

FMS Foundation Newsletter

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Dear Friends,

"Isn't there a middle ground in this debate?" we are sometimes asked. (This question always puzzles us because incest either took place or it didn't.) Our answer to the question, however, is "No. We think there is common ground but not a middle ground." What's the difference?

Common ground calls for finding points of agreement and working from these toward a common goal. Finding common ground does not require compromise. Common ground in this debate is emerging. There is agreement that false memories can occur either spontaneously or under the influence of an authority figure. There is agreement that most people remember their abuse. There is agreement that the only way to distinguish between true memories and pseudomemories is by independent external corroboration. Practice that is built on these widely-accepted facts should prevent most patients from developing false memories and spare families from the torment of losing a child and being falsely accused.

At issue in the recovered memory controversy is whether there is scientific evidence for a mental mechanism for "massive" or "robust" repression as presented by the memory recovery movement. Whether it is called "repression," "traumatic amnesia," "traumatic memory" or "dissociation," the claim under the spotlight is whether the human mind can completely and involuntarily push into unconsciousness memories of repeated traumatic events, especially of a sexual nature, and to recover them in full and accurate detail years or decades later. The human mind either possesses this ability or it does not, and for that there seems to be common ground. There is common ground that the question remains unanswered by the scientists who have been studying this question for a century.

Often, people try to find a middle ground in a misguided attempt to achieve a "balanced" view of the false memory controversy. Middle ground calls for compromise, but scientific evidence is not meant to be balanced with speculations or unsubstantiated beliefs. Scientific evidence stands on its own. The problem with taking the seemingly inviting posture of "balance" is that the result can take on a life of its own. We have seen that happen with such statements as "...both genuine recovered memories and fabricated memories exist..." Such a statement is certainly balanced, but it does not warrant the conclusion of the existence of a "repressive mechanism."

Such a statement is misleading, however well-intentioned, and adds confusion and delay to the solution of the false memory crisis. Talking about "genuine recovered memories" masks the critical issue that *memories of incest are either accurate or inaccurate*. It does not matter whether the memory is from yesterday or twenty years ago, remembered continuously or forgotten for some period of time and then recalled. In the absence of external corroboration, we have no way to tell what actually happened. Maybe we will in the future, but not now.

Given the state of our knowledge, it seems that urging caution and prudent practice in this area is another point of emerging common ground. The False Memory Syndrome Foundation has been urging caution since its formation. The actions of the Foundation to support this have been to organize educational meetings and to make written material available so that professionals and the public would have a better understanding of important developments in the field of memory. Nevertheless, our critics have tried to frame the Foundation in a different light from the start.

Recent attacks are at a more virulent level and attempt to portray the Foundation as advocating violence. For example, in September, Bessel van der Kolk, M.D. gave a talk in New Zealand. From a published review of his talk by Ondra Williams (Trauma, Psychobiology, Memory and Implications for Therapy, a seminar with Professor Bessel van der Kolk, September 12, 1996):

"He [van der Kolk] noted how today we see the wish to cover up the atrocities recently reported in Bosnia and recognized the historical equivalent of groups with energies and agendas similar to that of the False Memory Foundation."

Van der Kolk compares FMSF families with those who deny committing atrocities in Bosnia! Has he no shame?

In September, the *American Psychologist* published a highly edited version of Kenneth S. Pope's special address at the 1995 APA Annual Meeting. In this piece, Pope does not deal with the responsibility that may lie at his own feet, at the feet of therapists like him, or with the very slow responses of the professional organizations and licensing boards. Instead, he chooses to "assign blame" to those who have been injured. He accomplishes much of this through innuendo and selective quotation. He devotes a whole section to picketing of therapists as though this was something that the Foundation engaged in or encouraged. "Picketing therapists is a highly visible tactic," he writes. His evidence? He notes that "As early

Inside

Focus on Science	3
Piper	4
Legal Corner	8
From Our Readers	14

November/December
combined issue

MEMORY AND REALITY: NEXT STEPS Saturday & Sunday March 22 & 23, 1997

Family conference will combine important presentations and special social events for families and professionals who attend. Presenters will include: Drs. Chris Barden, Pamela Freyd, Elizabeth Loftus, Paul McHugh and the Foundation's Legal Task Force.

WHAT'S NEW IN THE MEMORY WARS? Friday, March 21, 1997.

Continuing education program co-sponsored by the FMS Foundation and the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins Medical Institutions

Brochures for both programs will be mailed soon
Help us celebrate the 5th Anniversary of FMSF.

as 1992 in an FMSF newsletter article titled 'What Can Families Do?' the tactic of picketing was discussed (October, 1992). He did not include the actual statement. The Newsletter mention of picketing was in the following sentence:

"Some families have become so desperate for action that they have picketed a therapist's office (we must report that we did receive a phone call from a client of that particular therapist asking us to thank the picketing families for helping her to confirm her suspicions about the treatment she was receiving)."

This was the meaning of "the tactic of picketing was discussed?" For the record, the context for this sentence discussed was the prior three sentences:

"Families tell us that they are profoundly frustrated. They write and phone and say they feel a sense of urgency. They tell us, 'My child seems to be growing worse, not better,' or they ask, 'How can this be good for my grandchildren that I am not allowed to see?'"

Picketing therapists may simply be an act of people who see no other way to handle their problems because parents report that they believe that the professional organizations and licensing boards did not respond to their cries for help. Like it or not, it is indeed the case that in the whole nation the first (and almost only) third-party-complaint to be addressed by a licensing board was that of Chuck Noah who has been picketing for the past five years in the Seattle area. The FMS Foundation has chosen to be active by holding continuing education seminars, not by picketing.

The licensing agencies, although slow to respond, have finally started to do so. In October, we were invited to make a presentation at the annual meeting of the Council on Licensure, Enforcement and Regulation (CLEAR)—to the people who run the state licensing boards. The invitation was a result of complaints filed by families that had alerted these bodies to the FMS problem. At the conference, we learned that two states are already in the process of reevaluating what they can do about recovered memory therapy. We learned that in Florida a class action suit was brought against a licensing board for failing to protect the public against fraudulent contractors after Hurricane Andrew. We learned that this happened because of the licensing board's policies on confidentiality, a critical issue with psychotherapy. That state is now changing many of its licensing policies. We learned that because of rising consumer expecta-

SPECIAL THANKS

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter.

Editorial Support: Toby Feld, Allen Feld, Howard Fishman, Peter Freyd, Paula Tyroler. *Research:* Mercè Federici, Michele Gregg, Anita Lipton. *Notices and Production:* Danielle Taylor. *Columnists:* Katie Spanuello and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

tions in many areas, licensing boards are reflecting deeply on their policies. We learned that there are many people who take their job of protecting the public seriously. We believe that the policies of licensing boards could be critical in bringing the FMS problem to a end. Families must continue to make their voices heard by these boards.

We hope that the coming holiday season is bright for families and wish you all good cheer.

Pamela

Annual Fund Raising Drive Begins

The Annual Fund Raising Drive of the FMS Foundation has started. We are pleased to announce that we have a \$100,000 Matching Fund challenge. Your contributions received before February 27, 1997 will be matched. Pledge cards and further details are in the mail. Thank you for your support.

Wisconsin Families Protest

If there is one thread that connects the majority of FMS families, it is that they were given *The Courage to Heal* by their accusing children. The book, whose premise is that if you think you were abused you were and which promotes the idea of getting strong by suing, contains a list of lawyers who specialize in suing families. It is the self-help book most widely recommended by therapists. In October, when families in Milwaukee learned that an author of that book had been invited by Sinai Samaritan Medical Center to give lectures to professionals, they reported that they felt as though the center had thumbed its nose at their pain and their loss.

The families wrote to say they had contacted the medical center and Marquette University that hosted one of the programs asking for another presentation that warned of the dangers of the beliefs and practices promoted by that book. When the people with whom they spoke said they had not read the book and did not expect to do another program, the families decided to picket. They passed our flyers asking participants to use their critical thinking skills in evaluating what they heard.

Washington State sets hearing on rules that will affect repressed-memory therapy

On November 26, the Department of Labor and Industries will hold a public hearing to consider administrative rule changes that will mainly affect mental-health therapy for crime victims. Changes include several new measures:

- Criminal acts must either be credible or verifiable to be allowed under the crime victims act.
- Some mental-health treatment techniques will not be allowed on accepted claims.

Written comments on the rules will be accepted until Dec 2 and may be sent to Brian Huseby, Crime Victims Compensation Program, PO Box 44520, Olympia, WA 98504-4520.

FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodological limits. It is particularly important to understand what conclusions can and cannot legitimately be drawn from these studies on the basis of the data presented. As a result, we periodically present analyses of recent well-known studies, prepared with help from members of our Scientific Advisory Committee.

* * * *

Several studies are regularly cited as evidence that some people can "repress" memories of childhood sexual abuse or other traumas. However, as we have discussed in previous "Focus on Science" columns (See "Focus on Science" columns from January, 1996 and October, 1996) most of these studies are "retrospective" designs in which the investigators had to rely only on patients' reports of things that they remembered from the past. For example, many studies have used what we have called the "do-you-remember-whether-you-forgot" design. In these studies, the investigators asked patients if they thought that there had been times in the past when they had forgotten a traumatic event - but there was no way to confirm that such "forgetting" actually occurred. For this reason and many others which we have discussed, the retrospective studies simply do not meet the scientific standards necessary to represent acceptable evidence that "repression" can really occur. (Note that it does not matter, for the purposes of the discussion below, whether one uses the term "repression," "dissociation," "psychogenic amnesia," or some other word. In the interest of economy, we shall use the term "repression" here as a generic term to describe the hypothesis that some individuals are capable of developing amnesia for seemingly unforgettable traumatic events.)

Given the serious limitations of retrospective studies, then, the proper way to test the "repression" hypothesis would be to design a study which is not dependent on somebody's unconfirmed recollections of any sort of information. To design such a study would not be difficult. First, one would obtain the names of a large group of people who had undergone a known, documented trauma. For example, one could go to the records of a hospital emergency room and find 50 children who were seen for trauma - severe injuries, physical abuse, or sexual abuse - and where there were specific medical findings in the records to show that the trauma actually occurred. Alternatively, one could identify 50 children who underwent a traumatic medical procedure - a painful rectal or gynecologic examination, for example - where once again, there would be indisputable medical documentation that the trauma really happened. Then, one would locate all of those trauma victims several years later, interview them, and simply ask them if they remembered the traumatic event or not. If a certain percentage of the subjects reported that they had completely forgotten the

event, then we would have persuasive evidence that some people can "repress" the memory of trauma. On the other hand, if none of the subjects in any of the studies reported forgetting the trauma, then we would suspect that repression doesn't really happen (except, of course, in the movies).

We would have to be careful about several confounding effects in such a study. The first is the normal amnesia of early childhood. If someone has no memory of having been brought to the emergency ward at age 1 or 2, that observation clearly provides no evidence of "repression;" it is simply the normal amnesia that we have for almost all events before the age of 3, and even most events before age 6. Second, we would have to exclude neurological or medical causes of amnesia. If a child was knocked unconscious in an accident, or if she received anesthesia for a medical procedure, we would expect her to have amnesia without any need to postulate "repression." Third, we would not want to study children with only mild trauma, because then we couldn't rule out the possibility that the subject was just experiencing ordinary forgetfulness for an event that was not particularly memorable. In other words, to test whether one can truly repress a memory, one would have to study a group of subjects who experienced a trauma that no ordinary person would be expected to forget. Fourth, when we interviewed our subjects to ask them about their memories, we would have to take care to make sure that they were not deliberately withholding information. For example, suppose that a girl undergoes a painful and embarrassing gynecologic procedure at age 10. When she reaches age 15, a researcher sees her for an interview and asks her if she has undergone any unusual medical procedures. Even if the interviewer is very careful and very sympathetic, the girl may still answer, "no," even though she actually remembers the event, because she doesn't want to talk about it. There is no completely effective way for the interviewer to deal with this situation, but the best strategy would probably be for the interviewer to put her cards on the table; and say: "I know from your medical records that when you were 10, you were seen at the hospital for a special medical examination. Do you remember that event?"

Are you a snow bird?

If you change your residence during the summer or winter, it is necessary for you to notify Valerie each time your address changes. Please mail or Fax (215-387-1917) your address change one month in advance to allow time for her to make the change.

In summary, then, a satisfactory scientific test of repression would have to follow only a few simple rules: 1) locate a group of people who were victims of a documented trauma, and 2) interview them years later to see if any of them report amnesia for the trauma. We would exclude cases where the failure to report might be due to a) early

childhood amnesia, b) neurological or medical causes, c) ordinary forgetfulness, or d) deliberate non-disclosure. If after these exclusions, we were still left with a fair number of patients who profess amnesia for the event, we would have evidence that "repression" really does occur.

Those are the ground rules. What is the verdict? To our knowledge every study in the world literature which has come even remotely close to the above standards has failed to show any evidence that people can "repress" memories.

Here are some examples. In the 1960s, Leopold and Dillon (1) studied 34 men who had survived a terrible explosion when two ships collided. In interviews conducted about four years after the explosion, many of the men reported serious post-traumatic psychopathology, but none of them displayed any amnesia. The authors wrote, "repression does not appear possible." In another study, Terr (2,3) interviewed 25 children who had been kidnapped and buried alive in a school bus four years earlier. She found that "each child could give a fully detailed account of the experience." Malt (4) interviewed 107 individuals who had been seen at an emergency ward for traumatic injuries 16 to 51 months previously. The only amnesia found in these individuals was due to neurological injuries; no one was described as having "repressed" the memory. Wagenaar and Groeneweg (5) described 78 subjects who were seen in relation to a Nazi war crimes trial in the 1980s. These subjects were asked about their memories of having been in a concentration camp 40 years earlier. Although many of the subjects were quite elderly by the 1980s, most remembered the camp "in great detail." Although the subjects had forgotten various specific items from their experience, they had forgotten non-traumatic items just as much as traumatic items; there was no evidence that they had selectively "repressed" traumatic memories. Interestingly, there were six men who had testified to various traumatic experiences when they were originally liberated from the camp in the 1940s, but who did not describe these memories when they were re-interviewed in the 1980s. However, when they were reminded of their earlier testimony, all but one of them promptly recalled the events. Peterson and Bell (6) interviewed 90 children who had been seen at a hospital in Newfoundland for traumatic injuries six months earlier. It appears that every child, including even those only two years old at the time, remembered the event. Among the children who were 9 to 13 years old at the time of their injuries, there were so few errors in their recall of the events that the investigators could not even include these subjects in a statistical analysis of the causes of errors of memory.

The above studies span a range of traumas, from single events like the marine explosion to events of long duration like the concentration camp experience. Some of the subjects in some of the studies had spoken at length about their experiences to other people, or undergone prior interviews, and hence might be expected to have particularly clear memories. On the other hand, some of the subjects were being studied for the first time, and had had no opportunity to "rehearse" their memories previously. But the one feature that all of the subjects in every study had in common is the fact that they remembered their trauma.

But some critics might still object to our evidence here. They would argue that explosions, kidnappings, concentration camps, and hospital visits are very different from "secret" traumas such as childhood sexual abuse. Even allowing that repression does not occur for ordinary

traumas, perhaps it still does occur in certain special situations, like that of a child who is forced to undergo repeated sexual assaults from someone whom she is supposed to love. Therefore, rather than be too quick to dismiss the possibility that repression can occur, we owe it to ourselves to examine prospective studies which look specifically at the memories of the victims of childhood sexual abuse. There are four such studies in the literature, to our knowledge. These studies, it will be seen, also fail to provide any methodologically sound evidence that repression can occur. For a full discussion of the strengths and weaknesses of these studies, see the next "Focus on Science" column in the January 1997 issue of the *FMSF Newsletter*.

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false memory syndrome: a psychological condition in which a person believes that he or she remembers events that have not actually occurred.

Random House Compact Unabridged Dictionary, Special Second Edition, 1996, Addenda:

SUPPORT GROUPS: VIPERS' NESTS?

by August Piper, Jr., M.D.

From A.G. in California comes a letter enclosing and discussing an article in *McCall's* magazine (September 1996).

The article concerns Leslie, an overweight woman whose physicians had been unable to find a biological cause for her weight problem. To a psychotherapist, Leslie revealed that she had difficulty sleeping, "felt uncomfortable in closed spaces, and had recurrent nightmares about being attacked." In the article, the therapist noted that these symptoms "can be indications of post-traumatic stress disorder, a psychiatric illness that sometimes occurs [after] a traumatic event."

Indeed, Leslie did have such a history; an accidental death of a dearly-loved sister, sexual mistreatment at the hands of an uncle, and an alcoholic father who, when drunk, physically and verbally abused family members. All these events had taken place at least twenty years before Leslie consulted the therapist.

After several months of individual psychotherapy, the therapist referred the patient to a "long-term group for sur-

vivors of sexual abuse." Since then, the therapist says, "Leslie's PTSD symptoms have improved and she has been gradually losing weight through exercise and by reducing the fat content in her diet."

A.G. and I both wish to raise a few concerns about Leslie's treatment. But first, we want to commend the therapist for what didn't take place during that treatment. As A.G. notes, the therapist makes no mention of confrontations, threats of lawsuits, discontinuation of family contacts, demands for monetary remuneration, or any of the other tiresome impediments of what A.G. calls "hate therapy." (I wish I had coined that phrase!)

Having said that, now let us examine a few concerns about the article. The therapist assumes that Leslie has PTSD—that the patient's symptoms result from past trauma. Although they may, they also may not, and it is difficult in the extreme to be confident that anyone's present difficulties stem from events occurring two decades ago.

The other concern with Leslie's PTSD diagnosis is one of definition. Originally, the diagnosis was intended for people who had suffered events not only truly beyond ordinary human experience, but also ones that provoked extreme fear and terror about threats to one's life or limb. But clinicians proved unable to agree on exactly what kinds of events should be considered to satisfy these criteria. The result? PTSD diagnoses began to be given to people with less severe and even trivial traumas: one case where two men engaged in a fistfight in which perhaps six punches in all were thrown; another in which a woman's shampoo dramatically changed her hair color; a third where a supermarket patron was asked—politely—if he had taken a pack of cigarettes without paying for them.

The point of all this: the term "PTSD" is now being bandied about so casually that it is in danger of becoming trivialized to death (Remember "hypoglycemia" of a few years ago? For a while, it seemed that every second person who came into the office claimed to be suffering from that quite uncommon disorder). If any diagnosis is stretched so widely that it applies to every event, it ceases to mean anything at all.

Specifically, in Leslie's case, it seems reasonable to at least ask one question: Were her stressors, although admittedly unfortunate, so "beyond ordinary human experiences" as to warrant a PTSD diagnosis? It also seems reasonable to wonder whether the symptoms' very long persistence—twenty years—should raise a question about the accuracy of the PTSD diagnosis. The question is warranted because according to the *DSM-IV*, about half of those suffering from this condition recover completely within three months.

This discussion is relevant to FMSF members because many members' relatives receive this diagnosis. Surprisingly, a significant number of people so diagnosed do not develop any post-traumatic symptoms until after they have

contacted a therapist. This, of course, strongly suggests that the therapist's interactions with the patient trigger the manifestations of PTSD. For example, as FMSF members know only too well, such manifestations can be triggered by psychotherapists who overzealously try to convince a patient that he or she has been sexually mistreated as a youngster.

A.G. has another concern. She says:

Before our experience with a false accusation of sexual mistreatment, and the resulting destruction of my family, I wouldn't have thought anything about a therapist referring a patient to a support group for survivors of sexual abuse. Now I cringe at this "help," because such a group fueled the beliefs of my sister-in-law and encouraged her lawsuit.

A.G. does not trust any of these groups because she now believes that even if they are well-meaning, they are wellsprings of the false memory syndrome cult.

Her question: are there any guidelines that good therapists follow to ensure that the groups to which they refer are not breeding grounds for the destructive *Courage to Heal* type of therapy?

To guard against therapist misconduct like that mentioned by A.G., two lines of defense exist. The first is the referring professional's knowledge of the group leader's qualifications, skills, and practices. But this defense is rather porous: if you are seeking a good auto mechanic, roofer, or surgeon, for example, rarely does anyone have extensive intimate knowledge of how that mechanic or surgeon actually

works. Thus, the referral may well rest mostly on the person's reputation—sometimes a frail and vaporous thing.

The most important defense, rather, lies in the hands of the individual seeking help. If, on the basis of what you know, you think something a little quirky is going on in your treatment, simply ask the professional to explain his or her practices. A good practitioner should not object to this opportunity to educate his or her patient (Remember, the word "doctor" comes from the Latin word meaning "to teach"). If you still feel uncomfortable, get a second opinion—or just get a new therapist. Trust your intuition.

Finally, A.G., I refer patients to support groups; not all are nests of vipers. Beware of criticizing all because of misdeeds of a few!

August Piper, M.D. is in private practice in Seattle, Washington. He is a member of the FMSF Scientific and Professional Advisory Board. His new book, Hoax and Reality: The Bizarre World of Multiple Personality Disorder, published by Jason Aronson Inc. will be available in January 1997.

"By encouraging a more critical evaluation of what is called MPD, this book will help clinicians in their efforts to help those rare patients who truly should be given that diagnosis, as well as the much larger number who might otherwise be incorrectly diagnosed."

I am not sure what "the Crucible" is telling people now, but I know that its paranoid center is still pumping out the same darkly attractive warning that it did in the fifties. For some, the play seems to be about the dilemma of relying on the testimony of small children accusing adults of sexual abuse, something I'd not have dreamed of forty years ago. For others, it may simply be a fascination with the outbreak of paranoia that suffuses the play—the blind panic that, in our age, often seems to sit at the dim edges of consciousness.

Arthur Miller

New Yorker, Oct 21 & 28, 1996,

What do Consumers Expect?

The public expects that mental health care will be safe and that it will be effective. The following five bold items indicate public expectations of mental health providers. Under each of these categories are the grounds for legal action taken in one case against D. Humenansky, M.D. because she failed to act responsibly. (From slides prepared by Christopher Barden, Ph.D., Esq., 1995.)

1. Responsibility of a professional to provide an appropriate diagnosis.

- Defendant negligently failed to follow appropriate guidelines for evaluating and treating patients with symptoms such as those manifested by the Plaintiff.
- Defendant failed to take a proper history from the Plaintiff.
- Defendant failed to perform appropriate examinations and diagnostic tests.
- Defendant failed to properly investigate/recognize Plaintiff's underlying psychiatric difficulties.
- Defendant failed to obtain previous medical/therapy records.

2. Responsibility of a professional to provide appropriate treatment.

- Defendant breached standard of reasonable care expected because of profession and claimed expertise.
- Defendant negligently failed to properly monitor Plaintiff's ongoing symptoms and the degeneration of her/his mental condition.
- Defendant negligently failed to consult with other professionals regarding the appropriate diagnosis, evaluation, treatment and care of Plaintiff.

3. Responsibility to use techniques appropriately and for understanding their limitations.

- Defendant negligently misused hypnosis and other suggestive procedures and techniques on Plaintiff.
- Defendant misused drugs, medications, hypnosis and/or sodium amytal which would be expected to increase Plaintiff's responsiveness to suggestions.
- Defendant uncritically accepted the existence of "repressed" memories of childhood sexual abuse in Plaintiff without making any effort to obtain independent verification for the truth or falsity of such "memories."
- Defendant misapplied the concepts of "denial" and "resistance" in the treatment of Plaintiff.
- Defendant failed to explore and/or recognize the effects of his/her personal beliefs on Plaintiff.

4. Responsibility not to extend therapy unnecessarily.

- Defendant negligently undertook and sustained a course of treatment which improperly and inappropriately extended the length of the course of Plaintiff's treatment.
- Defendant failed to discharge Plaintiff from the hospital when it was apparent that conditions did not require inpatient treatment.

5. Responsibility to obtain informed consent from patients.

- Defendant negligently and carelessly failed to inform the

Plaintiff of the risks of his/her chosen treatment techniques.

- Defendant failed to warn Plaintiff of the possibility of an adverse psychiatric condition.
- Defendant failed to advise Plaintiff that the techniques utilized had the capacity to produce false memories of events which never occurred but which nevertheless may seem real to the patient.
- Defendant failed to adequately advise Plaintiff of experimental nature of drug regimen and possible side-effects of the use of prescribed psychotropic drugs in combination with others.
- Defendant failed to advise Plaintiff that the diagnosis of multiple personality disorder is controversial and that there are disputes within the mental health community as to its existence.
- Defendant failed to advise Plaintiff that a person can be taught to display behaviors of "multiple personality disorder" through the use of psychotherapy (iatrogenesis).
- Defendant dissuaded Plaintiff from seeking services from other mental health professionals and from seeking a second opinion.
- Defendant failed to inform patient of alternative treatments including those proven safe and effective in scientific research trials (e.g., cognitive-behavioral therapy).

Tainted therapy and mistaken memory: Avoiding malpractice and preserving evidence with possible adult victims of childhood sexual abuse

Rex A. Frank

Applied & Preventive Psychology 5:135-164 (1996)

This paper provides specific guidelines for therapists and the clinical, legal and ethical rationale that ground the guidelines. It warns that "if a therapist induces, reinforces, or validates an abuse recollection he or she may be open to charges of false diagnosis, negligence, fraud, and infliction of emotional distress as occurred in the case against Dr. Diane Humenansky." The author believes that "the legal and treatment implications of the repressed memory issue demand that standards of care be considerably tightened." The article concludes, "Mindfulness of the potential impact of therapy on nonclient parties enhances the care for the client by thwarting criticism of the procedures used in treatment. Prudent care reduces the potential for malpractice litigation by clients and nonclients, while preserving material that may become evidence in court."

Dos for Therapists (p 126)

- Do conduct ongoing informed consent.
- Do explain limits of confidentiality.
- Do get a written history.
- Do use precise language.
- Do avoid suggestion.
- Do know the content of assigned readings.
- Do maintain competency on human memory.
- Do record and document.
- Do keep a present orientation.
- Do match techniques to goals of therapy.
- Do support the client. (Support of the client does not require support for the veracity of the reported history.)

BOOK REVIEW

Crazy Therapies: What are they? Do they work?

Margaret Thaler Singer and Jana Lalich
Jossey-Bass Inc. 1996 \$23.00 288 pages
FMSF Staff

This book was written to help consumers who face a formidable array of choices when they need psychotherapy. The gamut of psychotherapies spans a wide range from those that are scientifically based or are traditional but less scientifically researched to those that are the result of individual creations. *Crazy Therapies* focuses primarily on the latter group of therapies that most often have little grounding in scientific validation or even professional acceptance. In nine clearly written chapters, the authors provide historical information about some of the "crazy" therapies, moving accounts from people who have been harmed by them and the legal remedies taken by former patients.

Of special interest to readers of this newsletter is the second chapter, "Back to the Beginning: Regression, Reparenting, and Rebirthing." This chapter traces the history of regression, reparenting and rebirthing back to Freud, who readily blamed parents for his patients' supposed problems. Most of the blame was actually focused on mothers who were considered responsible for just about every misery including schizophrenia. "The assumption behind these practices is that an adult patient first needs to be regressed in order to act like and be treated as a small infant; then, through 'corrective parenting' by the therapist, the patient will emerge as a more ideal person." These techniques, which have been tolerated by the professional organizations and the licensing boards, have led to bizarre clinical practices such as therapists who put diapers on adult patients. Although there have been many requests for empirical evidence that these techniques might be effective, none has been forthcoming.

Chapter eight is called, "Alphabet Soup for the Mind and Soul: NLP, FC, NOT, EMDR." The authors note how new therapy fads come and go. They warn that just because something has become "hot" does not mean

that it is going to help someone get better. In case anyone doubts the alphabet-soup-therapy-trend, the *Family Therapy Networker* last summer (July/August 1996) described new therapies to treat Post-Traumatic Stress Disorder. Featured were EMDR (Eye Movement Desensitization and Reprocessing), TIR (Traumatic Incident Reduction), VKD (Visual Kinesthetic Dissociation) and TFT (Thought Field Therapy). Last July, the publication *Common Ground* listed the following therapies as being on the "cutting-edge:" astrological psychotherapy; bioenergetics; body-centered psychotherapy; expressive arts therapy; facticity; holistic counseling/psychotherapy; Jungian psychotherapy; neurolinguistic programming (NLP); neurotherapy; rebirthing; regressing therapy (including past life); spiritual counseling/psychospiritual counseling; transformational hypnotherapy;

transpersonal psychology; and voice dialogue training.

Singer and Lalich hypothesize why so many crazy therapies have developed. They suggest that there are three factors: "(1) the special nature of the relationship between client and therapist, (2) the emergence of the blame-and-change approach in the field of psychotherapy, and (3) the flight from rational thought in our society as a whole." We wonder if it is also the result of a desperate search for the effects that newness or change may bring in a field that is not well-grounded in empirical research.

Crazy Therapies is a much-needed book to help consumers navigate the unregulated field of psychotherapy. Singer and Lalich provide readers with some warning signs of bad therapy and they analyze those features shared by bad therapies. The impetus for the book came from a talk by Dr. Singer at the FMSF Memory and Reality Conference, Valley Forge, PA, 1993.

Sex case shakes a branch of psychotherapy

Seattle Post-Intelligencer

October 4, 1996

Steven Goldsmith

The state Examining Board of Psychology barred Brian Lee Ford, Ph.D. from practicing for the next 20 years. Dr. Ford, who was found guilty of malpractice because he had sex with a patient, "practiced 'corrective parenting' and encouraged his patients to call him 'dad' while he helped them replay their childhood traumas." In corrective parenting, "patients make 'contracts' and agree to regard their doctor as their 'healthy mom' or 'healthy dad.'" One critic of this method, Gary Schoener, a psychologist from Minneapolis stated that "It's the therapist as a god."

Corrective parenting, which began in the 1960s and 1970s, outraged people when some therapists had patients wear diapers or simulate breast feeding. Reparenting "springs from one of the central tenets of psychology: that the therapist cast as a symbolic parental figure can help clients work through childhood issues and traumas."

There are 40 to 50 practitioners of corrective parenting (reparenting) in the Seattle area. One of these is Elaine Gowell who defends corrective parenting and notes that any form of therapy can turn destructive. She commented that corrective parenting can heal deep-seated psychic wounds that mainstream techniques can't touch. "Some people get their traumas as early as conception—for instance, if there was rape involved. Those pre-verbal issues cannot be dealt with on the verbal level."

A lawsuit brought by the former patient against psychologist Ford did not complain about the quality of the therapy, only the sexual contact. "Hanna Lerman, a Los Angeles psychologist who counsels victims of therapist misconduct, said the power differential between therapist and patient means, 'it is never the patient's responsibility.'"

"At this time the pieces that are needed to regulate counseling and psychotherapy are not in place, perhaps not even in existence. But, these pieces can be developed."

Jim C. Fortune & David E. Hutchins
"Can Competence in Counseling and
Psychotherapy Be Identified and Assured?"
Council on Licensure, Enforcement and
Regulation (CLEAR) 1994.

LEGAL CORNER

FMSF Staff

Illinois Appellate Court Refuses to Apply Discovery Rule to Repressed Memory Case *M.E.H. v. L.H.*, 1996 WL 492172 (Ill. App. 2 Dist.); 1996 Ill. App. LEXIS 641, decision dated August 28, 1996.

The Illinois Appellate Court, Second District specifically broke with previous Illinois appellate decisions to hold that the discovery rule does not apply to cases where the plaintiff allegedly represses conscious awareness of sexual abuse as a child and remembers it years later. The court found that, by definition, an individual claiming "repressed" memories must know of the alleged event at the time it occurred.

The suit before the court had been filed by two adult daughters in their mid-40's. Both claim their father sexually abused them from age 4 until their high school years. And both women allege they had no knowledge of the abuse until therapy sessions two years prior to filing. In support of their complaint, the plaintiffs attached affidavits of their therapists, which corroborated the alleged dates and claims. The women also sued their mother for intentional infliction of emotional distress and breach of parental duty.

Between 1991 and 1994, the Illinois legislature twice changed the statute of limitations for childhood sexual abuse. Statute 735 ILCS 5/13-202.2(b), which became effective Jan. 1, 1991 contains a two-year discovery rule and a twelve year statute of repose.¹ The statute of repose barred complaints alleging childhood sexual abuse by persons 30 years of age or older. When the statute of repose was repealed effective January 1, 1994, only the two year discovery rule remained. The appellate court was obviously cognizant of the equitable and evidentiary goals of the statute of limitations as it considered the application of the statutes to the repressed memory claim. The court noted that in childhood sexual abuse cases, just as in the medical malpractice context, there is a need to balance the policy of requiring a remedy for every wrong with the need to prevent problems of proof caused by stale claims (citing *Mega v. Holy Hospital*, 111 Ill. 2d 416, 95 Ill. Dec. 104 (1990)).

The plaintiffs filed their complaint on October 14, 1994, over 26 years after they reached the age of majority. The court held that the statute of repose would bar the claim no matter when the cause of action accrues; it began to run when plaintiffs reached the age of 18 and expired 12 years later. The subsequent amendment of the act in 1994 could not be applied retroactively to revive the claim. The father had a vested right to be free from suit which could not be taken away by a subsequent statute.

The court further rejected the argument that the 1991

discovery rule allowed them to file within 2 years after they recalled the abuse. It held that a traumatic assault by its very nature puts the individual on notice of their injury and that the actionable conduct might be involved.²

The plaintiffs alleged that they "subconsciously repressed and denied the existence and impact of the sexual assaults from or about the time of each event." The court noted that the dictionary definition of repress is "to keep down or under by self-control" or "to exclude from consciousness." This, the court said, implies that if an individual claims to have repressed a memory they must have had the memory at an earlier time. There had to be a memory to repress or "exclude from consciousness." "Therefore," the court wrote, "the plaintiffs do not allege that they were never aware of the abuse....Because they were aware of the abuse when it happened and the injury was immediate and caused by external force, the plaintiffs knew or should have known that the defendant's conduct was actionable when it occurred."

The court noted that they were not the first to hold that the discovery rule does not apply to cases in which a plaintiff has repressed childhood sexual abuse from memory and cited Tyson approvingly: "If we applied the discovery rule to such actions, the statute of limitations would be effectively eliminated and its purpose ignored. A person would have an unlimited time to bring an action, while the facts became increasingly difficult to determine. The potential for spurious claims would be great and the probability of the court's determining the truth would be unreasonably low." *Tyson*, 727 P.2d at 229-230.

Criminal Charges Withdrawn in Ontario Canada Repressed Memory Case

Criminal charges were withdrawn by the Crown on October 1, 1996 at a preliminary hearing prior to retrial in a repressed memory case filed in Ontario Canada. The Crown withdrew all charges, resulting in a full acquittal. A retrial had been ordered by the Court of Appeal for Ontario in the case *Regina v. Campbell*, 1996 Ont. C.A. LEXIS 45, on January 18, 1996. The defendant, a retired ordained minister with the Pentecostal Assemblies of Canada, had appealed his 1994 conviction which followed a trial before a judge.

The criminal charges of sexual abuse were based on allegations by a 15-year-old girl that her grandfather, age 64, had sexually assaulted her when she was between 5 and 8 years of age. The girl had originally gone into counseling to cope with the divorce of her parents.

Reverend Allan Saunders, an assistant pastor at another church, counseled the girl and her mother. According to the record, Saunders repeatedly asked the girl whether her grandpa had tried to touch her inappropriately. The girl recalled nothing. He told her that she had a lot of feelings buried inside and "that's why she got so upset." He also asked her to write down "any memories or nightmares or anything you may have as a result of this trauma." Saunders gave the girl's mother a list of 20-25 symptoms displayed

1. Statutes of limitations for sexual abuse are generally structured in one of two ways: 1) A "discovery rule" allows a claim to be filed within a specific number of years after "discovery." 2) A statute of repose, on the other hand, allows a suit to be brought anytime during a specific number of years after the plaintiff reaches the age of majority. It does not limit allowable claims to those which were "discovered."

2. Several other courts have ruled similarly. See, e.g., *Blackowjak v Kemp*, 1996 Minn. LEXIS 245.

by incest victims and told her there was a possibility that the grandfather had abused her daughter. According to Reverend Saunders, memories "began to flood into her mind" when she saw a man who resembled her grandfather walk toward her.

The defendant testified that the allegations of sexual abuse were not true and that the alleged events simply did not happen. The trial judge, however, speculated that the defendant "himself may have repressed or dissociated from any recollection of what to his moral background and makeup would be repulsive and horrible acts...I could take it that [defendant] could be testifying completely honestly as to what he recalls, and he just does not and cannot recall these acts."

This unsupported conjecture of the trial judge provided sufficient grounds for the Ontario Court of Appeals to reverse the conviction and order a new trial. In reviewing the case, the appeals court emphasized that there was no suggestion in the evidence that the appellant had repressed or dissociated any memories of the alleged conduct. "Accordingly, the trial judge could not, without entering the realm of speculation, reject the [defendant's] evidence on the basis that he had repressed his recollection of the relevant events. Consequently, the trial judge erred in holding that he could accept that the appellant had testified honestly but still reject his evidence based on the theory that he had repressed his recollection of the relevant events." Because the trial court had, on the basis of sheer speculation, rejected the evidence of the defendant, the Ontario Court of Appeal on January 18, 1996 set aside the verdict and ordered a new trial.

Defense attorneys for Mr. Campbell state that the retrial would have been significantly different from the original trial. The repressed memory of the complainant would have been thoroughly examined.

State Plans to Retry Lawyer on Child Molestation Charges; State's Case Hinged Largely on Recovered Memories of his Accuser

Providence Journal-Bulletin, Tracy Breton Sept. 22, 1996

The Rhode Island attorney general's office has decided to retry John Quattrocchi III. In 1994 Quattrocchi was convicted of sexual assault based on allegations of a woman, now in her early 20's. She testified that she first experienced flashbacks in 1992 of long-forgotten assaults by Quattrocchi, who had dated her mother between 1978, when she was 4, and 1983. She testified that she repressed her memories of being sexually assaulted and remained close to Quattrocchi. In fact, she said she viewed him as a surrogate father.

In July, after Quattrocchi had served about two of his 40-year sentence, the Rhode Island Supreme Court³ overturned his conviction, expressing skepticism about criminal cases that hinge on recovered memories. The court ordered a new trial because the trial court had failed to hold a preliminary hearing-without a jury present- to determine

3. *State of Rhode Island v. Quattrocchi*, 1996 WL 427875, 1996 R.I. LEXIS 213. See discussion FMSF Newsletter, September 1996, p.8.

whether the accuser's "flashbacks" of abuse were reliable.

After his conviction was overturned, Quattrocchi was freed and earlier this month, the state supreme court reinstated his law license. According to the attorney general's office, the case is unlikely to be retried until January.

Former Teacher Sues Church Over Charges

Great Falls Tribune, MT, Michael Babcock Aug. 9, 1996

A former Seventh-day Adventist teacher who was accused of raping students in Great Falls, Montana, but who was never tried on criminal charges, is suing the church for failing to defend him and for defaming his character. Russell Hustwaite says the church ruined his life when it settled the civil lawsuits brought by the students who claimed they were Hustwaite's victims. Hustwaite's attorney Joan Cook says her client "does not admit to any guilt in any of [the cases]. Those settlements have basically ruined his life."

The suit, filed 9/6/96, says that altogether the ordeal cost Hustwaite over 12 million dollars. He says in the suit that his reputation was damaged, he lost his occupation, he had to defend himself in a criminal proceeding and he lost his home, among other things, when he filed for bankruptcy. The lawsuit also says that the church association was guilty of negligence for settling the suits when a further investigation of the allegations would have proved them false.

Court affidavits filed with the criminal charges in 1993 indicate that the allegations of each former student were based on repressed memories recovered in therapy. The criminal charges of sexual abuse were eventually dismissed when prosecutors decided their evidence was too weak. The former students filed civil suits soon after.

Judicial Response to Repressed Memory Claims

In the decade since the first repressed memory case reached an appellate court in 1986, such claims have forced courts to reassess the scope of statutes of limitations and, in particular, the grounds for tolling the statute under the so-called discovery rule. Courts have also increasingly taken into account mounting serious criticism by a scientific community that has not generally accepted repressed memories as valid or reliable.

In a growing number of case opinions, objections are voiced that: repressed memory claims are often presented without corroborating objective evidence of the alleged wrongdoing; there exists no reliable evidence that the source of a "recovered repressed memory" is an actual event rather than a suggestion; there can be no objective evidence that the claimant "was blamelessly ignorant of" rather than "chose not to think about" the alleged events, as the discovery rule requires; there can be no objective evidence that a claimed injury was caused by specific events alleged to have occurred decades earlier. A decision in this area often comes down to one person's word against another's and the basis of one of these person's statements is a "repressed memory" for which, according to position statements of several professional associations, there is no

expertise available by which that memory may be evaluated for its truthfulness.

This situation differs significantly from other areas, such as medical malpractice or environmental torts, to which the discovery rule or disability exceptions have been applied. In all other areas the fact that an event (the surgery, the exposure to asbestos, etc.) took place can be objectively verified. The injury is usually a physical one. Even under circumstances where the wrongful action and the resulting injury can be objectively verified, courts have been reluctant to violate the underlying purpose of a statute of limitations. In applying the discovery rule, courts have sought to balance two needs: On the one hand, the need to allow a wronged person who could not discover their injury an extended period of time within which to sue, while at the same time protecting the legal system from stale claims. Juries cannot reasonably be expected to evaluate such cases because over time evidence is lost, witnesses disappear and memories fade.

Only a decade ago, in 1986, the Washington Supreme Court ruled on the first repressed memory claim to reach the appellate courts. In *Tyson*⁴, that court specifically declined to extend the discovery rule to repressed memory cases due to the absence of "empirical, verifiable evidence of the original wrongful act and the resulting injury." That court anticipated most of the equitable and evidentiary problems associated with these claims and its thoughtful ruling has often been quoted in recent decisions: "It is proper to apply the discovery rule in cases where the objective nature of the evidence makes it substantially certain that the facts can be fairly determined even though considerable time has passed since the alleged events occurred. Such circumstances simply do not exist where a plaintiff brings an action based solely on an alleged recollection of events which were repressed from the consciousness and there is no means of independently verifying her allegations in whole or in part. If we applied the discovery rule to such actions, the statute of limitations would be effectively eliminated and its purpose ignored. A person would have an unlimited time to bring an action, while the facts became increasingly difficult to determine. The potential for spurious claims would be great and the probability of the court's determining the truth would be unreasonably low." *Tyson* at 230.

The decision to apply the discovery rule in most areas rests on determination of when a "reasonable person" would have discovered the elements of his claim and be on notice that he may sue. Once a discovery rule opens the door to repressed memory claims, the issue of how to apply the "objective reasonable person standard" immediately presents itself.⁵ The Texas Supreme Court emphasized that

repressed memory claims must be subject to the same rules that apply in other cases.⁶ In focusing on the equitable and evidentiary principles behind the statutes of limitations, several courts noted the hazard of allowing the emotional content of the allegations themselves to prejudice judges and jurors in their determinations.⁷

Some courts have held that an injury is known, as a matter of law, at the time of an assault.⁸ Other courts have responded to these questions by applying the discovery rule on a case-by-case basis, determining for each set of facts whether the complainants had reason to know of their cause of action.⁹ Some early decisions which applied the delayed discovery rule, holding that the reliability of the evidence was a question of fact for the jury, but, nevertheless, giving specific directives to the lower courts to require corroborating, verifiable evidence of the alleged injury and/or the phenomenon of memory repression itself.¹⁰ Most courts have been quite blunt in stating that allowing plaintiffs to arbitrarily and subjectively determine at what point the "discovery rule" ought to be applied "would have unacceptable ramifications."¹¹ However, two California appellate courts¹² and a Hawaiian court relying on California law¹³ recently ruled that the statute of limitations extends until a complainant states that he/she was sufficiently aware that the alleged events decades earlier "caused" their current psychological difficulties regardless of whether plaintiffs claimed repressed memories. As a review of the facts of those cases suggest, the courts have presumed that there is a scientifically accepted causal connection between a set of psychological injuries and decades-old incidents.

Despite the relatively short judicial history of repressed memory claims in the courts, several trends appear to be emerging as appellate courts in nearly three-quarters of the states have considered these cases. Nearly one half of all the higher court decisions in this area have been rendered within the past two years. It was also during these past two years that a strong scientific critique of the theory of repressed memory was brought before the courts.

A growing number of courts are severely restricting repressed memory claims. The twin concerns about lack of

limitations? Discussion of these examples is found in *FMSF Newsletter*, June 1996.

4. *Tyson v. Tyson*, 107 Wash.2d 72, 727 P.2d 226 (1986). Superseded by statute, Wash.Rev.Code Ann. 4.16.340.
5. Should a plaintiff who first recalls "vague" memories, but claims they later developed into detailed images be allowed to determine the point she had sufficient understanding to sue? Should a person who states he/she knew of wrongful events but only later realized that these events caused his/her psychological problems be allowed to extend the statute of
6. *S.V. v. R.V.*, 39 Tex.Supp.J.386 (Tex., 1996).
7. See, e.g., *Baily v. Lewis*, 763 F.Supp. 802, 803 (USDC Pa. 1991), [It is imperative... that the shocking nature of the alleged facts not affect the judgment of the courts with respect to the controlling legal principles.]; *Burpee v. Burpee*, 152 Misc.2d 266, 578 N.Y.S.2d 359 (NY, 1991) [Law, not feelings, must govern us or there will be no law at all.].
8. See, e.g., *Blackowiak v. Kemp*, 1996 Minn. LEXIS 245 [The Minnesota Supreme Court reversed the Court of Appeal's ruling, stating that court's "misapprehension" of the statute caused it to focus on the concept of causation. As a matter of law, one is injured if one is sexually abused.]; *Woodruff v. Hansenclever*, 540 N.W.2d 45 (Iowa, 1995) (It is sufficient that the person be aware that a problem existed to be on notice to make a reasonable inquiry.); *Doe v. Roe*, 1996 Ariz. App. LEXIS 169 (The statute of limitations begins to run

scientific proof regarding the validity of repressed memory theory and the absence of objective verification have lead some courts to four positions: (1) that the discovery rule does not apply to repressed memory claims; (2) that repressed memory claims do not per se extend the statute of limitations as a statutory disability; (3) that independent corroboration is required in order to apply the discovery rule; or (4) that the reliability of repressed memory theory must be determined prior to extension of the statute of limitations.

1. Holding that the discovery rule does not apply to repressed memory claims:

In July, 1995, the Michigan Supreme Court¹⁴ held that neither the discovery rule nor the disability statute extend the limitations period for tort actions brought on the basis of repression of memory. "We cannot conclude with any reasonable degree of confidence that fact finders could fairly and reliably resolve the question before them, given the state of the art regarding repressed memory and the absence of objective verification."

Other courts have focused on the lack of reliability of the repressed memory theory. In July, 1996, the highest court in Maryland¹⁵ concluded, "After reviewing the arguments on both sides of the issue, we are unconvinced that repression exists as a phenomenon separate and apart from the normal process of forgetting. Because we find these two processes to be indistinguishable scientifically, it follows that they should be treated the same legally."

In August of this year an Illinois Appellate Court¹⁶ declined to apply the discovery rule to a repressed memory claim, finding that, by definition, an individual claiming "repressed" memories, knew of the alleged event at the time it occurred.

In June, 1995, the Wisconsin Supreme Court¹⁷ ruled that the statute of limitations barred a memory claim holding that the action accrued at the time of the alleged events. That court noted that "any time a claim is raised many years after the injury occurred, the potential for fraud is exacerbated...where the alleged damages are all "emotional" and "psychological"...we are not convinced that

when a person has enough facts to prompt a reasonable person to investigate and does not wait for a person to know all facts about their claim.).

9. See, e.g., Boggs v. Adams, 45 F.3d 1056 (U.S. App. 7th Cir., 1995); K.G. v. R.T.R., 1996 Mo. LEXIS 32; Doe v. Roman Catholic, 1995 La.App. LEXIS 1135; Wollford v. Mollett, 1995 WL 258258 (Ky.App.); 1995 Ky. App. LEXIS 90; Deweiler v. Slavic, 72 Ohio St.3d 1521, 649 N.E.2d 280 (Ohio, 1995); O'Connor v. Zimmer, 1995 WL 307756 (Ohio App.8 Dist.); Horn v. Reese, 1995 Ohio App. LEXIS 4481. Datolli v. Yanelli, 1995 U.S. Dist. LEXIS 19982 (U.S. Dist., New Jersey, 1995) [hearing ordered to determine whether plaintiff fulfilled burden of proving, other than by his own assertion, when he discovered sufficient facts.].
10. See, e.g., McCullum v. D'Arcy, 138 N.H. 285, 638 A.2d 797 (1994) [The court noted that on remand, plaintiff has the burden to "validate the phenomenon of memory repression itself and the admissibility of evidence flowing therefrom."];

even careful cross-examination in this esoteric and largely unproven field is likely to reveal the truth."

In April, 1996, the Supreme Court of Maine¹⁸ accepted the plaintiff's claim of repressed memory as true for purposes of summary judgment motion and held that regardless of the cause of an alleged repressed memory, the claim accrues at the time of the alleged abuse or when the victim reaches the age of majority. The statute of limitations is not suspended during the period that the plaintiff's memories remain repressed.

Similarly, the Tennessee Court of Appeals¹⁹ declined to apply the discovery rule to toll the statute of limitations in repressed memory cases. The court found that "there is simply too much indecision in the scientific community as to the credibility of repressed memory. In general, psychologists have not come to an agreement as to whether repressed memories may be accurately recalled or whether they may be recalled at all...[I]nherent lack of verifiable and objective evidence in these cases distinguishes them from cases in which Tennessee courts have applied the discovery rule." The adoption of the discovery rule in repressed memory situations "would leave a determination of the onset of a limitations period an open question within the subjective control of the plaintiff."

2. Holding that repressed memory claims do not per se extend the statute of limitations as a statutory disability:

In July, 1996, the Alabama Supreme Court²⁰ ruled that alleged repressed memories do not qualify as a disability to extend the statute of limitations. After a review of the literature regarding repressed memories, the court concluded, "there is no consensus of scientific thought in support of the repressed memory theory." And referring to the important public policy goals behind the statute of limitations, wrote, "If this Court accepted [repressed memories] as constituting 'insanity,' then plaintiffs...would be in subjective control of the limitations period and would be able to assert stale claims without sufficient justification or sufficient guarantees of accurate fact-finding." The Michigan Supreme Court²¹ found similarly: "Placing a plaintiff in a discretionary position to allege the onset of the

Meiers-Post v. Schafer, 427 N.W.2d 6060 (Mich Ct. App., 1988); Peterson v. Bruen, 792 P.2d 18 (Nev., 1990); Olsen v. Hooley, 865 P.2d 1345 (Utah, 1993).

11. Fager v. Hundt, 610 N.E.2d 246, 250 (Ind. 1993). See also, Ernstes v. Warner, 860 F.Supp. 1338 (U.S. Dist., Indiana, 1994); Tyson v. Tyson at 229-230; Woodruff v. Hansen-clever, 540 N.W.2d 45 (Iowa, 1995); Byrne v. Becker, 176 Wis.2d 1037, 501 N.W.2d 402 (Wis., 1993). Baily v. Lewis, 763 F.Supp. 802 (U.S. Dist., Pa. 1991). Lemmerman v. Fealk, 534 N.W.2d 695 (Mich., 1995).
12. Lent v. Doe, 40 Cal.App. 1177, 47 Cal. Rptr.2d 389 (Cal.Ct. App. 1995); Sellery v. Cressey, 1996 WL 500372 (Cal.Ct.App.1996). See, *FMSF Newsletter*, October 1996.
13. Dunlea v. Dappen, 1996 Haw. LEXIS 98. The Hawaii Supreme Court held that when a plaintiff discovered, or should have discovered, that her alleged injuries were caused by abuse is a question of fact for the jury to decide. The plaintiff did not claim repressed memories. In fact, she had

disability of repressed memory and the termination of that condition within an applicable grace period would 'vitiates the statute of limitations as a defense' and is a circumstance we have rejected in the past."²²

3. Holding that independent corroboration is required in order to apply the discovery rule:

In March, 1996, the Texas Supreme Court²³ ruled that in order to apply the discovery rule to any set of facts, including repressed memory claims, the wrongful event must be "objectively verifiable." Expert testimony regarding repressed memory theory, the court concluded, does not satisfy this requirement. "Opinions in this area simply cannot meet the 'objective verifiability' element for extending the discovery rule...[E]xpert testimony on subjects about which there is no settled scientific view - indeed not even a majority scientific view - cannot provide objective verification of abuse." After a review of rulings in other jurisdictions on this issue, the Texas court noted that the presence or absence of corroborative evidence has often been critical to those decisions particularly because the scientific community was split as to the reliability of "recovered" memories. The court concluded that, "[t]he scientific community has not reached consensus on how to gauge the truth or falsity of 'recovered' memories."

4. Holding that the reliability of repressed memory theory must be determined prior to extension of the statute of limitations:

In July, 1996, the Rhode Island Supreme Court²⁴ held that the scientific reliability and validity of repressed memory theory must first be determined prior to extending the statute of limitations. If and only if the theory is found scientifically valid by the trial court, will the court then determine the reliability of the specific claim. During the same month, the Rhode Island Supreme Court²⁵ overturned a conviction in a repressed memory case because the trial court failed to hold a preliminary hearing, without a jury, to determine whether the accuser's "flashbacks" of abuse were reliable.

A Superior Court in Pennsylvania²⁶ recently reversed a

reported a rape in 1964 to the police and she was removed from her father's custody at that time. She claimed that only after psychological counseling, did she become aware that the acts had caused her psychological injury and illness.

14. Lemmerman v. Fealk, supra.
15. Doe v. Maskell, 1996 Md. LEXIS 68.
16. M.E.H. v. L.H., 1996 WL 492172 (Ill.App.2Dist.).
17. Pritzlaff v. Archdiocese of Milwaukee, 533 N.W.2d 780 (Wisc., 1995).
18. Nuccio v. Nuccio, 1996 Me. LEXIS 82 (Maine Supreme Court, 1996).
19. Hunter v. Brown, 1996 Tenn.App. LEXIS 95. Currently on appeal before Tenn. Supreme Court.
20. Travis v. Ziter, 1996 WL 390629, 1996 Ala. LEXIS 180.
21. Lemmerman, supra.
22. Other courts have made similar points. Cases are reviewed in FMSF Working Paper VIII.D.
23. S.V. v. R.V., 39 Tex.Sup.386 (Tex., 1996).

murder conviction based on testimony derived from repressed memories and opined that the trial court should have analyzed whether, in Pennsylvania, the admission of the revived repressed memory testimony was appropriate.

A number of trial level courts, following pre-trial evidentiary hearings have concluded that the theory of repressed memory and expert testimony derived therefrom do not meet the criteria under standards for admission of scientific evidence, including Erye, Daubert, or the Federal Rules of Evidence.²⁷ For example, in 1996 a North Carolina Superior Court stated "this court is of the opinion, considering all of the evidence that has been presented, the arguments of counsel, the scientific evidence, the deposition evidence, the case law, and the matters contained in the file, that the evidence sought to be introduced is not reliable and should not be received into evidence in this trial." In 1995 in Los Angeles Superior Court,²⁸ Judge James Sutton granted a motion to exclude testimony of a plaintiff and his witnesses, including expert witnesses, regarding "repressed memories," "repression" or "dissociation" finding that the phenomenon of memory repression is not generally accepted as valid and reliable by a respectable majority of the pertinent scientific community and the techniques and procedures utilized in the retrieval process have not gained general acceptance in the fields of psychology or psychiatry."

In a criminal case which received national attention, State of New Hampshire v. Hungerford/Morahan,²⁹ the New Hampshire Superior Court dismissed the repressed memory claims following a pre-trial hearing in which Justice Groff determined that: "The testimony of the victims as to their memory of the assaults shall not be admitted at trial because the phenomenon of memory repression, and the process of therapy used in these cases to recover the memories, have not gained general acceptance in the field of psychology, and are not scientifically reliable."

As recent decisions have indicated, to allow these cases to proceed based on an unproven and unsubstantiated theory, unsupported by objective, verifiable and corroborative evidence in cases of such serious consequences, vitiates common sense and the legal principles underlying the statute of limitations and compromises the judicial integrity of our courts and legislatures.

24. Kelly v. Marcanonio, 678 A.2d 873 (R.I., 1996).
25. State of Rhode Island v. Quattrocchi, 1996 WL 427875 (R.I., 1996).
26. Commonwealth of Pennsylvania v. Crawford, 1996 Pa. Super. LEXIS 2507.
27. Barrett v. Hyldburg, Superior Court, Buncombe County, North Carolina, Case No. 94-CVS-0793 (January 23, 1996).
28. Engstrom v. Engstrom, Superior Court, Los Angeles County, California, Case No. VC-016157 (October 11, 1995).
29. State of New Hampshire v. Hungerford, 1995 WL 37571 (N.H. Super., May 23, 1995). Decision available as FMSF Publication #836. Currently on appeal before New Hampshire Supreme Court.

**When bad men combine, the good must associate;
else they will fall one by one, an unpitied sacrifice in
a contemptible struggle.**

Edmund Burke

Thoughts on the Cause of the Present Discontent Vol. I. p. 526.

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 five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?

Colorado - This month, our members will work toward helping others with a "Make a Difference" Day. We also decided to make a difference with a donation to the Foundation. We are grateful for all that it does.

Iowa - Every year when my daughter's birthday occurs, I feel like my heart has broken all over again. I don't know where she is or if she is safe. This year, I have decided to donate a gift to the FMS Foundation in her honor. In an indirect way that will help her.

Minnesota - FMS families invited the Attorney General to attend a local meeting. A deputy attorney general came and she appeared very interested in what she heard. The issue of consumer fraud was topmost. The deputy attorney general has set up another meeting with families to explore how they can work together.

Pennsylvania - I typed up this list of books which I have read and found most useful and informative. I plan to take copies to the local libraries. I will check to see if they have these books and if not, I will offer to buy new copies and donate them to the library. Books: *Beware the Talking Cure: Psychotherapy May be Hazardous to Your Health.* Terence W. Campbell; *The Memory Wars: Freud's Legacy in Dispute* by Frederick Crews; *True Stories of False Memories* by Eleanor Goldstein and Kevin Farmer; *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse* by Elizabeth Loftus and Katherine Ketcham; *Satan's Silence: Ritual Abuse and the Making of a Modern American Witch Hunt* by Debbie Nathan and Michael Snedeker; *Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria* by Richard Ofshe and Ethan Watters; *Victims of Memory: Incest Accusations and Shattered Lives* by Mark Pendergrast; *Survivor Psychology: The Dark Side of a Mental Health Mission* by Susan Smith; and *Suggestions of Abuse: True and False Memories of Childhood Sexual Trauma* by Michael Yapko.

ACCUSED PARENTS WHO ARE ALSO THERAPISTS

Do you want to connect with other accused parents who are in the mental health field? Do you want to be in touch with other therapists whose families are experiencing false memory syndrome? What can we learn from each other? What might we contribute to professional practice because our situation is unique — we are both accused parents and work in the helping professions. Let's get together in Baltimore in March, 1997. I am "between a rock and a hard place" and willing to get it started. Call me (Ellen Starer, ACSW, BCD, LSW) 215-247-4376 or contact Allen Feld at the Foundation 800-568-8882.

Vermont - Our support group was asked to set up a display on FMS at the annual meeting of the Vermont Association for Mental Health (VAMH). The VAMH is a statewide citizens group that promotes mental health and mental health services. More than three hundred of its thousand members attend the annual meeting. The members include state agencies, private institutions and clinics, professional organizations, members of legislature, individual psychotherapists, consumers and their families. This meeting gave us the opportunity to speak individually to many professionals about FMS, the foundation and our own family tragedies. We were astounded at the number of professionals who asked what FMS meant.

There were five of us who took care of our display. We had several different components. First we had a 3-part bulletin board that opened like a book. One section listed all of the upcoming conferences that related to FMS. Another part of the bulletin board had newspaper clippings of interviews with families and even some cartoons. The third section had articles about the accomplishments of FMSF such as the two national conferences. On one display table we placed every book about FMS and every brochure and poster that we had. On another display table we showed all of the articles and materials available through the Foundation. We even had a copy of *Daddy's Girl* with the letter in the September Newsletter from Charlotte Vale Allen beside it.

The professionals expressed the most interest in obtaining the statements about recovered memories that had been put out by the professional organizations. That tells us that WE HAVE A LOT OF WORK TO DO TO IMPROVE PUBLIC AWARENESS. I am convinced that individual contact is the most positive way to do this. Does your state have a Mental Health Association? Is someone from your support group in contact with them? This is a fine way to help educate people about the devastating problem of FMS.

Send your ideas to Katie Spanuello c/o FMSF.

The Wisconsin Association of Family and Children's Agencies (WAFCA) is sponsoring a seminar on False Memory Syndrome on April 29, 1997 in Waukesha. The program will have a retractor, a falsely accused family, a clinical psychologist, an attorney and a panel discussion. The organizers have worked with families in Wisconsin to prepare this program which is primarily for mental health providers who wish to learn about FMS and earn continuing education credit. Other interested people may attend but active participation will be limited to members of WAFCA. The cost is \$75 per person. To register call Erica at 608-257-5939 or write to her at 131 W. Wilson St., Suite 901, Madison, WI 53703.

FROM OUR READERS

The Accuser's Life

To Whom It May Concern:

I feel that it is important for me to explain the "other" side of this nightmare so that other families may benefit (hopefully) from the information and perhaps in some small way this letter may help others.

First of all please do not think that the false accusations come out of hate. It is important to remember that the daughters and sons truly believe what they accuse you of, and all they are trying to do is protect themselves and their families from what they honestly believe to be more possible harm.

The Thomas theory boils everything down to....WHAT ONE BELIEVES TO BE TRUE, IS TRUE IN ALL OF IT'S CONSEQUENCES! Now let me tell you what is my experience to give you an idea of what may be happening on the "other side."

LOSS OF FAMILY.
 LOSS OF FRIENDS.
 INCREASING ISOLATION.
 MEDICATION, INCREASED MEDICATION, NEW MEDICATION.
 THERAPIST'S WHO BELIEVE AND ENCOURAGE MEMORY
 RECALL.
 HYPNOSIS.
 WRITING, WRITING, WRITING, WRITING AND MORE WRITING.
 FLASHBACKS.
 DIAGNOSIS...MPD.
 3 HOUR APPOINTMENTS (BECAUSE YOUR THERAPIST
 THINKS YOU NEED IT).
 THERAPIST/PATIENT RELATIONSHIP GET AWAY FROM
 "ETHICAL" BEHAVIOR.
 ANY DISAGREEMENT WITH THERAPIST MEANS...DENIAL
 SUICIDAL THOUGHTS AND POSSIBLE ATTEMPTS.
 SELF-MUTILATION.
 MEDICAL LEAVES FROM WORK ENCOURAGED BY
 THERAPIST.
 ENCOURAGEMENT OF NO, NO, NO, NO, NO, NO,
 NO CONTACT WITH ANYONE THAT DOESN'T BELIEVE YOU!
 READING OF BOOKS AND ARTICLES.
 BRINGING IN FAMILY PICTURES.
 SCREAMING AT CHAIRS.
 ROLE REVERSAL.
 AND THE LIST GOES ON and ON and ON.

Trust me, it is no picnic from the side of the accuser.

So what does this list tell you? It tells you how impossible it starts to feel to leave the therapist...after all nobody knew me or understood me better (I thought). As with others (true or false) I became a "sexual abuse survivor" and it dominated my entire life. People were not permitted to question me because then it felt like they were calling me a liar. And who would lie about sexual abuse? Nobody. Neither did I, like the theory I believed it to be true! I had my sanity to protect and my children and because of the total isolation I stuck by my therapist even after I, myself, had serious doubts regarding my memory. There was no fun in my life during this time, no laughter, just tears, tears and

more tears.

Why would anyone accept me back after everything was said and done..would I? I wasn't sure until I had my own kids and then I realized that no matter what I would always want them back. I (like you with your kids) love them with every ounce of my being. Perhaps my parents' love was stronger than my accusations. Thank Heavens it was.

When I look back now I define the last four years like I was in a cult; the only member of the cult was me and the cult leader was my therapist. If your child was in a cult would they be held responsible for everything that occurred?... probably not.

Your child is probably doing everything they feel is right to protect themselves. If the abuse was true their strong conviction for safety and due process would be honoured in our society and by people like yourself.

How did I get home? My mom, my sister and my dad. Even though I would swear at them, scream and slam the phone on them, we remained in contact. Minimal but enough for me to know when the time was right that there might be a hope and a prayer of acceptance.

My doctor's inadequacies remained the same throughout my therapy, as my confusion grew and he would not allow me to explore it. I started questioning his credentials. Finally I asked him to help me get off the drugs I never wanted to be on in the first place.

He wouldn't...he told me I was far too vulnerable and that I should increase my dosage by 100%. Fancy that—another prescription! I took the prescription, left the office and never returned.

My sister was the first person I told and I was scared out of my mind to see her reaction. She hugged me. We both cried and then also had a good laugh. 3 million pounds were lifted from my shoulders...for the first time in years I felt like myself. I truly was home again! If my sister could accept it, I knew my parents could—after all she was a product of their belief system. I took the plunge...I recanted...and I'm slowly rebuilding my life with my family.

I love you Mom and Dad; D, M, C. and A
 Thank you FMSF for being there when my parents needed you. Trish

Notice

1996 Tax Year-end Coming

Time to get your paperwork into your company personnel department for processing of your donation and the company's

Annual Matching Gift.

Many firms have a 2:1 or a 3:1 Matching Gift Allowance

Please do it now!

FMSF needs your help to continue its work

Thank you

Paying for Mental Health Care

The mental health category is quite different from physical health. A physical illness is usually apparent to everyone and the absence of that illness is well-defined. The same is true for serious mental illness like schizophrenia. Schizophrenic patients are relatively easy to diagnose but very expensive to treat. They are high-cost patients. The real money is found in treating neurotics or people who are troubled by specific life problems like unhappy marriages or inability to lose weight or difficulty making friends. Under most insurance these sorts of problems can be treated (talked about) with low cost (one or two hours of talk a week) and high return. In addition, these problems are not "cured" until patients believe that they are cured. Talk therapy with an analyst allows us to talk about ourselves with a paid listener as long as we enjoy doing so or until the money runs out.

Consider an employee who has health insurance covering mental health. The basic cost, say \$3,500 per year, must be paid to cover the possibility of expensive surgery, etc. Few of us will seek surgery simply because the marginal, out-of-pocket cost for us is quite small. The same is not true for talk therapy. Once the stigma is gone from "being in analysis," the urge to tell a paid, sympathetic listener about our troubles can be a strong one. We can usually be sure that the analyst will not tell our secrets and we can certainly be sure that she/he will not say, "don't be such a cry baby, pull your socks up and get a life." She is much more likely to tell you to get in touch with your wounded inner child. Nothing that you have done or said is really your responsibility. Once the analysis gets going, the search is on to find the real source of your discomfort. Your parents are the first suspects.

The economic motive encourages analysts to do the following:

1. If the patient has a genuine mental illness, refer them to a psychiatric hospital or other provider. The mentally ill are high cost, difficult to treat, and disruptive. Private psychiatric hospitals will take and keep patients as long as they can pay rates that cover costs. Insurance will often do so for thirty or sixty days. Once insurance payments stop, the patient is discharged unless other funds are available. Treatment ends.

2. If the patient is merely troubled by a life-event and having difficulty coping, the talking cure is financially attractive under insurance coverage. If insurance covers 50% of the cost up to say, \$1,000, until that point is reached the analyst receives twice as much revenue as the patient pays out-of-pocket. To subsidize anything is to encourage it. Visits to a friendly analyst are comforting and they are heavily subsidized by most employer insurance plans. The government subsidizes education and other social goods to encourage us to consume them. Most health plans subsidize telling your story to a friendly social worker.

When you raise questions about the benefits of therapy and the net social gain from continuing to subsidize it, you threaten a large and growing segment of middle-class incomes.

An economist

What's the Cost of Repressed Memories?

We have been wondering whether information might be collected on the cost of false memories. Our daughter, for instance, has been on Social Security Disability for years and there was a time before her false memories when she was self supporting. Now somebody is paying for her therapy and upkeep. The costs extend to the family also -- above the emotional expenditure. In my own case, office visits to a cardiologist increased from twice annually to "on demand" or five or six visits a year. My pill intake has tripled. The last batch of pills cost \$99 for a 45-day supply. It's hard to put a dollar sign on many of the costs but the dollars, both public and private, continue to go out.

A Mom and Dad

My Daughter's Birthday

It's my daughter's birthday today so I think I'll buy myself a FAX machine. Below is what I wrote on her birthday card. I guess it is dumb but it might get through to her. I always used to write dumb poems to the kids on their birthdays. I wonder if she remembers.

Roses are Red
Violets are Blue
Your "repressed memories"
Are simply NOT TRUE!

The memories I have of you as a child are of a wonderful, bright, happy, little girl full of love and life with a great sense of humor. How could your memories and mine be so different?

Love Mom.

Dear Editor:

I am writing regarding Allen Feld's review of the second edition of my book, *Victim's of Memory* (Oct. FMSF Newsletter). I was, of course, pleased that Allen praised my skills as a writer and investigative journalist and his observation that "the book is well-researched and includes an extensive bibliography." I was fundamentally disappointed, however, that he failed to review the book in any meaningful way. He spent a fair amount of time discussing what I took OUT -- the detailed account of my personal situation -- but he did not inform readers that I added a substantial amount of material in this second edition. Rather than simply tacking on an addendum, I thoroughly revised the book in its entirety. The new edition includes not only updates on legal issues, but many insights gleaned from my national tour with Eleanor Goldstein speaking to families and professionals, as well as much more research on topics such as the neuroscience of the brain. There are also amplified recommendations to professionals, as well as new advice to parents, siblings and children, particularly regarding "returnees."

I also added a great deal of information about Christian counselors who have helped unearth recovered memories, including a critique of James Friesen's *Uncovering the Mystery of MPD* and of Minirth-Meier New Life Clinics. The

most hopeful addition is an interview with a Christian "retractor therapist" who once helped clients "remember" supposed abuse but who has realized she was encouraging fantasies that were destroying families. To her great credit, she is now attempting to undo the harm, one case at a time. Finally, I added an appendix of "Myths and Realities" (cowritten with Bob Koscielny), providing a 29 point summary of major conclusions regarding memory and therapy.

More disturbing to me, however, were Allen's concluding remarks: "Pendergrast is generous with his opinions on various subjects and situations. Interestingly, at times he offers his personal observations based only on his beliefs, similar to what some therapists have done and with whom he would disagree." I am, frankly, mystified by these remarks. It is certainly true that I expressed opinions in *Victims of Memory*, but they were based not only on my beliefs, but on extensive research and scholarship. I would have been quite remiss had I not expressed my opinion, particularly in a book on such an important topic. Since Allen did not specify WHICH opinions he found objectionable, I cannot address his concerns. If he would respond with specific points, I will be glad to consider changing the text, if it appears warranted, in a third edition -- though let us all hope that another edition proves unnecessary, as families are reunited.

Finally, I am surprised that Allen has drawn any comparison between my conclusions and those of therapists who encourage a belief in recovered memories. While I believe that such therapists are, in general, well-meaning, I am appalled at their use of pseudoscientific methods and their effects on people's lives and families. As a parent who has suffered the loss of both of his daughters to such therapy, I find Allen's remarks objectionable.

Yours,
Mark Pendergrast

Our Daughter is a Pawn

We now have a court date for our proceedings. Things have taken an interesting turn since we started proceedings against our daughter's therapist. During the past year, our daughter contacted us three times and allowed us to be with our two grandsons. The therapist must have told our daughter about the lawsuit because our daughter recently asked us, "What do you expect to gain from the law suit?" She said that if we wanted a relationship with her, we would have to drop the suit. We feel that the therapist is using our daughter as a pawn.

Mom and Dad

Videotapes of presentations at family meetings and at FMSF sponsored conferences are available to members of the FMS Foundation for the cost of the tape and postage. Send a stamped self-addressed envelope to the FMSF Office for details.

A Commendation

Elizabeth Loftus, Ph.D. is to be commended for speaking out against the smear tactics used against her. In the last few issues of the newsletter, I've seen a trend of finally focusing on the methods of abuse and intimidation that the accused are subjected to. I'm glad she is speaking out and hope she continues to do so.

As a mom who has been accused for four years, I too have been subjected to the same methods of abuse: smear, threats, intimidation, bullying, humiliation, isolation and destruction. When I speak out about FMS, people tell me that they cannot imagine this happening in their own families. But it can. It can happen to ordinary people and not all accusations are of the sensational variety of incest and satanic rites. In my own family, my children claim they didn't repress their memories and FMS does not apply. But it does — the methods of bullying and intimidation are all there.

A Mom

The Test Call

I am the former spouse of a victim of FMS. FMS has destroyed our family, our mutual future and very nearly our next generation. I, however, had the unique but unfortunate experience of being on both sides of the fence during this process. By that I mean that I was on the originating end of the phone line when the first accusations were made. I was part of the therapy sessions and thought process. I was living with the growing anger and self-destruction day in and day out and saw first-hand what happens in this downward spiral.

I can empathize with the pain that parents must feel when they are accused from seemingly "out of the blue." It is also understandable that parents can feel a lot of anger toward the child or therapist. It is to these parents in particular that this statement is addressed.

After an accusation is made, it is common for there to be a long period of time before any direct contact is made again, perhaps months or years. Quite often, however, a patient will come to a point where she will want to make a phone call to her parents. In therapy sessions this call is referred to as an attempt at "reconciliation." From what I saw as a participant in RMT, this is usually strongly discouraged by the therapist unless the patient

is sufficiently angry to ensure its failure. If a patient becomes very angry during a therapy session, it is my experience that the therapist may actually encourage the phone call at that point. There may be an expectation of a confrontation with the parents and a reaffirmation of the abusive past. I therefore call this the "test call" rather than the reconciliation call. In my therapy group this was usually done without any warning or chance for preparation.

There are two things that the therapist predicted would happen during this test call:

1. She told the patients that the parents would eagerly try to convince them that their growing up was idyllic.
2. She told them that parents are by nature abusive and they should expect "reabuse" in the form of confrontation.

What I saw was that if even one statement was made by the parent that indicated that there were no problems (even trivial ones) in childhood, the therapist can and will focus on this as a false statement and paint the parent as an obvious liar and a deceiver. Patients have been taught that their growing up was dysfunctional and therefore, by definition, not normal. Any attempt to convince them otherwise is categorized as denial by the family and an additional indication of the abnormality. There is no way to win an argument on this subject. The deck is stacked.

Another point is one where I have seen a number of parents not do well. It is easy to see how a parent after not hearing from a child for a number of years, would want to get in every word of defense possible. This defense statement can be as innocent as "I wished you would have told us how unhappy you were while growing up." Any significant defense is interpreted as "reabuse." Again, the decks are stacked. Saying too much will often only reveal your own weakness, innocent as you may be, which a therapist can use against you. From what I saw, the best results from this phone call have been from parents who leave it with statements of "It is very nice to hear from you" or "we love you." Almost anything more than this plays into the hand of an unscrupulous therapist.

As tough as it may seem, I do not think that this first phone call is a time when the battle of the accusation can be fought and won. It is a time when the patient, your child, is especially vulnerable. If your goal is to make peace and reclaim trust, just offer your love. Then nothing can be twisted and used against you if this is a test call and, even if it is not, you have said what is really most important between parents and children.

Been there

How Did She Break Loose?

Your May issue runs a letter from "A Retractor" on page 16. It is heartwarming, but useless as hope for estranged parents. The retractor says that, in therapy, there's "no sense of reality outside the therapist's belief and support." How in heaven's name did Retractor break loose? Did someone intervene?

A Mother

Why Did This Have to Be?

Thank you for your letter regarding the upcoming seminar. It came at a very appropriate time. My daughter, my accuser, died very suddenly on June 8. She was buried on June 10, 1995. She was 34 years old. She died from complications following an asthma attack. My oldest daughter is taking it very hard. I, her mother, for some reason am not

"Because so many survivors do not get to enjoy the holidays, we have included the session "Handling the Seasons And Holidays," and have chosen to give the evening entertainment a slight holiday theme, including Christmas desserts and some Christmas songs. This will not be designed to trigger anyone, but will, hopefully, allow us all to experience some of the enjoyment that non-survivors take for granted."

From a brochure advertising the
Fifth Annual Survivors Conference
sponsored by Mungadze Association.
(received October 1996)

Instead, I feel a sense of relief, perhaps because I know she cannot hurt me so badly any more. If you have information from other parents who have experienced this, I would appreciate hearing from you. It feels as though my sadness comes from, "Why did all of this have to be?" I feel such a sense of regret for what could have been a wonderful mother-daughter relationship, for the kind I have with her older sister. I felt such

pity for her as she lay there. Where was her anger and pain coming from? She hated me right up to the end for something I didn't do. That is the sad part that I felt for her. When I sat in church the day after she died, the fourth commandment kept running through my mind... "Honor thy father and thy mother that it may be well with thee, and those mayest live long on this earth."

A Mom

Before Therapy

Mom & Dad -

Hi just thought I would drop you a line to say hi! I have been so busy lately I have forgotten to tell you guys how much I love you. You two have done so much for me...You have continually supported me, loved me, and helped me work through my various problems and adventures...I just wanted you guys to know that you are appreciated. I seldom tell you how I feel or how much you guys mean to me...I love you more than words can say.

Love "C"

After Therapy

Dear First Name & Last Name,

Why am I writing this letter: To state the truth—Dad I remember just about everything you did to me. Whether you remember it or not is immaterial—what's important is I remember. I had this experience the other day of regressing until I was a little child just barely verbal. I was screaming and crying and absolutely hysterical. I was afraid that you were going to come get me and torture me. That is what sexual abuse is to a child—the worst torture...I experienced what professionals call a "body memory." My body convulsed for hours—the pain started in my vagina and shot up and out my mouth...I felt I was a small child being brutally raped. I knew I was remembering what I had experienced as a child...I asked who could have done such a thing—initially I thought Mom, since I had a vague dream about her—but that did not fit - then I blurted out, "Oh my God, my father repeatedly raped me"...I needed your protection, guidance and understanding. Instead I got hatred, violation, humiliation and abuse....I don't have to forgive you...I no longer give you the honor of being my father...I'm not the victim anymore...

"C"

→ COAST TO COAST → NOVEMBER 1996

FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER

key: (MO)=monthly; (bi-MO)=bi-monthly; (*)=see State Meetings list

CALL PERSONS LISTED FOR INFO & REGISTRATION

STATE MEETINGS

MINNESOTA

Saturday, November 9, @ 9 am- 2 pm
Ft. Snelling Officers Club, St. Paul
Dan & Joan (612) 631-2247 or
fax (612) 638-0944

NEW MEXICO

Saturday, December 7, @ 1 pm
Presbyterian Hospital, Southwest Room
1100 Central SE, Albuquerque, NM
Speaker: Dr. Paul Simpson
Maggie (505) 62-7521 or
Martha (505) 623-1415

CONNECTICUT

Sunday, December 8, @ 1:45 pm
Unitarian Society of New Haven
700 Hartford Turnpike, Hamden, CT
Speaker: Charlotte Vale-Allen
author of *Daddy's Girl*
Paul (203) 458-9173

UNITED STATES

ALASKA- Bob (907) 586-2469

ARIZONA - (bi-MO)

Barbara (602) 924-0975; 854-0404(fax)

ARKANSAS - LITTLE ROCK

Al & Lola (501) 363-4368

CALIFORNIA

NORTHERN CALIFORNIA

SACRAMENTO-(quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916) 443-4041

SAN FRANCISCO & NORTH BAY (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

EAST BAY AREA (bi-MO)

Judy (510) 254-2605

SOUTH BAY AREA Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

CENTRAL COAST - Carole (805) 967-8058

SOUTHERN CALIFORNIA

CENT. ORANGE CNTY. 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

ORANGE COUNTY -3rd Sun. (MO) @ 6pm

Jerry & Eileen (714) 494-9704

COVINA AREA -1st Mon. (MO) @ 7:30pm

Floyd & Libby (818) 330-2321

SOUTH BAY AREA -3rd Sat. (bi-MO) @ 10am

Cecilia (310) 545-6064

COLORADO -

DENVER-4th Sat. (MO) @ 1pm

Art (303) 572-0407

CONNECTICUT (*) - NEW S. ENGLAND

AREA CODE 203 (bi-MO) Sept-May

Earl 329-8365 or Paul 458-9173

FLORIDA

DADE/BROWARD Madeline (305) 966-4FMS

Boca/Delray 2nd&4th Thurs(MO) @ 1pm

Helen (407) 498-8684

CENTRAL FLORIDA- AREA CODES 352, 407, 904
4th Sun. (MO) @ 2:30 pm

John & Nancy (352) 750-5446

TAMPA BAY AREA

Bob & Janet (813) 856-7091

ILLINOIS - 3rd Sun. (MO)

CHICAGO & SUBURBS

Eileen (847) 985-7693

JOLIET

Bill & Gayle (815) 467-6041

REST OF ILLINOIS

Bryant & Lynn (309) 674-2767

INDIANA -INDIANA FRIENDS OF FMS

Nickie (317) 471-0922(ph); 334-9839(fax)

Pat (219) 482-2847

IOWA -DES MOINES

Betty & Gayle (515) 270-6976

2nd Sat. (MO) @ 11:30am Lunch

KANSAS -KANSAS CITY

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

KENTUCKY

COVINGTON- Dixie (606) 356-9309

LOUISVILLE- Last Sun. (MO) @ 2pm

Bob (502) 957-2378

LOUISIANA- Francine (318) 457-2022

MAINE - AREA CODE 207

BANGOR -Irvine & Arlene 942-8473

FREEMPORT -4th Sun. (MO) Carolyn 364-8891

MARYLAND -ELLCOT CITY AREA

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

CHELMSFORD- Ron (508) 250-9756

MICHIGAN-GRAND RAPIDS AREA-JENISON -1st
Mon. (MO)

Bill & Marge (616) 383-0382

GREATER DETROIT AREA -3rd Sun. (MO)

Nancy (810) 642-8077

MINNESOTA (*)

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

KANSAS CITY -2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

St. LOUIS AREA-3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Retractors group also forming

SPRINGFIELD - 4th Sat. (MO) @ 12:30pm

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

MONATNA

November 12 @ 7pm

Lee (406) 443-3189

NEW JERSEY (So.) SEE WAYNE, PA

NEW MEXICO (*) - AREA CODE 505

ALBUQUERQUE 1st Sat. (MO) @ 1 pm- Southwest
Room-Presbyterian Hospital

Maggie 662-7521(after 6:30 pm) or

Martha 624-0225

NEW YORK

DOWNSTATE NY-WESTCHESTER, ROCKLAND, ETC.

Barbara (914) 761-3627 (bi-MO)

UPSTATE/ALBANY AREA (bi-MO)

Elaine (518) 399-5749

WESTERN/ROCHESTER AREA (bi-MO)

George & Eileen (716) 586-7942

OKLAHOMA -OKLAHOMA CITY
AREA CODE 405

Len 364-4063 Dee 942-0531

HJ 755-3816 Rosemary 439-2459

PENNSYLVANIA

HARRISBURG -Paul & Betty (717) 691-7660

PITTSBURGH -Rick & Renee (412) 563-5616

WAYNE (INCLUDES S. NJ) -2nd Sat. Oct., Nov., Dec.,
@ 1pm

Jim & Jo (610) 783-0396

TENNESSEE - Wed. (MO) @ 1pm

Kate (615) 665-1160

TEXAS

CENTRAL TEXAS -Nancy & Jim (512) 478-8395

HOUSTON -Jo or Beverly (713) 464-8970

UTAH -Keith (801) 467-0669

VERMONT (bi-MO) Judith (802) 229-5154

VIRGINIA Sue (703) 273-2343

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

INTERNATIONAL

BRITISH COLUMBIA, CANADA

VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Sat. (MO) @ 1-4pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tues. (MO) @ 7:30pm

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