 p.m. at John Jay College 445 West 59th Street (near 10th Ave / Amsterdam)

New York, NY 10023 Fee \$40.00 or \$25.00 (students with I.D.) At door admission: \$50.00, Students \$35.00

Mail to: The Alfred Adler Institute 24 E. 21st St. 8th Fl New York, NY 10010 212-251-1048.

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 seminar participants will address the therapist's role in the retrieval of (false) memory and the manufacture of multiple personality.

Speakers: Herbert Spiegel, M.D., Robert Rieber, Ph.D. and Robert Ellenbogen, Ph.D.

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

**CONTACTS & MEETINGS - UNITED STATES**

**ALASKA**

Bob (907) 586-2469

**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) 254-2605

*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 (714) 494-9704

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

Floyd & Libby (818) 330-2321

*San Diego Area*

Dee (619) 941-0630

**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 (305) 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 & Janef (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) 957-2378

**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**

*Cheimsford*

Ron (508) 250-9756

**MICHIGAN**

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

Bill & Marge (616) 383-0382

*Greater Detroit Area - 3rd Sun. (MO)*

Nancy (810) 642-8077

**MINNESOTA**

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

**MISSOURI**

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

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

*St. Louis Area - 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) or  
 Martha 624-0225

**NEW YORK**

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

Barbara (914) 761-3627

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

Elaine (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

*Monroese*

John (717) 278-2040

*Wayne (includes S. NJ) - 2nd Sat. (MO)*

@ 1pm (No meeting in September or October)

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

**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 (604) 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

**AUSTRALIA**

Irene (03) 9740 6930

**ISRAEL**

FMS ASSOCIATION fax-(972) 2-259282 or

E-mail-fms@netvision.net.il

**NETHERLANDS**

Task Force FMS of Werkgroep Fictieve

*Herinneringen*

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 Scotford (44) 1225 868-682

Deadline for the Nov. Newsletter is Nov. 15.  
 Meeting notices MUST be in writing and should be sent no later than two months prior to meeting.

**The FMS Foundation Annual Fund Drive begins in October.  
Please be generous.**

FORWARDING SERVICE REQUESTED.

Philadelphia, Pennsylvania 19104 - 3315

**FMS FOUNDATION**  
FALSE MEMORY SYNDROME  
3401 Market Street, Suite 130

Philadelphia, PA 19104-3315  
Phone 215-387-1865 or 800-568-8882  
Fax 215-387-1917  
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

**FMSF Scientific and Professional Advisory Board**  
October 1, 1997

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; Terence W. Campbell, Ph.D., Clinical and Forensic Psychology, Sterling Heights, MI; Rosalind Cartwright, Ph.D., Rush Presbyterian St. Lukes Medical Center, Chicago, IL; Jean Chapman, Ph.D., University of Wisconsin, Madison, WI; Loren Chapman, Ph.D., University of Wisconsin, Madison, WI; Frederick C. Crews, Ph.D., University of California, Berkeley, CA; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D., University of Pennsylvania, Philadelphia, PA; Henry C. Ellis, Ph.D., University of New Mexico, Albuquerque, NM; George K. Ganaway, M.D., Emory University of Medicine, Atlanta, GA; Martin Gardner, Author, Hendersonville, NC; Rochel Gelman, Ph.D., University of California, Los Angeles, CA; Henry Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Lila Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Richard Green, M.D., J.D., Charing Cross Hospital, London; David A. Halperin, M.D., Mount Sinai School of Medicine, New York, NY; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; David S. Holmes, Ph.D., University of Kansas, Lawrence, KS; Philip S. Holzman, Ph.D., Harvard University, Cambridge, MA; Robert A. Karlin, Ph.D., Rutgers University, New Brunswick, NJ; Harold Lief, M.D., University of Pennsylvania, Philadelphia, PA; Elizabeth Loftus, Ph.D., University of Washington, Seattle, WA; Susan L. McElroy, M.D., University of Cincinnati, Cincinnati, OH; Paul McHugh, M.D., Johns Hopkins University, Baltimore, MD; Harold Merskey, D.M., University of Western Ontario, London, Canada; Spencer Harris Morfit, Author, Boxboro, MA; Ulric Neisser, Ph.D., Cornell University, Ithaca, NY; Richard Ofshe, Ph.D., University of California, Berkeley, CA; Emily Carota Orne, B.A., University of Pennsylvania, Philadelphia, PA; Martin Orne, M.D., Ph.D., University of Pennsylvania, Philadelphia, PA; Loren Pankratz, Ph.D., Oregon Health Sciences University, Portland, OR; Campbell Perry, Ph.D., Concordia University, Montreal, Canada; Michael A. Persinger, Ph.D., Laurentian University, Ontario, Canada; August T. Piper, Jr., M.D., Seattle, WA; Harrison Pope, Jr., M.D., Harvard Medical School, Boston, MA; James Randi, Author and Magician, Plantation, FL; Henry L. Roediger, III, Ph.D., Washington University, St. Louis, MO; Carolyn Saari, Ph.D., Loyola University, Chicago, IL; Theodore Sarbin, Ph.D., University of California, Santa Cruz, CA; Thomas A. Sebeok, Ph.D., Indiana University, Bloomington, IN; Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M., Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; Margaret Singer, Ph.D., University of California, Berkeley, CA; Ralph Slovenko, J.D., Ph.D., Wayne State University Law School, Detroit, MI; Donald Spence, Ph.D., Robert Wood Johnson Medical Center, Piscataway, NJ; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN; Charles A. Weaver, III, Ph.D., Baylor University, Waco, TX

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.

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1997 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.)

### Yearly FMSF Membership Information

Professional - Includes Newsletter \$125 \_\_\_\_\_  
Family - Includes Newsletter \$100 \_\_\_\_\_  
Additional Contribution: \$ \_\_\_\_\_

PLEASE FILL OUT ALL INFORMATION—PLEASE PRINT

\_\_\_ Visa: Card # & exp. date: \_\_\_\_\_

\_\_\_ Mastercard: # & exp. date: \_\_\_\_\_

\_\_\_ Check or Money Order: Payable to FMS Foundation in U.S. dollars

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State, ZIP (+4) \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_