FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

MARCH 1999 Vol. 8 No.2

Dear Friends,

Who would have predicted when we started in 1992 that the FMS Foundation would still be around in 1999? Then, we naively thought that by identifying a serious problem found in some therapy settings, the profession would put a stop to it. We thought that professionals would respond en masse with sympathy to the problem. Instead, many ignored the clear need for changes in oversight by the profession and chose instead to "circle the wagons," trying to defend the indefensible.

Clearly, we underestimated the depth of the belief system that fostered the FMS problem. And we misunderstood what it takes for mental health professionals to make changes.

We are pleased that there have been some positive changes, including the statements from professional organizations regarding recovered memories. We are pleased to see seminars and workshops warning of the dangers inherent in memory-recovery techniques. But at the same time, we are disappointed that these seminars have concentrated on how therapists can avoid being sued, rather than on what is therapeutically valid or why avoiding such techniques for memory recovery is in the best interest of patients. We are most disappointed with the lack of professional effort to help families reconcile.

Fewer lawsuits are being brought against parents based on claims of recovered repressed memories, many journal articles and books are now available, and the Foundation now receives dramatically fewer calls and letters from people asking for assistance. The drop is of such magnitude that we feel that we can finally phase out that part of the FMSF organization that responded to those calls.

People are still contacting the Foundation—about 100 a day through the web and internet—in addition to phone and letters. But the contacts are primarily for information rather than desperate cries for help in surviving the loss of a child.

We wish we could say that the time has come for us to close our doors, but we cannot. As someone once mentioned, "they are hanging fewer witches now." The FMS problem no longer seems a crisis but it is still there. The fundamental belief that memories must be recovered is all around us. One example is an advertisement for a product to "tap repressed feelings and memories of trauma victims in 7 minutes." (See Continuing Education Watch p. 5)

This past month Oprah Winfrey chose to emphasize the romantic view of multiple personality disorder on a program featuring Cameron West, author of *First Person Plural*, a book about his twenty-four personalities (Robin Williams has purchased the movie rights).

Even though the producer had been supplied with many articles about professional skepticism and concerns of overdiagnosis of MPD (now DID) and with articles about former patients who had brought lawsuits because they believed they had been wrongly diagnosed as MPD, the program focused only on the drama of being a multiple. Recovering memories makes good drama. Switching alters makes good entertainment.

It was science that was ignored in this program. Oprah Winfrey neglected to mention that the world's most famous multiple, Sybil, now appears not to have been a multiple at all. And she neglected to mention that many professionals believe that multiple personality may be an artifact of the therapy itself. Was that the only way she could maintain the drama for this show? It seemed participants actually gave evidence that West's case may be an artifact of his therapy. For example, Mr. West's wife appears not to have noticed any signs of multiplicity prior to his being diagnosed as MPD.[1]

OPRAH WINFREY: But had you seen it? Had you seen it—seen the different personalities show themselves?

In this issue...

The next issue will combine April/May

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MRS. WEST: Not—not—not really to—to a great extent at that point. The first thing that I saw and the most shocking thing that I saw was Cam got up one morning, and it was after we found out.....

And Mr. West, who says that he went to the Ross Institute in Plano, Texas, had a therapist who ignored the advice of leading professionals that the way to treat MPD is to avoid dealing with the alters. In a video segment shown on the program, the therapist talks to the alters.

MR WEST: (as Clay, one of Mr.West's alters) You look very pretty today.

DR. JAN CHESS (his therapist): Thank you, Clay.

The Oprah program is seen by millions of people. In an effort to get ratings, the people who produce this program and others like it seem not to care that they exploit psychiatric patients, (though they are oftimes willing patients who stand to make much money from the exploitation). They seem indifferent to the fact that they are using mental illness for entertainment. They seem not to care that they are presenting a distorted perspective of a mental disorder that may bring serious harm to vulnerable viewers. As long as our mass media use mental disorders for entertainment and exploitation of patients, the FMSF has work to do.

Misinformation about recovered memories, about memory in general, is unfortunately widespread still. Ongoing educational effort is desperately needed if we are to prevent future outbreaks of FMS and remedy the terrible wrong that brought us together. Being a part of the Foundation is more than paying dues and reading the newsletter; it is working together to educate people. And you are doing that in the current effort to educate about the importance of corroboration of recovered memories. The new pamphlet with excerpts from professionl statements is now available. In fact, we are already in the third printing because demand has been so great.

We have been pleased to see that in addition to the plans that families have set for distribution, several police departments have ordered the pamphlet to use in training programs and a number of professors have ordered them for their students. We have also had professionals request the pamphlet to distribute at meetings. From the news this month, it seems that there is need to reach the media and the judicial system. Please write to us with your ideas for targeted mailings that will be the focus of phase two of this effort.

We thank you for your efforts and your ongoing support. By working together, we help ourselves and we also increase the probability that our lost children will find a way back to their families.

Pamela

1. "A Husband with 24 Personalities" Feb 10, 1999, Oprah Winfrey Show (From a transcript prepared by Burrell's Information Service.)

The current issue of the ISSD News begins with these words from its president, Peter M. Barach, Ph.D.: "The International Society for the Study of Dissociation is in crisis." There are four reasons: "First, ISSD and its members have been effective in spreading information to the larger professional community making our organizational mission less unique...Second, many of the smaller professional associations in the mental health field have suffered declines in membership...Third, some therapists have left the field due to the barrage of media attacks on dissociative disorders and the fear of litigation...Fourth, there may have been some dissatisfaction with ISSD itself, such as the failure of our former official journal [Dissociation] to publish on schedule."

Dr Barach thus leaves out what most consider the single overriding reason, namely the identification of the ISSD with satanic panic. The major conferences on how to recover "memories" of satanic ritual abuse (SRA) were ISSD conferences and the best known proponents were ISSD officers. The ISSD has never had a conference on the problem of hysteria in its own ranks. Instead it issues press releases in defense of the SRA practitioners under indictment in Houston. [And Dr. Bennett Braun, he of the $10.6 million settlement in Chicago, remains on the masthead of the ISSD News.]

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, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research*: Michele Gregg, Anita Lipton. *Notices and Production*: Ric Powell. *Columnists*: August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information*: Our Readers.

HAVE YOU WRITTEN YET ?

American Psychiatric Association
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1400 K Street NW, Washington, DC 20005

American Psychological Association
Raymond Fowler, Ph.D., Chief Executive Officer
750 1st St. NE, Washington, DC 20002

The Directors and Members of the FMS Foundation thank Elliot and Eleanor Goldstein for providing us with the Recovered Memory pamphlets.

We were pleased, but not surprised, to note that the Goldsteins were honored at this year's American Library Association meeting for their contributions and partnerships with the New York City Public Libraries, and for their support of lifelong literacy.

BUT IT'S IN THE *DSM*

(part 5) FMSF Staff

Survey Reports Lack of Consensus Among Board-Certified Psychiatrists on DSM-IV Dissociative Disorders Diagnosis

Pope, H. G., Oliva, P.S., Hudson, J.I.,Bodkin, J.A. and Gruber,A.J. (1999). "Attitudes toward DSM-IV Dissociative Disorders Diagnoses among Board-Certified American Psychiatrists." *American Journal of Psychiatry, 156:2, Feb. 1999.* 321-323.

An all-too-familiar but unsubstantiated claim is that diagnoses such as Dissociative Identity Disorder (DID) and Dissociative Amnesia (DA) are "generally accepted" in the field of psychiatry because they are listed in *DSM-IV*. Those who make this claim may accept DSM-IV's self-proclaimed declaration that their diagnostic criteria "reflect a consensus of current formulations of evolving knowledge in our field" [cited by the authors (p.321)]. But is there really a consensus? And are these two diagnoses generally accepted in the field of psychiatry?

Harrison Pope, Jr. and his colleagues at the Harvard Medical School have now published the first study which has actually tested whether there is such a consensus among board-certified American psychiatrists regarding these two diagnoses. Both their random sampling technique and unusually high rate of returned questionnaires (82%) suggest that the results of this research should be taken seriously. Only about 35% of the respondents replied that these diagnoses (DID and DA) should be included in the DSM without reservation. Should that minority percentage be considered a consensus? A higher percentage (DID 43% and DA 48%) felt these diagnoses should be included, but only with reservations such as inclusion only as "proposed" diagnoses.

Fewer than a quarter of the respondents reported that they believed that "strong evidence of validity" is available for DID (21%) and DA (23%). For some, this can and should be troubling. Note that 35% state that DID and DA should be included in DSM-IV without reservation. Yet only 23% or 21% of this very same sample claim there is strong evidence of validity. It seems reasonable to question what precisely leads some psychiatrists to express the belief that these diagnoses should be included in DSM-IV without reservation when they themselves question their validity.

The article describes statistical tests that were used to determine if there was any association between acceptance of DID and DA diagnoses without reservation and other demographics. Only one variable was found to be statistically significant in predicting which psychiatrists accept these diagnoses without reservation: theoretical orientation. Psychodynamic psychiatrists were more likely to believe that these diagnoses should be included without reservation.

Recognition that there is a current lack of consensus on these two diagnoses in psychiatry raises important questions. Should courts be persuaded to consider these diagnoses credible because they are in the DSM-IV? Should therapists use DSM-IV definitions to inform their practice? Should clients trust and accept these diagnoses? Should insurance and tax dollars be expended to treat these questionable diagnoses?

Pope and his colleagues conducted their research to address the question: What is the actual degree of consensus regarding DID and DA? In light of the lack of consensus demonstrated by their results, the questions above seem appropriate.

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"It's an indicium of witchcraft to defend witches."
Martin Del Rio (16th Century)

ESSAY ON RECONCILIATION

TO TALK OR NOT TO TALK, THAT IS THE QUESTION

Allen Feld

Patterns of family communication are of interest to more than academics, researchers and text book authors. Many families who read the *Newsletter* are also very interested in communication patterns. A review of letters from families in back issues provides dramatic evidence of the various approaches that families have taken in communicating with their accusing children. These letters evidence strong opinions and the writers' successes or failures with their chosen approach.

What I believed to be common sense about communication some six years ago may not be that "common" now. Six years ago, people with whom I spoke were unanimous that there would surely need to be discussion about the accusations when an accusing daughter or son returned. (These were people without contact at the time.) I believed that too, but I speculated that family history and family patterns of communication, particularly the manner in which families handled conflict or disagreement, would be mirrored in the conversations around accusations and reunification. The question, "Does there need to be discussion?" continues to be raised in some form by members of the Foundation.

I now believe that while family communication patterns may indeed be highly relevant, they are only part of the picture of what and how much may be discussed when a family reintegrates. This recent belief can be traced to the changing picture of family unification I have formed after many more conversations with families who have returners and retractors. It seems that the interplay of the needs, desires and/or wishes of the family are also key elements in how and if the accusations are ultimately discussed.

Using an anecdotal collage of conversations with families over the past several years, I'll attempt to illustrate the essence of these discussions.

Some parents express a strong desire to have contact, whether or not conversations about the accusations take place. For some, in fact, I sense that discussions about the accusations may even be avoided for fear of derailing the family reunification or because of apprehension about the stress and discomfort of what might be an intense discussion. Some parents may have faith (or, perhaps, hope) that a retraction may come later, or feel that retraction isn't as important as seeing and being with their daughter or son. For some, reunification also means renewal of contact with (or meeting) grandchildren, who are so important and were so sorely missed.

Aging may also be a contributing factor in determining the nature of any conversations that may develop. As people age and begin to come to terms with their own mortality, perhaps the desire to have the family unified becomes a higher priority than dealing with issues that separate the family. I have spoken with some parents who express this kind of thinking in a variety of ways. For example, when illness has seemed to lead to reunification, dealing with that illness may have a greater familial priority than the accusations.

Logistics and financial reasons may also play a role in deciding to reunite without discussing accusations. Or perhaps parents recognize that they remain parents regardless of their age or their children's ages. It may be that the parental role is felt to be extremely important as a defining and featured aspect of their adult life. If parents believe a child is hurting, they respond spontaneously to lessen the hurt. After all, parents are accustomed to responding automatically to a perceived need for help by offspring.

I also speculate about the influence of generational differences that society has witnessed in the role communication plays in human relationships. Open communication in the family and the work place seems to be strongly endorsed by "experts." That mantra has found its way into text books, magazines, television talk shows and radio call-in shows. Younger generations may have had greater exposure to that notion.

Simultaneously, society has witnessed greater challenges to its major institutions (e. g. government, religion, education, etc.). Perhaps parents adhere to earlier notions of communication in the family and pay more attention to generational boundaries. However, this speculation doesn't seem to account for the younger generation's (the accusers) failure to initiate discussions. Perhaps a partial explanation is that the plea for open communication has yet to be fully accepted by many while the risks inherent in "open-communication" are becoming more apparent. Additionally, the recommendation that open communication is important in enhancing relationships often has been asserted without full exploration of the risks involved.

These thoughts are provided as illustrations and by no means are intended to be all inclusive. I believe factors like these, and others unique to each family, interact to form the basis for the pattern of communication that may evolve. I also conclude that it would be both wrong and a serious error for me to suggest how (or, if) a family should, or needs to, communicate, or that there is an ideal approach in dealing with reunification.

It would be even more inappropriate to make value judgments about the communication pattern that develops in a particular reunifying family. Like so much of the familial uncertainty created by false memories and accusations, how communication evolves in any family is unique to and controlled by each family. It might be that the uniqueness of these kinds of family contact will become the basis for new theories on handling severe family conflict.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.

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SECOND GENERATION FMS: Much Remains to Be Done

by Howard Fishman

While much headway has been made in debunking the "junk science" promoted by "recovered memory" proponents and the number of reported cases has decreased significantly, we are far from out of the woods of ignorance. Three cases in which I have recently testified or consulted involve what can aptly be described as "second generation FMS."

In short, each of these cases involves a woman who "recovered" memories of childhood sexual abuse (with concomitant Satanic Ritual elements in two of them). None of the women made allegations or brought charges regarding their "abuse." Instead, they seemed to infect children with their beliefs and caused accusations to be made against individuals I believe are innocent.

A man in Pennsylvania was indicted on 3,272 counts of child sexual abuse based on "disclosures" by his step-son and step-daughter. In addition to questionable testimony by a prominent pediatrician and a state police investigator, it was revealed at trial that the biological father's new girlfriend had convinced the step-daughter that the defendant molested her. Records showed that the mother "taught" her daughter that such memories cannot be handled by the mind and are, therefore, frequently repressed.

"The step-daughter, who felt abandoned and betrayed when her stepfather left the home, interpreted her angry feelings as confirmation of her molestation. She recruited her brother and the charges were laid. After a four-day trial, the jury took less than thirty minutes to find the defendant not guilty.

In the Midwest, a successful attorney married a woman with a significant family history of psychiatric illness. Over a period of several years, the wife's behavior became increasingly bizarre. She entered "recovered memory therapy" and came to believe that she suffered from Multiple Personality Disorder, had been sexually abused by her family, and was subjected to barbaric rituals by a cult.

A bitter divorce and custody battle ensued. The couple's young daughter then accused her father of sexual abuse. He was convicted and sentenced to a lengthy jail term. An appeal is pending.

In rural Virginia, a man was tried and convicted for molesting his three biological children. The "evidence" consisted of his wife's testimony that she had "suspected him" for some time, the scripted testimony of the children (some of their wording was identical and unusual), and the "vision" of the family's pastor revealing that the father had indeed committed the heinous act. The pastor reported his "vision" to the congregation (before the trial) as he excommunicated the father from the church. The medical "findings" in this case were soundly critiqued by the state's foremost expert on child sexual abuse.

The defense was able to obtain copies of e-mail messages from the mother to the pastor describing her "recovered memories." Sentencing has not yet taken place. An appeal is planned.

Those who were victimized by ill-informed therapists and have regained their reason offer us encouragement. We need be aware, however, that the damaging seeds planted by "recovered memory" therapists continue to haunt and hurt innocent families.

Howard Fishman , M.Ed., MSW, is a consultant and expert witness in the areas of child abuse, custody, standards of mental health and child protection practice, and credibility of children's testimony.

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Continuing Education Watch

The belief that "repressed memories" of trauma exist, that they leak and cause symptoms, and that therapists have the special talents to find them abounds. Two examples that came across our desk this month:

"Tap repressed feelings and memories of trauma victims in 7 minutes."

An advertisement for "Walker Visuals" a set of four ambiguous photographic images used as a projective technique sold by Multi-Health Systems, Inc.

"TIR, or Traumatic Incident Reduction, is a systematic method of locating, reviewing and resolving traumatic events. Once a person has used TIR to fully and calmly view a painful memory or chain of related memories, life events no longer trigger it and cause distressing symptoms"

Traumatic Incident Reduction home page.

* * *

Model Mugging

In an announcement for a Boston, April 8, 1999 workshop directed by Bessel van der Kolk called "Frontiers of Trauma Treatment," we read of a technique for dealing with "a preoccupation with the trauma" that we had not before encountered: "Model Mugging." Perhaps readers will further enlighten us. To date, we have the following information on Model Mugging from Mark Pendergrast:

> While conducting research for my book, *Victims of Memory*, I interviewed a therapist who taught something called "Model Mugging." He dressed in a heavily padded outfit so that women could attack him without hurting him. Then he would pretend to be a rapist, and women would be encouraged to attack him. It seemed reasonable enough for women taking a class in self-defense, but this therapist told many women that their repressed memories of sexual abuse might be "triggered" during a Model Mugging event. Thus cued, many of them did "remember" previously unknown events, or at least they experienced a high level of anxiety that they interpreted as "body memories" or the like.

This same workshop has among its faculty Robert Post, M.D. Chief, Biological Psychiatry Branch, National Institutes of Mental Health. His participation seemed unusual in the context of the program announcement notes that the new treatment options of hypnosis, body oriented therapies and EMDR will be introduced for dealing with dissociated traumatic memories that "may be inaccessible to verbal recall or processing."

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"If you have been emotionally cut off from a family member, it can be an act of courage simply to send a holiday greeting. Keep in mind that people, like other growing things, do not hold up well in the long run when severed from their roots. If you are emotionally disconnected from family members, you will be more intense and reactive in other relationships. An emotional cut off with an important family member generates an underground anxiety that can pop up as anger somewhere else. Be brave and stay in touch."

Dance of Anger. Harriet Gold Lerner

LEGAL CORNER

FMSF Staff

Courts deny Crime Victims and Worker's Compensation Funds to "repressed memory" claimants

All 50 states have created a Victims Crime Compensation Fund to assist victims of crimes with medical or counseling costs or to compensate them for a temporary inability to work as the result of a crime.[1] Initially these funds were set up to assist victims of violent crime with medical and other related services not covered by insurance or other benefit programs.

A few states permit individuals who claim previously repressed memory of childhood sexual abuse to seek compensation under the state's Crime Victim Act. Our research could find only one state (Washington, RCW 7.68.060-3) to formally amend its crime victims act to allow repressed memory claims. In other states, disbursements are apparently made at the discretion of state case workers. Taxpayers in these states have questioned whether public moneys should be spent to compensate past and future therapy for persons claiming to be the victim of a crime based only on a "repressed memory" with no objective evidence that a crime was ever committed.

In New York State, for example, disbursements were made to a repressed memory claimant who had undergone questionable treatment practices including hypnosis, regression, and guided imagery. In this case the claimant received compensation, the accused is listed as a perpetrator, and his home listed as a crime scene without even a rudimentary investigation being conducted. No one who might have provided information about the claims was ever contacted: neither the accused person, other family members, or the claimant's pediatrician. The claimant, however, reported to a family member that she felt her memories had been "validated" because the state awarded her the funds. (FMSF Legal Survey)

In 1997 The Justice Committee, a California watchdog group, investigated state policies that allowed payment of funds through the California Victims of Crime Fund to a mother and her daughter even after it was shown that there was no crime and no victim and that the father had been accused of child abuse in the wake of a nasty custody dispute.

The appropriateness of payments for counseling costs in repressed memory cases was soundly criticized in the one state that had statutorily allowed such claims. In 1996, the Washington State Department of Labor and Industries reviewed its files of repressed memory claimants and concluded that the therapeutic treatment given them is neither safe nor effective.[2] An additional problem, the report noted, arose because the validity of the retrieved memories has not been proven and the theory upon which such treatment is based is controversial. In fact, the Washington State Department of Labor and Industries concluded that "such 'memory retrieval' therapy may be making people worse."

Taxpayers have argued that because the therapy procedures associated with many so-called recovered memories are capable of producing false memories, the accuracy of "recovered memories" cannot be determined without corroboration, and because "repressed memory therapy" has not been shown to be safe or effective, public moneys should not be disbursed—especially without objective corroboration that a crime was committed.

1 Samoff, S. (1993) "A national study of policies and administrative methods of state crime victim compensation programs," Dissertation, Adelphi University School of Social Work: Samoff, S. (March 1997) "Victim compensation and 'recovered memory syndrome,'" *FMSF Newsletter.*

2. Report to the Mental Health Subcommittee, Crime Victims Compensation Program, Department of Labor and Industries, State of Washington, Crime Victims' Compensation and Repressed Memory, dated May 1, 1996. The average cost of the repressed memory claims was shown to be approximately 5 times higher than the average cost of other mental health claims that did not involve repressed memory. Despite the increased cost to the state fund, the report noted that in all areas surveyed (e.g., suicidal ideation, hospitalization, self-mutilation, employment status, marriage stability) the condition of the repressed memory claimants deteriorated throughout their 3 to 5 years of treatment.

Recent appellate reviews in two states have affirmed compensation board decisions to deny benefits to repressed memory claimants:

Washington State: Department of Labor and Industries of the State of Washington v. Denny, 969 P.2d 525 (Wash. App., 1999), dated January 11, 1999.

A Washington State appellate court affirmed a lower court ruling that denied benefits to a woman who claimed recovered repressed memories had so disabled her that she was unable to work. Patricia Denny sought payments from the Crime Victims Compensation Fund for time loss compensation due to a temporary disability. Denny claimed that in 1992 she recovered repressed memories of sexual molestation that had occurred 23 years earlier when she was 4 years old. She submitted that she was unable to work because she was suffering from PTSD for the year following the alleged recovery of those memories.

The court held that under Washington statute, only persons employed at the time of the criminal act were eligible for benefits. The criminal act occurs when the crime is committed and not, as Denny argued, when the victim may become conscious of a repressed memory of the crime.

Christensen v. Department of Labor and Industries of the State of Washington, 1997 Wash. App. LEXIS 1463, unpublished, Sept. 2, 1997.

A Washington appellate court affirmed denial of benefits under the Washington Victim's Compensation fund in a case involving a repressed memory claim of sexual abuse 20 years earlier. The court held that claimant was not eligible to receive benefits because she was an adult at the time of the alleged assault and because she had not reported the alleged crime within one year.

New York State: In re: Mary Gullo v. Southern Erie Clinical Services, Workers' Compensation Board, 1999 N.Y. App. Div. LEXIS 957, dated February 4, 1999.

A New York Appellate Court affirmed a decision of the New York State Workers' Compensation Board that denied workers' compensation benefits to a woman who claimed that she began to experience flashbacks to her own repressed memories of childhood abuse that were triggered by her work as a counselor. The court concluded that the woman did not suffer a "work-related accident."

The woman, described by the court as a recovering alcoholic with a history of childhood abuse, began experiencing symptoms of anxiety and depression, as well as flashbacks of childhood sexual abuse after working for a year as an alcoholism counselor at a treatment center. She entered psychological counseling that included regression therapy. During the following 2 years of therapy, the woman's work performance suffered significantly, she was unable to meet the demands of her position despite repeated admonitions from her supervisor, and she finally resigned from her position upon learning that she would not be recommended for permanent status.

The appellate court found that the Board's decision to deny benefits was supported by substantial evidence that a combination of difficulties in the woman's private life could have caused the pressure she felt from the demands of her position. In addition, the court noted that expert testimony suggested that the regressive therapy undergone by the claimant while still employed "may have caused her disorder by creating a self-fulfilling prophecy."

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South Carolina Appellate Court Holds Discovery Rule May Apply to Repressed Memory Claims

Moriarty v. Garden Sanctuary Church of God, 1999 S.C. App. LEXIS 9, entered January 18, 1999.

In January 1999, a South Carolina appellate court held that the discovery rule may toll the statute of limitations in a repressed memory case, that "independently verifiable objective" evidence is mandated in every case, and that expert opinion testimony is required to prove the abuse and the repressed memory. The decision also included a lengthy section of dicta (observations not binding as legal precedent) in which it accepted the theory of repression. The case, which was brought by a 24-year-old woman who believed she had recovered memories of sexual abuse from age 2 to 4 at a church operated day care, was remanded to the trial court for further proceedings.

Some of the facts in this case should raise questions of the reliability of the repressed memory claim:

> The claimant alleges recovered memories from early childhood, between ages 2 and 4.
>
> Plaintiff's "memories" of abuse apparently developed after she visited several of the day care centers she had attended 20 years earlier. She said she felt "strong reactions" while visiting one day care and later while looking at photographs of the people who had worked there.
>
> The plaintiff relied on expert opinion that the supposed sexual abuse was the origin of her psychological difficulties (including depression and obsessive thoughts) as an adult.

The South Carolina court did not address these concerns however, and wrote, "[w]e express no opinion as to the viability of Moriarty's case and leave this issue to further proceedings." Instead, the court recognized the general theory of repressed memory and outlined the posited mechanism for memory repression. In doing so the court did not rely on

Dissociative Defense Mechanisms, the Theory of "Robust Repression," and Victims of Disasters

In discussing the theory of repression, a South Carolina appeals court, Moriarty, stated that "many child sexual abuse victims develop dissociative defense mechanisms similar to those observed in combat veterans and victims of other atrocities." The court seemed to be unaware that "dissociative defense mechanisms" are not equivalent to massive or robust repression. In fact, there is no evidence of repressed memory loss among these groups.

Several studies of victims of traumatic events such as natural disasters and wars found that these individuals may suffer "memory distortions" (e.g. the forgetting of details or problems pushing aside intrusive memories of the events). One recent meta-analysis of 63 studies that questioned some 10,000 victims of traumatic events such as concentration camps, explosions, natural disasters, or physical and sexual abuse, found that none were reported to have lost their memory for the trauma.[1] In an additional 12 studies, any "non-reporting" is generally believed to be explained by other mundane causes that did not require an explanation of repression or dissociative amnesia.

1 Pope, J., H.G., Hudson, J.I., Bodkin, J.A. & Oliva, P. (1998), "Questionable validity of 'dissociative amnesia' in trauma victims," British Journal of Psychiatry, 172:210-215. See also, Piper, A. (1998) "Repressed memories from World War II: Nothing to forget," Professional Psychology, Research and Practice, 29:5:476-478.

scientific studies or statements of professional organizations.[3] Instead, statements from law review articles that summarized the premise behind the theory of repression were repackaged by the court so that it appeared that each of the authors supported the notion of repression. The court did not even allude to the fact that most of the law review articles cited recognized the controversial nature of repressed and recovered memories of childhood sexual abuse and urged caution before admitting repressed memory claims into court.

The court viewed expert witness testimony as a kind of "safety net" at trial to overcome the danger of suggestive and implanted memories and ruled that "a plaintiff's testimony regarding recovered memories of abuse may not be received at trial absent accompanying expert testimony on the phenomenon of memory repression." Expert testimony is required, the court said, because repressed memory syndrome is an area outside the common knowledge of most jurors, citing Barrett v. Hyldburg, 487 S.E.2d 803 (N.C.App. 1997) and State v. Hungerford, 697 A.2d 916 (N.H. 1997). The court also ruled that expert opinion testimony is required to prove that the memory was actually repressed.

The court held that "the discovery rule may toll the statute of limitations during the period a victim psychologically represses her memory of sexual abuse." (emphasis added) However, the court ruled that in every case "independently verifiable objective" evidence is required for the application of the discovery rule. After discussing similar decisions by the Supreme Courts in Texas and Utah and by a federal court applying South Carolina law,[4] the court listed the kinds of evidence that would satisfy the objective corroboration requirement. The list includes: evidence of an admission of the abuser or a criminal conviction, medical confirmation of childhood sexual abuse, or an objective eyewitness's account. To this list of objective evidence that may corroborate the plaintiff's story, the majority also added the definition of circumstantial evidence: "proof of a chain of facts and circumstances having sufficient probative force to produce a reasonable and probable conclusion that sexual abuse occurred."

A dissenting opinion (in part), discussed the contradiction implicit in the majority ruling: "By allowing plaintiffs in repressed memory cases to corroborate their claims through circumstantial evidence, I believe the majority opinion eviscerates the very corroboration requirement it seeks to impose." The dissent also took issue with the majority's inclusion of expert testimony that "behavioral changes or unexplained fears ...may inferentially establish that something happened to the plaintiff." This expert testimony, the dissent wrote, represents circumstantial evidence and cannot be considered objective, verifiable evidence that the plaintiff was sexually abused.

Defense counsel has petitioned the appeals court to reconsider its decision in light of the confusion engendered by allowing the use of circumstantial evidence to meet the court's objective corroborative evidence requirement.

3. The court did repeat an erroneous summary of the American Psychiatric Association (1993) report found in U.S. District Court decision, Shahzade v. Gregory, 923 R.Supp. 286 (D. Mass. 1996).

4 S.V.v R.V., 933 S.W.2d 1 (Tex. 1996); Olsen v. Hooley, 865 P.2d 1345 (Utah 1993); Roe v. Doe, 28 F.3d 404 (4th Cir. 1994), concurring.

Dissociative Amnesia and the Theory of Robust Repression

Inclusion of the diagnosis of Dissociative Amnesia in the DSM-IV has been suggested by some as evidence that both "Dissociative Amnesia" —and by extension "robust repression"— have attained general acceptance within the field. Unlike the South Carolina appellate court in Moriarty, many higher courts have recognized that there is no general acceptance of the proposition that memory for a category of experiences can be lost while all other autobiographical memory remains intact. For example, the New Hampshire Supreme Court, after a careful review of relevant scientific studies, concluded that "Discrete memory repression is a different physiological phenomenon from psychogenic amnesia, where the victim or witness of an extremely traumatic event temporarily may forget ordinary personal details, such as name and address, in addition to the details of the traumatic event."[1]

Other courts found that a claim of Dissociative Amnesia did not confer on an alleged memory loss the reliability needed either to overcome a Frye/Daubert challenge or to toll the statute of limitations.[2] Many courts have noted the elusive definitions for "repression" and "dissociation." They have focused on the lack of scientific proof for the functional statement of "repression," i.e., the mind's ability to erase a discrete memory from consciousness, and to maintain that memory, without its degeneration or modification, until a cue prompts the memory to reappear later, intact.

Many memory researchers and theorists have examined the supposed link between "dissociation" and the massive memory loss on the scale posited under the "repression" theory. It is well accepted that dissociation does not necessarily produce amnesia of repeated stressful events. For example, persons who have been trained to dissociate to cope with painful repeated medical treatments, using a known dissociative technique, hypnosis, do not develop amnesia for these procedures.[3]

Dissociative Amnesia is quite rare, but may occur temporarily in the presence of continuing stress.[4] It is often associated with physical injury to the brain. Published examples of dissociative amnesia do not involve the excision from memory of all knowledge of a series of events (as posited by the repression theory). Another memory phenomenon commonly confused with repression is selective amnesia which

occurs when someone forgets the details of a frightening, traumatic event. In this case, the memory loss may result when the terror of the experience disrupts the biological process of storing the information. An event that was never encoded cannot be repressed. Dr. John Kihlstrom, an expert in memory and memory failure, concluded that "the available research does not support claims—such as that traumatic stress typically induces dissociative or repressive processes resulting in amnesia, or that children subjected to repeated trauma engage in defensive dissociation."[5]

The DSM itself mentions the disagreement regarding the diagnosis of Dissociative Amnesia: "some believe that the greater awareness of the diagnosis (of dissociative amnesia) among mental health professionals has resulted in the identification of cases that were previously undiagnosed. In contrast, others believe that the syndrome has been over diagnosed in individuals who are highly suggestible." at 479. A recent survey of psychiatrists regarding the diagnosis of Dissociative Amnesia found that 57% of the psychiatrists believed that the diagnosis of Dissociative Amnesia should not be included in the DSM or included only with reservations as a "proposed diagnosis."[6] Two-thirds of those surveyed believed there was no, or only partial, evidence for the validity of the Dissociative Amnesia diagnosis.

1 State v. Hungerford, 697 A.2d 916 (N.H., 1997).

2 Barrett v. Hyldburg, Superior Court, Buncombe Co., North Carolina, No. 94 CVS 793, following Barrett v. Hyldburg, 1997 WL 43876 (N.C., 1997). (Following an evidentiary hearing, the court concluded that there is no general acceptance for the validity of the theory of repressed memory whether it is termed "repressed memory," "dissociative amnesia," or "traumatic amnesia."); Hearndon v. Graham, 710 So.2d 87 (Fla.App. 1998), (Plaintiff, 32, had alleged "traumatic amnesia or a related syndrome" led to a memory loss of sexual abuse from age 8-15. Court affirmed dismissal and certified the question of whether a claim of traumatic amnesia tolls the statute of limitations.); Nuccio v. Nuccio, 1996 Me. LEXIS 82, (Plaintiff alleged "traumatic amnesia prevented her from remembering repeated sexual abuse from age 3-13. Court affirmed dismissal, holding that claims accrue at the time of the alleged abuse or at the age of majority.); Guerra v. Garratt, 1997 Mich. App. LEXIS 92, (Plaintiff alleged a 20-year memory loss of sexual abuse during her teen years due to "psychogenic amnesia." Court affirmed dismissal, holding that plaintiff's explanation of "psychogenic amnesia" is indistinguishable from "repressed memory" with respect to whether it constitutes a basis for applying the discovery rule.)

3 Dinges, D.F., Orne,E.C, Bloom,P.B. et al. (1994), "Medical self-hypnosis in the adjunctive management of organic pain: A prospective study of sickle cell pain," Presented at the NIH Workshop on Biobehavioral Pain Research, Rockville, MD, Jan.19.

4 Merskey, H. (1995), "Post-traumatic stress disorder and shell shock," in G.E. Berrios and R. Porter (eds.), A History of Clinical Psychiatry, New York: New York University Press.

5 Kihlstrom, J.F. (1997) "Suffering from reminiscences: Exhumed memory, implicit memory, and the return of the repressed," in Conway, M. (ed.) Recovered Memories and False Memories, Oxford: Oxford University Press.

6 See discussion, this newsletter p 3. Pope, H.G., Oliva, P.S., Hudson, J.I, Bodkin, J.A., and Gruber, A.J. (1999) "Attitudes towards DSM-IV Dissociative Disorders diagnoses among board-certified American psychiatrists," American Journal of Psychiatry, 156:2:321-323; Pope, H.G., Hudson, J.I., Bodkin, J.A. & Oliva, P. ,(1998) "Questionable validity of 'dissociative amnesia' in trauma victims," British Journal of Psychiatry, 172:210-215.

Criminal Trial Against Texas Therapists Ends in Mistrial after Juror Disqualification

United States of America v. Peterson, et al., U.S. Dist. Ct., Southern Dist., Texas, No. H-97-237.5

On February 9, as the trial entered its sixth month, U.S. District Judge Ewing Werlein, Jr. announced a mistrial in a criminal case against 4 therapists and a hospital administrator charged with insurance fraud. The indictment charged the defendants with improperly employing hypnosis, drugs, isolation, and other techniques (during which the defendants' patients recovered false memories of sexual and ritual abuse) in order to prolong unnecessarily the patients' hospitalizations so that the defendants could continue to collect insurance payments. The mistrial was announced after a juror who had inadvertently had contact with a prospective defense witness was disqualified.

The trial began September 9 with 12 jurors and 4 alternates, but the dismissal for various reasons of five panelists, including two during the second week in February, left only 11 jurors to hear the case. While a jury of 11 can return a verdict in federal felony criminal trials, both sides must agree to continue the trial with the smaller jury panel. The prosecution said it was willing to go forward, but defense attorneys have objected to such a jury. Judge Werlein set a March 3 hearing to consider motions from both sides regarding further action in the case.

After the mistrial was declared, some jurors acknowledged that they were unfamiliar with the details of the indictment. Several said that they believed there was evidence of malpractice and that they were troubled by the lengthy hospital stays and the diagnoses of satanic ritual abuse and MPD. One commented that he had yet to be convinced beyond a reasonable doubt with a clear money trail that an insurance fraud conspiracy had taken place.

The case had been expected to continue into late March or early April. In all, more than 28 witnesses had been called by the prosecution. Several former patients testified they became convinced during therapy in the early 1990s that they suffered from multiple personalities and repressed memories of satanic ritual abuse. Many said they now believe the memories were false and were induced during therapy. Portions of 50 tape-recorded therapy sessions and thousands of pages of medical records were introduced by prosecutors. The defendants, who worked at the former Spring Shadows Glen psychiatric hospital in the early 1990's, are: psychologist Judith Peterson, psychiatrists Richard Seward and Gloria Keraga, therapist Sylvia Davis,

"Each time we remember we remake the memory, literally, in terms of brain processes. Which is why 'false memories,' even if they only got there a few weeks ago courtesy of a psychotherapist, may be just as real to the person who has them as are historically verifiable 'true' memories. Memories are a way of ordering and making sense of our unique life histories."

Steven Rose, *The Guardian*, May 23, 1998

The Need for Corroborating Evidence of "Repressed Memory" Claims

It is well established that the accuracy of "recovered memories" cannot be determined without corroboration,[1] and that the therapy procedures associated with many so-called recovered memories are capable of producing false memories.[2] There is no expertise that enables a person to ascertain whether a person whose memory has been revived is relating actual facts or pseudomemories. These concerns have led courts in several jurisdictions to require corroborating evidence to support a plaintiff's allegations of abuse based on repressed memory theory.

The Texas Supreme Court, for example, held that in order to apply the discovery rule, the wrongful event and injury must be objectively verifiable. The Texas court further ruled that its requirement of objective verification could not be satisfied by expert testimony on a subject about which there is no settled view.[3] The Rhode Island Supreme Court in overturning a criminal conviction based on recovered repressed memories, commented that expert testimony may not be used to decide the reliability of the accuser's "flashbacks" because, "we are not convinced that a thorough cross-examination can effectively expose any unreliable elements or assumptions [of the expert testimony]. In such a case the expert's conclusions are as impenetrable as they are unverifiable."[4]

Objective corroborating evidence should consist of verifiable items such as confessions, authentic diaries or journals, photographs, police records, medical documents, etc. Several courts have recognized that allowing repressed memory allegations that are not corroborated by clear and convincing evidence raises the "potential for fraudulent claims."[5]

1See, e.g., American Psychiatric Association (1996): It is generally agreed that "it is not known how to distinguish, with complete accuracy, memories based on true events from those derived from other sources"; American Medical Association (1994); American Psychological Association (1995); Canadian Psychiatric Association (1996); Michigan Psychological Association (1995); The British Royal College and Australian Psychological Society statements include similar cautions.

2 See, e.g., American Medical Association (1994); American Psychiatric Association (1993); Canadian Psychiatric Association (1996): "Psychiatrists should take particular care to avoid inappropriate use of leading question, hypnosis, narcoanalysis, or other memory enhancement techniques directed at the production of hypothesized hidden or lost material"; Australian Psychological Society (1994); BAC (1997); British Royal College (1997), p. 664: "Forceful or persuasive interviewing techniques are not acceptable in psychiatric practice. Doctors should be aware that patients are susceptible to subtle suggestions and reinforcements... Psychiatrists are advised to avoid engaging in any 'memory recovery techniques' which are based upon the expectation of past sexual abuse of which the patient has no memory. Such 'memory techniques' may include drug-mediated interviews, hypnosis, regression therapies, guided imagery, 'body memories,' literal dream interpretation and journaling."

3 S.V. v. R.V., 933 S.W.2d 1 (Tex. 1996).

4 State of Rhode Island v. Quattrocchi, 681 A.2d 879 (R.I. 1996).

5 Petersen v. Bruen, 792 P.2d 18 (Nev. 1990); Pritzlaff v. Archdiocese of Milwaukee, 533 N.W.2d 780 788 (Wisc., 1995), cert denied, 116 S.Ct. 920 (U.S. 1996).

LAW REVIEW ARTICLES EXAMINING THE CONNECTION BETWEEN SUGGESTIVE THERAPY AND REPRESSED MEMORY CLAIMS

Ernsdorff, G. M. and E.F. Loftus (1993) "Let sleeping memories lie? Words of caution about tolling the statute of limitations in cases of memory repression," 84 J.Crim.L. & Criminology 129. (provides a "short primer on repression" and summarizes the controversy surrounding the theory of repression. Reviews legislative and judicial reactions to claimants seeking to extend the statute of limitations. "Although there is little agreement among psychologists concerning the theory of repression and recovery of previously repressed memories, therapists claim that the trauma caused by childhood sexual abuse may lead a victim to repress all memory of the event.")

Faigman, D.L., et al (eds.) (1999) "Repressed Memories," Chapter 13 in Modern Scientific Evidence, The Law and Science of Expert Testimony, St. Paul, Mn: West Group. (summarizes the legal relevance of research on repressed memories. "Courts have increasingly weighed in on the issue of the evidentiary value of repressed memories under both Daubert and Frye.")

Finer, J.J. (1996/1997) "Article: Therapists' liability to the falsely accused for inducing illusory memories of childhood sexual abuse—current remedies and a proposed statute," 11 J.L. & Health 45. (explores the circumstances under which a person wrongly accused has, or should have, one or more causes of action against a therapist for inducing a pseudomemory and proposes specific legislation authorizing third-party lawsuits under certain circumstances and conditions.)

Foster, E.A. (1996) "Comment: Repressed Memory Syndrome: Preventing invalid sexual abuse cases in Illinois," 21 S. Ill. U.L.J. 169. (summarizes the theory of repression, problematic therapy retrieval techniques, research on suggestibility, and case law applying the discovery rule in repressed memory cases. "The scientific and medical communities have refused to authenticate the theory of repressed memories and, in fact, believe repressed memories are unreliable...The debate about the theory of repressed memory is not a debate about the reality of the horror of sexual abuse. Instead, it is a debate about memory." at 170.)

Greer, E. (1998) "Tales of sexual panic in the legal academy: The assault on reverse incest suits," 48 Case Western Res L Rev 513. (reviews the facts behind a California third-party lawsuit, Ramona, that contradict objections made by Bowman and Mertz to holding therapists liable to an accused third party.)

McAlister, C.V. (1996) "Comment, The repressed memory phenomenon: Are recovered memories scientifically valid evidence under Daubert?" 22 N.C. Cent. L.J. 56. (reviews the memory process, repressed memory therapy, and the problem of determining, under Daubert, whether the phenomenon of memory repression and recovery is scientifically valid. Concludes that

"there is no empirical evidence to support the theory that a person can lose a memory for many years and then accurately recover it," so that plaintiffs may not be able to meet the burden imposed in Daubert.)

Montoya, J.M. (1995) "Requiring clear and convincing proof in tort claims involving recently recovered repressed memories," 25 Sw. U.L. Rev. 173. (summarizes the legal history of cases involving repressed memories, examines the reliability of repressed memories, and argues that the burden of proof should be by clear and convincing evidence. "[S]ubstantial evidence exists that many of the methods used to recover repressed memories are questionable and that the therapists helping to recover the memories have inadequate knowledge and training of the phenomenon...Although a higher standard of proof may result in failure of some valid claims, it is equally important that innocent people be protected from false accusations.")

Murry, J.M. (1995) "Comment, Repression, memory, and suggestibility: A call for limitations on the admissibility of repressed memory testimony in sexual abuse trials," 66 U.Colo.L.Rev. 477. (examines the connection between repressed memories and therapy techniques that resemble hypnosis. Reviews statutory and case law regarding expansion of the discovery rule to repressed memory claims and case law regarding hypnotically-induced memories. "[T]he law has responded too hastily to the pendulum of public opinion... Repressed memories, which have never been validated scientifically, are beginning to come under fire from various sources.")

***Rock, S.F. (1995)* "A claim for third-party standing in malpractice cases involving repressed memory syndrome," 37 Wm. & Mary L.Rev.337.** (examines the suggestive therapy techniques used to uncover repressed memories and the basis for third-party suits against therapists with special attention given to Ramona. "Overzealous therapists who focus on recovering memories have ignored reliable research that such memories are most likely false and have, instead, encouraged, either directly or indirectly, their patients to file lawsuits against the alleged abusers...The threat of a malpractice case by an innocent third party would act as a quality control device in the field of psychotherapy.")

Spadaro, J.A. (1998) "Note: An elusive search for the truth: The admissibility of repressed and recovered memories in light of Daubert v. Merrell Dow Pharmaceuticals, Inc., 30 Conn. L. Rev. 1147. (provides a definition of repressed memories, and discusses their unreliability and the legal response to repressed memory cases. "The central debate within the scientific community focuses on the validity of the repressed memory theory as a scientific theory and the accuracy and reliability of recalled events. Empirical evidence has not been able to establish the existence of repressed memory theory...Th[is] debate has spilled into a somewhat parallel debate within the legal community as well....In all likelihood, some recovered memories are true and some recovered memories are not. There is no precise way as of yet to determine the distribution within these two categories...Employing the criteria enumerated in Daubert will likely aid courts in their efforts to satisfy the parties' competing interests." at 1197)

Taub, S. (1996) "The legal treatment of recovered memories of child sexual abuse, 17 J. Legal Med. 183. (discusses the controversy concerning the validity of repressed memory claims and the treatment of these claims have received)in the courts. Examines the admissibility of repressed memory evidence under Daubert and reviews issues raised by malpractice suits against psychotherapists. "The law must strike a delicate balance between protecting the rights of accusers and accused...This can best be done by having the legal system reflect the most accurate information that is currently available from scientific studies on the validity of recovered memories of child sexual abuse."

Yamini, R.J. (1996) "Note, Repressed and recovered memories of child sexual abuse: The accused as 'direct victim,'" 47 Hastings L.J. 551. (discusses the debate related to repressed and recovered memories, and various therapy techniques used in repressed memory cases that may provide a basis for imposing a liability on a therapist to an accused third party who is a direct victim of therapists' negligence. Concludes with a proposal that would allow some claims by third parties while protecting therapists from potential liability for unintentional conduct.)

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"The statute of limitations is not merely a formality; it is a device designed to spare the courts from litigation of stale claims, and the citizen from being put to his defense after memories have faded, witnesses have died or disappeared, and evidence has been lost."

"[B]ecause the plaintiff failed to bring her claims of abuse within the limitation period, that is exactly what has happened—witnesses have died, evidence has been lost, and memories have faded. For example, during her deposition, Plaintiff repeatedly failed to remember critical details. Futhermore, all of Plaintiff's childhood doctors who might have been able to testify about physical evidence of the alleged abuse or the lack thereof have died. And, Plaintiff's mother, a potentially critical witness, has also died. Finally, Plaintiff's childhood medical records cannot be located now, more than forty years later. These are the exact types of problems that arise when a lawsuit is brought a great many years after the subject incidents have taken place—the very problems the statute of limitations is designed to avoid."

Duross Fitzpatrick
Judge of the United States District Court
Middle District of Georgia
Macon Division
In Thiele v Thiele

BOOK REVIEW

Smoke and Mirrors: The Devastating Effect of False Sexual Abuse Claims
Terrence W. Campbell:
ISBN 0-306-45984-1 Insight Books,
Plenum Press, 1998
Reviewer: Paula Tyroler, Ph.D.

Campbell's book is an important addition to the growing number of books dealing with the issues of recovered/false memories. Its significance lies in thorough coverage of both aspects of false sex abuse claims, namely the allegations of child sexual abuse in a contemporary setting, and the claims based on repressed and recovered "memories" of presumed historical events. The book is written in such a way that it can be easily understood by lay people without compromising professional integrity. Campbell supports his claims by numerous case studies either from his own practice or from reliable secondary sources.

The first part of the book (chapters 1-7) examines children's false allegations of sex abuse. Since this review is written exclusively for the readers of the FMSF Newsletter, I will concentrate on the second part of the book (chapters 8-14) which examines what came to be known as "recovered memory therapy."

In Chapter 8, Campbell shows that recovered memory therapy relies totally on the Freudian theory of repression. Since claims of repressed memories frequently involve accusations so bizarre and outrageous, a question arises as to why psychoanalytic (Freudian) theory regarding the human mind is still taken seriously by anybody and why it was not relegated to oblivion long time ago? Campbell explains that Freudian theory is so vague and imprecise that it is difficult to discredit it or falsify it. Advocates of this theory persistently resort to some alternative explanation when objective evidence disconfirms one or more of its assumptions. In Chapter 9, aptly subtitled "Scientific Fact versus Science Fiction," the author examines repressed memory claims. In addition to critical analysis of published surveys of selected groups of population (e.g.studies by Herman and Schatzow, Briere and Conte, and Williams), Campbell also addresses theoretical inadequacies of assumptions regarding trauma and memory loss. Human memory involves three related processes: encoding information, storing information, and retrieving information. If traumatic experience leads to memory loss, then the supporters of this notion should clearly identify both the memory stage in question and the process that interferes with it. Current theories of trauma and memory loss fail to answer these important questions.

Chapter 10 ("Creating False Memories") is most revealing and informative. This chapter is "must" reading for those of us who still struggle to understand the processes which lead to creation of bizarre false memories and to complete alienation of the accusing persons from their family support system. Here the author leads us step by step through the process which may take between 6-9 months, using an example with which he became familiar in his capacity as an expert witness. He outlines several stages of this process, which start with negative stereotyping of client's families (dysfunctional, critical, intrusive, demanding, possessive, etc), and with emphasis on (real) negative events from the client's past. Distancing from one's family follows, reinforced by more of the negative stereotyping. In response to viewing their families as cruel and uncaring, clients then develop "betrayal scripts," which lead them into assuming that all their problems originated with their families' supposed betrayals. Betrayal scripts allow them to imagine themselves enduring the most horrible kinds of parental cruelty. Eventually, the line between the real and the imagined is crossed. Because they expect to retrieve memories of previously repressed betrayals, clients think that what they merely imagine amounts to a memory of a true event.

Chapters 11 and 12 are devoted to demonstration of damage inflicted by recovered memory therapy on both clients and their families. Both are illustrated using examples from the author's involvement as an expert witness. Chapter 13, entitled "Myopic Guilds and Flawed Evidence" is a well-founded critique of the behaviour of professional organizations. In any given year, it is estimated that as many as 750,000 clients are at a risk of developing false memories in psychotherapy. Not a single North American professional organization has denounced recovered memory therapy. Like the vast majority of their therapist members, these professional organizations also ignore scientific evidence. Using examples, the author demonstrates how some professional organizations are instrumental in disseminating misinformation and contributing to deepening of the mental health care crisis instead of curbing it.

The book ends with suggestions for directions in psychotherapy, which include dealing with here-and-now problems rather than dwelling on the past, and concentrating on interpersonal relations rather than self-absorbed dissection of what transpires within our own psyches. Also, therapists should reject the biases of their clinical experience and rely more on standardized, scientifically-grounded treatments. In the author's opinion, however, the likelihood of the relevant professional organizations dealing responsibly with the crisis of psychotherapy is remote. Instead, it is the regulatory bodies that, prompted by public demand, should "clean house."

This is the point where I somewhat differ from the author. In my opinion, the licensing bodies, whose mandate is to protect the public and to guide the profession, should have acted a long time ago, independently of opinions emanating from various professional "guilds" and without the need of public pressure..

Paula Tyroler, Ph.D. is a chemical engineer. She is an Associate Professor at Laurentian University.

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Continuing Education Watch

Psychoanalysis Enacted:
Re-experiencing the Old,
Constructing the New
Albert Pesso, Martha Start, M.D.
and Bessel van der Kolk, M.D.
August 2-6, 1999
Harvard Medical School seminar
N. Falmouth, MA - Cape Cod

Pesso Boyden System
Psychomotor (PBSP)

"The objective of the seminar is to help clinicians develop an in-depth understanding of the contributions PBSP can make to their work with a broad range of patients."

"[T]he PBSP therapist focuses on the patient's proactive efforts to bring about that which he/she most needs in order to heal; the patient 'choreographs' the moves of individuals enlisted as 'ideal parents' and then constructs kinesthetic/sensorimotor memories deriving from gratifying interactions with them. This corrective provision is something that takes place in the present but is experienced, and internally registered, 'as if' it had actually taken place in the past. The new memories are placed alongside the original traumatogenic memories, thereby positively modifying future expectations."

FROM OUR READERS

Orphans of the Memory Debate

Jaye D. Bartha

Imagine if Stephen King had sought counseling with a psychotherapist who practiced repressed memory therapy (RMT). How would the experience have affected his life? After working with a therapist who surmised that his mind harbored buried "memories" of abuse, his life would have been severely impacted. His daily search for "memories" would have left him little time or energy to write prolifically. King's outstanding novels such as "The Shawshank Redemption" or "Misery" might never have been realized.

As the "therapeutic" years passed, King would have dug deeper and deeper into his psyche looking for "memories" of abuse that weren't there—because they didn't happen. Sadly, he would not have known that his efforts were for naught. His literary genius would have created dozens of "memories" accepted as factual. Over the years, King's therapist would have an enormous influence on the direction of his treatment and, subsequently, his well-being. Luckily, this didn't happen, but what if it had? How would he be doing today?

Fatefully, King would have gone the way of thousands of people who became entrenched in RMT. His talent for creating spectacular stories would have secured his seat on his therapist's couch for quite some time. Broke, exhausted, and alone, he would now be just another orphan of psychotherapy, caught in the crossfire of the memory debates.

Early on, opponents of RMT focused on research and education. Tenacious researchers across the country spent untold hours writing papers that eventually altered the course of destruction running rampant in the field of psychotherapy. Concerned families gathered and boldly shared their stories. Meanwhile, back on the hospital psychiatric wards, patients continued to grapple with rewritten histories of horrific abuse they could barely comprehend, unaware that the debates were in progress. They didn't know there were choices, one of which was to leave therapy.

It was years before the term "false memory syndrome" was recognized. Until then, patients of psychotherapy, whether entrenched in RMT or not, were caught in the crossfire of the memory debates. Eventually, the debates positively impacted the field of psychiatry and psychology by holding therapists accountable for their actions. The impact, however, didn't necessarily change what patients were doing in therapy sessions. They were still spending hours searching for unattainable "memories" of abuse. Many patients stayed in therapy believing the debates were just another backlash to be ignored, if they were aware of them at all. What has happened to the orphans of the memory debates?

I don't have all the answers, but I have some. I do know there are former patients who are still working to untangle their lives from the catastrophic effects of RMT. Many of them institutionalized, addicted to prescription drugs, jobless, sometimes homeless, and surely in poor health. They are now faced with some of the biggest challenges of their lives. Searching for "memories" was easy compared to the work they need to do to rebuild all that was stripped from them in therapy—and they often do it alone.

As compassionate human beings, we must never forget that the volatile debates involve real people. It's painful, at times, to listen to stories from those who valiantly survived the horrors of RMT. It's mind-boggling to imagine a once vital life in ruins.

Returning to the hypothetical scenario of Stephen King, do you think he would have simply left therapy, dusted himself off, and returned to his keyboard to write another novel?

Leaving repressed memory therapy is a baby step, albeit a big important one, along the continuum towards good health. It requires extreme fortitude of former patients to turn their lives around. It forces them to realize that they have been deluded and, worse yet, that their behavior and choices had an adverse impact on their families and friends.

Former patients are breaking new ground. There are no established guidelines to assist them through the stages of rebuilding their shattered lives after leaving RMT. The orphans of the memory debates will continue to swell in number as long as therapists continue to practice repressed memory therapy and patients continue to seek their help. Where will they go?

Jaye Bartha majored in psychology. She recently settled a lawsuit she brought against her former therapist who practiced recovered memory therapy.

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Mental Health Community?

The December, 1998 FMSF Newsletter inquires: "Where was the mental health community during the false memory epidemic?" That there is a mental health community, possessing power, authority, standards, and a capacity to enforce discipline upon its members, is all a myth.

The psychiatric profession has long been a fragmented assortment of schools of thought, more inclined to judge not, lest they be judged. There are scattered fiefdoms, localized centers of academic standing, with auras of authority. Their power, however, is confined within the boundaries of their academies. Sometimes there is collective consensus, which then can own greater authority through this summation.

In a field that is still more Art than Science, each school sends forth its theoretical sense of the nature of disease and its treatment. During my half century as a psychiatrist, I have watched succeeding mythologies sprout, blossom, and fade. New ideas are welcomed with hope as possible breakthroughs, while critical examination and response are deferred.

In Dr. Fawcett's domain at Rush Presbyterian, a rogue therapy was honored as respectable, its promoter apparently one of the domain's professional nobility. There was little prospect for objective critical feedback and accountability.

Where is accountability to come from? The answer rests in what we have learned through our FMSF enterprise of the past seven years. Outsiders who experience harm have to sound the alarm that wrong-doing is at large. Counter action to intercept and delegitimize destructive clinical pretensions can correctly prevail, when you are reinforced by objective clinical judgment and professional authority such as you found in your scientific and professional advisory board. To wait for a mythical mental health community with power to objectively judge and react.... you should live so long.

From within the resources of our own hearts and minds, skills and experiences, wisdom and judgment will come the concepts to construct solutions for reaching children and rebuilding families.

Earl N. Solon, M.D.

1. See Dateline, NBC, October 27, 1998 described in December 1998 Newsletter

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Irony

Isn't it peculiar that a group that is so overly concerned about each nuance of their own feelings and the solicitation of their client's feelings should be so unconcerned, so callous, and so totally indifferent to the feelings of others? Do they ever stop to consider the feelings of those parents who are denied access to their adult children, their grandchildren, to their loved ones? Never. In fact, they don't even care if the parents become seriously ill or die! What kind of monsters has this form of therapy spawned?

Mother of a Retractor

❑

Given Up Hope

It has been ten years and we have had no 'signs' or communications with our daughter. Our grandchildren are all in college and we have no idea of what they look like now. We have given up hope. There have been deaths, marriages and graduations all of which have passed unrecognized by our daughter even though she was informed. The newsletter was a great help to us. Now it is just a painful reminder of what we have lost. Please discontinue.

A Sad Mom and Dad

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As If Nothing Had Happened

After five and one-half years, our daughter wrote to my husband saying she wanted to renew her relationship with him. (I had kept in close contact with her by phone, letters and visits.)

We met with her, and it was as if the intervening years had never been. My husband was happy to take things as they are, rather than expect or hold our for a retraction. She is coming to stay with us for her first visit in six years.

We wish to thank you for the support you have provided for us. One of our so sons sent us information about the Foundation a month after the "confrontation." Otherwise, we would have been even more distraught than we were.

A Happy Mom and Dad

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A Journey of Faith

What a journey of faith is this—the spectrum of false memory syndrome when we are accused. Our accuser is our beloved first born daughter, now 38-years-old. We have not seen or heard from her for more than five years.

It is more than seven years since we walked step by step through the Sensitive Crimes Unit of the police station, accused of sexual molestation and satanic cult abuse when she was a child and equally horrible offenses against her two children, our grandchildren. Thank God for our acquittal.

Where does this leave a mother? Some counselors say "Go on with your life; your daughter is dead to you; too much has happened." And you do go on simply because there is no other choice. Amazingly, life regains a semblance of normalcy—even joy—as the other children grow, graduate and fall in love. Two more grandchildren fill the terrible void of having the first two torn from us. *And yet, always, the mother yearns for the child now woman so totally separated by choice.*

My nine year breast cancer battle is ongoing, lonely in the missing of my firm supporter. But life does go on. We learn to rise above the pain. Our married love grows in the sharing.

Last April, my dear friend "Alice" ran into my daughter while shopping and then and there my daughter accused Alice's now-dead husband. *Does this insanity never end?* Now we have maternal and paternal grandfathers, neighbors, pediatrician, to name a few of the accused!

My friend Alice reminds my daughter that her children were never in Alice's home. Now my friend understands why I can't approach my daughter. My daughter is too bitter and angry; the chances for legal involvement too precarious.

It seems that just when I want to throw in the towel and say "I will not care any longer," something happens to assure me that I must continue to hope without timelines.

Thus I follow my instinct to attend the yearly FMS meeting in Illinois in October. My mind's eye is filled with the panel of "retractors," women who like my daughter were lured and brainwashed by would-be psychologists and co-dependent recovery groups. What agony these women have endured. *Hope: there are people who return to their families.* I travel home with renewed understanding of how to approach, what to do if one has an encounter knowing that life can never again be the same, but it can be different.

My husband is rushed to the emergency room for a heart medication reaction (we had been planning to leave on a long anticipated vacation that morning). Within a few hours he is back to normal and back at home but disappointed. I leave him with another daughter and drive to the mall to walk and work out the tension.

Meandering in the shoe store, a voice calls out my name. It is my daughter's brother in law, his wife and two babies. I learned they had moved, and they told me about my grandchildren. They urged me to make contact with my daughter. "She is so alone," they said. I try to explain why legal concerns make this is impossible. *Is this why I had to stay home and miss my vacation*? I tell them that when my daughter realizes her mistake, we will welcome her back to the family.

Thanksgiving approaches. My cancer seems under control. Okay, now I have cancer, false memory syndrome and a bad back to deal with. But I can choose my attitude. In celebration I decide to treat myself to the local thriftshop, a place that I often feel drawn to. Everybody goes there—my friends call it "Nieman Marcus" because you can unearth tremendous bargains. It offers me the inexpensive therapy of wandering through the racks knowing no one. First, the large array of Christmas items. Find a cute vase with poinsettia for $1.00—that will be my theme for the 1998 house decoration—year of the poinsettia. Move on to the three long aisles of sweaters. A couple of them go into my shopping cart for consideration.

I look up to note the blond ringlet curls of a woman with a small child in a stroller at the entrance to the store. She resembles my daughter but a bit heavier and more mature. no, it couldn't be. I move over to the other part of the store before taking another stealthy glance at her. This woman approaches shopping in the same way I do: scanning the racks and zeroing in on the possibilities. Putting chosen items in the shopping cart for final consideration. Another look: No, not my daughter but she resembles her. I move further away and move into the dressing room to try on a skirt.

As I leave the dressing room, I encounter an almost whispered voice: "Mom." It happens so quickly fear and calculation are give no time. A simple prayer, "Help me Lord to say the right things." Arms enfold me in a hug. It is my daughter who tells me she had seen me there once before and was unable to speak to me. "I want this time to take a moment to let you know that no matter what has happened, you are loved." My reply is simple, "I love you too."

In retrospect, my next words surprise me. "How is your back?" She smiles, brow furrowed as she wondered how I could have known that, when she had set such stringent lines of no contact. She tells me she is going to need back surgery.

An awkward silence. She asks about her younger siblings. Where do they live? And I tell her.

The irony of this – my own daughter and blood so far removed from her family. I feel her longing for her siblings and my heart breaks for her. An inner peace keeps me level and neutral

in response.

"I looked for my sister's address on E-Mail," she says. And I reply, "That is timely because we just purchased a new computer. We got the modem on Friday." *Can it be that I have not seen or spoken to her for five years and we are talking of such trivial things? Every second is a year. How can I grasp this time, transcend it to breach the gap?*

I remember the Illinois FMS retractor panel and know I'm on the right track. This cannot be rushed. It must be her approach not mine. She has a brief opportunity to break through her delusions. What could have happened to allow her to reach out to me? Only eight months ago she met my friend Alice with such hatred.

I offer that my grandson is a teenager saying, "He must be so handsome." She replies, "You wouldn't know him, he's taller than me." I tell her, "I've heard that both kids are on the honor roll," letting her know that there are some things I do know. "They do well," she responds.

I look down at the child in the stroller. "Hello, I'm grandma J. What is your name?" This could be an unknown grandchild. My daughter answers for him, "His name is 'Ben'." I bend down to approach him and say, "Well Ben, it is nice to meet you. You are very lucky to have such a nice lady as my daughter to care for you."

With that, my daughter startles me with another approach and hugs me a second time. "Mom, always know that I love you." "I love you too," I say again. She turns and walks away without looking back.

I purposely move to the other side of the store trying to absorb what just happened. It is not until I am in my car that the feelings of grief surge. The tears come with the protection of my car. I detour and go to the opposite side of town—to the wholesale flower outlet. I must take time to absorb this before I go home. I pray.

When I get back home, I share this story with my husband. We marvel at the enormity of this incident, the significance. Why would I have been there with my daughter at the same time and same place–out of a large city full of places?

I call each of her now-adult siblings and tell them what happened. My younger daughter laughs. My older son reacts differently: "No mother should have to endure such things." *I must remember that we are all entitled to our own reactions, our own working through in this most abnormal of challenges.* My other son wants to know every detail of what happened.

I wonder: Will this be a once-in-a-lifetime experience? Or is it the start of some working though on my daughter's part. Has something happened in her life to pierce even a little the armor of false memory syndrome. No matter where we are in the circumstance of this thing, it is so very difficult. And yet, I am thankful for having felt my daughter's arms. Yes, love can transcend all things.

A Mom

Afterword: There has been another "sighting" of my daughter by my friend Alice. This time my daughter was very pleasant and joyful. My friend, who is a practical nurse, wonders about a Jeykl and Hyde personality or drug use to account for such variability.

MAKE a DIFFERENCE

Illinois: One of our members has become active in the Township Mental Health Advisory Board. That Board reviews requests from various mental health providers who are requesting tax dollars for mental health services given by those agencies to township residents. These agencies must submit a request for the funds annually. The form used previously for the funding request was reviewed by that Board and because of the awareness of this FMS member for the need for informed consent and safe and effective treatment the following changes were recently approved by the township attorney.

Before Services Provided:

The Agency agrees to provide the appropriate professional services to the residents of the Township as documented in compliance below.

After Services Provided:

The Agency agrees to provide only appropriate professional mental health and related services to the residents of the Township under this Grant Request/Agreement for Purchase of Services. All residents or participants of Township for whom services are provided under this Agreement shall be provided with written informed consent by the Agency as to all treatments to be provided to them. The Agency respresents that it shall fully investigage all methods of treatment for residents of Township to verify the safety and effectiveness of all treatments (and shall document these fully as called for in Paragraph 2.f.2 hereof) before implementing the treatments under this Grant Request/Agreement for Purchase of Services, and the Agency shall hold harmless and indemnify Township and its Officials from any and all claims for loss or actual loss or damages based upon this Agreement, or the services provided by the Agency.

2) The Agency agrees to provide the Township with a specific description of all new programs, services activities or facilitites which are initiated-subsequent to this Grant Request/ Agreement for Purchase of Services.

See if your Village or Township has a similar program and, if so, make sure that they have similar protections for their citizens.

Annual Meeting
Ontario and Quebec

The annual meeting of Ontario and Quebec families and friends will be held on **Saturday, May 1, 1999** in **Toronto.** guest speakers include Alan Gold, Dr. Harold Merskey, Dr. Campbell Perry, and Dr. Paul Simpson. **For information call Pat at 416-445-1995**

Recovered Memory Controversy
April 30, 1999 - $35.00 includes
Lunch 12:30 Program 1:30-4:30
877 Yonge St. Toronto
Presenters:
Dr. Paul Simpson, author *Second Thoughts: Understanding the False Memory Crisis;* **Dr. Emanuel Persad**, Chair Dept Psychiatry, U of Western Ontario; **Dianne Marshall, M.Ed.,** Clinical Dir. Institute of Family Living.

Send check to: Dr. Ed Fish, 2 Klaimen Court, Aurora, ON L4G 6M1.

http://www.FMSFonline.org is the address of the website that FMSF is developing. All past newsletters are now available
(The site has background information on the U.S.A. v Peterson)

Psychology Astray:
Fallacies in Studies of "Repressed Memory" and Childhood Trauma
by Harrison G. Pope, Jr., M.D.
Upton Books
This is an indispensable guide for any person who wants or needs to understand the research claims about recovered memories. A review by Stuart Sutherland in the prestigious *Nature* magazine (July 17, 1997) says that the book is a "model of clear thinking and clear exposition." The book is an outgrowth of the "Focus on Science" columns that have appeared in this newsletter.

Exploring the Internet
A new web site of interest to FMSF Newsletter readers:

http://www.StopBadTherapy.com
Useful information on this site includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing:
  American Psychiatric Association
  American Psychological Association
  American Medical Association
  National Association of Social Workers.
- Lists of online and printed resources: links, articles, books, videos.
- Ideas for taking action.

The Foundation gratefully acknowledges the contribution made in memory of Rose Neuman by her friends in Florida.

We are looking for other families whose children participated in the program at Evanston Hospital, Evanston, IL. Confidentiality guaranteed. Please call 847-885-9515.

Smiling through Tears
Pamela Freyd and Eleanor Goldstein
Upton Books • ISBN No 9-89777.125.7 • $14.95
Over 125 cartoons by more than 65 cartoonists lead the way through a description of the complex web of psychological and social elements that have nurtured the recovered memory movement. Ask your bookstore to order the book or call 1-800-232-7477.

Comments:

"At once both thoroughly informative and devastatingly witty."
Alan Gold, Criminal Defense Attorney, Toronto

"I think the book is terrific. I liked it because it supported a lot of the opinions I've had on psychiatry, cults, brainwashing and other ideas mentioned in the book."
Mort Walker, Creator of *Beetle Bailey*

"It's a must read"
Elizabeth Loftus, Ph.D

AREA CODE CHANGE?
PLEASE HELP US SAVE TIME TRYING TO CALL YOU!

IF YOUR AREA CODE HAS CHANGED, PLEASE LET US KNOW.

Peter and Pamela Freyd have settled their defamation lawsuit against the Canadian newspaper *The Globe and Mail.* Terms of the settlement remain confidential.

ADDRESS CHANGE and SNOWBIRD ALERT!
PLEASE REMEMBER,
WE NEED YOUR ADDRESS CHANGE EVERY TIME YOU MOVE.

Any FMSF parents or retractors visiting Champaign-Urbana, Illinois are invited to stay free at our house. Carole Ann and David P. Hunter, 2511 Bedford Drive, Champaign, IL 61820
217-359-2190
hunter4000@aol.com

ESTATE PLANNING
If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

Is Your Daughter Missing?
Several parents wish to network with others whose daughters have disappeared after cutting off all contact with family members. They are looking for exchange of ideas, suggestions and information about how to find missing daughters using non-threatening ways. Call Karen at 314-432-8789 to become part of the network

F M S F

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Kathleen (907) 337-7821

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Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)
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Judy (925) 376-8221
South Bay Area - Last Sat. (bi-MO)
Jack & Pat (408) 425-1430
3rd Sat. (bi-MO) @10am
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Carole (805) 967-8058
Central Orange County - 1st Fri.(MO) @ 7pm
Chris & Alan (714) 733-2925
Covina Area - 1st Mon. (MO) @7:30pm
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Paul (203) 458-9173

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David Hunter (217) 359-2190

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Indiana Assn. for Responsible Mental Health Practices
Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 482-2847

IOWA
Des Moines - 2nd Sat. (MO) @11:30am Lunch
Betty & Gayle (515) 270-6976

KANSAS
Kansas City - 2nd Sun. (MO)
Pat (785) 738-4840
Jan (816) 931-1340

KENTUCKY
Louisville- Last Sun. (MO) @ 2pm
Bob (502) 367-1838

LOUISIANA
Francine (318) 457-2022

MAINE
Bangor
Irvine & Arlene (207) 942-8473
Freeport - 4th Sun. (MO)
Carolyn (207) 364-8891

MARYLAND
Ellicot City Area
Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND
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Frank (978) 263-9795

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Dan & Joan (651) 631-2247

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Pat 738-4840
St. Louis Area - 3rd Sun. (MO)
Karen (314) 432-8789
Mae (314) 837-1976
Springfield - 4th Sat. (MO) @12:30pm
Tom (417) 883-8617
Roxie (417) 781-2058

MONTANA
Lee & Avone (406) 443-3189

NEW JERSEY (SO.)
See Wayne, PA

NEW MEXICO
Albuquerque - 2nd Sat. (MO) @1 pm
Southwest Room -Presbyterian Hospital
Maggie (505) 662-7521(after 6:30pm) or
Sy (505) 758-0726

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Barbara (914) 761-3527
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Montrose
John (717) 278-2040
Wayne (includes S. NJ)
Jim & Jo (610) 783-0396

TENNESSEE
Wed. (MO) @1pm
Kate (615) 665-1160

TEXAS
Houston
Jo or Beverly (713) 464-8970
El Paso
Mary Lou (915) 591-0271

UTAH
Keith (801) 467-0669

VERMONT
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

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA
Vancouver & Mainland -
Ruth (604) 925-1539
Victoria & Vancouver Island - 3rd Tues. (MO) @7:30pm
John (250) 721-3219

MANITOBA, CANADA
Winnipeg
Joan (204) 284-0118

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London -2nd Sun (bi-MO)
Adriaan (519) 471-6338
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Eileen (613) 836-3294
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Anna (31) 20-693-5692

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Colleen (09) 416-7443

SWEDEN
Ake Moller FAX (48) 431-217-90

UNITED KINGDOM
The British False Memory Society
Madeline (44) 1225 868-682

Deadline for the APRIL/MAY Newsletter is MAR 15. Meeting notices MUST be in writing and should be sent no later than two months prior to meeting.

3401 Market Street, Suite 130
Philadelphia, PA 19104-3315
Phone 215-387-1865 or 800-568-8882
Fax 215-387-1917
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

Do you have access to e-mail? Send a message to
`pjf@cis.upenn.edu`
if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

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

The FMSF Newsletter is published 8 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1999 subscription rates: USA:1year $30, Student $15; Canada: 1 year $35, Student $20 (in U.S. dollars); Foreign: 1 year $40, Student $20. (Identification required for student rates.)

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Additional Contribution: $_____
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FMS FOUNDATION
FALSE MEMORY SYNDROME
3401 Market Street, Suite 130
Philadelphia, Pennsylvania 19104 - 3315

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Burkeville, TX 75932

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THANK YOU FOR YOUR INTEREST