FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

APRIL/MAY 1999 Vol. 8 No.3

Dear Friends,

Multiple personality disorder exploded in the media this March. Cameron West's book, *First Person Plural* quickly went to number 10 on the *New York Times* Best Seller list, (although it had dropped off the list by the end of the month). West and his wife Rikki (also known as Cru and Roberta Gordon) made another national television appearance following his February Oprah debut, this time on the March 18th Today show. That program began with Katie Couric repeating the unsupported claim:"A child who has to cope with the trauma of sexual abuse sometimes reacts by developing dissociative identity disorder, or multiple personalities, as an adult."

On March 11, four people who "suffer from multiple personality disorder" were featured on "The Unexplained: Multiple Personalities" produced by Towers Productions and shown on the Arts & Entertainment cable channel. The closest anyone got to skepticism on that program was mention that there are people who think *Sybil's* MPD was a product of her therapy.

Viewers who watched the Montel Williams program about MPD on March 15 would not likely have come away questioning the diagnosis.

But it was not until a member pointed out that her local paper carried a story on special projects being done by gifted high school students that we decided to devote the April/May newsletter to MPD. The article said that one talented young student:

> "is analyzing whether multiple personality disorder is the most dangerous disorder resulting from child abuse."
>
> *The Press*, March 22, 1999 "Gifted students shouldn't be overlooked," by Diane D. Amico

Of course it is easy to see why an academically talented young woman would make the assumption that MPD is caused by child abuse. Just see Katie Couric's statement at the beginning of the Today show mentioned above.

How can it be that a diagnosis that is so controversial, whose roots have been thoroughly discredited, that most clinicians do not support,[1] and that is diminishing in frequency (as evidenced by the closing of dissociative units) continues to be so popular in the media? Consider what two major editors of the American Psychiatric Association's *Diagnostic and Statistical Manual-IV* say about MPD:

> "A good rule of thumb is that any condition that has become a favorite with Hollywood, Oprah, and checkout-counter newspapers and magazines stands a great chance of being wildly overdiagnosed" (p. 288).
>
> Frances and First, *Your Mental Health: A Layman's Guide to the Psychiatrist's Bible, Scribner, 1998.*

What is it about the multiple personality story that so captures the popular imagination and belief at this time in our history? No doubt literary analysts and sociologists will someday explain this phenomenon. Frances and First note that:

> "Many therapists feel that the popularity of Dissociative Identity Disorder represents a kind of social contagion. It is not so much that there are suddenly lots of people with lots of personalities as there are lots of people and lots of therapists who are very suggestible and willing to climb onto the bandwagon of this new fad diagnosis" p. 286.

Robin Dawes, Ph.D. has noted that people rely on authorities and social consensus in the development of their beliefs.[2] We know that television molds social consensus and therapists are authorities. The public sees the story of multiple personality repeated and repeated and hears "doctors" and "patients" who present themselves as authorities. Why should they be skeptical?

It is disappointing that the skepticism expressed by Frances and First was not included in the DSM-IV. One cannot help but wonder if professional organizations finally took a strong stand, how it might affect the presentation of MPD in the media. Might it help to breakthrough the destructive loop in which our culture is caught?

In this Issue...

3401 Market Street, Suite 130, Philadelphia, PA 19104-3315, (215) 387-1865, Fax (215) 387-1917

This issue of the newsletter presents a remarkable number of arguments for skepticism about MPD. August Piper, Jr., M.D. has two important columns that raise many questions while the Legal Corner demonstrates what an expensive and confusing quagmire MPD has created in our legal system. How odd that a legal system that generally does not find hypnotically enhanced evidence reliable, at the same time accepts the evidence from alters who emerge through the use of hypnosis.

To understand how alters emerge in suggestive therapy settings, it is instructive to examine the transcripts of actual sessions. Such information is now readily available on the FMSF web site. (www.FMSFonline.org) One legacy of the now defunct criminal fraud prosecution against Peterson et al (for knowingly misdiagnosing MPD in order to keep patients in the hospital) is that transcripts of actual therapy sessions entered the public domain. These are revealing—if not damning—evidence of the type of therapy that has caused such misery to so many thousands of people and that brought about the formation of the FMS Foundation.

What can we do to weaken the "media—authority" loop? Continue in our efforts to educate professionals, the public and (especially) the media about the scientific facts of recovered memories and to urge professionals and professional organizations to take strong stands. As the loop is weakened, it will become harder for our own "lost" children to maintain false beliefs.

Your valuable help in distributing the "Recovered Memories: Are They Reliable?" pamphlets *is* making a difference. These pamphlets[3] are powerful tools for educating others about the consensus within the professional community about recovered memories. By working together we help others and also ourselves and our children.

Pamela

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 TO ASK THAT STRONGER STANDS BE TAKEN ?

American Psychiatric Association
Steven Mirin, M.D., Executive Director
1400 K Street NW, Washington, DC 20005

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

1. 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.

2. Dawes, R.M. "Why Believe That for Which There Is No Good Evidence," *Issues in Child Abuse Accusations*, 4:4, 214-218. (Available on www.FMSFonline.org.)

3. Thanks to Eliott and Eleanor Goldstein of SIRS Publishing.

A happy postscript: As this newsletter was about to go to the printer, we received a copy of a letter from the teacher of the academically talented young woman whose report inspired the focus of this issue. The teacher noted that the student "is an exceptional researcher and to date has found her hypothesis to be invalid and will present her findings in a May Exposition. I passed on the information you sent to her which will further support her own conclusions." The teacher noted that the student likes to "use as many primary sources as she can in her studies."

If ever there was a demonstration of the importance of ensuring that honest credible information is widely available, this anecdote is. It also shows the need for a changed Foundation focus: moving from a primary effort of responding to affected families, toward working for prevention of new cases. And it shows the need for better information for high school age students.

We take this opportunity for us to say "thank you" for your ongoing support to the Foundation. Your funding is what has made it possible to for us to come this far. Membership dues are vital in fighting problems that might lead to new cases.

FREE
"Recovered Memories: Are They Reliable?"
Call or write the FMS Foundation for pamphlets.
Be sure to include your address and
the number of pamphlets you need.

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 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.

U.S.Supreme Court Expands Daubert

Kumho Tire Co., v. Carmichael, 1999 U.S. LEXIS 2189, No. 97-1709, decided March 23, 1999.

Rules for judging the reliability of scientific expert testimony in court also apply to non-scientific expert, said the United States Supreme Court in a unanimous decision.

> "We conclude that (the 1993 ruling's) general holding . . . applies not only to testimony based on 'scientific' knowledge, but also to testimony based on 'technical' and 'other specialized' knowledge."

In Daubert v Merrell Dow Pharmaceuticals Inc. the Federal Rules of Evidence impose special obligations on trial judges to ensure that scientific testimony is relevant and reliable. The four factors judges should consider when evaluating testimony: testing, peer review, error rates and how widely accepted the method is in the relevant scientific community. The Court now says that judges can use those factors when evaluating other kinds of expert testimony as well.

❑

New Zealand FMS Group Disbands

The national New Zealand group COSA will disband as a national organization because "COSA has largely served its purpose" according to Dr. Felicity Goodyear-Smith who has served as its leader. Dr. Smith wrote in the most recent COSA newsletter:

> "I believe that COSA national has largely achieved its first two objectives: to disseminate sound and reliable scientific knowledge about sexual abuse; and to promote changes to minimize the creation of wrongful accusations in the future. The third objective, to help those affected, will be served by local groups."

Editor's comment: We look forward to the time when there is no longer a need for any FMS groups.

❑

BC Prosecutors Get Repressed Memory Warning

Vancouver Sun

A bulletin from the provincial criminal justice branch issued to the prosecutors of BC warned that they should be careful about bringing charges of sexual abuse in cases relying on uncorroborated evidence based on memories recovered in therapy.

Prosecutors were also advised that they should be satisfied that any recovered memories arose in circumstances that were neither suggestive nor leading.

The directive was issued after a review of the three-times-tried Kliman case. Kliman was acquitted after being accused of abuse in the 1970s by two former students, neither of whom had memories of abuse before being interviewed.

❑

Defendant in Peterson et al Trial Sues Government

Sylvia Davis, a defendant in the federal criminal trial against Peterson et al is suing the federal government for $359,820 according to the *Houston Chronicle* (3/24/99). She is suing under a 1997 law that allows criminal defendants who prevail in federal court to collect fees if the prosecution is deemed "vexatious, frivolous or in bad faith." David Gerger, Davis' lawyer, said, "We're going on vexatious, which means unsupported by law and unsupported by fact."

A mistrial was declared because of a loss of jurors in the five-month-long criminal trial for insurance fraud by knowingly misdiagnosing patients with MPD in order to keep them in the hospital. The prosecution then presented a motion to with draw the charges, saying that it would not only be too expensive but also unfair to ask plaintiffs to testify again. The motion was accepted and there will be no retrial.

❑

Compensation for 'false memory syndrome' costly for B.C. taxpayers

Rick Ouston, *Vancouver Sun*, 3/12/99

The Criminal Injuries Compensation program in British Columbia (equivalent to the Victim's Compensation program in the U.S.) has come under scrutiny for its policies on recovered memories. While a representative of the B.C. Criminal Injuries Compensation program says that no money is paid without corroboration that a crime truly occurred, the *Vancouver Sun* learned that corroboration "can be—and has been—nothing more than a statement from the very therapists who benefit financially from the compensation program."

Currently anyone can call him or herself a therapist in B.C. and the government neither monitors the practices of these therapists nor ensures that they are trained.

❑

Dual Recognition for FMSF Advisor Dr. Beck

Dr. Aaron T. Beck, University Professor of Psychiatry, was inducted into the Institute of Medicine of the National Academy of Sciences with a citation that he "has almost singlehandedly restored the relevance of psychotherapy. His cognitive therapy is the fastest growing form of psychotherapy and has influenced the treatment of psychiatric disorders throughout the world."

Dr. Beck also received the 1998 "Lifetime Achievement Award" of the Association for Advancement of Behavior Therapy, for "an unparalleled career" in the field. Considered the father of cognitive psychotherapy, Dr. Beck has achieved worldwide acclaim for his pioneering therapeutic methods in the treatment of depression, anxiety, panic, substance abuse and personality disorders.

❑

A Dissenter Longs for A Stake

August Piper, Jr., M.D.

Archibald MacLeish once noted that the dissenter in every person's life appears at that moment when he or she resigns from the herd.

To us dissenters, nothing can be sweeter than seeing that the herd is now finally lumbering along in our direction. Consider the following, for example: "No doubt about it: Dissociative Identity Disorder (or Multiple Personality Disorder, as it was formerly called) is a fascinating condition. Perhaps too much so. The idea that people can have distinct, autonomous, and rapidly alternating personalities has captured the imagination of the general public, of some therapists, and of hordes of patients. . . Much of the excitement followed the appearance of books and movies (like *Sybil* and *The Three Faces of Eve*) and the exploitation of the diagnosis by enthusiastic TV talk show hosts and their guests."

These comments, which appeared on p. 286 of a book[1] published just this January, echo concerns I voiced in my own little book[2] some two years before. At that time, my grave reservations about MPD/DID were considered by some to be nothing more than the bleatings of a dissenter who, separated from the herd, had staggered off and gotten hopelessly lost in the wilderness.

Now, however, unmistakable tracks on the ground show that some others are following. One example is that of Philip Coons, M.D., of Indiana University School of Medicine, who has written much in support of MPD/DID. He has testified in several trials where this condition was an issue (including one in which he told a jury that a woman who had embezzled over half a million dollars suffered from MPD, that her alters had taken the money, and that the host personality [that is, the embezzler] was completely amnesic for the activities of all her alter personalities. The jury didn't buy any of this. The woman later admitted to the judge that she had totally fabricated her "MPD"). Dr. Coons has begun to move to distance himself from some of the harmful behaviors of some MPD-focused clinicians. Here he is, writing in 1994 to *The American Journal of Psychiatry* (151:948):

> Ethically, I am concerned by those clinicians who treat [MPD] primarily through the abreaction of traumatic memories. Such work frequently makes the patient worse. [Also, if the patient's memories do not reflect real events] then much of the patient's time and money is wasted.

Dr. Coons' position is clearly identical to that of the FMSF.

The comments quoted in the second paragraph above represent the very latest signs that people are moving to disavow certain extreme practices involving MPD/DID. Who wrote these comments? Why, none other than two psychiatrists with absolutely impeccable blue-chip and completely mainstream credentials: Allen Frances, M.D., and Michael First, M.D. Few of this newsletter's readers are likely to be familiar with these two names. However, these commentators' remarks deserve our highest attention—because Dr. Frances was overall head of the committees that wrote the American Psychiatric Association's latest *Diagnostic and Statistical Manual*, and Dr. First was the editor of that Manual.

After making the comments above, Frances and First continue:

> Many [observers believe] that the popularity of [DID] represents a kind of social contagion. It is not so much that there are suddenly lots of people with lots of personalities as there are lots of people and lots of therapists who are very suggestible and willing to climb on the bandwagon of this new fad diagnosis. As the idea of multiple personality pervades our popular culture, suggestible people. . . . express discomfort and avoid responsibility by uncovering "hidden personalities" and giving each of them a voice. This is especially likely when [these patients are being treated by] a zealous therapist who finds multiple personality a fascinating topic of discussion and exploration (pp. 286-7).

These writers agree with two other positions taken in *Hoax and Reality*. First, they do not altogether deny the existence of DID. Second, they imply that the condition is exceedingly rare: they have seen what they believe to be a grand total of just three cases in 45 person years of psychiatric practice.

But Frances and First have yet more to say. As many readers of this newsletter know only too well, the usual treatment of MPD/DID involves allowing the patient "to reexperience the horrible memories and to bring out the different alters in [a] safe environment. . . The alters come to know about each other's existence, become reacquainted, [and] talk to one another" (p. 289). And as many readers also know only too well, "the problem with this form of treatment is that it may make some people get worse rather than better. If the therapist works hard at bringing out additional alters, the suggestible patient is likely to accommodate" (p. 289).

Frances and First further note that "the current overdiagnosis of multiple personality is an illusory fad that leads to misdiagnosis and mistreatment, and does a disservice to the vast majority of patients who fall under its sway" (p. 287).

And these writers echo the warnings in *Hoax and Reality* by stating the obvious: "Any condition that has become a favorite with Hollywood, Oprah, and check-out counter newspapers . . . stands a great chance of being wildly overdiagnosed" (p. 288).

There is, however, one place where these two commentators part company with me. Frances and First

fail to note the greatest problem with the whole MPD/DID concept: the utter vagueness and imprecision of the idea of "personality." Instead, they write about patients having "really distinct personalities" who "assume control" and possess "such independent lives that at least some of what occurs in the experience of the different alters is outside the person's consciousness and lost to [his or her] memories" (p. 289). A mere moment's reflection reveals the weaknesses of these statements. How does one know when a "personality" has assumed "control"? Or how a "really distinct personality" differs from just a "personality"? Or when an experience is truly outside someone's consciousness?

With this one exception, Frances and First use giants' boots to stride toward a laudable but elusive goal: rational thinking about MPD/DID.

But alas! Instead of heeding the warnings about this condition that commentators have voiced over the past few years, some of the popular media have recently shown signs of resolutely closing their eyes to such rationality. One example is the foofaraw over Cameron West's book, *First Person Plural: My Life as a Multiple*. The book has netted him a credulous and uncritical interview with Oprah Winfrey, red-hot sales through an on-line bookseller—and movie rights, no less.

Is it socially responsible for Ms. Winfrey to uncritically accept a one-sided, distorted perspective of this exceedingly controversial psychiatric disorder? To disseminate such a perspective throughout society, even though doing so may well harm the public, by encouraging vulnerable patients to believe nonsense? Or is it just good business: getting the ratings up?

All of us are harmed when the media uncritically disseminate ideas about crackpot therapies and theories throughout society—as, for example, when everyone must pay increased insurance rates because of these therapies' costs and adverse outcomes.

But one of the most worrisome consequences of spreading such theories is the effect on the judiciary. The United States is presently witnessing a surge of cases in which people attempt to employ MPD/DID to avoid criminal responsibility. Although courts traditionally view such arguments with deep suspicion or outright disdain, several theorists are nevertheless attempting to surmount this skepticism. Foremost among them, perhaps, is Elyn Saks, a professor of Law, Psychiatry, and Behavioral Sciences at the University of Southern California.

Saks has written a book [3] in which she discusses—exhaustively—her ideas. The book occupies 225 pages of text and notes; because of its length, critiquing anything more than its main points is impossible here. A more extensive analysis and criticism of her arguments can be found in an earlier publication[4].

Saks' central thesis is that most multiples will be found criminally non-responsible. "Only in those unusual circumstances," she says, "in which the alters either participate or acquiesce in the crime will we deem the multiple guilty" (p. 193).

This thesis finds no support from either common sense or the relevant psychiatric literature. It addition, it would be atrocious public policy.

Saks believes that "only people experiencing dissociation at the time of the relevant acts should be entitled to the defense that significant parts of themselves were not available to the process of decision-making" (p. 103). But she provides not the slightest hint of how one would reliably assess dissociation at the time of the offense—which, of course, may be weeks, months, or even years prior to the evaluation. There is no standardized instrument for such a purpose.

According to Saks, "the evaluation for responsibility will be straightforward in the majority of cases. Most multiples will have at least one personlike alter who did not know about the crime, and therefore cannot be said to have acquiesced in it. Even for those few multiples who have no alters amnestic for the crime, the majority will have at least one personlike alter who did not acquiesce" (p. 113).

Saks nowhere provides evidence for her claim that most multiples have at least one unaware alter. And the published writings of those who consider themselves authorities on MPD disagree with her statement about the ease of evaluating responsbility.

Why? According to these writers, alter personalities behave in ways that make it absolutely impossible to determine, at any given time, which one is "out." The MPD literature contains reports of both live and stuffed animal alters (really!); these, of course, cannot speak and thus can identify themselves only with difficulty. Other alters, it is claimed, become mute from time to time, or enter "inner hibernation," or die. Others multiply and reproduce. Several may undergo fusion, creating a kind of "superalter." Or they may undergo fission, creating a shower of new personalities.

Alter personalities, it is said, may age more rapidly than the host. Or more slowly. Or enter suspended animation, thus ceasing to age at all. Personalities are said to frequently impersonate or imitate each other; criminal and sociopathic personalities deliberately mislead interviewers.[2]

Such claims render laughable Saks' suggestion that "alters can identify themselves when they appear at trial so that the jury can keep them separate" (p. 151). For all the reasons above, neither Saks nor anyone else can speak with any confidence about the activities of these invisible entities.

Many of Saks' suggestions demonstrate her surprising confidence in evaluators' abilities to assess the

unseen alters. Thus, on page 116, Saks discusses determining whether "an alter is acting within the scope of her authority," and on page 126, she urges experts to "testify as to which alter was in control [at the time of the crime], and then go on to assess that alter for insanity (or, if the experts disagree as to which was in control, assess all the alters over whom there is disagreement)." Later, she announces that "the multiple is insane only if the alter who was in control during the crime was insane" (p. 127). On page 133, she argues that "the multiple should be nonresponsible if any full-blown personality is not complicit in the crime" (she says nothing about what a "full-blown personality" is). And she recommends making "a global determination of innocence or guilt based on the guilt of the least guilty alter" (p. 134). All this inevitably reminds one of assessing leprechauns or pixies, or angels on a pinhead.

Saks recommends that "the majority of alters [be] allowed to make the decision [about how to plead], unless they wish to keep working toward agreement and can be expected to reach an accord within a reasonable period of time" (p. 153). Does Saks expect that the alters will caucus? And again: how can one count the members of an invisible and ever-changing legion?

The analysis in Sak's book rests on the assumption that multiples cannot control their alters. But I have shown [2] that this assumption is unwarranted. Even Saks herself acknowledges (p. 12) that "alters may take over on cue" or when the host asks for help; she further notes that some multiples may be able to keep unwanted alters from taking control (p. 116).

Some of those who claim to be experts on dissociative disorders have written that successfully treating MPD patients can take years to over a decade. Thus, one can only wonder what these authorities would make of Saks' assertions that "interalter agreement can usually [readily] be achieved through a brief therapy" (p. 154), and that "individuals suffering from MPD are eminently treatable" (p. 162).

But even if Saks successfully addressed all the above difficulties, she would still have to face the most serious risk of her argument—that as in the notorious "Hillside Strangler" case, someone would deliberately fake MPD to avoid criminal responsibility. Suppose an accused knew that having "at least one personlike alter who did not know about the crime" would lead to exoneration. Does it require much imagination to predict that he or she might conveniently develop exactly such an alter?

Saks claims such malingering is difficult to sustain over long periods of time because "one needs to be able to act several parts at once, keeping clear the differences between them" (p. 119). But research has skewered this claim. Role-playing MPD is easy. All you need to do is behave as if two (or more) separate parts inhabit your body; as if the parts were at most only dimly aware of each other; and as if part A had one set of characteristics, B the opposite. What if you slip up and fail to keep clear the differences between the parts? Child's play: just say that a previously undiscovered personality has surfaced!

Research also establishes three facts about the MPD/DID phenomenon:

• The procedures commonly used to diagnose the condition provide all the information necessary to allow even naive subjects to role play the condition.

• Proponents endorse an extraordinarily large and diverse number of psychiatric signs or symptoms that supposedly indicate the presence of MPD. In fact, the MPD-focused therapist can claim that any patient's problems are the handiwork of yet-to-be discovered "alters." Thus, there are no criteria that disapprove a presumptive diagnosis of MPD.

• A leading expert acknowledged in a paper that not even he could distinguish malingered from genuine MPD.

* * *

MPD as a widespread affliction. MPD as a legal defense. MPD as a media celebrity. No matter how many people point out the flaws and illogicalities of the notions, the fads—like vampires—do not lie still in their coffins.

It's enough to make a dissenter long for a wooden stake.

1.Frances & First. *Your Mental Health: A Layman's Guide to the Psychiatrist's Bible* (New York: Scribner's).

2.Piper. *Hoax and Reality: The Bizarre World of Multiple Personality Disorder* (Northvale, New Jersey: Jason Aronson).

3.Saks. *Jekyll on Trial: Multiple Personality Disorder and Criminal Law* (New York: New York University Press, 1997).

4. August Piper Jr.,Multiple personality disorder and criminal responsibility: Critique of a paper by Elyn Saks. *Journal of Psychiatry & Law* 22:7-49, 1994.

August Piper Jr., M.D., is the author of Hoax and Reality: The Bizarre World of Multiple Personality Disorder. He is in private practice in Seattle and is a member of the FMSF Scientific Advisory Board.

"[We] are worried that the current overdiagnosis of multiple personality is an illusory fad that leads to misdiagnosis and mistreatment and does a disservice to the vast majority of patients who fall under its sway" p. 287.

"If you are wondering whether you qualify for this diagnosis it is a very good bet that you almost surely do not" p. 289.

"For any of you who suspect that you have Dissociative Identity Disorder, or are now in treatment for it, our suggestion is to focus your energies on the here-and-now problems in your everyday life. We would recommend avoiding any treatment that seeks to discover new personalities or to uncover past traumas" p. 290.

Frances and First, *Your Mental Health: A Layman's Guide to the Psychiatrist's Bible, Scribner, 1998,*

LEGAL CORNER

FMSF Staff

MPD in the Courts

The diagnosis of Multiple Personality Disorder (MPD)[1] has been transformed in less than two decades from an extremely rare diagnosis to a virtual epidemic in America. During the past decade tens of thousands of people—almost exclusively women, and almost all of them in the United States—have been declared sufferers of MPD.

Some have asserted that MPD is not really a rare psychiatric disorder but that therapists have just become better at recognizing the symptoms. Critics, on the other hand, see evidence that MPD is a condition primarily created through hypnosis or suggestion and reinforced so that it is played out in a stereotyped, script-like way.

Courts faced with the contradictory nature of the MPD field have tried to eke out a sound judicial policy despite the slippery terrain of medical opinion on MPD. This edition of the FMSF Legal Corner will review some of the issues and cases that define the area.

1. MPD has been renamed dissociative identity disorder (DID) in the DSM-IV.

Mythic MPD Cases

MPD has led to some bizarre legal conflicts. Murderers, rapists, kidnappers, robbers, and embezzlers, among others, say they discovered, only after being charged with the crime, that they may have had MPD and that one of their "alter personalities" committed the crime. Since, they say, they were unaware of, or unable to control that "alter's" actions, they should be found not guilty. Some unlikely MPD claims have been repeated so often that they begin to sound like urban legends. These are just 6 of the more than 300 MPD cases we reviewed for this newsletter. They are true.

One of the first and most famous cases was that of Billy Milligan, an Ohio man said to have MPD, who was found not guilty by reason of insanity in 1978 of the kidnapping, rape and robbery of 3 women in the Ohio State University area. When the case went to trial, the prosecutor did not challenge the psychiatric testimony describing his personalities over which he said he had no control. Given the uncontradicted testimony, the judge (in a trial without jury) said he had no alternative but to rule that Milligan could not tell right from wrong or control his behavior. In 1988, Milligan was released from a state mental hospital after experts concluded that his 24 personalities had fused into one. In the meantime, his book, *The Minds of Billy Milligan*, earned him nearly $1 million. The state then sued him for repayment of part of the $550,000 cost of his 11-year stay in state mental hospitals.

More often the MPD argument fails.[2] In 1994 James Carlson, who claimed to have 11 personalities, stood trial for rape in an Arizona court. He claimed that only 8 of his 11 personalities knew something about the crimes in question. In the morning he took the witness stand as a man and in the afternoon as a woman in a powder-pink sweater, high heels and press-on nails in a futile attempt to convince the jury that he had MPD. A few days after his conviction, Carlson admitted he made the whole thing up.

"I'm a manipulator and a liar and I guess I'm good at it," he said. Carlson said he studied multiple personality disorder so he could fool the jury, his lawyer, and the therapist who testified in his defense. "I thought I could get into a mental hospital," he said. Instead he was sentenced to 83 years in prison.

Another more recent trial involved Cathleen Byers, who claimed she was not responsible for embezzling $630,000 over a 6-year period from the Oregon credit union she managed. Byers claimed that the thefts and coverups were done by alternate personalities that she could not control and whose actions she had no memory of.

In 1997, prosecution experts testified that an individual can easily learn to mimic the symptoms of the disorder and the diagnosis is hard to disprove because the diagnosis is almost completely dependent on the patient's own account of the symptoms. The prosecution also noted that in this case, the complexity of the thefts and their coverup would require an intricate scheduling of takeovers by Byers' "alters." If Byers' claim of MPD is to be accepted, one would expect her "host" personality (the competent manager) to discover the altered books and to notice when extraordinary sums of cash and new possessions mysteriously turned up. If she had investigated these things while not in the "alter" state, she would have found the history of her taking the money. She gave no explanation for this discrepancy, however. Byers simply stated she had no recollection of any flow of money into her personal accounts. Ms. Byers was found guilty.

Another problem for the courts has arisen when people claiming more than one personality are called as witnesses in court. It can be extremely difficult to cross-examine such a witness.[3] Does each of the alters have to be sworn in before he or she can testify? Can one alter testify as to what another alter knows, or should that be considered inadmissible hearsay? Does the competency of a child alter need to be determined prior to hearing its testimony? Should each alter be afforded separate legal representation? Must all personalities indicate that they have given their consent to a contract or procedure?[4]

In a 1990 case, Mark A. Peterson was charged with rape

because a woman said that all her personalities did not consent to have sex. Peterson had consensual sex with "Jennifer," one of a young woman's 18 personalities. The woman, Sarah, 26, said she learned of the incident after one of her other personalities, six-year-old Emily, not only saw what was going on, but told Sarah, who called the police. At the ensuing rape trial, several of Sarah's personalities testified, each being sworn in separately. (At one point, the prosecutor and the judge recall, the woman even switched briefly into the personality of a dog.) The Wisconsin court convicted Peterson of second degree assault (though the conviction was struck down a month after the trial by a judge who said the defense psychiatrist had been improperly prevented from examining the woman). Sarah was so traumatized by the experience that she developed 28 entirely new personalities between the time of the incident and the trial.

Individuals have also claimed lack of responsibility due to MPD in civil matters. A South Carolina husband sought a divorce from his wife, claiming she committed adultery and therefore should be denied alimony.[5] The wife ultimately did admit to an affair, but said that she was not responsible for her actions because she was under the control of an alter personality at the time. (Adultery is against the law in South Carolina and is grounds for barring alimony payments.) The trial court agreed and awarded her support. An appellate court reversed and held that the wife had committed adultery, but had not proved she could not control the alters at the time. The case finally made its way to the South Carolina Supreme Court which agreed that she had committed adultery, but said it was perplexed about how to deal with her reason. It ordered a new trial to determine whether she could claim she did not commit adultery because of diminished mental capacity.

A number of MPD claimants have stated that their MPD symptoms were exacerbated by certain stresses from their work environment or from routine surgery and have sought damages or compensation for the special injury to their existing multiple personality condition. In 1993, a Michigan woman, 55, sued the medical doctor and hospital she says performed a colonoscopy in such a way that 3 of her alter personalities allegedly experienced the procedure as a flashback to childhood sexual abuse.[6] The woman says she herself was anesthetized and has no memory of feeling the procedure as it was done. (The woman had several similar procedures without incident prior to her diagnosis and treatment for MPD.) In 1998, an arbitrator awarded the woman $195,000 and that decision has been appealed.

2. McDonald-Owens, S. (1997) "Article: the Multiple Personality (MPD) Defense." *Md. J. Contemp. L Issues*, 8:2:237-270.

3 A series of articles by professor of law and psychiatry Ralph Slovenko outlines several challenges posed by multiple personality testimony.

4 The contract Chris Sizemore signed with 20th Century Fox had spaces for her 5 personalities. Fox used her story as the basis for its movie "The Three Faces of Eve."

5 Rutherford v. Rutherford, 414 S.E.2d 157 (S.C. 1992). After the initial trial court ruling, several other similar claims were made by other women including, Tenner v. Tenner, 906 S.W.2d 322 (KY, 1995).

6 Johnson v. Henry Ford Hospital, Mich. Ct. of Appeals, No. 181296, unpublished, Sept. 20, 1996.

The MPD Defense in Felony Cases

Because of the presumed effect of MPD on cognition and control, many felony cases focus on the problems of assessing competency to stand trial and determination of the defendant's criminal responsibility given their claims to have been suffering from MPD. Several approaches to these problems have been proposed:

The "host personality" approach: Under this approach, the defendant is entirely freed from responsibility if the "host personality" was not in "control" when the crime was committed. This makes sense only if the "host personality" and the "alter who was in control" are viewed as two completely distinct entities rather than as two aspects of the same person. The defendant is only held responsible for actions of his "host." Following this approach is saying, in effect, that a person need only say he is acting the role of any other "alter" to avoid criminal punishment.

The "specific alter" approach: Under this approach, only the "alter's" mental state at the time of the crime is taken into account. This approach also assumes the "host" and the "alter in control" are two distinct entities. Generally, defendants seeking to apply this approach argue that a "child" alter committed the crime. (Of course, in reading the facts of many of these cases, it is difficult to reconcile the depraved acts with anything remotely child-like.) According to one commentator, most courts are using this approach, though no court using it has determined the MPD defendant to be not guilty but insane.[7]

Both the "host" personality and the "specific alter" approaches assume that there exists a reliable scientific method to identify the relevant alters, or to determine whether or not these "alters" were "in control" at the time the crime was committed (and if so, what their mental states were), and whether the "host" had any knowledge of what they were doing (and if so, was able to exert any control over the "alter's" actions). Most felony appellate decisions summarize a covey of defense expert opinion on these questions. Of course, each opinion about what was "in control" or what its state of mind was relies on the defendant's statements about what part of him or her remembers the crime. A defendant in a capital offense, it hardly bears mentioning, is well-motivated to construct just such a defense and prosecution experts often conclude that the defendant is simply malingering. Because of the widespread controversy over the diagnosis of MPD itself, the ease with which MPD symptoms can be faked, the role of suggestive hypnosis

interviews in developing MPD-like symptoms, the lack of specificity of diagnostic criteria, and the lack of any reliable scientific method to make valid decisions about purported "alters" (especially to some past action), courts often see a battle of experts.

The issue of the defendant's sanity is often brought before the jury with experts on both sides debating the defendant's MPD diagnosis and its effect on his/her mental state. Costs of expert testimony have grown astronomically. One recent three-week long murder trial in Tennessee presented numerous experts. In that case, Thomas Huskey, charged with murdering 4 women in 1992, claimed that he was insane at the time of the crimes and that an alter personality, "Kyle" was in control of his actions. One expert testified that Huskey had described elaborate stories of sexual and ritual abuse during his childhood which accounted for the development of MPD which was only discovered after he was arrested. Although the cost of expert fees remains sealed, the state's accounting offices showed that taxpayers have paid $213,660 so far in the Huskey case. Because the first trial ended in a hung jury, prosecutors and defense lawyers will have to pick another jury and stage another trial.

In several developing cases, the prosecution has challenged the admission of expert testimony regarding the MPD diagnosis under Frye [8] on the grounds that the diagnosis is not generally accepted and that there is no generally accepted basis for drawing conclusions about criminal responsibility or competency based on the underlying theory. Our review of recent felony cases has found many examples of the kinds of contradictory thinking about MPD that has led to growing criticism of the MPD phenomenon.[9] These issues are discussed in detail elsewhere. Another basis for a Frye challenge to MPD testimony is the role of hypnotic induction in multiple personality.

7 McDonald-Owens, S. (1997), Id.

8 Frye v. United States, 293 F.1013 (D.C.Cir. 1923).

9 See, e.g., Piper, A. (1994) "Multiple Personality Disorder and criminal responsibility: Critique of a paper by Elyn Saks, Journal of Psychiatry and Law."7-49.

The Role of Hypnosis in the Induction of Multiple Personality

Evidence that MPD-like symptoms and ideas regarding multiplicity can be planted in the minds of patients by clinicians using hypnosis, sodium amytal or some other means of suggestion has come from various sources:

• Malpractice claims by former patients who say they were misdiagnosed with MPD and led to falsely believe they had an abuse history. Court records from at least two-thirds of these cases describe the hypnotic techniques used in the diagnosis and treatment of the supposed MPD. Some of these cases are discussed below.

• Experimental induction. One early report of the use of hypnotic suggestion to induce several behaviors similar to those related to multiple personality was published in 1942.[10]

• Clinical and forensic assessments noting the problem of distinguishing between an "authentic" case of MPD and a fraudulent one arises in part because of the way hypnosis is used to "discover" the "alters." Dr. Martin Orne has suggested that a genuine case of MPD should meet at least these criteria: signs of the syndrome should antedate contact with the diagnosing clinician and the various personalities should be consistent over time and not readily altered by social cues.[11]

The issue of hypnotic induction of MPD has not received the attention it perhaps deserves by the courts, given the all too frequent use of hypnosis in the diagnosis of MPD in felony defendants.[12] The cases below outline some of the issues that have been raised to date:

• In the mid-1980s, a Colorado defendant with newly diagnosed MPD, was committed to the state hospital until he was found competent to stand trial.[13] Ross Michael Carlson refused the treatment offered by the state hospital and moved that the state pay an outside therapist to provide hypnotic treatment for MPD. Carlson argued that because the state hospital staff had expressed doubts that he suffered from MPD, there could be no rapport between them. Under those conditions Carlson said he could not be restored to competency. The state's appellate court agreed with defense expert testimony that MPD treatment requires not only hypnosis but also belief or conviction in the diagnosis:

> "If treatment of [MPD]..requires a one-to-one therapist/patient relationship; requires hypnosis by a treating therapist in whom the patient has confidence; requires trust on the part of the patient; requires conviction of the part of the physician concerning the disorder being treated; requires belief in the diagnosis of MPD; then the hospital has no one on its staff who can adequately and appropriately treat the Defendant..."

In 1986, the Colorado Supreme Court recognized Carlson's right to treatment, but said that decisions relating to the day-to-day treatment of committed defendants should be left to those responsible for the treatment. Carlson would be treated at the state hospital.

• After a woman, charged in New Jersey with the 1988 murder of her father and aunt and the attempted murder of her brother, was given a series of psychiatric evaluations, she contended that she had MPD and one of her other personalities was acting when the alleged offenses occurred.[14] One of the State's experts, Dr. Martin Orne, stated that the defense expert, Dr. Dorothy Lewis, had informed him that the multiples began to assert themselves only after Lewis had "relaxed" the defendant who then went into a dissociative trance-like state. Dr. Orne, an internationally recognized expert in the field of hypnosis, concluded that this described a form of hypnosis. Dr. Orne stated that "it is therefore especially important to obtain the details of how

the patient was treated during the actual evaluations, particularly the antecedent events which led to the manifestation of alters."

A New Jersey appellate court directed that any session in which hypnosis is used should be videotaped and that pre-admission standards should be established. A defendant's right to testify regarding his or her own hypnotically enhanced testimony was affirmed by the U.S. Supreme Court;[15] however, the New Jersey court held, this right does not permit her to use a tape of the hypnotic session as a substitute for live testimony.

• Between 1979, when Rodrigo Rodrigues was charged with the rape and sodomy of 3 young girls, and 1982 when he was finally found able to assist in his defense, he was interviewed by 5 psychiatrists.[16] One of the psychiatrists, Dr. Newton, stated that while under hypnosis Rodrigues showed different personalities and that one of those personalities had committed the crimes. (Dr. Newton further testified that although that personality could appreciate the wrongfulness of his acts, that personality could not conform his behavior to the requirements of the law.) Three of the other psychiatrists also diagnosed Rodrigues as suffering from MPD—although they did so only after speaking to Dr. Newton or viewing the taped hypnotic sessions. The role of the hypnotic interview techniques was not addressed by the court. The Supreme Court of Hawaii ruled that a defense of MPD does not *per se* require a finding of acquittal. Even without procedural guidelines for admission of hypnotically derived testimony, the court concluded that there was enough evidence to submit the issue of the defendant's mental status to the jury.

• A Louisiana man charged with the murder of a deputy by shooting him at point blank range was diagnosed with MPD after a clinical psychologist, using hypnosis, said he was able to confirm that the defendant had MPD.[17] The psychologist further testified that another personality had, at the time of the killing, taken over the conscious personality. He further testified that the conscious personality would have no control over or memory of what happened during a period when he was taken over by the other "evil" personality.

• Thomas Lee Bonney, charged with the 1988 brutal murder of his daughter, was evaluated by a clinical psychologist who testified at trial that he had identified ten separate personalities in the defendant by the use of hypnosis.[18] According to the psychologist, the defendant was suffering from MPD and was incapable of distinguishing right from wrong at the time of the shooting. He further testified that when the defendant repeatedly shot his daughter, the personality in control believed it was shooting the defendant's father who had abused him in childhood.

On rebuttal, the prosecution presented testimony of a clinical psychiatrist who criticized the defense expert's methods and concluded that the symptoms of MPD could be created by the hypnosis intervention. He testified that 13 hours of videotaped interviews showed that the psychologist asked leading questions and improperly suggested to the defendant that he might have other personalities, while he was under hypnosis. Nor was a proper interview conducted before the hypnosis was used. Bonney was convicted and sentenced to death. The North Carolina Supreme Court reversed his sentence and ordered a new sentencing hearing. In 1994, Bonney escaped (and was rearrested) from a maximum security prison where he was being held until he is found competent to complete the new sentencing hearing.

• In 1985, Sharon Comitz was charged with the murder of her infant son.[19] She agreed to plead guilty but mentally ill and was examined by a forensic psychiatrist, Dr. Robert Sadoff. Dr. Sadoff placed her under hypnosis and, while hypnotized, she acknowledged that she had killed her son. Dr. Sadoff testified that he believed the hypnosis confirmed that defendant "dissociated" at the time of the murder and that the level of this dissociation neared a multiple personality. An expert for the prosecution reviewed a videotape of the hypnotic session but found the session to be flawed and concluded that the tape contained no evidence that defendant was a multiple personality or that she had experienced a dissociative reaction. Comitz is serving an 8-20 year prison sentence.

• Following the 1980 shooting of his wife, for which the defendant claimed to have no memory, the defendant was evaluated by a forensic psychiatrist who employed hypnosis in an attempt to explore defendant's amnesia as well as the existence of multiple personalities.[20] Defendant's own version of the circumstances surrounding the shooting came as a result of about 15 sessions of hypnosis "during which the psychiatrist helped defendant regain his memory." According to the defense expert, defendant became convinced that he had shot a "creature" and that he had to shoot the creature in order to save his wife. State's experts testified that neither the claimed amnesia nor the MPD could be confirmed.

• In 1985, after being charged with a brutal rape and murder, Sedley Alley was examined by a defense psychiatrist at least 8 times while under the influence of sodium amytal or hypnosis in order to see what other personalities might have taken over at the time of the murder.[21] The expert testified that at least one and possibly 2 other personalities asserted themselves during the sessions, but he could not say that either of the alternate personalities was in control at the time of the offense. The expert testified (out of the presence of the jury) that in the area of MPD, hypnosis is a method of choice in arriving at a diagnosis and that the hypnosis was performed upon the defendant in accord with well-recognized principles in that field, and that in his opinion viewing the videotaped session would be helpful to the jury because he could not explain the nature of a multiple personality disorder "as well as could be obtained by anyone seeing it in the flesh, so to speak."

Four other experts reviewed the hypnotic interviews of the defendant and testified that they saw no evidence of MPD or any condition that would support an insanity defense. The trial judge concluded that the videotaped hypnotic and sodium amytal interviews should be excluded from the jury's consideration because he found them to be "sensational, the defendant to be untruthful and the tapes unreliable." The judge also precluded the experts who viewed the tapes from testifying respecting "the words and action of the defendant during the course of these interviews."

We include one final situation which merits consideration in light of the role of suggestive interviewing under hypnosis in eliciting behaviors which may be incorrectly ascribed to MPD:

• An Indiana mother's nightmare began in September 1982 when an intruder entered her home, knocked her unconscious, shot and wounded her two sons while they slept, and scrawled a threatening message on her mirror.[22] Although Kathy Burns repeatedly denied any involvement in the crime against her sons, passed a polygraph examination and a voice stress test, and provided exculpatory handwriting examples, investigating officers viewed her as the prime suspect.

Two weeks after the shooting, speculating that Burns had multiple personalities, one of which was responsible for the shootings, the officers decided to interview her under hypnosis. A prosecuting attorney gave permission to conduct the hypnotic interview. While under hypnosis, Burns referred to the assailant as "Katie" and also referred to herself by that name. The officers interpreted that reference as supporting their multiple-personality theory. Burns was arrested for attempted murder and detained in a psychiatric ward for 4 months until experts concluded that she did not suffer from MPD. During that time, she was fired from her job, and the State obtained temporary custody of her sons.

The case did not go to trial, however. The trial court granted the mother's motion to quash the statements made under hypnosis and the prosecutor's office dismissed all charges against her. The mother then sued several of the people involved with her false arrest and hypnosis interviews. Three defendants settled for $250,001. The charges against the prosecutor who authorized the hypnosis session were dismissed after a long legal road, which at one point went before the U.S. Supreme Court.

10 Harriman, P.L. (1942) "The experimental induction of a multiple personality," *Psychiatry*, 5:179-186. ("In the exploration of a multiple personality, therefore, the investigator must take the utmost precautions to avoid suggesting a role and to refrain from making unwarranted interpretations of mental processes which may be present in a vast number of normal persons.") See also, Spanos, N.P. (1994) "Multiple identity enactments and multiple personality disorder: a sociocognitive perspective," *Psychological Bulletin*, 116:143-165.

11 Orne, M.T., Dinges, D.G., and Orne, E.C. (1984) "On the differential diagnosis of multiple personality in the forensic context," *International Journal of Clinical and Experimental Hypnosis*, 32:118-169. See also, Piper, A. (1997) *Hoax and Reality: The Bizarre World of Multiple Personality Disorder*, New Jersey: Jason Aronson, pp. 83-87.

12 An early decision by a Georgia Supreme Court, Dorsey v. State, 426 S.E.2d 224 (Ga.App. 1992), affirmed a trial court's decision to allow the victim to testify in a dissociative state as to what her alter personality knew of the sexual abuse. The court considered expert testimony on the similarity between the dissociative state and a hypnotic trance, and concluded that the victim's statements in the dissociative state "could be tested for reliability." Our research could find no other source which supported the distinction the court believed made hypnotic testimony unreliable, but dissociative testimony admissible: "hypnosis is a process a person voluntarily chooses to engage in yet which is externally imposed, while a dissociative state is involuntary and, although triggered by external stimuli comes solely from within." Another case of interest is Wall v. Fairview Hosp., 568 N.W.2d 194 (Minn. App. 1997).

13 Kort v. Carlson, 723 P.2d 143 (Colo 1986).

14 State v. L.K., 582 A.2d 297 (N.J. Super. 1990).

15 Rock v. Arkansas, 483 U.S.44 (1987).

16 State v. Rodrigues, 679 P.2d 615 (Haw. 1984).

17 State v. Bancroft, 620 So.2d 482 (La.App. 1993).

18 State v. Bonney, 405 S.E.2d 145 (N.C. 1991) (affirmed the guilty verdict but remanded the case for a new sentencing proceeding).

19 Commonwealth v. Comitz, 530 A.2d 473 (Pa. Super. 1987) (found that given that there was evidence that the defendant was aware at the time that her conduct would cause serious harm and given the experts' disagreement on the defendant's dissociation, the appellant's mental condition did not constitute substantial grounds tending to excuse her conduct.)

20 State v. Adcock, 310 S.E.2d 587 (N.C. 1984) (affirmed the conviction and sentence.)

21 State v. Alley, 776 S.W.2d 506 (Tenn. 1989); 882 S.W.2d 810 (Tenn. App. 1994); 776 S.W.2d 506 (Tenn. App. 1997) After Alley's conviction was upheld and affirmed by the Tennessee and U.S. Supreme Courts, he initiated a new series of appeals in 1994.

22 Burns v. Reed, 44 F.3d 524 (7th Cir, 1995). Burns v. Reed, 111 S.Ct. 1934 (U.S. 1991).

Repressed Memories and MPD

As readers of this newsletter are aware, since the late 1980's, hundreds of suits have been filed by individuals claiming they recovered memories of childhood sexual abuse. Most of those individuals were in therapy at the time they claim to have recovered the memories, and of those in therapy approximately 18% (103/579) were diagnosed as having MPD. FMSF records show that only a small percentage of those cases went to trial (14/103); most were dropped, dismissed, or settled out of court. Many of these plaintiffs claimed that in addition to sexual abuse, they also suffered ritualized abuse, though in most cases the later charge was not a central part of the trial. (The trial outcomes of this group are mixed: 2 for plaintiff; 3 for defendant; 1 mixed verdict; 4 acquitted of criminal charges; 2 convicted; 2 entered pleas). The majority of these suits were dismissed by courts which found that a diagnosis of MPD did not *per se* toll the statute of limitations as a statutory disability.[23] One court noted that a therapist could do no more than speculate about the plaintiff's earlier mental condition.

A suit brought in Washington state by a 33-year-old woman who claimed she recovered memories of child sexual abuse by her brother went to trial in 1993.[24] The woman claimed she began to recall the abuse and her parents role in failing to prevent it after she was diagnosed with MPD. The jury found unanimously for the defendants and the court granted sanctions against the plaintiff's attorneys.

23 See, e.g., Johnson v. Johnson, 701 F.Supp. 1363 (N.D. Ill. 1988), 766 F.Supp. 662 (N.D. Ill. 1991); Lovelace v. Keohane, 831 P.2d 625 (Okla 1992); Seto v. Willits 638 A.2d 258 (Pa. Super. 1994). See also, Nuccio v. Nuccio, 673 A.2d 1331 (Me.1996); Marshall v. First Baptist Church, 949 S.W.2d 504 (Tex.App. 1997).

24 Jamerson v. Vandiver, 934 P.2d 1199 (Wash. App., 1997).

Malpractice Suits Claiming Injury Due to Misdiagnosis of MPD

Insight into the link between certain therapy practices and the development of MPD symptoms comes from malpractice suits and state licensure actions against therapists who specialize in the identification and treatment of patients for MPD. These cases demonstrate the ease with which an individual can be led to exhibit MPD-like symptoms—especially when hypnosis, sodium amytal, strong medications, or readings involving traumatic imagery magnify the effect of therapist suggestions or expectations. These cases also show that once the symptoms associated

with MPD become established, the standard treatment modality often leads to a deterioration of the mental and emotional well being of the patient.

Classic MPD therapy, described by Dr. Frank Putnam, requires two to three extended (hour and a half) sessions per week for one to five years. Few studies, however, examining the effectiveness of MPD treatments have appeared in peer-reviewed journals. Those that have been published indicate that, despite years of therapy, only approximately one-fourth eventually reintegrated all their personalities and got on with their lives. At least one group of psychiatrists successfully treated MPD patients by isolating them from their former therapists, refusing to deal with "alters," but paying careful attention to underlying character pathology and urging the patients to address their present difficulties.[25]

Over eighty-four individuals treated for MPD as a result of supposed sexual or ritual abuse have sued their therapists for malpractice—and in many cases—for fraud.[26] Many of these same therapists were subsequently subject to state sanctions including the loss of license to practice or fines. A review of the MPD cases in this survey shows that most plaintiffs had no psychiatric history prior to their diagnosis as having MPD. Most had entered therapy for help with postpartum depression, marital problems or other issues but were told that their reaction to these difficulties indicated a deeper, more serious problem. Eventually they were told that MPD is almost always associated with childhood sexual abuse and that repression of memories of childhood trauma is a sign of MPD. Although some MPD proponents, including Dr. Richard Kluft, have described MPD as "primarily a disorder of sexually abused women," this has never been reliably demonstrated.[27]

Hypnosis and hypnosis-like techniques were used in at least two-thirds of these cases. The MPD patients were often given strong medications, particularly benzodiazepines, such as Valium, Halcion, and Xanax. Most stated they were told to read highly disturbing books including *Sybil* and *The Courage to Heal.*

Despite long years in treatment (often lasting 3 to 7 years), records show that the patients' condition continued to deteriorate. Nearly half (36/84) indicated that they had either attempted suicide or had cut or mutilated their bodies because of their horror at the emerging images of abuse. Many were hospitalized in psychiatric wards, some for as long as two years at a time. Some were even encouraged to hospitalize their young children. They were made to fear that their children were at risk from a ritualistic cult or that the youngsters might show signs of developing MPD.

Court documents from many of these cases are available in the FMSF Brief Bank and summaries of malpractice suits have appeared in this newsletter and elsewhere (See FMSF Publication #833). The following is a partial listing of malpractice cases from which this report was taken:

Abney v. Spring Shadows Glen, et al, District Court, Harris Co., 11th Jud Dist., Texas, No. 93-054106; Avis v. Laughlin, et al, Superior Court, King Co., Washington, No. 9509-02260; Bartha v. Hicks, et al, Ct of Common Pleas, Philadelphia, Pennsylvania, No. 1179; Bean v. Peterson, Superior Ct., Cheshire Co. New Hampshire, No. 95-E-0038; Burgus v. Braun, Rush Presbyterian, et al, Circuit Ct., Cook Co., Ill., No. 91L08493/93L14050; Burnside v. Ault et al, Ontario Ct. (General Division) Canada, No. C10,046/93; Carl v. Keraga, Spring Shadows Glen Hospital, U.S. Federal Ct., Southern Dist., Tex., Case No. H-95-661; Carlson v. Humenansky, Dist. Ct., 2nd Jud. Dist., Ramsey Co., Minnesota, No. CX-93-7260; Cool v. Olson, Circuit Ct., Outagamie Co., Wisc. No. 94CV707; Fultz v. Carr and Walker, Circuit Ct., Multnomah Co., Oregon, No. 9506-04080; Halbrooks v. Moore, Dist. Ct., Dallas Co., Tex., No. 92-11849; Hamanne v. Humenansky, U.S. Dist. Ct., 2nd Dist., Minn., No. C4-94-203; Lebreton, et al v. Ault et al, Ontario Ct of Justice (General Div.) Canada, No. 93-CQ-40015; Mark v. Zulli, et. al., Superior Ct., San Luis Obispo Co., Cal., No. CV075386; Marietti v. Kluft, et al, Ct of Common Pleas, Philadelphia, Pennsylvania, No. 2260; Shanley v. Braun, 1997 U.S. Dist. LEXIS 20024; Shanley v. Peterson, et al, U.S. Dist. Ct., Southern Dist. of Texas, No. H94-4162; Smiley v. House of Hope, Inc., et al, Superior Ct., Maricopa Co., Arizona, No. CV-94-17678; Tyo v. Ross, et al, Dist. Ct., Dallas Co., Texas, No. DV98-3843; Wallace v. Agape Youth and Family Ministries, Inc. et al, Circuit Ct., Multnomah Co., Oregon, No. 9703-02470.

25 Ganaway;G.K (1989) "Historical versus narrative truth: Clarifying the role of exogenous trauma in the etiology of MPD and its variants," *Dissociation*, II:4:205-220, and subsequent responses; McHugh, P.R. (1995) "Insights: Multiple Personality Disorder," *The Harvard Mental Health Letter*, 10:3.

26 The FMSF Legal Survey contains reports from 112 individuals claiming they were injured after they were treated for a misdiagnosed MPD.

27 See e.g., Spanos, N. (1996) notes that "Child sexual abuse was not a prominent feature of MPD cases reported before 1970. However cases reported after 1975 have almost always involved descriptions of childhood sexual abuse, and the kinds of abuse purportedly experienced by these patients have grown progressively more lurid and more extensive." See also, Beitchman, J.H. et al, (1992) "A review of the long-term effects of child sexual abuse," *Child Abuse and Neglect*, 16:101-118; Ganaway, G.K. (1995) "Theories of Dissociative Identity Disorder: Toward an integrative theory," *International Journal of Clinical and Experimental Hypnosis*, XLIII:2:127-144.

Multiple personality disorder; presenting to the English courts: a case-study

David James and Mark Schramm *The Journal of Forensic Psychiatry* Vol 9 No 3 December 1998, 613-628

The phenomenon of MPD is not one to exercise forensic psychiatrists on the European side of the Atlantic, as it remains largely restricted to North America. To avoid any possibility of the US experience being repeated in the UK, authors make a number of suggestions and forensic guidelines. For example:

1. The fact that a set of symptoms may satisfy a given set of diagnostic criteria, such as DSM-IV or ICD-10 (World Health Organization, 1992), does not mean that the disorder in question is necessarily present or that it is not occurring as part of some other primary disorder.

2. Where the MPD phenomenon is found to be present, it should be assumed to be part of another (primary) disorder, and that primary disorder should be sought and treated appropriately.

Overview of First Person Plural: My Life as A Multiple

Cameron West, Ph.D., Hyperion, 1999

FMSF Staff

First Person Plural: My Life as a Multiple is an autobiography of several years in the life Cameron West, a man in his mid-30s. The book chronicles his diagnosis of multiple personality disorder (MPD, now called dissociative identity disorder, DID) and his coming to terms with his 24 personalities.

West is a pseudonym, as are all names mentioned in the book except Colin Ross, M.D. West says he disguised the names because he wanted to protect his family. But that seems contradicted by his appearances on several national television shows. These appearances prompted one reviewer to write, "There's something vaguely trashy in using a pseudonym to write an autobiography about dissociative identity disorder, and then appearing on Oprah to promote the book."[1]

West's story begins soon after his father dies and he moves to Massachusetts to help his brother run the family business. West and his brother "co-owned a company that sold custom advertising specialty products" (p. 17). He is married to Rikki and has a young son, Kyle. We learn that for years West suffered from sinus infections and has undergone many operations twithout relief of his problem. He decides to try another approach: holistic medicine. After a strict elimination diet, many vitamin supplements and avoiding the 100 foods to which he learned he was allergic, he looks and feels better.

But all was not well. West complains to his wife that it "feels like the inside of my head is very loud." His wife suggests that he see a therapist. The next day he selects Arly Morelli, Ph.D. because she had a "large ad [yellow pages] that made her appear very experienced and professional" p. 33.

A few months after beginning therapy with Arly Morelli, an alter emerges: through this alter, West recovers memories of abuse by his grandmother. Soon, other alters, with memories of abuse by other people, appear. West refers to his 24 alters as "my guys," reminiscent of Truddi Chase's "troops" (*Rabbit Howls*) and Jane Phillips' "kids" (*Magic Daughter*).

Although West does not provide detailed descriptions of his therapy sessions in *First Person Plural*, he does say enough to raise concerns that his memories and alters may be artifacts of suggestive therapy:

> "She [Arly] said I was experiencing dissociation" (p 47).

> "Arly said, 'Davy is part of you, Cam. It looks to me like your grandmother might have sexually abused you, if what Davy said is accurate.'" (p. 64).

> "I don't remember being sexually abused ever. . . by anybody." "Well, Arly said. 'Davy does. . . Davy is a dissociated part of you. . .when you were probably around four years old. . . [you] experienced some trauma at the hands of this woman'" (p. 65)

West's wife had seen no signs of his MPD before he started therapy:

> "I've known him for fifteen years, we've been married for thirteen . . . And the whole time he always seemed so stable. . .so together" (p. 111).

> "He had no memory at all of having been abused. Then all of a sudden, these personalities just started coming out, and they relived the abuse—like flashbacks—right in front of me"(p. 113).

These observations raise grave doubts about the truth of West's claim that he experienced severe childhood maltreatment. The reason, as Daniel Schacter has observed, is that "patients who recover previously forgotten memories involving years of horrific abuse" should "also have a documented history of severe pathology" showing that a dissociative disorder—of long standing, not suddenly appearing in life's third decade—existed.[2]

The psychologist gives Rikki a copy of Colin Ross's book on MPD and instructs her on things she should do to help her husband—such as buying him a teddy bear. Rikki is supportive, but she insists that West's alters not emerge when Kyle is around. Cam agrees.

Rikki decides that she cannot allow Kyle to see his grandmother. She confronts Mrs. West, who denies abusing Cam. Not long after, Kyle, Rikki and Cameron move to California.

West finds a new therapist in California by using the list of members of the International Society for the Study of Dissociation (ISSD). He joins a support group and is briefly hospitalized. (His insurance will not allow a long stay.) Because he wants to learn more about MPD he enrolls in a Ph.D. program where he can work independently and at his own pace. West's dissertation[3] is on the topic of switching and "co-consciousness" and includes his own MPD experience.

Although West is later hospitalized at the Ross Institute in Dallas, Texas. he continues to have multiple personalities. In fact, West seems content—even delighted—with his 24 alters. That is reminescent of Chris Sizemore (*Three Faces of Eve*) who is reputed to have said that the magic went out of her life when her alters went away. West seems to find magic in his alters.

Book jacket endorsements: Ellen Bass (author, *The Courage to Heal*); Colin A. Ross, M.D. (Dir. Trauma Prog, Timberlawn, Dallas); Marlene E. Hunter, M.D. (Pres, ISSD).

1. Ascher-Walsh, Rebecca, "Books of the Week" *Entertainment Weekly*, March 12, 1999.

2. Daniel Schacter, *Searching for Memory* NY: Basic Books, 1996 page 262.

3."The Experience of Co-Consciousness and Switching in Dissociative Identity Disorder: A Multiple Case Study." David Lukoff, Ph.D., Chair.Ruth Richards, M.D., Ph.D., Tom Greening, Ph.D.

Comments on *First Person Plural: My Life as a Multiple*

August Piper Jr., M.D.

As I was reading *First Person Plural*, it was difficult to avoid wondering: is West serious? Or is this book actually just an elaborate joke?

The question arises because of the overblown style in passages such as the following:

•West says (p. 11) his wife had "long shapely legs that went all the way up to the buns of Navarone" [As far as I could tell, his wife's name was not Navarone].

• On p. 78, he writes, "My sphincter felt like a bolt cutter."

• On p. 118: "A warm fire crackled in the stone fireplace." [What other kinds of fires exist?]

• A girl's hair "looked like it hadn't been washed more than twice since George Bush puked on that Japanese guy" (p. 26).

• During intercourse (p. 197), he "[fills] her with glistening hot steel."

• West is infatuated by product names. Thus, he mixes pasta in "our Moulinex La Machine II food processor," and rolls it into sheets on "our squeaky Marcato Ampia Tipo Lusso Model 150 hand-cranking pasta roller" (p. 250). Elsewhere, the reader is informed that West has a "silver-blue Mercedes 450SLC" (p. 17). This name-dropping was initially mildly distracting. Later, however, it became a real irritation, like watching someone indulging in a vulgar display of his possessions.

But many chapters (notably 15, 16, 17, 34, 42, and 45) should cause the reader to ask another question involving the truth of what West recounts. He would have the reader believe that the events in *First Person Plural*–which is written from West's vantage point (that is, the first person singular)–took place exactly as he recounts them. For example, in chapter 17, he relates an encounter between his wife and his mother at his wife's office; in chapter 34, at a party in a restaurant, his wife and another man involve themselves in some not-so-innocent flirting.

West recounts, in his usual detail, both episodes: "Eleanor posed in the doorway, wearing an elegant cobalt blue suit, Gucci floral print scarf, coral suede pumps with matching purse, pearl stud earrings, and a Patek Philippe watch" (p. 125); "He had straight black hair with a little gray showing at the temples, cornflower blue eyes and a rough-hewn face with crow's feet and deep smile lines that made him look like he built log homes for a living" (p. 219).

But such description causes a serious problem: how could West possibly describe what occurred during the encounters, given that he was not present at either one? How much of his narration of these events is fiction? And from these two questions, a larger one: how much of the rest of the book is fiction?

* * *

First Person Plural fairly bristles with illogical ideas. For example, West claims he was successfully able to attend graduate school–at a time when, because of his MPD, he was frequently unable to make change at a video store, cook meals, take his son to the movies, or even recall where he had parked his car. Often, he says, he knew neither the day nor the month, and he found that he couldn't help his son with his second-grade math.

One inconsistency: on p. 29, West claims to be "allergic to more than a hundred different substances, including wheat." Yet, 94 pages later, he is slicing bread, presumably to eat with the spaghetti his wife is preparing. And he says (p. 251) that spaghetti is one of his "favorite meals." What happened to the wheat allergy?

Another gross inconsistency involves West's putative "co-consciousness." He wants it both ways: on the one hand he recalls–and repeatedly reports in his typical detail–the events that transpire while one or another of his "guys" are "out." Presumably co-consciousness explains this counterintuitive ability. But then, on the other hand, it is most difficult to understand how he cannot remember what happened when the alters were out just a few minutes before—yet can remember this material when it comes time to write his book..

A few examples:

• On p. 123, he asks his wife if he ate a muffin while he was dissociated.

• After an alter ("Mozart") appears for the first time, West is unaware of the alter's appearance. He demands of his therapist, "What's going on?" "Why don't you just tell me what the hell is going on?" (p. 216). One page later, he looks at the therapist quizzically, saying, "I have an alter named Mozart?"

• In chapter 35, West provides a four-page account of a police traffic stop—including details of the two officers' dialogue. Then: "What's going on, Rik?" I said, confused.

"You got pulled over for speeding,"she said.

"Got pulled over," I repeated, struggling to comprehend.

A floridly illogical notion sits at the center of this book. It insults common sense to believe that West, a successful thirty-plus businessman, could have been a hornet's nest of alter personalities without his psychologist wife (who has known him for 15 years) noticing that anything was amiss with him.

The guest personalities inhabiting West's body seem, all in all, quite a tractable and considerate bunch. He makes "arrangements" with his guests to remain discreetly "in the Comfort Room" so they won't emerge when he is being intimate with Rikki (p. 232). And a simple phone call from his wife sends them scurrying meekly into the

shadows. For example, some of West's alters don't know how to drive. But they somehow know how to use a cell phone—"press memory," West writes. This signals Rikki, who will then "call for Cam." Hearing her voice is all it takes to cause "shudder, switch, back. Drive home safely. No worries, mate" (p. 103).

It is apparently child's play to control West's alters—even a second grader can do so. Thus, the reader learns, "Cam's alters go back inside [every time] his son Kyle gets scared and calls for Cam to come back" (p. 303). And Rikki (p. 195) tells West's son: "If Daddy gets like that again [i.e., lets an alter out], all you have to do is call for him. Just say 'Dad' or 'Cam' and he'll come right back."

And his therapists somehow have the power to get the personalities to cooperate: "Arly [Morelli] gave [Bart] a new job" (p. 103). This power is not limited to therapists, however: "Rikki made a verbal agreement with us [West and "the guys"] that I was the *only one allowed to drive*" (p. 103).

But the alters are controlled not only by the telephone voice of West's wife, or by the commands of his frightened second-grader, or by the dictates of his psychotherapists. No. West demonstrates—countless times—that he himself controls his alters. Several notable examples come to mind. On p. 259, he says all the personalities wanted to emerge to meet his son. "But they weren't allowed to. In my mind, I saw Rikki [forbidding this]." Elsewhere one reads:

> It was time to talk, and I was counting on Per [an alter] to help me like he said he would. I put down the spoon, shuddered once and stepped back into my mind, letting Per come out (p. 251).

Further, when West was studying for his Ph.D. (p. 205), he "forced [his] guys into the background while Kyle was at school, not giving them any 'body time' at all." His therapist recognizes that he can control his guest personalities: she tells West, on p. 247, to "let them out for a while during the day—every day—an hour every morning maybe." And recall that West prevented the "guys" from emerging during intercourse.

Here one cannot help but ask two obvious questions. First, how debilitating can a disorder be if the patient "suffering" from it not only controls its manifestations, but also derives benefits (such as having an alter talk to the patient's wife) from it? Second, given that West can control his alters, why is he so much at their mercy that one of them can force him to walk, robot-like, into his son's toy closet to draw pictures (p. 50)? Or cause West to involve himself sexually with strangers (p. 104)? Or to smash his hand with a sledgehammer? (pp. 234-5)

* * *

Many scholarly articles, as well as several professional organizations, have roundly criticized the beliefs held by, and the practices employed by, West's therapists. A large number of psychotherapists have suffered significant legal sanctions because they have endorsed, and acted on, exactly these notions and practices.

Here are some of these discredited beliefs and harmful interventions:
Prematurely concluding that West's abuse actually occurred. According to West, Dr. Morelli was the therapist who initially diagnosed him as having DID. She concluded that West's grandmother had sexually mistreated him when he was a child. The therapist decided this because of a dream West had (ch. 7), because of some ambiguous drawings he made, and because of a dramatic episode in her office in which West behaved like a young child.

If Dr. Morelli had been informed about the scientific literature, she would have known several facts alerting her to the improbability of her conclusion. Scientific research shows:

- Significant trauma is remembered by the overwhelming majority of people who are beyond earliest childhood when they are traumatized. In other words, despite widespread popular belief that memories can be mentally "blocked out," no evidence exists to support this belief. Therefore, the fact that West repeatedly says he has no recall of any abuse (pp. 65, 66, 92, and 104) strongly suggests that he did not, in fact, experience any.

- No symptom cluster reliably identifies individuals who have "repressed" memories of abuse.

- There is no evidence that dreams serve as a "royal road" to historical accuracy. Dreams are generally agreed to contain a residue of the day's events. It is thus likely that if the day is spent thinking about sexual abuse, one's dreams will reflect that preoccupation.

- The intensity of emotion with which a person "recovers" a "memory" provides no guarantee of the historical accuracy of the recollection. Thus, Rikki West is simply misinformed when she says (p. 71) "In [Dr. Morelli's] office . . .Davey . . .the hand reaching up . . .the screams. Cam, there's no way that. . . wasn't real." Dr. Morelli reveals herself to be equally misinformed: she is impressed by West's "graphic" abreaction, acted with "full feeling" (p. 87).

- Females almost never sexually mistreat young children. The exceedingly rare instances of such abuse involve women with severe emotional disturbances, usually of psychotic proportions. Such a level of disturbance in West's mother should have been obvious when Dr. Morelli took a history from her patient. Contrariwise, the absence of such information would have been highly significant.

In summary, study after study has shown that external corroboration is required to determine the factual truth or falsity of any memory. Dr. Morelli made no effort to confirm or discon-

firm her hypothesis that West had suffered sexual mistreatment.

Labeling doubt as "denial"

Several professional organizations have advised therapists to maintain a neutral stance about the accuracy of reports of childhood sexual mistreatment surfacing for the first time in therapy. Such advice would have prohibited Dr. Morelli from forcefully arguing West—"with a bat," he says (p. 144)—into her position. Similarly, a responsible and informed therapist would have cautioned Rikki West about saying that fabricating the abuse history was "impossible" (p. 124).

Recommending "stream-of-consciousness" journaling

Dr. Morelli: "Go out and get [a journal] . . . Write in it every day and just let whatever happens happen" (p. 66). This recommendation represents substandard practice, because abundant evidence exists that repeatedly thinking about a fictitious event can cause a person to believe he or she actually experienced the event.

Overestimating the harm of "sexual abuse"

Many studies have concluded that childhood sexual maltreatment can certainly have long-term adverse effects on those who experience it. Those same studies, however, have also concluded that many if not most abused children go on to function normally as adults and, at least as assessed by currently-available tools, show no significant harm from the experience. Also, adult psychopathology is statistically linked to relatively extreme childhood maltreatment, not to episodes of infrequent or minor abuse. Though the childhood sexual experiences allegedly suffered by West are certainly repugnant, they hardly seem severe enough to cause all the horrors he experiences..

Talking with, and otherwise interacting with, "alters"

Common sense predicts the outcome of this discredited intervention: as Frances and First note, "alters" proliferate when attention is paid to them. And similarly, dredging up "memories" of sexual mistreatment causes proliferation of those memories—and typically makes patients worse.

Confronting relatives with unfounded child abuse accusations

Again, the scientific literature reflects common sense. This type of behavior may alienate relatives and cause a breakdown of family support. Psychotherapists should protect the best interests of their patients' supportive relationships.

Ignoring other explanations for West's behavior

The most egregious problem with West's treatment is that none of his therapists ever entertains the possibility that West might be role playing, or that the "alters" result from the therapist's suggestions.

First Person Plural falls woefully short of the goal West desires: providing "practicing and future clinicians [a] certain insight into DID" (p. 318). Rather, it provides a handy how-to-do-it guide for any clinician seeking a malpractice lawsuit.

"More than a disorder, M.P.D. is a memory—a memory of women, invoked by men. (Apart from Cornelia Wilbur, who died six years ago, all the major M.P.D. theorists have been male.) On the cover of "Michelle Remembers" is a little blue-eyed girl, hugging her doll, and smack in the middle is a shot of the child's little crotch. The artist is looking up the dress of a five-year-old. For a very long time, the most advantageous thing a woman could be in our society was childlike and sexual at the same time, and that is the state to which multiple-personality disorder restores her. The M.P.D. diagnosis is a tradeoff. The patient forfeits the privileges of being an adult—self-knowledge, moral agency. In return she is given back the sex-child dream, the cotton panties of yesteryear" (p. 79).

Joan Acocella, *The New Yorker*, The Politics of Hysteria, April 6, 1998

A note on suicidal deterioration with recovered memory treatment

Janet Petkewicz, Verinder Sharma, Harold Merskey To appear: *Journal of Affective Disorders*

Abstract: Many patients who have been told they have Multiple Personality/Dissociative Identity Disorder (MPD/DID) seem to have deteriorated clinically after being diagnosed. We report here the results of a survey of suicide attempts in patients diagnosed as having MPD and a comparison group hospitalized with a mood disorder. Methods: Twenty individuals who had been diagnosed as having MPD, and developed false memories, and had relinquished them, were surveyed with respect to suicide attempts before and after the diagnosis. Twelve of those approached agreed to provide data and were compared with 12 patients from an in-patient mood disorders unit, matched for age and sex. Results: In the MPD group more patients attempted suicide after being diagnosed than before and they made more separate attempts at suicide than before. The reverse was true in the comparison group with patients and suicide attempts before and after hospitalization. Comparing the numbers of attempts in the groups before diagnosis/hospitalization and afterward $Chi^2 = 10.177$, DF=1, $p<0.001$. Limitations and Conclusions: Both samples were highly selected, and the comparison group does not provide an exact control. Nevertheless, the results support a trend in the literature that finds the diagnosis of multiple personality disorder and the use of recovered memory treatment are harmful.

FROM OUR READERS

MPD Kills

Jaye D. Bartha

"Jaye, Betty Ann is dead!" she screamed into my ear through the phone.

"What!" I answered in horror.

"Yeah. She took an overdose." Kathy frantically gave me blow by blow details as if she were an excited sports commentator. Gasping, she continued, "They saved her but when she returned to the hospital she ran from her wheelchair, sprinted down the hall, collapsed and died right there on the spot. She's dead! Betty Ann is dead! She was my best friend. What am I going to do?"

Betty Ann was 26. Her death was the second I dealt with while a patient of repressed memory therapy. I buried two more friends, before realizing Multiple Personality Disorder (MPD) was a bogus diagnosis, and one more after that. Five friends dead. Each death occurred during treatment for (MPD), now referred to as Dissociative Identity Disorder (DID).

It seems to me that patients in treatment for MPD/DID often live in a chronic state of suicidal thinking and that acting out suicidal impulses is a by-product of treatment. While the intense search for memories of abuse is in progress, I observed doctors and hospital staff making provisions for suicidal behavior. They hospitalized patients, increased medication, instituted suicide watches, and in extreme cases implemented physical and/or chemical restraints.

In my experience, suicide is a pervasive problem of treatment for MPD/DID and should be yanked out of the dark corner of treatment closets. This diagnosis is a serious threat to human life and ought to be addressed as such. The medical community supporting the MPD/DID diagnosis often views suicide as the patient's inability to cope with the horrors of an abusive past when, in fact, it is the treatment itself that is likely the culprit.

❑

A Start

You may be interested in knowing that my daughter contacted me last fall (1998) and asked for a meeting between her, me and a mediator. I was very leery and skeptical as I knew my daughter was not about to retract, and I was not about to sit there and be lambasted by more false accusations.

I did go through with the meeting; I cried during a good part of it as I had not seen her in nine years. Parts of the session were good and I could see that she was trying to reach out for some family connection. Other parts were not so good in that she is still a very angry young lady, believing I abused her terribly but must have dissociated myself from remembering it. One statementthat she made was: "[A]ll those years of therapy and flashbacks couldn't have been for nothing!"

It is so tragic that our children have so much invested in their false beliefs that to retract is to admit a waste of their lives since they started therapy. I could see a real split in her personality--from wanting to remember the good things in her childhood to having a tremendous distrust and terror of me.

I'm not sure the session accomplished much, but she did give me her mailing address. I am approaching future contacts with her very cautiously and not with high hopes.

The support of the group members of our state was fantastic in giving me the courage to "walk into the lion's den." I also greatly appreciated Beth Rutherford's comments in the FMSF newsletter on what worked for her when she first had contact with her mother and father. It gave me insight on what to say and what not to say.

The mediator did a good job of not letting the session become a battleground, and it was wonderful to see my daughter again, even under such duress. I pray that someday I will have more encouraging news to report to you. This terrible tragedy is not over until *all* families are once again reunited.

A Mom

❑

Grateful

We have had contact with our daughter for almost five years now, after we had not seen her for the previous five years. She had not really recanted in that time. It was only this last weekend that she told us she was sorry for the grief our family has suffered because of her. We are grateful.

A Mom and Dad

❑

Hopeful

After nine years from her withdrawal and six from the "confrontation" letter, our daughter has started responding to our letters and gifts. It may be a long journey from her therapy-acquired delusions to reality, but we will wait and continue to pray for reconciliation. May God continue to work through the FMSF to stamp out this public health problem.

A hopeful Mom

❑

Wills

I would like to know what people are doing in regard to a will. I know it is a touchy subject. At a local meeting, I was having lunch with a couple when the man said he had just changed his will, leaving out the two accusing daughters. He said he didn't want his money to go to any of their therapists. "If they reconsider, then I will reconsider," he said.

Then I met another couple whose three daughters have treated them most abominably and the mother was astonished when I told her some people made changes in their wills.

A curious Mom

❑

F M S F

BULLETIN BOARD

CONTACTS & MEETINGS - UNITED STATES

ALASKA
Kathleen (907) 337-7821

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

ARKANSAS
Little Rock
Al & Lela (870) 363-4368

CALIFORNIA
Sacramento
Joanne & Gerald (916) 933-3655
Rudy (916) 443-4041
San Francisco & North Bay - (bi-MO)
Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)
East Bay Area - (bi-MO)
Judy (925) 376-8221
South Bay Area - Last Sat. (bi-MO)
Jack & Pat (408) 425-1430
3rd Sat. (bi-MO) @10am
Central Coast
Carole (805) 967-8058
Central Orange County - 1st Fri.(MO) @ 7pm
Chris & Alan (714) 733-2925
Covina Area - 1st Mon. (MO) @7:30pm
Floyd & Libby (626) 330-2321
San Diego Area
Dee (760) 941-4816

COLORADO
Colorado Springs
Doris (719) 488-9738

CONNECTICUT
S. New England - (bi-MO) Sept-May
Earl (203) 329-8365 or
Paul (203) 458-9173

FLORIDA
Dade/Broward
Madeline (954) 966-4FMS
Boca/Delray - 2nd & 4th Thurs (MO) @1pm
Helen (407) 498-8684
Central Florida - Please call for mtg. time
John & Nancy (352) 750-5446
Tampa Bay Area
Bob & Janet (727) 856-7091

GEORGIA
Atlanta
Wallie & Jill (770) 971-8917

HAWAII
Carolyn (808) 261-5716

ILLINOIS
Chicago & Suburbs - 1st Sun. (MO)
Eileen (847) 985-7693
Liz & Roger (847) 827-1056
Peoria
Bryant & Lynn (309) 674-2767
Champaign
David Hunter (217) 359-2190

INDIANA
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
Andover - 2nd Sun. (MO) @ 1pm
Frank (978) 263-9795

MICHIGAN
Grand Rapids Area-Jenison - 1st Mon. (MO)
Bill & Marge (616) 383-0382
Greater Detroit Area - 3rd Sun. (MO)
Nancy (248) 642-8077
Ann Arbor
Martha (734) 439-8119

MINNESOTA
Terry & Collette (507) 642-3630
Dan & Joan (651) 631-2247

MISSOURI
Kansas City - 2nd Sun. (MO)
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

NEW YORK
Westchester, Rockland, etc. - (bi-MO)
Barbara (914) 761-3627
Upstate/Albany Area - (bi-MO)
Elaine (518) 399-5749

NORTH CAROLINA
Susan (704) 538-7202

OHIO
Cincinnati
Bob (513) 541-0816 or (513) 541-5272
Cleveland
Bob & Carole (440) 888-7963

OKLAHOMA
Oklahoma City
Dee (405) 942-0531
HJ (405) 755-3816

PENNSYLVANIA
Harrisburg
Paul & Betty (717) 691-7660
Pittsburgh
Rick & Renee (412) 563-5616
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

ONTARIO, CANADA
London -2nd Sun (bi-MO)
Adriaan (519) 471-6338
Ottawa
Eileen (613) 836-3294
Toronto /N. York
Pat (416) 444-9078
Warkworth
Ethel (705) 924-2546
Burlington
Ken & Marina (905) 637-6030
Sudbury
Paula (705) 692-0600

QUEBEC, CANADA
Montreal
Alain (514) 335-0863
St. André Est.
Mavis (450) 537-8187

AUSTRALIA
Mike 0754-841-348p or 0754-841-051 f

ISRAEL
FMS ASSOCIATION fax-(972) 2-625-9282

NETHERLANDS
Task Force FMS of Werkgroep Fictieve Herinneringen
Anna (31) 20-693-5692

NEW ZEALAND
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 JUNE Newsletter is **MAY 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: 1 year $30, Student $15; Canada: 1 year $35, Student $20 (in U.S. dollars); Foreign: 1 year $40, Student $20. (Identification required for student rates.)

Yearly FMSF Membership Information

Professional - Includes Newsletter $125_____
Family - Includes Newsletter $100_____
Additional Contribution: $_____
PLEASE FILL OUT ALL INFORMATION–PLEASE PRINT

__Visa: Card # & exp. date:_____
__Discover: Card # & exp. date:_____
__Mastercard: # & exp. date:_____
__Check or Money Order: **Payable to FMS Foundation in U.S. dollars**

Signature: _____

Name: _____

Address:_____

State, ZIP (+4) _____

Country: _____

Phone: (_____)_____

Fax: (_____)_____

Mail Order To:
FMSF Video
Rt. 1 Box 510
Burkeville, TX 75932

FMS FOUNDATION
VIDEO TAPE ORDER FORM
for *"When Memories Lie..... The Rutherford Family Speaks to Families"*

DATE: / /

Ordered By:

Ship To:

Please type or print information:

QUANTITY	TAPE #	DESCRIPTION	UNIT PRICE	AMOUNT
	444	The Rutherford Family Speaks to Families	10.00	
			SUBTOTAL	
			ADDITIONAL CONTRIBUTION	
			TOTAL DUE	

U.S. Shipping & packaging charges are included in the price of the video.

Foreign Shipping and packaging

Canada	$4.00 per tape
All other countries	$10.00 per tape

Allow two to three weeks for delivery. Make all checks payable to: FMS Foundation
If you have any questions concerning this order, call: Benton, 409-565-4480

The tax deductible portion of your contribution is the excess of goods and services provided.

THANK YOU FOR YOUR INTEREST

FMS FOUNDATION
FALSE MEMORY SYNDROME
3401 Market Street, Suite 130
Philadelphia, Pennsylvania 19104 - 3315

FORWARDING SERVICE REQUESTED.