



Dear Friends,

Seven years and we are still here. While there have been tremendous changes in that time, some things have not changed. This past week we received a newspaper advertisement from New York City in which a therapist invites us to explore our important issues "in a past life regression session" using hypnosis. In another advertisement (Patriot - Harrisburg, Pennsylvania) a social worker informs us that he "specializes in the use of hypnosis as a therapeutic tool" and one of the things he does is "childhood memories of trauma such as sexual abuse." An advertisement from the February 1998 NASW News invites us to buy anatomical dolls. Some of the dolls have oversized mature genitals and breasts protruding from infant bodies, bringing into question the use of "anatomically correct." A glance at the Legal Corner shows that the courts are moving toward scientific understanding of memory. Dr. Bennett Braun's travails continue. Last year he was forced by his insurance company to agree to a record (\$10.6 million) settlement. This year he will face another ex-patient, Mary Shanley (see page 9). But as we write, we fear for the fates of the Souzas (p. 11) and the Amiraults (p. 12).

At the more theoretical level, too, while the issues have shifted, the underlying beliefs still seem to hold. Recently proponents of repressed memory have focused on the issue of the accuracy of continuous versus delayed memory of traumatic events. For example:

"[T]wo recent studies have found the same rate of accuracy for corroborated delayed memory and corroborated continuous memory of traumatic events."<sup>[1]</sup>

Others have suggested that this rate of accuracy is the important issue in the recovered memory debate.<sup>[2]</sup> While a discussion about the frequency of accurate or invented memories appears to be different from the often stated view that recovered memories are more "pristine" than ordinary ones,<sup>[3]</sup> in fact, this frequency is not known. Indeed, there is a critical flaw with this line of thinking.

Those who would claim that recovered memories are no more or less accurate than ordinary memories rely on two

studies that are designed in such a way that they can only find what they are looking for. Psychologists call this "confirmation bias."

The problem is that the studies cited to show the rate of accuracy start out with corroborated cases (events that are known to have happened) rather than with a memory (where the historical accuracy is not known). The samples are based on "events" rather than on "memories of events". The samples were selected because the subjects had "events" that had been corroborated. In the Williams study, the sample of corroborated events is then divided into those who always remember the events ("continuous memory") and those who claim to have forgotten and now remember ("recovered memory"). (See Science Corner.)

The proponents then announce that in the study they discovered that the remembered events actually occurred. Of course since they started with events that they already knew had occurred—the very construction of the sample guaranteed that they would avoid false memories.

Perhaps if we take the extreme unverified cases it will be easier to see what is happening. Imagine the nature of the results if, instead, one measured the accuracy of recovered memories of such things as alien abduction, past lives, or satanic ritual abuse. Of course, there's not much chance of finding a control sample here: there's no way of comparing the accuracy of recovered memories and ordinary memories of, say, being sexually abused by an extra-terrestrial alien or by a villain from a previous century.

That is, the very idea of comparing the accuracy of recovered and ordinary memories begs the issue: there is no sense in measuring the accuracy of a false memory; hence any such study that directly compares recovered and ordinary memories must necessarily avoid the issue of false memories.

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Even if one could measure the accuracy, that is still not the important issue. The important issue in the recovered memory debate is whether attempting to recover memories is justified by what is currently known about the nature of memory. Are there any documented benefits for memory recovery in the therapy process to justify the risks of false memory creation? From the evidence available to us at the present time, the answer is "No."

We can not do better than quote from the *Encyclopedia of Mental Health*:

"Unfortunately, however, the debate about recovered repressed memories has degenerated into claims and counter claims about whether they can exist, or the—totally unknown—frequency with which they are accurate or invented, rather than around the question of whether attempting to recover them is justified by what is known. In fact it is not; the real question is whether doing so is 'out of bounds' behavior, and given we do know a lot about the reconstructive nature of memory, but very little about whether memory of trauma differs from other memories—and if so in exactly what way—such recovery must be categorized as out of bounds, that is, practice that violates standards." (Dawes, R. p S-15-7, Vol X, 1998, Academic Press.)

*Pamela*

[1] Courts and delayed memories, Grant Fair: *Globe and Mail*, 1/28/98.

"[S]cientific studies so far support the conclusion that repressed memories are no less accurate than always remembered memories."

Schefflin, A. (1996) Commentary on *Borawick v Shay*. *Cultic Studies* 13(1) p 26.

[2] "The really important question is whether recovered memories are any more or less accurate than continuous memories" (Freyd, J. Feb 5, 1998 *Register Guard*) (cites Williams 1995 as evidence for accuracy).

[3] From the *FMSF Newsletter*, Vol 2 No. 7, July 3, 1993: Another paper that therapists have told us offers evidence for repression of repeated events taking place over many years is that of Lenore Terr, 1991, "Childhood traumas: An outline and overview," *American Journal of Psychiatry* 148:1. Terr argues that a single traumatic event will be remembered but that a series of traumatic events will be repressed. She claims that the recovered repressed memory of these events will be more pristine. This is a theory. The weight of current scientific evidence is that memories of events are reconstructed and reinterpreted.

(Friday, December 27, 1996, 10 a.m.) Bessel A. van der Kolk, M.D., first having been duly sworn by the Notary Public, testified as follows: "But as a clinician I'm quite impressed that when I've seen this happen, it's like uncovering Tut's tomb, anyway, that you find these really pristine memories coming out, which would fit in with the neurobiological models of how the memories get distorted. The mind has no capacity to mess with them because it's out of our consciousness. When they first come up, I think they're amazingly accurate, oftentimes very incomplete, but it's quite, quite impressive." p 187-188.

## ARE SCIENTIFIC STUDIES ABOUT MEMORY APPLICABLE TO CLINICAL WORK?

A number of clinicians have written that scientific studies showing that memories for events can be implanted are not relevant to clinical settings. We recently read, for example, that Elizabeth Loftus, Ph.D. "is a reputable researcher in the field of memory; she admits that she has never actually worked with traumatic memory, but rather with simulated trauma. 'Simulated' cannot possibly equate actual trauma." (Marlene Hunter, *Vancouver Sun*, January 21, 1998)

Ian Begg, Ph.D., a psychologist from McMaster University, writes that scientific studies do have relevance.

"Memory researchers do not usually generalize results from the lab to any population. They generalize the laws they find in the lab to other places, but laws may play out differently in different places. For example, lab studies of gravity used bricks sliding down boards, and deduced laws that apply to race cars and flying planes. This does not mean that they generalized the results from bricks to planes.

"It is a far smaller step to generalize laws from a careful lab study to a clinical population than it is to generalize from one clinical population to another. If one finds that it is possible to cause subjects to accept suggestions that (false) events happened to them, one can conclude that personal memories are mutable and subject to suggestion. It is a moot point whether any particular narrative by a client was attributable to suggestive influence, and no experimental psychologist worth two cents would conclude with certainty that it was caused by such influences.

"But the experimental psychologist is on firm ground rejecting any statement that 'it is impossible to get someone to believe that bad things happened when they didn't.'

"There is a big difference between generalizing and universalizing. It is correct to say, for example, that men are generally taller than women. But it is indefensible to con-

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### HAVE YOU MADE YOUR PLEDGE?

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

clude, on that basis, that women would be inappropriate for a job requiring height. Such decisions should be made on a case by case basis.

"People like Loftus are especially careful about toeing this line. She is careful to say that she is generalizing laws from lab studies to domains that include emotional and traumatic memories. This is not to say that lab studies allow us to predict with certainty how emotions will affect memories. But it is to say that the onus is on those who say that the laws governing memory become vastly different when emotion is added to the mix to give some evidence."



### TRAUMATIC AMNESIA ?

The confusion, ambiguity and muddled thinking that has increased the difficulty of keeping focused on the primary issues of the recovered memory controversy have been exacerbated by the use of the term "traumatic amnesia" to refer to the claimed phenomenon of massive psychological amnesia due to sexual trauma. In the December issue of the *APA Monitor*, for example, Evvie Becker, quoting a judicial decision, wrote that traumatic amnesia is a listing in the *Diagnostic and Statistical Manual IV*. In a January letter to the *Washington Times*, Charles Whitfield, MD stated that "traumatic amnesia" is a listing in the *Diagnostic and Statistical Manual IV*. (1/24/98)

"Traumatic amnesia" is not a listing in the *DSM IV*. It is not a listing for a very good reason. The term has a long history of use in reference to amnesia due to a physical cause. For example, a search of the computer database MedLine in the summer of 1997 showed that the 125 articles containing the term "traumatic amnesia" used it to refer to amnesia resulting from physical trauma.

The online *Encyclopedia Britannica* defines "traumatic amnesia" as follows:

On recovery of consciousness after trauma, a person who has been knocked out by a blow on the head at first typically is dazed, confused, and imperfectly aware of his whereabouts and circumstances. This so-called posttraumatic confusional state may last for an hour or so up to several days or even weeks. While in this condition, the individual appears unable to store new memories; on recovery he commonly reports total amnesia for the period of altered consciousness (posttraumatic amnesia). He also is apt to show retrograde amnesia that may extend over brief or quite long periods into the past, the duration seeming to depend on such factors as severity of injury and the sufferer's age. In the gradual course of recovery, memories are often reported to return in strict chronological sequence from the most remote to the most recent, as in Ribot's law. Yet this is by no means always the case; memories seem often to return haphazardly and to become gradually interrelated in the appropriate time sequence. The amnesia that remains seldom involves more than the events that occurred shortly before the accident though in severe cases careful inquiry may reveal some residual memory defect for experiences dating from as long as a year before the trauma. It is thought by some that, after recovery, the overall period of time for which there is no recollection may indicate the degree of severity of the head injury.



### Rush Presbyterian Dissociative Disorders Unit Scheduled to Close

On December 19, 1997. Channel 5 in Chicago (NBC Affiliate) broadcast an exclusive investigative report that disclosed the closing of the Rush

Dissociative Disorders Unit scheduled for early 1998. It was reported that the closure comes amid mounting legal difficulties faced nationwide by proponents of MPD therapy. It quoted Rush Hospital officials stating that the closure was a business decision.



### Denver's Center for Trauma and Dissociation Closing

On December 18, 1997 Columbia/HealthONE announced that it will decentralize the facility that has housed 107 employees full time and 55 per-diem employees. A buyer is being sought for the building that housed the Adult and Senior Inpatient and Partial Care, an Eating Disorders Program and the Center for Trauma and Dissociation. While the other programs will be relocated, The Center for Trauma and Dissociation will close.

The facility was founded in 1910 for the treatment of TB patients and was converted to a psychiatric care facility in the late 1940s. It was known as Bethesda PsychHealth and became part of HealthONE in 1994 and then a part of Columbia in 1995. In April 1996, Columbine Hospital DID Program was relocated to Bethesda.

The Center for Trauma and Dissociation has been listed in a number of books and lists as a resource for DID treatment and/or reported ritual abuse. Examples include: Oksana (1994), Whitfield (1995), Cohen (1991) Survivors and Victims Empowered (1996), Many Voices (1996) and The Wounded Healer Journal website (1998).



"But scientific discoveries are deep, difficult, and complex. They require a rejection of one view of reality (never an easy task, either conceptually or psychologically) and acceptance of a radically new order, teeming with consequences for everything held precious. One doesn't discard the comfort and foundation of a lifetime so lightly or suddenly. Moreover, even if one thinker experiences an emotional and transforming eureka, he must still work out an elaborate argument and gather empirical support to persuade a community of colleagues often stubbornly committed to opposite views. Science, after all, is as much a social enterprise as an intellectual adventure." p 26

Stephen Jay Gould, *Natural History Magazine* 2/98

## **Important Guidelines from the Netherlands**

Important guidelines for investigating accusations made by an adult about sexual abuse which started a long time ago or which took place at least five years ago have been developed in the Netherlands. Unlike the United States and Canada, the Dutch government is implementing the strong guidelines immediately. The guidelines are a response to the FMS problem that was brought to the attention of the government by affected families in the Netherlands (Task Force of FMS of Werkgroep Fictieve Herinneringen).

The guidelines are included in a report entitled "Recovered Crimes: On Accusations of Sexual Abuse after Therapy" that was prepared for the Minister of Justice of the Netherlands by P.J. van Koppen of the Netherlands Institute for the Study of Criminality and Law Enforcement. Included in this thorough report are suggestions for when it might be appropriate to drop a case. For example, "Should it be impossible to determine what story the accuser initially told the therapist, [prior to the employment of memory enhancement techniques], this matter should be laid to rest because fact and fiction can no longer be separated."

Full copies of the report or comments about the report should be directed to

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Adriaan Mak, editor of the Canadian FMS newsletter, has prepared an English translation. Contact by email: amak@rogerswave.ca



## **Recovered memory: Second thoughts**

*New Jersey Lawyer* 6 (26) December 8, 1997 page 1 & 6 by Nancy Ritter

John S. Furlong, a criminal trial lawyer in Trenton, represented the father of a 36-year-old woman who "recovered" memories during therapy. That raised questions about whether he might also have abused his granddaughter. Eventually the girl said there had been some vague inappropriate contact. With no other evidence, a New Jersey grand jury charged the man with endangering the welfare of the grandchild. The author of this article noted that "The day before arraignment, Furlong's client killed himself. In his suicide note, he told his wife he couldn't face having everything they'd worked for eaten up by legal costs to defend himself against something he didn't do."



## **Repressed Memory and Other Controversial Origins of Sexual Abuse Allegations: Beliefs Among Psychologists and Clinical Social Workers**

Dammeyer, M., Nightingale, N. & McCoy, M. *Child Maltreatment* 2(3) August 1997, 252-263

The authors conducted a national survey of psychologists and clinical social workers. The results indicated that experimental psychologists and clinicians differ regarding belief in repressed memory. Clinicians expressed more confidence that such memories can and do exist, regardless of their academic training. Academic degree and level of research involvement, however, were related to views of the possibility of therapeutic techniques leading to false allegations of sexual abuse. In their comments, the authors noted that the idea "that the debate is between clinicians who are believers and experimental psychologists who are nonbelievers is not entirely accurate. Rather, differences

that do exist seem best characterized as between believers and skeptics."



## **A Meta-Analytic Review of Findings from National Samples on Psychological Correlates of Child Sexual Abuse**

Rind, B. and Tromovitch, P. *Journal of Sex Research* 34 (3), 1997 pp 237-255.

Much attention has been given to the psychological consequences of child sexual abuse. This paper systematically examines these possible consequences by reviewing seven studies using national probability samples which are more appropriate for making population inferences than are clinical or legal samples. The authors found that CSA is not associated with pervasive harm and that a substantially lower proportion of males reports negative effects. They found that "conclusions about a causal link between CSA and later psychological maladjustment in the general population cannot safely be made because of the reliable presence of confounding variables." They note that "when CSA is accompanied by factors such as force or close familial ties, it has the potential to produce significant harm."



## **Trauma and Memory: Clinical and Legal Controversies**

Appelbaum, P. Uychara, L. and Elin, M. (Editors) 1997 New York: Oxford University Press

This is a comprehensive textbook examining the trauma and memory controversy from different perspectives: memory research, clinical aspects, legal and policy issues. Included are chapters from Elizabeth Loftus, Stephen Ceci, Fred Frankel who are skeptical of memory repression and from Judith Herman, Bessel van der Kolk and Colin Ross who argue in favor of repression theory.



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

## Garbage In, Garbage Out

Harrison Pope Jr., M.D.

Little noticed in the annals of social science research, but good reading for any beginning student of psychology, is the Tucson Garbage Project (1). In this study, a group of archaeologists decided to study the garbage discarded by randomly selected households in Tucson, Arizona during 1973 and 1974. More than 70 student volunteers, dressed in lab coats, surgical masks, and gloves, sorted through the garbage of 624 Tucson households and divided the refuse into more than 200 categories. Meanwhile, a group of trained personnel went out and interviewed individuals in a random sample of 1% of the households in the city. The interviewers asked, among other questions, how many cans or bottles of beer were consumed in the household in an average week. Then the data from each of Tucson's census tracts were analyzed. The average reported weekly beer consumption of all households in a given census tract (standardized as the number of 12-ounce bottles or cans) was compared with the actual number of bottles and cans found in the garbage.

The reader has probably already guessed what happened. The number of beer cans and bottles in the garbage vastly exceeded the number that people had admitted to in their interviews. Looking, for example, at Tucson's census tract number 10, more than 86% of the household reported to interviewers

that they did not consume any beer at all in an average week, and not a single household (out of 60 interviewed) claimed a weekly consumption of more than 8 cans. But the garbage from tract 10 told another story. Only 23% of the households had no beer cans in their garbage, whereas 54% of households had more than 8 cans. In fact, the average number of cans in the garbage from that 54% of households was 15 per week - in other words, 2 1/2 six-packs. And even these findings may underestimate the true discrepancy between interview data and garbage data, because, in 1973, most beer cans in Tucson were recyclable.

What does this have to do with studies of repression? Those who have read our previous columns (see FMSF Newsletters Nov/Dec 1996 and Nov 1997) will quickly recognize the point: people regularly fail to disclose sensitive information to interviewers. Like the subjects in the Femina study, who remembered but chose not to reveal their histories of childhood physical and sexual abuse, the people of Tucson were unwilling to tell an interviewer their true histories of beer consumption. They had not repressed the memory of all those beer cans; they just did not want to tell a stranger about it.

As with other concepts in epidemiology discussed elsewhere in past columns, this phenomenon has a name: response bias. Response bias has been studied extensively, in hundreds of investigations, for at least 50 years, and we now know a great deal about it. But before continuing with this discussion, we must take some time out to introduce the best known prospective study which has been claimed to show that people repress memories of childhood sexual abuse—the study of Linda Meyer Williams (2).

Many readers will already have heard of the Williams study. It is regularly cited as the single most powerful piece of evidence that it is actually possible to repress memories. Frequently,

in the popular media, in scientific articles, and even in courtrooms, the study is cited as though its findings were established, without even a passing mention of its methodological flaws (3). But these flaws are so critical that they deserve a careful review, and hence we describe the methods of the study in some detail.

Williams examined 129 women who had been evaluated at a city hospital in Philadelphia in the early 1970s for possible sexual abuse. At the time of that evaluation, which might be called the "index episode," these subjects were young girls between 10 months and 12 years of age. Williams possessed the hospital records from this "index episode." Then, approximately 17 years after the time of the index episode, Williams arranged for two interviewers to locate these women and ask them about their histories. The women were not informed that the investigators were specifically looking at their histories of childhood sexual abuse; they were simply told that they were being asked to participate in an important follow-up study of people who had been seen years earlier at the city hospital. During the course of the interview, each woman was asked about various types of traumatic experiences which she might have experienced during childhood, including sexual abuse. The interviewers also asked the women to describe any episodes which they themselves had not considered to be sexual abuse, but which other people had considered as such. However—and this is the important part—the two investigators interviewing the women were blind to all information about the women's sexual abuse history; in other words, they had no knowledge of the specifics of the "index episode" when they interviewed their subjects, and they asked the subjects only in general terms about sexual abuse. The subjects were never specifically asked about the index episode itself.

Forty-nine, or 38% of the 129 women did not describe the index episode of alleged sexual abuse in the course of the interview. Williams suggests in her paper that these women "did not recall" the episode. She supports this interpretation by noting that many of the women reported other traumatic events, or sensitive details of their histories—such as substance abuse, sexually transmitted diseases, and even other instances of physical or sexual abuse—while still not reporting the index episode. Therefore, Williams argues, it seems likely that the women would have reported the index episode if they had remembered it.

But can we conclude that any of these 49 women had actually repressed the memory of the index episode? Several methodological problems immediately become apparent. First, only 37, or 28% of the 129 women had been found to display genital trauma when they were examined by the doctors at the time of the index evaluation. By contrast, as discussed in our column of January 1996, studies by gynecologists have shown that as many as 96% of girls subjected to genito-genital contact will display genital tract findings even on an unaided medical examination (4). Clearly, something is wrong here. It appears that a majority of Williams' subjects, if they were sexually abused, were not victims of genito-genital penetration.

Williams admits to this. In another paper, in fact, she notes that approximately one-third of the cases involved only "touching and fondling." (5) And in an earlier description of this same sample of subjects, written back in 1979, Williams and her colleagues imply that for many of the girls, the alleged instance of sexual abuse was not particularly traumatic and therefore not particularly memorable:

"Whereas the event [*the index episode*] is disturbing to the victim, it is perhaps no more disturbing than many other aspects of a child's life. In

the first year following the rape [*in the broad, statutory definition of the term*], the victim's family may deliberately maintain an "everything-is-normal" posture. These efforts, combined with the child's natural tendencies to forget and to replace bad feelings with good feelings, usually result in the appearance of few adjustment problems..." (6; bracketed inserts ours).

In other words, looking both at the lack of medical evidence and at Williams' own words, it seems that many of these girls may have experienced episodes which were not particularly severe. An episode of only touching and fondling, without any medical evidence of penetration, might not be perceived as particularly traumatic or particularly memorable to a young child, even though an adult might recognize it as clear sexual abuse. When we consider that Williams herself found these episodes "no more disturbing than many other aspects of a child's life," and subject to "the child's natural tendencies to forget," it becomes clear that many of the women, interviewed 17 years later, might simply have forgotten the event. They had not repressed the memory of the index episode; it had simply seemed too minor to be worth remembering.

Of course, we can debate back and forth the question of how many of the women might fall into this category. But at the least, it seems clear that the most scientifically reasonable approach is to restrict our analysis in the Williams study to the 37 women who did show evidence of genital trauma at the time of the index evaluation. These represent the cases where there can be no dispute that serious sexual abuse really occurred, and where the victim would not be expected simply to forget. Among these 37 cases, we are left with 18 who failed to report the episode in the follow-up interview.

But this number may need to be reduced even further when we allow

for the effects of early childhood amnesia. Recall that the subjects were as little as 10 months old at the time of the index episode. As we have mentioned in past columns, failure to recall an event from one's infancy clearly does not represent evidence of repression. Looking at Williams' data, we find that about one quarter of the total sample of 49 non-reporting women were aged 4 years or younger at the time of the index episode. Applying this ratio to the subgroup of 18 cases described above, we would estimate that there were only about 14 women who 1) had medically documented genital trauma; 2) were old enough at the time to remember the experience; and 3) did not report the experience on the follow-up interview 17 years later.

In short, we are left with only about 14 subjects in the only remaining study which we have left to analyze. The case for repression of memories of childhood sexual abuse, therefore, now hangs on only 14 people. But we have not yet considered the problem raised at the beginning of this column, response bias.

When we factor in response bias, what is left of the Williams study collapses completely. Remember that none of the subjects in the study was ever asked directly whether or not she remembered the known index episode; none of the non-reporting subjects was ever given a "clarification interview" in the manner of the Femina study described in the column of November, 1997. Recall also that 38% of the subjects in the Femina study chose not to disclose their history of abuse during an initial interview—but when given clarification interviews, 100% revealed that they actually remembered. When we consider the roughly 14 still-unexplained cases out of the 129 subjects in the Williams study, we see that this number falls well within the range to be expected from non-disclosure alone—indeed, it is surprisingly small—without any need to postu-

late the existence of "repression."

Response bias due to non-disclosure is a well recognized problem in social science research, documented in hundreds of studies throughout the last 50 years. In 1956, for example, the United States Congress authorized a continuing program of health surveys by the Public Health Service to provide reliable statistical information about health status in the United States population. This mandate produced a long series of studies over the next 20 years, in which scientists examined the accuracy of survey methodology. They found that people, even when carefully interviewed by trained personnel, consistently underreported life events which were known to have occurred. In one study, for example, 28% of subjects failed to report a one-day hospitalization which they were known to have undergone within the past year (7). In another, approximately 30% of subjects did not disclose a known car accident (without head injury or loss of consciousness) which was documented to have occurred 9 to 12 months previously (8). In yet another, 35% of subjects did not report a doctor's visit which they were known to have made just within the last two weeks (9). Clearly, these subjects had not repressed the memory of having just gone to the doctor; the interviewers were simply witnessing response bias.

The scientists in these studies performed numerous analyses to determine what caused underreporting of life events (10). They found, for example, that people were more likely to withhold information about undesirable, threatening, or sensitive material as opposed to neutral material. They also discovered that non-disclosure of information was generally more common among non-White subjects than among White subjects, and more common among subjects of lower socioeconomic class than among subjects of higher socioeconomic class. It is

worth noting, in this connection, that Williams' subjects were mostly African-American women of lower socioeconomic class. And it need hardly be added that childhood sexual abuse would certainly rank among the most sensitive categories of information.

Another typical study of response bias was the National Crime Survey (11). Several studies in this survey used a "reverse record" system to validate reports of victimization. This technique involved sampling victims of crime from a record system, such as police files, and then locating the victims and interviewing them using a survey questionnaire. Information from interviews was then compared to actual records to establish the accuracy of the survey instrument. The studies consistently found that victims often failed to disclose crimes which they had recently experienced. In one study in Baltimore, for example, victims underreported burglaries by 14%, robberies by 24%, and assault by 64%. In another study in San Jose, assault was underreported by 52% and rape by 33%. In several of the studies, the interviewers probed in detail about the victims' histories, while still not directly confronting the subjects regarding the known crime. But even with probing, high rates of underreporting persisted. Again, there is nothing to suggest that these people repressed the memory of the crimes; a certain percentage of them simply withheld the information on interview.

The list of studies of non-disclosure goes on and on (12). In every study, people have been found to underreport sensitive or embarrassing information of all types, such as alcohol consumption (13), drug use (14), having declared bankruptcy (15), drunk driving charges (15), arrest records (16), HIV infection (17), other medical conditions (18), psychiatric history (19), and, of course, childhood sexual abuse (20-22). Indeed, in one of

these latter studies (21), no less than 72% of 116 self-acknowledged victims of childhood sexual abuse said that they had denied their history of abuse when initially interviewed - a figure even more striking than the 38% non-disclosure rate in the Femina study. The recurring theme from all of this literature is obvious: when interviewees fail to report sensitive information from their histories, the investigators should immediately suspect response bias. Until they have addressed this problem (for example, by means of clarification interviews), they absolutely, positively, must not slip into the assumption that their subjects have forgotten (much less repressed) the information.

We return, now, to the Williams study. Remarkably, Williams does not mention any of the literature on non-disclosure which we have briefly reviewed above. Even the Femina study is not cited. Of course, Williams admits that none of her subjects was directly asked about the known index episode. She also admits to the existence of response bias. But she does not seem to recognize that many of the women in her own study might have chosen to withhold information about their index episode of childhood sexual abuse. If 35% of interviewees in a government study fail to disclose a simple doctor's visit occurring within the last two weeks, and 64% of recent assault victims fail to reveal the incident even when interviewed in detail, how many victims of childhood sexual abuse, interviewed by an unfamiliar person, of higher socioeconomic class, 17 years later, might choose to withhold information which they actually remembered?

And if this is not enough, it is worth noting that Williams herself is an author of a large review article which seems to contradict the conclusions of her own study (23). In collaboration with two other authors, she reviewed the aftereffects of childhood

sexual abuse in 45 studies examining 3,369 victims. As far as can be seen from the review, none of the victims in any of these studies was described as showing repression.

In a word, then, despite its wide publicity and frequent uncritical acceptance, the Williams study suffers from methodological problems which collectively render its results completely inadequate as a demonstration of repression. Indeed, when we add together the factors of lack of documentation, ordinary forgetfulness, childhood amnesia, and deliberate non-disclosure, it seems remarkable that only 38% of the women failed to report the index episode. In other words, the observation that a full 62% of the women described an event that had occurred 17 years earlier—in the face of all of these opposing factors, and even when they were not asked specifically about it—would seem to offer a persuasive demonstration that repression does not occur.

In conclusion, we do not mean to be unduly harsh on Williams. Her study methodology is vastly superior to most of the previous studies of repression discussed in previous columns. But the study is still subject to certain methodological limitations. In short, when assessing any prospective study of this type, the reader would be wise to remember the Tucson Garbage Project.

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*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.*

**I saw a bumper sticker in our travels:  
"Ignorance is a renewable resource."  
Thank you to FMSF for making the  
resource a little less renewable.**



**U.S. District Court Rejects Motion to Dismiss  
Psychiatric Malpractice Claim Against Dr. Bennett  
Braun *Shanley v. Braun, et al.*, 1997 U.S. Dist. LEXIS  
20024, Memorandum Opinion and Order, docketed  
December 10, 1997.<sup>1</sup>**

In December 1997, a U.S. District Court in a Memorandum Opinion rejected a motion to dismiss a psychiatric malpractice claim brought by Mary Shanley against her former psychiatrist Bennett Braun and 17 other individual and corporate mental health care providers in the Chicago area.<sup>2</sup> After a thorough review of the affidavits submitted by both parties, the court held that "undisputed facts are completely insufficient for this Court to conclude that Shanley's claim is barred by the applicable statutes of limitation and repose."

In 1989, Shanley entered therapy in Illinois after undergoing a serious medical operation. During the period she was in defendants' care,<sup>3</sup> she states that some of the defendants applied "hypnotic and other suggestive and coercive techniques with the goal of uncovering supposed 'repressed memories' of early childhood trauma." Shanley contends that the psychotropic drugs administered in an effort to decrease "switching" between her supposed "alter personalities" were actually of a type that would be expected to increase her tendency towards suggestion, coercion and manipulation by her treaters and therapists.

Defendants allegedly informed Shanley that her dreams of abuse were real memories, that she suffered from a "dissociative disorder," possibly caused by Satanic ritual abuse (SRA), and that therapy might elicit such memories. Dr. Braun confirmed that Shanley was a survivor of SRA in need of additional treatment.<sup>4</sup> Shanley's husband was told that he should protect the couple's young son from ritual abuse by Shanley. Shanley was informed that, unless she "proved herself" by coming up with information to identify other Satanists in her community and "save" her son from the Satanic cult, she would not be admitted to the specialized dissociation unit at Rush North Shore Hospital. At the same time the treaters allegedly informed Shanley that she and her family were in immediate danger from the Satanic cult because she had divulged "cult secrets" during her therapy.

Shanley was discharged from Rush North Shore Hospital in 1991 after eleven months of continuous hospitalizations. From May 1991 to June 1993 Shanley was treated for MPD and SRA at Spring Shadows Glen

Hospital<sup>5</sup> in Houston. Her young son was sent to the children's unit where he was diagnosed with MPD as the result of supposed satanic abuse. During this time, Shanley's already high levels of medication were allegedly increased further to produce more "memories" of her involvement in the supposed Satanic cult. As part of her "treatment," Shanley was deprived of contact with the outside world, and was allegedly informed that she would face criminal action and/or be involuntarily committed if she were to attempt to leave her "voluntary" treatment.

Mary Shanley filed this suit in 1995, approximately 4 years after she was discharged from treatment with the Illinois group and approximately 2 years after she left treatment at Spring Shadows Glen in Texas. Defendants' motion to dismiss argued that Shanley's suit was, therefore, barred by the statute of limitations. Shanley counters that she did not comprehend the "incredible harm that had been done" to her or "the malpractice that had been committed" and was "legally disabled" from the start of her treatment in early 1989 until the cessation of her treatment in June 1993.

Following a lengthy discussion of the definition of "legal disability" for purposes of tolling the limitations period, the court concluded that a genuine issue of material fact exists with respect to Shanley's alleged legal disability sufficient to withstand the motion for summary judgment and to send the matter to trial.

The court explained that defendants' arguments are contradictory: "On one hand, [defendants] assert that Shanley was mentally competent and able to understand her rights and her cause of action, while on the other, they maintain that Shanley's mental condition was serious enough that it required that she be hospitalized, medicated and psychologically treated for four years of her life." For example, defendants presented voluntary restraint authorization forms in which Shanley agreed to the use of leather restraints in order to help uncover repressed memory and maintain her safety while in treatment. Defendants argue that these forms show Shanley was able to make decisions about her medical care at that time. The court disagreed. On the contrary, the court wrote, the forms Shanley signed showed that she felt she did not have the ability to keep from physically harming herself even under Defendants' care. The court wrote, "it would be strange to suggest that she was able to consider and exercise her legal rights against Defendants" in that condition. Furthermore, the court questioned whether Shanley really knew or understood what she was signing. The court concluded that defendants' own exhibits demonstrate that Shanley could not control herself and believed that she was still being controlled by her "alters."

The court quoted from extensive medical records

which also supported the view that Shanley was legally disabled at the time. One of her caregivers wrote, "the results of the psychological examination indicate that Mrs. Shanley is much more seriously disturbed than she clinically presents. A great deal of trauma appears to have been experienced [sic] early in life that she is not aware of. Serious pathology is involved in sequestering this material behind amnesic barriers."

Shanley contends that as a result of her "treatment," she lost all ties with her son, underwent more than three years of unnecessary and improper treatment, incurred more than \$2 million in medical expenses, lost her career as a school teacher, and was divorced by her husband. Mary Shanley is represented by Zachary M. Bravos of Wheaton, Illinois.

#### References

1 See, FMSF Brief Bank # 42b. The summary of this case is drawn from the U.S. District Court decision.

2 Current defendants are Bennet Braun, M.D., Dale Giolas, M.D., Forest Health System, Inc., Forest Hospital, Robert J. Simandl, Elaine Shepp, A.C.S.W., and David McNeil, M.D.

3 Shanley was also treated by Karen Germaey, Rush North Shore Hospital, Roberta Sachs, Raymond Kozial, and Frank Leavitt. Each of these defendants had previously settled out-of-court.

4 The Court quoted extensively from Shanley's discharge summary written in 1990 by defendant Braun: "Patient is a victim of satanic ritualistic abuse. Diagnosis of MPD. Apparently someone outside the family is activating her or an alter personality to attempt suicide... One of the inside parts states that the body will be in danger from March 22nd to April 13th. The right side remembers cult activities such as the rites of spring occurring on March 21st. This is apparently a time for initiation into one of three levels and also a time for blood sacrifice...One of the goals [of therapy] was to teach Mary some self-hypnosis techniques in order to help the alters communicate more appropriately between [sic] each other...by the end of March, Mary was working quite hard, but some internal parts were sabotaging her progress in therapy...She was struggling with the acceptance of the diagnosis of MPD and dissociation, having a high level of denial, frequently refusing her internal, not participating in group activities, maintaining an isolative [sic] and withdrawn demeanor...At this point, Mary was able to identify five generations of cult involvement, going back to Ireland, and an alter named Nura came out..."

5 See, *Shanley v. Peterson, et al*, U.S. Dist. Ct., Houston Div., Texas, No. H94-4162. See also FMSF Brief Bank #42a and FMSF Newsletters Jan. 1995, Jan. 1996.



### **State Suspends License of Therapist; Close Supervision Ordered after Charges of Inducing False Memories in Patient**

In the Matter of the License to Practice as a Physician Assistant of John W. Laughlin, Department of Health, Medical Quality Assurance Commission, Washington, No. 95-05-0053PA.<sup>6</sup>

A Washington State therapist, accused of inducing false memories of sexual abuse and satanic rituals, was found to be practicing below the standard of care. The Washington State Medical Quality Assurance Commission ordered the suspension of physician's assistant, John Laughlin's license for a period of eight years. The suspension, however, was stayed and Laughlin placed on proba-

tion providing he does not use hypnosis, is closely supervised, reports regularly to the commission, completes continuing medical education courses as required, and pays a \$5,000 fine. Laughlin is ordered to bear all costs associated with the monitoring ordered by the Commission.

The Commission investigated Laughlin's treatment of a former female patient. The Commission and Laughlin agreed that he prescribed ever-increasing doses of antidepressants and used hypnosis and other methods which he believed revealed his patient's history of sexual and satanic ritual abuse. The Commission wrote, based on therapy records, that Laughlin spent a great deal of time in therapy sessions attempting to break through what he described as "victim denial" by the patient.

Laughlin repeatedly told his patient that she had to be very careful because "cult members" might be watching her. When the patient wanted to terminate therapy, Laughlin told her that she would be in great danger if she did so. The Commission said, "Subsequent therapy by other health-care providers cast doubts on (Laughlin's) treatment and the reliability of the information obtained...by means of hypnosis."

In 1995, Laughlin settled one malpractice suit brought by a former patient alleging that he had altered her memories and coerced her into believing she had been sexually abused as a child. At least one additional malpractice suit making similar charges is currently pending against Laughlin.

#### References

6 See FMSF Brief Bank #142 for Statement of Charges (4/7/97) and Findings of Medical Quality Assurance Commission (12/11/97).



### **Malpractice Suit Filed Against Utah Therapists *Taylor v. Larsen, et al*, Third District Court, Salt Lake Co., Utah, No. 970907633MP.<sup>7</sup>**

In October 1997, a malpractice suit was filed against three social workers and a physician who treated a Utah family. The suit, brought by a father and his minor children, alleges medical malpractice, fraud, violation of the Consumer Practices Act, emotional distress, and defamation. The wife is not a party to the suit, though a charge of third-party medical malpractice regarding her treatment is included.

All members of the family, including three minor children, were treated for MPD and for a supposed history of satanic cult activities. Therapy included hypnosis, guided imagery, antidepressants, and "deprogramming." The suit alleges that as a result of the treatment received, the entire family came to believe it was the victim of and participant in satanic ritual abuse, murders, infanticide, and cannibalism. The family moved from hotel to hotel with the help of

the therapists in order to evade the supposed continued threats of the cult. During this period, therapy continued in the hotels. The family was told by one defendant that she sensed the presence of evil in the hotel.

The Complaint states that no informed consent was sought or obtained. The family was not informed that memories recovered under hypnosis are unreliable. Nor were they told that the therapy methods employed are capable of causing false memories. Defendants communicated to Plaintiffs their own personal beliefs in the existence of an organized, secret Satanic cult which is engaged in systematic ritual abuse and mind control or "programming." The family was not informed that other diagnoses could account for all their problems and, as a result, plaintiffs relied on defendants' fraudulent misrepresentations. Due to the breaches in the standard of care in the treatment given, Plaintiffs state they suffered emotional and mental harm, including destruction of the family unit, severe emotional distress, paranoia, hallucinations, and creation of false memories.

Attorney for the Plaintiffs is Jennifer Lee of Salt Lake City.

#### References

7 See, FMSF Brief Bank # 181.



### **Wenatchee Child-Rape Convictions Reversed; Interview Methods Sharply Criticized by Washington Court** *State of Washington v. Carol M.D. and Mark A.D.*, 1997 Wash. App. LEXIS 2021, December 9, 1997.

Early in December 1997, another case associated with the Wenatchee child abuse investigations was thrown out. In a 2-1 ruling the Washington State Court of Appeals overturned the April 1995 conviction of Carol and Mark Doggett on charges of first-degree child rape and complicity to commit first-degree child molestation. The convictions involved their youngest daughter, then 9.

The Washington State Court of Appeals sharply questioned methods used to gather evidence—methods that have been criticized repeatedly by those accused in the Wenatchee sex-ring cases.<sup>8</sup> Detective Perez' questioning method described by the Doggett children is conduct, the court wrote, that "courts generally regard as improper in the context of an interview of a child." For example, the court noted that Detective Perez reportedly told one child who denied being abused, "I have all today and all night and almost all of tomorrow to sit here and wait until you tell me the truth."

The appellate court based its decision to reverse on two points: The trial judge incorrectly refused to authorize money for the Doggetts to hire an expert in false-memory

syndrome. Defendants had hoped to present expert testimony to explain how improper questioning can cause a child to honestly believe she has been molested when, in fact, she was not. Secondly, the court held that a therapist should not have been allowed to testify about sexual abuse the girl had described without prosecutors first demonstrating that the child understood the importance of being truthful and accurate during therapy sessions.

It is not known at the time of this writing whether the prosecution will retry the Doggetts. Before any retrial, the appellate court ordered Chelan County authorities to hold a hearing to consider whether the child witness in the Doggett case was coerced by the police or by Child Protective Services caseworkers.

#### References

8 During 1994 and 1995, more than 50 children were interviewed about possible abuse and interlocking child-rape rings involving hundreds of people. Three dozen people were accused, 14 pled guilty to child rape or molestation and 5 others were convicted. Charges were dismissed or greatly reduced against six people, and three were acquitted. Many of the adults subsequently recanted their confessions and a number of young alleged victims recanted their statements. All of the youngsters reported that they had been bullied by Wenatchee police Detective Bob Perez, who also handled the Doggett case.

An editorial published in *The Columbian* (Vancouver, WA), December 12, 1997, concluded, "the Wenatchee cases have degraded righteous prosecution of real abuse with real victims. That error needs correction." The events in Wenatchee in the mid 1990's are the subject of a recent book by lawyer Kathryn Lyon, *Wich Hunt: A True Story of Social Hysteria and Abused Justice*, (Avon Books).



### **Souzas May Go to Prison After Five Years of House Arrest** *Commonwealth v. Souza*, Massachusetts Appeals Court, No. 95-P-1105, Feb. 2, 1998.

On February 2, the Massachusetts Appeals Court refused to grant a new trial to Shirley and Raymond Souza. The Souzas' appeal raised several issues, including the denial of their right to confront the child witnesses who testified against them.<sup>9</sup> The Appeals Court agreed that the special seating arrangement during the Souzas' trial did violate their Constitutional right to face-to-face confrontation, but held that the Souzas waived the issue on appeal because the defense had made no objection to the seating arrangement during the trial in 1993. The court wrote that they found "no substantial risk of a miscarriage of justice" and said that the "error in allowing the special seating arrangements played no part in the trial judge's guilty verdicts."

In August 1995, the Massachusetts Appeals Court<sup>10</sup> ruled that trial judge Elizabeth Dolan had properly barred the Souzas from introducing information they contended would show that their grandchildren were influenced by a daughter and former daughter-in-law to make false allegations of sexual abuse. The Souzas argue that the "recovered memories" of the children's mothers eventual-

ly influenced the grandchildren to make many improbable allegations that included being locked in a cage in a basement which was, in fact, too small to hold such a thing.

The couple have spent nearly five years under house arrest since being convicted of sexually abusing their two granddaughters. The Souzas, now 66, received identical 9- to 15-year sentences, but that sentence was stayed while their case was being appealed. Daniel Williams, the Souzas' lawyer, said he will seek a rehearing from the Appellate Court on the question of whether the confrontation issue was, in fact, raised at the appropriate time. Williams said that he also intends to appeal to the Massachusetts Supreme Judicial Court on a number of issues if the motion for rehearing is rejected.

#### References

9 During the early 1990's when the Souzas were tried, many courts allowed special seating arrangements for young child witnesses in order to reduce the child's emotional distress at testifying in a courtroom. During the same period, several decisions found certain special arrangements impermissible. For example, placing a screen between the child witness and the defendant (*Coy v. Iowa*, 487 U.S. 1012 (1988)) or allowing the child witness to testify outside the physical presence of the defendant (*Commonwealth v. Bergstrom*, 402 Mass. 534 (1988)) was held to be unconstitutional in that it violated the Sixth Amendment. The *Bergstrom* court stated that "[t]o interpret the words of [art. 12] as requiring only that the defendant be able to see and hear the witness renders superfluous the words 'to meet' and 'face to face'" under the Sixth Amendment. In 1994, while the Souza's first appeal was pending, the Massachusetts Supreme Judicial Court decided *Commonwealth v. Johnson*, 417 Mass. 498 (1994). In that case, a conviction was reversed because the defendant was not given the opportunity to observe the faces of all witnesses testifying against him at trial.

10 Previous appeal, *Commonwealth v. Souza*, 39 Mass. App. Ct. 103 (1995). See also FMSF Newsletter September 1995.



### Amirault Case Returns to Superior Court

Attorneys trying to win a new trial for Cheryl Amirault LeFave in the Fells Acres Day School case will call several expert witnesses to testify that new scientific evidence shows children's memories to be far more susceptible to suggestion than once believed and to demonstrate how County prosecutors mishandled interviews with toddlers who were allegedly molested at the school. A hearing is scheduled February 17 before Massachusetts Superior Court Judge Isaac Borenstein.

In 1995, after eight years in prison, a Superior Court judge granted Cheryl and her now-deceased mother a new trial finding that special seating arrangements given the child witnesses deprived the defendants their right to confront their accusers. The Massachusetts Supreme Judicial Court reinstated the convictions. But in May, Judge Borenstein granted the women a new trial and said they could remain free on bail pending prosecutors' appeal of their release. LeFave, one of the three defendants in the case, continues to assert her innocence in the 13-year-old child molestation case. LeFave's mother and codefendant, Violet Amirault, died of cancer last September. Gerald

Amirault, who was tried separately, will not be directly affected by the outcome of this hearing.



### After Three Trials and Five Years, Canadian Educator is Finally Acquitted in Repressed Memory Case

*Regina v. Kliman*, Supreme Court of British Columbia, No. CC930630, date of decision, Jan. 8, 1998.<sup>11</sup>

In January 1998, a British Columbia educator was acquitted of sexually assaulting two former Grade 6 students in a controversial case involving repressed memories of sexual abuse. Since 1992, Michael Kliman has undergone three trials on the same set of charges relating to assaults and a rape he allegedly committed against two pupils he taught more than 20 years ago. Both women, now in their 30's, testified that they were abused during class time in a small room between their classroom and an adjoining classroom once or twice a day, three or four times each week.

Mr. Kliman had been convicted in 1994. He appealed and was granted a new trial in 1996. The second trial ended with the jury failing to reach a decision. The charges were pursued a third time early this year.

In a 20-page decision, the B.C. Supreme Court (a Canadian trial level court) dismissed all charges against Mr. Kliman. Justice Peter Fraser wrote that he found too many inconsistencies and improbabilities in the women's testimony and therefore the "recovered memory aspect" of the trial was not the determining factor in his decision: "Had the evidence of the complainants been more persuasive in general, concerns about recovered memory might well have been a factor leading to acquittal." He noted that Mr. Kliman taught in a two-classroom open space in which he and his students were always visible to the teacher of the other class. The women's accounts of what had taken place changed on several occasions, conflicting with earlier statements. One woman said the abuse took place in a certain room even though it was built years after she had left the school. Other incidents supposedly happened in a highly visible spot with windows opening onto a major hallway.

According to the decision, one of the women had no memory of sexual abuse at school prior to therapy with a counselor specializing in repressed memory syndrome. The therapist reportedly spotted symptoms of a repressed memory of sexual abuse that had not surfaced previously despite the fact that the woman had been in intensive psychiatric treatment 15 years earlier. The therapy records from the earlier period show that sexual abuse was discussed repeatedly, but no teacher was mentioned. The woman testified that her therapy records covering the 5-year period are in error. A policeman repeatedly called the other complainant until she recalled the alleged abuse.

David Gibbons, lawyer for Mr. Kliman, said his client was an innocent man "who has been put through hell for five years." Mr. Gibbons questioned the decision to lay charges against Mr. Kliman based solely on repressed memories. Their unreliability has been extensively documented, he said, arguing that a person should not be charged without independent corroboration of allegations.

Mr. Kliman spent more than \$500,000 fighting the charges and was suspended without pay, though he hopes to get his job back. The worst part of the entire experience, he said, was his portrayal as a person who would harm children. "To be accused of the very thing that you find most despicable and deplorable is the most hurtful thing that could happen to an educator."

#### References

11 FMSF Brief Bank # 184.

### **New Zealand Appeal in Highly Publicized Child Abuse**

**Case** A. Gray, "Hundreds falsely accused, says group." *The Dominion* (Wellington, New Zealand), 12/2/97.

A petition for the pardon of child care worker Peter Ellis, who was convicted of child abuse, was presented to the New Zealand Governor-General and the Justice Minister early in December 1997. The governor-general has the authority to grant a pardon on the advice of the justice minister.

Ellis, found guilty of sexually abusing seven children at the Christchurch Civic Childcare Centre between 1986 and 1992, has served four years of a 10-year sentence. Several recent articles in the New Zealand press and an investigative TV program have renewed doubts about the handling of the police inquiry and the trial. For example, it was revealed that a detective on the case had affairs with two of the mothers of the children and had harassed a third. It was also recently discovered that the jury foreman was the marriage celebrant of the crown prosecutor.

The New Zealand organization, Casualties of Sexual Allegations Inc. (Cosa) notes that while the Peter Ellis case has attracted a great deal of media attention, there are many innocent New Zealanders who have been falsely accused in less sensational abuse cases. Cosa president Felicity Goodyear-Smith is quoted as saying the group has records of dozens of cases where men have been convicted on the basis of uncorroborated testimony. Dr. Goodyear-Smith says there certainly was a need to change the way abuse victims were treated in the 1980's. However, she says, the pendulum has now swung too far in the complainants' favor. Dr. Goodyear-Smith says she is concerned that current ideology assumes some behavior in children is automatically the result of sexual abuse and that there is little understanding of just how easy it is to feed ideas to children. She says children who deny any abuse are not

believed. However, she says, interviewing techniques have vastly improved and there is now a lot more knowledge now about suggestive techniques.

### **A View of Hypnosis (Synopsis)**

by Robert A. Baker

*The Harvard Mental Health Letter*, February, 1998

"Cognitive-behavioral theory provides a persuasive account of hypnosis. It involves communication between a person in the role of an authority called the hypnotist and another person called the hypnotic subject or person under hypnosis. There is no single state or condition or practice that includes all the present meanings of the word. There is no overall theory, no common cause, no physiological indicator or hypnotic phenomena. The concepts of hypnotic trance, somnambulism, and dissociation are unnecessary: no unusual state of consciousness is involved. Although the Greek roots of the word mean "sleep," hypnosis in no way resembles sleep. The hypnotic subject is simply complying with the hypnotist's suggestions while physically relaxed and directing attention inward. Nothing stranger is happening...

"Confabulation—the confusion of fact with fiction through an effort to fill gaps in memory—occurs without fail whenever hypnosis and other suggestive techniques such as guided imagery are used. Especially unreliable are reports of anything horrible or frightening—molestation, incest, cannibalism, rape, torture, and murder...

"Hypnosis is a particularly unreliable way to elicit memories of child abuse. True victims of child abuse have trouble forgetting the events rather than remembering them. All memories recovered for the first time during psychotherapy are highly suspect and those recovered under hypnosis are doubly suspect. Any psychotherapeutic technique emphasizing the recall of forgotten childhood events is certain to elicit fictions based on suggestion. If the apparent memories are detailed, vivid, and emotionally intense, as hypnotic memories often are, both the therapist and the patient may be all the more convinced of their accuracy. I cannot emphasize strongly enough that emotional intensity is not a sign of truth...

"Ultimately, all hypnosis is self-hypnosis. It is a serious misunderstanding to credit hypnotists with special powers or arcane techniques. Hypnotic subjects are always in control of their mental processes. They have made a kind of social contract to comply with the hypnotist's suggestions, which in effect are merely requests. We can all relax, turn our thoughts inward, and use our imaginations—play the hypnosis game...

## REFLECTIONS FROM GERMANY; REFLECTIONS ON LAWYERS

August Piper Jr., M.D.

Pick up nearly any recent issue of many American psychiatric journals, and what do you find? Almost certainly there will appear a paper on childhood sexual abuse, traumatic experiences, dissociative identity disorder (formerly called multiple personality disorder), the effects of trauma on memory, or dissociation. These are all hot topics in the United States today—especially dissociation.

Not too long ago, I began to wonder: what do people in other countries think about these topics? After initiating a few contacts with colleagues in Europe, I went to Germany to try to answer this question for myself.

While there, I visited the very courtroom in Nuremberg in which Nazi physicians were tried as war criminals after World War II. What, you may ask, does this room have to do with traumatic memories and alleged childhood sexual abuse? Just this: many clinicians are presently facing suits alleging improper treatment of patients who enter therapy because of these kinds of complaints. And in these recovered-memory cases, so much a part of the legal landscape in present-day America, one theme appears time and again: the defendant clinicians often treated patients using methods for which there is next to no support in the scientific literature. In other words, the clinicians' patients were being used as experimental subjects.

Worse, almost never were these patients informed that more efficacious, and less damaging, treatments were available to them. In other words, the clinicians' patients did not have the opportunity to give genuine informed consent to treatment.

*Avoiding improper experiments on patients, and scrupulously attempting to ensure that patients provide genuinely informed consent to medical procedures—these are the lessons the Nuremberg judges wanted to hand down to today's physicians:*

"A central lesson from the Nazi era is that medical ethos is not immutable, but can be severely distorted by social and political forces and by perversions in the application of science and technology. The core values of medicine require protection...by an informed, engaged, and concerned profession."<sup>1</sup>

"The judges of the Nuremberg Tribunal...envisioned a world in which free women and men could make their own good or bad decisions, but not decisions unknowingly imposed on them by the authority of the state, science, or medicine."<sup>2</sup>

I learned much else in Germany: what is happening to the accused parents there (they tend to be very isolated, partly because few organizations like the FMSF exist in that country), the attitude of mainstream psychiatry toward DID (skeptical), and why there seem to be so few German cases of therapy-induced "recovered" memories (this has an interesting explanation).

Unfortunately, we will have to visit these topics next month, because they require more space than is available in today's column. The reason: some months ago I promised to publish one reader's thoughts on interactions between attorneys and their clients—particularly those accused of "sexual abuse."

This reader, a social worker in Washington state, has training and experience working in legal settings. She's not impressed, she says, with how family members are sometimes treated by legal professionals on our side. I quote her comments:

I once watched a lawyer almost miss the trump card because he wasn't

listening to his clients. Many of the parents involved in these cases do not have university educations or professional degrees, and are unsophisticated in systems, psychological, or legal issues. It may seem that they're babbling. *Listen to them anyway. Learn to decode what they're saying.*

For many reasons, parents may not reveal concerns and fears to their legal representatives. Some are intimidated and therefore "freeze" in the attorney's office. Some see even their own lawyers as necessary evils, or perhaps project their feelings toward opposing counsel onto their own attorneys. Some have a lifelong mistrust of attorneys. I advise attorneys to *ask* clients about their concerns and fears about pending legal actions. Though such inquiries are not glamorous, they may pay off when the client gives a deposition or testifies.

An elderly woman I know suffered full-blown panic symptoms because of the stress of litigation, but was ashamed to reveal these reactions to her lawyer. I had earlier heard this attorney make patronizing comments about FMSF families, so perhaps the panic-stricken client had sensed the lawyer's attitude.

\* \* \*

As I've said before—probably more times than readers wish—your letters and comments breathe life into this column, so please keep 'em coming!

1. *Medicine Against Society: Lessons From the Third Reich. Journal of the American Medical Association* 276: 1657-61, 1996.

2. *The Nuremberg Code and the Nuremberg Trial: A Reappraisal. Journal of the American Medical Association* 276: 1662-66, 1996.

*August Piper Jr., MD is the author of Hoax and Reality: The Bizarre World of Multiple Personality Disorder. He is in private practice in Seattle and is a member of the FMSF Scientific Advisory Board.*



My sister (age 54) has been in therapy for about 5 years. During this time, her claims of "recovered memories" have gotten more and more bizarre. Beginning with claims that our father incested her, her "memories" soon included our mother killing a man with a butcher knife in our own kitchen and disposing of the body in our septic tank. There were countless other such memories that I knew to be false.

Her therapist diagnosed her as MPD, and soon she had names for dozens of "personalities." Recently, my sister claims to have remembered that she was abused by a Satanic Cult in our small barn when she was four years old. (I would have been an infant at the time.) Needless to say, none of these things occurred.

Coincidentally, most of the other clients of my sister's therapist are also MPD, with Satanic Ritual Abuse in their history.

My sister once had a successful career as a freelance artist. Her ability to maintain her career has steadily decreased with this therapy, until she cannot now even hold a paintbrush.

The reason that my sending this post is so urgent is that, this evening my sister called me (we live 300 miles apart) and she told me that she had been "cutting" herself. She called 911 and asked to be admitted to the psych ward at the county hospital. She told me that she had called her therapist about the cutting, and the therapist said that the cult had "programmed" her to kill herself if she ever told, and that one of her "Multiple Parts" wanted to see blood.

I am furious at this therapist! She has literally destroyed my sister's life and livelihood. My sister tells me that anybody who says that SRA does not exist is "one of them."

Does anyone out there have a course of action for me? A friend has suggested that I sue to become my sister's legal guardian. She's 54, and I'm 50. Any suggestions or advice will be warmly received.

A Caring Brother



My daughter accused her father in 1992, then included me as time went on. Later her brother was convinced and came up with his own accusations that included bodies buried in our yard and Satanic Ritual Abuse. It seems to have no end. I haven't seen my only three grandchildren since 1992. It is good to read of so many accusers recanting...but there are still many of us hurting. And it's not the sort of hurt you can share with most people.

A Mom



Can you imagine how widespread this FMS horror is? In this era of rapid communication, nobody is spared from its pernicious influence. The FMS parents we know are happy things have turned around as far as the public knowledge, but none of them are seeing any dramatic changes in their afflicted daughters.

A Mom



I am going into the hospital next week for surgery (colon cancer). Because my doctor told me that it may be a type of tumor that may be inherited and that I should warn my kids to get a cancer screening, I contacted my former wife. I told her to pass the word on to the children because I had no way to get through to them.

#### 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.)

Yesterday I got a message on my answering machine from my daughter! The first time I've heard her voice in five years. She said she was praying for me and wanted to know the exact time and place of my surgery so she could pray more intensely at that time and she gave me her phone number.

I returned her call and got her machine. I gave her the information and that is where it stands at the moment. I am trying not to get my hopes up but that is a first contact. If it takes a cancer surgery to make a breakthrough with my daughter, it's worth it.

A Dad



I wish I could see my daughter's beautiful face again and hold my two grandchildren to my heart. I thank God for our other children and grandchildren who are so supportive. No matter how we try to put the pain aside, my husband and I still miss our daughter. We treasure the memories of her growing-up years and her wedding and the coming of her children. Sadly, after seven years her face is growing dimmer but our heartache is stronger. How can this be?

A Mom



Our family is still healing and is in good shape. Our returning daughter and family are in frequent touch with us. Our relationship is not 100 percent but is improving steadily. We are lacking trust still, but that will come.

Our other children are gradually coming together with our returning daughter. We have never received apologies and we don't expect any. That is harder to accept for my husband than for me. But we thank the Lord and you people for the family closeness we have.

May all of your families grow in love as ours is doing.

A Mom



## Dear Newsletter Readers,

We are one of the first families to join the Foundation and like many of you became avid readers of the Newsletter and other important writings to try to understand what could have made our daughter make such crazy and false accusations. All that reading has left me with strong opinions about the importance of the Foundation, the wonderful work it is doing, what created this awful mess and what I would like the Foundation to do. I want to share my thinking.

1. It is impossible to know the situation of each of the more than 18,000 families who have called the Foundation without examining each case. However it is safe to assume that many more families have been harmed by false accusations who have not called the Foundation.

2. The devastating results of being falsely accused are directly attributable to therapists and institutions staffed by them. Some are surely misguided, but far too many therapists are ignorant of the science. Many are driven by the large sums of money that are available through insurance and other subsidies, both public and private. Their actions are an unconscionable violation of the seminal principle that physicians should "do no harm".

3. One can not ignore the writings of some who call themselves feminists without concluding that there is an element in that movement that depict men as evil. My readings lead me to the obvious conclusion that many of these same self-declared feminists are involved in this horrendous problem.

4. Repressed memory and MPD (now DID) diagnoses and treatment are not just a fad. Such diagnoses are usually absurd, most often iatrogenic, and contrary to the overwhelming opinions of prominent psychiatrists.

5. Some FMSF members, early on, reached the conclusion that the falsely accused could only find protec-

tion and possible vindication in the courts, at first defensively and then aggressively against the perpetrators of these pseudo-therapeutic atrocities.

6. These people seemed to be right in this conclusion. Many of the innocent are out of jail; fewer are being prosecuted on flimsy evidence such as repressed memories; the falsely accused are no longer losing civil suits and as a result the number of new suits are reported to be dropping; and as anyone can see from reading the Newsletter, the falsely accused and a growing number of retractors are winning judgments and settlements against therapists, sometimes running into the millions. FMSF must continue to prepare amicus briefs and provide whatever information that it can to those who are falsely accused at any level of judicial proceedings.

7. The proliferation of repressed memory and MPD diagnoses in the eighties and nineties has been permitted by the benign neglect of the professional associations. Without exception, these groups seem to refuse to police their membership, are cautious and conservative when they ultimately are prodded to take positions that expose the "quackery" of some of its members, and spend significantly more effort in the self-interest and economic well-being of their members than the suffering caused by their membership to many patients in their care. I can only conclude that the professional associations with clout (i.e. both APAs) have abandoned any vestige of responsibility and have adopted the posture of trade associations devoted primarily to profit. The public and the Foundation should recognize that conclusion in developing strategies in dealing with those groups.

8. Ascribing the repression of memory to MPD or DID is a device conceived to obfuscate the fact that the alleged abuse is totally uncorroborated.

A Dad

## It Isn't Greed

As a retractor, I am sometimes frustrated by parents who want to simplify the FMS crisis into an issue of greed. They believe that the therapists causing this problem are doing it for the money. While I do not deny that many people are supporting themselves quite well because of RMT, parents are not facing reality if they refuse to believe that most of these therapists truly believe they are helping people. They think their clients must "get worse before they get better" to "heal."

As ridiculous as that seems to us, they believe it with the passion of a religion. This is precisely why the FMS crisis has occurred and maintained itself for so long. While it is tempting to want to create an "enemy" who is evil (motivated only by greed), we are deceiving ourselves to believe this. And if you tell your regression-believing children their therapists are motivated by greed, they will become angry because their therapists are probably caring people.

In *Victims of Memory*, Mark Pendergrast says about RMT therapists: "If I had met the (RMT) therapists at a party and the subject of repressed memories had never come up, I would have thought they were interesting, vital, caring people. And in their own ways, they are."

It is important to realize that we are dealing much more with a *belief system* in the therapeutic community than we are with greed so that we can work to change this *belief system*. The only way to do this is to keep the lines of communication open with the regression-believing therapists. If we simply call them greedy, we hinder this very necessary communication.

Donna Anderson



## \*STATE MEETINGS\*

Call persons listed for info & registration

### TEXAS MEETINGS

#### "Is It Over Yet?"

Pamela Freyd, Ph.D.

Executive Director, FMS Foundation

Pamela Freyd and Eleanor Goldstein  
will talk about their new book

#### *Smiling through Tears*

### DALLAS

Saturday, March 28 1998 @ 1:00 PM

Great Hall of the Episcopal Church Good Shepherd  
11122 Midway Road

Church is south of Interstate 635 on Midway Road.  
Go south on Midway about 1 3/4 miles. The church  
is red brick and it is on the east side of the road.

For further info. call George: 214-239-5108

### HOUSTON

Sunday, March 29, 1998 @ 1:00 PM

Memorial Forest Clubhouse, 12122 Memorial Drive

Clubhouse is south of Interstate 10 & one block  
East of Gessner. Enter the driveway at the corner  
of Plantation & Memorial Drive.

For further info. call Jo: 713-464-3942

### INDIANA

Saturday, April 18, 1998 8:30 a.m. to 4:00 p.m.

Speakers: The Rutherford Family

Continental breakfast and delicious luncheon included. The meeting  
will be in Indianapolis and is sponsored by the Indiana Association for  
Responsible Mental Health Practices. For more information call:  
Nickie: (317) 471-0922; Fax: 317-334-9839 or Pat: 219-482-2847

### NEW MEXICO - ALBUQUERQUE

April 18, 1998 8:00 A.M. to 5:00 P.M.

Albuquerque Hilton Hotel 1901 University Blvd, NE

For more information contact: Sy at 505-758-0726

#### Speakers will include:

Pamela Freyd, Ph.D.

Eleanor Goldstein

Don Tashjian, M.D.

Paul Simpson, Ed.D.

Lee McMillian, Esq.

Future Meetings featuring Eleanor and Pamela  
Family Meeting May 3 Clifton Park, NY

May

Vancouver

May

Seattle

May 30

Toronto

FMSF Contact searching  
for families from Quebec.

Contact Mavis

514-537-8187

### THE RUTHERFORD FAMILY SPEAKS TO FMSF FAMILIES

*"It helped me realize what my daughter went through!" A Dad*

Don't miss it.

Order form on last page.

### WITCH HUNT: A TRUE STORY OF SOCIAL HYSTERIA AND ABUSED JUSTICE

Kathryn Lyon

New York: Avon Books, 1998 \$5.99 paperback

One of the largest child abuse scandals that has occurred in America is taking place in Wenatchee, Washington. Kathryn Lyon left her job as a Public Defender in Tacoma and went to Wenatchee as this tragedy was unfolding and spent the next few years obtaining documents and interviewing the people involved. She was not just an observer. In her efforts to bring attention to the plights of the unjustly convicted and the developmentally delayed victims who took plea bargains, Ms. Lyon worked hard to encourage federal and state intervention.

The Wenatchee cases came to public attention in 1995 when 50 men and women, many of them poor and disabled, were charged with participating in child sex abuse rights. The key child witness was a foster child in the home of Wenatchee police detective Robert Perez. Soon she had named over 100 people as molesters. Hysteria resulted.

According to government documents, recalcitrant children were withdrawn from school, isolated from all their former social contacts, housed in locked, out-of-state mental facilities without any legal intervention and subjected to dangerous courses of psychotropic medication. All these things were done to facilitate the investigation!

How could these things actually have happened in America in the 1990s? This page-turner of a book shows how the checks and balances ruptured at all levels of the justice system.

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

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

Bob (907) 556-8110

**ARIZONA**

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

**ARKANSAS***Little Rock*

Al & Lela (501) 363-4368

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

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

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

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

*East Bay Area - (bi-MO)*

Judy (510) 376-8221

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

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

*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

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

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

**FLORIDA***Dade/Broward*

Madeline (954) 966-4FMS

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

Helen (407) 498-8684

*Central Florida - 4th Sun. (MO) @ 2:30 pm*

John & Nancy (352) 750-5446

*Tampa Bay Area*

Bob & Janet (813) 856-7091

**GEORGIA***Atlanta*

Wally & Jill (770) 971-8917

**HAWAII**

Carolyn (808) 261-5716

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

Eileen (847) 985-7693

*Joliet*

Bill & Gayle (815) 467-6041

*Rest of Illinois*

Bryant & Lynn (309) 674-2767

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

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

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

Betty & Gayle (515) 270-6976

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

Leslie (913) 235-0602 or

Pat (913) 738-4840

Jan (816) 931-1340

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

Bob (502) 361-1838

**LOUISIANA**

Francine (318) 457-2022

**MAINE***Bangor*

Irvine & Arlene (207) 942-8473

*Freeport - 4th Sun. (MO)*

Carolyn (207) 364-8891

**MARYLAND***Ellicott City Area*

Margie (410) 750-8694

**MASSACHUSETTS/NEW ENGLAND\****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 (313) 439-8119

**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

Tom (417) 883-8617

**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 (216) 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 (No meeting in Mar.)

Jim & Jo (610) 783-0396

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

Kate (615) 665-1160

**TEXAS\****Houston*

Jo or Beverly (713) 464-8970

*El Paso*

Mary Lou (915) 591-0271

**UTAH**

Keith (801) 467-0669

**VERMONT**

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

**VIRGINIA**

Sue (703) 273-2343

*Washington*

Phil & Suzl (206) 364-1643

**WEST VIRGINIA**

Pat (304) 291-6448

**WISCONSIN**

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

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

@ 1- 4pm

Ruth (250) 925-1539

*Victoria & Vancouver Island - 3rd Tues. (MO)*

@ 7:30pm

John (250) 721-3219

**MANITOBA, CANADA***Winnipeg*

Joan (204) 284-0118

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

Adriaan (519) 471-6338

*Ottawa*

Eileen (613) 836-3294

*Toronto /N. York*

Pat (416) 444-9078

*Warkworth*

Ethel (705) 924-2546

*Burlington*

Ken & Marina (905) 637-6030

*Sudbury*

Paula (705) 692-0600

**QUEBEC, CANADA***Montreal*

Alain (514) 335-0863

*St. André Est.*

Mavis (514) 537-8187

**AUSTRALIA**

Irene (03) 9740 6930

**ISRAEL**

FMS ASSOCIATION fax-(972) 2-625-9282 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 Moiler FAX (48) 431-217-90

**UNITED KINGDOM**

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

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ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

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March 1, 1998

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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.

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. 1998 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.)

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

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Philadelphia, Pennsylvania 19104 - 3315

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**Mail Order To:**  
FMSF Video  
Rt. 1 Box 510  
Burkeville, TX 75932

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	444	The Rutherford Family Speaks to Families	10.00	
			SUBTOTAL	
			ADDITIONAL CONTRIBUTION	
			TOTAL DUE	

U.S. Shipping & packaging charges are included in the price of the video.

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Allow two to three weeks for delivery. Make all checks payable to: FMS Foundation  
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THANK YOU FOR YOUR INTEREST