

FMS Foundation Newsletter

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October 1, 1995

Dear Friends,

*"Have you no decency?
At long last, have you no sense of decency?"*

Powerful words to those of us of a certain age. To read these famous words from the McCarthy hearings in the *Boston Globe* on September 8, in a review of the 20/20 program about the Amirault case, marks a real shift in the public perception and acknowledgement of the problem of false accusations of sexual abuse. Violet Amirault, 71, and her daughter, who spent almost a decade in prison after being convicted in the Fells Acre Day Care case, were released last month. The quote was in reference to Massachusetts prosecutors who wish to retry the Amiraults.

*"Abusing justice, in the name of children"
Boston Globe, September 8, 1995*

*"The abuse of child abuse"
Rome, GA News-Tribune September 3, 1995*

*"False charges, ruined lives"
The Toronto Sun, August 23, 1995*

Something is happening around the country. Citizen groups as geographically apart as Florida, California and Connecticut formed this month to work for justice for wrongfully accused people.

That "something" is happening without compromising our country's effort to deal with child abuse and its devastating consequences. The courts are now trying to find a better balance between protecting our children while maintaining our system of justice. The great mass-abuse cases of the '80s are being overturned one by one. There is growing recognition that false accusations deter efforts to help children by deflecting scarce resources and undermining credibility. This shift follows in the wake of better public understanding of issues of memory and suggestibility. The Foundation has played a pivotal role in the change.

In the August 31, 1995 issue of *The New England Journal of Medicine*, Fred Frankel, M.D. explains why he serves on the Advisory Board of the FMSF. He notes that "*Professionals with no special agenda of their own, who receive no material reward, have lent their names and advice to the foundation to signify that there is a body of concerned professionals who seriously question the emphatic assertions of some of their colleagues about memories of childhood trauma.*" At issue is the scientific evidence for the claims of repressed memories. The FMS Foundation and its Scientific Advisory Board are concerned with disseminating the most accurate and up-to-date information about memory so that people can make more informed decisions. The shift that we are seeing in the courts is due in part to the fact that more accurate information about memory and suggestibility is now available.

Letters from families tell of a shift, too. In September, the number of letters from families with concerns about reintegrating was greater than from families asking how to

reach their children. One month does not make a trend and only research can tell us what it means. We will continue to monitor this and keep you informed about what we learn. The letters reflect the wide range of problems and feelings with which families are now struggling. They provide insight for other families and for professionals in what is going on and what may be helpful to families. This issue has an expanded section of letters.

The FMS Foundation is frequently asked to provide the "number" of individuals in various categories that we have described, such as affected family contacts, retractors or lawsuits. Numbers always seem to fascinate people and when the Foundation was trying to document that there was a problem, we often updated numbers in the newsletter. We believe that it is now clear that false memories are a social problem. When one person reports something, it may be a problem to that person but it is not a social problem. When 1,000 people from across the country report the same circumstance, the existence of a real problem seems likely. When 10,000 people make similar reports, it is clear that there is a very serious problem that needs to be examined.

We stopped reporting numbers a few months after we announced that 10,000 people had told us that an adult, most often female, generally around the age of 30 or 40, typically in some sort of therapy setting had claimed to have "recovered repressed memories" that she had never known about before, made accusations and cut off all contact with anyone who would not validate the new beliefs. We stopped reporting numbers because we believed that we had documented the existence of a problem. The fact that all the professional organizations have responded in some way to FMS supports our position.

With the recognition that the problem of FMS exists, the next question is "How does the problem happen?" The first professional conference that attempted to answer that question was a conference sponsored by the Foundation in April 1993, "Memory and Reality: Emerging Crisis." The past two years have seen an avalanche of scholarly papers that deal with all aspects of how people may come to believe in things that did not actually happen. The papers include such topics as descriptions of experiments in which false memories are implanted, reviews of research in many different areas such as Freud's methodology, the relationship between eating disorders and sexual abuse, the relationship between childhood sexual abuse and adult psychopathology, and the documentation of histories of abuse for MPD patients. Several important books have also appeared. To supplement these papers and books, we have television documentaries of therapy sessions and court documents of therapy sessions. We have the first hand reports and insights of former patients. There is now a solid body of research and evidence that explains how people come to have false memories. While the "processes" of memory may help us understand how false memories are created, that knowledge is independent of the numbers of people who are affected by the problem.

The significant questions now shift to, "What is it that causes people to realize or acknowledge that their memories

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were false?" and "How can we contribute to solving the problem in general and the problem for individual families?" Attempting to deal with these issues required the Foundation to look to other sources of data than the number of families who are affected by FMS. Of course it would be interesting to know with some precision how widespread the phenomenon might be, but that is the work of demographers or epidemiologists with the resources to do the appropriate large scale random sampling of populations. The people who contact the Foundation do not represent a random sample. While it is a highly select sample, it is an ideal population to help us learn what happens in families in these terrible circumstances. By studying this, we can try to help others. After documenting that FMS was a problem, that is the direction in which the Foundation shifted its resources.

The Foundation is committed to continuing its work in educating the public and professionals about the most accurate and up-to-date information about memory through its publications, speakers bureau, continuing education efforts and the media. To support this, we will continue to document the FMS phenomenon with archives of videotapes, audiotapes, books, articles and personal histories. The Foundation is committed to doing all that we can to help people deal with the loss and disruption to their families and later to their reintegration. We are families, retractors and professionals working together.

PAMELA

Continuing Education Update

The False Memory Syndrome Foundation and Johns Hopkins Medical Institutions are finalizing details on a series of one-day professional conferences that they will be cosponsoring in the spring of 1996. Medical continuing education credits will be provided, and we are in the process of making arrangements for other professionals who attend the workshops to earn continuing education credits. The four workshops will take place in San Diego, Atlanta, Chicago and Boston. Paul McHugh, M.D. and Pamela Freyd, Ph.D. will be among the presenters at the four locations, in addition to other faculty at each of the locations mentioned. Johns Hopkins and the Foundation are also looking toward the Spring of 1997 for another national conference to be held in Baltimore.

Discussions are also underway with members of the bar to present continuing education programs for their colleagues. The importance of these kinds of programs is evident to readers of the *Newsletter*. Watch future issues for more complete details of these conferences as they are developed.

(Call 800-568-8882 or 215-387-8663 for information about Continuing Education or the FMSF Speakers Bureau.)

RECENT ARTICLES

"The truth, the whole truth and nothing but the truth?"
Los Angeles Times, August 25, 1995 Elizabeth Loftus

"The more people think about an event from the past (the more they rehearse), the more confident they become in their memories. The problem is that they get more confident in their inaccurate memories as well as their accurate ones. And the more people are pressed for details about the past (the more they rehearse), the more details they try to dredge up as they desperately cast about to fill in blank spots in memory"

"Psychological research has shown that juries are most impressed by witnesses who express ideas confidently and provide lots of details. Yet how confident and detailed witnesses are can bear little relationship to the accuracy of what they say. People can say 'I'm absolutely certain' and offer lots of facts to support their testimony and still be dead wrong.

"A healthy appreciation for the psychology of memory in general and the malleability of memory and its tenuous relationship to certainty focuses new light on the contradictions in the Simpson trial. When Rosa Lopez confidently says the car was there and Charles Cale says just as confidently that it was not, is someone lying? Not necessarily. They've both undoubtedly been well-rehearsed to say what they have publicly said. Their confident and detailed testimony could be diametrically opposed, but they still are plausibly telling the truth. Their own individual truth. Their own rehearsed truth."

Where does research on the effectiveness of psychotherapy stand today? Steven J. Kingsbury, M.D., Ph.D.
Harvard Mental Health Letter, September 1995

Some facts from this short article:

"Behavioral and cognitive behavioral therapies have more consistent and lasting effects than medications in the treatment of panic disorder, agoraphobia, simple phobias, and to a lesser extent, social phobias. Medications and behavioral techniques are equally effective in obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder. Behavioral therapies of the kind originally developed by Masters and Johnson are more effective than medications in the treatment of sexual dysfunction."

"...In the treatment of major depression without psychotic features, behavioral, cognitive behavioral, and interpersonal psychotherapies are as effective as antidepressant drugs. Psychodynamically oriented therapies

are less useful, but better than a placebo....Almost all adequately tested psychotherapies are short-term (under 20 sessions). ...The efficacy of classical psychoanalysis and other long-term therapies remains untested."

Plenty of work left to do!

From the Institute of Pennsylvania
Hospital publication,
Notebook Vol 4 #3, Fall 1995

"There are all sorts of therapeutic techniques to aid in reconstructing the trauma story. These include hypnosis, group therapy and psychodrama, as well as biological methods, such as sodium amytal. These techniques are only effective if integrated into psychotherapy and practiced by skilled clinicians. However, traumatic memories may not be accessible by language since they are sometimes recorded in the form of vivid sensations and images."

**APA to Pursue
Prescription Privileges
Monitor, September 1995
Sara Martin**

The American Psychological Association's Council of Representatives voted on August 10 in favor of developing curricula that would prepare psychologists to prescribe. They also plan to draft model legislation that, if enacted by the states or Congress, would give psychologists the regulatory go-ahead to prescribe for patients.

**How can I remember when
"I" wasn't there:**

**Long-term retention of
traumatic experiences and
emergence of the
cognitive self.**

Howe, Courage and Peterson
Conscious & Cognition 3,
Num 3/4 (1994)

Special Issue: Recovered
Memory/False Memory Debate

The researchers, who are specialists in the area of infant amnesia, sought to reconcile the discrepancy between the scientific research showing that there is no evidence for long-term memory for events for people younger than two with the reports in the media and in legal cases of people claiming to have remembered abuse from a time younger than two. They sought to see if perhaps such recollections are possible because of strong emotional content. They studied 25 cases of young children's long-term retention of early traumatic events involving emergency room treatment. Analysis was both qualitative and quantitative.

Among the results were that autobiographical memories for traumatic events are essentially no different from those for nontraumatic events and that stress is only related to long-term retention inasmuch as it is one variable that serves to make an event unique.

As a result of their study they remarked that "...it seems safe to conclude that trauma memories are as reliable as any other memory and that, like any unique experience, they are more memorable than other, everyday events only to the extent that they are distinct from other episodes in memory."

Before Therapy

Dear Mom and Dad,

I want you to know how much it means to me that you have made it possible for me to have this house and all the help you've been to me fixing it up is something I'll never forget. I am so lucky to have had you beside me this last couple of years. I really don't know what I would have done without you. I love you very much and am so lucky to have such wonderful parents. Thank you for everything.

Your daughter

After Therapy

Dear Mom and Dad,

I love and respect you but it can't erase the hurt and pain I endured as a child. I cannot be around you without going into the depth of depression. The lies and secrets must end. I feel betrayed. Everything you do for me feels like a lie.

If you want to help me heal, the secret must end. I need to hear "yes" it happened. I want Daddy to cry and admit the secret. I want Mom to say "I failed you. I didn't protect you."

I am not crazy. This happened. I was sexually abused by my father for years. My mother failed to see the abuse and allowed it to happen. The burden is too much so let's speak the truth. We don't need to fix a divorced, poor, sick daughter. We need to fix a 36 year old woman carrying scars from her childhood. The abuse has affected my life in every way.

If you cannot help me, then please leave me alone.

Your daughter

**The Pros and Cons of
Dissociative Identity (Multiple
Personality) Disorder**

David Spiegel, M.D. and Paul
McHugh, M.D.

*Journal of Practical Psychiatry
and Behavioral Health*
September, 1995, pp 158-166

By addressing four specific issues, this article advances our understanding of the evidence and arguments on which two leading authorities base their different perspectives of MPD (DID). Spiegel and McHugh each present their positions on:

PREVALENCE

SPIEGEL - argues that MPD (DID) is naturally occurring and is more prevalent now because previously undiagnosed cases are being recognized. In the past it is possible that schizophrenia was misdiagnosed in many patients when they really had dissociative disorder.

MCHUGH - argues that MPD (DID) is an artifact that is a culturally driven misdirection of psychiatry and psychotherapy. The idea spread widely among therapists who were supported in the search for victims of abuse by sociopolitical movements identifying mediating institutions such as the family as exploitative and paternalistic.

CONCEPT OF DISSOCIATION

SPIEGEL - views dissociation as the failure to integrate elements of identity, consciousness and memory. The term "dissociation" emphasizes separateness "rather than the loss of natural integration." The form of dissociative identity disorders is culturally bound. Eastern disorders of identity involve incorporation of an external identity from the social world, while those in the West involve fragmentation of individual identity.

MCHUGH - says that dissociation is a problematic concept and not a symptom. The major difficulty has been what to include or exclude. Because its assumptions are subtly tied to those of associationism, dissociation has been applied to almost every psychopathological symptom at one time or another. Dissociation is a concept in need of restraint. It is a descriptive metaphor that can easily masquerade as an explanation.

RELATIONSHIP BETWEEN TRAUMA AND DISSOCIATION

SPIEGEL - notes that in a disaster there is a sense of helplessness. Victims can detach from the current

experience. "This detachment from current experience can be understood both as a defense against trauma as it is occurring and as an incorporation of the view of self imposed by the stressor: the "I" is made into an "it." If there is something to the connection between trauma and dissociation, then dissociative symptoms should occur in the aftermath of trauma, and indeed this is what has been found....The symptoms turned out to be strong predictors of the development of later posttraumatic stress disorder (PTSD)."

MCHUGH - says "The 'numbing' phenomena seen with acute grief and during and after a catastrophe or other trauma are expressions of depersonalization but are time limited. Dissociation is not depersonalization and vice versa. Dissociation is a concept and not a symptom...Dissociation no more encompasses depersonalization -- a qualitative alternation in the 'sense of consciousness' itself -- than it does other symptoms of consciousness such as faintness."

CURRENT TREATMENTS FOR THE DISORDER

SPIEGEL - states that "The general structure of these therapies involves controlled access to various dissociated states, often facilitated by techniques such as hypnosis, in the service of integrating disparate identities or personality states. Memories of childhood sexual abuse and trauma are thought of as important obstacles to integration of dissociated identities, and therefore the working through of such traumatic memories is usually considered an important part of such psychotherapy. The idea is that the dissociation continues to serve a defensive purpose, protecting against the painful affect associated with an abuse history. Thus, working through such memories facilitates acceptance of the history and therefore the identities and personality states identified with victimization."

MCHUGH - states that "Medical and psychiatric attention, however, once turned away from the features of the artifact and toward the patient's actual difficulties—sometimes related to contemporary adjustment problems, sometimes related to longstanding interpersonal conflicts—helps the patient to abandon the artifactual symptoms without any confrontation over them and to participate in effective psychotherapy...Ultimately, after progress has been made on the issues that were overshadowed by the artifactual symptoms, these symptoms can be gently confronted and given meaning in relation to the understanding that has emerged in psychotherapy."

Editor's Note: To a consumer of mental health, this article contains a stunning statement. David Spiegel noted that, "There have been no randomized trials of treatment for DID; thus, the outcome literature consists of case reports and case series." MPD has been in the DSM since 1980. How can it be that in 15 years whole hospital units have been built, vast amounts of insurance money have been spent, a whole literature has been created, a heated debate has raged — and there have been no proper studies! Is it any wonder that consumers think that there is need for legislation to ensure that therapy is safe and effective?

A 50-year prospective study of the psychological sequelae of World War II combat.

Lee, Vaillant, Torrey, and Elder
American Journal of Psychiatry 152:4, April 1995,
516-522.

At the time of World War II, veterans who showed signs of stress were diagnosed as having combat fatigue. During the Vietnam war, that concept was refined and the diagnosis of posttraumatic stress disorder (PTSD) came into being.

Most studies of PTSD have had the limitation that they are retrospective and that cause and effect may therefore be confused.

This study is part of an ongoing 50-year prospective examination of Harvard graduates originally selected in the 1940s for their potential for success. The study offers the opportunity to separate the trauma of heavy combat with other possible factors that might cause PTSD. It reduces confounding variables such as antisocial personality, childhood abuse, and social disadvantage. In addition, the information was collected without the possible confounding effects of dealing with a special population that was seeking psychiatric help or possibly getting secondary gain due to disability claims.

The results showed that symptoms during combat stress but not during civilian stress predicted symptoms of PTSD in both 1946 and 1988. The study concluded that combat exposure predicted symptoms of PTSD but combat exposure did not predict other nonspecific measures of psychopathology.

The authors note that "The present study lends support to the importance of distinguishing posttraumatic dissociative disorders from most anxiety disorders... neither psychodynamic nor conventional learning theories are equipped to account for long-lasting human response to extreme trauma. Such memories can become vividly and intrusively imprinted and may persist undiminished for decades." The authors note that studies of children who have experienced "chaotic childhoods usually confound coexisting genetic or developmental risk with discrete traumatic events." The severity of the trauma is the best predictor of who is likely to develop PTSD but the distress of PTSD symptoms does not necessarily produce disability.

Warriors in Waiting; They've Survived Summer, These Few Who Live to Fight the Good Fight.

Washington Post September 1, 1995

Martha Sherrill

In an article that profiles five committed activists, FMSF leadership is included with Ralph Nader and others who are working to 'right a wrong.'

The Mirror Cracked

City Pages, August 23, 1995 Monika Bauerlein

In-depth profiles of the people in the recent Humenansky trial in which a retractor was awarded \$ 2.5 million.

Permission requested

order #103 [\$4.00]

Repressed memory can be a concept bound in deception
Pitch Weekly (Kansas City), September 6, 1995
 Deb Hipp

A feminist gives a thorough critique to the repressed memory controversy by letting people speak for themselves. "From what I've been told, I will be in therapy for the rest of my life," stated Sharon, a survivor, whose life became a series of flashbacks and nightmares after she began to get memories. Unable to work, she lost her interior design business. Sharon noted, "It is so hard if someone hasn't had repressed memories, to understand. I just can't believe anyone would choose this if it weren't true." Sharon's experience provides a dramatic example for the comment of a professional, "The patient is not empowered. In fact, the patient is disempowered, regressed, weakened and encouraged to be dependent on the therapist. They are teaching them how to be victims."

From this article we learn that a group called Metropolitan Organization to Counter Sexual Assault (MOCSA) ran a notice in its September 1993 newsletter proposing the formation of a support group for therapists who are survivors of ritual abuse.

The article concludes with a comment by a retractor: "I'd had memories every day, but after I left therapy, I didn't have any memories. My head got clearer every day I was gone from my therapist." This retractor said that with another therapist she is now getting the help she needs.

This article is available from FMSF - order # 112 [\$2.00]

Justice delayed, justice denied

The Dayton Voice, June 14-20, 1995 Marianne McMullen

Mary Jenny Wilcox and Robert Dale Aldridge have been in jail for 10 years. The witnesses have recanted their testimony and police records indicate that coercive tactics were used in the interviews. The reports of the police officer in Huber Heights, Ohio who interviewed the alleged victims demonstrate that she threatened the children with incarceration and rape charges if they didn't implicate adults. In her own words, this is the officer's description of her interview:

"...He changed his mind and he stated that he really didn't know what happened over there, that he wasn't sure what apartment it happened in, etc. I started explaining to John once again that if he didn't come clean with me and was honest, he was going to be detained at juvenile detention center. I also advised him that it was a very serious situation that we had, that he was withholding information and that I needed it. John still continued to change his story around. Finally I advised him that I was going to have him detained at the juvenile detention center and if at any point in time he changed his mind and wanted to cooperate with me then he should get in touch with me..."

There was no medical or other evidence of abuse presented at the trial. Only the testimony of children interviewed as above. No new hearings or trials have been held for Jenny Wilcox or Robert Dale Aldridge.

"My mother says that she never hears anything about false memories on Sally Jessie anymore so she said that she thought there were no more problems with it. She thought that the problem no longer exists."
 Phone message to FMSF

TUNING IN TROUBLE:

Talk TV's Destructive Impact on Mental Health
 by Jeanne Albronda Heaton and Nona Leigh Wilson
 1995, Jossey-Bass

Targeted for professionals who have ignored the influence of the daytime "talks" on popular thinking about mental health issues, this book is easily accessible to the general public. For readers of this Newsletter, perhaps the most interesting part of the book is that it documents the presentation of Multiple Personality Disorder on these programs. "....These shows were all very dramatic and entertaining, but from a mental health perspective also quite disturbing and dangerous...It is interesting to note how these shows work to create interest in a disorder, present it as an exciting eccentricity, and then tell viewers that anyone could have it. The subtle mockery of mental health problems is a serious concern..."

September Rumor about FMSF

"The president of the FMSF is a convicted pedophile."
Editor's Comment: It's been downhill in the rumor field since we were accused of casting spells on people who came to the office. FMSF does not have a president and no one on the staff or the leadership has a criminal record. Rumors such as this one are used as an excuse by people who are unable to respond to the issues we raise.

Repressed memories in the media

"...the screenplay takes a whack at pop psychology, spinning a subplot about Batman's effort to dredge up repressed memories of his unhappy childhood..." (*Christian Science Monitor*, June 16, 1995).

"It may be just a coincidence that there's a reference on "The Larry Sanders Show" to a patient in therapy uncovering a repressed memory of childhood molestation by an uncle. That happens to be the theme of tonight's season opener for "Dream On." (*Los Angeles Times*, July 19, 1995)

"I'm in repressed memory therapy. I'll get something on you yet." - given as a warning. (*New York Times*, June 12, 1995, Review of "Absolutely Fabulous")

A First- We have now spotted "false memories" used in a commercial. An advertisement in *MacUser* (Oct) for Power Computing, a Macintosh clone, shows a computer sitting on a couch with a bearded person who resembles a popular image of a therapist is nearby. The "patient profile" appears in a box and includes the statement, "Has no evidence of false memory..."

BOOK REVIEW

Memory and Abuse: Remembering and Healing the Health Communication \$12.95

Reviewer: John Hochman, M.D.

These are troubling times for psychotherapists who continue to advocate memory recovery as a primary treatment modality. Once many of these therapists saw themselves as a vanguard not only of mental health treatment, but also of social reform, whose methods and message would be welcomed by a grateful populace. However, their trusted reference books are now under increasing challenge from academicians and clinicians, their leaders are now roundly rebutted in media coverage, and a few of their colleagues are targets of frightening malpractice suits.

For better or worse, the False Memory Syndrome Foundation has been the principal catalyst leading to this changed climate. Those who, like myself, view memory-recovery therapy as a harmful pseudoscience and as a mental health danger, would like to see the pseudoscience disappear. However, this would be a jolt for those who have led the memory-recovery movement, those who have emphasized these methods in their therapy practices, and (of course) many thousands of patients who are suffering from the false memory syndrome.

The memory-recovery therapists do not have truth on their side, so in order to maintain their world, they have the option of the following strategies:

- 1) Demonize the opposition
- 2) Keep yelling the same message, but louder
- 3) Misrepresent the evidence that shows they are wrong
- 4) Play word games to confuse the situation
- 5) Mystify the issues

Dr. Charles Whitfield has done all this admirably in his new book, *Memory and Abuse: Remembering and Healing the Effects of Trauma*. Dr. Whitfield is a physician who through his interest in treating alcoholics and drug addicts, found his way into the "recovery movement," and he has written in recent years on the concepts of codependency and "the inner child." It is a tribute to the contributions of Dr. Pamela Freyd, the Executive Director of the FMS Foundation, that the bulk of the book's opening chapter is an egregious personal attack on the character and emotional capabilities of Dr. Freyd and her husband. Like many reading this review, the Freyds are accused parents, and are tragically estranged from their daughter. So Dr. Whitfield resorts to the technique of sleazology (sleaze with footnotes) to show that the Freyds are indeed the kind of creeps that would abuse their daughter — and maybe your daughter too.

Dr. Whitfield has, in fact, a deeper purpose — to demonstrate that the Freyd family was *dysfunctional*. But the Freyds have some cause for cheer, because Dr. Whitfield thinks that most families in America are dysfunctional. His argument runs deeper, since he sees the society as being

dysfunctional as well. And this is the answer for the problem Dr. Whitfield is facing: *Why the "backlash?" Why is memory recovery therapy under attack?* Quite simply, in a country plagued with dysfunctional families, it is no surprise that we have a dysfunctional media and a dysfunctional court system. According to Dr. Whitfield, this is why the media and the courts are becoming increasingly critical of memory-recovery therapy.

Quite simply, Dr. Whitfield does not have to be plagued by anxieties that his theories might be wrong. Those who disagree with him are simply under the influence of the dark world of the dysfunction, i.e., they are sick. And moreover, those who disagree are part of a "backlash."

Dr. Whitfield has to do something more substantial with Drs. Richard Ofshe and Elizabeth Loftus, both FMSF Scientific Advisory Board members, since sleazy material about them seems to be more difficult to obtain. He tries to dismiss them because they are university professors and not

"clinicians" or "trauma psychologists." But what about someone like Paul McHugh, a psychiatrist who is a clinician? Well, he seems to be the wrong kind of clinician, since most psychiatrists and psychologists don't understand trauma.

Here we see the problem of word games. Dr. Whitfield works under the assumption that most American families are dysfunctional, and since families like this wind up abusing their children in some way, shape, or form, their children are victims of trauma, and may be suffering from Post Traumatic Stress Disorder.

If you think that most people have been seriously traumatized simply by virtue of having parents, then Dr. Whitfield is your man. I personally think this is a silly notion, since the current working definitions of Post Traumatic Stress Disorder accepted by mainline mental health people is that trauma victims are plagued by recurrent memories and "flashbacks" of the trauma. And Dr. Whitfield has cause to be unhappy with me since, by virtue of my being part of the "backlash," I am subjecting trauma victims to "retraumatization."

One of the most successful word games in which memory recovery therapists have engaged is to deem anyone outside of their belief system as being "in denial." This handy phrase is used to explain away parents who reject child-abuse accusations or those who maintain that sexual abuse is not a problem for *most* children. Dr. Whitfield expands this term so that he does not have to worry about what retractors are saying about their experiences in therapy: they too are "in denial!"

Most of the book is extensive retelling of ideas propounded by Judith Herman, Lenore Terr, etc., with some of the author's views on Recovery thrown in. He cites over seven hundred references, and puts little asterisks next to the ones that are supportive of the false memory syndrome concept (about 7% of the total). He includes in the appendix Michael Yapko's caveats on suggestibility, but explains in another part of the book that he is simply using that appendix to document the kind of wrongheaded thinking endemic to the FMS crowd.

"The history of our race, and individual experience, evidences that truth is not hard to kill, and that a lie well told is immortal."

Mark Twain

Mark Twain Himself! Humor, War and Fundamentalism, Vol II,

If there are any bad psychotherapists out there, the author doesn't talk about them. He does concede that there is a small percentage of therapists who "may" be doing bad therapy because of their own personal hang-ups. He suggests it may be negligent for a therapist to separate patients from "their abuser" — but not if the patient thinks it is "appropriate" to do so. Thus, to paraphrase *Courage to Heal*, if a therapist thinks he is doing the right thing, he probably is.

While the author has a crisp journalistic style, the editing was poor or nonexistent. There are numerous large tables and charts that give the book a very busy appearance; some of the charts defy easy visual comprehension and are perhaps printed adaptations of slides that the author uses in his lectures. There are several surrealistic illustrations that hinted at the book's underlying mystical moorings.

After the book's relentless "take no prisoners" approach, I was surprised to find that in the last chapter of the book, Dr. Whitfield decides it is time to "choose Love." He urges trauma victims to incorporate a spiritual approach in their recovery. While not prescribing any particular spiritual path, he gives star billing to *A Course in Miracles*, a word-of-mouth classic in the New Age movement that has reportedly sold over a million copies.

I was left wondering what Dr. Whitfield meant in saying that the Course was "written from a higher stage of our awareness." Perhaps he believes the claims of the Course's primary author, a psychologist and literature enthusiast, that in writing the book she was simply taking dictation from an "inner Voice," which she came to believe belonged to Jesus? Anyway, in spite of the Course's preoccupation with love and forgiveness, Dr. Whitfield seems to be jockeying for the role of point man in demolishing the critics of memory recovery therapy.

Dr. Hochman is a psychiatrist in private practice in Los Angeles. He is a member of the FMSF Scientific Advisory Board.

When the experts are agreed, the opposite opinion cannot be held to be certain.

When they are not agreed, no opinion can be regarded as certain by a non-expert.

When they all hold that no sufficient grounds for a positive opinion exists, the ordinary man would do well to suspend judgment.

Bertrand Russel

Reprinted in HOW TO THINK ABOUT WEIRD THINGS: Critical Thinking for a New Age, by Theodore Schick, Jr. & Lewis Vaughn Mayfield Publishing Co. 1995 \$18.95 with Forward by Martin Gardner, member FMSF Advisory Board.

LEGAL CORNER

FMSF Staff

Repressed memory theory fails Kelly-Frye test in California Son v Father Orange County Superior Court Case No VC016157

Defendant's attorney, Nancy Zeltzer, obtained a non-suit in a repressed memory suit in California that may have precedent setting potential. The plaintiff, now 27, had no memory of being sexually molested and tortured by his father over 20 years earlier until the alleged events were "retrieved" in early 1993, following therapy with a Marriage and Family Certified Counselor (MFCC).

Ms. Zeltzer made a motion on behalf of the defendant, that a Rule 402 hearing be held pursuant to the authority of Kelly-Frye regarding the scientific validity of the repressed memory theory and retrieval process. The court granted the motion and a hearing began on the 6th of September with experts from the fields of psychiatry, psychology and social psychology testifying on behalf of both parties.

Ms. Zeltzer formulated a description of the "mental mechanism" by which children suffering serious repeated traumas seemingly cannot remember those traumas but decades later they are somehow able to recover accurate memories of those earlier, traumatic events. The experts were asked whether there was any reliable and valid evidence that such a mental mechanism exists. The inquiry asked whether or not such a mental mechanism is falsifiable or testable and whether the mental mechanism has been tested. The inquiry further focused on whether the techniques or procedures used in connection with "memory recovery" have received a general consensus of approval as valid and reliable scientific techniques.

The court ruled that the plaintiff had not satisfied his burden as required under the Kelly-Frye test and labeled the repressed memory theory and retrieval process as "junk science." The court further ruled that no expert would be permitted to testify in support of said theory nor would the plaintiff be permitted to testify in support of said theory nor would the plaintiff himself be permitted to testify as to any "memories" which were recalled subsequent to the initiation of therapy.

With no other evidence supporting the claim, Ms. Zeltzer moved for non-suit which was granted. This case is believed to be the first repressed memory case in California in which the court granted a Kelly-Frye motion.

1. The admissibility of novel scientific evidence, that of general acceptance within the relevant scientific community, was originally established in the 1923 landmark federal case of Frye v. U.S., 293 F. 1013 (D.C. Cir. 1923) and adopted in California in People v. Kelly, 17 Cal.3d 24, 549 P.2d 1240, 130 Cal.Rptr. 144 (1976). Hence the general acceptance rule in California is called the "Kelly-Frye" rule (however, now that Daubert v. Merrell Dow Pharmaceuticals, Inc., 113 S.Ct. 2786 (1993) has overruled Frye, the proper description of the California law is simply the "Kelly" rule). In a 6 to 1 decision, the California Supreme Court recently decided to retain the "Kelly," general acceptance standard rather than replacing it with the Daubert standard in People v. Leahy, 882 P.2d 321 (1994).

Connecticut Court upholds Constitutionality of State Statute of Repose

Giordano v. Giordano, 39 Conn. App. 183 (9/5/1995)

The Connecticut Appellate Court recently upheld the constitutionality of a state law that gives victims of child sexual abuse until their 35th birthday to sue their alleged attackers. In a unanimous decision, the court wrote that the unique emotional damage of childhood sexual assault justifies allowing victims longer to sue than most other plaintiffs.

The Connecticut statute of limitations, in effect since 1991, allows any person until their 35th birthday to sue for childhood sexual abuse. Under this statute, a plaintiff need not claim repression and subsequent discovery of the abuse. Connecticut's statute is therefore called a "statute of repose" and does not involve a "discovery rule."

The 1991 law was challenged by a defendant who had been sued by two of his grown grandchildren, each claiming that he had molested them 20 years ago. The appeal was made after a trial court granted a pre-judgment attachment of the defendant's real property. Defendant appealed. Defendant argued that the Connecticut statute deprives him of his constitutional rights to equal protection and due process. A statute can be found unconstitutional under the Equal Protection Clause of the Fourteenth Amendment if it "denies to any person within its jurisdiction the equal protection of the laws." All persons similarly situated should be treated alike. A law which discriminates against a class of citizens may be found unconstitutional if the disparate treatment is not rationally related to a legitimate state interest. Defendant argued that the equal protection clause was violated by Connecticut's statute of repose because it unjustifiably allows plaintiffs who claim they were sexually assaulted as children longer to sue than is afforded other plaintiffs.

The court disagreed. Laws generally can withstand a constitutional challenge if the apparently unequal treatment serves a legitimate state interest. The Court ruled that Connecticut's law does just that. In defining the state's interest, the court referred to testimony presented to legislative committee in 1991: "It is clear from the legislative history that the purpose of the 1991 amendment was to allow victims to recall sexual abuse that had been repressed, and to bring an action against the perpetrators of that abuse as part of the victim's healing process." The extension of the statute of limitations in Connecticut to seventeen years after the age of majority was found reasonably related to the accomplishment of the goals of both "detering the sexual abuse of children and in providing a means for the victims of childhood sexual abuse to recall the traumatic events and understand them before seeking redress." The Appellate Court also held that the statute of limitations does not violate the constitutional right to procedural due process; the selection of the 17 year time period was held to be neither arbitrary nor capricious.

Furthermore, the court noted that both the pretrial hearing and the trial contained sufficient procedural safeguards to ensure that the defendant's due process rights are not violated.

Editor's comment: We note that this decision did not explore a state's significant evidentiary interests in limiting claims which cannot be reliably resolved because the lapse of time has resulted in lost records or faded memories. In addition, the court did not acknowledge the considerable problems which the unreliability of repressed memory claims present to the courts. Instead, the court referred to testimony presented to the 1991 legislature, the premises of which have been widely challenged by recent findings in the professional community.

Supreme Judicial Court of Maine to Review a Repressed Memory Related Claim at the Request of the Federal Court of Appeals

Nuccio v. Nuccio, ___ F.3d ___ (1st Cir. ME, Aug. 9, 1995)

The Supreme Judicial Court of Maine will decide whether the statute of limitations is tolled during the period plaintiff allegedly repressed memories of childhood abuse under the doctrine of equitable estoppel. Equitable estoppel is a doctrine which prevents a party from taking advantage of his own wrongful acts.

Traditionally, the doctrine is limited to situations where the plaintiff relied on a defendant's statements or conduct after the initial wrongdoing to plaintiff's detriment. As a result of this reliance the plaintiff was prevented from either discovering the wrongdoing or suing because of it as she would have done otherwise.

In the case currently before the Supreme Judicial Court of Maine, an adult daughter claimed that her father repeatedly sexually abused her from age 3 until 13. She claims that during the course of her childhood, he threatened to kill her if she told of his abuse. To reinforce his threat, he allegedly killed family pets and was routinely violent towards her. To support her claims, Plaintiff submitted an affidavit from a psychiatrist which stated that "the threats...and the consequent conscious and unconscious fear, were substantial contributing factors causing the traumatic amnesia which both prevented her from remembering the sexual abuse and seeking a remedy before the amnesia was removed." Plaintiff also states that she repressed memories of her father's abuse until 1992 when she was 42 years old. Plaintiff argues that her father should not be allowed to assert a statute of limitations defense if his actions were responsible for her repression and resulting failure to file suit in a timely way.

A district court had granted summary judgment, finding the suit was barred by Maine's statute of limitations. Plaintiff appealed to the 1st Circuit Court. Because the 1st Circuit was asked to decide a question of Maine law for which there was no precedent, it certified the question to the Supreme Judicial Court of Maine. The only issue now

The writer" also confuses being a doctor and being a policewoman. Even if she is occasionally right about false memory—and it does happen—who cares whether the 'reality' of the patient is not the absolute truth?"

Dr. Ghislain Devroede

Hospitalier Universitaire de Sherbrooke
Humane Medicine 11:3 Aug 1995 (p. 127)

before that state court is whether, assuming the truth of the facts alleged, defendant should be equitably estopped from asserting the statute of limitations as a defense. The First Circuit Court of Appeals retains jurisdiction pending determination of the certified question.

Editor's comment: The FMSF Legal Project recently produced a working paper (Section VIII, Equitable Estoppel) pertaining to application of the equitable estoppel doctrine in child abuse claims.

Michigan Supreme Court Limits the Use of Expert Opinion Testimony in Child Abuse Cases

People v. Peterson and People v. Smith Docket Nos. 98941, 99981, Decided Aug. 22, 1995

The Michigan Supreme Court held that an expert testifying in a child sexual abuse case may not testify that the sexual abuse occurred, vouch for the veracity of a victim, or indicate whether the defendant is guilty. "Testimony that the complainant's behaviors were consistent with other child sexual abuse victims is no longer merely offering an explanation; it is based on the expert's opinion, as an expert, that the complainant's behavior matches the behavior exhibited by other child sexual abuse victims."

In deciding the admissibility of expert opinion testimony, the Court distinguished testimony that behaviors are "consistent with" abuse from testimony that such behaviors are "not inconsistent" with abuse. The court decided that "consistent with" testimony should not be allowed, regardless of when it is presented because it violates the Davis/Frye test; its foundation is too unreliable as a detector of sexual abuse." The court noted that the behavioral reactions often associated with abuse may also be produced by other stressful, but nonsexual, abuse causes. Therefore, the court concluded, behavioral signs are not "sufficiently accurate, reliable, and standardized" for use as a detector of sexual abuse. "Not inconsistent" testimony, on the other hand, "merely states that it could be true" and may be used as rebuttal testimony.

Woman Files Lawsuit Against Prairie View; Suit Alleges Institution Performed Exorcisms

Bill Wilson

Newton, Kansas, September 14, 1995

Ron and Kathleen Knott filed suit, 9/1/95, in Harvey County District Court against Prairie View, Inc., alleging that the Newton, Kansas mental health institution performed four exorcisms on Mrs. Knott. She and her husband seek damages in excess of \$200,000, an injunction against Prairie View preventing them from allowing the practice of exorcism by their staff and the removal of the facility's accreditation.

The petition states that Knott sought treatment at Prairie View in 1991 for an eating disorder and to help her "cope with past recollections of child abuse." The petition alleges that Prairie View doctors told her that her dreams were memories of past incidents of satanic ritual abuse. She was later diagnosed with multiple personality disorder. The exorcisms were allegedly performed at the Center during

1992. No court dates have been set in the case.

Jury Awards Former Patient \$204,000 in the First of Three Suits against Wisconsin Psychiatrist

On July 18, 1995, a jury found Wisconsin psychiatrist Kenneth Olson guilty of negligence in the treatment of a former patient. The plaintiff had claimed misdiagnosis of Multiple Personality Disorder and inappropriate treatment of her condition by Dr. Olson. The jury agreed and awarded the plaintiff \$204,000 for pain and suffering and for past wage loss. Dr. Olson was found 65% negligent and his former patient 35% negligent which meant that her ultimate award was \$132,600. This is the first of three suits against Dr. Olson.

Repressed Memory Suit Settled Two Years After Filing

Editor's comment: A review of recent outcomes of repressed memory civil suits filed in the United States indicates that just over two-thirds are resolved when the suit is dropped by the plaintiff, dismissed by the court, or with a finding for the accused defendant. Even the circumstances surrounding suits that are settled out of court often demonstrate the questionable reliability of repressed memory claims. The following is an excerpt from a description by a Wisconsin defense attorney of a repressed memory case which was resolved this month:

The plaintiff, in her 30's, originally sought counseling for family problems. Apparently the scope of the counseling was broadened and eventually she was diagnosed as having experienced pervasive and devastating physical and sexual abuse during her childhood. No one was able to say when during the childhood the abuse occurred, or what happened, only that the father was accused of doing it.

The daughter's attorneys drafted a summons and complaint and sent it to the father with a demand for settlement. The implication was that if the matter could be settled before the suit was filed, there would be no attendant publicity that would adversely affect the father or the father's business.

The father vehemently denied being involved in improper behavior with his daughter and refused to pay anything. The daughter's attorneys responded by filing suit in state court in 1993. Because of the unique facts of the case, the suit was moved into federal court. In Federal court, it was felt, the longer time between the filing of the action and the trial might increase the possibilities of settlement or simple dismissal of the action. Trial was scheduled for March, 1996. As the legal proceedings progressed with motions and counter-motions and the attendant delays in the federal court system the parties had incidental contact. The father (and mother) were able to keep animosity out of the situation and continued to send Christmas and birthday gifts to their grandchildren. Visitation of the grandchildren was requested by the grandparents and it was allowed for limited time periods.

Gradually, as time passed and incidental contact between the accused father and the accusing daughter increased, they began to talk about the suit. The father

continued to deny the accusations, and the daughter began to wonder about the accuracy of what she had been told by her counselor. Eventually, the suit was settled under very favorable terms to the father and under a confidentiality agreement as to the suit's exact terms.

MPD Plaintiffs Awarded \$4 Million in Suit against Estate of Psychiatrist, Slavik v. Estate of Roult
Hennepin County District Court, MN

On August 20, 1995, the *Dallas Morning News* reported on the trial of two women who sued the estate of psychiatrist Dr. William Roult of Fairview Riverside Medical Center in Minneapolis for malpractice and sexual abuse. That article was reported in the FMSF Newsletter, September, 1995, p. 10. Following Dr. Roult's suicide in 1991, the plaintiffs Slavik and Wall, through other therapy, realized they had been sexually abused by Dr. Roult and were also diagnosed with MPD stemming from "repressed" memories of childhood sexual abuse.

Judge Dan Mabley instructed the jury to disregard testimony involving memories the jury determined to have been recalled under hypnosis. However, whether or not the "host" or "alter" personality testifying was in a hypnotic state was a question of fact for the jury to decide. Judge Mabley allowed testimony by seven of plaintiff Slavik's twenty-four personalities and five of Wall's eighteen personalities. Apparently, Slavik's personalities were summoned by her attorney while Wall's personalities "came and went" during testimony.

Defendant's attorneys argued there was no malpractice and no corroborating evidence for the abuse allegations. They further claim that Slavik had made other allegations of sexual abuse which were also unsubstantiated. The jury found that the plaintiffs were vulnerable and Roult's conduct of abuse had inflicted emotional distress, battery and sexual exploitation of the women. On September 13, 1995, the jury returned a verdict in favor of plaintiffs and awarded Wall, who formerly was a special-education teacher, \$40,000 for lost wages, \$750,000 for emotional distress and \$366,000 for medical expenses. It put her future damages at \$150,000 for lost earnings, \$750,000 for emotional distress and \$265,000 for medical expenses. The jury awarded Slavik, who formerly worked at a Dairy Queen owned by her husband, \$60,000 for lost wages, \$750,000 for emotional distress and \$264,000 for medical expenses. It set her future damages at \$150,000 for lost earnings, \$750,000 for emotional distress and \$250,000 in future medical expenses.

The all-female jury refused to discuss its verdict with the press. An appeal is expected.

Editor's Note: The basis for Judge Dan Mabley's ruling allowing testimony by the alter personalities is unclear. As there is little or no case law regarding testimony by the alleged "victim" diagnosed with MPD, he may have relied on, State of Georgia v. Dorsey, 206 Ga. App. 709, 426 S.E. 2d 224 (1992). In that case, the court allowed admission of the alleged victim's testimony while in a dissociative state, determining that hypnosis was voluntary while a dissociative state is involuntary. Additional information will be provided as more of the facts in this case become available.

Most often MPD testimony involves criminal defendants who allege they were not in "control" of the personality which actually committed the crime with the hope that a plea of "not guilty by reason of insanity" may be obtained which would result in a psychiatric hospital stay rather than a prison sentence. In the case of an MPD defendant, a determination is made as to which personality was in executive control of the physical body and whether or not it has independent knowledge of the offense. Some courts may take a "specific alter" approach and focus on which alter was in executive control at the time of the offense and whether that "specific alter" was legally insane at the time of the offense. Some argue that a finding of insanity should be made if the host personality is not in executive control or co-conscious at the time of the offense.

Courts facing claims involving MPD are asked to resolve issues which are currently being debated in the scientific community. As the number of both repressed memory of childhood sexual abuse and MPD cases increase, it is clear that members of the legal profession need to educate themselves regarding the medical and scientific issues these claims present.

Panel upholds immunity for abuse reports

The Daily Journal, October 21, 1995

Stecks v. Young, 95 Daily Journal D.A.R. 12547

The 4th District Court of Appeals in San Diego has upheld a state law that grants immunity to counselors who are required to report suspicions of child abuse. The 29-year old purportedly schizophrenic daughter of David and Nancy Stecks reportedly told a counselor, Candace Young, that she had information that her young nephew was to be sacrificed in a cult ritual attended by the boy's father. Young gave this information to the county Child Protective Services. It was subsequently read by medical practitioners and people within the criminal justice system. The Stecks sued Young for infliction of emotional distress. The suit was dismissed in San Diego County Superior Court.

The California Legislature "recently narrowed the immunity from absolute to limited for social workers who act with malice or an utter disregard for the truth in removing children from their parents in suspected abuse cases. However, no action was taken to limit the immunity of those who are mandated to report suspected abuse."

Overtured Convictions Suggest Changes in Standards for Investigating Sex Abuse Involving Young Children.

During the last month, many press reports have discussed the implications of what is called a trend of overturned convictions for mass child molestation in day care centers. In one such case, a Massachusetts state judge overturned the sexual-abuse convictions of Violet Amirault, 71, and her 37-year-old daughter, Cheryl Amirault LeFave, who had been imprisoned since 1987. On August 29, 1995, Massachusetts Superior Court Judge Robert Barton ordered their release after overturning their convictions for molestation of about 40 children at their day care center near Boston.

"One more hour, or even one more minute, in custody in this case would be improper," Barton said at a bail hearing that followed his ruling. Barton had ruled that the women's convictions should be declared null and void and they deserved a new trial because their child accusers, who were between ages 2 and 4, did not confront them face to face in the first trial. The Amiraults' case had been reexamined in light of a 1994 Supreme Judicial Court ruling stating that defendants are entitled to confront their accusers in court.

It is unknown whether prosecutors will appeal this dismissal or undertake another prosecution. Amirault's son, Gerald, has filed a separate appeal against his conviction and is not covered by the ruling.

This decision (similar to the 1993 overturned conviction of Margaret Kelly Michaels, the reversal of Robert Kelly's 12 consecutive life terms in North Carolina, the 1995 reversal of Donna Hubbard's conviction in California, and the McMartin preschool case in California which was dismissed in 1990) really hinged on the question of whether impressionable children could be brought through repetitive questioning to believe they were abused, even though most of them initially repeatedly denied it. Recent studies have shown that very young children, when subjected to persistent questioning, can describe details of events that never occurred. Experts such as Dr. Stephen Ceci, a Cornell psychologist, and Maggie Bruck of McGill University recommend that investigators interview young children no more than a handful of times and that the interviews be videotaped so juries can draw their own conclusions about whether the child's story has been shaped.

(For the story of the Amirault case, see *Good Housekeeping*, Oct. 1995, "Unspeakable Acts", Dorothy Rabinowitz.)

Editor's Comment: We expect to see judicial decisions and legislative actions in response to the issues raised by these cases. These developments are reported in the updated FMSF Publication #825, "Resources for Families Accused by Minor Children." A recent decision by the Michigan Supreme Court regarding the admissibility of expert opinion testimony is reported in this newsletter.

Many Kern County (California) Molestation Convictions Overturned, *Fresno Bee*, 8/30/95

On August 7, 1995 the 5th District Court of Appeal in California overturned the conviction of Donna Hubbard. She was one of 37 people convicted in the early and mid-1980s as Kern County prosecuted eight "rings" of child molesters. Since that time, 14 of the 26 people found guilty have had their convictions overturned.

Hubbard and two men were convicted in 1985 of the molest of Hubbard's 9-year-old son and two other boys. She was sentenced to 100 years. Hubbard's son later recanted much of his testimony.

"Protection of children is an important priority in today's society. But it should not annul the civil rights of adults, including the right to due process and a fair trial."

Christian Science Monitor (9/5/95)

conducted numerous interviews with the children. The court said that there was "substantial likelihood" that Hubbard's conviction was based on false evidence.

In its 470 page opinion, the Appeals Court was sharply critical of the Kern County investigators' interview methods. The court noted that investigators repeatedly used leading questions and

Margaret Kelly Michaels Wants her Innocence Back Nancy Haas, *New York Times Sunday Magazine*, 9/10/95

In 1993, a New Jersey Appellate Court overturned the conviction of Margaret Kelly Michaels. In 1987, after a 10-month trial, Michaels was found guilty of 114 of an alleged 131 counts of assault, sexual abuse and terroristic threats against 20 children. She was sentenced to 47 years and spent five years in prison, including 15 months in solitary confinement. The New Jersey Supreme Court upheld the reversal, writing that the case was riddled with "egregious prosecutorial abuses." All 20 children involved, the court concluded, had been led, bribed or threatened. Not one had related incidents of sexual abuse using free recall. There are eight civil suits pending against Michaels and the day-care center's insurance carrier brought by parents of the accusing children. Michaels plans to file a \$10 million Federal suit against the county, the state and other individuals involved in her prosecution, charging that they maliciously invented crimes that never occurred and manipulated children's testimony that might have cleared Michaels.

"All I want is for the state to say it was a mistake. If they offered me a buck and an apology, I'd go away."

Kelly Michaels, Sept 10, 1995
New York Times Magazine

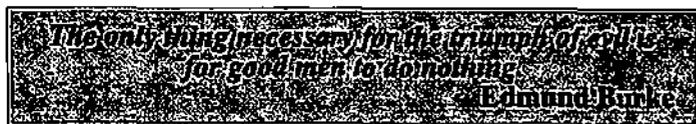
North Carolina High Court Backs New Trials in Little Rascals Case Peters & Parks, *The Virginian-Pilot*, 9/8/95

The North Carolina Supreme Court rejected prosecution requests to review an Appeals Court ruling that overturned the convictions and life sentences of Robert Kelly and Kathryn Wilson and granted them new trials. The court ruled that North Carolina prosecutors must retry them or set them free. At the time of this writing the District Attorney has not announced what action will be taken. Day care co-owner Robert Kelly and six others were charged with more than 400 counts of sexually abusing more than 30 youngsters. The 1992-1993 trials have been labeled the most expensive and longest in North Carolina history.

An Appeal to Justice

Los Angeles Times, August 16, 1995, by Lynn Smith

Legal experts agree the issue is a matter that goes to the heart of the American justice system. "The Sixth Amendment guarantees two things: face-to-face confrontation and cross-examination," said John Myers, professor of law at the University of the Pacific in Stockton in comments about the overturning of the Amirault conviction.



MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that three and a half years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 17,000 have reported similar experiences. Together we have made a difference. How did this happen?

California - I have been checking local libraries and churches for booklets and information. Last week, I found one church that had a booklet that was encouraging people to think they might have recovered memories. I am planning to contact the administration of that church and provide them with educational information.

Florida - Our families have succeeded in contacting the local "Crisis Hot Line" which will include FMS information in the future.

A suggestion: Each person should have a mailing list of 20 to 25 people in his or her sphere of influence. This list might include legislators, local television personalities, mental health leaders, or educators. Write to these people regularly, perhaps once a month, but don't expect an answer. Keep your letters very brief and enclose a short current article.

Indiana - I never leave home without a packet of FMSF information. Last Sunday was "bring a friend" day at my church. Someone brought an important Congressman! I was able to talk to him for a while about FMS. He and his wife were very pleasant and both seemed interested and said they would read the information.

I teach CPR classes 3-4 times a month. As I finish my lecture, I will stand there and hold and cuddle the infant mannequin and tell how my husband and I were not allowed to see our new granddaughter for almost a year - all because we were accused of crimes that never happened. I then take a few minutes and talk about FMS.

Contact your local Senior Citizen Services and see if you can give a program or talk on FMS. Write or send an article about FMS to any local Senior Citizen papers or magazines in your area. Senior citizens need to be informed about FMS should it ever hit their family.

Every group of FMS families can do this. Tear out the book order forms that are in magazines or that come in the mail. Send them in and tell the Book Clubs that you would like to see *Victim's of Memory*, *Making Monsters*, *The Myth of Repressed Memory* and all the other FMS books on their list of available books. **Make a difference.**

Minnesota - I am not an accused person but I have been very upset by the unscientific approach and the social message conveyed in *Courage to Heal*. I sent material about this to the Hazelton Foundation and explained how that book did not support either their philosophy or practice. Last week I received a letter from them informing me that Hazelton will cease to distribute this book and that they are removing it from their campus book store.

You can make a difference. Please send me any ideas that you have had that were or might be successful so that we can tell others. Write to Katie Spanuello c/o FMSF.

MAKE A DIFFERENCE TO THE FMSF BUSINESS OFFICE

Whenever you send us a check, money order, or a credit card charge, please, **PLEASE** tell us what the money is for. Is it to renew your membership dues? Is it for the purchase of an article? Is it a donation?

Always be sure to include:

Name
Address
Phone

and if the payment is by Visa or MasterCard.

What is your card number?

What is the card's expiration date?

How much do you want us to charge your card?

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If you give someone a gift subscription or membership, please note that we will send the gift recipient a letter informing them of the gift and who gave it to them.

ADDRESS CHANGES

We must have your address change notice one month before you move. Newsletter labels are printed at the beginning of each month, and we must have your address change notice before then if we are to mail your newsletter to the correct address.

Whenever you send us your new address, be sure to also include your old address.

These tips will help minimize confusion and assure the speedy processing of your orders, memberships, and donations.

Letter to a Parent

Thank you for your letters and the sheet concerning "False Memory Syndrome." It was a pleasure to meet you and talk with you and I appreciate your willingness to speak out in this field, and your offer to come to my class.

I would like to have you come to talk with my students in November, just after my discussion of treatment and prevention of sexual abuse. There are 75 enrolled, mostly Psychology, Sociology, and Child Development majors. All are juniors.

This is a very important topic. I believe you can present the case very well and address some very important issues.

Professor and Head of the Department

FROM OUR READERS

Counselor's Insistence

When I called FMSF, it was because in the course of speaking about rape attempts that I have never forgotten (I had to repeatedly fight off my brother-in-law when I was 12 - 13 years old) the therapist (a so-called "peer counselor") insisted that I had been raped at a much younger age by my father! This is especially interesting in connection to your June 95 newsletter's comment about the peculiar father-centered statistics, isn't it? The actual occasion of the counselor's statement was during a casual conversation of the ways our personal skills and predispositions affect us and I had told an anecdote about how, when I was in about fourth grade, I saw a print of Dali's "Persistence of Memory" (the dripping clocks) in a book and immediately became nauseated. I then found that this happened every time I looked at the picture, and I related it to other ways in which I am visually hypersensitive.

The counselor's insistence that I accept her sudden and out-of-context interpretation of this image-nausea link was disturbing to me. The fact that I was concerned with a separate, real, unexpressed trauma was thoroughly disregarded in this new, and frankly unwelcome, crusade. My refusal to go along cost me support in the real issues. I continue to suffer from the very real symptoms of post-traumatic stress, the nightmares, the "triggers" that interfere with daily life, etc. None of this has anything to do with my father, who was a normal human being with normal strengths and weaknesses regarding his children."

Family Destruction

My daughter was thirty years old, had been married for six years and was overweight and depressed. She consulted a psychotherapist. The next thing I knew, our family was in turmoil.

We couldn't understand. Our family had had its ups and downs, but we loved our children. We have a son and two daughters. This was the middle child. We all offered to help in any way we could and suggested we all go to therapy. This was rejected. She wasn't ready. This is when we learned the words "dysfunctional," "codependency," and "enabler."

After some time, her brother was invited to join her in therapy. He went willingly but my daughter didn't like what he had to say. He was dismissed as being too much like his father.

At first my younger daughter couldn't understand her older sister's behavior, but with time she was also convinced that she was an abused child. These were children who attended private school, enjoyed a country club life style and had most of the good things in life.

After 18 months, my husband was diagnosed with terminal lung cancer. Our daughter did come to see him while he was ill but things were not the same. He died in six weeks. I had lost my hus-

band and two daughters.

A little over a year after my husband's death, I got a call from my daughter asking me to meet her at her therapist's office. I went elated, thinking this was a chance for reconciliation. You can imagine my shock and horror, when I was confronted by my son-in-law, my daughter and her therapist and was told her father had sexually molested her when she was a child. I was supposed to have seen the signs. I was not allowed to ask any questions such as "when" or "how" this was supposed to have happened. I was told that would be victimizing the victim. I was told I was in denial. I was told I did not protect my child. Those were the therapist's words. Of course none of this is true.

Since the summer of 1992 my daughters have not been in touch with me. It is all so sad, so many years going by. How can these therapists get away with family destruction?

Getting on with life

We have ceased letting thoughts of our accusing daughters be an obsession with us. We no longer want addresses or telephone numbers. We will always love them and will welcome them back with unconditional love. But they no longer control our lives.

How we have Coped

On January 3, 1993, we received the nasty letter from our daughter, like those that so many others have received, cutting us off from all contact with her or her children. At the same time, our older daughter ended up a long phone conversation with the request that we cease communications with her.

The added tragedy for us is that the younger one (age 46) died, seven months later, without its ever having been resolved. Her heart attack was the result of an overworked, enlarged heart, but since it happened just seven days after my (her Mom's) birthday, we believe the stress of not calling or communicating after having been so loving a daughter all those years added to her torment.

The only way my husband and I have been able to cope with this upheaval in our lives has been to realize that our daughters were sick -- treating it as though they had a physical ailment that we have been unable to help cure. Her father and I both have clear consciences. I did not work outside the home and was there for the children totally. We hope that our surviving daughter will come to her senses one of these days. We are close to our son who is still in contact with his sister. He says that he "walks on eggs" to keep from upsetting her with any questions.

During the first few months after the original accusation, I suffered from health problems. After my daughter died, I often cried myself to sleep saying "she died hating me." My anger is concentrated on her therapist, although we don't even know who he is.

We decided to go on with our lives and keep as busy as we had always been (our ages are 75 and 78). We miss our grandchildren and we

FREE LIBRARY DISPLAYS are now available through SIRS Publishers. Call 1-800-232-7477. This is an attractive and positive way to inform people about the many new books that are now available about false memories and the devastating effects this is having on families.

miss our surviving daughter. Even though we know that it will never be the same, we are optimistic that our daughter will come to her senses and that we can reconcile someday. That is the best we can do for now.

Coping

The best healer has been time, now 3 1/2 years. Initially, I read everything I could find on the subject, including professional articles and that unspeakable book and workbook our daughter read with a friend her senior year in high school. I also sought direction from a psychiatrist the family had seen several years previous. Pursuit of knowledge and professional assistance offered a little relief of pain, but only a little.

I kept looking for "Why?" I thought that our daughter desperately needs to be totally separated from her father and from me. There must be no possibility of any of us crossing this chasm of rage and retaliation. But trying to put myself in her shoes I thought of all our personalities and interactions over the years. Who has power? How is it expressed? How is it perceived? Was there room for everyone to learn, to grow in his/her uniqueness. I think in her perception, for reasons I may never understand, there was not. The only way she felt in the very core of herself that she could develop into her own person was to get totally and completely apart from us. I often wonder if any other parent conceptualized the situation in that way. When our daughter was growing up, she appeared to me to be more emotionally dependent on her dad and me than other children were on their parents. The outsiders she was drawn to were other adults, not other children.

Committing myself again and again and again to letting her go, convincing myself that it is in her best interest has helped. And accepting the fact that there is absolutely nothing I can do has finally been of help.

Our daughter has succeeded in building a new life with new people in a new place. She has been successful. We did everything we could when we had the opportunity. The only remaining parental responsibility is to keep on letting go.

To My Sister:

It's been 8 months since our last conversation. It took me a while, but I now know why you called. It was to eliminate me from your life so you could bring a lawsuit against my parents. Since you had begun therapy, I really tried to stay in a neutral position but on that night, I was lured into choosing a side. I say "my" parents because you have abandoned any bond that you had with them. You replaced them with "New Age" therapy and your family of choice. Not even brainwashing would make me withhold love or care from the people that nurtured me from an infant. But that's me, not you.

It would have been so easy for them to ignore their responsibilities for all of their children, but instead they worked two jobs so they could afford to provide all of us with a Catholic education. They surrounded us with loving relatives and took us places many children had no opportunity to experience. We were lucky.

Yes, everyone has some bad memories from childhood; they serve no purpose but to raise havoc. Approach it from another way of thinking. How much influence have the good memories had on your life? Too bad your therapy couldn't have brought up good memories. All the rest of us, your brothers and sisters, still have the joy of creating good memories of our family together.

Thank you

My mother used FMSF material as to what to do. However it now seems like abuse did happen with an uncle. Our family talked about it and now all relationships are good. The daughter always knew the abuse happened. Now she feels better. We thank the FMS Foundation.

(phone conversation)

Dear Editor,

As an Australian psychiatrist, I have been delighted to join the FMS Foundation and receive your newsletter. I thought you would be interested to hear what is happening in Australia with regard to FMS.

Until recently, it was held that FMS was largely an American phenomenon and that our sensible, empirical approach would prevent any such problems. Well, think again. Last year in Western Australia, a man was charged with 27 offenses of sexual abuse of two of his daughters, based on their "recovered" memories which occurred in therapy. The jury found him innocent on most of the charges and was hung on the rest. The prosecutor later announced that he would not be re-tried.

Despite the widely expressed hope that repressed memories would not be accepted by the Australian court system, there are now reports of several cases in my home state, New South Wales, based on repressed memory therapy. Some of those convicted on nothing more than "recovered memories," are now planning appeals based on the FMS defense.

The issue is now very much out in the open and there has been extensive media coverage. This has at least led to better public understanding but allowed the usual cliché of proselytising therapists to express their belief in repressed memory therapy, to say nothing of MPD or satanic ritual abuse.

By way of example, in Wollongong, the town where I live and work, I have seen several cases of FMS. A self-proclaimed therapist, who apparently has no qualifications, lives in a house with something like 5 women, whom she claims need her there to protect them from their various personalities. After an interview in the local paper and radio station, I received several anonymous letters of abuse. All were strikingly similar in that they used the tendentious clichés so typical of the book "Courage to Heal".

On the positive side, the Australian psychiatric and psychological associations are planning position statements which are likely to be critical of FMS and recovered memory.

Dr. Robert Kaplan, Wollongong, NSW, Australia

RESTORING FAMILIES

Dear Dad and Mom,

This is a letter of love, a request for forgiveness and a sincere, heartfelt apology for what you and the rest of the family have gone through due to my support of my sister's beliefs and my gullible susceptibility to the persuasion of a number of therapists. This has caused a tragic breach of trust within the family that I am praying will be restored with God's grace and mercy.

The "memories" first occurred after about a month of receiving calls from my sister that truthfully were quite frightening. I then received some medical papers from her that explained dissociative disorder and MPD as well as statements that this is usually a result of severe abuse and often is SRA related. These were given to her by her therapist so that she would understand her disorder and why she had the problems that she did. As a result of this information and discussions with my sister about her diagnosis of MPD as a result of SRA abuse, I gradually began to wonder what I didn't remember. I was told that since she had MPD that I most likely was abused in the same way but that I would have no memory of it because I "probably was programmed by my abusers to split off into a separate personality if I started to remember anything about my past." I was also told that once this part of my personality took over, I would have no control over my actions and would have no recall of where I was or what I had said. I was also told that I was probably programmed to harm myself if any memories of my childhood started to come back.

As you can imagine, this seemed entirely overwhelming to me, but I found myself beginning to question everything about me and what I knew to be true. What I had believed all my life about my family and my upbringing was diagnosed as being an illusion. I was told that the real truth was locked up inside me and that it would take an average of 7 to 8 years of therapy to get the "memories" back and to be healed and able to lead a somewhat normal life. I actually began to believe (contrary to rational intelligence) that I was not capable of relying on my own perceptions and actual memories of my life. I was told that different personalities within me didn't know each other and could at any time do things that I would never know about. This kind of talk sounds so crazy that I personally feel shame for being so gullible to believe this could be true in any way. I still can't understand how my inclusion into this fiasco ever came about. I've always considered myself to be a strong-willed intellectually capable woman who could stand on her own two feet and discern what is true and what is false. Well, I was susceptible, and because of this my whole world disintegrated.

It was only after I quit "therapy" and stopped talking to any other "victims" that the brainwashing started to fade away. This process took a year and a half before my life and the lives of my family, who have been hurt, could even

begin to be repaired. This is such a slow process to endure. I sometimes wonder if it is like coming out of a concentration or POW camp and walking back into the real world again. The positive side is that it can happen and families can be successfully restored. I hope that we can be a testimony to this for others who have been damaged and estranged from family.

We spent the first months of reconciling by avoiding the subject because of the fragility of emotion that it brought forth, but I believe that now is the time to bring it all to the surface and make amends.

Well, I had better not write a book. I love you and hope that we can see each other soon before the kids' school starts again. I've started a new job this past week and I am really enjoying it.

Love you,
Your daughter for life!

I'm Sorry

After nearly 2 1/2 long years of little communication I received a letter from my daughter that I would like to share with you.

*Dear Mom,
Remember when I called you Friday and said I'm willing to be wrong? Well, I've been very wrong about all this "inc-*

est" stuff and now I really know this. I'm so sorry for all the pain and turmoil I've caused you.

Listening to you this past Friday, I realized that you do know me and that you are a pretty wise woman! Also, that I have been self-righteous, opinionated and scared. I am glad that you have shared yourself with me, keeping your door open, patiently waiting for me to wake up to reality. Well, I have woken up and there's a whole world out there I've never seen before. Wow!

My daughter had accused me, her mother. The drastic changes occurred when she out of the blue proclaimed that she was an alcoholic and became a recovery addict. I see her letter as a first step where she wants to return to her family. There is no effort on her part to talk about what happened and why, and it seems to me that she is not at all aware of what she has done; it is like she cannot feel.

A Mom

Progress, but Slow

Things are progressing, but slowly. Our daughter and I have been talking on the telephone once a week. After one call of misunderstanding, I told her that we needed some help. She agreed for me to send information. After she received it she said she felt we were further along. We agreed to continue our talks.

We spent the first months of reconciling by avoiding the subject because of the fragility of emotion that it brought forth, but I believe that now is the time to bring it all to the surface and make amends.

A Retractor

She stated she did not believe all the things happened, but she is defensive and won't use the word 'retracted.' But she did apologize for hurting us.

She and her family were at our home for a few days in August. This was her first visit since before all this happened. This was a much needed step. She and her brother (whom she had also accused) met with a counselor and both said it was a good visit.

When she left, she hugged me and said, "It's been a good visit." We enjoyed the grandchildren so much.

She doesn't like to talk about FMSF (so we don't, but we know the results it has accomplished!) She has said her family didn't care about what she was going through. Her husband has called it a nervous breakdown. But we know we did all she would let us -- and then some. But time will heal, and love and support will help. And she will remember.

We continue to pray for all the families that are still "hurting."

A Mom and Dad

Did we make it too easy?

I thought I would take a few minutes to update you on our situation which has been evolving since the mediation ten months ago.

We have had two meetings at the therapist's office: my daughter, the therapist and me. In addition, I have met with him alone on two other occasions. All meetings have been progressively more friendly, open and moving further away from false accusations. I believe this therapist (who took over from the ones who had led her down the FMS path) is aware of the truth. But he is not taking either side. There has been a total avoidance of the alleged abuse in our three-way meetings. My point is that he is actually making her better, for which I am deeply grateful.

The big news is that she has "come home." At our meeting last month, she promised to mail pictures of my 5-year old grandson. A week or so ago, she called me for the first time in over three years. She said it would be hard to mail all the pictures and she just said, "Dad, can I come by your house?"

A few nights ago, she and my grandson came to our home where she grew up. We never talked about what had happened to us these last three years. In fact, sitting there talking to her, is was just as though the last three years had never happened at all. She was again the person I've known and loved so much all these years. We did not hug or touch. Nevertheless, we jumped with joy over this latest turn of events. We do still fear setback and we are certainly not thinking it's all over, not by a long shot. We know that all the damage that was done has not been undone.

When we have heard similar accounts in the past, our reaction has been that we could never just act like nothing happened and take her back without an express resolution of the matter. Yet, when faced with the actual presence of our daughter we were so grateful to see her, talk to her, have her at home, that it seemed enough. I can honestly say that I have no need to punish her or demand an abject apol-

ogy. I do hope that she will acknowledge error and take some responsibility for what she had done. Some recognition of the fact that she was never abused by me still seems to me a prerequisite to a complete reconciliation. I am willing to wait, as long as we are making real progress.

In a way, we are troubled by the idea that by making it too easy for her to just come back, we are doing precisely what we did that contributed heavily to her susceptibility to this awful syndrome: protecting her from reality, bailing her out, not insisting she take responsibility for her own life. She is 32 years old, college educated and a mother. But she needs to grow up. Have we made it too easy for her not to have to develop maturity? As in the classic line, she needs to get in touch with her inner adult. It's time. We have failed to give her that, to make her face life squarely and realize she is not a victim and to see that her life will be what *she* makes it. In that sense, I think I have loved her too much and overprotected her. Is this some more of the same? We are troubled in the midst of our great joy of seemingly having her back.

I share our experience in hopes that it may contribute to the understanding of this phenomenon. Also, we would be interested in hearing of the way other parents have handled this situation and with what results.

Dad in Texas

Do my feelings count?

Do my feelings count in all of this? For what it's worth I still feel violated. I know I did not sexually abuse any of my children. So what am I to do with my feelings since the accuser is not willing to admit that he is wrong? All the time during a recent visit, the accuser treated me as if nothing were wrong. It's OK, mom, I love you and want a relationship...but I still think you did something to me. What do I do with my feelings about this?

REVISED BIBLIOGRAPHY

The Foundation has expanded, updated and annotated its Bibliography, which includes collections of articles, magazine/newspaper articles, journal articles, and legal material. Articles are in a variety of areas including Dissociative Disorders (MPD), Eating Disorders, False Memory Syndrome, Forensic, Hypnosis, Satanic Ritual Abuse, etc. If you would like to receive a copy of the Bibliography, please send us information in the form below and (if you live in the US) include a self addressed stamped envelope. There is no charge for FMSF members; non-members please include \$1.00.

___ Member - no charge, SASE enclosed

___ Non-member -\$1.00 & SASE enclosed

They all hugged me!

I am a 43-year-old retractor. At the present time, I am very lost and confused. After six and a half years of therapy with an MSW in Texas, I began to wake up to my true reality and come out of the fog I had been living under. I originally went to this person for depression after being in a treatment center in Tulsa, OK for an eating disorder. When I first started seeing this therapist, I was sure I'd be safe because he was also a minister and that was extremely important to me. That proved to be a false sense of security.

I told my therapist that I knew I had been raped at the age of 15 by a friend of my father's and that this had continued until age 19 when I married. I also told him I remembered being sexually molested by an uncle in my preteen and teen age years. I told him my father was an alcoholic and I told him that I was the oldest of five children - four girls and one boy. These things I knew. I knew my father was demanding and that he could be physically or verbally abusive. I knew I had a lot of resentment and anger toward him but I also had a great deal of love at the same time.

When I started therapy, I was in a marriage that was having problems. I was concerned about that. I was unhappy when I started therapy but in just a short time I was living in pure hell. I went from being a depressed person, but someone who could carry a 4.00 in college to having a diagnosis of Clinical Depression, Post Traumatic Stress Disorder and Multiple Personality Disorder and being in a state where I could not take care of myself or anything else. During the time I was a patient of this social worker, I was seen by three different psychiatrists and hospitalized between 16 and 18 times. Each hospitalization was from five to thirty days at four different hospitals. Six of those times were for suicide attempts.

I was led to believe that I was physically, sexually, emotionally and ritually abused by both my parents, a grandfather, several other family members, doctors, pastors, police officers, family friends, and almost anyone you can think of.

My marriage, which had been on shaky grounds, was destroyed after 23 years together. I put my family, my husband, children, parents and siblings through pure hell. I was totally dependent on my therapist. If I questioned my memories, I was told I was in "denial."

I think the stress reached its peak when my then 16-year-old daughter started thinking of suicide and had to be hospitalized. In February 1994, I began to doubt the memories. When I returned to my parents' home after the divorce, I was certain the memories were not true. I started to question my family in detail and read school and medical records. None of these things agreed with what I had been told had happened.

The night before I left, I sat down with my parents and

siblings, nieces and nephews and my own children and told them that I did not believe in the things I had been thinking for the past few years. I asked each one of them separately to try to find it in their hearts to forgive me and I told them I would understand if they couldn't, but I prayed that they would.

To my surprise they all hugged me and told me they loved me and welcomed me back. My father, who had never confronted me on any of these accusations, stood up, held out his arms and told me, "Well it is about time. I have missed my girl. I love you. Don't ever forget that please." What joy I felt. I cried and said, "Daddy, I love you and always will. Please forgive me. I am so sorry." He told me to hush, that he did forgive me and that he had known that someday I'd wake up.

The next day, I went into town and told my now ex-husband what I had told my family. He said it was about time I woke up and he hoped I meant it. I never saw my therapist again.

Life has moved on. I stopped taking the medication I had been on for 6 1/2 years. I had to file for bankruptcy and that was especially horrible because I had been able to deal with financial matters my whole

life. I felt another part of my life had been shot. But now I am supporting myself, my daughter and my granddaughter. I am trying to deal with everyday life and trying to decide what I want to do with the rest of my life.

A daughter

Childhood is less clear to me than to many people: when it ended, I turned my face away from it for no reason that I know about, certainly without the usual reason of unhappy memories. For many years that worried me, but then I discovered that the tales of former children are seldom to be trusted. Some people supply too many past victories or pleasures with which to comfort themselves, and other people cling to pains, real and imagined, to excuse what they have become.

Lillian Hellman "Three" page 412

Thank You FMSF

In the April, 1993 newsletter, you printed my daughter's letter of apology to me. This is an update of our story.

It's been two years since my daughter came back from FMS. Since then, she's courageously dealing with her problems with life. She's working and she's gotten married. This summer, as her father, I dressed in a tux, walked her down the aisle, and gave her away in marriage to a wonderful young man.

Other fathers have cried when they handed over their daughter to this new person in her life, always wondering if she'll be happy, if he'll treat her right, if she'll miss her Dad. Can he trust this new person to look after her the way he did? Will she forget their bond of lifelong love and closeness?

I felt all those things, but I also felt a tremendous surge of thanks to God for returning my little girl, now a woman, to the world of truth and light, so that I could walk her down that aisle.

To you and to the Foundation, I am eternally grateful for you being the way, the road by which she returned to her family and to me.

M's Dad

OCTOBER 1995**FMSF Meetings****FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER**key: (MO) = monthly; (bi-MO) = bi-monthly
CALL PERSONS LISTED FOR INFO & REGISTRATION**STATE MEETINGS****PENNSYLVANIA, NEW JERSEY,
DELAWARE, MARYLAND**Saturday, October 21, 9:30 am-4:00 pm
Sharon Valley Forge (PA)
Jim & JoAnn 610-783-0396
or Lee & Sally 609-967-7812**INDIANA - INDIANAPOLIS AREA**Sunday, October 29, 1995, 1pm
Nickle 317-471-0922(phone), 334-9839(fax)
or Pat 219-482-2847**MINNESOTA**Saturday, November 4, 9:00 am-2:30 pm
Ft. Snelling Officers Club, St. Paul
Terry & Colette 507-642-3630
Dan & Joan 612-631-2247**MICHIGAN**Monday, November 6, 7:30 pm
Fair Haven Ministries, Hudsonville
Catherine 616-363-1354**ARIZONA**Saturday, November 11, 9:30 am-3 pm
* Nat'l & State legislature updates
Barbara 602-924-0975**SOUTHERN NEW ENGLAND
AND NEW YORK**Sunday, November 12, 1:30 pm
Speaker: Pamela Freyd, Ph.D.
Barbara 914-761-3627 or Paul 203-458-9173**UNITED STATES****ARIZONA** - (bi-MO) see State Meeting List
Barbara (602) 924-0975 fax- 854-0404**ARKANSAS - LITTLE ROCK**
Al & Lela (501) 363-4368**CALIFORNIA****NORTHERN CALIFORNIA****SAN FRANCISCO & BAY AREA (bi-MO)****EAST BAY AREA**

Judy (510) 254-2605

SAN FRANCISCO & NORTH BAY

Gideon (415) 389-0254

Charles (415) 984-6626 (day); 435-9618 (eve)

SOUTH BAY AREA Last Saturday, (bi-MO)

Jack & Pat (408) 425-1430

CENTRAL COAST

Carole (805) 967-8058

SOUTHERN CALIFORNIA**BURBANK** 4th Saturday (MO) 10:00 am

Jane & Mark (805) 947-4376

CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925

1st Friday (MO) - 7:00 pm

ORANGE COUNTY

Jerry & Eileen (714) 494-9704

3rd Sunday (MO) - 6:00 pm

COVINA GROUP - 1st Monday, (MO) 7:30 pm

Floyd & Libby (818) 330-2321

COLORADO - DENVERRuth (303) 757-3822
4th Saturday, (MO) 1:00 pm**CONNECTICUT** - see State Meeting List**NEW HAVEN/AREA CODE 203**
Earl 329-8365 or Paul 458-9173**FLORIDA****DADE-BROWARD AREA**

Madeline (305) 966-4FMS

DELRAY BEACH PRT

Esther (407) 364-8290

2nd & 4th Thursday(MO) 1:00 pm

TAMPA BAY AREA

Bob & Janet (813) 856-7091

ORLANDO AREA

Emerson (407) 672-3906

ILLINOIS**CHICAGO METRO AREA (South of the Eisenhower)**

Roger (708) 366-3717

2nd Sunday [MO] 2:00 pm

INDIANA - INDIANA FRIENDS OF FMSNickle (317) 471-0922 (phone) 334-9839 (fax)
or Pat (219) 482-2847 see State Meeting List**IOWA - DES MOINES**

Betty & Gayle (515) 270-6976

2nd Saturday (MO) 11:30 am Lunch

KANSAS - KANSAS CITY

Leslie (913) 235-0602

Pat (913) 738-4840 or Jan (816) 931-1340

KENTUCKY**LEXINGTON** - Dixie (606) 356-9309**LOUISVILLE** - Bob (502) 957-2378

Last Sunday (MO) 2:00 pm

LOUISIANA

Francine (318) 457-2022

NEVADA - LAS VEGAS AREA

Dani (702) 243-9450

MAINE - AREA CODE 207**BANGOR** - Irvine & Arlene 942-8473**FREEMONT** - Wally 865-4044

3rd Sunday (MO)

YARMOUTH - Betsy 846-4268**MARYLAND - ELICOT CITY AREA**

Margie (410) 750-8694

MASSACHUSETTS / NEW ENGLAND**CHELMSFORD** - Ron (508) 250-9756**MICHIGAN - GRAND RAPIDS AREA - JENISON**

Calharine (616) 363-1354

1st Monday (MO) - see State Meeting List

MINNESOTA see State Meeting List

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI**KANSAS CITY**

Pat (913) 738-4840 or Jan (816) 931-1340

2nd Sunday (MO)

ST. LOUIS AREA

Karen (314) 432-8789 or Mae (314) 837-1976

3rd Sunday (MO)

Retractors support group also meets

SPRINGFIELD - AREA CODES 417 AND 501

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

4th Sunday [MO] 5:30 pm

NEW JERSEY (So.) See WAYNE, PA**NEW YORK****DOWNSTATE NY - WESTCHESTER, ROCKLAND & OTHERS**

Barbara (914) 761-3627 - call for bi-MO mtg info

UPSTATE / ALBANY AREA

Elaine (518) 399-5749 (bi-MO)

WESTERN/ROCHESTER AREA

George & Eileen (716) 586-79429 (bi-MO)

OKLAHOMA - OKLAHOMA CITY/AREA CODE 405

Len 364-4063 Dee 942-0531

HJ 755-3816 Rosemary 439-2459

PENNSYLVANIA see State Meeting List**HARRISBURG AREA**

Paul & Betty (717) 691-7660

PITTSBURGH

Rick & Renee (412) 563-5616

WAYNE (includes So. Jersey)

November 11 & December 9

No meetings January or February

Jim & JoAnn (610) 783-0396

TENNESSEE - MIDDLE TENNESSEE

Kate (615) 665-1160

1st Wednesday (MO) 1:00 pm

TEXAS**CENTRAL TEXAS**

Nancy & Jim (512) 478-8395

HOUSTON

Jo or Beverly (713) 464-8970

VERMONT (bi-MO)

Judith (802) 229-5154

WISCONSIN

Katie & Leo (414) 476-0285

OVERSEAS**BRITISH COLUMBIA, CANADA****VANCOUVER & MAINLAND**

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

MANITOBA, CANADA - WINNIPEG

Muriel (204) 261-0212

ONTARIO, CANADA**LONDON** 2nd Sunday: (bi-MO)

Adrian (519) 471-6338

OTTAWA

Eileen (613) 836-3294

TORONTO - NORTH YORK

Pat (416) 444-9078

QUEBEC, CANADA - MONTREAL

Alain (514) 335-0863

AUSTRALIAMrs. Irene Curtis, PO Box 830, Sunbury, Victoria 3419
Telephone (03) 9740 6930**NETHERLANDS**Task Force False Memory Syndrome of
"Ouders voor Kinderen"

Mrs. Anna de Jong, +31-20-693 5692

NEW ZEALAND

Mrs. Colleen Waugh, (09) 416-7443

UNITED KINGDOMThe British False Memory Society
Roger Scotford, +49-1225 868-682

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Deadline for NOV / DEC 1995 Issue:

Monday, September 23th

Mark Fax or envelope "Attn: Meeting Notice"
& send 2 months before scheduled meeting.**YOU MUST BE A STATE CONTACT OR GROUP
LEADER TO POST A MEETING NOTICE IN THIS
NEWSLETTER**IF YOU ARE INTERESTED IN BECOMING
A CONTACT WRITE: VALERIE FLING,
STATE CONTACT COORDINATOR, FMSF

Do you have access to e-mail? Send a message to pjf@cis.upenn.edu if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list (it distributes reseach materials such as news stories, court decisions and research articles). It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

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

October 1, 1995

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1995 subscription rates: USA: 1 year \$30, Student \$10; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.)

What IF?

What if, parents who are facing lawsuits and want legal information about FMS cases, had to be told, "I'm sorry, there isn't any such thing available?"

What if, your son or daughter began to doubt his or her memories and called FMSF only to get a recording, "This number is no longer in operation?"

What if, a journalist asks you where to get information about the FMS phenomenon, and you had to answer, "Sorry, I don't know?"

What if, you want to ask a question that only an expert, familiar with FMS can answer, and find out that FMSF can no longer provide that information? Where would you turn?

What if the False Memory Syndrome Foundation did not exist? A frightening thought, isn't it?

Please support our Foundation. We cannot survive without your support!

Reprinted from the August 1994 PFA (MI) Newsletter

YEARLY FMSF MEMBERSHIP INFORMATION

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

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 ___ Mastercard: Card # & expiration date: _____
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