

FMS Foundation Newsletter

3508 Market Street suite 128, Philadelphia, PA 19104, (215-387-1865)

November 5, 1992

Dear Friends,

"Three weeks ago I received a letter from my daughter for the first time in two years," a mother explained, "It talked about her work, the weather, etc. as if nothing had happened. It was to me 'Dear Mom.' We sent her husband the FMS material. I don't know if she read it."

During the past month many of you have written to tell us that there have been some changes in your personal situations. Thank you. It's a trickle, but awareness of the FMS phenomenon started with a trickle only eight months ago, in March. To help us understand the processes that are taking place, please continue to keep us informed of these changes. It is only in this way that we can accurately document the phenomenon and help others to understand.

More recanters have called this past month, and we're learning that there will probably be as many ways that people give up the memories as there are ways to get them. We expect to be in a position to write more about this fascinating aspect of the phenomenon in the next newsletter. There is a message to parents from one recanter elsewhere in this newsletter, and the recanters have started a network and even their own newsletter. No one likes to admit to mistakes. The courage of these women to do so deserves respect. While most tell us that they desire only to put this horror behind them and to get on with their lives, still they are volunteering to make public appearances in our behalf. We thank them.

For many families nothing has yet changed, and we share the profound frustration and sadness. Even though the situation may not yet have changed, we are changed as we come to understand the dynamics of the phenomenon. Just as a tornado seems to sweep erratically across the landscape destroying whatever is in its path, so too this phenomenon has swept across a segment of society. Unlike a tornado, this wild fury does not seem random in its prey. Both have underlying order. FMS has concentrated on highly educated women who are generally successful by popular standards. Most of the victims are entering middle-age and come from families with above average incomes and education background who provided well for their children with such things as dancing lessons, tennis lessons, junior years abroad, parental participation in school activities and family vacations.

The patterns in the data indicate that the phenomenon is affecting people who would otherwise be described as "privileged." Because these women had the resources, they happened to go to a mental health professional for some personal reason. Yet, from the beginning of time, people have sought help with problems of stress, body image, headaches, relationships or sexual desire. What is different now is that we are living in a period when trauma theory is the vogue at the same time as misinformation about the nature of memory and the extent of child sexual abuse abounds. As a consequence of this pervasive theory, confusion about the frequency of child sexual

abuse and partial understanding of memory, many therapists—the majority fine and caring people—honestly believe they are rescuing adults who were abused as children by helping them to recover their memories of that abuse.

In this newsletter, we write about trauma theory as it helps to give us an understanding to the problems facing us. This phenomenon will only be a tragedy if we let it be. We—now over 1,650 families or approximately 10,500 individuals—are writing the script. Although you tell us that your goal is to get your sisters or daughters back, you also tell us that you feel, understandably, tremendous anger. Can we turn the phenomenon into an opportunity to bring about a much needed critical examination of the mental health education, delivery and monitoring systems?

You can make that happen. At the national level write to the Congressional Select Committee on Children, Youth and Families (address below); write to the media—newspapers and television—to inform them about what is going on. At the state level, learn about the licensing laws and other legislative issues that affect you. Make your voice heard. At the local level reach out. Work with the FMS Foundation liaison in education efforts. At the personal level, document carefully the details of the actors and actions that have devastated your life. Plan for the end of this episode at both the personal and the social levels by thinking about what you most would like to have happen, what you can live with and what is not acceptable. Tell us your thoughts.

The following comment from a parent captures what we in the office feel is your new proactive spirit. *"Although our troubled daughter is a self-supporting adult and has been on her own for fifteen years, we feel that in view of the events of the past three years, we can no longer assume a passive role in this matter, and must take whatever prudent steps are warranted to protect the interests of the family as a whole and assure our daughter's recovery."*

Pamela

US Representative Pat Schroeder is heading an investigation of issues related to some of the question you have raised about hospitals and techniques of therapists. If you have questions or information you wish to direct to that office write:

c/o Mickey Uelses

The Select Committee on Children, Youth and Families

Room 364

Ford Building

Washington, DC 20515-6401

Trauma Theory

Researchers in education and cognitive science have made profound progress in the past decade in understanding how children learn. From a time in which we viewed children as passive vessels to be filled with adult wisdom, we now know that on the contrary, each person constructs knowledge or understanding for herself or himself. We have learned that infants have perceptual abilities far greater than once believed. Even very young children, we now know, are theory builders. People construct all kinds of theories to make sense of the world, and we have learned that these theories may be influenced by the cultures and times in which people live. People are always constructing theories about things.

People construct theories about health. These theories are shared by medical professionals and the people who come to them as clients. A new book by the historian Edward Shorter from the University of Toronto, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, The Free Press, 1992 is a remarkable documentation of the way in which patients during the modern era have manifested physical symptoms that correspond to the current models of disease espoused by physicians. During the Victorian era, for example, the dominant forms of psychosomatic illness were hysteria and paralysis. Patients commonly lost their vision or the ability to move. Today, such symptoms are so uncommon that "hysteria" is not even a diagnostic category in DMS III. Rather, a psychological model of illness has become prominent in the 20th century. People now commonly accept that illness is due to environmental stress to explain their symptoms.

Trauma is one kind of stress. In the *American Heritage Dictionary*, the psychiatric definition of trauma is "an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis." This is an extension of the medical use of trauma meaning wound. The current belief that childhood trauma is the cause of our adult

problems is an overly simplistic interpretation of the work of Freud. It is a theory. This particular theory, that adult problems are the result of childhood trauma, represents a set of assumptions that have been widely adopted by the mental health community and the press. The belief that adult symptoms are due to childhood trauma leads to belief in the self as a "victim."

A theory is not a fact. People need to have theories to make sense of the world, but a theory is not the same as fact. People develop theories from their personal experience, but a given individual may experience only partial information. Often people believe theories that turn out to be not correct because people don't have all the facts. For example, personal experience led people to believe the theory that the sun rose and set, but additional information led to a revision of that theory to understand that the apparent motion of the sun is caused by the rotation of the earth around its axis.

In the not too distant past some people held the theory that a person who was mentally disturbed was possessed by the devil who must be exorcised. In the more recent past, psychiatrists had a theory that some people's mental health would improve if they received enough physical "discipline". During the 60's some therapists held a theory that people's mental health would improve if only they would unleash their inhibitions and scream. At the present time belief that childhood trauma is the reason for psychopathology is perhaps the foundation not only for the widespread belief in the frequency of incest but also for thousands of people

who believe they have been sexually abused by space aliens. (*Unusual Personal Experiences, An analysis of the data from three national surveys conducted by the Roper Organization, 1992. Los Vegas: Bieglow Holding Corp.*)

We often laugh at past theories even if we believed them at the time. The current theory that appears to be held by an extremely large portion of the mental health community is that a person's mental health will improve if only the person remembers the childhood trauma. The job of the therapist who holds such a theory is to help a client get memories. This leads to use of techniques such as age-regression hypnosis, dream interpretation, trance

Two Stories:

How the incest survivor movement helps children.

(1) The headline in *The New York Times* on October 17, 1992 was chilling: "CHILD KILLINGS IN CITY SYSTEM REACH RECORD; 27 DEATHS BRING CALLS FOR CHANGES IN TRAINING." For the past three years, the number of children killed in troubled families (considered abusive or neglectful by the Human Resources Administration) has risen. "The report, prepared by a panel of experts who examined confidential city records, criticized city caseworkers for frequently overlooking the role of various men in the murdered children's homes." Thirteen of these children died because of some sort of beating. The next leading cause of death was malnutrition: five children starved to death. City officials noted "that budget cuts have reduced the number of caseworkers who investigate allegations of child abuse."

(2) The headline in the *Wall Street Journal* on Monday October 12, 1992 told a survivor story. "CASE OVER WILL MAY TEST VIABILITY OF DELAYED SEXUAL-ABUSE CLAIMS." A very wealthy man, Mr. Bobst died in 1978 at the age of 93 and left most of his money to charities, universities and medical schools. His granddaughter, Ms. Bobst-Highley, now 52, unsuccessfully challenged the will 14 years ago and is now claiming she was in no condition to mount a vigorous challenge to the will right after her grandfather's death because of the sexual abuse trauma. She didn't remember the abuse 14 years ago when she was 38. Her lawsuit comes a year after Ms. Bobst-Highley's niece and Mr. Bobst's great-granddaughter sued the beneficiaries for damages for alleged sexual abuse.

writing, reading of self-help books, participation in survivor group meeting, sodium amytal and even massages as ways to bring back memories. Scientific evidence no more supports the theory that recovering memories of childhood trauma is a sure route to mental health than it does for exorcising the devil, frontal lobotomies, or primal scream therapy. Indeed, we are collecting alarming evidence that these techniques may be harming rather than helping patients besides destroying their families.

A good theory is one that helps explain things and it is one that can be tested and revised. For example, when children are learning English, most develop a theory that the past tense is marked by "ed." There are many examples of young children saying things like "I maded my bed." or "I ated my dinner." As more information about language becomes available, children revise their theory and no longer overgeneralize. At this time, it appears that trauma theory is being grossly oversimplified and overgeneralized. This is leading to examples that would be considered ludicrous were the topic other than child sexual abuse. (e.g., *The Germantown, PA Courier* on Sept 23 proclaimed "The family is one of the most dangerous places to grow up.")

A theory that explains everything explains nothing. In its current interpretation, trauma theory is not a good theory because it has lost explanatory power. When John Bradshaw claims that 95% or more of American families are dysfunctional, he certainly has an explanation of why some are remembering childhood sexual abuse. But he has trouble with all their siblings who do not have such memories. (Our data show that most siblings of accusers disbelieve the accusations.) But trauma theory explains everything and in this case it forces believers to the statement that those who do not have memories must be "in denial" which denial is itself caused by the trauma. No matter what is believed there is an "explanation". Believe in space alien abuse? They'll tell you that you're denying your incest.

When therapists use trauma theory to explain everything from migraines to intestinal upset, from depression to obesity, from sex aversion to sex proclivity, from job stress to relationship problems, they have lost any explanatory power that such a theory might have once had.

A survivor story that points to the problem of a theory that explains everything. Hundreds of parents and siblings have asked us, "How could the therapist ignore my daughter's current problem (divorce, death of a child, job loss, etc) as an alternative reason for her depression?" Our files are full of stories such as the one we recently read by

A.G. Britton in the October 1992 issue of *Self* magazine called "The Terrible Truth". When we started to read this story we thought that we were reading a satire. We do not say this to belittle the writer but to point to the absurd extreme that total belief in childhood sexual trauma as the sole cause of all adult misery can reach.

The author begins by relating that she was successful, rich and 33 years old. Then: "Eight months later, I was fired. But losing my job was just the capper. During those eight short months, I had watched, helpless, as my two-and-a-half-year-old son got hit by a car; he was unhurt but I couldn't stop worrying about him. I had miscarried in my third month of pregnancy, begun hemorrhaging and required emergency surgery. And I had arrived home one day to find the four-story building next door engulfed in flames. An underground electrical transformer had exploded, and in doing so had created a kind of mass hysteria among the mothers on the block."

The writer then explains that she became depressed. She describes her efforts at therapy, her acquisition of memories. She concludes that the depression arose from "The basic truth was that my father had sexually violated and otherwise tortured me from the age of six months to the age of 18 months."

Belief in trauma theory forces the writer and her doctor to discount job loss, seeing a son hit by a car, an emergency operation, and a fire in ones house as having any explanatory value for depression. Over-zealous belief in trauma as the cause of all psychopathology has led well educated people in all walks of life to suspend their criti-

Letter from a Recanter

Dear FMS parents,

I am writing to tell you that there is hope.

I suffered with false memories of child abuse for several years and I was able to find my way out. If I can do it, your child can.

I know now how painful it was for my family and for you. But please, do not give up hope on us, your children. Continue to challenge the brain-washed attitudes with logic. Continue your efforts to encourage your child to start thinking again. Place doubt wherever and whenever you can.

Educate yourself on how memory really works and on scientific research in the field and then educate others. Support research in this field in any way that you possibly can. Educate your legislators on what they can do to help stop this nationwide "anti-family" campaign. Support organizations who are truly making a difference like the FMS Foundation and VOCAL with your money and your time. Write and call the media and tell them your concerns about the way that repressed memories are believed without question.

We who have been involved in this destructive cult have been told not to think, only to "feel." We have been pushed and prodded when we were at our most vulnerable. We have trusted others in power who are supposed to know what they are doing. We are lost; we are suffering with mental illness that was caused by someone else's greed and ignorance. Don't hate us and try not to fear us. We are sick but we can get well again.

It has been a privilege and a blessing to be able to speak to the few of you that I have. In a way, it has helped to make up for the years that I lost with my precious family.

Be persistent. And most of all, take good care of yourselves through this.

Love

A Recanter

cal abilities and toss aside research about memory. Researchers have been able to demonstrate that infants are more active mentally than once thought, but the same studies confirm that children can not hold long-term memories from eighteen months of age, (Eisenberg, 1985). (The term "infant amnesia" refers to the developmental period before long-term memories are formed, Nelson and Ross, 1980.) Researchers have also demonstrated that isolated traumatic events can be repressed, but there is no evidence that people can repress memories of events repeated over an extended period.

A good theory can be tested. A theory that cannot be tested is not a good theory because it cannot be revised as more information is obtained. A theory that cannot be revised is a 'closed system' and is characteristic of faith or religion or cults, not science. While faith is an important and necessary ingredient in human lives, it is not acceptable (in this civilization, at least) when it is the sole basis for destroying families, for destroying people's reputations and for sending them to jail. As trauma theory is worked out in books such as *Courage to Heal* it is not a good theory because there is no standard by which an accusation could ever be found to be false. (To the credit of Bass and Davis, they note that their book is not based on scientific theory.) If a person is accused and confesses, he or she is considered guilty. If that person professes innocence, he or she is said to be "in denial" and thus also guilty.

One might rationally think that if a person who made an accusation then recanted that this would be evidence of a false accusation. Not so. Within the closed system, the response from therapists is "Why should we believe the recanters?" (Renee Fredrickson, July 1992, PBC). In other words, to be accused of sexual abuse is to be guilty. The therapeutic community that has adopted trauma theory allows for no tests for revision of the theory. It is this that lead some to see parallels in the current situation to that of Salem 300 years ago, (e.g., Gardner, *Sex Abuse Hysteria*, 1991).

We all need theories. When those theories are destroying reputations, destroying families and sending people to jail, however, we believe that it is fair to ask that the holders of the theory explain what evidence they would accept that the theory or an accusation might not be correct. The responsibility is theirs.

If it is an unproven theory that cannot be tested, why have so many mental health professionals adopted it? In a talk at the Institute of Pennsylvania Hospital on October 20, 1992, Dr. Harold Lief suggested some reasons for the appeal of trauma theory. We expect that these will be discussed very seriously within the mental health community as the horrible consequences of the actions of some therapists come into public scrutiny.

1. Belief that childhood sexual abuse is extremely common. (In reality, how common is it?)
2. Strong tendency to believe the patient.
3. Need to establish therapeutic alliance
4. Contextual thinking
 - a) Power of men over women

- b) Belief in Recovery Movement (12-Step Movement) (Self-help groups)

5. Uni-dimensional (parsimonious) explanation of patient's symptoms
6. Therapist victim in past?
7. Financial benefits.

Why would a person have such terrible memories if they were not real? How many parents were accused and then asked by the accuser and her therapist to answer this question? What are the reasons that a person might experience such painful memories—memories so terrifying that it is necessary for the person to cut off contact with parents. We present three responses. The first is a study of brain function; the second the observations of Dr. Harold Lief; the third comes from an accuser.

(1) Persinger, M. A. (1992). Neuropsychological profiles of adults who report "sudden remembering" of early childhood memories: Implications for claims of sex abuse and alien visitation/abduction experiences. *Perceptual and Motor Skills*, 75, 259-266.

Complete neuropsychological assessments were made of six adults who had recently experienced sudden recall of preschool memories of sex abuse or alien abduction that "emerged" when hypnosis was used within a context of sex abuse or New Age religion. The results indicate that a history of anxiety and suggestibility may facilitate the creation of images whose content is determined by the social context or expectancy which is present during conditions (such as hypnosis) that facilitate dissociation. If these images reduce anxiety, then they may be reinforced and perceived as memories. Sex abuse or alien/spiritual visitations or abductions are contemporary themes that can facilitate a sense of identity, personal structure and teleology.

(2) Possible reasons a person might have terrible memories and make a false accusation (Dr. Harold Lief):

1. To punish someone else
2. To punish self
3. To have a uni-dimensional explanation for symptoms and deficiencies
4. To avoid blame
5. To attract attention
6. To screen other trauma, or self-injurious behavior
7. To provide a clear-cut distinction between good and evil, avoiding ambivalences.

(3) Perhaps the best explanation comes from one of the accusers. In a letter in which she accused her father of incest she wrote: *One of the unambiguous delights of my realization that you abused me, is the wonderful parsimony that affords for all sorts of previously mysterious secrets I've had. Even people around me express delight in this and point out how positive many of my coping strategies have been and they say how nice it will be for me when I won't need my less positive strategies—paranoia, phobias, misdirected anger. My friends didn't know about my anorexia, my hypochondria, my*

kleptomania, or my depression of my adolescence through early teenage years. Her word is delight. She has found a single hypothesis that accounts for everything and leaves no room for any responsibility for her own condition. Wonderful parsimony indeed. Before the behavioral scientists started using the word it meant stingy. When applied to a hypothesis it is supposed to mean that the cost is low in terms of assumptions. Wonderful parsimony indeed, unless, of course, you count the destruction of a human family.

Caution Advised

What should a prudent therapist do if something as serious as childhood sexual abuse is suspected? The following cautious recommendations are adapted from Wakefield, H. and Underwager, R., "Recovered Memories of Alleged Sexual Abuse: Lawsuits Against Parents", (in press).

Information Needed in Assessing Allegations by Adults of Sex Abuse in Childhood

1. All medical, psychiatric, and school records of the person claiming abuse from childhood to the present.
2. Any information concerning relationships with peers, siblings and parents, or any childhood behavior problems of the person claiming abuse.
3. Any information concerning the sexual history of the person claiming abuse, including rapes, other childhood sexual abuse, abortions, etc.
4. The nature and origin of the disclosure, in as much detail and specificity as possible, including its timing and any stresses in the accuser's life at that time.
5. Information about any current problems or stresses in the life of the person claiming abuse.
6. The nature of previous and current therapy, circumstances in which therapy was sought, whether techniques such as hypnosis and survivors' groups were used, the training and background of the therapist, and whether he or she specialized in treating MPD or "recovered" abuse.
7. Any books, television shows, or workshops about sexual abuse or rape to which the person claiming abuse may have been exposed.
8. Any exposure to recovered memory cases through a highly publicized case in the media or through friends who may have reported that this happened to them.
9. The work history of the person claiming abuse, including any problems with supervisors or coworkers, especially any allegations of sexual harassment.
10. The psychological characteristics and social and family history of the accused adult(s), including drug or alcohol use, sexual history, family relationships, job history.
11. Any criminal record or prior behaviors in the accused adult which would support or undermine the credibility of the allegations.
12. A detailed description of the behaviors alleged to have occurred.
13. Possible ways by which the person making the accusation might benefit from or receive reinforcement from making the accusation (e.g., a civil lawsuit, an explanation for why life has not gone well, the expression of

anger for perceived childhood injustices, power over a dominant parent, attention, acceptance, new friends (in survivor group), etc.).

Foundation Activities

We wish that each of you could visit the Foundation office to experience the increased activity. Of course, we'd put you right to work stuffing packets. This month, besides sending information to all the people you have suggested, we have sent packets to deans of 130 schools of social work, the heads of the Psychological Association in each state and to the chairs of 400 clinical psychology departments.

Powerful articles are appearing and several national television news shows have appeared. In November look for FMS stories on CBS Street Stories, Eye-On-America (a part of the nightly CBS news) and ABC Prime Time Live. The former may have a short segment in the office and perhaps you will see it. Of course, we cleaned up for the filming so you'll just have to imagine cartons spilling over with packets on the shelves, the desks and the floor.

Your efforts to reach out to the press have been effective. We're now a team spread across the continent. More than 30 of you help us with the 80 to 100 calls we get each day and we will be asking more of you for help. It is your courage in appearing on television that is spreading word of the FMS phenomenon. Whenever you appear, the phones ring and callers thank you for letting them know about the Foundation.

Working with the press is one of the pleasant surprises to emerge from this tragedy. We have found producers and reporters of news to be compassionate, fair and intelligent, and we have been learning a great deal from them. However, we still have concerns about the uncritical acceptance of belief in all repressed memories by the television "talk" shows. Concern for "ratings" and not "responsibility" seems to be the norm. The power of these shows is a fact of life as attested that presidential candidates felt it important to appear on them. Our time will come.

Thank you to all who wrote to 'Dear Abby'. Although she has informed us that a letter mentioning the Foundation is on permanent hold, she is aware of the existence of the problem and the Foundation. Your letters are having results. Please keep writing to the media.

We need your help

We have learned that the FMS phenomenon is spreading through college communities in several ways. Two graduate students called to tell us that *Courage to Heal* was assigned reading in almost all clinical psychology courses. One of these was from a university in the top 10 ratings for psychology departments. "I feel betrayed by my profession," she said. Parents are telling us of children who went to student health only to recover memories of abuse. Help us inform the universities. Contact the Student Health Service of the college that your child attended. Identify yourself as a supporter of the FMS Foundation who would like to provide a professional information packet on False Memory Syndrome. Be sure to obtain the correct name, title, mailing address with zip code,

phone number (with area code) and send the information to the Foundation in Philadelphia. We'll take it from there.

FMS is spreading through social service organizations. Help alert caring people. Check your area phone book for listings of human services. Under counseling (families, marriage, personal problems) the names of dozens of agencies and their phone numbers are listed. Take some time to call each one, find out the names of the contact person (director, etc.) and the complete mailing address and phone. Tell them about the FMS Foundation and ask if they would like to have us provide them with a professional information packet.

\$ Money \$

The outreach activities are very expensive. Phone bills for talking with distraught families are astronomical. Making articles available takes time and money. The postage expense for sending information and collecting research data makes an impressive graph that parallels the sharp rate of growth in families. As we approach the end of the fiscal year, we ask you to reflect on what the Foundation has accomplished in the eight months of its existence and what still needs to be done. Has it helped you or members of your family, your lawyer or therapist?

We are mostly volunteers who can accomplish as much as human and financial resources permit. Dues alone cannot carry us forward as we begin to shed light on what seems to be an abuse industry. We believe that the mental health profession (with a prod from insurance companies, the media, lawsuits and the Select Committee on Children) will eventually assume some financial and professional responsibility for the wretched mess that it has allowed to develop, but until that time we need to support ourselves. Your generosity to date is unparalleled in organizations such as ours, but the health and well being of our children and our families is at stake. We are a tax exempt 501 C 3 charity and we desperately need your increased financial support to continue. The December newsletter will have a request for donations. Please think about it now.

Our Critics

Most of what we hear from people is positive. We have been applauded for opening up a subject that needed to be examined. We have been told, "I was really worried about what was going on in the field and your organization has given me a way to deal with it."

Criticism of the Foundation is expected. Some criticism is very helpful, and we appreciate the thought and time and the spirit in which it is given. By far the most frequent criticism we have received has been for our support of the use of lie detector tests. Psychologists particularly have written to remind us that such tests cannot really tell the truth. We hope no person ever has to undergo the invasive indignity of a lie detector test. Unfortunately, accused people have been put in the position that if they confess they are guilty and if they say they are innocent they are told they are "in denial" and thus also guilty. Since no one has stated what evidence would be accepted that an accusation was false, a lie detector is a tool of the last resort to be used in a situation in which the only evidence is one person's word against another person's word. In the world of public opinion and law enforcement, lie detector tests have some standing.

More criticism from Utah has come our way. We have been told again that the Foundation is an organization of perpetrators in denial. We have not spoken personally to the psychologist making this criticism. Consequently, we must hold him in awe for his clairvoyance. We ourselves have no such talent and so are unable to judge the truth or falsity of any story that we have been told by people who call the Foundation. The best that we can do is to hold an open mind and to look at the evidence and the patterns that we see. We would really like to be sure of the truth. We hope critics who have the ability make such judgments about the Foundation without meeting us will share with us the secret of clairvoyance.

Criticism has come our way indicating that some people feel threatened by us. An open letter dated August 8, 1992 from a person representing an organization in South Carolina that works with "Child Abuse, Victims, Survivors, Ritualistic Abuse" urges readers to, "Let the formation of the FMS become a trumpet call for those who have hidden out, in fear of telling their story, let those survivors declare war on the denial and disbelief of a system so callous, so cruel, that the system would try to injure them once again. Let those who have the Multiple Personality Gift read the UPDATE [UPDATE is the newsletter of the Child Prosecutors Association], and if within the possibility, let their alters discuss, and send a "group" letter to UPDATE, supporting UPDATE efforts on the behalf of abuse survivors, victims, and children everywhere. To lend strength and credence, if the alters so chose, they could sign their names in crayon, pen, pencil, and typewriter, their choice."

We know neither the author of the letter nor the organization, but we were very interested to learn that some people consider MPD

Parents introduction to law - survivor style

Dear Mr and Mrs Parents,

I represent your daughter in a claim against each of you for physical and mental anguish as a result of being sexually molested by you both. Your daughter does not want to file a lawsuit but she will if the matter is not resolved. She is suffering much distress as a result of the childhood abuse. As a result, she has incurred and will continue to incur medical expenses. It is not known at this time how long therapy will be needed but we are sure that she will be in treatment for at least five more years. Demand is made that you pay your daughter a total of many \$\$\$ to settle her claim against you. Send a cashier's check payable to your daughter within 30 days. If you do not then a lawsuit may be instituted to collect the sums owed.

Sincerely,

Your daughter's lawyer

a "gift" rather than a disorder. We applaud the notion of group letters from alters because it cuts down on the amount we have to read.

Those who feel threatened by the existence of the FMS Foundation may be misguided. The Foundation documents stories and looks for patterns. We seek understanding for the destruction of families and the alienation of children. We seek evidence that some accusations of sexual abuse might be false. The threat some feel comes from the fact that there is no scientific foundation for their beliefs. The emperor is naked.

For example, those interested in the topic of Multiple Personality Disorder, might want to read "The Manufacture of Personalities: The Production of Multiple Personality Disorder" by H. Merskey in the *British Journal of Psychiatry*, 160: 327-340. The author notes the unprecedented increase in MPD diagnosis since 1957 and argues that widespread publicity may be providing suggestion. Merskey concludes that the diagnosis of MPD hinders the resolution of serious psychological problems in people's lives.

The Foundation asks only if MPD might be over-diagnosed. It is deeply concerned for the well-being of survivors. We are a threat to unsubstantiated accusations and misguided theories. We care about people.

Notice to Siblings
Please send us your stories for the book to follow *Confabulations*. It will be a view of False Memory Syndrome through the eyes of the sisters and brothers.

Legal News

The FMS Foundation Legal Advisory Board is working with all possible speed. Because legal activity is increasing on all fronts, we are moving up the publication date of a "Legal Resource Book." Drafts of portions are now being critiqued.

Grandparents Visitation Rights were upheld in a US Supreme Court decision in a Kentucky case. Growing out of divorce issues when one parent or the other didn't want the in-law grandparents to see the children, the premise behind such "rights" is that children are not born into this world the exclusive property of their parents. They are part and parcel of a social network that includes grandparents. When parents deny their children access to their grandparents they are denying them their heritage.

Thousands of you have told us that you have been denied contact with your grandchildren. It is unclear what

is the prudent procedure at this time. Some grandparents who have tried for legal visitation rights have told us of humiliating experiences with social service workers and judges because of the stigma of an incest accusation. Some families are keeping us posted on development of this state level issue.

One million dollar lawsuit against professor David Raskin of the University of Utah by the co-chair of the state Satanic Abuse Task Force. The two have disagreed in the past about the existence of satanic ritual abuse. The suit alleges that the professor made derogatory comments about her at a meeting supporting the FMS Foundation.

Missouri law on sex-abuse suits voided. A Circuit judge in Missouri has said that a 2-year-old state law extending the statute of limitations violated constitutional prohibitions against laws that were "retrospective in operation." He said he was persuaded by an opinion of the Virginia Supreme Court which recently threw out a law similar to Missouri's.

CONFERENCE
April 16-18, 1992
Philadelphia, PA

We have secured space for the conference. A planning committee of the Advisory Board will be meeting in a few days to discuss the format and the selection of papers. We will provide details as soon as we can.

MEETINGS

Professionals and Parents in Support of the FMS Foundation.

Ohio Area
Sunday November 15, 1992
2:00 P.M.

Call Bob or Carole at 216-888-7963

Florida
Saturday November 14, 1992
1:00 P.M.

Call Kevin Farmer at 800-374-7477

Toronto Area Meeting
November 29, 1992
Holiday Inn at Warden
(Metropolitan Rd & Hwy 401)
For details please call 705-692-0600

Arizona Area
December 5, 1992
Call Jim at 602-860-8981

WHERE DO 1,651 FAMILIES LIVE ?- 10/24/92

AK(5)	AL (4)	AR (1)	AZ (37)	CA (245)
CO (26)	CT (26)	DE (4)	FL (64)	GA (24)
HI (3)	IA (12)	ID (13)	IL (69)	IN (16)
KS (22)	KY (7)	LA (6)	MA (33)	MD (29)
ME (8)	MI (67)	MN (26)	MO (33)	MS (1)
MT (5)	NC (16)	ND (3)	NE (9)	NH (3)
NJ (60)	NM (10)	NV (7)	NY (68)	OH (56)
OK (14)	OR (26)	PA (134)	RI (4)	SC (7)
SD (3)	TN (8)	TX (54)	UT (78)	VA (24)
VT (4)	WA (73)	WI (82)	WY (3)	DC (3)
Canada -	AB (1)	BC (10)	MB (10)	NS (1)
ON (84)	PQ (2)	SK (3)		
England(2)	France (1)	Israel (2)		

False Memory Syndrome Foundation, Suite 128, 3508 Market St. Philadelphia, PA, 19104
November 5, 1992 Article Order Form

Journal or magazine articles

- ___\$5.00 Lanning, K. V. (1992) INVESTIGATORS GUIDE TO ALLEGATIONS OF "RITUAL" CHILD ABUSE. Behavioral Science Unit, National Center for the Analysis of Violent Crime, Federal Bureau of Investigation, FBI Academy, Quantico, Virginia 22135.
- ___\$4.00 Loftus, E. F. (1992) THE REALITY OF REPRESSED MEMORIES. Paper presented at the Annual Meeting of the American Psychological Association, Washington, DC; Dept. of Psychology, U of WA, Seattle, Washington 98195.
- ___\$2.00 Meacham, A. (1992, Aug). CALL ME MOM, SPECIAL REPORT ON REPARING, Changes Magazine.
- ___\$4.00 Mulhern, Sherrill (1988) SATANISM AND PSYCHOTHERAPY: A Rumor in Search of an Inquisition. In *The Satanism Scare*, Richardson, Bromely & Best (Eds.) 1991, pp. 145-172.
- ___\$2.00 Nathan, Debbie (1992, October) CRY INCEST. *Playboy*.
- ___\$4.00 Wakefield, H. & Underwager, R. (1992) RECOVERED MEMORIES OF ALLEGED SEXUAL ABUSE: LAWSUITS AGAINST PARENTS (In press, *Behavioral Sciences and the Law*).
- ___\$4.00 Rogers, M. L. (1992). EVALUATING ADULT LITIGANTS WHO ALLEGE INJURIES FROM CHILD SEXUAL ABUSE: CLINICAL ASSESSMENT METHODS FOR TRAUMATIC MEMORIES. To appear in *Issues in Child Abuse Accusations*.

Newspaper articles

- ___\$2.00 *Daily Herald* (IL) by Barbara Wintner, Oct 7, 1992, PRESUMED GUILTY: WHEN GROWN CHILDREN ACCOST THEIR PARENTS.
- ___\$2.00 *Milwaukee Journal*, by Lois Blinghorn. Sept 27, 1992. CHILD SEXUAL ABUSE: FALSE ACCUSATIONS CREATE OTHER VICTIMS.
- ___\$2.00 *Rocky Mountain News* - Series of 3 articles by Bill Scanlon, Sept. 1992. SKEPTICS QUESTION MEMORIES OF INCEST; INCOMPETENT THERAPISTS TURN PATIENTS' FANTASIES INTO REPRESSED REALITY, SOME EXPERTS ARE SAYING.
- ___\$2.00 *San Diego Union-Tribune* - Series of 3 articles, Sept. 1992 by Mark Sauer and Jim Okerblom. HAUNTING ACCUSATIONS: REPRESSED MEMORIES OF CHILDHOOD ABUSE: REAL OR DELUSIONS?
- ___\$2.00 *Santa Barbara News-Press*. by Mary Every, Oct 18, 1992. MEMORIES TRUE OR FALSE, CONFRONTING
- ___\$2.00 *Utah County Journal*, by Michael Morris, April, 21, 1992 'FALSE MEMORY SYNDROME' TAKING ITS TOLL ON FAMILIES, April 24, "Psychologists decry 'hokey' therapy." 'RECOVERED' ABUSE.

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ISSUES IN CHILD ABUSE ACCUSATIONS. Wakefield, H., Ed. Vol. IV, issue 4, 1992. This issue is devoted to the topic of recovered repressed memories of childhood sexual abuse. Order directly from the Institute for Psychological Therapies, 13200 Cannon City Boulevard, Northfield, Minnesota 55057-4406. The cost is \$15.00