

FMS Foundation Newsletter

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November 3, 1993

Dear Friends,

"Do you believe that sexual abuse exists?" a therapist asked Berkeley professor of sociology, Dr. Richard Ofshe during a workshop at Marywood College in Pennsylvania this month. Why did she ask this question? Did she really think that the existence of sexual abuse is an issue of "belief" rather than a widespread problem supported by "empirical data"? Had she missed what Ofshe said about the prevalence of sexual abuse? Was this her way of showing disrespect?

FMSF has raised questions about the scientific evidence for issues of memory. Unfortunately, most of our critics have responded by trying to deflect the focal issues with rumor, rudeness, and personal attack.

In our country everyone is entitled to a defense, even the lowliest. The more serious the crime, the more important the defense and the more important the processes that are followed. Witch hunts happen when people are accused and not allowed to defend themselves in a fair manner. In this newsletter we will describe how some institutions condone a climate in which people can be accused and not allowed to defend themselves.

Families have been accused of criminal acts (incest) and told that the proof that they are guilty is that no one remembered the crimes. The accusers, we were told, repressed it while the accused are in denial. "What is the scientific evidence?" we have asked over and over.

We were told that articles by Herman and Schatzow, 1987, Briere and Conte 1989, and Williams 1992 were the evidence. The first two papers do not adequately address the question of historical documentation and are therefore not relevant to the issues we raise. The Williams research may well be relevant. We assume that it will achieve peer review and that the evidence will be brought out more clearly in a formal publication than in the notice currently available. Even so, none of this research alters our understanding that memories of events may be true, a mixture of fact and fantasy, or false. They do not alter the scientific evidence that memories of events are reconstructed and reinterpreted. They do not alter the scientific data that people misremember.

We were then told that the issue was not "repression" but rather "traumatic amnesia" and that we should read the

studies on trauma. We looked at documented traumatic situations such as Lenora Terr's description of the "Children of Chowchilla" who endured terrible trauma and who remembered most of it. Then we were told that people could remember one traumatic incident but they would forget many traumatic incidents. We tried to find reports of people who had experienced documented long-term trauma but who had forgotten it. We looked for evidence from people

who were in concentration camps who had "recovered repressed memories" of their experiences. We looked for examples from other cultures who had undergone sexual mutilation as a part of initiation rites who recovered repressed memories. To the shame of humanity, there are hundreds of thousands of people who have experienced documented cruelty, torture, and terrible trauma, including sexual trauma. It is reasonable to expect many clinical case studies of recovered repressed memories from these documented events.

We were told that the examples to look at were Vietnam veterans. In that literature we found descriptions of people who suffered "Post Traumatic Stress" from the time of the documented trauma. That does not seem to be the same experience that the people with memories have reported in the many first hand published accounts. The majority of people in these reports describe normal childhoods. They do not claim medical reports of Post Traumatic Stress while children or teens. Indeed, they describe themselves as successful, achieving, loving, trusting people for twenty or thirty or forty years until they entered therapy. Vietnam veterans did not generally "forget" that they had been in Vietnam. The people in the reports tell us that they never had any idea that they were abused until they recovered repressed memories in

"The Salem witch trials are viewed by many as our country's most famous episode of mass hysteria. The trials lasted less than five months. During this period 27 people were convicted of witchcraft. Nineteen were hanged, one man (who refused trial by jury) was executed by being pressed to death with heavy stones (he took two days to die), and four died in prison. The remainder are unaccounted for. In October 1692, Massachusetts Governor Phips, recognizing that what was going on in Salem was "mishegaas" (I quote him verbatim), dismissed the court. This basically brought an end to the trials.

"Probably the next most well-known example of mass hysteria in the United States were the McCarthy hearings in the 1950s. In the course of this wave of hysteria, threats of Communist infiltration and takeover of our government were exaggerated enormously, and Draconian punishments were administered to those who had any sympathies for the movement. Even those who had involved themselves in the Communist party earlier in life did not escape. Although thousands certainly suffered during the hysteria of that era, I believe that their numbers are small compared to those whose lives have been destroyed by the sexual abuse hysteria that has been prevalent in the United States since the early 1980s. Accordingly, I consider the sexual abuse hysteria that we have been witnessing since that time to be the third and most severe episode that we have ever witnessed in the history of our country."

Sexual Abuse Hysteria: Diagnosis, Etiology, Pathogenesis, and Treatment.

Richard Gardner, MD
Academy Forum, 37 (3) Fall 1993

therapy.

We were told that the proof that some terrible sexual abuse had happened and been repressed was the fact that our children had "flashbacks," visions of terrible scenes of abuse. When we consulted the literature, we found that flashbacks are a "worst case scenario" experienced by many people in a state of anxiety. After a fender-bender, for example, people commonly have a flashback of a much worse accident.

We were told that the proof that something terrible had happened and been repressed was the fact that our children experienced "body memories." "What the mind forgets, the body remembers," we were told. When we tried to find out about body memories we encountered the literature on "stigmata." It is the brain that controls the bodily marks and pains, not the other way around we found.

We have been told that the proof that something terrible happened (sexual abuse) is the fact that our children forgot (repressed) it. We have asked in return for the scientific evidence that this could happen. We have been told that our children became "day people" and "night people." The explanation, we are told, is that our now-adult children have Multiple Personality Disorder. MPD is a highly controversial diagnosis. In this newsletter, we will report what we have been learning about it.

Parents are waiting. Parents are dying. When people in their 70's and 80's are accused of sexual abuse that they allegedly committed 20 or 30 or 40 years ago, it is close to being a death sentence. The loss of a child is traumatic at any age. Believing that you have been falsely accused is traumatic at any age. How many in their 70's and 80's can survive this kind of stress and the heartache? How many have the emotional, physical or financial resources to defend themselves? We were informed of another six deaths of parents this month, one probably a suicide.

The code of ethics says, "First, do not harm."

GOOD NEWS - "My daughter is back. She is the same wonderful loving person she was before she "recovered memories." Her brother is upset because she has not apologized but I don't need an apology. It is enough to know that she is safe and to have her love," A Dad

We receive reports daily about children who have resumed some level of contact with their families. We are now aware of hundreds of families in which this has happened. Not all families, however, are willing to resume a relationship without some explanation from their child. "I love my child but I don't trust her," they say. The hurts are deep.

We are aware of approximately 140 retractors. We are in direct contact with some and in contact with the families of others. Last week we received reports from two families in which an accuser who had resumed contact several months ago had first "reduced charges" (i.e. going from accusations of sexual abuse to dysfunctional family) and then completely retracted and apologized. Will this be a pattern? We don't know. We had one report of an accuser who invited her family to a party expressing warmth and love for the first time in several years only to file a lawsuit a month later. Love and lawsuits. It is confusing.

We are currently entering data from the retractor survey and making plans with independent professionals for follow up clinical interviews. At this time we note that the

retractions taking place in the families that have contacted us are primarily with the younger and unmarried children. The retractors who themselves contacted the Foundation generally are older and experienced hospitalizations. In a large percent of all the cases, a "life event" seems to be a trigger. These can be death, serious illness, birth or wedding. In all retractions there is a change in the therapy situation.

"I want to know the truth," a young woman who seems to have begun to question said to her stepmother this month. She had been in therapy for more than five years becoming more and more dependent on her therapist for every decision. Her mother had just died.

"The truth is the loving relationship you had, the feelings you had before you suddenly recovered memories while in hypnosis," the stepmother replied.

MEDIA Many outstanding articles and documentaries have appeared this month. "Facilitated Communication" is a method for helping autistic children communicate using a keyboard with the direct support of a therapist. In a documentary produced by Frontline, we saw how "belief" could hold strong in the face of contradictory evidence. On film are children whose eyes wandered around the room while the therapists whose eyes were intent upon the keyboard produced stories of childhood abuse that they attributed to the children. It is always difficult for us to see ourselves, but when people become zealous in their pursuit, it is almost impossible.

The television program "20/20" presented the recent research of Cornell psychology professor Steven Ceci on children's memory. Documented on video is the development of a child's elaborate narrative created from simple questions asked over a period of time. The child created a story that never happened. It did not require threats or intimidation or any of the aggressive methods we usually think must be necessary for persuasion. All it took was a trusting imaginative child who wanted to satisfy the researcher. Also on this program were Kelly Michaels, the nursery-school teacher who spent five years in prison and, who is to be tried again for impossible things and Shirley and Ray Souza, grandparents who have been found guilty of abusing their grandchildren with a "machine as big as a house" by people who never saw their house.

"20/20" also produced a segment on past-lives therapy. They noted that the professional organizations have nothing to say about this type of therapy. Why not, we wonder? For those of us who lived through the 50's, past lives therapy is "deja vu." We have gone through all this before with Bridey Murphy and the fallacy of age regression hypnosis as a time machine. A short review of Bridey Murphy appears later in this newsletter.

Newspapers in Maine and Minnesota, Toronto and New York, were among the many that published stories this

"What a tragedy and mockery of true human nature. What a paranoid society we have now become, thanks to -- and NO thanks to -- a bunch of people to whom at least One would have said: "Lord, forgive them -- as they don't know what they do..."

"All things considered, I find myself returning -- more and more, again and again -- to the comment of an old, 1940-vintage Jew, standing at the corner of a Brooklyn street, talking to a foreign visitor, saying, "America is meshuggah...you know."

"Yes. Meshuggah* (Yiddish). That's what it is, I'm afraid."

Paul Kosbad, M.D. Tulsa, OK, Oct 2, '93
* crazy

month. Our debt and our thanks to the families who have told their stories so that others don't have to feel that they are the only ones. Over fifty new families identified themselves in Minnesota alone because one family spoke up.

If the newsletter is a few days late this month, it's because of the avalanche of calls resulting from a moving Donahue show this week featuring three retractors and two of their mothers. One person on the staff burst into tears from the pain expressed in these calls, especially the ones from elderly people. "How can this be happening in our country?" she asked.

Pamela

HOW COULD THIS HAVE HAPPENED TO MY CHILD? MIND CONTROL?

That question haunts families, especially those in which the person with memories was trained in science and critical thinking. How could this happen in families seemingly so close? As we have noted previously, families report that their children were "brainwashed." What does this mean? One of the outcomes that is emerging from the FMS phenomenon is an increased understanding and appreciation by professionals and families of the tremendous power in the therapist-client relationship. While Orwell's 1984 popularized and alerted us to issues of mind control, it was not until the studies by Edgar Schein (1961) and Robert Lifton (1961) of thought reform programs in China and by the renewed interest in cultic thinking after the Jonestown disaster that scholarly studies have begun to dispel myths of mind control and provide frameworks for study and understanding of the processes.

Coercive persuasion, brainwashing, thought reform are all terms that refer to organized and systematic attempts to produce major belief changes. They involve authority, peer pressure and other techniques. Brainwashing in China sometimes involved incarceration and sometimes did not. The version studied in China is just one system.

What we are seeing in the recovered memory phenomenon is another system. It is a system in which authority and expertise is far more important. It utilizes many techniques that were absent in China. In China, for example, hypnosis was never used. This difference is significant because hypnosis is a very powerful technique for changing beliefs and attitudes.

One of the myths dispelled by both Schein and Lifton is that physical abuse is required for thought reform. Physical abuse was a minor element in thought reform programs in China.

The second myth is that thought reform strips a person of the will to resist and that the person's psychiatric status goes from normal to pathological. No evidence supports

this. So what, then, is going on?

The *Encyclopedia of Sociology Volume 1, 1992* (E. Borgatta & M. Borgatta, Eds.) contains an extremely informative overview of "coercive persuasion and attitude change." The research in thought reform processes "demonstrates that it is no more or less difficult to understand than any other complex social process and produces no results to suggest that something new has been discovered. The only aspect of the reform process that one might suggest is new, is the order in which the influence procedures are assembled and the degree to which the target's environment is manipulated in the service of social control." The elements of thought control are commonplace.

"Virtually any acknowledged expertise or authority can serve as a power base to develop the social structure necessary to carry out thought reform. In the course of developing a new form of rehabilitation, psychotherapy, religious organization, utopian community, school, or sales organization it is not difficult to justify the introduction of thought-reform procedures." We described these procedures in the October newsletter: the unfreezing phase which creates the willingness to change, the changing phase in which the change takes place, and the re-freezing phase in which the change is stabilized.

We learn from this that the conditions for unfreezing are underway when a client enters therapy asking to change. The conditions for change are present in the therapist's assumptions about sexual abuse and the need to validate them. The client is told that her past is not what she thought it was. She is in a no-win position: she was either abused or she is in denial. In either case there is something wrong with her. Formal induction into hypnosis or

guided imagery or assigning highly suggestive reading or participation in survivor groups are not even necessary given such confusion. If a patient is resistant to suggestion, these techniques are simply more powerful tools to use. When a distressed client enters therapy, that person is almost by definition "highly suggestible." The therapist is clearly an authority since he or she is paid for the services.

In the past, therapists tell us that they worked with the feelings and beliefs of clients with little concern for the historic reality of what transpired. The role of therapists has changed in the past decade. "We became advocates," a psychiatrist told us.

Psychotherapy is a culturally accepted thought-reform process. At the same time, our culture has not adequately prepared the participants to understand the process from this perspective. The pieces begin to fit together. Although we cannot explain yet why some people do not act on the suggestion of therapists when abuse is suggested, we have a good idea of what has happened to those who have.

It is simple, ordinary. A distressed person enters therapy asking to change. Because this is a culturally sanctioned

In recent years, we have become increasingly aware of the extent of child sexual abuse in our society and have come to appreciate that there had existed enormous denial of this phenomenon. However we have also witnessed an exaggerated reaction to sexual abuse, so much so that the term hysteria is often warranted. The classical symptoms of hysteria are present: overreaction, dramatization, emotional instability, impaired judgment, and attention seeking behavior. The contagious spread of these symptoms warrants the conclusion that we are dealing with mass hysteria.

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Richard A. Gardner, M.D. *Academy Forum*, Fall '93.

process, the client is fully trusting. Because therapists have had more than a decade of continuing education workshops designed to sensitize them to issues of child sexual abuse and women's problems, and because mandatory reporting laws have placed them at risk for overlooking abuse, many have become overzealous. This zeal and altruistic dedication have impaired the judgment of many therapists—they cannot see that they are producing what they expect to find.

When the therapy process is set in a social climate that idealizes victims, when the media report unsubstantiated statistics on the rate of abuse, when insurance covers it, and when the therapy industry continues to focus on the notion that it is in the past rather than in the present that we find the source of our problems, we have all the ingredients for the terrible disaster that has occurred.

Within this therapy-culture context we will likely find many individual variants in terms of personalities and imperfections of therapists and family members. Dr. Ganaway's suggestion that for many of the adult children the memories solve separation issues seems to many parents right on target. For other parents, the memories appear to resolve marital issues for the children and their spouses. Some parents say that the memories provide their children with a reason for their lack of success. And some families tell us that they did indeed have serious problems with family dynamics. Dr. Ofshe, on the other hand, has suggested that dissection of the families in this manner makes no difference. All people and all families have imperfections. Recovered memory therapy solves the problem for the therapist of what to do during therapy.

Recovery of repressed memories externalizes problems. Since

Freud, it seems, the fault is not in our stars, it is in our parents. The increasingly popular therapies of space alien abduction and past lives do the same therapy job. To date, however, the Foundation has received no calls from the dead or from space aliens reporting that they have been falsely accused. We have, however, started getting calls from clients concerned about this kind of therapy.

INSTITUTIONALIZED ACCUSATIONS: NO DEFENSE ALLOWED!

S.O.U.P.!

There is much that is deeply troubling by the *processes* that are being used by some people who call themselves "survivors," and by some people and institutions who claim to support survivors. This month we received a notice in a survivor newsletter informing us that if we send \$10.00 cash and the name of the "perp," an organization called S.O.U.P.! would inform the neighbors, schools, employers and others of the accusation. The name of the person buying this service is not required unless he or she wants a copy of the quarterly list of perpetrators published by S.O.U.P.!

Michigan Psychological Association.

This month we learned that the Ethics Committee of the Michigan Psychological Association considers it ethical for a psychologist to organize a meeting advertised as "professional" at which a speaker can be scheduled to present a personal vilification of her parents and to prevent the parents (professionally qualified) not only from responding but even from attending. The Ethics Committee does not feel that a psychologist who organizes such a meeting has any responsibility for investigating the truth or falsity of the accusations of abuse claimed to have been repressed for decades.

The Michigan Psychological Association was a cosponsor of a meeting at which two hundred attendees, alleged professionals, stood and cheered such a vilification. The decision by the Ethics Committee of the

WITCH HUNTS AND DUE PROCESS

Editorial by Peter Cox. Reprinted with permission
Maine Times, October 1, 1993

A witch hunt disregards an assumption of innocence and the due process of law that accompanies that assumption. While many times witch hunts have involved dubious political ambitions rather than real dangers, even to have a worthy goal does not change the fact that a witch hunt is occurring.

The suggestion by therapists that their patients' problems have invariably been caused by forgotten sexual abuse and the subsequent prosecution of parents for alleged sexual abuse based on recovered memory has all the signs of a witch hunt.

Champions of recovered memory argue that sexual abuse is endemic and that questioning recovered memory is a backlash against the empowerment of women (those most likely to be abused). They say it is part of a backlash against feminism, making anyone who treats it as a valid question open to condemnation.

By not admitting any doubt about the reliability of recovered memories or about their relevance, those who label legitimate questions "backlash" are implying it is so important to punish the guilty that it does not matter if some innocent parents suffer as a result.

The corollary, of course, is that by casting doubt on recovered memory, some of the guilty may escape punishment along with the innocent. That is the dilemma of due process and the assumption of innocence.

*In these cases, we are talking about retribution alone. Regarding the people *Maine Times* interviewed, there is no claim the alleged perpetrator is continuing to abuse children.*

We are talking about people first attributing their adult problems to childhood abuse and then punishing their parents with public and/or legal claims. Perhaps therapists think that this is the only way for abused children to heal themselves and break what is perceived as a cycle of abuse—the formerly abused becomes the future abuser. But misguided accusations can destroy lives.

It is misleading to suggest that those who raise questions about the reliability of recovered memory are merely against women and children.

Such an accusation is tantamount to saying one could never be wrong, and there is no society scarier than one controlled by those with the arrogance to believe they are infallible.

Michigan Psychological Association raises fundamental questions of what psychologists consider "professional" and "ethical" behavior. There appears to be a gap in understanding between what psychologists think is ethical and what the public thinks is ethical. Society has granted psychologists privileges, but those privileges do not include slander, setting up forums for slander, nor interfering in family matters when they are not hired to do so. The public granted psychologists privileges because they believed that psychologists would follow that part of their code of ethics which says, "Do no harm." By their decision, the Ethics Committee of the Michigan Psychological Association has declared it ethical for psychologists in Michigan to harm with impunity. When institutions such as the Michigan Psychological Association sanction the organizing of a conference to include the public vilification of people who are not allowed to defend themselves, we have evidence that we are dealing with a witch-hunt.

University of Wisconsin. Last month we received a letter from Dr. Jim Campbell at the University of Wisconsin, telling us that the university had cancelled all vendors at the Midwest Sexual Abuse Conference in response to our queries about the criteria used to exclude FMSF. The conference sponsors, the University of Wisconsin and a private clinic, stated that they would return the exhibitors fees and cover other expenses incurred by vendors. Given the letter that we were sent, we don't understand, therefore, why they didn't cancel all the vendors. Jill Cohen Kolb of Family Sexual Abuse Treatment Inc., one of the conference organizers, was permitted to sell material at the meeting. Ms. Kolb, a social worker, was quoted in the *Isthmus Chronicle* on October 8, 1993 as stating that the reason the False Memory Syndrome Foundation was not permitted to have a vendor table was, "This group is made up of people who are accused of a crime." If people accused of a crime are treated as convicted of a crime, we have a problem. When rules are set by public institutions that apply only to some people, we have a problem. When institutions such as the University of Wisconsin sanction this kind of behavior, we have additional evidence that we are dealing with a witch-hunt.

Institute of Pennsylvania Hospital

Last year The Institute of Pennsylvania Hospital published a newsletter which stated:

But over the last decade, scores of adults—celebrities Roseanne Arnold, La Toya Jackson and Oprah Winfrey among them—began going public with long-buried accounts of sexual molestation by parents, siblings, step-parents or grandparents. Many had repressed these memories for years, their experiences

too painful or terrifying to face.

We wrote a letter of complaint. A year later we have received a reply from Patricia M. Usner, their Vice President for Marketing.

We did not print a retraction because we are not in the position to judge whether the allegations of celebrities mentioned are provable or not. However, the fact that they went public with their assertions is accurate.

The logic of this response is amazing. Ms Usner gives just one reason for not printing a retraction: to wit, The Institute of Pennsylvania Hospital is not in the position to judge whether the allegations are provable. Amazing. If that position were to change, she seems to be telling us, then they would print a retraction. In other words, in order to print a retraction they must first be in a position to judge whether the allegations are provable or not.

Ms Usner goes on to write about *assertions*. Yes, the fact that they went public with their assertions is accurate. But

Dr. Peter AuBuchon in the Newsletter of The Institute of Pennsylvania Hospital, Winter, 1992 says that the difficult task of the psychotherapist is to "believe the unbelievable."

He goes on to explain, "A lot of these stories are literally fantastic—so horrible that they seem unbelievable. But most adult survivors are struggling with denial themselves. It does not help when a therapist reinforces any disbelief,"

This is the way Lewis Carroll said it 120 years earlier in *Through the Looking Glass*:

"I can't believe *that!*" said Alice.
 "Can't you?" the Queen said in a pitying tone.
 "Try again; draw a long breath, and shut your eyes."
 Alice laughed. "There's no use trying," she said;
 "one *can't* believe impossible things."
 "I dare say you haven't much practice," said the Queen. "When I was your age I always did it for half an hour a day. Why, sometimes I've believed as many as six impossible things before breakfast."

what The Institute of Pennsylvania Hospital printed was about their going public not with assertions but with *long-buried accounts* and the next sentence refers to these long-buried accounts as *memories*. When a mental health newsletter elevates accusations to long buried accounts and memories, it loses impartiality and becomes an advocate.

It is sad that the Nation's First Hospital (as it says on their letterhead) has been reduced to such nonsense. It is the sort of nonsense we have grown accustomed to

when ordinary people hear allegations of incest. We expect more from the health profession. Ms Usner tips her hand when she writes about her inability to judge whether the allegations are provable. We would have hoped that an officer of a hospital would instead try to maintain some appearance of neutrality by writing about the inability of anyone to judge whether the allegations were *true* or not. But as happens all too often, allegations of incest are automatically assumed to be true because the popular logic goes, the accusation is so horrible, "Why would anyone make it up if it was not true?"

In her reply to us, Ms Usner makes no mention of her newsletter's total misquote from the National Committee for Prevention of Child Abuse. The newsletter had said "According to the organization, one in four girls and one in

seven boys are sexually abused by the age of 18." We pointed out a year ago that the Committee disavows that estimate and says that it is a figure which has acquired authority only because it has been repeated so often. What are we to think of a hospital that totally misquotes and then refuses to correct the record?

FROM OUR READERS - PROFESSIONALS

REMEMBERING BRIDEY MURPHY

Donald S. Connery is an author and former Time-Life foreign correspondent. His long involvement in FMS issues began with Guilty Until Proven Innocent, the story of a Connecticut youth, Peter Reilly, who was held by police interrogators in 1973 to falsely confess to the murder of his mother.

"Imagination and memory," wrote Thomas Hobbes in 1681, "are but one thing, which for diverse considerations hath diverse names."

The interplay of imagination and memory seldom has been more vividly illustrated or more widely publicized than in the strange story of an American housewife's earlier existence in 19th century Ireland.

The Search for Bridey Murphy by Morey Bernstein became an instant bestseller and a national craze when it was published in January 1956. Soon there were songs (e.g., "The Ballad of Bridey Murphy"), "come-as-you-were" parties, and an eminently forgettable movie.

The public was intoxicated by the idea of prior lives. The earnest, almost scholarly style of the book (with its inquiries into clairvoyance, telepathy and extrasensory perception) gave it a patina of respectability missing from a controversial work published just four years earlier, *I Rode in a Flying Saucer*.

Bridey Murphy set the stage for the widespread fascination with reincarnation in the 1960s and the blossoming of Past Lives Therapy in the 1970s.

Bernstein was a Pueblo, Colorado, businessman whose interest in hypnosis had progressed to age-regression experiments. He had found an ideal subject in a local woman, Virginia Tighe, whom he identified as "Ruth Simmons" in the book. She had the capacity, he said, "for entering immediately into a deep trance."

In the course of numerous tape-recorded hypnotic sessions, Bernstein first regressed Mrs. Tighe to earlier times in her life. Then he led her "over the hump" to a previous existence.

Asked to describe herself in a distant time and place, Mrs. Tighe began to speak in an Irish brogue. She gave a graphic description of her life as Bridey Murphy, a woman born in 1798 and brought up as a barrister's daughter in a house called "The Meadows" just outside of Cork, Ireland.

She went on to provide detailed if rather scrambled recollections of her Irish experience and surroundings. She told of her marriage at age 20, her years as a childless Belfast housewife, and her death in 1864 after a fall down some stairs. She even recalled her own burial: "I watched them ditch my body."

Virginia Tighe had never been to Ireland. She seemed

innocent of any special knowledge of Irish history or any desire to deceive. Yet her trance-state responses to Bernstein's questions, as set forth in the book (and on a long-playing record produced by the author), seemed to have the ring of truth.

Skeptics who rushed to Ireland for Bridey Murphy evidence came up with more questions than answers. Life magazine attacked Bernstein's book because it could not corroborate the past-life claim. Then a group of mind experts attempted to explain things in A Scientific Report on "The Search for Bridey Murphy."

Their essential message was that the solution to Virginia Tighe's recall of a prior life would be found in her own early life and her extreme suggestibility. It appeared, as Time reported, that she "has simply woven the story out of odds and ends that lay in her subconscious mind from childhood."

And so it came to pass: A team of investigators for Hearst's *Chicago American* reported that Mrs. Tighe had spent her impressionable adolescent years in a Chicago neighborhood. Although she would later discount the influence, it appeared that she had picked up lots of Irish lore (and her ability to dance an Irish jig) from the nice Irish lady who lived just across the street, and who was still living there.

The woman was Mrs. Anthony Corkell—nec Bridey Murphy. She remembered the lonely little girl who had such a lively curiosity about the old days in the old country. And a friend from the neighborhood recalled Virginia's active imagination.

As a highly-hypnotizable personality, Mrs. Tighe was bound to be extraordinarily good at stitching fragments of memory into a compelling account of an earlier life. Like an actress who "becomes" the part she is asked to play, she was, in Dr. Herbert Spiegel's phrase, "an honest liar."

The furor about the book lasted hardly more than a year. The housewife and the hypnotist returned to obscurity. But the name Bridey Murphy lives on as an exquisite example of the mind's ability to remember a life that never was and things that never happened.

Retractor Notices

At the request of many parents, Janet Puhr has prepared a tape that could be sent to "lost" children. For details about "One Daughter to Another" write to Janet Puhr, P.O. Box 293, Chicago Ridge, IL 60415.

Elizabeth Carlson has prepared yellow ribbons for family and friends to wear until the children lost to false memories return. The funds will be used to support the efforts of the retractors through the National Association Against Fraud In Psychotherapy (NAAFIP). Ribbons are \$2.00 each or \$3.50 with a guardian angel. She asks that you enclose \$2.00 to cover shipping and handling (and in MN, 7% tax). Make check to Elizabeth Carlson, 7060 Valley Creek Plaza, Suite 115-111, Woodbury, MN 55125.

Retractor newsletter 4 issues are \$12.00 Contact Melody Gavigan, Box 5012, Reno, NV, 89513.

A RETRACTOR'S STORY

I'm writing my story so that perhaps it might help one of the families to have some hope or encourage a retractor to come forward. Telling my story to others is also a way for me to heal myself and to make some amends to my family, especially my mother.

I entered therapy in the late fall of 1985 because I was unhappy at the way I was dealing with my son, age 9. I thought he might need some counseling because he had seemed very angry for a young child. I wanted a therapist who could work with both of us. At the same time that I began therapy, I also became aware that I was an Adult Child of an Alcoholic. My therapist was a real leader of this movement attending national conferences and beginning meetings in this area.

Soon the therapy began to focus only on my adult child issues and we did no work with my son. As I described my childhood, my therapist would say things like "being a adult child is like growing up in a concentration camp."

I will agree that my home was quite dysfunctional because in fact my dad was an active alcoholic throughout my childhood. I did indeed have some real memories of some pretty chaotic and scary times. As this "therapy" proceeded to dredge up everything negative about my childhood I began to get very depressed. Clinical depression unfortunately runs in my family and I had previously been treated for it. I began treating my depression with alcohol until I realized that I was drinking every night. I entered a rehab and got sober and have never had a drink since.

My therapist, however, kept me involved in digging up my past. He kept looking for more, more, more! He kept asking me if I had any memories of being sexually abused and I kept saying no. He then began telling me that I had all the symptoms of an incest victim and that the only way out for me was to "recover a memory, relive it and heal from it." I was so depressed and I desperately wanted to feel better. I began to have a series of hospitalizations as I grew more depressed and suicidal. I asked a psychiatrist at one hospital if my psychological testing showed any indication of sexual abuse and he said no. He thought my main issue was my marriage. My outside therapist disagreed and kept pushing. I was finally hospitalized in a women's program whose main focus was on sexual abuse issues. I still continued not to have memories. I felt like I was flunking therapy. At the hospital, I watched real victims really struggle with their issues. As I look back now I am convinced that there was another woman whose memories were false. I didn't believe her even then. I began to have periods of severe anxiety and I was told these were probably "body memo-

ries" and "flashbacks." I thought this is what I had to do to get better. By now I was diagnosed with PTSD and MPD. The hospital was trying to teach me how to "manage the flashbacks."

When I left the hospital in March of 1989, I still had no memories and I was obsessed with finding one. All my energy was focused on journals, therapy etc. I had to get help taking care of my children and my house. My therapy was my life. When I was not in the therapist's office, I was thinking about all the time of talking to him. I spoke with him on the phone every night for about 20 minutes.

Finally, I recalled having been given an enema as a child. The therapy became focused on regressing me to an early age around five and reliving the enema over and over again. He tried to convince me that my mother took great pleasure in inflicting this kind of pain on me. He called her a sex addict and sexual pervert. He said my parents were toxic for me and that I should screen all my phone calls and not see them.

This was so painful for me because I really did love my parents. I was incredibly torn between my loyalties to my family and the clutches of this therapist. He had created such a sick dependency that I thought I had to let him know my every move. He also was trying to convince me that an older uncle and my older brother had also molested me.

Twice a week, I would go to therapy and be told the only way to feel better was to relive these memories. He would sit next to me on his couch covering me with a blanket while I, in a regressed, hypnotic state would start to have these "body memories." This therapy continued and I had to be hospitalized six or seven weeks at a time. I'm

now convinced that my depression and suicidal were mainly caused by the incredible conflict between wanting to be with my parents and pleasing my therapist.

He had never done this kind of therapy before and he kept telling me how much he was learning from me. By now I knew that I was very special to him especially when he told my "inner child" that she could be his little girl. I would do anything that he wanted me to do to please him and to keep this "nurturing" relationship going.

Everyone around me saw me going "down the tubes" and were really concerned. My brothers actually found out the home address of the therapist and were very tempted to hurt him physically. They were tired of watching me destroy the family. I couldn't listen to anyone. I was totally "owned" by the therapist.

In the meantime, my mother's health was deteriorating mainly due to stress. She had idolized me, her only daughter and the pain she was in over this was incredible. I saw

Frederick Crews in *The New York Review of Books*,
Nov 18, 1993

It may seem calumnious to associate the skeptical, thoroughly secular founder of psychoanalysis with the practice of Bible-thumping incest counselors who typically get their patient-victims to produce images of revolting satanic rituals. Yet Freud wrote a stunning letter in 1897 reporting that he had obtained from his patient "a scene about the circumcision of a girl. The cutting off of a piece of labium minor, ...sucking up the blood, after which the child was given a piece of the skin to eat.... I dream, therefore, of a primeval devil religion with rites that are carried on secretly, and understand the harsh therapy of the witches' judges."... The principle of internal psychic determinism was so fixedly rooted in Freud's mind that he discounted not only the influence of his own insistent coaching but even that of theologically crazed interrogators, centuries earlier, who were extracting information by means of the rack and thumbscrew.

my mother in September of 1990 and was shocked at her appearance. I then became acutely aware that I wanted again to be close to her. I started to ask my therapist to help me heal the relationship. It never happened because his own issues got in the way. My mother died in January, 1992 and I never had a chance to tell her how sorry I was. I now have to make my apologies at her grave. You cannot imagine how painful this is.

After her death, I stopped working on my earlier issues and began dealing with my loss and my marriage which was falling apart. I began to slowly wean myself from the therapist. My husband and I had started marriage counseling with another therapist who I began slowly to trust. In the meantime I had been reading the case of Dr. Bean-Bayog and Paul Lozano and heard about FMS. It took me eight more months to finally get clear. I went to see the marriage counselor and sobbed my way through an hour session telling her what I believed now to be the truth.

I then typed my therapist a four-page letter stating what I thought had really happened in our relationship. I also told him I was not going to pay him any more money, although he was claiming that I owed him \$3,800. As it was I had paid him out of pocket around \$10,000 and I am not a rich woman.

In the meantime I contacted a lawyer who sent him a request for my records. He didn't reply to either of us for about two months when he sent me a brief note congratulating me for making so much progress in therapy with him and asking for payment.

This past year has been very painful to me as I've really begun to acknowledge what I lost as a result of this therapy. I went from being a very productive woman who was raising three children and was serving on a school committee, (I had formed a parent-teacher organization and was quite known and respected in my community) to a dependent depressed, regressed, and suicidal woman.

I've lost 6-1/2 years of my life, a chance to have an intimate relationship with my mother, time with my three young children, and my marriage of 21 years. I also was forced to drop out of a graduate program which had only accepted 49 students out of 750 applicants. I have lost so much in terms of self-esteem and confidence. It is amazing to me that this situation could have occurred and wrecked such havoc in my life. I will forever carry the burden of probably hastening my mother's death and for the grief that I had caused my family.

I hope so much that telling my story will save at least one child-parent relationship. I strongly believe that these stories must be told because I suspect that similar situations have occurred all across the country.

You are welcome to use this letter in your newsletter if you think it will help someone, but please do not use my last name as I am contemplating legal action.

My husband died last January after having suffered a massive stroke. He and I began to have high blood pressure at about the time of our daughter's accusations. This stress had been going on for several years and we'd both been put on medication for that condition. He was depressed. He sighed and said, "Well, I guess there's nothing more I can do. Our daughter had returned his last letter to her unopened, writing on the envelope, "Unacceptable mail; return to sender."

There is no doubt in my mind that the stress he had suffered from her false accusations was at least partially responsible for his untimely death. He was a vigorous, healthy, sixty-six year old man. Now I am trying to cope with the loss of my dear, loving husband of almost 46 years while, at the same time, struggling to overcome the bitterness I feel toward my daughter and her therapist. The tragedy of this almost overwhelms me. In my opinion, the therapists who are promoting these False memories are guilty of murder!

A Widow

Thankfully, we no longer need the literature you sent but we have passed it on to someone who does. Our daughter came to us asking for our forgiveness. She said that even when she was making her accusations she knew they were not so, but she had become so desperate to please her therapist that she said whatever she felt the therapist wanted to hear. It was exactly

as your wonderful phone volunteer had told me. When our daughter went with totally unrelated problems she was told they had to be caused by abuse even if she could not remember it. We will always be grateful for your help.

A Mom and Dad

I am a sixty-nine year old parent and my husband and I have both been accused by our thirty-eight year old daughter.

My husband and I have been so impressed with the information that we have received from the FMS Foundation. We know it takes a lot of time and money for this great foundation. We have more time (and flight privileges) than money so I came by myself to Philadelphia from Salt Lake City, Utah to work in the FMSF office. I spent three days working as a volunteer here, staying in a hotel one block from the office.

I really enjoyed being in Philadelphia and was really

WHERE DO 5,514 FAMILIES LIVE ? OCT 29, '93				
not including				
520 POTENTIAL FAMILIES AND 85 RETRACTORS				
AK (10)	AL (19)	AR (18)	AZ (160)	CA (876)
CO (93)	CT (53)	DE (20)	FL (232)	GA (63)
HI (9)	IA (40)	ID (29)	IL (228)	IN (64)
KS (49)	KY (21)	LA (22)	MA (138)	MD (92)
ME (26)	MI (172)	MN (145)	MO (101)	MS (6)
MT (33)	NC (71)	ND (6)	NE (26)	NH (25)
NJ (128)	NM (39)	NV (22)	NY (250)	OH (196)
OK (52)	OR (136)	PA (284)	RI (17)	SC (27)
SD (13)	TN (40)	TX (216)	UT (164)	VA (85)
VT (24)	WA (251)	WI (164)	WV (12)	WY (11)
DC (7)	VI (3)	PR (1)	Canada :	AB (19)
BC (62)	MB (40)	NS (11)	ON (161)	PQ (8)
SK (7)	PE (1)	Australia (7)	England (200)	France (2)
Germany (2) Ireland (1) Israel (2) Netherlands (1) N Z (1)				
<i>Each family represents many people.</i>				

been impressed with the amount of mailings that go out every day. Everyone in the office, employees and volunteers alike, have been very friendly and helpful. It feels good to help in this special project. When I can, I'm going to come again and my husband will come with me.

A Mom

My daughter was married in June. Her brothers and I were invited. She was warm, friendly. I like my new son-in-law very much. The past five years of estrangement were not mentioned. I am bewildered. She seems genuinely happy and I don't want to interfere with that. Should I do anything to resolve the long estrangement? Does she need to talk about it? Do I pretend nothing happened? How do other families deal with such questions?

A Mom

LEGAL ISSUES

FMSF LEGAL RESEARCH PROJECT

A Legal Resource Kit has been available from the foundation since August. It includes discussion of specific issues which often arise in repressed memory cases and case cites and bibliographic references on topics such as application of Statute of Limitations, Admissibility of Expert Opinion, Admissibility of Hypnotically Enhanced Testimony, Access to Records and other Evidentiary questions. The Kit also includes sample filings from a third party suit against therapists/clinics and a declaration by a clinical and forensic psychologist who reviewed the literature on repression.

The number of people involved in legal actions is increasing in relation to the number of families who contact the foundation. We are currently updating our legal survey and thank the families who are helping in this effort. The surveys attest to the economic destruction, the emotional devastation, the havoc to lives, and the draining of social resources that these cases bring. Victims of sexual abuse deserve our concern, our compassion and the right to bring suit. It is important that we care enough about issues of child sexual to be careful.

The following statement by a judge in Canada is an example of the type of cases that are being dismissed after thousands and thousands of dollars have been spent.

MONDAY, JULY 12, 1993 REASON FOR JUDGMENT

The issue in this case is whether the evidence is sufficient to warrant a committal for trial on the charges against Mr. N. The test at this stage of the proceedings is not whether I believe the witnesses or not. The test is rather is there evidence upon which a jury, properly instructed could convict the accused in this case.

The three main witnesses for the Crown give evidence to the effect that they were sexually assaulted by Mr. N. as indicated on the information. On its face there is no issue as

to committal. The problem with this case is that each of the complaints at one point, and indeed for a long time, had no memory of the alleged interference.

Now, G. N. has a psychotic episode and thereafter claimed memories of very horrific abuse. C. N. had no memory of abuse and following therapy claims today to remember a very different type of abuse from that remembered by G. and does not appear to remember episodes that G. claimed involved both of them. L. R. did not claim to have any memory of these allegations until her mother told her it was okay not to remember and then to remember.

In this type of memory evidence on which a jury could act? Does it require a *voir dire* in which the Crown would have to meet a test establishing integrity of the process by which the memory is retrieved? Can this memory be acted upon in the absence of expert evidence to assist the finder of facts with this phenomena, which is clearly outside day-to-day experience? Dr. Long says this is not memory as we understand it. Mr. Gold says this takes us into new territory where memory no longer serves the function it has traditionally be understood to do.

It may be preferable to have a *voir dire* to file out evidence compromised by suggestion or bias. The Crown may prefer to call an expert at trial. There is not, as far as I know, any law in Canada which requires this, and I am loathe to make one now. I have three reasons for not doing so. The first is that sexual abuse of children now appears to be much more widespread than was generally thought and the courts ought not be stamped into making new law one way or the other as we deal with the flood of complaints.

The second is that evidence which is tainted by suggestion or bias is exactly what triers of fact are supposed to deal with. It is a question of weight and not admissibility. Evidence generated by astral traveling is no evidence, but this evidence is not quite that bad.

The final reason I decline to make new law in this case is that I would suspect my own motives. I am so unimpressed by the quality of testimony in this case that I am almost overwhelmed by my desire to stop the prosecution. The so-called victims in this case are unreliable. G's evidence is outlandish from the start and the product of near or complete insanity. C's is a product of unrelenting suggestion, in my view. L's evidence is among the least reliable I have seen in a child and in my view is nothing but an effort to please her mother.

If I could stop this prosecution, I would. I hope the Crown has the courage to do so. This prosecution is not only unfair to Mr. N., it is unfair to other complainants who may be identified with this sort of evidence. We must, however, constantly remind ourselves the integrity of the legal system is more important than any individual case. Usually this means acquitting someone who ought not to go free. Today it means committing a man for trial when I believe he should go further. So, I regret to say, Mr. N., you will be required to attend at 7755 Hurontario Street, the 30th of July, ten o'clock in the morning, to set a trial, unless the Crown decides otherwise, and I strongly recommend the Crown should decide otherwise. It is not my decision to make at this point.

The Crown dropped this case.

Multiple Personality Disorder

The Three Faces of Eve and *Sybil* have become as much a part of our culture as *Dr. Jekyll and Mr. Hyde*. Indeed, in suburban Philadelphia, *Sybil* is studied as part of the 8th grade health curriculum. The many facets to any person's personality are not an issue. The issue that arouses extreme passion is the diagnosis of Multiple Personality Disorder. Why?

"Do you believe in Multiple Personality Disorder?" we have been asked on countless occasions by reporters and critics. We think this is a peculiar question. Do you believe in broken legs? Do you believe in depression? We have never been asked these questions. Is MPD a matter of faith or of fact?

We really didn't think much about this controversial diagnosis until we were told that it is proof of repressed memories of child-abuse. MPD only entered the Diagnostic and Statistic Manual (DSM) in 1980 (it is soon to be replaced in DSM-IV by Dissociative Identity Disorder). When we first heard claims that someone had 200 personalities, we laughed, an admission certain to make some people very angry. Indeed when we first received reports from callers who said that the person they were worried about had hundreds of personalities, we tell you honestly that we put the information to one side and did not include it because we thought there must be something wrong with the caller.

The problem, of course, is that we were out of touch with developments in the mental health field in the area of dissociative studies. Until 1980, MPD was an extremely rare diagnosis with only 200 cases in the world literature, but in the past decade it seems to have become the mental illness of choice, replacing others that had negative stigma. We don't have accurate data on the actual number of cases diagnosed since that time (numbers range from 4,000 to 25,000). Since people diagnosed with MPD spend a lot of time in the hospital, a count of the beds in the many dissociative units that have opened in the past decade might provide some clue. A study of insurance records might provide another clue.

"My daughter was led to believe she had MPD long before her memories of abuse were recalled. She felt that it was very special to have different personalities, rather exotic and intriguing," was the description that crossed my desk this week, a description similar to hundreds we have received. Last year we noted from a survivor newsletter that one person referred to his diagnosis of MPD as "the gift of MPD." Mental illness as a gift? If a person has a diagnosis of MPD, he or she has it because he or she was a victim. The person with the MPD diagnosis is not diagnosed as a victim of an organic or behavior disorder but as a special kind of victim who had a talent to dissociate and thus sur-

vive. The alleged abuse was so terrible, so traumatic, that the only way the person stayed alive was to assume another personality. The person with MPD is diagnosed as a kind of hero. It is a diagnosis that brilliantly reflects the values of a culture that places victimhood on a pedestal, a culture with celebrities who wait in line to tell how they were abused.

We do not nor have we ever questioned the reality of MPD. We do not doubt that what clinicians report is there, whatever the clinicians may believe about the origin of MPD. We do, however, question the question, "Do you believe in MPD?" There is much information in that question. The assumption in the question is that some people do not believe in MPD. How could a medical diagnosis be a matter of belief? During the next few months, we will try to present some of the issues that surround MPD and why it is framed as an issue of belief rather than fact by some people.

Overdiagnosis? The field is split on whether MPD is overdiagnosed or under-diagnosed. We are aware of law-

suits brought by people who claim that doctors failed to diagnosis it and lawsuits brought by people who say they had this diagnosis and it was incorrect. One very telling report is from Thigpen and Cleckley (1984) who wrote *The Three Faces of Eve* in which they note that hundreds of patients who were thought to have MPD were referred to them but they saw only one case that appeared to them to be genuine.

"The diagnosis of MPD has become, within a particular psychiatric lobby, a diagnostic fad. Although the existence of the clinical syndrome is now beyond dispute, there is as yet no certainty as to how much of

Frederick Crews in *The New York Review of Books*, Nov 18, 1993

Incorrect but widely dispersed ideas about the mind inevitably end by causing social damage.... As I write, a number of parents and child-care providers are serving long prison terms, and others are awaiting trial on the basis of therapeutically induced "memories" of child sexual abuse that never in fact occurred. Although the therapists in question are hardly Park Avenue psychoanalysts, the tradition of Freudian theory and practice unmistakably lies behind their tragic deception of both patients and jurors.... By virtue of his prodding, both before and after he devised psychoanalytic theory, to get his patients to "recall" nonexistent sexual events, Freud is the true historical sponsor of "false memory syndrome."

the multiplicity currently being reported has existed prior to therapeutic intervention." (Humphrey, Nicholas and Dennett, Daniel (1989). Speaking for ourselves: An assessment of Multiple Personality Disorder. *Raritan*. (Summer).)

One problem seems to be that the criteria for MPD are imprecise and over inclusive. Piper (in press) makes a telling point when he asks for criteria to determine if a diagnosis of MPD could ever be proved false. If a person does not show signs of alternate personalities, the doctor can claim that the alters are secret. According to Kluft (1987), many MPD patients experience long periods of time when the alters do not appear. According to others (Putnam, 1989; Lowenstein, 1991) it is not unusual for patients to deny having MPD. If a person shows signs of MPD they have it. If they don't show signs of MPD they still have it. One area in which we can expect to see much professional discussion is the area of diagnostic criteria for MPD.

There is little doubt that MPD is a real condition. The question is, how many hours of "therapy" does it take to bring it about? One of the most troubling aspects is the use of hypnosis: easily hypnotized people are suggestible peo-

ple. Some hypnotists ask their subjects to remember a life before birth and their subjects do just that. Some ask their subjects to remember space-alien abductions and their subjects do that. What are we to think, then, of "alternate personalities" particularly when they emerge only after many hours of "interviews"?

These thoughts are engendered by a famous paper by Dr. Richard P. Kluft entitled *The Simulation and Dissimulation of Multiple Personality Disorder* (American Journal of Clinical Hypnosis, vol 30, no 2, Oct 87). The word *dissimulation* refers to the process that MPD sufferers use to keep their condition from being noticed before they come into contact with a Dr. Kluft. On p. 113 he writes

The dissimulation of MPD is more common than its simulation. In fact, it is a common adaptation for approximately 90% of MPD patients. Most studies of the diagnosis of MPD may be read as treatises on the detection of dissimulation. If dissimulation is the goal of all alters working in concert, it is likely to succeed because suspicion of MPD may never be raised. If the alters are in conflict or disagreement over how to dissimulate, however, tell-tale signs of covert boundary incursion may be detectable by inquiry about first-rank symptoms, which are not generally recognized as indicators of MPD. Ancillary sources may or may not be useful. Such cases are generally triggered to reveal themselves by painstaking history-taking techniques that indirectly challenge all forms of repression and suppression.

Bear in mind that Dr. Kluft is not a skeptic about MPD. Indeed, he is perhaps the single best known advocate of the view that MPD is widespread. He tells us in this famous paper that the diagnosis of MPD requires "detection." And he tells us that if "all alters are working in concert" the suspicion of MPD may never be raised.

Does he sound a cautionary note with respect to hypnosis? Indeed he does, but not for the reasons one might suspect:

The status of hypnosis in the forensic assessment of MPD is clouded by the controversy surrounding the "Hillside Strangler" case. Despite its profound usefulness in clinical work with MPD, it is best avoided in forensic circumstances until the relevant problems are fully resolved. When it is used as a last resort, it must be understood that it and its findings are likely to be challenged quite vigorously. Strict forensic guidelines should be followed scrupulously. (p 114)

The cautionary note is only for "forensic assessment." If free of that restriction, hypnosis is of "profound usefulness."

But what makes the paper famous is the following passage on page 115:

It is useful to extend interviews. My experience is that unforced dissociation often occurs sometime between 2 1/2 and 4 hours of continuous interviewing. Interviewees must be prevented from taking breaks to regain composure, averting their faces to avoid self-revelation, etc. In one recent case of sin-

gular difficulty, the first sign of dissociation was noted in the 6th hour, and a definitive spontaneous switching of personalities occurred in the 8th hour.

We must admire Dr. Kluft's persistence: not even a sign of dissociation until the 6th hour! -----

The different views of Dr. McHugh and Dr. Kluft have been presented in The Harvard Mental Health Letter.

Multiple Personality Disorder

by Paul R. McHugh, September, 1993

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Prompted by the unexpected flourishing of this extraordinary diagnosis, students often ask me whether multiple personality disorder (MPD) really exists. I usually reply that the symptoms attributed to it are as genuine as hysterical paralysis and seizures and teach us lessons already learned by psychiatrists more than a hundred years ago.

Consider the dramatic events that occurred at the Salpêtrière Hospital in Paris in the 1880's. For a time the chief physician, Jean-Martin Charcot, thought he had discovered a new disease he called "hystero-epilepsy," a disorder of mind and brain combining features of hysteria and epilepsy. The patients displayed a variety of symptoms, including convulsions, contortions, fainting, and transient impairment of consciousness. Charcot, the acknowledged master of Parisian neurologists, demonstrated the condition by presenting patients to his staff during teaching rounds in the hospital auditorium.

A skeptical student, Joseph Babinski, decided that Charcot had invented rather than discovered hystero-epilepsy. The patients had come to the hospital with vague complaints of distress and demoralization. Charcot had persuaded them that they were victims of hystero-epilepsy and should join the others under his care. Charcot's interest in their problems, the encouragement of attendants, and the example of others on the same ward prompted patients to accept Charcot's view of them and eventually to display the expected symptoms.

These symptoms resembled epilepsy, Babinski believed, because of a municipal decision to house epileptic and hysterical patients together (both having "episodic" conditions). The hysterical patients, already vulnerable to suggestion and persuasion, were continually subjected to life on the ward and to Charcot's neuropsychiatric examinations. They began to imitate the epileptic attacks they repeatedly witnessed.

Babinski eventually won the argument. In fact, he persuaded Charcot that doctors can induce a variety of physical and mental disorders, especially in young, inexperienced, emotionally troubled women. There was no "hystero-epilepsy." These patients were afflicted not by a disease but by an idea.

With this understanding, Charcot and Babinski devised a two-stage treatment consisting of isolation and counter-suggestion. First, "hystero-epileptic" patients were transferred to the general wards of the hospital and kept apart from one another. Thus they were separated from everyone else who was behaving in the same way and also from staff members who had been induced by sympathy or investiga-

tory zeal to show great interest in the symptoms. The success of this first step was remarkable. Babinski and Charcot were reminded of the rare but impressive epidemic of fainting, convulsions, and wild screaming in convents and boarding schools that ended when the group of afflicted persons was broken up and scattered.

The second step, countersuggestion, was designed to give the patients a view of themselves that would persuade them to abandon their symptoms. Dramatic countersuggestions, such as electrical stimulation of "paralyzed" muscles, proved to be unreliable. The most effective technique was simply ignoring the hysterical behavior and concentrating on the present circumstances of these patients. They were suffering from many forms of stress, including sexual feelings and traumas, economic fears, religious conflicts, and a conviction (perhaps correct) that they were being exploited or neglected by their families. In some cases their distress had been provoked by a mental or physical illness. The hysterical symptoms obscured the underlying emotional conflicts and traumas. How trivial a sexual fear seemed to a patient in whom convulsive attacks produced paralysis and temporary blindness every day!

Staff members expressed their withdrawal of interest in hysterical behavior subtly, in such words as, "You're in recovery now and we will give you some physiotherapy, but let us concentrate on the home situation that may have brought this on." These face-saving countersuggestions reduced a patient's need to go on producing hysteroepileptic symptoms in order to certify that her problems were real. The symptoms then gradually withered from lack of nourishing attention. Patients began to take a more coherent and disciplined approach to their problems and found a resolution more appropriate than hysterical displays.

The rules discovered by Babinski and Charcot, now embedded in psychiatric textbooks and confirmed by decades of research in social psychology, are being overlooked in the midst of a nationwide epidemic of alleged MPD that is wreaking havoc on both patients and therapists. MPD is an iatrogenic behavioral syndrome, promoted by suggestion, social consequences, and group loyalties. It rests on ideas about the self that obscure reality, and it responds to standard treatments.

To begin with the first point: MPD, like hystero-epilepsy, is created by therapists. This formerly rare and disputed diagnosis became popular after the appearance of several best-selling books and movies. It is often based on the crudest form of suggestion. Here, for example, is some advice on how to elicit alternative personalities (alters, as they have come to be called), from an introduction to MPD by Stephen E. Buie, M.D., who is director of the Dissociative Disorders Treatment Program at a North Carolina hospital.

It may happen that an alter personality will reveal itself to you during this [assessment] process, but more likely it will not. So you may have to elicit an alter... You can begin by indirect [*sic*] questioning such as, "Have you ever felt like another part of you does things that you can't control?" If she gives positive or ambiguous responses ask for specific examples. You are trying to develop a picture of what the alter personality is

like...At this point you may ask the host personality, "Does this set of feelings have a name?"...Often the host personality will not know. You can then focus upon a particular event or set of behaviors. "Can I talk to the part of you that is taking those long drives in the country?"

Once patients have permitted a psychiatrist to "talk to the part...that is taking these long drives," they are committed to the idea that they have MPD and must act in ways consistent with this self-image. The patient may be placed on a hospital service (often called the dissociative service) with others who have given the same compliant responses. The emergence of the first alter breaches the barrier of reality, and fantasy is allowed free rein. The patient and staff now begin a search for further alters surrounding the so-called host personality. The original two or three personalities proliferate into 90 or 100. A lore evolves. At least one alter must be of the opposite sex (Patricia may have Penny but also must have Patrick). Sometimes it is even suggested that one alter is an animal. A dog, cat, or cow must be found and made to speak! Individual alters are followed in special notes for the hospital record. Every time an alter emerges, the hospital staff shows great interest. The search for fresh symptoms sustains the original commitment while cultivating and embellishing the suggestion. It becomes harder and harder for a patient to say to the psychiatrist or to anyone else, "Oh, let's stop this. It's just me taking those long drives in the country."

The cause of MPD is supposed to be childhood sexual trauma so horrible that it has to be split off (dissociated) from the host consciousness and lodged in the alters. Patient and therapist begin a search for alters who remember the trauma and can identify the abusers. Thus commitment to the diagnosis of MPD is enhanced by the sense that a crime is being exposed and justice is being done. The patient now has such a powerful vested interest in sustaining the MPD enterprise that it almost becomes an end in itself.

Certainly these patients, like Charcot's, have many emotional conflicts and have often suffered traumatic experiences. But everyone is distracted from the patient's main problems by a preoccupation with dramatic symptoms, and perhaps by a commitment to a single kind of psychological trauma. Furthermore, given that treatment may become interminable when therapists concentrate on fascinating symptoms, it is no wonder that MPD is regarded as a chronic disorder that often requires long stretches of time on dissociative units.

Charcot removed his patients from the special wards when he realized what he had been inventing. We can do the same. These patients should be treated by the same methods Charcot used—isolation and countersuggestion. Close the dissociation services and disperse the patients to general psychiatric units. Ignore the alters. Stop talking to them, taking notes on them, and discussing them in staff conferences. Pay attention to real present problems and conflicts rather than fantasy. If these simple, familiar rules are followed, multiple personalities will soon wither away and psychotherapy can begin. *Paul R. McHugh, M.D. is Henry Phipps Professor of Psychiatry and Dir of the Dept of Psychiatry and Behavioral Science at the Johns Hopkins Medical Institutions, Baltimore, MD.*

**FMSF MEETINGS
FAMILIES & PROFESSIONALS
WORKING TOGETHER**

Notices for meetings scheduled between mid-December through January 1994 must reach FMSF no later than November 25th to be included in the December newsletter. Please mail or fax your announcement to Nancy's attention. Thank you.

WESTERN STATES

CALIFORNIA*

GREATER LA AREA, Upland
1st and 3rd Mondays, 7:30 pm
Call Marilyn (909) 985-7980

NORTH COUNTY ESCONDIDO
Contact Joe or Marlene
(619) 466-5415

CENTRAL COAST MEETING
Call Carole (805) 967-8058

**COLORADO
DENVER**

4th Saturday each month - 1:00 pm
Cherry Creek Branch, Denver Public
Library
3rd & Milwaukee
Contact Roy (303) 221-4816

MIDWESTERN STATES

ILLINOIS

ILLINOIS AREA FALL MEETING
Sat., Nov. 13, 1993 - 9 am to 6 pm
Prairie Lakes Community Center
515 E Thacker St, Des Plaines, IL
Call Liz/Roger (708) 827-1056

**KANSAS & MISSOURIANS
KANSAS CITY**

2nd Sunday each month
"We need your help to educate professionals"

Contact Pat (913) 238-2447
or Jan (816) 276-8964

**KENTUCKY
LEXINGTON**

Dixie (606) 356-9309

MICHIGAN

GRAND RAPIDS AREA - Jenison
2nd Monday each month
Call Catharine (606) 363-1354

**MINNESOTA
ST. PAUL**

Contact Terry/Collette
(507) 642-3630

OHIO

CINCINNATI AREA
Contact Bob (502) 957-2378

NORTHEASTERN STATES

**PHILADELPHIA and
SOUTH JERSEY
WAYNE, PA**

2nd Saturday each month - 1 pm

PLEASE NOTE:

NO DECEMBER MEETING
Call Jim or Jo (215) 387-1865

**TRI-STATE MEETING
CONNECTICUT/NEW YORK/NEW
JERSEY**

Sun., Dec. 5 - 1:00 pm
West Side Jewish Center
347 West 34th St, New York City
"THE ROAD BACK TO REALITY"
Speakers: Pamela Freyd with
Maura & Laura

Call for reservations:
Renee (718) 428-8583
Grace (201) 337-4278
Barbara (914) 761-3627
Earl (203) 329-8365

MAINE

FREEPORT

3rd Sunday each month
call Wally (207) 865-4044

FMSF NOTICES

MICHIGAN

The Michigan Information
Newsletter

P O Box 15044, Ann Arbor,
MI 48106
(313) 461-6213

Notices of state meetings & topics

WISCONSIN

Attention Wisconsin!

If you wish to participate in a phone
tree,
please call Katie or Leo (404) 476-
0285.

**UNITED KINGDOM
AFFILIATED GROUP**

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

CANADA

**BRITISH COLUMBIA
VANCOUVER AND MAINLAND**

For information, call
Ruth (604) 925-1539

VICTORIA & VANCOUVER ISLAND
Tuesday, November 16, 1993 -

7:30 pm

(3rd Tuesday each month)
Contact John (604) 721-3219

ONTARIO

TORONTO

Sunday, November 21, 1993 - 1 pm
Holiday Inn in Scarborough,

Metropolitan Road
(Exit Warden South, off 401)
Hotel Reservations (416) 293-8171
FMSF Toronto (416) 249-1799

PROFESSIONAL TASK FORCES

The Dutch minister of justice has appointed a taskforce to study ritual sexual abuse allegations.

We have heard nothing about the progress of any of the task forces established by the major professional organizations to study the problem of false memories. We did receive a phone call from the staff at the American Psychiatric Association in response to your letters. They had not been aware of the foundation. Your letters are very important. People, even doctors and psychologists, will not be aware of the devastation this has brought to our lives unless you tell them.

American Psychological Association

Frank Farley, Ph.D. (President)
4222 Yuma Drive
Madison, WI 53711

American Psychiatric Association

John S. McIntyre, M.D. (President)
1400 K. Street, N.W.
Washington, DC 20005

American Medical Association

Joseph T. Painter, M.D. (President)
515 N. State Street
Chicago, IL 60610

Elizabeth Loftus, Ph.D. has received the "In Praise of Reason" award from the Committee for the Scientific Investigation for Claims of the Paranormal for her rational. Past winners: Gould, Johanson, Sagan, Piel, Hofstadter, and Gell-Mann. **

PLEASE HELP!

You are the FMS Foundation. We desperately need the help, large or small, of every family and professional. The mental health field has created a mess and we are trying to "pick up the pieces" of people's devastated lives. Sometimes it seems as though we have been asked to till one hundred acres and handed a fork to do it.

We are families describing what has happened to our children and trying to help each other with the loss and the pain. FMSF is not some big rich "they;" we are "us."

The Holidays are Approaching! This is a time of year when we recall with gratitude the good that has come into our experience in the past year and consider ways of sharing with institutions and individuals deal to us.

For you to be reading our newsletter suggests that you share our concerns and goals. If you do, please help us continue our work by making a special contribution at this season. As you know, contributions to FMS Foundation are tax deductible.

Many people have found that due to the tremendous rise in the stock market over the past several years, their portfolios have become unbalanced. A great way to solve that problem is to contribute highly appreciated stock, which will create a tax deductible contribution -- not at your cost but current market value. Call Lisa for information of how to do this. 215-387-1865.

Here is a further thought. One of our members asked us to mention that a nice alternative to exchanging gifts with some family members or friends is to make contributions to a favorite charity in their name. Need we tell you that we welcome such gifts.

Charles Caviness

FMS Foundation
3401 Market Street, Suite 130
Philadelphia, PA 19104-3315
Phone 215-387-1865
ISSN # 1069-0484

Pamela Freyd, Ph.D.,
Executive Director
FMSF Scientific and Professional
Advisory Board
November 1, 1993

Terence W. Campbell, Ph.D., Clinical and Forensic Psychology, Sterling Heights, MI; Rosalind Cartwright, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; Jean Chapman, Ph.D., University of Wisconsin, Madison, WI; Loren Chapman, Ph.D., University of Wisconsin, Madison, WI; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D., University of Pennsylvania, 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; David A. Halperin, M.D., Mount Sinai School of Medicine, New York, NY; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; David S. Holmes, Ph.D., University of Kansas, Lawrence, KS; Philip S. Holzman, Ph.D., Harvard University, Cambridge, MA; 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; Michael A. Persinger, Ph.D., Laurentian University, Ontario, Canada; Harrison Pope, Jr., M.D., Harvard Medical School, Cambridge, MA; James Randi, Author and Magician, Plantation, FL; Carolyn Saari, Ph.D., Loyola University, Chicago, IL; Theodore Sarbin, Ph.D., University of California, Santa Cruz, CA; Thomas A. Sebeok, Ph.D., Professor Emeritus of Linguistics & Semiotics, Indiana University, Bloomington, IN; Louise Shoemaker, 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; Donald Spence, Ph.D., Robert Wood Johnson Medical Center, Princeton, NJ; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN; Louis Jolyon West, M.D., UCLA School of Medicine, Los Angeles, CA.

We are honored to add six new members to our stellar Scientific and Professional Advisory Board.

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

(As of September, 1993, when people first contact the FMS Foundation we send them an article order form listing the materials that we have available. Each month we will update this list in the newsletter. If you wish to obtain the full list, send us a stamped self addressed envelope.)

ADDITIONS TO BIBLIOGRAPHY

(effective November 1, 1993)

MAGAZINE & NEWSPAPER ARTICLES:

- ___175 "Head Hunt," by Jeff Blyskal. *New York* magazine, January 11, 1993. [2.00]
- ___275 "No Thanks for the Memories": 6-part series by Norbert Cunningham.
1. 'Recovery movement': a modern-day Frankenstein story?
 2. Repressed memory really 'false memories': critics
 3. Confrontation: denial proof of guilt
 4. Books on subject a growth industry
 5. Roadmap to harmful destination?
 6. What's to be done about RMR therapy?
- The Times-Transcript* (Moncton, NB, Canada) June 21-26, 1993. [3.00]
- ___280 "Memories of Abuse: Real or Imagined?" by Kirk Makin. *The Globe and Mail*, (Toronto,) June 3, 1993. [2.00]
- ___290 "Children Accusing Their Parents," by Andrew K. Weegar. *Maine Times*, October 1, 1993. [2.00]

PROFESSIONAL ARTICLES:

- ___495 Campbell, T.W. (1992) "Therapeutic Relationships and Iatrogenic Outcomes: The Blame-and-Change Maneuver in Psychotherapy." *Psychotherapy*, Vol. 29/ Fall 1992/No. 3. [2.00]
- ___541 Gardner, R. A. (1993) "Sexual Abuse Hysteria: Diagnosis, Etiology, Pathogenesis, and Treatment." *Academy Forum*, Vol. 37, No. 3, Fall 1993. [1.00]
- ___543 Gutheil, T.G. (1993) "True or False Memories of Sexual Abuse? A Forensic Psychiatric View." *Psychiatric Annals* 23:9/September 1993 [2.00]
- ___544 Herman, J. L. & Harvey, M. R. (1993) "The False Memory Debate: Social Science or Social Backlash?" *Harvard Mental Health Letter*, April 1993. [1.00]
- ___566 McHugh, P. (1993) "Multiple Personality Disorder." *Harvard Mental Health Letter*, September 1993. [1.00]
- ___568 Mulhern, S. (1991) "Satanism and Psychotherapy: A Rumor in Search of an Inquisition," *The Satanism Scare*, Richardson, Bromely & Best (Eds.) Aldine de Gruyter, Hawthorne, NY. p.p. 145-172. [5.00]

- ___575 Passantino, R. & Passantino, G. (1992) "Hard Facts About Satanic Ritual Abuse." *Christian Research Journal*, Winter 1992. [2.00]

PLEASE NOTE - following articles have new order numbers:

- 190 has been changed to
- ___561 "Repressed Memories of Childhood Trauma: Are They Genuine?" by Elizabeth F. Loftus. *Harvard Mental Health Letter*, February 1993. [1.00]

- 80 has been changed to
- ___542 Gardner, M. (1993) "Notes of a Fringe-Watcher, The False Memory Syndrome." *Skeptical Inquirer*, Summer 1993. [2.00]

Available through FMSF, price included 1st class postage
Hidden Memories by Robert Baker, 1992, Prometheus [30.00]
 (This book is recommended to families and professionals who would like an overview of the history and processes of "confabulations.")

Total _____

To order:

Name _____

Address _____

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Phone (in case there is a question about your order) _____

For orders under \$20, please send check. For orders greater than \$20, a credit card is accepted

Credit card: Visa __, Mastercard __

_____ Exp date _____

Mail to FMS Foundation, Suite 130, 3401 Market Street, Philadelphia, PA 19104 or FAX order to (215) 387-1917 with credit information.

Other books of special interest - order direct from the publisher

True Stories of False Memories by Goldstein & Farmer
 (first hand reports from retractors), 517 p, \$16.95
 SIRS, phone 800-232-7477, fax 407-994-4704. Mention FMSF and the Foundation receives 40%. Highly recommended.

Selling Satan published by Cornerstone Press, 939 W. Wilson Avenue, Suite 202C, Chicago, IL 60640, phone (312) 989-6361, fax (312) 989-2076. (This book has expanded on the excellent articles published previously by Cornerstone magazine. Highly Recommended.

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