



Dear Friends,

"Numerous studies in children and adults have found that psychologically traumatic events often result in an inability to forget, rather than a complete expulsion from awareness. Amnesia for prolonged recurrent abuse is rare. Adult patients suffering from amnesia are well aware of the gap in their memory."

"The issue of false or recovered memories should not be allowed to confuse the recognition and treatment of sexually abused children. We concluded that when memories are 'recovered' after long periods of amnesia, particularly when extraordinary means were used to secure the recovery of memory, there is a high probability that the memories are false, i.e. of incidents that had not occurred"

British Journal of Psychiatry 172 294-307 April 1998

Review Article: Recovered memories of childhood sexual abuse: Implications for clinical practice
Brandon, S., Boakes, J., Glaser, D., and Green, R.

In May 1995 the Royal College of Psychiatrists in England set up a working party to examine the issue of recovered memories. The Working Party submitted its report in the summer of 1996. In October 1997, the Royal College published consensus recommendations for good practice. (See FMSF Newsletter November, 1997). On April 1, 1998 the report commissioned by the Royal College was published in the British Journal of Psychiatry. Rather than describe the report, which speaks for itself, we will print a few comments from it.

The report is unambiguous about techniques that have been promoted to "recover memories."

•**Check-Lists:** There is no evidence that any check lists, syndromes, symptoms or signs indicate with any degree of reliability that an individual has been sexually abused in the remote past.

•**Drug-induced abreaction:** It is inappropriate to use repeated abreaction to 'trawl' for traumatic events. There is considerable anecdotal clinical evidence that in repeated sessions patients will eventually generate material which is a produce of fantasy. Even in a single session of abreaction great caution is required.

•**Hypnosis:** This technique has been shown to be unreliable

as a means of eliciting memories of past events, and such 'memories' are no longer admitted as legal testimony.

•**Age regression:** There is no evidence for the efficacy of this technique, nor can it be shown that the subject's 'memories' actually do regress to the target age.

•**Dream interpretation:** There is no evidence that dreams are a 'royal road' to historical accuracy; and interpretations usually reflect the training and personal convictions of the therapist.

•**Imagistic and 'feelings' work and art therapy:** Although many of these techniques are applications of accepted clinical practice, they can be powerfully suggestive and induce trance-like states. The beliefs of the therapist are the determining factor in how a patient's productions are shaped.

•**Survivors' groups:** Whilst these can be supportive, the practice of mixing those who clearly remember abuse with those who are suspected by the therapist of having repressed their memories has been strongly criticized because of the risk of suggestion and contagion among group members.

The authors of the report examined a great number of articles, research and reports. Their conclusion:

"There is a vast literature but little acceptable research. Opinions are expressed with great conviction but often unsupported by evidence."

The report carefully defines what it means by the term "recovered memories" and FMS:

"A recovered memory, in the context of this paper, is the emergence of an apparent recollection of childhood sexual abuse of which the individual had no previous knowledge. An individual who had always had a memory of sexual abuse, but who chose not to think or talk about it, is excluded by this

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definition, as are memories of non-sexual events. Reports of childhood abuse which had never been forgotten, and reports by children of current abuse are also excluded. We were concerned exclusively with adults, often in their 30s and 40s, who reported memories of child sexual abuse after decades in which no such suspicion had been raised and of which they had no prior memory. 'Recovery' of memory should be distinguished from 'retrieval' of memory by active recall or simple 'remembering,' which are normal, everyday occurrences."

"FMS is more than a simple recollection of a forgotten event, or even of a disputed event. It entails major disruption of the personality and family relationships."

The report notes that:

"The very inability to recall abuse is taken as a sign that abuse has occurred but is being 'denied' through the process of repression."

And that:

"Not all cases of false memory arise from therapeutic practice. Increasingly the request for 'memory recovery therapy' is initiated by a client who has read one of a number of self-help books."

In commenting on the statements from professional organizations, the report notes:

"In their efforts to remain impartial they have failed to resolve the impasse between research and clinical observation."

The report observes that:

"The growth in the USA of 'recovered memory therapy' for past sexual abuse has caused great public and professional concern. It became apparent that the polarisation of views and fierce controversy within the American psychiatric community was in danger of bringing psychotherapy into disrepute and it seemed important to examine objectively the scientific evidence before such polarisation developed in the UK."

The report commissioned by the Royal Society of Psychiatrists sets a standard that challenges those organizations that made earlier statements to revise them. Making such changes will probably meet with resistance. The commentary by Felicity Goodyear-Smith in this issue observes that professionals who support the belief system of recovered memory therapy still hold to its fundamental tenets while acknowledging that false memories can be created in therapy.

As usual, the past month was filled with events. In the legal section there are two instances in which appeal-level courts have given third-parties the right to pursue legal actions. A comment by the judges in one of the cases deserves consideration.

"While we recognize that great social utility arises from allowing therapists to diagnose sexual abuse, no social utility can be derived from shielding therapists who make cavalier diagnoses that have profound detrimental effects on the lives of the accused and their family."

In contrast to the legal decisions mentioned, the Arizona Board of Medical Examiners seems not to consider it even worth disciplining a psychiatrist who destroyed a family (see page 5). As we wrote about that situation, we could not help but reflect on the fact that when the doctor had a complaint filed against him, he was afforded the privilege of having a hearing and a lawyer to represent him. In contrast, the family members who have been accused in this FMS panic were never afforded such a forum in which to defend themselves. They were found guilty by accusation. Because the ethics committees of the professionals organizations and the license boards that seem to represent the professionals rather than the public have not responded to the FMS problem, it is likely that the amount of legal activity will continue to increase.

Justice and fairness should belong to all citizens.

Pamela

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, Janet Fetkewicz, 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.

Thank you to Patrick Fitzgerald who has maintained a Web site for the FMS Foundation. The address of the site is:

<http://advicom.net/-fitz/fmsf/>

"I have this absolute belief that everyone who has benefited has an obligation to do for others if that chance arises."

Former Senator George Mitchell

If you have benefited from the existence of the FMS Foundation, please be generous with your ongoing support and contributions so that we can continue to help others. The problem, alas, is not over.

Foundation Involved in Continuing Education for Attorneys

The Litigation and Criminal Law Sections of the Connecticut Bar Association have been joined by the Foundation in sponsoring "Eyewitness Testimony and False Memories." This legal continuing education program will be held Friday, May 15, from 9:00 AM until 1:30 PM at the Holiday Inn in Hartford, CT and awards four hours of CLE Credit. The featured speakers and their topics are: Elizabeth Loftus Ph.D., "Research on Memory Creation;" Thomas Pavlinic, "How Science is Used in the Courts" and Charles W. Fleischmann, "A Case Example: Defending the Accused."

Registration information can be obtained from the Connecticut Bar Association, 101 Corporate Place, Rocky Hill, CT 06067; phone (860) 721-0025; fax (860) 257-4125. CBA Web Site: <http://www.ctbar.org>.

The Foundation will cooperate with other attorneys who would like to plan a suitable CLE program in their area. Call the Foundation CE staff at (215) 387-8663.



Normative Sexual Behavior in Children:

A Contemporary Sample

Friedrich, W.N., Fisher, J., Broughton, D., Houston, M. and Shafran C.

Pediatrics Vol. 101 No 4 April 1998

A study of 1114 children between 2 and 12 years conducted through the Mayo Clinic in Rochester, Minnesota concluded that: A broad range of sexual behaviors are exhibited by children who there is no reason to believe have been sexually abused. Their relative frequency is similar to two earlier studies, and this reinforces the validity of these results.



Lawsuits against University Counseling Programs

Many families have written to the Foundation complaining about the therapy their children received through university counseling programs. Legal actions in this area are starting. In the past few months there has been news of suits by former students brought against counseling programs for implanting memories at Drake University, Syracuse University and three suits at the University of Wisconsin. If the number of complaints received by the Foundation is any indication, it is likely there will be many more such suits.



Right to Urge Feds to Probe Wenatchee

Seattle Post Intelligencer 4/10/98

A call for congressional hearings into the Wenatchee tangle has support in an editorial in the *Seattle Post Intelligencer*. Organized by Jack Hill, Pierce County public defender and Kathryn Lyon, author of "Witch Hunt," a petition is being circulated asking for congressional hearings and an investigation by the Justice Department or by the Department of Health and Human Services.

According to the PI, the Washington state government is the perpetrator in the Wenatchee prosecutions and appears too biased to subject itself to reform. Hill and Lyon note that all of the "notorious prosecutions" have occurred under the umbrella of a federal law, the Mondale Act, that governs and finances child-protection systems nationwide. While the systems are run by the states, the blueprint is federal.

Pierce and Lyon write: "The events in Wenatchee were not a local aberration. Instead, they may one day prove to be the most egregious of many notorious prosecutions and fam-

ily interventions in the nation."

Readers may add their names to the petition by writing

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Remember Those Justice Forgot

Editorial, *Globe and Mail*, April 15, 1998

Hundreds of people in Canada appear to have been imprisoned solely on "recovered memory" evidence. This editorial notes that "recovered-memory therapy was one of the most pernicious trends to sweep North America in the late 1980s and early 1990s, fracturing thousands of families and leading to hundreds of arrests and financially crippling lawsuits." It calls on Minister Anne McLellan to order an "inquiry into all convictions based on this internationally discredited therapeutic theory." The editorial notes that there is a precedent for doing this in Canada. In 1995 Ontario reviewed approximately 100 cases of women convicted of murder before 1990 when the Supreme Court ruled that battered-women syndrome was a legitimate defence. With the publication of position papers from America, Australia, Canada and most recently from the Royal College of Psychiatrists in England, there is no longer any question about the fact that "recovered memories" triggered in adults during psychotherapy are unreliable and should not be accepted without corroborating evidence. The editorial concludes that "an urgent and powerful need exists to act on this matter without delay."

Honourable Anne McLellan, P.C.,
M.P., Minister of Justice and Attorney
General of Canada, Room 350, Justice
Building, 239 Wellington Street, Ottawa
K1A 0H8



Separating the Trendy from the True

FMSF Staff

"Before a new drug is approved for use by the public, it must undergo rigorous scientific trials that include testing against control groups and specific tracking to see whether the drug works as advertised.[1]

Similar statements have appeared in past FMSF Newsletters in reference to recovered memory therapy practices. This quotation, however, comes from an article in the *Arizona Republic* regarding a recent report on prevention and treatment programs for family violence.

According to the report by the National Research Council, an arm of the National Academy of Sciences, "taxpayers spend billions of dollars a year on programs to treat domestic violence and child and elder abuse that haven't been measured using scientifically valid evaluations. But money's not the only thing at stake. There's also the health and lives of some of society's most vulnerable members, especially children and the elderly.

The article concludes with the obvious: Only scientific evaluations can separate the trendy from the true.

A "trendy" healing program was exposed this month when the *Journal of the American Medical Association* published an article written by an 11-year-old girl debunking "therapeutic touch."^[2] Practitioners of "therapeutic touch" are called "healers." Healers pass their hands over a patient's body without touching it, supposedly manipulating a "human energy field" that enhances recovery.

Tens of thousands of people have been trained in the use of this tech-

nique. It is offered by more than 80 hospitals nationwide and qualifies for insurance reimbursement.

Emily Rosa, a fourth-grader, set out to challenge this technique. She designed an experiment for a school science project in which she and one of several healers were separated by a screen. Emily used a coin flip to determine whether to put her hand over the healer's left or right hand. The healers were then asked to say whether they felt energy over their left or right hand. The subjects picked the correct hand only 44% of the time, worse than guessing.

"Facilitated Communication"^[3] is another widely-used program that has been debunked by a simple experiment. In FC, a facilitator gives physical assistance to non-speakers (usually autistic children) by guiding their hands to letters on a keyboard. Children who had not previously uttered a word suddenly began writing beautiful poetry and expressions of love for their parents.

When alleged cases of sexual abuse were reported through FC writing, researchers began to pay attention. Several empirical studies concluded that facilitators were manipulating the outcomes though they claimed to be unaware of their influence.

"With so little scientific evidence that these programs work, how is it that they are adopted and flourish?" asked the article in the *Arizona Republic*. How, indeed.

1. Frerking, Beth. "Lives at Stake", *Arizona Republic*, March 29, 1998.

2. Rosa L and Rosa, Emily, Sarnier, L & Barrett, S "A close look at therapeutic touch," *JAMA* 279:(13) 1005-1010, April 1, 1998

3. Facilitated Communication. See FMSF Newsletters June 1993, March 1994, October 1994, March 1995, November 1995

Playing at Science

Allen Feld

Recently, I was speaking with parents Renee and Richard Althaus, whose daughter Nicole had accused them of sexual abuse, leading to their arrest. The daughter has since retracted and they have successfully sued psychiatrist Judith Cohen, who was used as a consulting psychiatrist after the false accusations were made.

My call to the family was prompted by a discussion of their legal case in a book written by Daniel Brown, Alan W. Schefflin and D. Corydon Hammond [1], three advocates of legal and clinical positions antithetical to those held by supporters of the False Memory Syndrome Foundation.

This 786-page book carries the hefty price of \$100.00. I have read only selected portions and this personal essay is not intended to be a review of the book. Rather it is to draw a comparison between the manner in which the Althaus case was documented by Brown, Schefflin and Hammond and by Carl Sagan in *The Demon-Hunted World*.^[2]

After hearing the several paragraphs from the Brown, Schefflin and Hammond book, Richard and Renee pointed to some misinformation in that book that could have been readily avoided. Rather than reviewing the actual trial transcript, it appears the authors chose to rely on the interpretations provided by defense expert witness Thomas G. Guthiel, M.D. via personal correspondence. Thus the three advocates wrote things like: Dr. Cohen "...did not believe her patient..."; "...did not accept the full story..." without citing a source for those claims. In fact, it is easily dis-

"Psychiatrists condemn a trendy therapy"

"The worst aspect of all this is that so far no one has done anything about helping the therapists' victims. We are going to press for counter-therapy systems to be set up to undo the damage. It will cause even more problems as the therapists who caused the problems will claim they are right. But we have to think of the people they have damaged."

Professor Brandon, *Daily Mail* (4/1/98)

cernible from the pleadings and the judge's decisions that the therapist believed that the "...abuse allegations were valid." While using personal correspondence is neither unusual nor inappropriate, its use in replacing a readily accessible primary source is unheard of in a scientific book.

In contrast, when Carl Sagan decided to describe the same case in *Demon-Haunted World*, a fact-checker contacted the family to verify the information. His description of the case, therefore, was quite different.

The Althauses, parents of the patient, have had their case under appeal, and on April 14, 1998 the Superior Court of Pennsylvania ruled in their favor. (A discussion of that decision is in the Legal Corner of this issue.) Some of the language in the majority decision is important for this commentary. Judge Justin M. Johnson, writing for the majority, includes these important observations:

Dr. Cohen became deeply enmeshed in the legal proceedings against the Althauses and, in doing so, placed herself in a role that extended well beyond the therapeutic treatment context.

However, because she chose to take this active role, the Althauses, as alleged child abusers, had a reasonable expectation that Dr. Cohen's diagnosis of Nicole, affecting them as it did, would be carefully made and would not be reached in a negligent manner.

The majority of this court, after reviewing the same facts, disagreed with the ill-founded position taken in the book. Brown, Schefflin and Hammond distort the facts in Althaus v. Cohen.

As readers of this newsletter are all too aware, much of what is passed off as scholarly work in this field may be nothing more than "junk science." We assuredly cannot judge any book by its cover, price or length. Despite the fact that it looks like science,

sounds like science and is big and expensive like some scientific books, it may not be science.

1. Brown, D. Schefflin, A. W. & Hammond, D. C. (1998). *Memory, Trauma and the Law: An Essential Reference for Clinicians, Researchers, Attorneys and Judges*. New York: W. W. Norton & Company, pp. 565-6.

2. Sagan, C. (1995). *The Demon-Hunted World: Science as a Candle in the Dark*. New York: Random House, p 166.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.

Idaho Passes Mental Health Legislation

In March, 1998 Idaho passed consumer protection legislation. The bill states that: "the purpose of this legislation is to provide safeguards for the public against unqualified providers practicing professional counseling without a license by changing the Idaho Counselor Licensing Law from a title act to a practice act. This legislation would prevent all mental health practitioners, i.e. psychologists, social workers, and counselors, who have lost their license for misconduct or those who have not obtained a minimum standard of competence from practicing as a counselor."

The need for change in legislation in Idaho was evidenced when psychologist Mark Stevenson had his license suspended by the psychology licensing board because of implanting false memories and violations of the ethics code. (See FMSF Newsletter June, 1996) Stevenson continued in business but called himself a "counselor."

Vigil for Souzas

On April 9, 1998, Good Friday, a vigil to voice hope and support for the Souzas was held in Lowell, MA. The Souzas, who have been under house arrest for the past six years, may be sent to prison on April 27 when they

have a hearing before Judge Dolan who found them guilty of child abuse in 1992.

False Memory Doctor Gets Minimal Discipline

Tucson Citizen Writer, April 2, 1998

A woman had no previous history of mental disorder or aberrant conduct and had functioned well prior to therapy. She had a masters degree and a good job, was married with children. After therapy, the patient was hospitalized several times, attempted suicide, lost her job and was forced to go on disability.

In response to questions about why his patient's condition worsened, Dr. Donald J. Garland explained that a patient who has developed dissociation typically regresses into instability before improving. Dr. Garland, who found 30 to 40 personalities in this patient, was criticized for failing to keep adequate records and documentation of his treatment of the patient.

The patient told investigators that the idea of multiple personalities was first suggested by her doctor, but she did not believe she had been harmed by his treatment. Family members, including the sister of the patient, told investigators that there had been no childhood abuse and her body showed no physical evidence of abuse. They said she had close and affectionate ties to her parents and grandparents until therapy started.

A complaint was brought by family members against Dr. Garland. The Arizona Board of Medical Examiners gave the smallest penalty possible. No limits or sanctions will be levied against his ability to practice psychiatry in Arizona. The complaining parent who had wanted his license revoked may appeal this decision.

Editor's Comment: This appears to be another example of the failure of license boards to protect the public.

Two State Appellate Courts Hold that Therapists Owe a Duty to Third-Party Accused Parents in Malpractice Suits

Two state appellate courts have recently held that under certain circumstances therapists may owe a duty to the person their patient accuses of sexual abuse. In each case, the therapist's patient had no memory of sexual abuse by her parents prior to entering therapy. The accused parents argued that their injury was serious and foreseeable and was directly caused by allegations which developed during therapy. Furthermore, the parents argued, the therapist was the only one in a position to ensure that the treatment did not cause harm to others when that harm was foreseeable.

Defendants in both cases argued that to extend their duty beyond their patients to a third party would impose too great a burden on the therapist because it would cause therapists to be overly concerned about the possible impact of their actions on some third party who was not a patient. In addition, defendants argued, imposing a duty to a third party would have a chilling effect on the treatment and reporting of child abuse and is, therefore, contrary to public policy.

The two recent decisions reported below rejected defense arguments. The Wisconsin Appellate Court emphasized that the serious harm a false accusation of sexual abuse inflicts^[1] cannot be easily dismissed: "We cannot conclude that public policy requires such injured plaintiffs to go without a remedy simply because they are the parents of the accuser." The Pennsylvania Superior Court similarly concluded: "While we recognize that great social utility arises from allowing therapists to diagnose sexual abuse, no social utility can be derived from shielding therapists who make cavalier diagnoses that have profound detrimental effects on the lives of the accused and their family."



Wisconsin Appellate Court Revives Third-Party Malpractice Suit

Sawyer v. Midelfort, Court of Appeals, Dist. III, Wisconsin, No. 97-1969, March 17, 1998.

In March 1998, a Wisconsin Appeals Court revived a third-party negligence lawsuit that contends a psychiatrist and a therapist caused a woman to falsely accuse her parents of sexually abusing her as a child. The court reversed the portion of the summary judgment that ordered the dismissal of the accused parents' malpractice complaint, hold-

ing that under the facts of the case, a duty was owed to the parents, that public policy does not preclude recovery of damages, and that the claim was not barred as a matter of law by the statute of limitations. The court, therefore, remanded the case for trial.

The case alleged negligence by psychiatrist H. Berit Midelfort and therapist Celia Lausted in their treatment and care of Plaintiff's adult daughter Anneatra. The Sawyers claim that Lausted negligently used hypnosis and age regression and Midelfort negligently diagnosed multiple personality disorder in their daughter, causing her to develop allegedly false memories of sexual abuse by her father and various other acquaintances.

At a meeting in 1985, in her therapist's office, Anneatra accused her parents of the abuse. Then in 1988, Anneatra initiated a lawsuit against her parents for damages arising from the alleged abuse.^[2] Anneatra and her parents never spoke again, and Anneatra died of cancer in 1995.^[3]

After Anneatra died, her mother Delores Sawyer was appointed administrator of her estate and obtained Anneatra's treatment records. The Sawyers claim that only after they read their daughter's therapy records, did they discover the role her treatment had in the recovery of her allegedly false memories. Prior to that time, the Sawyers say they were unsure why Anneatra accused them. Soon after, in 1996, the Sawyers filed this suit on their own behalf, and Delores Sawyer brought a claim on behalf of Anneatra's estate.

The Wisconsin Court of Appeals first considered whether the Sawyers' claims were time-barred as a matter of law. The court held that the record did not indicate as a matter of law whether plaintiffs unreasonably delayed in bringing the suit. The court continued that if it is true, as the Sawyers asserted, that they had no reason to believe negligent treatment by Anneatra's therapists caused her to make allegations, and if it is true that they had unsuccessfully tried to contact their daughter to discern what caused their allegations, the delay would not be unreasonable.

Defendants countered that had the Sawyers used reasonable diligence, they would have discovered the use of hypnosis to develop Anneatra's memories. Defendants also argue that the Sawyers were on notice in 1985 when the allegations were made in Lausted's office or at least by 1988 when Anneatra filed a lawsuit against her parents. The court disagreed, "The facts Lausted offers to prove that the Sawyers should have known she probably caused the injury are insufficient to demonstrate this as a matter of law."

"First, the fact that Anneatra's accusations occurred in Lausted's office does not establish that Lausted caused them through malpractice. On the contrary, the record suggests the Sawyers could have attributed the accusations to any number of possible causes (including psychiatric ill-

ness, Anneatra's involvement in survivor groups, ill will or spite, or the reading of popular literature on childhood sexual abuse)."

The court also held that the Sawyers cause of action accrues when it is complete, that is when the "last act occurs in a continuum of negligent acts, and when the plaintiff has a basis for objectively concluding that the defendant was the cause of the plaintiff's injuries and damages." (emphasis in original) This means that the Sawyers' allegations would not accrue until Anneatra's therapy ended in 1994, less than 2 years before this suit was filed and within the limitations period in Wisconsin.

The appeals court then considered whether allowing recovery for psychological harm due to negligence would put too great a burden on the therapist. The court reasoned, "The harm such [false accusations of sexual abuse] inflict cannot be easily dismissed. We cannot conclude that public policy requires such injured plaintiffs to go without a remedy simply because they are the parents of the accuser. The injury alleged by the Sawyers is not one of witnessing their daughter suffer the injury; rather, the injury is a direct harm caused by their daughter's accusations...Under Wisconsin law, the doctrine of public policy, not the doctrine of duty, limits the scope of the defendant's liability. In Wisconsin, a party is negligent when he or she commits 'an act when some harm to someone is foreseeable.' While public policy may preclude recovery for purely emotional injuries that fall within this broad rule, we have already determined that in this case it does not. Further, although Lausted argues that she had no duty to determine the truth of what her patient is saying, she did have a duty to insure that her treatment did not cause harm to others when some harm was foreseeable. Based on these considerations, we conclude that the Sawyers stated a proper claim." (citations omitted)

The case is the first of its kind in Wisconsin and one of the landmark cases nationally involving false memory, said William Smoler, attorney for the Sawyers. The defendants have filed an appeal to the Wisconsin Supreme Court.

1 "Society's justifiable repugnance toward (sexual abuse of a child)...is the reason why a falsely accused [person] can be gravely harmed." *Doe v. Archdiocese of Milwaukee*, 211 Wis.2d 312, 355.

2 The 1988 lawsuit was apparently dismissed fairly early on, although the record does not reveal the reason for dismissal.

3 Apparently, the Sawyers were not informed of Anneatra's death until an anonymous note appeared on their doorstep three weeks later.

"While we recognize that great social utility arises from allowing therapists to diagnose sexual abuse, no social utility can be derived from shielding therapists who make cavalier diagnoses that have profound detrimental effects on the lives of the accused and their family."

Superior Court Judge Johnson writing for the majority in *Althaus v. Cohen*, Superior Court, Penn., April 13, 1998.

Pennsylvania Appeals Court Upholds Psychiatrist's Liability to Accused Parents

Althaus v. Cohen, 1998 Pa. Super. LEXIS 631, 4/13/98.¹⁴¹

A psychiatrist who negligently misdiagnosed and treated a patient for alleged parental sexual abuse, and who participated in criminal proceedings against the parents, owed a duty of care to the parents under the facts of the case, a Pennsylvania appeals court decided, because it was reasonably foreseeable that the parents would be harmed by the psychiatrist's negligence. In finding a duty owed to the parents as well as the daughter, the court cited the fact that the psychiatrist specifically treated the daughter for parental sexual abuse, that the parents were directly affected by the psychiatrist's negligent misdiagnosis and treatment, that the psychiatrist was aware of and actively participated in the criminal proceedings, and that it was foreseeable that the parents would be harmed by the negligence.

In a case of first impression, a divided (5-4) Pennsylvania appellate court affirmed that a psychiatrist owes the parents of a patient a duty of care when the doctor's actions "extend well beyond the psychiatric treatment of the child." The court upheld a 1994 Pennsylvania jury award of \$272,232 in favor of Richard and Cheryl Althaus and their daughter as entered against psychiatrist Judith Cohen and the Western Psychiatric Institute.

As a result of Nicole's allegations of sexual molestation and ritual abuse, her parents were arrested on more than one occasion and criminally charged. Psychiatrist Cohen repeatedly stated that she was not required to make any determinations about the credibility of Nicole's allegations, though Cohen testified at a preliminary hearing in the criminal case against the Althaus parents that she believed that Nicole had been abused. According to the court, Cohen knew at least some of Nicole's allegations were not true, but she "essentially validated...unwittingly false testimony." The charges were finally withdrawn after Nicole underwent an independent psychiatric examination. The court-appointed psychiatrist testified that the girl suffered from borderline personality disorder and that he did not believe that she had ever been abused. The court-appointed psychiatrist further testified that the abuse allegations were the product of the disorder, which rendered Nicole unable to distinguish fact from fantasy.

The majority concluded that Cohen owed a duty of care not only to Nicole, but to her parents, who were directly affected by Cohen's failure to properly diagnose and treat Nicole. "Dr. Cohen became deeply enmeshed in the legal proceedings against the Althauses and, in doing so, placed herself in a role that extended well beyond the therapeutic treatment context," the majority wrote. "However, because she chose to take this active role, the Althauses, as alleged child abusers, had a reasonable expectation that Dr. Cohen's

diagnosis of Nicole, affecting them as it did, would be carefully made and would not be reached in a negligent manner.”

The court applied traditional negligence principles of foreseeability⁴ in defining the group of persons who might be affected by the therapist’s actions. The majority wrote that courts must weigh policy considerations and “limit liability to those instances where the harmful consequences of the physician’s actions could reasonably have been foreseen and prevented by the exercise of reasonable care.”

The Althaus family was represented by Martha Bailor of Pittsburgh. Larry Silverman, attorney for Cohen and the clinic, said an appeal is likely.

4 See FMSF Newsletters Jan. 1994, Sept. 1996, Sept. 1997 and FMSF Brief Bank #2.

5 The court found support for its decision in the line of cases allowing claims by third parties against physicians who failed to fully warn their patients to protect others from communicable diseases.



Editor’s Note: “Repression,” or more recently, “dissociative amnesia” or “borderline personality disorder” are often argued to be the reason a complainant delayed in filing a sexual abuse claim. Many courts have expressed skepticism about the reliability and general acceptance of the theory of “repression” —specifically whether a reliable test exists to determine the accuracy of a so-called recovered repressed memory. Some courts have found “repressed” memory claims inadmissible. Here we report two decisions for which a diagnosis of “dissociative amnesia” or “borderline personality disorder” was pivotal in determining whether a witness’s testimony was credible.

We note in the report given above that criminal charges against the Althaus parents were withdrawn after expert testimony was presented that the girl’s abuse allegations were the product of “borderline personality disorder” which rendered her unable to distinguish fact from fantasy. Though the case reported below is not a “repressed memory” claim, it merits attention because the court held that it was in error to exclude expert testimony that “dissociative amnesia” or “dissociation” could impair a witness’s ability to perceive, remember, and recount critical events accurately. We expect to see similar challenges to claims of “dissociative amnesia” or “dissociation” in future cases.



Expert Testimony: Dissociative Amnesia is a Condition that Impairs the Ability to Recall and Recount Events Accurately

State of Oregon v. Gherasim, 1998 Ore. App. LEXIS 413, 4/1/98

In April 1998, an Oregon Appellate Court ruled that exclusion of expert testimony regarding the condition, dissociative amnesia, and specifically its impairment of the ability to recall and recount events accurately was erroneous.

The defendant in a kidnapping and attempted rape case said that he was not the assailant, but was instead, a “good Samaritan” who found the assault victim by the side of the road after she had been assaulted and attempted to help her. After the event, the woman presented various contradictory accounts of what had happened to her. There were no witnesses and no evidence linking the defendant to the crime other than the testimony of the victim. Defendant appealed his conviction.

At trial the defendant had presented expert testimony that the woman experienced dissociative amnesia, a psychological condition in which a victim involuntarily blocks from conscious mind the details of traumatic events, with the resulting memory gaps being filled with details from later events. The latter process was described by the defense expert as “dissociation” and could explain the different versions given by the victim because her ability to accurately perceive, remember, and recount the critical events was impaired. The appellate court held that such testimony was no different from that of an ophthalmologist who testifies that an eyewitness has impaired vision or that of a psychologist who testifies that a witness suffers from dementia. The court held that expert evidence relating to a witness’s credibility is admissible only if it goes to the “capacity” or “ability” of the witness to perceive, remember, or relate. The expert could not, however, state an opinion as to whether the victim would testify truthfully at trial.

The appellate court held that exclusion of the defense expert testimony at trial was in error and was not harmless error since the expert testimony lay at the heart of the defense. The conviction was reversed and the case remanded for a new trial.

One of the principal lessons of the Wenatchee “witch hunt” is that when the due process of law is ignored or unenforced, it is frightfully easy for vested interests to manipulate, coerce and trample the rights of parents and children. Proper procedures, regulations and guidelines offer little protection when those who ‘know what is best for us’ circumvent the law. It’s a lesson we need to learn—again.

Seattle Times, March 18, 1998
Richard Warner

Developments in Wenatchee Tangle

Editors note: Forty-three people were arrested in Wenatchee Washington in 1994 and 1995 on 29,726 counts of sexually abusing 60 children. Of the 28 people charged in 1994-95, 14 pleaded guilty, five were convicted, and charges were dismissed or greatly reduced against six others. Many of the investigations surrounding the purported sex rings are now discredited and authorities say the sex-rings never existed. Recent months have seen an appeals court overturn convictions in one case, a judge specially appointed by the state appeals court sharply criticize techniques used by investigators, a civil rights trial against investigators begin, and numerous oversight investigations ordered. Some of these developments are outlined below.

For more information about the history of the situation in Wenatchee, see the five-part series of articles in the *Seattle Post-Intelligencer* by Andrew Schneider and Mike Barber. The series, called "The Power to Harm: A Record of Abuses in Wenatchee" was excerpted in *The Village Voice* during April 1998. *The Voice* concluded that the series deserves to win the Pulitzer Prize.

Special Hearings Judge Criticizes Wenatchee Investigation Techniques: Late in March, a judge specially appointed by the state appeals court sharply criticized techniques used by Wenatchee Police Detective Robert Perez and other investigators, recommending two convicted adults be retried. Judge Wallis Friel's 68-page report will be considered by the appellate judges, who are considering whether to allow Harold and Idella Everett, an illiterate and developmentally disabled couple, to have new trials. The Everetts' daughters made abuse allegations against scores of people after they were placed in the home of Perez as foster children.

Wenatchee Defendants Refused Bail Despite New Trial Order: On March 20, a Superior Court Judge refused to release Carol and Mark Doggett on bail after their 1995 child-abuse convictions were overturned⁶ and a new trial ordered. The judge explained that because of a 1996 law passed to "improve the supervision of convicted sex offenders," they must wait for the state Supreme Court to rule on an appellate court reversal of their child-rape convictions. Eric Neilsen, the Doggetts' attorney, said he would appeal this decision.

In December, a Washington appeals court held that if the Doggetts were retried, a hearing must first be held to determine the propriety of the police and Child Protective Services actions that led to the original charges.

⁶ *State of Washington v. Carol M.D. and Mark A.D.*, 1997 Wash. App. LEXIS 2021, Dec. 9, 1997. See FMSF Newsletter March 1998.



Wenatchee Public Officials Are Defendants in Civil Trial: *Rodriguez, et al v. Perez, et al*, Superior Court Chelan County, Washington, No. 96-2-00704-2.

Some of those accused of abuse in Wenatchee, but not convicted, are now suing law enforcement officials, state social workers, and others for \$70 million, claiming their civil rights were violated. Eight people and three different families have brought this suit.⁷ They are claiming they were arrested falsely, prosecuted maliciously and denied due process. In addition, they claim that state social workers acted in concert with law enforcement officials to get children to make false accusations.

The civil trial, which began April 6, is expected to provide an in-depth airing of investigatory techniques used by Wenatchee police Detective Bob Perez and state Child Protective Services caseworkers. The trial is being held before a Seattle jury—it was moved from Central Washington to ensure fairness—and is expected to run six to eight weeks. Up to 200 people have been listed as potential witnesses.

At issue is whether Perez and other city, county and state officials abused their authority by falsely accusing Roberson and others of child sex abuse, accusations resulting from what the plaintiffs say were months of intimidation and threats to children, the mentally disabled, the illiterate and the impoverished. Defendants include Perez, the state Department of Social and Health Services and individual caseworkers, state-paid mental health therapists, private therapist Cindy Andrews, the city of Wenatchee and Wenatchee police chief, and Chelan and Douglas County officials.

Attorney Robert Van Siclén, who successfully defended several of the plaintiffs against criminal charges in 1995, represents the plaintiffs in this action. *The Seattle Times* and the *Seattle News Tribune* are reporting daily highlights of the trial testimony.

⁷ The trial is based on a lawsuit filed by pastor Robert "Roby" Roberson and his wife, Connie who were acquitted in 1995 of charges of organizing a sex-ring at the Pentecostal church where Roberson is pastor. Additional plaintiffs are Honnah Sims, a teacher at the church, and Donna Rodriguez. Sims was also acquitted, and charges against Rodriguez were dropped when most of her accusers recanted.

Taxpayers in Washington to Pay Defendants' Costs Associated with Wenatchee Civil Suit: Defendants in the civil suit described above include city, county, and state agencies, and several law enforcement agents and social workers working for them. Washington state taxpayers are paying for the state's attorney general to defend the state's action in the civil rights case described above. Washington state taxpayers will also have to cover any damages assessed to the state in that case.

Wenatchee city leaders reportedly have taken measures to plan for the payment of any judgment that might be

assessed against the city or its agents. A major city parking-garage development has been postponed pending the trial and a routine road-repair project is reportedly in jeopardy. Attorneys for the City of Wenatchee, its police chief and Robert Perez told the judge on the eve of trial that the city would not cover Perez against possible punitive damages and that there was "significant difference in agreement" between Perez and the city.

Fired DSHS Social Worker in Wenatchee Awarded \$1.57 Million: On March 18, a Washington jury awarded fired DSHS social worker Jauna Vasquez \$1.57 million. Vasquez was fired not long after she questioned the propriety of the Wenatchee child sex-abuse investigations. State officials deny a connection between the investigations and Vasquez's firing.

Several Investigations Underway in Wenatchee: U.S. Attorney General Janet Reno said she may order a thorough investigation of the information contained in an investigative series by the *Seattle Post-Intelligencer* for new evidence of civil-rights violations associated with some of the Wenatchee investigations. In 1996, an earlier Justice Department "investigation" reviewed court papers only and concluded that it did not find sufficient evidence of criminal wrongdoing by police or prosecutors. At that time, under Reno's orders, FBI agents were not allowed to question anyone—police, judges, or defendants.

Washington State's Family and Children's Ombudsman is heading a team of investigators that will detail CPS interviewing techniques and the mental-health treatment given to children in Wenatchee. Gov. Gary Locke gave \$100,000 in emergency funds to the agency in March to hire four more investigators to speed the review.

The Washington Senate approved a nonbinding resolution urging the state Department of Social Health Services to suspend any final termination of parental rights or adoptions of children from families convicted in the Wenatchee sex-abuse cases until "many serious issues surrounding these cases can be resolved."



UPDATES: CASES WE HAVE BEEN FOLLOWING

Latest Souza Appeal Rejected: On March 31, the Massachusetts Supreme Judicial Court rejected the latest appeal by Shirley and Raymond Souza. The Souzas are expected to move for a new trial on the grounds that their constitutional right to effective assistance of counsel was violated. A trial lawyer failed to object to the seating arrangements for the child witnesses against them. In court, their grandchildren were seated at an angle so they did not face the Souzas directly.



Ruling in Amirault Case Expected May 15: Massachusetts Judge Isaac Borenstein is expected to issue a ruling by May 15 on whether Cheryl Amirault LeFave should get a new trial. A hearing was held April 14, in which attorneys for LeFave argued that she deserves a retrial because recent psychological studies indicate that preschool children can make up and believe stories suggested to them through questioning and that they may be manipulated into testifying about abuse that never happened. They say the studies were published after the Amirault trials and amount to new evidence.

At the hearing, Middlesex District Attorney Lynn Rooney admitted that improperly suggestive techniques were used in interviews with children who said they were molested at the day care center operated by the Amiraults. Rooney also admitted that some of the techniques used during the 1984 interviews were flawed by today's standards.

University of Michigan Clinic Cleared in Child Evaluation:^[9] In November 1997, a Michigan Circuit Court jury cleared Dr. Kathleen Faller and the University of Michigan's Family Assessment Clinic of allegations they botched a 1992 child-abuse evaluation and mislabeled a father as a pedophile. University of Michigan officials reportedly spent much of the trial suggesting Larry Champney was a child molester.

Champney's lawyers, Lynn Shecter and Demosthenes Lorandos, had argued that the clinic was "professionally negligent" in evaluating the case and had acted in bad faith. ⁹ See FMSF Newsletter December 1997, J. Kresnak, "Father loses lawsuit over abuse inquiry," *Detroit Free Press*, 11/26/97.

"Repressed Memory" on Trial: Beginning in March 1998, pre-trial hearings in two cases in two states were called to determine whether memories of childhood sexual abuse can be "repressed" and then "recovered" years later and whether a "recovered memory" is sufficiently reliable evidence to be admitted into a courtroom.

One hearing followed a 1996 Rhode Island Supreme Court ruling^[10] which expressed skepticism about recovered memories and reversed a conviction based on a woman's recovered memory claims. The court ordered John Quattrocchi III retried, saying the trial judge failed to hold a preliminary hearing first, without a jury, to determine whether his accuser's "flashbacks" of abuse, revealed during therapy, were reliable.

Another pre-trial evidentiary hearing is being held in Arizona following remand by an appellate court^[11] for further proceedings to determine whether "evidence of the underlying claim of repressed memory is admissible" under *Frye*.^[12]

¹⁰ *State of R.I. v. Quattrocchi*, 681 A.2d 879 (R.I., 1996).

¹¹ *Logerquist v. Danforth*, 932 P.2d 281 (Ariz. App., 1996).

¹² *Frye v. United States*, 283 F. 1913 (D.C. Cir., 1923). Under *Frye*, scientific evidence must be accepted by the relevant scientific community in order to be admissible at trial.



Recollections Of Trauma: Scientific Research and Clinical Practice,

Proceedings of NATO Advanced Study Institute, edited by J. Don Read & D. Stephen Lindsay, Plenum Press, NY, 1997.

Review by Dr. Felicity Goodyear-Smith,

The aim of the NATO Advanced Study Institute on "Recollections of trauma: scientific research and clinical practice" was to create an opportunity for international experts from diverse perspectives to share information and carry out probing discussion on the topic of memory for trauma. This book is the published proceedings of the meeting.

I was one of the conference participants and took detailed notes throughout. The 600-page book includes 13 full papers complete with commentaries plus selected excerpts of the resulting discussion, 20 brief papers, 5 working-party reports and the abstracts of 58 poster presentations. Given the volume of material, it is impossible to provide a critique of the contents in any depth. I have therefore focused specifically on the main flavor and conclusions of the meeting, and my opinion regarding their implications. These comments are colored by my own perspective on the topic.

Most of the 95 participants were psychologists (clinicians and researchers) with a splattering of other professionals (I am a medical practitioner) such as legal scholars and anthropologists. Countries represented included the United States, Canada, Britain, Australia, New Zealand, European countries (including Sweden, Denmark, the Netherlands, Belgium, Germany, France, Italy and Spain), Turkey and Israel. According to Dr. Stephen Lindsay, one of the organizers of the conference, he and

fellow-organizer Don Read wanted to "keep politicization, polarization, and emotionalism within bounds" and with the exception of a few professionals (eg Briere, Courtois and Loftus) chose to exclude anyone who was strongly identified with one side or the other.

From my perspective, this focus on preventing emotionally loaded criticism and polarized debate was both the strength and the weakness of the meeting and, hence, of the resulting *Proceedings*. On the positive side, participants tended to respect the request to avoid *ad hominem* attacks and polemic buzzwords, to be sensitive to each others perspectives and to be open to new evidence. There was an absence of heated debate, and people maintained politeness and courtesy in their interactions. Interpersonal benevolence was assisted by the remote and beautiful French Atlantic setting of the conference where participants lived together for 11 days, sharing good food and recreational times as well as long and intense work periods.

The politeness, however, seemed one-sided. Clinicians presenting case studies and retrospective self-reports from "trauma victims" were seldom challenged as to whether they were describing alleged or corroborated traumas. Those presenting research findings generally received more criticism as well as demands for scientific and ethical stringency, especially when findings were unpopular to clinicians.

The standard of the presentations and subsequent published lectures was high. Both researchers and clinicians gave comprehensive accounts of major research projects and detailed intellectual and philosophical arguments about aspects of trauma and memory from their particular perspective.

One of the points made repeatedly by researchers is that we lose source memory quickly, and whilst we may remember something as familiar, we may easily attribute the wrong source to our memory (for example, incorrect-

ly remember that something we read about actually happened to us).

Experimental researchers Professor Elizabeth Loftus and Dr. Maggie Bruck contributed papers outlining the malleability of memory. In her eloquent "*Dispatch from the (un)civil memory wars*," Loftus describes experiments that indicate that it is possible to create entire false memories. She emphasizes that this did not mean that all memories produced in experimental situations were entirely false memories. Sometimes there is a source misattribution and a memory fragment from a different source (for example, something seen in a movie or read about) that becomes incorporated into the reconstructed memory.

In "*Children's reports of pleasant and unpleasant events*," Bruck reports a series of studies which demonstrate the ease with which children's memories can be molded by suggestions that were implanted by adult interviewers. While children may at times recall events completely accurately, they may also give very unreliable accounts of alleged events. Findings generally indicate that adults are unable to ascertain whether a child is reporting a true or false memory. Accurate testimony is more likely if the interviewer is neutral and unbiased, if the number of interviews and the number of leading questions are kept to a minimum, and if threats, bribes and peer-pressure are avoided.

Although widely discussed, no decision could be reached as to whether or not "repression" exists. By "repression," I mean the unconscious blocking of memories of severe and ongoing childhood trauma, until these memories are made accessible to conscious memory in adulthood, usually but not exclusively through processes of psychotherapy.

In "*The predictions of accurate recollections of trauma*," Constance Dalenberg reports a study of seventeen

of her own patients. Some had continuous memory of abuse and others recovered memory elements in therapy. She reports four cases in which there was corroboration, such as confession by the accused offender or witness of the event by a sibling. She also notes that "*clients were unable to remember with accuracy which of their memories had been recovered in therapy, which recovered elsewhere, and which were continuous.*"

Researcher Jonathan Schooler in "A cognitive corroborative case study approach for investigating discovered memories of sexual abuse" also reports several case stories where there appears to be corroborative evidence to support recovered memories. In general these are reports of traumatic events but not of the ongoing and repeated abuse that has been the focus of the recovered memory controversy. An example is someone who found the dead body of a suicide parent but later remembered that she had been told about the death at camp. In therapy she recovered the memory of being the one to find the body (which is then corroborated by her family).

This may indicate that it is possible to forget childhood traumatic events and later have these memories triggered during psychotherapy or elsewhere, but it does not support the theory of "repression." Research indicates that adult memories of childhood events are extremely fallible and malleable, and in the absence of corroboration, therapists and others have no way to determine whether their clients' recollections represent actual and accurate events, distorted versions or complete fabrications. It should of course also be noted that corroboration of part of a story does not mean that all the story is necessarily true. Furthermore, if we have discussed our memories with others who participated in the events from our past, there is a chance that our version will color or influence the way they remember the incident, and their

subsequent recall may come to closely approximate ours as well as others, even if our own reconstruction is a very inaccurate account. For this reason, the testimony of siblings or other people from our childhood does not necessarily provide independent external corroboration.

Some clinicians who have been enthusiastic proponents of recovered memories demonstrated that they have made shifts in their thinking. For example, in his NATO lecture, "An integrated approach to treating adults abused as children with specific reference to self-reported recovered memories," John Briere acknowledges that memory recovery techniques are potentially harmful, and admits that "a minority of therapists have used questionable 'memory recovery' techniques, have told their clients that their problems were due to repressed memories despite the client's statements that no abuse occurred." While he sees that "the goal of treatment is greater psychological health, not exorcism of specific trauma memories," he still advocates therapy that requires exploring for past trauma, identifying and "processing" it by repeated "exposure" or reliving it in therapy. Briere sees that "abuse-focused therapy" should encompass what he calls "increasing self capacity" using a cognitive-behavioral approach to teach skills such as self relaxation. Briere does not address the apparent incongruity that traumatic events need not be "identified" and "processed" in a cognitive behavioral approach nor does he provide research for the efficacy of his treatment suggestions.

Christine Courtois gave the final lecture of the conference, entitled "*Informed clinical practice and the standard of care: guidelines for treating adults who report delayed memory for past trauma.*" In the late 1980s and early 1990s Courtois was a major contributor to the sexual abuse survivor literature. As late as 1992 she wrote

about the high likelihood of an incest survivor having memory loss for many years, then later retrieving distressing memories of childhood trauma. She concurred with Susan Blume's [2] belief that "perhaps half of all survivors do not remember the abuse" and that a clinician can pick up cues that the client has been abused from presenting symptoms "without direct knowledge or disclosure." In 1992, Courtois referenced Blume's book which lists 180 items that indicate likely abuse, so universal that nearly everyone would find several that applied to them. They include nightmares, headaches, avoiding mirrors, wanting privacy when using the bathroom, eating disorders, phobias, obsessions and depression. In 1992 Courtois emphasized that the client cannot be healed "until enough representative abuse memories" have been captured to allow the processing of the trauma. She advocated use of various techniques to assist recovery of repressed memories, including hypnosis, guided imagery, body-work, autobiographical "journaling." [3]

The informed consent recommendations she gave at this conference, therefore, represented a major shift in her perspective in the past few years. She acknowledges that there may have been some "clinical excesses and errors" but says "clinicians have made it clear that they have changed some of the ways they practice" in response to false memory critics.

In her guidelines Courtois now warns clinicians not to assume a past history of trauma if the client has no memory and that "post-traumatic" treatment should not be used unless "that memory returns and/or other evidence emerges to support the occurrence of trauma." She warns that "hypnosis for memory retrieval, guided imagery, expressive therapies (art work, journaling, storytelling), reading of self-help books and membership in self-help support groups might lead to

the possible production of false memories." Courtois cautions therapists to have adequate training and to be careful with the use of these techniques.

Like Briere, Courtois advocates that therapy should involve "trauma work"—getting the patient slowly to face and make sense of past trauma events. This usually involves experiencing intense emotional pain and anguish, and therefore patients must get worse before they get better. She advises that self care skills should be taught before the slow and painful "trauma work" is embarked on.

The cautions and safeguards these therapists now advance are a step forward in reducing the risk of their patients generating false memories. In my opinion, however, this does not go far enough. Both Briere and Courtois advocate therapy treatments that are slow and painful and that involve exploring and re-exploring the past. There is no scientific evidence, however, that psychotherapy focused on "working with" past events, especially past trauma, is effective in helping people change behavior.

While there was a reluctant admission that there had been some clinical "excesses and errors" in the past, no one ever addressed the issue of what to do about them. The topic of accountability or assistance to those who have suffered what Briere calls "unwanted iatrogenic effects" was never discussed. Indeed, there was little acknowledgment of the extent of the problem, the possible number of families involved or the effect of these false memories on the client and her extended family. No one offered suggestions about what can be done to help these people. A number of clinicians expressed the view that they believed the problem had been grossly overstated by the media and by groups such as the FMS Foundation. Even when it was acknowledged that maybe clients had come up with stories of childhood sexual abuse that were not historically

accurate, some expressed the view that clients would not come up with feelings of severe childhood trauma unless they had experienced abuse as children. They assumed that parents had traumatized their children, even if the actual details were sometimes inaccurate.

Only some of the recorded discussion is included in the book, and of interest is what has been omitted. While people largely avoided personal attacks, the FMS Foundation and the false memory societies in other countries were targeted on occasions. Some participants at the conference implied that the FMS Foundation "harbors pedophiles" and several people advised strongly that professionals should not associate themselves with such organizations. Elizabeth Loftus was the only member of the FMSF Scientific and Professional Advisory Board invited to attend, and largely the Board was painted as a group of extremists, rather than concerned professionals who had perceived a serious problem in our society and had set about trying to rectify it by disseminating accurate scientific information.

Many of the topics relating to memory and trauma were covered in depth in this conference and the *Proceedings* incorporates a wealth of combined information in this field. I do not wish to understate the breadth and quality of the material that is presented. My concern rests with some of the underlying issues that I feel were not addressed, that were indeed not the focus of this meeting, but which I believe are fundamental.

While there was apparent consensus amongst the clinicians and researchers attending the conference that it is possible to implant false memories through suggestive interview and therapy techniques, still remaining are the unscientific assumptions that a huge range of adult psychopathology is primarily caused by childhood sexual abuse and that peo-

ple need to remember that trauma and re-experience it to heal. These assumptions were promoted by a number of clinicians at the meeting and they were not challenged in any significant manner.

The casualties of these unscientific assumptions, the clients who have developed false memories and their families whose lives have been irreparably damaged, are seldom acknowledged in these *Proceedings*. People agreed that it was important that therapy "does no harm," but no solutions were offered to undo the terrible harm that has already occurred. The conference and its subsequent *Proceedings* achieved a great deal, but the price of diplomacy is that some of the underlying and vital issues of the "trauma memory war" remain unaddressed.

References:

1 Briere, John and Conte, Jon (1993). Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress*, 6 (1), 21-31.

2 Blume, E. S (1990). *Secret survivors: uncovering incest and its after-effects in women*, John Wiley and Sons, New York.

3. Courtois, Christine (1992). The memory retrieval process in incest survivor therapy. *Journal of Child Sexual Abuse*, 1(10) 15-29.

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It's Not Too Late to join the "Satanic Panic"

There are still seminars promoting SRA (new name: "ritualistic abuse"). On May 2, there will be a one-day seminar for survivors of ritualistic abuse in Oakland, CA co-sponsored by Survivorship, Orange County Chapter of the International Society for the Study of Dissociation, California Graduate School of Psychology, and the Bay Area Women Against Rape.

Juvenile and Adult Accusations

Kathy Begart

Just as juvenile-onset diabetes mellitus is often more virulent and destructive than its adult-onset counterpart, so too juvenile-onset of false memory syndrome. When false accusations of sexual abuse are made by children, the sequelae are particularly devastating.

When a false accusation is uttered and believed by a child, that child's mind has been contaminated. Common sense dictates to us that the minds of children are more susceptible than those of adults. The two phenomena, adult-onset and juvenile-onset of false memory syndrome, have both similarities and differences in the preconditions for their development, the content and form of the accusations, and the ramifications for all parties involved.

In the August, 1997 FMSF Newsletter, *false memory syndrome* was described as a "social phenomenon founded on a belief system that includes erroneous notions of memory, sexual abuse, society and therapeutic practice." This belief system, or paradigm, is the precondition that supports the development of false accusations by adults AND by children. The suggestibility of human beings of all ages seems to be the operative principle; suggestibility which is enhanced by vulnerability. Adults, already vulnerable due to perceived life problems that lead them to therapy, are made even more vulnerable as a result of questionable therapeutic practices and the "group-think" processes operating in some support groups. Children, even more inherently vulnerable, have often been subjected to repeated and sometimes coercive interviews by parents and investigators. Sometimes, one parent is the source of the contamination as he or she vilifies the other parent in the context of a divorce and custody battle.

The content and form of the alle-

gations made by adults and children have similarities and differences. False accusations made by children are more likely to involve incidents in the recent past and less likely to involve references to past-life experiences or space-alien abuse. Accusations of satanic ritual abuse have occurred both in day-care cases and as a result of regression therapy for adults. When children are the accusers, the explanation offered for any delay in disclosure is not "repression" of memory, but rather fear of retribution by the alleged perpetrator. The increased "believability" of accusations made by children fans the flames of zealotry for validators who seem to forget the wisdom of the ages: the more closely a lie resembles truth, the more powerful is its ability to deceive.

The consequences of false allegations of child sexual abuse, whether made by adults or by children, are numerous and grave. Unfortunately, they are not limited to injury to the falsely accused. Families are destroyed and great harm is done to the adult patients or to the children involved. When an accuser's identity (whether child or adult) and interpersonal relationships are based on a memory of traumatic experience which is objectively false but in which the person strongly believes, the potential for long-term psychological consequences is significant. False allegations made by children have resulted in the conviction and incarceration of many innocent people.

We must combat the erroneous notion that a false accusation of child sexual abuse is justified as an "error on the side of children." The consequences of belief in lies are devastating and debilitating for adults, and perhaps even more so for children. False memory syndrome, juvenile-onset or adult-onset, causes injury to all involved. Those who profess to protect and nurture children and those who offer their services as counselors and therapists to

adults in need must be mindful of the Hippocratic warning to "do no harm." *Kathy Begart is a registered nurse, living and working in Wooster, Ohio. She has written previously as a guest columnist for the Wooster Daily Record and the Akron Beacon Journal.*

M A K E

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D I F F E R E N C E

In November 1997, FMSF Advisory Board member Elizabeth Loftus, Ph.D. delivered two Whidden lectures at McMaster University in Hamilton, Ontario. These prestigious lectures are open to everyone at the University and the general public. In spite of inclement weather, both lectures drew audiences so large that an "overflow" room with a TV screen had to be provided. The reception was warm and friendly, a far cry from the happenings at McGill, in the Fall of 1993, where Professor Lief was prevented from delivering his lecture by an anti-FMSF mob.

Nevertheless, a small group of women distributed a pamphlet called "Facts about traumatic memory." This "fact sheet" was loaded with false, deceiving and irrelevant information and it contained open attacks at Loftus and the FMS Foundation. Members of the Foundation were called "accused perpetrators," and their activities described as "denying the reality of childhood sexual abuse and silencing the survivors."

The action of this small group of women was endorsed by 24 publicly funded organizations, such as McMaster's Women's Health Office, YWCA, and the Catholic Family Services. I wrote to the heads of the most prominent organizations, mailing 13 letters to local and 5 letters to the provincial headquarters.

I expressed concerns about the endorsement of taxpayer-sponsored organizations sponsoring blatantly untruthful information contained in the

Our Feelings Exactly

The letter in the April 1998 Newsletter entitled "She must apologize first" and signed "A Father and Mother" reflects our feelings 100 percent. In fact, we could have written it.

You now have letters that reflect a variety of parental coping styles. Using the diversity of these styles, it would be interesting research to see how many of the 18,000 families identify with any one letter.

Our deep thanks to the writers of that letter and to you. Keep up the good work.

A Mom and Dad

Room for Warmth and Tolerance?

All of the reactions to false accusations as yet described in your newsletter over the years surely have their place.

But to me the position taken in the recent letter located on page 15 of the April 1998 issue and titled, "She Must Apologize First, seems one of the most clear-headed and thoroughly reasonable ever described in your newsletter. To me it is on target.

The letter's stance is hard however, like polished steel. Strike it with a little hammer and it rings. Is this what is required of thorough realism, fairness, justice? In consideration of an all-pervading human fallibility, (no exceptions!) isn't there room for a little more warmth and tolerance without giving up realism?

"R.R."

First Meeting of Accused Families in France

On March 6th, a first meeting of three families, victims of the false memory syndrome, was held near Paris. A fourth identified family could not join due to distance. Our daughters' histories are, alas, very classical:

"fact sheet," about the potential harm that spreading lies and deceiving data could cause to therapy patients and their families, and my dismay over the "accused perpetrators" label. By mid February I received 6 replies from the local organizations (46% "success" rate) and 3 replies from the provincial headquarters (60% "success" rate). The provincial respondents wrote that they do not interfere with the activities of their local branches. The local respondents all defended the pamphlet and none of them addressed specific issues brought up in my letter. Four out of six replies from the local groups contained the identical political proclamation.

The letter from the executive director of Catholic Family Services: stated: "...Our expertise and experience has led us to conclude that there is clinical substance to traumatic memory and to the place of recovered memory in a professional therapeutic process..."

As a "rebuttal" to Loftus' lectures, McMaster's Women's Health Office hosted a luncheon seminar titled "'False' Memory Syndrome?" The invitation claimed that "...the seminar will address...the growing body of research that supports the validity of repressed/dissociated memory..." The key speaker, local psychotherapist Dr. David Cree, believes in satanic ritual abuse and in body memories. How can an organization associated with one of the most prestigious medical schools in the country promote unscientific and potentially harmful claims of recovered memory believers?

Was it worth it? I hope that my actions at least planted seeds of doubt. This whole affair confirmed for me that the "recovered memory" ideology is far more spread and engrained than we originally thought and that in spite of six years of concentrated efforts, our mission is far from being accomplished.

Paula Tyroler, Ph.D.

rather coddled childhood, good or bright studies, then depression episodes, psychotherapy and finally accusations either sudden or preceded by a gradual deterioration of relations with parents and family. The terrible consequences that you all know: further family dislocation and for two families suicide of a father or of a brother.

France presents a rather peculiar case. It seems that the FMS phenomenon is growing here later than in other European countries, but this may be only the surface of things. In addition to its peculiar cultural characteristics, since last year France has been the theater of a widespread police operation against pedophilia. On the other hand, when journals or magazines publish papers on the FMS, the authors conclude that it is a specifically American problem. In these conditions, it is understandable that other accused families hesitate to make themselves known.

Therefore, we are still too few to contemplate any organized action. This short report is therefore also a call to you for help. If during your travels or friend's visits, other cases come to your knowledge in France or in French speaking Belgium or Switzerland, this information will be precious to us in particular if these people are seeking help. Please forward through FMSF Philadelphia. Thank you.

A Dad

I Finally Met Gerry Amirault

My friend Frank Kane called me last week and invited me to go with him to the prison to visit Gerry Amirault.

It's nearly impossible for anyone to visit a prison and not feel oppressed and demeaned. Inside the barbed-wire covered walls, freedom and bondage are not abstract concepts. The locked doors, guards, and thick glass plates separating prisoner from visitor are too tangible. When Gerry entered the cubicle he placed his palm against the glass, and Frank and I in turn did the same—

a poor substitute for a handshake, touching cold glass instead of warm flesh.

Gerry is a good-looking man, even in the horrid bright-orange prison garb he's forced to wear — something of a surprise to someone who knows him mainly from the awful pictures published by the *Boston Globe*. (The *Globe* always managed to make Cheryl and Violet look bad too.) He is very spirited, talkative, even cheerful. He speaks with great passion about the things he cares about—his family (especially Patti and the kids, his sister, and his late mother) and the terrible injustices that the Commonwealth continues to inflict upon that family.

Gerry is very excited about a two-hour show that David Brudnoy plans to do on their case on radio.

I find it difficult to be a good visitor because the prison weighs too heavily upon me—I realize that in an hour Frank and I will walk out but that Gerry will not. The Fells Acre nightmare has dominated Gerry's life since September of 1984—nearly 14 years ago. I try to imagine what it might be like to be imprisoned for 14 years for something you did not do. I can't. I think I'd go mad. But perhaps that's how Gerry once felt, and his present strength and patience grew in him slowly.

I remember seeing a picture recently of Nelson Mandela showing President Clinton the prison where Mandela had been confined for 18 years. Perhaps if one becomes sufficiently spiritually strong to survive unjust confinement, one can survive anything. Perhaps only a Nelson Mandela can understand the soul of a Gerry Amirault—and vice versa.

After an hour and a half a guard signals to Gerry that it's time to end the visit. Once again we place our hands against the hard glass. We wave goodbye one final time, and then go to the lockers where we were asked to stow our belts, keys, watches, etc. We walk

out into the absurdly unseasonable 90+ degree March day, relieved to have the freedom to walk away from that terrible place. And yet I can't enjoy the relief, because Gerry remains behind bars, and the politicians who put him there remain successful and honored.

What happened to Gerry could happen to me. It could happen to you. As long as Gerald Amirault remains imprisoned, none can call themselves free.

Bob Chatelle

Showing by Example

I have just returned from spending a week with my son and his family. I honestly can't remember having more fun with them — ever. It was amazing. It was as if nothing had ever changed. I felt that my son must have been in a coma all those years and just woke up. Or, perhaps, as if he had been abducted by aliens for a period of time and had returned to earth. This was not an overnight transition, however. It came after many phone calls and shorter visits with others present.

It has taken much time and much soul searching for me to come to the conclusion that I do not need a retraction or an apology. As painful as it was during those years of alienation and living with the hateful accusations, I feel it would be more painful for him to acknowledge his mistakes at this time. Rather, I believe he is showing by example (his apology): by being concerned for my well-being and his willingness to share his life, his family and his interests with me.

I can live with this. As a mother I know I have put myself aside in the interest of my child and the future.

A Mom

'Thank You,' Families

During the last two years it has seemed that nothing worse could have happened to us than to have our beloved children come to think such

awful things of us. Now I realize that what we have been through actually could have been worse had it not been for the efforts of other families and the FMS Foundation to educate the public, therapists and all others about false memory.

At a recent meeting I listened to a father tell of the difficulties he and his wife have been experiencing since 1989. I became much more aware that there is a wide spread of knowledge now that tends to smooth the way for those of us who have been more recently accused. I am sure we are met with more understanding than the families who were accused several years ago. I thank those families whose work has made things easier for us.

A Mom

A Suggestion

I would like to see a suggestion made in the FMSF Newsletter that in lieu of flowers, memorials be made to FMSF and that acknowledgments will be made to the family.

A Mom

We Never Gave up Hope

I am very happy to write we have heard from our daughter. Although things aren't like they were, our faith is strong and we will continue to pray to God that soon she will again be the loving and caring daughter we knew.

It has been a long time since we received "the letter" in May 1991. But we have never given up. Thank you FMSF for all the help you have been. We are truly grateful.

A Mom

ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

STATE MEETINGS

Call persons listed for info & registration

MICHIGAN

"What Are The Courts Doing To Stop Junk Psychotherapy?"

May 5, 1998 7:00 P.M.

Temple Beth Emeth, St. Clare's Episcopal Church
2309 Packard Road Ann Arbor, Michigan

Speaker: Demosthenes Lorandos, J.D., Ph.D.

Presented by the Ann Arbor Friends of FMS Foundation

For more information call Martha:

734-439-4055 (leave a message if necessary)
or 734-439-8119

Ride-share information

Grand Rapids or Kalamazoo areas:

Marge: 616-383-0382

Troy area - Nancy: 248-642-8077

NEW YORK

Family Meeting Sunday May 3, 1998 2 P.M. - 5 P.M.

Shenendehowa Methodist Church

Rt. 146 Clifton Park, NY

Speakers: Pamela Freyd, Ph.D. Eleanor Goldstein

For more information call

Dorothy: 518-399-5749

Evelyn: 518-371-7661

ILLINOIS

ILLINOIS FMS SOCIETY SEMI-ANNUAL MEETING

Sunday, May 31, 1998 1 p.m. - 5 p.m.

Double Tree Hotel, Glenview Salon E & F

1400 Millwaukee Ave. Glenview, IL 60025-1400

Keynote Presentation - Zachary Bravos, Esq.

For hotel reservations

call: 847-803-9800

or fax: 847-803-8026

MINNESOTA MEETING

Saturday May 16, 1998 9 A.M. - 2:30 P.M.

Ft. Snelling Officers Club, St. Paul, MN

For more information call:

Dan or Joan: 612-631-2247

Terry or Colette: 507-642-3630

PENNSYLVANIA

Saturday, May 9, 1998 1:00 P.M. - 4:00 P.M.

Family Meeting, Wayne, PA

For more information call:

Jim or Jo: 610-783-0396

VANCOUVER MEETING

Friday May 8, 1998 6 P.M. - 10 P.M.

Mount Pleasant Community Centre

3161 Ontario St. Vancouver, BC

Pot Luck Dinner

Speakers:

Pamela Freyd, Ph.D.

Eleanor Goldstein

For Further Information call Ruth 604-925-1539

Pam & Eleanor will also be speaking:

Saturday May 9, 1998 2 P.M.

Simon Fraser University, Harbour Centre Room 1700

ONTARIO

ANNUAL MEETING OF ONTARIO AND QUEBEC FAMILIES, FRIENDS & PROFESSIONALS

Saturday May 30, 1998 10 A.M. - 4 P.M.

Edwards Gardens Centre 777 Lawrence East Toronto, Ontario

Speakers:

Pamela Freyd, Ph.D. Eleanor Goldstein

Campbell Perry Alan Gold

Donna Laframboise

For more information call Pat: 416-445-1995

RESEARCH PARTICIPANTS WANTED

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

This study has been reviewed and approved by the Joint Committee on Clinical Investigation of the Johns Hopkins University School of Medicine and by the Ad Hoc Research Committee of the FMS Foundation.

To volunteer for this study, or for more information, contact the Johns Hopkins investigators directly at (410) 955-3268 or the FMS Foundation at (800) 568-8882 and one of the investigators will call you. Leave your name, telephone number, and the best time to reach you.

The address of the web site maintained for FMSF by Patrick Fitzgerald is: <http://advicom.net/~fitz/fmsf/>

CONTACTS & MEETINGS - UNITED STATES**ALASKA**

Bob (907) 556-8110

ARIZONABarbara (602) 924-0975;
854-0404 (fax)**ARKANSAS****Little Rock**

Al & Lela (501) 363-4368

CALIFORNIA**Sacramento - (quarterly)**Joanne & Gerald (916) 933-3655
Rudy (916) 443-4041**San Francisco & North Bay - (bi-MO)**Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)**East Bay Area - (bi-MO)**

Judy (510) 376-8221

South Bay Area - Last Sat. (bi-MO)Jack & Pat (408) 425-1430
3rd Sat. (bi-MO) @10am**Central Coast**

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @6pm

Jerry & Eileen (909) 659-9636

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

Floyd & Libby (818) 330-2321

San Diego Area

Dee (619) 941-4816

COLORADO**Colorado Springs**

Doris (719) 488-9738

CONNECTICUT**S. New England - (bi-MO) Sept-May**Earl (203) 329-8365 or
Paul (203) 458-9173**FLORIDA****Dade/Broward**

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

GEORGIA**Atlanta**

Wallie & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

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

Eileen (847) 985-7693

Liz & Roger (847) 827-1056

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

INDIANA**Indiana Assn. for Responsible Mental Health Practices**Nickle (317) 471-0922; fax (317) 334-9839
Pat (219) 482-2847**IOWA****Des Moines - 2nd Sat. (MO) @11:30am Lunch**

Betty & Gayle (515) 270-6976

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

Pat (785) 738-4840

Jan (816) 931-1340

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

Bob (502) 367-1838

LOUISIANA

Francine (318) 457-2022

MAINE**Bangor**

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND**Ellicott City Area**

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND**Andover - 2nd Sun. (MO) @ 1pm**

Frank (508) 263-9795

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

Bill & Marge (616) 383-0382

Greater Detroit Area - 3rd Sun. (MO)

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA *

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

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

Pat 738-4840

Jan (816) 931-1340

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

Karen (314) 432-8789

Mae (314) 837-1976

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

Tom (417) 883-8617

Roxie (417) 781-2058

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

Sy (505) 758-0726

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

OHIO**Cleveland**

Bob & Carole (440) 888-7963

OKLAHOMA**Oklahoma City**

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

PENNSYLVANIA***Harrisburg**

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Montrose

John (717) 278-2040

Wayne (includes S. NJ) - 2nd Sat(MO)@1pm

Jim & Jo (610) 783-0396

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

Kate (615) 665-1160

TEXAS**Houston**

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

VERMONT

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

VIRGINIA

Sue (703) 273-2343

WASHINGTON

Phil & Suzi (206) 364-1643

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

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

@1- 4pm

Ruth (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) 2-625-9282

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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

(* - see the State Meetings List, page 17
 Deadline for the June Newsletter is May 15
 Meeting notices MUST be in writing and should be
 sent no later than two months prior to meeting.

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Do you have access to e-mail? Send a message to
pjf@cis.upenn.edu

If you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

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