FMS

FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

NOVEMBER/DECEMBER 2001 Vol. 10 No. 6

Dear Friends,

"Has there been a surge in retractions since the attacks of September 11th?" a British journalist asked me last week. I replied that I was not aware of any increase in the number of returners or retractors, that changes took place quite slowly, and that there was a gap between any changes in family status and our awareness of them. It seems logical, however, that such terrible events may stir some accusers to reflect on their families and perhaps find another perspective.

Interviews with retractors have shown that life events are sometimes the stimulus for a return to families. In this month's issue you will find a letter from a father who describes his feelings and actions as he reunites with his son after 18 years of separation, a fascinating story that is still developing. It seems to have been a life event—the illness of his sister—that moved the son to reach out. There is another letter from a father who asks "Why should we trust?" "Why should we reconcile?" The positions of families on the topic of reconciliation span a continuum, and individual families may bounce back and forth with time. However, the survey of your experiences that we are currently analyzing shows that the majority of FMSF families indicate that their family is unanimous in wanting reconciliation.

We have found a number of trends in the survey results that distinguish retractors, returners and refusers and we are currently studying the trends to determine if they are significant. Some examples:

More families of retractors and returners reported that their families are unanimous in wanting reconciliation than families of refusers.

More families of returners and retractors reported that they had someone acting as a mediator than did families of refusers. More families of refusers reported that the accuser had support from other family members than did families of retractors or returners.

The survey indicated that the accusations became public more frequently in families of refusers than in families of returners or retractors. More families of refusers reported that contact had been forbidden than did families of returners and retractors. Families of refusers more often reported that they had no contact with the accuser. Retractors and returners were less likely to have brought legal actions against the accused than did refusers. All of these trends seem to anchor the positions in families of refusers.

On the other hand, more families of retractors and returners were confronted in a therapy session than were families of refusers. This seems counterintuitive, but it may be related to levels of communication.

The mean age of accusers at the time they made the accusation was 32 years, but returners and retractors were several years younger than refusers. The mean age of the accuser at the time the alleged abuse was supposed to have started was 4 years old. It's interesting that such a large portion of the accusers claim memories younger than four, the period of childhood amnesia. It's evidence of the fantastical nature of the FMS phenomenon.

Drs. Lief and McHugh have dubbed the years between 1988 and 1998 as the "Decade of False Memories" because survey results indicate that is the time period in which the notions of recovered memories peaked. The years 1991 and 1992 were the years in which most families found out about the accusations.

While we continue to see a welcome decline in new families contacting the Foundation, the roots of the FMS nonsense are still, alas, very healthy. Ignorance about memory abounds at the same time as exciting new research moves us to a better understanding. In this issue you will read that South Carolina has passed a law that allows people to bring lawsuits based on memories recovered in therapy. As the person who sent us this information noted: "the

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The next issue will be combined January/February

SC Legislature certainly failed to do its homework." If you scan the web, you can find no end of nonsense about memory or about therapy that can solve all your problems.

The good news is that a few more therapists who use dangerous techniques have been held accountable, and some conscientious therapists are stepping up to monitor their profession. In two legal cases reported this month, it was the intervention of courageous therapists who had inherited damaged patients who provided appropriate help.

Both the Feld and Pankratz columns this month should be required reading by professionals. Feld's column offers direct and simple ways for professionals to think about their work and keep their perspectives fresh. Pankratz tackles the minefield of post traumatic stress disorder (PTSD) with a message that some may find uncomfortable: PTSD can be easily feigned. It's a timely topic because there has been much in the news about the effects of the September 11th tragedies on those who observed them.

By now, you should have received our annual fund raising letter. Please note that this year we are combining our membership renewals with the fund-raising drive. We expect this will further streamline our office operations and expenses as we move closer to the time of providing most services on the web. We thank you for your generosity that will enable us to work at applying what we learn from the family survey about reconciliation to help others.

We send our best wishes for the holiday season and the New Year.

Pamela

An Open Letter to Foundation Members:

The Foundation has been collecting information about the conditions that influence reconciliation with our estranged children. Our personal and collective responses to the questionnaires have been critical to the research program in its effort to identify the factors that either impede or encourage the return of our children. Perhaps we are writing the "final chapter" in this long and sad story but our continuing financial support remains vital to this task. We hope that you may find the strength and means to provide that help.

Marion and Chris Koronakos

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support*: Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Columnists*: August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information*: Our Readers.

"Being a rather empathic group, however, probably few clinicians overlook the potential impact of the way they communicate messages to their clients. If in current clinical work there is any significant threat in transmitting unintended meanings to clients, it likely occurs not (directly) at the level of communication, but through the use of empirical constructions. Consider the therapist who adheres to the theory that the recovery of repressed memories is important in overcoming some forms of psychological trauma. Independent of its truth or falsity, a belief in this theory will likely shape the scientific efforts of the therapist, namely, the data that are sought, and how these data are used to explain the causes of the client's trauma and the factors that may lead to its effective treatment. But a trusting or suggestible client may also assume the truth of the theory, the consequences of which may be a transformation in the way the client views his or her experience (Bowers & Farvolden, 1996). Like a search for fossils among mere stones, 'repressed memories' may become new mental objects in the landscape of the client's mind, to be spotted, gathered, and examined. Should we be surprised that our client finds the evidence that he or she is looking for? And that, when found, his or her confidence in the theory, as well as the therapist's, will only be reinforced. Such a possibility reveals a problematic pattern: An empirical construction, which is adopted to help explain a client's difficulty or how to treat it, may inadvertently alter the client's view of that difficulty (i.e., generate a creative construction), and thus lead to new experiences (i.e., data). Critically, these experiences may appear to confirm the validity of the original empirical construction.

"It is neither the prevalence or inevitability of this phenomenon, however, that is so troublesome, but rather the possibility that clinicians do not always recognize it. Such recognition could entail several advantages. First, clinicians would be more likely to maintain an attitude of healthy skepticism about their empirical constructions and thus remain more open to alternative possibilities. Second, even if clinicians held to particular empirical constructions because they seemed helpful from a scientific standpoint, clinicians could do so at least with the explicit understanding that a potentially important aspect of such constructions was not only their scientific merit but also their utility for changing clients' perspectives. In this context, constructions could be described as dual, insofar as they simultaneously subserve scientific efforts and efforts to reconstruct meaning."

Peter Gaskovski

"The clinician's art, or why science is not enough"

Canadian Business and Current Affairs, November 1999.

DSM-V Scheduled for 2010 Publication

The American Psychiatric Association expects to publish the *Fifth Edition of the Diagnostic and Statistical Manual* in 2010. The long delay allows time to define and stimulate the research that will be needed to provide a stronger empirical base for the manual. Six research planning groups have been formed: Nomenclature, Disability & Impairment, Gaps in current system, Developmental disorders, Neurosciences, and Cross-Cultural Issues.

Ivanovs, N. & Marshall, T. "DSM-V Research Planning Process" *Psychiatric Research Report*, Summer 2001, p. 6.

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British Parliament to Examine False Accusations of Child Sex Abuse

An all-party group in Parliament will examine flaws in the way police and courts examine allegations of child sexual abuse. In response to the question of how this came about, Margaret Jarvis, Legal Affairs Adviser for the British False Memory Society, explained: "It's the result of some hard lobbying by several groups that are part of the United Campaign Against False Allegations of Abuse. We think it is important to recognize the kaleidoscope of false allegations of abuse, especially since there is no limitation period in criminal law here so that retro criminal convictions are rife. Also, different constituencies have gained a greater understanding of each other and have united around the justice banner."

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South Carolina Law Extends Time for Adults to Sue for Childhood Sexual Abuse

On August 31, South Carolina Governor Jim Hodges signed into law a bill that gives adults more time to file lawsuits alleging incest or sexual abuse during their childhood. Charges may now be brought up to three years after a person discovers the abuse or until age 27, whichever is first. For example, a person may discover the abuse through a therapist helping with problems such as depression or post-traumatic stress disorder. That allowance falls under the South Carolina Supreme Court decision last year in Moriarty v Garden Sanctuary Church [1] that allows repressed memory to be used as a link in a lawsuit. In that decision the justices said that alleged victims must present "independently verifiable, objective evidence" to back up their claims.

1. Moriarty v Garden Sanctuary Church No 25156 SC sup Ct, June 26, 2000, filed (1000 S.C. LEXIS 149).

"Law gives adults more time to sue for childhood sexual abuse" Associated Press, Aug. 31, 2001.

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Guided Imagery and Memory: Implications for Psychotherapists

Arbuthnott, K.D., Arbuthnott, D. W., & Rossiter, L.
Journal of Counseling Psychology 2001, Vol 48, No 2, 123-132.

This article reviews the research linking mental imagery with changes in memory. The authors' purpose was twofold: to sensitize clinicians to possible inappropriate applications of guided imagery techniques and to discourage researchers from understating the potential utility of guided imagery. They note that research has shown that imagery can help patients anchor important therapeutic moments or rehearse behavior-change plans. They also note that it may facilitate the recollection of previous memories, but at the expense of increasing confusion between imagery and previous perceived events. The authors conclude that the "research suggests that therapists should become more sensitive to the possible memory distortion risks associated with guided imagery but that eliminating imagery from their practice entirely is not necessary."

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Changing Beliefs About Implausible Autobiographical Events: A Little Plausibility Goes a Long Way

Mazzoni, G.A.L., Loftus, E.F., & Kirsch, I.
Journal of Experimental Psychology: Applied,
March 2001, Vol. 7 (1) 51-59.
Available at: http://faculty.washington.edu/loftus

Many studies have shown that people can be led to believe they experienced events that did not happen. Some psychologists have suggested that there are limits to the types of experiences that can be suggested, and that such experiences must have some degree of plausibility. In a series of three studies, the authors investigated the malleability of perceived plausibility and the subjective likelihood of occurrence of plausible and implausible events in subjects who had no recollection of experiencing them. Plausibility was manipulated with a series of mini-articles about implausible events from a presumably credible source. The authors note: "These three experiments tell a consistent story. Exposing people to a set of articles that describe a relatively implausible phenomenon, like witnessing possession, made people believe that the phenomenon is more plausible," and it increased their confidence that they had had the experience.

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Repressed Memory Accusations: Devastated Families and Devastated Patients

Elizabeth Loftus
Applied Cognitive Psychology, 1997, Vol. 11, 25-30.)

Loftus discusses the British survey of families with disputed "recovered memory" accusations and compares some

results to surveys done with families and patients in the United States. These surveys, however, have the methodological weaknesses associated with all retrospective studies. She then describes the study by staff employees working for the Department of Labor and Industries in the State of Washington that examined repressed memory claims registered with the Crime Victims' Compensation Program. This study used medical records and other documentation as well as a tabulation of certain outcome measures. The results of the Crime Victims study (previously reported in this newsletter) are shocking: recovered memory patients in the Crime Victims study appeared to get worse rather than better. Loftus concludes that the Crime Victims study should be repeated using better controls and scientific checks.

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Lower Precombat Intelligence is a Risk Factor for Posttraumatic Stress Disorder

Macklin, M.L., Metzger, L.J., McNally, R.J., Litz, B.T., Lasko, N.G., Orr, S.P., & Pitman, R.K., *Journal of Consulting and Clinical Psychology*, 1998, Vol. 66, (2) 323-326.

Because most veterans of combat do not develop posttraumatic stress disorder (PTSD), the authors are studying variables that may increase the risk for the disorder in combat soldiers. They examined the relation between intelligence and PTSD by studying the association among precombat intelligence, current intelligence, and self-reported PTSD symptoms. They used military aptitude test results for 59 PTSD and 31 non-PTSD Vietnam combat veterans who had undergone recent interviews and testing. People with lower precombat intelligence were more likely to develop PTSD symptoms assessed by the Clinician-Administered PTSD Scale after adjusting for extent of combat exposure. The authors note that the "results suggest that lower pretrauma intelligence increases risk for developing PTSD symptoms, not that PTSD lowers performance on intelligence tests." ❑

Catharsis, Aggression, and Persuasive Influence: Self-Fulfilling or Self-Defeating Prophecies?

Bushman, B.J, Baumeister, R.F, & Stack, A.D *Journal of Personality and Social Psychology*, 1999 Vol. 76 (3) 367-376
Article available at www.apa.org/journals/psp/psp763367.html

Even though past studies have failed to validate the catharsis hypothesis, the authors of this study note that pop psychologists and the mass media have continued to endorse the view that "expressing anger or aggressive feelings is healthy, constructive, and relaxing, whereas restraining oneself creates internal tension that is unhealthy and bound to lead to an eventual blowup."

The researchers sought to answer two questions. Can people be persuaded by a media message to deal with anger in a certain way? And, if people chose to attempt to vent their anger through physical aggression would they feel less anger after having done so (as the catharsis theory suggests)?

Venting anger or "rage work" was a component of the therapy for a great many people who came to have false beliefs about childhood sexual abuse. Indeed, in one of the first articles written about recovered memory therapy, Debbie Nathan[1] described a weekend retreat she attended in which a participant hit telephone books with a bat, pretending they were her perpetrators.

The conclusion of the study is that contrary to popular belief, venting anger through physical aggression such as hitting a punching bag does not decrease one's anger. In reality, such acting out only increases a person's hostility.

1. Nathan, D. "Cry Incest" *Playboy*, October 1992, 84-164.

❑

Ontario Doctor Loses License

A disciplinary committee of the College of Physicians and Surgeons of Ontario revoked the license of Dr. Raymond Danny Leibl in September. In a written decision, the four person committee noted, "Revocation is necessary to repudiate his severe misconduct, to protect the public and to maintain the integrity of the profession." It is rare for the disciplinary committee to strip a physician of his license.

Leibl was accused of misdiagnosing a former patient as having multiple personality disorder, and planting memories of sexual abuse that were not there. According to the charges, Dr. Leibl tried to "re-parent" the patient by feeding her from a baby bottle and having her call him "Mommy daddy Ray." He allegedly carried out a mock funeral for the patient's parents and then installed himself as the ideal parent and even took her on a trip to Florida where they slept in the same bed.

Dr. Leibl gave the patient high doses of sodium amytal, a drug used to "retrieve" suppressed memories, combined with large amounts of vodka. He billed the health system for about 33 hours a month for this patient.

Dr. Molyn Leszcz, a psychiatrist and head of the psychotherapy program at the University of Toronto stated that "reparenting" "was never considered mainstream." He said it is not and would never be taught at the university.

Even though Leibl's medical license was revoked, he can still offer psychotherapy. The College of Physicians and Surgeons has established a task force that will set guidelines to govern psychotherapy, but they are only at the draft stage.

See FMSF Newsletter March/April 2001.

Eby, C. "Psychiatrist guilty of misconduct: Disciplinary hearing: 'Disgraceful, dishonorable and unprofessional'" *National Post*, June 28, 2001.

Lu, V. & Daly, R., "Doctor loses license over therapy: Psychiatrist uses odd 'reparenting' method on patients" *Toronto Star*, Sept 22, 2001.

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Massachusetts Doctor Loses License

The Massachusetts Medical Board repealed the license of Dr. William A. Kadish in August. Kadish was the medical director of psychiatry at UMass Memorial Marlborough Hospital where he supervised physicians and patients, planned curriculum and gave lectures. The Board cited "gross misconduct in the practice of medicine" and "extreme deviation from any clinically appropriate standard of care."

According to the complaint, Kadish had a sexual relationship with one of his clients who was suffering from depression, low self-esteem, and multiple personality disorder. He drew out more than 20 different personalities identified by him and gave them a life of their own by writing letters to them. There was also another patient who had filed a complaint against him.

The Medical Board learned about the problem because the patient told an independent therapist about what was going on. With the help of this therapist, the patient reported the treatment to hospital officials and his practice was suspended immediately.

Gaines, J. "Doctor's license revoked: Respected psychiatrist admits abuse charges" *Boston Globe*, Aug. 26, 2001.

Lasalandra, M. "Doc loses license after affair with psychiatric patient" *Boston Herald*, Aug. 23, 2001.

Editor's comment: The facts of this case underscore the potential for creation of false beliefs in a vulnerable patient by means of unethical and irresponsible suggestion. They also highlight the critical role of ethical therapists in bringing an end to such shameful practices.

"Daily life took as much as she had.The future was sunset; the past something to leave behind. And if it didn't stay behind, well, you might have to stomp it out."

Toni Morrison, *Beloved*, Plume (Penguin) 1987, p.256

PROPOSITIONS

Allen Feld

Since my major professional activity had been teaching graduate students in a Master of Social Work (MSW) program, I sometimes wonder what I might say to them today. I have had many thoughts as I witnessed the havoc created by therapists and false memory syndrome. I think I would vigorously explain to students the reasons for the scientific uncertainty about repression, and emphasize the necessity for securing independent corroboration of any memory before accepting its veracity. To these important cornerstones, I would add the caveat that effective help is proffered when the focus is on the patient's present, not the past. But, what else would I say? The following propositions are at least a partial answer.

1. *Be wary when you think you have the right answer.* Gravitating towards information that supports one's beliefs and views is not unusual. There seems to be a natural tendency for people to become involved with like-minded people. Professionals often select continuing education and training programs that support, rather than challenge, their beliefs. These self-imposed blinders may be magnified by an inclination to limit professional discourse, debate, and disagreement to a narrow continuum, even among those with whom there is face-to-face contact. As a result of these tendencies, people often select details that are likely to support rather than contradict their beliefs.

Vigilance is necessary in order to create professional objectivity and to be open to new learning.

2. *Balance your professional reading with material that challenges your beliefs.* Balance does not necessarily mean a 50-50 split. Avoiding the "other side's" reading is another way of wearing blinders and it may constitute a grave injustice to clients. Professional practice should be scientifically based and professionals are obligated to keep apace with the evolving thinking in their field. Limiting reading to a narrow range furthers a myopic view, a common hazard associated with the rigors of work, caseloads, efficiency and trying to make means and ends meet.

3. *Challenge your own thinking.* While many of us may profess a willingness to challenge our own thinking, that behavior may often be elusive. Try placing yourself on a continuum with "Rarely Challenge Myself" located at one pole and "Frequently Challenge Myself" at the opposite pole. Place yourself on the continuum. (If you want to try an interesting experiment and have an adolescent at home, ask that teen to complete this continuum about you and compare your placements!) The difficulty in self-challenge may be significantly reduced by factors referred to in Propositions 1 and 2.

4. *Don't cease probing when a patient says things that are consistent with what you may believe.* A common therapeutic activity is to test a hypothesis with probing questions. There is a tendency both to ask questions that target the hypothesis and to accept answers that fortify your thinking.

This approach may not supply all of the information that is therapeutically helpful. It might also indicate that the client understands what a therapist is looking for, and the desire to please may be influencing the response.

5. *Therapists should be able to describe in lay language what is being worked on in therapy.* Using technical terms can become a stumbling block to effective communication with a client. Instead, use terms that are common outside of therapy to describe the therapeutic efforts. The client should be able to explain the focus of therapy to non-professional significant others. If a patient is unable to do that, it is sensible to question his or her understanding of the therapy.

6. *Put your theoretical approach into everyday language so that the client can understand it well enough to describe it accurately to you and to lay people.* The description should not be just the textbook words or names that may be used to identify the particular therapy of choice. Descriptors such as "eclectic" should be avoided. A professional's behavior is more definitive than a commonly recognizable name given to a theory. Some therapists claim that they are "multi-theory users." This too requires clarification and specification.

7. *Ask patients to describe what is being worked on in therapy.* This may seem like an obvious suggestion, but when was the last time you asked this question to a client? (Or, if you have been a client, were you asked this type of question?) A patient's answer to this question can be a source of important therapeutic clues and have some evaluative significance.

8. *Joint periodic reviews serve clients and therapists well.* Evaluating progress in therapy should not be relegated to the ending phase of therapy. Does the patient describe any change in the areas that led her or him to seek therapy? What is the overall view of the patient's life?

Periodic reviews are meant to be informal and resemble an ongoing therapy session. Reviews can initiate a dramatic turn in the therapy. I recall a conversation with a colleague who was troubled by what he felt to be a client's lack of progress. After a review session both made adjustments that helped the therapy become more productive.

Many patients who believed that they had False Memory Syndrome have reported that their mental health deteriorated while they were in therapy. Even though that decline may not have been a result of the therapy, the possibility that it may be should not be overlooked.

In reviewing these propositions, I came to a gratifying conclusion. This is what I would say to my students even if I had not been witness to the false memory fiasco. These ideas are not specific to a particular issue; they represent some of the elements that I believe are components of good therapy.

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

Judge Moraghan rejected the video testimony of two Arizona therapists as expert witnesses, and criticized their neo-psychology. He noted that a "disturbing feature" of many such therapy regimes is that they are commercial programs with their own unique vocabularies and definitions. He wrote: "It is quite evident that many [therapists] are capable of and do significantly damage their clients or patients; the court declines to accept their diagnoses [of post traumatic stress disorder]."

Scheffey, T. "Litchfield judge utterly unconvinced by victim" *Connecticut Law Tribune*, Oct 15, 2001, Vol 27 (42).

LEGAL CORNER

SJC Signals Doubts About Validity of Recovered Memories

Commonwealth vs. Frangipane, SJC-08359, Supreme Judicial Court of Massachusetts, 2001 Mass. LEXIS 170, March 20, 2001, Decided.

In a unanimous 17-page ruling, the Supreme Judicial Court (SJC), the highest court in Massachusetts, said that William Frangipane is entitled to a new trial because the prosecution's expert witness strayed too far from her expertise when she discussed the effects of trauma on memory.

Frangipane was convicted of raping a teenager who did not recall most of the details of the assault until five years after it allegedly occurred. Frangipane was a school bus driver hired to take a church youth group to a nighttime Halloween hayride. He allegedly raped a 14-year-old boy who was on his way to the bathroom while participants were gathered around a bonfire.

The expert, a social worker, stated that she had studied in 'the area of memory [of sexual abuse]' with a variety of researchers, including Dr. Bessel van der Kolk and Dr. Judy Herman and had attended seminars and workshops. The SJC ruling included the expert's explanation of a PET scan. She explained that it was "a scan of the brain [whereby dye is injected] into various parts of the brain [and one] can actually see by the color [that comes] up how different memories are being stored in the brain, the different parts of our brain that we are actually storing memory in." The court noted that evidence on the neurology of how trauma victims store memories in the brain should have come from a medical doctor, not a psychotherapist.

The SJC ruled that there is enough disagreement on the issue [of recovered memories] among mental-health specialists that it would be appropriate for a judge to review the issue before allowing it to be used in a criminal case."

The *Boston Globe* noted that "the SJC's stance brings the court in line with appellate courts across the country."

Ellement, J. "New trial ordered in recovered-memory case" *Globe*, March 21, 1001

Throneberry vs. Shults-Lewis Ends in Mistrial in Indiana

In 1990 Teri Throneberry and Margie Cole initiated a lawsuit against the Shults-Lewis Child and Family Services Facility for negligent hiring, supervising and training of employees. The women claimed they had been abused when they were residents at the facility in the 1960s. The lawsuit was brought in 1990 after the criminal statute of limitations

had expired for Rodney Grantham, an employee at Shults-Lewis in the 60s who admitted abusing the girls.

This was the third attempt at a trial in this case. The first trial was scheduled for 1995 but became tied up in appeals about the civil statute of limitations that had also expired. Cole died in 1995. Throneberry, now 50, argued that she had repressed the memory of the event for 22 years and that the statute of limitations should not begin until she remembered the abuse. That argument kept the case in the appeal courts until 1999, when the Indiana Supreme Court remanded the case for trial.[1]

Although almost half of the states now have laws that give plaintiffs time beyond the normal statutes of limitations to file repressed memory lawsuits, there is no such law in Indiana. "In Indiana there is no precedent one way or the other on repressed memories," said James A. Tanford, an Indiana University law professor and an expert on law and psychology. "The Indiana Supreme Court has not decided any case yet on the admissibility of repressed memory." Tanford noted that the Indiana Supreme Court "has relied quite heavily on the published scientific literature. The weight of scholarly opinion within the fields of psychology and law is that these recovered memories are factually unreliable."[2]

Before ending in a mistrial because the plaintiff's lawyer had to be hospitalized, Daniel Brown, Ph.D., who had examined Throneberry, testified that she suffered from 1) PTSD, 2) sexual desire disorder, 3) moderate anxiety and depression, 4) amphetamine abuse, 5) body dysmorphic disorder in which she feels ugly all the time, 6) a personality disorder that causes her to avoid relationships and 7) a dissociative disorder that causes her to switch mental states. The plaintiffs had to convince a jury that repressed memories are "reliable" and that the memories were genuinely Throneberry's and not suggested by others.

Experts scheduled for the defense were memory researcher Elizabeth Loftus, Ph.D., psychiatrist James Hudson, M.D. and Paul Frederickson,Ph.D., an Indianapolis psychologist who also examined Throneberry. The defense was expected to argue that "repressed memory" or "associative amnesia" is not a legitimate, science-based concept, but rather a convenient legal argument to override the statute of limitations. Attorney for Throneberry was Gregory Bowes of Indianapolis.

Attorneys for Shults-Lewis were Steve Strawbridge of Indianapolis and Mark Lienhoop of LaPorte.

1. Indiana Supreme Court No. 64S05-9712-CV-658, 718 N.E.2d 738; 1999 Ind. LEXIS 933.

2. Jewel, M. "Repressed memory lawsuit tests wide-open area of Indiana law" *Associated Press*, Sept 2, 2001.

3. Kosky, K., "Victim of molestation still suffers" *Valparaiso Times*, September 23, 2001.

4. Seibel, T. "Porter sex abuse case a mistrial" *Post-Tribune*, Sept 26, 2001.

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Update: Rebirthing Trials Conclude

Jaye D. Bartha

Rebirthing Aides Given Probation: On October 4th , Brita St. Clair, 42, and her husband, Jack McDaniel, 48, assistants who actively participated in the 'rebirthing' session that killed 10-year-old Candace Newmaker in April 2000, both received 10 years probation and 1000 hours of community service from Judge Jane Tidball in Golden, Colorado.

St. Clair, a former special education teacher, and McDaniel, a construction worker, assisted psychotherapists Connell Watkins and Julie Ponder in swaddling young Candace in a flannel sheet and placing her beneath heavy furniture cushions. The four adults then pushed against Candace to simulate birth contractions. The child was supposed to free herself and become "reborn" to her adoptive mother, but after 70 minutes of pleading for freedom, she suffocated.

Michael Steinberg, attorney for St. Clair, characterized his client as a devoted mother and an upstanding member of the community. He reiterated that St. Clair knew nothing about rebirthing therapy and that she "never thought to question Connell Watkins's judgment."

Bob Ransome, attorney for McDaniel, said his client "heard of rebirthing one night before this session," and he was "thrilled to be in the presence of this expert [Watkins]," who is currently serving a 16-year sentence for child abuse resulting in death. Following the reading of a tender letter McDaniel wrote to his daughter after the fateful rebirthing session, Ransome asked, "We should put this man in jail? Give me a break!"

Prosecutor Laura Dunbar painted a contrasting picture of the defendants "based on evidence and fact – not on emotion." In a methodical fashion, Dunbar recounted the involvement of St. Clair and McDaniel during the "two week intensive" that preceded Candace's death. They were "willing and active participants, practicing psychotherapy," she stated before introducing evidence showing that St. Clair repeatedly lied to investigators by diminishing her involvement which was caught on tape and viewed by the court. Both defendants, she said, played key roles in teaching young Candace "compliance training" and "strong sitting" (a technique whereby the child sits motionless in isolation for prolonged periods).

McDaniel addressed the court saying, "We were there to help her [Candace] live a better life" and "I wish I had more knowledge and insights. We are out of the social work business for good." St. Clair, through her attorney stated, "Candace Newmaker's death, and my being present, will be a source of agony for me for the rest of my life."

The presumptive range for sentencing was probation to 4-16 year prison terms. Judge Tidball stated both defendants "were acting under direction and neither were trained" and "there was no evidence they tried to harm." Although Tidball received requests from mental health groups asking for stiff sentencing, she disagreed: "They are not mental health providers and the felony conviction" will "constitute a significant deterrent. Any other punishment would be inappropriate."

Newmaker Pleads Guilty: Jeane Newmaker of North Carolina pled guilty to child abuse resulting in death, a class III felony, on October 11, 2001. Newmaker brought her adopted daughter, Candace, to Evergreen, Colorado to be treated by Connell Watkins. Newmaker, a nurse practitioner at the pediatric gastro-intestinal clinic at Duke University Medical Center, participated in the rebirthing session in which her daughter died.

The Court imposed a four-year suspended sentence with 400 hours of community service and mandatory brief counseling. Newmaker must report to the probation department. If she complies, her felony conviction will be expunged.

Prosecutor Steve Jensen had requested that Newmaker be barred from working with children during her suspended sentence stating, "the evidence raises questions about her ability to recognize and intervene" with a child in distress. Defense attorney Pamela Mackey said Newmaker "placed her trust in Watkins, not as a professional, but as a mother." Judge Tidball agreed and added that a nursing restriction would be a "meaningless punitive sanction."

Jaye Bartha majored in psychology. She recently settled a lawsuit she brought against her former therapist who practiced recovered memory therapy.

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Wenatchee Update: The four children of Doris Green who were removed from their mother in 1994 have filed a suit against the city of Wenatchee, Chelan county and the Department of Children and Family Services claiming that they were subjected to improper interrogation. Green, whose conviction was overturned and whose parental rights were restored by a state Court of Appeals in 1999, has not yet gotten her children back.

The 9th US Circuit Court of Appeals ruled 8-3 that Robert Devereaux failed to present evidence supporting either of his claims; that detectives continued their investigation of him despite the fact that they knew or should have known that he was innocent; and that they used investigative techniques that were so coercive that they knew or should have known they would result in false information.

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"Confirmation bias should be a matter of great interest and concern to lawyers and judges. For example, lie-detector (polygraph) examiners may start with a hypothesis that they 'confirm' by asking just the right questions. Or a mental health professional investigating child abuse may too readily (albeit unwittingly) collaborate with the presumed victim to create memories of abuse that never occurred. The easily made diagnosis of child abuse can be notoriously difficult to falsify, particularly when the victim is an adult and the abuse occurred early in childhood. This has led to several spectacular miscarriages of justice."

Kenneth R. Foster and
Peter W. Huber
Judging Science: Scientific knowledge and the federal courts.
1997, MIT Press.p. 45

Posttraumatic Stress Disorder

Loren Pankratz, Ph.D.

Posttraumatic *Stress Disorder* (PTSD) first appeared in the third edition of the Psychiatric Diagnostic Manual in 1980. Soon after, psychiatrist Landy Sparr and I were the first to publish a paper describing the imitators of this disorder. We described five men who said they had been traumatized in the Vietnam war; three said they were former prisoners of war. In fact none had been prisoners of war, four had never been in Vietnam, and two had never even been in the military.

Several factors convinced me that factitious PTSD was more common than even the most cynical observer would guess. [Factitious means arising from an artificial or manufactured source; a factitious symptom or disease, then, is one that develops outside the natural course of illness.] I discovered all sorts of individuals with different personality styles and varying motives who were pretending that they had suffered trauma. Twenty years later, I have some reasons to believe that my fears are correct.

In 1998, Dallas stockbroker and Vietnam veteran B.G. Burkett wrote a book called *Stolen Valor* in which he provided painful and embarrassing examples of veterans deceiving gullible mental health professionals. His argument does not rest on single case studies of therapist blunders. Burkett also attacked the very foundation of the Veterans Administration's understanding of PTSD, the National Vietnam Veteran Readjustment Study, a four-year project that cost $9 million to complete. This study concluded that when *lifetime* prevalence was added to *current* PTSD, more than half of male veterans and nearly half of the female veterans had experienced clinically significant stress-reaction symptoms. Senator Allan Cranston, then chairman of the Senate Veterans' Affairs Committee, found the result "shocking."

Burkett found these results shocking as well, but for different reasons. Fewer than 15% of the 3.3 million men who served in the Vietnam theater of operation were in direct line combat units. How can 50 percent of these veterans have experienced PTSD? Burkett points out some serious errors in the methodology of the study, and he suggests that many of the subjects lied.

For example, the sample has three times the expected number of reported Purple Hearts. Even if the deceivers were identified and thrown out, would we really expect such high rates of PTSD from this war?

Ian Hacking wrote a book known to many readers of this newsletter called *Rewriting the Soul*. In a more recent book, Hacking (1998) reviewed the history of a disorder that was popular at the end of the 1800's but has now essentially disappeared, namely fugue-state wandering. This wandering disorder was constructed to explain some unusual behaviors of the time, and once described, there was an epidemic of fugue wanderers or perhaps more precisely an epidemic of *diagnosing* fugue wanderers. This was not a disease process but a phenomenon that happened in reaction to social conditions of the time. Physicians gave these people a diagnostic label, a label that protected them from personal responsibility for their actions.

Hacking noted that some mental disorders bear a stigma that you would not want anything to do with. But if a disorder is conceptualized as a misfortune that happens to basically decent souls, then patients and clinicians will direct their attention to that diagnosis. Perhaps some insights into PTSD can be gained by viewing it within this light.

The old diagnostic terms associated with war trauma include combat fatigue, shell shock, and war neurosis. All of these terms carry a notion that after a certain extended period of combat, some soldiers might break down: weaker ones first, then the stronger, and finally only the strong surviving. However, PTSD was developed and adopted in the context of an unpopular war. The diagnostic manual suggests that the symptoms of PTSD emerge from an *event*, a stressor that would evoke "significant symptoms of distress in *most people*" (emphasis added, DSM-III, 1980, p. 236).

In 1997, Canadian Marilyn Bowman reviewed the world literature on response to trauma in a book entitled *Individual Differences in Posttraumatic Response: Problems with the adversity-distress connection*. She concluded that "toxic events are not reliably powerful in yielding a chronic, event-focused clinical disorder such as PTSD." Indeed, most people do not respond to toxic events with persistent symptoms that would rise to the level of a diagnosable disorder, like PTSD. Individuals who do are characterized by pre-existing factors such as longstanding personality traits of emotionality and personal vulnerability, suggesting that their pre-event factors contribute more to serious distress disorders than the toxic event.

Because these conclusions seem so far from the clinical practice of most mental health professionals, Bowman devoted a full chapter to why clinicians are reluctant to look for causes of distress beyond an event. The insight and wisdom of this chapter are compelling. Therapists have fallen for easy explanations, readily blaming others and the environment for the patient's distress. They have confused the acute symptoms of trauma with chronic disability or, even worse, created victims by reinforcing the idea that one's behavior is attributable to situational events in instances where that is not true.

One could make a case that mental health professionals were insufficiently prepared to understand the new diagnosis of PTSD. They were buffeted by social and political winds that blew us away from the harbors of psychological science. As a result, they were easy marks for anyone who wanted to spin a false story about how their life was ruined by some trauma. At the same time, therapists made patients with problems into victims. The most dramatic examples involved searching for sexual abuse as the repressed trauma behind some ordinary symptom. Although this practice seems to have dramatically changed over the past few years, I am concerned that many therapists are still practicing without a revised conceptualization of the PTSD diagnosis. I recommend that this organization give the matter some attention.

References:

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Hacking I. *Mad Travelers*, University Press of Virginia, 1998.

Sparr L. & Pankratz L. (1983). Factitious posttraumatic stress disorder. *American Journal of Psychiatry*, 140,1016-9.

Loren Pankratz, Ph.D., is a consultation psychologist in Portland OR and Clinical Professor in the Department of Psychiatry at the Oregon Health Sciences University. He is a member of the FMSF Scientific Advisory Board.

Editor's Comment: In addition to the references listed above, the following are suggested reading for those interested in a critical appraisal of PTSD:

Young, A. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, Princeton, NJ: Princeton University Press, 1995.

www.forensicptsd.com

Website run by Gerald Rosen, Ph.D., clinical psychologist at the University of Washington.

"Junk science results when conclusions are drawn using low-quality data such as testimonials, anecdotes, and case reports rather than from randomized, controlled clinical experiments."

John C. Dodes, "Junk Science and the Law" *Skeptical Inquirer*, Jul/Aug 2001

FROM OUR READERS

One Family's Journey After 18 Years of Separation

It's hard to know where to begin. A couple of months ago, we were shocked to receive a letter from our 34-year-old son who, after 18 years, was reaching out for contact.

By way of background, I should point out that ours was a blended family. He was my son from my previous marriage, but he lived with my wife (his stepmother) and me. We raised him from age 4 until age 16. His stepmother says that he was every bit as dear to her as if he were her own child. There was a younger sister as well, but she lived with her mother and visited us. We were not particularly fond of the children's mother, but we kept this to ourselves and supported the boy's relationship with his biological mother.

On the bad advice of a therapist, we let him go just before his 16th birthday to live on a trial basis with his mother. The counselor insisted that this was the only way the boy would find out what his biological mother was really like. Unbeknownst to us, the mother was involved in recovered memory therapy. Soon after our son went to live with her, she involved the children in recovered memory therapy as well. It wasn't long before the boy and his sister were accusing us and other relatives of molestation. When the dust settled, the authorities determined that the allegations were unfounded. Nonetheless, we were not successful in getting our son back. A bond that we thought indestructible was severed as profoundly and completely as if there had been a physical death.

In his letter, our son wanted to let us know that his younger sister, also estranged from us, had been diagnosed with an aggressive, possibly terminal cancer. He wrote that he did not expect a response from us, knowing how devastated we were by the allegations he and his sister made against us and other family 18 years ago.

Our son tried reaching out once before, about 12 years ago, and we really got our hopes up. There was an exchange of letters but nothing ever got off the ground because we needed to know that he understood that all those molestation allegations never happened, and he was not willing at the time to reassure us. We wrote that in that case, we couldn't have any contact with him. He wrote back saying that it was good-bye. But he did let us know by letter when each of his two children were born.

It was cataclysmic the way my son and daughter were lost to our family; we became convinced the loss was permanent. Our entire extended family grieved along with us for a long time. Eventually, we made peace with the loss—or so we thought. Though we hadn't seen our son in 18 years, and had given up hope, the emotional impact of receiving the letter from him wiped us out for days. My wife read it and told me it was good, but I couldn't read the letter myself until four days later. It was good, but I felt all mixed up and anxious and wasn't sure how I wanted to respond.

I reached out to Pamela Freyd and a couple of other good friends for advice. The message I got from them was clear and consistent. Regardless of all the difficult feelings, we should seize this opportunity. Our son was giving us all another chance to see if we could be a family again. My wife wanted to go for it, but felt the decision was up to me, his biological father. She said that if we go forward we should go full throttle without hesitation. I must admit, had it not been for the encouragement I received from Pamela, my brother, and other friends and family, I might have blown this opportunity. The pain and terror stirred up by my son's letter, nice, as it was, felt unbearable.

He wrote that his sister did not know he had written to us and was going to be upset with him for doing so. He asked us not to contact her directly, but was willing to deliver any message we might wish to send. We asked him to tell his sister that we loved her and that we wanted very much to see her, but would respect her decision if that is not what she wanted. She's still refusing contact, but we feel that may change pretty soon now.

Meanwhile, it was my son's turn to be shocked. He wasn't expecting a response to his letter because, like us, he'd lost all hope. I wrote him back. I called him. Within a week we were talking daily on the phone, often for hours at a time. My wife had long phone conversations with him too. We were blown away by the depth of feeling he expressed, how much he loved us and how deeply he missed us. Of course the feeling was mutual. He couldn't believe how happy we were to have him back in our lives and how much we'd missed him. He acknowledged that his attitude the first time he tried to reconnect made it impossible for us to have contact with him at that time. I learned that he had followed in my footsteps, getting married because of a pregnancy, despite knowing it was a mistake, then leaving the marriage before his second child was born. As a divorced father himself, he saw the potential for being falsely accused of molestation, because he wanted more visitations with his children than his ex-wife was willing to allow. He reassured me that he nipped this in the bud and was able to see his children on a regular basis, though not for as much time as he would like. He is remarried now, to a lovely woman who has a son from her previous marriage, a boy who lives with them and is about the same age of his two boys.

Before the devastation, my son worshiped my father (Papa) and dearly loved the rest of my family and my

wife like a real mother. My son was crushed to learn that his papa had passed away 6 years ago. He got directions to the cemetery from my brother, and the next day visited my father's grave, spending several hours there. When it is the right time, he and I are going to visit Papa's burial site together, just the two of us. My wife's mother had also passed away a few years earlier. Our son wept on the phone saying that he was so sorry that he didn't get a chance to see them before they passed away. For the first time in 18 years, my son and I also laughed together, when he told me he felt like a fish out of water trying to be a part of the family again, and I told him I was feeling that way too, trying to be his father again.

The issues concerning his sister remain in limbo. She was furious at him for making contact with us and felt betrayed by him. He reports that she will consider making contact with us under one of two conditions: that she completes her chemotherapy and radiation treatment and is considered to be in some state of remission or that after the treatment she is considered terminal. Right now she is fighting for her life and doesn't want to deal with us.

The letter from our son came by coincidence a month before our 30th anniversary celebration party. After a couple of weeks and talking on the phone for hours everyday, we asked him if he would come and celebrate this event with us. His response was, "Didn't your brother tell you, I've already got plane reservations to come?"

We picked him up at the airport the day before our party, the first time we'd seen him in 18 years. It was the highlight of the party having him with us and re-introducing him to all our friends and family who he was close with growing up. We were surprised and thrilled to discover that the person our son has become as an adult is someone who my wife, I, and everyone else really like.

He also has lots of courage. Together with us, he wants to go through all the file boxes and documents we have, chronicling the story of our family and how it was torn apart. We all know this is going to be very upsetting at times and have made a commitment to work through whatever it is in a way that maintains our love and family bonds instead of tearing them apart. Our son reports that he knows about parental alienation, false memories and some of the problems with mental health professionals. He says he was 22 when he began to realize what happened to him when he went to live with his biological mother, and that my wife and I were not his enemies; she was.

We have already had some very heavy conversations about the allegations. My wife and I were afraid that he may had come to believe them at some point, but he says no. He said that there was just so much pressure from his mother and her supporters to say he was molested that he couldn't stand it any longer and complied in order to get her off his back.

It has been been enlightening to hear his views about the various court-appointed therapists he saw. He said there was one he didn't trust and another he described as stupid. We disliked all of them because in our view they were helping to destroy our son by eliciting more and more molest allegations. He respects our feelings about this, but says that the last of the therapists actually helped him a lot. My wife and I refused to believe this until I found information in one of the file boxes which made us realize that some of our perceptions may have been wrong.

We want to fill in all those missing years, and not miss anymore. Our son's going to spend the upcoming weekend with us. Then he and I are going to load up his piano, which we've kept for him all these years, and drive together to his house. I'll be meeting my grandchildren for the first time next week.

A Father

❑

Retractors' Responsibility

I am writing to address one theme that I see with increasing frequency in the letters from offspring who "retract" and wish to reunify with their families. The "retractors" often blame their therapists. The therapist took advantage of them at a vulnerable time, were untrained or relied on unproven theories, or were motivated by insurance money. Now that the offspring have recovered, they are suing the therapists.

This theme is seductive. It is what families want to hear. Their offspring were innocent and misled. It is also what the FMSF wants to hear because it is confirmation that the therapists based their practices on unscientific theories. This theme promotes the humanitarian goal of the Foundation: reunification of families based on love and understanding.

In my opinion, many of the accusers and retractors are not innocent at all. They actively sought out therapists who advocated breaking with their families. They were attracted to the idea of recovered memories of childhood abuse and sought ways to find support for their message of anger and hate. They chose to hurt parents and family in the most effective manner available to them. In a recently published letter to a newspaper advice columnist, the writer said that her sister had gone to a therapist with bizarre recovered memories of childhood abuse. When the therapist asked her to set them aside and deal with the current issues in her life, the sister left the therapist to seek one who would support her "memories." I believe that this is more common than the Foundation wants to admit in the newsletter.

Perhaps most important is that by

allowing the retractors to blame their therapists, we avoid some important issues. Why did the accusers seek out this therapy? What responsibility do they have for their actions? By blaming their therapists, aren't retractors just continuing their theme of blaming others? The letter from "A Dad" asks questions that the Foundation finds difficult to answer. Why should we trust? Why should we reconcile?

Another Dad

Editor's Comment: The position expressed by this writer is undoubtedly both legitimate and not uncommon. The Foundation has no "policy" on this matter. We recognize that each family responds to the despair associated with losing a child in its own way. We apologize to the writer and all others who may believe that we have evidenced less respect for this point of view than the one it challenges. In our view, both are valid.

We would like to hear responses to this point of view, especially from retractors.

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Suggestible but Still Responsible

I was interested in the letter from A Dad in the July/August newsletter. For the last several years our family, minus our accusing daughter, has drawn together in a harmonious and happy relationship. For our prodigal daughter to rejoin our family without repentance or retraction would be unacceptable to us.

Back in the bad old days of the repressed-memory hysteria, circa 1991-92, the conventional wisdom assumed that all the blame belonged to the nasty therapist and none to the accusing daughter. Since then, attitudes have changed. Many of us have come to recognize that although the therapist's client was highly suggestible and vulnerable, she still bore a responsibility for her acceptance of the therapist's agenda. In short, it still takes two to tango.

A Dad

❑

Life Without a Retraction

The Foundation helped my late wife and me a great deal. Thankfully our daughters returned in 1995, one year before my wife passed away from cancer.

I have since remarried. Before the wedding, I informed my fiancee about this issue and she went with me to an FMSF meeting. When she informed her four children about this, however, it caused quite a stir. To this day she warns me to be careful whenever we visit with any of her eight grandchildren.

Two years ago one of my daughters moved to about 10 miles from me. The other daughter visits with her sister and me every month or two. On one occasion about a year and a half ago, my new wife confronted them about the FMS issue. One daughter confirmed her belief that her grandfather had raped her and her sister. The other daughter just cried and said while hugging me, "I don't want to lose you again." They are still sharing a loving relationship with me, but they have not retracted.

A Dad

❑

Living With a Returner

Contact with our accusing daughter was never completely severed because she is a single parent with two sons and is dependent on us for most of her support. Although she was accusing us of fantastic acts that were never really specified, she would still call for money when she needed it. We never knew an address unless she was near some catastrophic event such as being months behind with rent when she would give us the address.

When a relative asked her why she thought we would continue to support her in the face of her rejection of us, her answer was "guilt." Actually the reason we continued was because the two children were being victimized by her actions and we did not feel we could compound her actions by depriving them.

Three years ago when her father had a heart attack, she did come with her children and see him. She stayed for some time and drove her mom to the hospital every day so she could visit.

Since that time. we have visited on many occasions. Sometimes the visits are enjoyable and at other times they are stressful. Although our relationship is not what we would wish, we are able to bond with our grandsons and this alone compensates for the frustration of the ongoing farce.

A Mom and Dad

❑

A Treasured Card

One year after my dear husband's death, our accusing daughter from whom we had not heard for 14 years sent me a purchased condolence card —hoping I had found peace since my loss. I debated about responding, but finally wrote a short note of appreciation and expressed hope that we might correspond occasionally. Seven months of silence have followed, but I still treasure that tiny compassionate card.

A Mom

❑

We Were Non-Judgmental

Our daughter made her false accusation when alone far from home. While still away, she turned against the therapist and the group that supported the false memories. When she came home, she said that she did not remember the therapy sessions, that she did not like the group or therapist there, and that she did not remember any of her false memories. We accepted that. We did not try to make her retract but accepted her as if nothing had been said and no one accused. It worked. I don't know if other families would have as happy a solution. My instinct is that families should not be judgmental, if possible. The FMSF Newsletter relating similar experiences was a big help in getting through this period. We were lucky.

A Dad

❑

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French language website

www.StopBadTherapy.com
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www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

www.ltech.net/OHIOarmhp
Ohio Group

www.afma.asn.au
Australian False Memory Association.

www.bfms.org.uk
British False Memory Society

www.geocities.com/retractor
This site is run by Laura Pasley (retractor)

www.geocities.com/therapyletters
This site is run by Deb David (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

www.angelfire.com/tx/recoveredmemories/
Having trouble locating books about the recovered memory phenomenon?
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religioustolerance.org
Information about Satanic Ritual Abuse

www.geocities.com/newcosanz/
New Zealand FMS Group

www.werkgroepwfh.nl
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Legal Websites of Interest

- www.findlaw.com
- www.legalengine.com
- www.accused.com

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Deadline for the January/February Newsletter is December 15. Meeting notices MUST be in writing and sent no later than two months before meeting.

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