

FMS Foundation Newsletter

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Dear Friends,

How many people have been affected by this phenomenon? How do you know what stories to believe? What about the retractors? Has the situation changed? These are the questions we are asked over and over again. To answer the first question, we ask people to imagine a Thanksgiving family dinner. How many people would be there? Each of the more than 4,000 families that we report includes all those people who would care deeply about the empty place.

To answer the second question, we reply that we know that far too many people have been abused and that the effects can be devastating. Child abuse is an outrage, it is unconscionable, and victims deserve our compassion and should be helped in what ever ways are appropriate. At the same time, we must assure that we don't create new victims through ignorance or overzealousness or, as one survivor who never forgot wrote, "media hucksterism and the sure-fire appearance of lots of folks looking to cash in and get rich quick." We cannot determine the truth or falsity of any story. We can, however, expect that the accusations will be investigated. If the accuser never had any memory of abuse, if the life patterns were not indicative of abuse, if the beliefs were elicited in a suggestible environment such as a therapy setting or a survivor group setting, if the accuser and the accuser's therapist refuse to meet with the accused in a neutral setting, if the accuser severs all family contact in a cult-like manner, we argue that a prudent person should investigate the allegations.

People who contact FMSF say that family members or friends are being given radical treatment, the severing of their family, for a condition they never had. The families who have contacted FMSF do not deny the existence of adult victims. They simply say that they have been accused of something, they believe that the accusation is wrong, and they ask that the accusations be investigated. To accuse people and then to deny them reasonable means of defending themselves is a "witch hunt." We believe that under the conditions that have been described, it is prudent to believe that the accused are innocent unless proven guilty. That has always been the law of our land.

In response to the third question, we reply that we were called by two people this month who say that they had false memories. We have had more reports of people resuming contact with their families. The pattern of a resumption of contact with no mention of the accusations is almost universal in these reports.

The great number of articles about FMS that have appeared this month is testimony to a changing climate. It reflects an increased understanding of the issues surrounding memory, influence and "repression" and recognizes the blurring of the boundaries between politics and science on this topic. More attention is being given to the problem of FMS by professionals. It is encouraging that there were three sessions about false memories at the re-

cent American Psychiatric Association Convention in San Francisco, May 22-27, and that this organization has, like the American Psychological Association, formed a task force to study the problem.

Unfortunately, all this is little comfort to people worried about family members who act like cult members when they rewrite their past, when they refuse to consider alternative explanations and when they suddenly cut off all contact with anyone who questions. It is of little comfort to people in their 70's and 80's who would like to see their children or their grandchildren before they die, even if resolution of the problem is impossible. The ordinary mechanisms for dealing with issues such as these within the system seem painfully slow to those whose time is limited.

But compared to the usual speed for dealing with issues such as these, events are moving like lightning. The problem has been recognized and professionals are now asking for guidelines so that they can do a better job of distinguishing truth from fantasy in these very sensitive cases. They are looking for guidelines for helping families who believe they have been falsely accused and for helping those who have made a false accusation. There are more areas of agreement than disagreement. There is agreement that sexual abuse victims should be given all the support they need for healing, and there is agreement that greater care should be taken to avoid false accusations. There is agreement that memories are not stored like pictures in a camera or data in a computer for later perfect recall. There is agreement that memory is reconstructed and reinterpreted. There is agreement that some memories are true, some confabulated, some false. Yet there still seems to be controversy. What is it all about?

Pamela

American Psychiatric Association Convention

Some insights into the controversy can be found in one of the sessions at the American Psychiatric Association Convention—a debate in which one side, represented by Briere and Herman, argued for the reality of massive repression while the other side, represented by Guze and Loftus, argued for the fallibility of memory.

According to a front page story by Carol Ness in the *San Francisco Examiner* on May 27, the debate "dramatized psychology's sharp splits on the most basic questions: how does memory work? Does science support the theory of massive repression? How can a therapist tell the difference between memories, fantasies, delusions and lies? And how big a problem is false memory anyway?" The *Examiner* story noted that "The answers made clear that the controversy is as much political and social as it is scientific."

The debate within psychology to which Ness refers is between clinicians and researchers. Researchers agree that memory does not work like a video tape recorder. Researchers agree that memories are reconstructed and reinterpreted and that there is no scientific evidence for

any other type of process for memory of events. Researchers agree that some memories are true, some memories are confabulated and some memories are false. Researchers agree that misremembering is the norm.

There are only three studies that are generally cited as evidence for the existence of massive repression. "Massive repression" is the term used to describe the forgetting and inability to access memories of many different events over a period of many years (e.g., abuse from age three to sixteen). The studies that have been claimed to support massive repression are Herman and Schatzow, 1987, Briere and Conte, 1989 and Williams, 1992. We presented a critique of Herman and Schatzow in the March newsletter and a critique of Williams in the February newsletter. A critique of Briere and Conte can be found in Loftus, *American Psychologist*, May 1993. Although these studies are interesting and research in this direction should be encouraged, these studies simply do not provide evidence for "massive repression." The studies add to the body of research showing that people can forget even traumatic events. The three studies are not designed to test the question of massive repression and the conclusions about massive repression that have been attributed to these studies are not warranted. The *Examiner* article noted that "Briere acknowledged that the studies aren't definitive, but said they're enough to 'suggest that something is going on there.'"

There are decades worth of studies, on the other hand, that show the fallibility of human memory. The supporters of massive repression discount these controlled laboratory studies. As reported in the *Examiner*, Briere and Herman argued that lab experiments don't apply to traumatic situations. Both sides agreed that memories can be distorted but clashed sharply on whether distortion undermines their essential truth. About the only thing that the four could agree on was "the need for more studies."

"The issue of false memory boils down to a social backlash against women's recent success in holding their abusers accountable" said Briere and Herman, according to the *Examiner*. We ask if such a statement is not an attempt to deflect the issues. That statement is a political interpretation imposed by our critics and does not reflect the motivations of people connected with FMSF in any way—either professionals or families. This is a scientific issue. Either there is "massive repression" or there is not. Either people have been abducted by space aliens or they have not. Either there is an intergenerational conspiracy of satanic abuse cults or there is not. Either the families who claim they have been falsely accused are criminals or they are not. We agree with Guze who said, "I plead with

everyone not to think you are going to settle this thing by a political debate or appeals to one or another ideology. What we should all be pushing for is systematic studies that are well controlled and carried out by observers who are neutral. This is an area where presuppositions can so affect the results."

We are forced to conclude that our critics attempt to turn the concerns of FMSF into a political issue because they do not have scientific evidence. Dr. Judith Herman was quoted in the *San Francisco Examiner*, May 27, "There is no evidence that these memories are false, just that they are disputed." She neglected to say that there is no evidence that the memories are true. But in the very next paragraph she is quoted as saying that "We are beginning to see the perpetrators fighting back." If the memories are "disputed," how is it that Dr. Herman knows that "perpetrators" are fighting back? The very use of the term "perpetrators" assumes that the memories are true.

Apparently Dr. Herman and her supporters do not consider the possibility that there are families who are desperately concerned that someone they love is being given a radical and unvalidated treatment for a condition he or she does not have and that a potentially serious problem is overlooked. We are now aware of more than 4,000 families who are begging to have their cases investigated. They have written to Representative Schroeder's office, to governors, to newspapers, to the AARP, to professional ethics boards, to licensing boards. They have been told that they are not the patients and so nothing can be done. To date the only

cases that have been investigated are those that involve legal action or those that have been written about by reporters. Meanwhile, without any evidence, mental health professionals such as Briere and Herman assert that "perpetrators are fighting back." They are saying that people associated with FMSF are criminals and that the members of the FMSF Advisory Board are protecting criminals. These charges and then refusal to investigate are the reasons that more and more people refer to the current situation as a "witch hunt."

"Massive repression" is not a political issue. It is a theory and it is subject to scientific study. To date there appears to be no scientific evidence to support it.

How the British See Us

from the *Sunday Telegraph*, May 4, 1993

Today stars do not talk to priests, they talk to the people, via the high priests of TV talk-shows. And the high priestess of them all is Oprah Winfrey, the celebrity confessor. Comedienne Roseanne Arnold and pop stars Axl Rose and Sinéad O'Connor all confessed to Oprah. They confessed how they have been "victims" of child abuse. Only they did not know they were victims, because they had all been "in denial". (Denial is a state of mind, peculiar to Americans, in which you think you are happy until your analyst tells you that you are not.)

If you become a victim, you can do anything you please, and blame it all on someone else.

If you want to be someone in America today, you have to be a "victim"; a victim who is coming to terms with a problem, a victim who is "in recovery."

Minnesota Psychological Association Meeting

The Minnesota Psychological Association Meeting was held on May 7th and 8th in Minneapolis. We share a few observations from that meeting. On the one hand,

these may seem "trivial," but on the other, they are likely significant for documenting the climate of the survivor movement.

There were two sessions that focused on the issue of false memories and repressed memories. In the first session, papers were presented and then the discussant commented on them. The unusual aspect of this session was the nature of the comments of the discussant, Erickson. He began by reminding the audience that snickering was not appropriate behavior in a professional meeting. He then went on to say that several of his non-psychologist friends had asked him why he would get involved in this session. He said that this question made him wonder what his friends knew that he didn't. "What they knew," he said, "was that this is a political issue, not a scientific issue. Scientists know that memories are reconstructed and reinterpreted," he said. "That is not an issue."

Comments in another session also seemed out of the ordinary at a professional conference. The session, which immediately followed the one described above, was introduced by Dr. Renee Frederickson who noted that she had been asked to chair this session but had not wanted to do it. She stated that she had asked several other people to chair but that they had refused because they were afraid. She said that it was unfortunate that things had polarized to the point where professionals were afraid to speak at such a meeting. There were three speakers including Dr. Frederickson. One of the speakers presented as evidence for "massive repression" the following papers: Herman & Schatzow, 1987, Briere and Conte, 1989 and L. Williams, 1992. When the talks were finished, the audience was informed that there would be no questions.

We have never attended a professional session in which no questions were permitted. Because we could not ask questions in that session, we have sent the following questions to Dr. Frederickson: What fears prompted people to decline the honor of chairing this session? Why were there no questions permitted? What is your response to the methodological critiques that have been made on the three studies cited in the session? Is it intellectually honest to present evidence without mentioning its shortcomings? We thought that this was covered in Code of Ethics for Psychologists. We hope to print her reply in the FMSF newsletter. We hope to receive a reply.

Facilitated Communication and Clever Hans

Several people have written to ask what "facilitated communication" was all about. Facilitated communication is a technique to help retarded and autistic kids communicate. It is not new. It has been around since the 1960's but seems not to have been adopted until children using it began to write stories of being sexually abused. According to Kim Boatman in the *San Jose Mercury News*, April 12, 1993, "In facilitated communication, a teacher or another helper usually rests a hand beneath a student's hand, providing support as the student's fingers move toward letters on a keyboard or alphabet card. The technique is used primarily with autistic people in the United States, and proponents say physical support is needed because people with autism may not be able to ask their body to do what their mind wants. Critics say that

many autistic people demonstrate fine motor skills and that facilitators influence the communication."

In San Jose there have been four cases in recent months of parents accused of abusing their autistic children because of the stories that were written using this technique. In March in Kansas a person was convicted of abuse based on this technique. Cases are being investigated across the United States, Australia and Canada. Psychologist Bryna Siegel who runs an autism clinic at UC San Francisco is critical and commented that "You might as well sit down with a kid with a Ouija board and ask them if your father molested you."

We had assumed that in their preparation of mental health clinicians, universities included fundamental information about the simple explanations for some well-known "anomalous" or "occult" effects. Perhaps that was an incorrect assumption. As past newsletters have shown, we were shocked at the misinformation about "body memories" and the fact that the phenomena reported in the survivor literature about body memories have a long history of study. Memories of events are not stored in the cells of the body. The fact that Teachers College Press would actually publish a book advocating "facilitated communication" is perhaps an indication that a generation of people have grown up who did not learn the story of Clever Hans.

Clever Hans was a horse believed by many to be so smart that he could count. His owner demonstrated over and over that Hans was able to add simple numbers. No one has ever doubted the goodness or the honesty of Hans's owner. But could the horse really count? It took independent objective examination to see what was really taking place. Without being aware of it at all, the owner of Clever Hans was making systematic signals through the use of his body to the horse. The horse was responding to his owner's body movements. He was not counting.

In the same vein, the burden of proof should be on those using "memory enhancement" techniques or "facilitated communication" techniques to show that they have not induced memories.

Who is Monitoring?

This month an article appeared in *US News & World Report*, May 24, 1993, called "Does psychotherapy work?" The article made the point that after a person receives a license, there is no monitoring. "Quality control, once a therapist is licensed, is almost nonexistent; in most states anyone can hang out a shingle and call himself a 'psychotherapist.' Moreover, therapists historically have resisted the notion that they must prove the value of what they do. Individual clinical judgment has been the standard for deciding what clients need and whether they are improving, and some therapists have argued that any attempt to dissect what happens in therapy is misguided."

Many professionals have written to us this month to say that the continuing education of therapists is not monitored. They enclosed a brochure from a UCLA program to be held this summer featuring Corydon Hammond, Ph.D., who will give workshops in age regression and satanic abuse. They noted that Hammond was the therapist who was filmed on Prime Time Live in January. In that

interview, Hammond said that he had no evidence of satanic ritual abuse and that therapists were not responsible for getting evidence.

Therapy techniques are not evaluated or monitored as evidenced by the case of "facilitated communication." Nor are the therapists or their continuing education monitored. For example, there are documented cases of therapists who were licensed to work with children and whose diagnostic skills were questioned by the licensing board. Just one year later the therapists were found to be working with adults and diagnosing over 70% of clients as incest survivors.

Families write that they have been trying to work within the system. They have been filing complaints by the thousands with state regulatory agencies and professional ethics boards across the country asking to have their cases examined. Sadly, most have written to us that they found the experience at best frustrating. This is the type of response they typically receive:

"Confidentiality laws prevent me from disclosing any information about your daughter's treatment or even if she was in treatment, without her written permission...It seems that one avenue to explore is attempting to work through this process with your daughter perhaps in the presence of a therapist."

The state licensing and monitoring boards are the "emergency" centers for the mental health field. Imagine if a person called a fire department and reported that the house next door was on fire but the fire department said, "Sorry, we cannot do anything without the owner's permission. The owner of the house will have to notify us."

The FMS crisis developed, it seems, because no one has been monitoring the system. It appears that the mental health system is unable to respond to the crisis now. If any other medical procedure had documented over 4,000 complaints it would be taken off the market and the cases examined. We have instead—mental health professionals calling the families "perpetrators in denial."

Who will examine the more than 4,000 cases? Who will assure parents that their children are receiving appropriate treatment?

Our Critics—Alien Abduction

We have received a number of letters criticizing us for taking a "flippant" attitude about space alien abductions. Following is the passage that has caused concern:

"remembered" past lives, space alien abuse, satanic ritual conspiracies or after-death experiences are generally viewed by mainstream professionals as evidence that the "disease of the month" is alive and well. Such practices are splinter notions, nontraditional practices so silly that they do not dignify a response.

We had no idea there were so many people who held convictions of the reality of space alien abductions.

We have also received some very thoughtful comments from those studying "anomalous" experiences. David Gotlib, M.D. in an editorial in the Bulletin of Anomalous Experience, Vol 4, No 2, April 1993 wrote:

"This offhand dismissal of anomalous experiences is particularly regrettable because some of the concerns ex-

pressed above regarding false memories of child abuse are worthy of consideration in the field of abduction research and therapy. The all-encompassing symptoms checklist for sexual abuse survivors has its parallel in the abduction field (see "Healing Shattered Reality", discussed in our last issue, for example). The admonition from *The Courage to Heal* that 'if you are unable to remember any specific instances...but still have the feeling that something abusive happened to you, it probably did,' is paralleled by the use of hypnotic regression, where few or no conscious memories exist, to explore suspected abduction experiences, and the expectation on the part of possible experiencers that they will be regressed by the therapist or investigator. The question that concerns us here is not whether the abduction experience is more than simply false memories. The FMS people do not argue that sexual abuse does not exist, or that it exists but no one is traumatized as a result. Their concern is with iatrogenic abuse memories. In the same way, while some in the abduction field continue to focus their attention on proving the existence of UFOs and aliens, they may find themselves shut down by a social and scientific backlash that argues a different point: How many abductees has the field created in its efforts to explore the phenomenon (however well-meaning those efforts might be)? This backlash might be directed specifically against UFOlogy, or it might be part of a general movement against therapy based on uncovering of long-repressed memories—especially those predicated on fringe theories (the abduction phenomenon, whether you subscribe to an Intruders, Imaginal, or Space Brothers hypothesis, is still fringe).

"The debate propelled by the FMS Foundation is going to change the focus of the argument in abduction circles from the nature of the abduction phenomenon to the scientific and social responsibility of abduction researchers and therapists as they explore the question and try to identify and help experiencers. FMS raises legitimate concerns, with serious moral and ethical implications for the field of abductions. The concerns are worthy of study, even if we do not care for the way they are presented.

"FMS, and the issues it represents, is like a locomotive coming down the track, straight at us...We can use the knowledge and insight provided by this group to encourage a constructive dialogue and improve our work, or we can fall into the trap of opposing FMS on the grounds that it is another 'debunking' group."

Our Critics—Their Semantics

One of our members notes that our critics have a rather peculiar way with words: "I have been sent a brochure advertising a conference they are having about what to do about the FMS Foundation. The brochure says, incredibly enough, that the Foundation 'claims that most repressed and subsequently retrieved memories of abuse are in fact false.' What a crazy claim that would be: no one with a modicum of reason would claim that repressed and subsequently *retrieved* memories are false. It seems that the Foundation's critics have become so beholden to their favorite psychological theories that they are blinded

to the possibility of their theories being overruled by fact. They are so sure that all those elicited memories are really based on repressed memories that they think we are not only wrong but downright unreasonable.

"The keynote speaker at that conference was Ellen Bass, the creative writer. She wrote a letter with Laura Davis to the *New York Times Book Review* complaining about the article by Carol Tavris entitled 'Beware the Incest Survivor Movement.' They accuse Tavris of saying 'that substantial numbers of perpetrators are falsely accused.' Now one of them must have written that line and the other must have read it. Do they actually believe that Carol Tavris is worried about *perpetrators* being falsely accused? Our critics never seem to use the words *accuser* and *accused* but always *victim* and *perpetrator*. And some say—even while using those loaded words—that they aren't making any judgment about the real facts of the individual cases. After all, they're not detectives, are they?—just therapists trying to support their clients. And I suppose that such therapists wouldn't mind a bit that their notion of perpetrators allows for falsely accused perpetrators (and, probably, falsely accusing victims). But Bass and Davis don't have such qualms. They know that every woman with or without memories really was abused by some evil male, probably her father. They seem to know that any male suspected of being a perpetrator is a perpetrator. So when they say that Carol Tavris is worried about substantial numbers of perpetrators being falsely accused they probably mean it. I wonder what else they think about Carol Tavris."

Abuse Excuse

Do some mental health professionals have a bias to find childhood sexual abuse? In reports from families this month we were informed that relatives had gone to a therapist for reasons ranging from general malaise to stuttering and were diagnosed as abuse victims. Following are some newspaper reports that passed our desk.

(1) Do false accusations happen? According to a report in the *San Diego Union-Tribune* on May 16, 1993, there was a rape hoax at a Nordstrom department store on New Year's Day. It seems that a La Jolla, California resident reported that she had been raped but investigation showed that the sperm used as evidence was her husband's that she had brought from home. False accusations happen—some intentional such as this and others by mis-

take. Most of us would assume that a person who would intentionally do such a thing is likely disturbed. Most of us would urge that such isolated and bizarre incidents should not be used to minimize the believability or the seriousness of claims of rape. "This case triggered conflicting emotions in many rape victim advocates—anger at the woman for damaging the credibility of real rape victims, yet, at the same time, sympathy."

We have included this report not because of the incident itself, which is simply sad. We included it because a comment about the incident seems further documentation of the cultural preconception that childhood sexual abuse is an excuse for any unacceptable action. "That woman is a victim of something. She's crying out," said Sherry Arndt, Santa Cruz coordinator of California's foremost sexual assault response program. "She probably was molested as a child."

We reflect on a comment of an older woman who was active in the early years of the Women's Movement.

"How does it help women to portray them as victims who are lacking the strength to take hold of their own lives and actions."

(2) *The Oregonian*, May 7, 1993.

"Why you should think twice before you decide to give up smoking." by Phil Stanford.

A woman named Pat Rice went to a counselor for help in giving up smoking. After being hypnotized, Pat developed the belief that she had been sexually abused and tortured by a satanic cult. She became fearful that the cult was after her and went to Salem Memorial Hospital for help. The staff in the emergency room called in an

expert on satanic cults whom Pat called the Good Witch. Pat later believed that the Good Witch told her to drive east in the westbound lane of the highway. A crash took place which killed one man. In the hospital after the crash, Pat came to realize that it had not been the Good Witch's fault and that she was not being pursued by satanists. She told the jury at her trial that she now knew that she had not been sexually abused as a child either. She said those ideas had been implanted in her head by the counselor. The jury found Pat guilty of manslaughter but temporarily insane.

(3) *Tampa Tribune*, May 9, 1993

A former Christian school principal moonlighting as a psychotherapist was convicted of sexual misconduct in a counseling session. The plaintiff testified that she went to this therapist because she was having problems with her 12-year-old son and was told her family problems were related to childhood sexual abuse. Detectives used a tape recorder to obtain evidence. Besides attempted sexu-

WHERE DO 4042 FAMILIES LIVE ? JUNE 1, '93

AK (8)	AL (14)	AR (12)	AZ (126)	CA (723)
CO (65)	CT (46)	DE (13)	FL (170)	GA (51)
HI (5)	IA (31)	ID (17)	IL (145)	IN (37)
KS (39)	KY (16)	LA (15)	MA (115)	MD (62)
ME (18)	MI (131)	MN (83)	MO (80)	MS (2)
MT (24)	NC (56)	ND (5)	NE (19)	NH (18)
NJ (102)	NM (32)	NV (19)	NY (165)	OH (129)
OK (38)	OR (102)	PA (234)	RI (10)	SC (17)
SD (10)	TN (27)	TX (149)	UT (148)	VA (58)
VT (19)	WA (204)	WI (131)	WV (7)	WY (6)
	DC (6)		VI (3)	
Canada :	AB (18)	BC (43)	MB (39)	NS (6)
ON (142)	PQ (4)	SK (7)	PE (1)	
Australia (3)	England (10)	France (2)	Germany (1)	
Ireland (1)	Israel (2)	New Zealand (1)		

Each family represents many people.

al misconduct, he was charged with practicing without a license.

FROM OUR READERS

How to locate the therapist

"My daughter had told me never to talk to, or call her husband. I was never to speak to him while they were in this divorce mess. When her letter accusing us arrived, the first thing I did was to call him for the therapist's name and number. The therapist seemed very surprised I could get it. I'm sure friends, neighbors and former mates could be contacted to furnish information of this kind, too..."

A Mom

Death from a Broken Heart?

"Our case—On April 4th our daughter wrote to her father (70 years old) and me (67 years old). She accused her father of molesting her over and over again and abusing her from ages 3 to 8. She accused her older brother of knowing about the abuse because, she said, his room was under the attic where it was supposed to have gone on. There was no attic in that house. I asked her to go with me to that house to see if there was an attic but she refused. On April 30th, my husband of 46 years, died of a ruptured aneurysm. I know he died of a broken heart."

A Mom

Close the door but don't lock it

"The FMS newsletter gives some accounts of parents who are trying to reestablish relationships with offspring, starting with mutual agreement to ban any mention of the false accusations. I have some doubts about how such an approach would help my family...I guess a parent can never completely abandon hope, no matter how hard we try, but what I'm trying to say here is that continuing to allow this painful item to be the center of my attention, after my best long-term efforts have been exerted without desirable results, isn't good for me...Close the door, but don't lock it..."

"I can't go on forever nursing an open wound; there has to be closure at some point. I have never claimed to be a perfect parent, not an ideal human being—only that I am not guilty of incest."

A Dad

Therapy Cult

"This trendy fad of blaming parents for every character defect is a facile copout—the lazy way out for both the therapist and the patient...My daughter, in all her years of therapy, has had no opportunity to have her real problems diagnosed and addressed.

"How cult-like this 'therapy' is. Surely I am not the only one who sees the parallels. There is the blind faith—the hypnotic acceptance of the teachings of the gurus—the unquestioning and uncritical incorporation of the far-out tenets into the personal lives of the adherents—no matter how outlandish the teachings—no matter who gets hurt, or how much. There is the missionary zeal and closed-minded, narrowly focused, head-in-the-sand determination to vindicate a social agenda (a product of fuzzy emotional, convoluted thinking) at any cost."

A Dad

How to explain to neighbors and friends

"I have finally found a way that is comfortable for me to explain to neighbors and friends who ask where my daughter is. I tell them that she has joined a sort of therapy-cult that is obsessed with sexual abuse. People seem to understand cults."

A Mom

How do you feel about having contact with your daughter, but not ever talking about the accusations?

"We have mixed emotions. We cannot capture yesterday. Circumstances change things and this trauma has changed all our lives. The pain will always be with us. There is much we feel that we will never know or understand of this, but we sincerely believe our daughter was the primary victim of FMS. It would be nice to have some explanation, but it is not hard for us to forgive and forget and push ahead. It is acceptable on our part for our daughter not to talk about the accusations when we have the opportunity to visit with her. We would do nothing that might cause her to draw away again or that might cause her to cut our grandchildren off again."

Mom and Dad

News from Western Canada

Each month, Canadians prepare their own supplement to the general FMSF newsletter. This month they asked us to share a bit of their news.

The outcome of a case in British Columbia was reported in an article by D. Roche, in the *Medicine Hat News*, April 24, 1993. It was titled "Lorenz not guilty." Lorenz was tried on two charges of indecently assaulting his daughter 40 years ago. The comments of the judge and the defense were interesting.

The judge said, "I am of the view that the complainant truly believed in her mind that the assault occurred. I also have concern that her therapist may have unwittingly placed seeds of false memory." He noted that he couldn't take into account the validity of the testimony because it was based on memory that couldn't be corroborated.

The defense argued that "All we can say is there is a recollection which may or may not be true, and a memory which may or may not be illusory. We simply don't know...Has the Crown proved beyond a reasonable doubt that repressed memory exists and is always accurate? In sex abuse areas, doubting one's client is harmful and those (repressed) memories are not tested for veracity...The Crown relies on a theory of repressed memory that has not been proven."

Writers from British Columbia tell us that in their province there is an Ombudsman who will examine the complaints of families who say that therapists are using radical treatments (e.g., encouraging the severing of family connections) on their children for a condition that the children do not have.

The first person to be tried in the Martensville, Saskatchewan day-care case, a 21-year old girl, has been found guilty of abusing her young charges. The Martensville trial is not about "repressed memories," but is another day-care situation like McMartin, Little Rascals or the

Kelly Michaels case. We think that it is important for people in the United States as well as Canada to understand that there has been a press "black-out" on this trial. The judge ordered that no details, only decisions, of this case may be released until its conclusion in about a year and a half. Many people in Canada and throughout the world are questioning why such drastic action has been taken.

Overheard at a Minneapolis FMSF Meeting

"As we look forward to retirement, this is sort of a strange hobby."

"We used to go to confession and blame ourselves. Now we go to therapists and blame others."

A Friend's Marriage

"I have watched a very good person destroy her marriage through what appears to be an example of FMS. She is now leaving her husband primarily because he is not sufficiently supportive of her "decade-delayed" memories of the male members of her household raping her when she was a child under age 5. This highly suggestible individual has reached these conclusions with input from:

- (1) a psychologist who has an active practice in the area of helping people with "repressed memories",
- (2) a counselor who has no academic credentials in mental health, and whose analysis was based on typical behavior of individuals who have recently recovered "lost memories",
- (3) a priest who has encouraged her to continue with her actions without ever even hearing the other side of these stories, and
- (4) "support groups" for survivors of childhood sexual abuse."

A Dad's Story

"For 29 years my daughter had been the light of my existence. The closeness we maintained from her early childhood to the birth of her son was extraordinary.

She had a normal childhood and excelled in school. Although she moved away after graduation from college, she returned because she said that she missed her family. She got a job and a boyfriend and then got married. When she gave birth in 1990 to a terrific baby boy, I was at the hospital right away. But things began to change.

She complained that her husband was not helping her much. She always seemed tired and down in the dumps and she indicated that there were marital problems at home. She was depressed and anxious.

In retrospect it is hard to believe, but I encouraged her to get help. She went to see a counselor through the state Mental Health agency. She and her husband went in for marital counseling and they brought the baby to our house so that they could attend therapy sessions together. Before long my son-in-law stopped going and my daughter started going to a women's therapy group.

In early 1992 she divulged that as a 7 year old child she had been sexually assaulted by some man who came to our house, presumably a friend of ours. She could not identify the man. She said that with the help of her therapist who had been able to remember this attack which she

had "repressed." Needless to say I was very concerned, shocked and horrified that this had happened to her without our ever knowing about it, but I did not doubt her word. I wanted to help her, but I didn't know how. My intentions were good when I counseled her to let the past be the past, not to let an ugly incident of over 20 years ago ruin her life. This was not what she wanted to here. There was a hostility that I found strange and hard to understand. In March of 1992, I got a long letter from her saying that she was angry at me for not believing she had been sexual abused, for not protecting her at the time, for making light of the trauma and for not trying to understand (the apparent contradiction notwithstanding.) The letter was very hostile. It was like a thunderbolt out of the blue. I cried like a baby. I did not know what had happened to cause her to say these things.

I wrote her immediately to explain that I had never disbelieved her, and to offer my love and help.

A few months later I received a short note from her advising me not to call or come by or in any way to try to contact her. She said she needed time to work out her problem (from the childhood trauma) and that if I loved her like I said I did, I would respect her request. I was utterly bewildered but I did respect her request. I felt very bad not having any contact with her or my grandson.

Basically, I still had no idea what was going on. I was blissfully ignorant of the bandwagon victimology popularized by the book "Courage to Heal" until I confided my misery to a friend. Upon hearing that my daughter had been sexually abused, he told me to read the book, to be very careful to "validate" her suffering and not to question any aspect of her account.

I read the book. I was hurt by the undisguised gender-based hatred in the book. The object of their most venomous rantings was always Dad.

Then a meeting was scheduled at her therapist's office. I had requested the meeting and they scheduled it. Then I was told that I was the one who had abused my daughter.

That meeting has never taken place. I have never met the therapist. At my request another meeting was discussed for March this year and again it was indefinitely postponed by the therapist. To this day I do not have any idea what it is that I am accused of doing. This phenomenon, False Memory Syndrome, is being compared to witch-hunting. And that is what it is like. The deal is set up to keep everything secret. There is no opportunity to talk, confront accusers, cast light on the charges. One is not even allowed to know what evil deed he is guilty of or how this repressed memory was uncovered. Most of all they seem locked into this belief system like members of a cult unwilling to tolerate any open inquiry or discussing. It is this hiding in the shadows that has been most frustrating.

I have refrained from suing to get visitation rights by court order because her therapist told me in the one conversation I later had with him that I would lose any chance of ever having a relationship with my daughter if I tried to exercise my recognized legal rights to a relationship with my grandson. That is blackmail."

MEMORY ENHANCEMENT

One of the erroneous assumptions that has been made by many people involved with the survivor movement is that it is possible to enhance a person's memory through the use of hypnosis or sodium amytal. Just about every survivor book recommends it to help find "memories" (e.g., *Courage to Heal*). Unfortunately, these techniques do not ensure that a person will recall historically accurate events. This is not new information and any person who was told that "memories" recovered during hypnosis were accurate was misinformed. While hypnosis has many beneficial medical uses, memory enhancement is not one of them. Note the following passage from a highly respected and standard psychiatric book.

Comprehensive Textbook of Psychiatry IV Vol 2 5th Ed
Kaplan and Sadock

1989

Baltimore: Williams & Wilkins, 1989

Chapter 30 by Orne & Dinges, page 1516

"An overwhelming body of research indicates that hypnosis does not increase accurate memory, but does increase the person's willingness to report previously uncertain memories with strong conviction. Furthermore, the hypnotized individual has a pronounced tendency to confabulate in those areas where there is little or no recollection; to distort memory to become more congruent with beliefs, hopes, and fantasies; and to incorporate cues from leading questions as factual memories. Finally there is a high likelihood that the beliefs of the hypnotist will somehow be communicated to the patient in hypnosis and incorporated into what the patient believes to be memories, often with strong conviction.

"Neither the American Medical Association, the American Psychiatric Association, the American Psychological Association, the British Medical Association nor the relevant scientific research community has ever endorsed the use of hypnosis to aid the recall of witnesses to or victims of crimes.

"The AMA also points out that hypnosis is not a way of assuring truthful reports, as people are capable of lying, even under deep hypnosis, as well as effectively faking hypnosis. These caveats should be kept in mind lest an attempt be made to employ hypnosis, or for that matter, amobarbital (Amytal), to validate the accuracy of statements made by patients. The use of these techniques will only serve to confuse the physician, the patient, and the public, and in no way assure reliable answers. Hypnosis is simply not a reliable means of enhancing memory or obtaining historical truth.

"Given the risks of factually inaccurate information, care should be taken not to use hypnosis or other techniques involving suggestions in attempting to elicit statements from children or adolescents concerning sexual abuse. Sexual abuse is a repugnant act, and although there

is a widely held view that false-positive detections of such abuse are vastly preferred to a single case remaining undetected, the nature of hypnosis is such that a false-positive is a far more likely outcome when hypnosis is used in this way. For a child, the consequences of losing one or both parents as a result of such a false-positive detection should be considered before taking precipitous action."

In a paper entitled "On the modification of memory in relaxed and hypnotic states" presented by M. Orne and E. Orne at the Cogniscience Section, National Center for Scientific Research at Salpêtrière Hospital in Paris, November 1992, the point is made that the "hetero-hypnotic context is by no means unique in facilitating directed pseudo-memories. Free association, guided imagery, relaxation techniques, repeated visualization, "support" group probing, and the therapeutic context itself can, under certain circumstances, in suitable subjects, work to facilitate the production of pseudo-memories, or the filling of gaps in childhood memory, with fantasy or narrative material. Critical to the process of creating convincing and compelling memories of childhood "events" appears to be the belief of the therapist and patient in the historical accuracy of memories elicited under specific uncovering techniques. The mechanisms underlying believed-in uncovering techniques seem to share qualities with, but are not necessarily identical to, hypnosis and self-hypnosis."

Psychology Task Force

Given this information about memory, we thought that it would be interesting to see where some of the six members of the American Psychological Association's Task Force' to study the FMS phenomenon stand on issues related to memory. (The task force is scheduled to meet for the first time in August.) Following are some quotes from two of those members Christine Courtois, Ph.D. and Robert Ornstein, Ph.D. Ornstein is a researcher and Courtois is a clinician.

Robert Ornstein, Ph.D.

Evolution of Consciousness: The origins of the way we think, New York: Simon and Schuster, 1991

p189 *Memory is influenced not only by previous knowledge but also by events that happen between the time an event is perceived and the time it is recalled.*

p190 *So our memories, as exact, recorded, fixed images of the past are an illusion. We believe we are stable, but this is one of the built-in illusions of the mental system. We believe we remember specific events, surely. Yet we don't. We make them up on the fly.. We change our minds all the time, from our estimate of the odds on a bet, to how we view our future. And we are unaware that the mind is doing this...*

p191 *But do our leg muscles "remember" the marathon, does our stomach remember the beef? No, and neither do*

we remember what has occurred. Rather, the brain changes with experiences, and thence we adapt and adjust. There are no real memories as we know them. We reinterpret the hard points in memory over and over in our life, assembling our past anew throughout our lives, throughout changes in experiences.

Christine Courtois, Ph.D.
Healing the Incest Wound: Adult Survivors in Therapy.
New York: Norton, 1988.

p130 *Massive repression seems to be the main defensive operation available to very young children and/or the violently abused.*

p140 *Should the woman deny knowledge of abuse despite indication to the contrary, the therapist can gently probe, suggesting that the symptoms she has described are sometimes related to a history of abuse. The therapist might also describe what constitutes incest. At times, therapist and client will conclude that incest occurred even without conscious validation or memory on the part of the client.*

p199 *Hypnosis is used within the psychodynamic framework and within other frameworks as well. Recently it has been mentioned as the technique of choice for multiple personality disorder.*

p199 *Hypnosis can assist in the recapturing of lost memories... I have used projective techniques such as imagining of a scene on television which can be turned on or off at will to insure the client's sense of control.*

p297 *Hypnosis can be used to assist in bringing material to consciousness.*

p299 *Participation in an incest therapy group usually stimulates the memory recovery as members 'chain' from each other's experience.*

p299 *Flashbacks, nightmares, and frightening images are fairly common intrusive mechanisms by which the repressed returns. Fieth provided the following definition and description of flashbacks: Flashbacks are non-psychotic episodes in which a person actually relives the abuse as it happened.*

Flashbacks

The mention of "flashbacks" in the Courtois book reminded us of comments on this subject by Paul McHugh at the Memory and Reality Conference in April. Dr. McHugh noted that the book *War Neurosis* by John MacCurdy was the pioneering study of what is now known as post traumatic stress disorder. MacCurdy studied soldiers in WWI. "Flashbacks" is a recent word. MacCurdy's word was "visions."

McHugh summarized the work: "Visions were not a replication of an event but a worst-fear imagination—not that a memory was jogged but rather that a fear ran riot." On the current use of the term: "Flashbacks may represent not a post traumatic state from abuse but a post traumatic state induced by therapy."

Office News

Mika had a baby boy! I know that you join us in congratulations and also in thanks to her for the wonderful

and patient help she offered.

As the number of families has increased, so have the demands on the office. We expect to add two new positions to help with the increased volume of work.

Grandparents Rights - National Office

Ethel Dunn, Executive Director
137 Larkin Street
Madison Wisconsin 53705
608-238-8751

Many of you have asked for this address. This organization formed in response to loss of visitation for grandparents in divorce and custody cases. They have branches in every state aware of relevant legislative issues.

Articles/Books of interest

Goode, Erica E., & Wagner, Betsy, "Does Psychotherapy Work?" *U.S. News & World Report*, May 24, 1993, 57-65.

"Reviewing data from more than 2,400 patients collected over 30 years, psychologist Kenneth Howard and his associates found that the impact of psychotherapy followed a linear progression resembling, in Howard's analogy, 'a plant's response to fertilizer.' By the eighth therapy session, Howard found, 50 percent of clients showed measurable improvement. After six months of once-per-week psychotherapy, 75 percent of clients had improved. The rates at which people got better varied with their diagnoses. Problems like anxiety and depression tended to respond to psychotherapy by the 20th session. More-severe conditions, however, were just starting to respond to treatment at six months: It took a full year, for instance, for many personality-disorder clients to improve." p. 63. (It is of interest to note that the people with memories of abuse are described as having been in therapy for 3, 5, or as many as ten years. Why does recovered memory therapy take such a long time?)

Halleck, Seymour, M.D. et al. "The Use of Psychiatric Diagnoses in the Legal Process; Task Force Report of the American Psychiatric Association." *Bulletin American Academy of Psychiatry and Law*, Vol 20 No. 4, 1992, 481-499.

"There have been recent instances in which psychiatrists have testified that the presence of symptoms related to post-traumatic stress disorder (often described as a new syndrome such as battered spouse syndrome) is powerful evidence that certain abusive events such as rape or child molestation have taken place. Here, a diagnosis based on a DSM-III-R category is used to conclude that criminally actionable conduct has occurred. In the absence of a scientific foundation for attributing a person's behavior or mental condition to a single past event, such testimony should be viewed as a misuse of psychiatric expertise." p. 495

Hanson, Gayle. "Total recall versus tricks of the mind." *Insight Magazine*, May 24, 1993. (Available by calling 800-356-3588). An outstanding presentation of the issues.

Loftus, Elizabeth, Ph.D. "The reality of repressed memories." *American Psychologist*, May 1993. (Single issue available for \$15.50 including handling. APA Order Dept, PO Box 2710, Hyattsville, MD 20784-0710.) This is the published version of the landmark talk presented at the APA in 1992.

Safran, Claire. "Dangerous obsessio: The truth about repressed memories." *McCalls*, June, 1993. For the first time a magazine that reaches a mass audience of women has presented alternative explanations of the issues. Sensitive written and based on actual cases.

Wartik, Nancy, "A Question of Abuse" *American Health Magazine*, May 1993, 62-66.

An excellent presentation of the issues involved in the controversy of repressed memories.

Wright, Lawrence, "Remembering Satan - Part I and Part II." *New Yorker*, May 17 and May 24, 1993. This is a profound analysis into the thinking patterns and the processes of people who become emeshed in belief in satanic ritual abuse. The story is focused on the Ingram case.

True Stories of False Memories

by Eleanor Goldstein and Kevin Farmer
will soon be available from SIRS Books
(Includes stories from siblings and recanters)

Price \$14.95 plus shipping
Call (800) 232-7477 to order

The FMS Foundation will receive 40 percent of
the cover price for all orders mentioning the
FMS Foundation

Satanic Panic:

The Creation of A Contemporary Legend
by Jeffrey S. Victor

Open Court Publishing Company
(Absorbing scholarly work that explains con-
temporary satanic ritual abuse fears and the
rumors by which they have been spread.)

Price \$13.56 plus shipping (3.00, foreign 5.00)
Call (800) 435-6850 to order

Notice

Video Tapes of Memory and Reality Conference
A generous donation has made it possible for us to make
these available for loan for FMSF Meetings.
Contact Nancy in the office for details.

Research Request

I would like to contact anyone who believes her/him-

self to have had a false or otherwise problematical diagnosis of Multiple Personality Disorder (MPD). My work is oriented toward a social-historical understanding of the origins and evolution of the concept of multiple personality, and a practical understanding of how the idea is applied in therapeutic situations. Please contact Michael G. Kenny, Department of Sociology-Anthropology, Simon Fraser University, Burnaby, B.C. V5A 1S6, Canada, or call me (collect if you wish) at 505-988-3896

Meetings/Notices

PROFESSIONALS AND PARENTS NETWORKING TOGETHER

To place a notice in this column for July, please be sure that we receive the information in writing by the 25th of June. Please mail or fax your notice Attn: Nancy.

Contact your state liaison to find out about meetings in your area. Not all meetings are listed.

Arizona

June 12

Steering Committee Meeting

September 18, 1993

Guest Speaker -- Eleanor Goldstein

Call Jim 602-860-8981

California

Greater LA area - 1st and 3rd Mon at 7:30
call Marilyn at 909-985-7980

Notices will be sent by area for other groups

Cleveland, Ohio

June 24, 1993

Pamela Freyd, Guest Speaker

Holiday Inn - Rockside & I-77

Confirm reservations, 216-888-7963

Call before 6/21/93

6:30 Dinner \$20.00 per Person

Program 7:30 p.m. No Charge

Colorado

Meetings on the 4th Saturday of each month
1:00 P.M.

Cherry Creek Branch, Denver Public Library

3rd and Milwaukee

Call Roy 303-221-4816

Florida

Statewide Meeting - Orlando Area

Call one of the following for information:

Esther 407-364-8290 Rose 305-947-0095

Jackie 813-273-3246

Georgia

(neighboring states welcome)

June 26, 1993

Guest Speaker: Charles Burditt, Attorney at Law

Call Jean 404-948-4606, Nancy 404-922-7486

Kansans and Missourians
"We need your help to educate professionals"
Kansas City

Meetings every second Sunday of the month.
 For details call Pat at 913-238-2447 or Jan 816-276-8964

Michigan

The Michigan Information Newsletter
 P.O. Box 15044, Ann Arbor, MI 48106
 313-461-6213

Notices about meetings and other state-related topics appear in this newsletter.

New England Area

Sunday, June 13, 1993, 1:00 P.M.
 Chelmsford, MA

For details call Jean at 508-250-1055

New Mexico

September 16, 1993

Guest Speaker — Eleanor Goldstein
 Contact Barbara 602-924-4330

New York - upstate

Contact the FMSF office (215-387-1865) if you wish information about meetings in upstate New York.

Iowa

Saturday, July 10, 1993

9:30 am - 3:00 pm

West Des Moines

For information & location, call
 Gayle or Betty (515) 270-6976

Oregon

Sunday, July 18, 1993

12 noon - 4 pm

Hospitality Center

Roth's Salem West

425 Glen Creek Drive, NW, Salem, OR
 Contact Rosemary (503) 362-1301

Philadelphia/South Jersey

Second Saturday of each month

1:00 pm same place

Call (215) 387-1865 for details

United Kingdom Affiliated Group
Adult Children Accusing Parents

Parents with relatives in the UK can contact
 Roger Scotford at ACAP on (0) 225 868682

Wisconsin

Attention Wisconsin

We want to start a telephone tree.

If you wish to participate, please call
 Katie/Leo 414-476-0285

More FMSF Survey Results

Families were asked to "Please check any of the following items if they generally applied to your child as he/she was growing up. (i.e. Every child probably would be happy at times or sad at times, but in general over the long run, would you say your child was usually "happy.") *These are some of the descriptions that parents have used about accusing children. Please add any additional phrases that occur to you that describe your child as he or she was growing.*

N = 290 Number reflects "yes"

	No	Yes
rebellious	85	
highly suggestible	124	
liked to shock family and friends	67	
needed more than average attention	116	
seemed bossy or domineering	98	
resented authority	112	
seemed meek	124	
seemed especially trusting	159	
eating difficulties (too fat)	69	
eating difficulties (too thin, anorexia)	35	
was suicidal	44	
experimented with drugs	95	
excelled in school	198	
problems in school	65	
lots of friends	152	
few friends	131	
generally healthy	256	
generally sickly	26	
frequent headaches	35	
used illness to avoid unpleasant activities	30	
given tranquilizers as child	7	
was a "hippy"	46	
involved in protest movements	55	
involved in "New Age" activities	54	
involved in alternative medical practices	47	
ambitious	208	
afraid of many things	50	
bold	115	
daring	91	
rude	51	
honest	217	
kind	239	
helpful	220	
happy	201	
sad	52	
angry	75	

Families have asked for the addresses of the Surgeon General and the Secretary of Health & Human Services because they want inform these people of the problem.

Dr. Donna Shalalah, Secretary
 Health and Human Services
 200 Independence Avenue, S.W.
 Washington, DC 20201

Dr. Joycelyn Elders, U.S. Surgeon General Designate
 5600 Fishers Lane
 Rockville, Maryland 20857

Do you want to continue to receive the FMSF Newsletter? Read on...

Our policy to date: Over the past year we have mailed the FMSF Newsletter to virtually everyone who has requested it. Each month, however, the circulation has increased. In April well over 5,000 copies of the Newsletter were mailed to families and professionals in the United States and Canada, as well as Europe, Australia, and Asia. Each week hundreds of new requests for information packets, which contain recent copies of the FMSF Newsletter, are filled. The rate of growth has been phenomenal. We have found it necessary, therefore, to implement a new policy, as follows.

As in the past, Newsletter subscriptions to Family and Professional Members of the False Memory Syndrome Foundation are included in the annual dues. The dues support the research and education efforts of the Foundation.

Those who are not members of FMSF, but received a complimentary subscription to the Newsletter during the past year, may purchase a 1993 subscription (10 issues annually, beginning with the January issue) for the cost of printing and mailing. (Please refer to the Subscription Rate Schedule published on the Masthead. Due to the high cost of overseas Air Mail, Canadian and foreign subscription rates are more costly.)

If you wish to subscribe to the FMSF Newsletter for the first time, back issues (to January 1993) will be mailed to you when your subscription begins. Please complete the information on the enclosed Subscription Order Form and return it with your check or money order, in U.S. dollars, to FMS Foundation.

1992 FMSF Newsletters from March, 1992, when the organization was formed, through December 1992 are available for \$8.00.

Lost and Found

Contact the Foundation if you lost a pair of reading glasses (pink frames) at the April Conference.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1993 subscription rates: USA: 1 year \$20, Student \$10; Canada: 1 year \$25; (in U.S. dollars); Foreign: 1 year \$35. Single issue price: \$3.

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Philadelphia, PA 19104-3315
Phone 215-387-1965
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director
FMSF Scientific and Professional Advisory Board
June, 1993

Terence W. Campbell, Ph.D., Clinical and Forensic Psychology, Sterling Heights, MI; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D. The Institute of Pennsylvania Hospital, Philadelphia, PA; Fred Frankel, M.B.Ch.B., D.P.M., Beth Israel Hospital, Harvard Medical School, Boston, MA; George K. Ganaway, M.D., Emory University of Medicine, Atlanta, GA; Martin Gardner, Author, Hendersonville, NC; Rochel Gelman, Ph.D., University of California, Los Angeles, CA; Henry Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Lila Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Richard Green, M.D., J.D., UCLA School of Medicine, Los Angeles, CA; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; Philip S. Holzman, Ph.D., Harvard University, Cambridge, MA; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; John Kihlstrom, Ph.D., University of Arizona, Tucson, AZ; Harold Lief, M.D., University of Pennsylvania, Philadelphia, PA; Elizabeth Loftus, Ph.D., University of Washington, Seattle, WA; Paul McHugh, M.D., Johns Hopkins University, Baltimore, MD; Harold Merskey, D.M., University of Western Ontario, London, Canada; Ulric Neisser, Ph.D., Emory University, Atlanta, GA; Richard Ofshe, Ph.D., University of California, Berkeley, CA; Martin Orne, M.D., Ph.D., University of Pennsylvania, The Institute of Pennsylvania Hospital, Philadelphia, PA; Loren Pankratz, Ph.D., Oregon Health Sciences University, Portland, OR; Campbell Perry, Ph.D., Concordia University, Montreal, Canada; Harrison Pope, Jr., M.D., Harvard Medical School, Cambridge, MA; Donald Spence, Ph.D., Robert Wood Johnson Medical Center, Princeton, NJ; Louise Shoemaker, M.S.W., Ph.D. University of Pennsylvania, Philadelphia, PA; Margaret Singer, Ph.D., University of California, Berkeley, CA; Ralph Slovenko, J.D., Ph.D., Wayne State University Law School, Detroit, MI; Ralph Underwager, Ph.D., Institute of Psychological Therapies, Northfield, MN; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN.

'Trauma hunt' perils therapy
by Joseph deRivera

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A dangerous type of psychotherapy has evolved that is harming people, destroying families and threatening to undermine the work of skilled therapists nationwide. This new type of therapy, which I call "trauma search" therapy, allegedly helps people deal with childhood trauma. Actually, it appears to be leading many people to "discover" sexual traumas that may not have happened.

How often does this occur? In March 1992, the False Memory Syndrome Foundation began collecting cases of parents who reported that they had been falsely accused on the basis of "memories" recovered during therapy. In less than a year, this foundation has collected 3,700 cases.

True traumatic events often have psychological effects that demand treatment: Victims may suffer from nightmares, intrusive memories or a lack of concentration or trust. Legitimate and helpful forms of therapy exist to help people who clearly know they have, for instance, been beaten, raped or tortured.

By contrast, in "trauma-search" therapy, the patient seeks help with a problem—bulimia, depression, sexual inhibition and so on—and the therapist searches for a traumatic event to explain the problem. The therapist supposes that the patient's problems were caused by some early sexual traumatic event and that the patient will be helped if the memory is uncovered. The therapist uses intuition to ask leading questions about the past and encourages the patient to "search" his or her unconscious. Hypnosis may be used or the patient may be asked to read material describing sexual abuses that have happened to others.

The problem with this reasonable sounding procedure is that a patient in distress is vulnerable to influence by suggestion. While studies have shown that most victims actually remember traumatic events, many people think that trauma is often repressed. Hence, misguided therapists encourage patients to use their imagination to try to "remember."

The human mind is wonderfully imaginative and may create what is then thought to have happened. This occurs quite quickly, especially when hypnosis is used. Many therapists and patients do not realize that hypnosis does not help people remember real events. Studies have repeatedly shown that hypnosis helps people imagine events so vividly that they believe they are real even when they are not.

Since the trauma-search therapist presupposes that a trauma must have occurred, he or she uncritically believes the patient. Rather than help the patient separate truth from fantasy, the therapist encourages the patient to "remember" more about the alleged trauma. And when the patient has an image—a dream or a feeling that something may have happened, the therapist is encouraged, praises the patient's efforts and assures him or her that it really did happen.

Our society is beginning to realize that a lot of sexual abuse in fact occurs. Consequently, when patients search for a traumatic experience, they are more likely to "discover" that they were sexually abused.

While such "memories" are quite upsetting, patients may initially feel better because they now have an explanation for their problems. It is not that their jobs are difficult, their children a handful, their spouses hard to love. It is that they were abused! Unfortunately, this relief does not bring lasting change. Without the help they really need, patients who were relatively successful, relatively loving persons with problems now become "survivors" who find it difficult to cope and are increasingly dependent on their therapists.

The language of these patients all sound suspiciously alike. Anguished parents have shared letters they received with me: "You incested me." "I am a trauma survivor." "You know what you did." But, in fact, the parents do not know.

What are relatives to think? Whom are they to believe? Some may side with the accused and risk themselves being accused of "denial." Others side with the patient and become alienated from the rest of the family. Family members are rejected unless they accept the "memory" of the abuse as real. At best, the family loses a member to a cult of patients and therapists who believe that everyone's pain is the result of abusive childhoods. At worst, the family is fragmented and destroyed.

The fabric of our society rests on people trusting each other, caring for one another, facing the real abuses that happen all too frequently and reconciling people who are in conflict. Skilled therapists help weave this fabric.

"Trauma-search" therapy is not a search for understanding, an attempt to change behavior or a struggle for the forgiveness we all owe our parents for the real mistakes they have, inevitably, made. It is a therapy that confuses the differences between real and fantasized abuse and encourages the destruction of families.

How to Help

If you have a local newspaper and a pair of scissors, our growing archive from local and international press needs your help. Please clip any articles related to the issues that concern FMSF and send a copy to the Foundation. These articles are invaluable in documenting the phenomenon and the change in perceptions on this topic.

Please continue to send us your stories. Your writing is the primary method of documenting this tragedy. From these stories, others may learn important details about the nature of way such a phenomenon is shaped.

WRITE, WRITE, WRITE. It is very important to let let members of the press know when they have presented the issue fairly and sensitively. It is just as important to write when an article is well done as when it is lacking. Only you can make your voice felt in this way.

Mail contributions to:

FMS Foundation
Suite 130
3401 Market Street
Philadelphia, PA 19104-3315

I wish to support the work of the FMS Foundation.

(U.S. dollars or money order please)

Enclosed 1993 family dues: \$100.00 or professional dues: \$125.00 (includes newsletter)

I enclose/pledge additional contribution of \$

1993 subscription to FMSF newsletter \$20; Canada \$25; Foreign \$35; Student \$10.

Method of payment:

Visa: Card number and expiration date

Mastercard: Card number and expiration date

Check: Please make checks payable to the FMS Foundation (in U.S. dollars).

Name:

Address:

Phone (h) ()

Phone (w) ()

Fax ()

My interest is personal professional

**MEMORY & REALITY: EMERGING CRISIS
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