FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

JULY/AUGUST 2000 Vol. 9 NO. 4

Dear Friends,

"What is the situation now? Are therapists still doing memory recovery work?" Those are the two most frequent questions we are now asked by the media. They are questions that reveal how far we have moved since 1992.

Where are we now? So much has happened in the past few years to discredit the recovered memory movement that it is tempting to say, "It's finally over," and close our doors. Important appellate decisions, a new statement by the American Psychiatric Association, and the disciplining of some of the most egregious practitioners are among the many changes we have seen since 1992. Closing our doors, after all, is what we would like to do; but it's not time yet.

Several important new papers reported in this newsletter provide some perspective on the current state of the recovered memory phenomenon. The American Psychiatric Association has revised its 1993 guidelines on recovered memories. A new study comparing abused and non-abused same-sex twins discredits supposed check-lists for symptoms of sexual abuse. The study failed to find a difference in later psychiatric problems that could be accounted for by the abuse.[1] Twins studies allow researchers to separate factors of family life and genetics since twins share genetic background and family upbringing. Another study[2] demonstrated how inconsistent is the recall of 48-year-olds of their adolescence on the same "subjective perceptions" compared to their perceptions about their lives when they were 14 years old. Other studies[3] highlight when and what kind of therapy is helpful for trauma and when it is not. A controlled study of treatment for chronic depression[4] has found benefits about equal for either psychotherapy and drugs but a dramatic improvement over either alone when treatments were combined. The effect of reinforcement on children's fantastic claims has been isolated and documented.[5] It is obvious that the level of research in areas that relate to recovered memory issues continues to improve.

The *Journal of the American Medical Association*, one of the two most read by physicians, published a review of *Creating Hysteria* by Joan Acocella that included a history of the influence of popular culture on the diagnosis of multiple personality disorder.*The New York Times* published a front page story about a veteran who falsely admitted to participating in atrocities. The significant aspect of the story from the FMS perspective was the section examining why someone might think he had been a part of such a horrible event when he was not. Arnold Wesker's play "Denial" por-

PLEASE NOTE OUR NEW ADDRESS:
FMS Foundation
1955 Locust Street
Philadelphia, PA 19103-5766

The Foundation is moving in July. Please start using the new address immediately.

Our current lease with the Science Center near the University of Pennsylvania expired at the same time that a library/office owned by the Institute for Experimental Psychiatry Research Foundation became available. The Institute was looking for a tenant who would not mind the presence of its extensive library on hypnosis and memory. It is a perfect fit. We have more space, lower rent, an amazing library, and a great location (just half a block from Philadelphia's renown Rittenhouse Square). Come and visit us.

Revised Office Schedule

In July, the office will be open three days a week: Monday, Wednesday and Thursday. The telephones will be monitored daily, however.

In this Issue...

The next issue will be combined September/October

trays the suffering of the parents in a family dealing with false memory syndrome and has received positive reviews in England. The public and professionals are being exposed to ever more nuanced and more understanding treatment of false memory problems.

A major change in perspective about false memory issues has been expressed by Diana Russell, an important and highly quoted researcher in the area of child abuse. In the preface to a new edition of her 1986 book *Secret Trauma: Incest in the Lives of Girls and Women*, she cites the factors that led her to change from the belief that FMSF families were perpetrators to the belief that a genuine problem exists in some areas of therapy.

But change is not to be found everywhere. The national distribution of Jane Brody's *New York Times* article about FMS resulted in calls from newly affected families or families who had just learned about the Foundation. A few families still tell us they are being sued on no other evidence than a claim of recovered memory. The column by Paul Simpson in this issue speaks to the ongoing use of regression therapies within the religious community. A dissociative disorders course to be taught by Allison Miller, Ph.D. and Marlene Hunter, M.D. has as an objective to "Know how to deal with internal parts of different ages and identities, and parts subjectively experienced as non-human." A Ritual Abuse conference is planned for Connecticut this summer. Although diminished, the FMS problem is still too much with us.

Some therapists are still practicing risky therapy techniques and a few people are still bringing frivolous lawsuits. This is a large country and information filters slowly, if at all, to people who do not read professional journals. Joseph de Rivera,[6] in a review of Christine A. Courtois' new book, concludes that although therapists have come a long way, they still have a lot to learn "about the powers of therapist influence and the important role of suggestibility." Courtois' book has chapters on trauma and memory and child sexual abuse and memory, but no chapter on suggestion.

For families, trends are different. For some, the situation is reflected in the comment that follows:

> My daughter returned in 1998. This year she has been properly diagnosed with Bipolar Disorder, put on the appropriate medications and is doing well.
>
> Some families are struggling to reunite and repair the terrible damage done to their offspring. They are often doing this with help of mental health professionals.

Some families who thought they would never hear from their offspring are struggling with how to handle nibbles of communication. This month, for example, two offspring returned who had seemed completely intractable.

Still, most families have no contact with their children and they are struggling to continue balancing the move forward without shutting doors for the possible return. It is the tightrope most families still walk.

Pamela

1. Dinwiddie et al. "Early Sexual Abuse and Lifetime Psychopathology: A Co-Twin-Control Study" *Psychological Medicine*, 2000, 30, 41-52
2. Offer et al "Altering of Reported Experiences" *J Am Academy Child and Adoles Psych, 39(6), June, 2000,* pp 735-742.
3. Littrell "Should the Expression of Emotional Memories Be a Goal of Therapy?" *Harvard Mental Health Letter 6/00*
4. Keller et al. "Comparison of Nefazodone, Cognitive Behavioral-Analysis System of Psychotherapy, and Their Combination for Treatment of Chronic Depression" *New England J of Med*, 342 (20) 1462-70, May 18, 2000
5. Garven et al. "Allegations of Wrongdoing: The Effects of Reinforcement on Children's Mundane and Fantastic Claims" *J of App Psych*, Vol 85 (1), 38-49
6. de Rivera "Sound Advice in Muddied Water," *Contemp Psych, APA Review of Books*, 2000 45(2) Review of Christine A. Courtois *Recollections of Sexual abuse: Treatment Principles and Guidelines*. Norton (1999).

American Psychiatric Association Issues New Fact Sheet "Therapies Focused on Memories of Childhood Physical and Sexual Abuse." 6/2000

The American Psychiatric Association has updated its guidelines pertaining to recovered memories. New brief guidelines replace those from 1993. Reference to "bodily sensations," "lack of conscious awareness," emerging at later date has been removed. Psychiatrists are told that when asked to provide expert opinion, they should "refrain from making public statements about the historical accuracy of individual patients' uncorroborated reports of new memories based on observations made in psychotherapy." And the statement notes that: "No specific unique symptom profile has been identified that necessarily correlates with abuse experiences." To obtain copies:

www.psych.org (Public Information, Fact sheets)
APA Telephone: 202-682-6000

CONFERENCE TAPES WHILE SUPPLY LASTS

A set of 5 audio tapes of the Memory and Reality: Return to Reason conference is now available.

The cost of tapes including shipping and handling is:
Members: $15.00
Non-members: $25.00

To order, send request and check to FMSF office. NB Credit cards accepted only for orders of $25. or over.
(Due to technical difficulties, a few sessions were not recorded.)

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. *Columnists*: August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information*: Our Readers.

The Altering of Reported Experiences

Daniel Offer, M.D., et al.
Journal of the American Academy of Child and Adolescent Psychiatry, 39(6), June, 2000, pp 735-742.

Researchers, headed by Daniel Offer, M.D., at the Northwestern University Medical School questioned 67 male participants twice, first at age 14 and again at age 48. The participants were asked questions about family relationships, home environment, dating and sexuality, religion, parental discipline and general activities.[1]

The results showed significant differences between adult memories of adolescence and what was reported during adolescence. With one exception, the importance of having a girlfriend, items that would be expected to have emotional significance such as type of discipline and relationships, were not remembered any more accurately than items without emotional overtones.

Dr. Offer suggests that one of the reason memory is so poor is because it tends to meld into what society thinks is appropriate now.

"If accurate memory of past events and relationships is no better than chance for normal, mentally healthy individuals, we might expect that the reports of past experiences by people who are currently medically ill, psychologically disturbed or otherwise compromised would be even less accurate," according to Offer.

Offer also noted that in order to establish the truth of a person's autobiographical memory, there must be external corroboration from family members, medical records or other records.

1. The study was a follow-up to Offer's 1969 book, *The Psychological World of the Teenager.*

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The Story Behind a Soldier's Story

Michael Moss, *New York Times*, 5/31/00

According to a story in the *New York Times* on May 31, 2000, when the Associated Press investigated whether the Seventh Cavalry Regiment had kill hundreds of South Koreans nearly 50 years ago, they turned for information to Edward Daily, who had written three books on the subject. Mr. Daily admitted his own role in the atrocity, showed medals he had received for rescuing a colleague and provided names and phone numbers of ex-soldiers.

According to army records, however, Edward Daily never received a medal and he was not in the Seventh Regiment at No Gun Ri at the time of the incident. Rather he served as a clerk and mechanic at the time of the event.

Why would someone confess to a massacre he did not commit? Some consider Daily a con man. Richard Burns, who was a consultant for the book *Stolen Valor: How the Vietnam Generation Was Robbed of Its Heroes and Its History* (Verity Press, 1998) suggested that someone might do this "because there is a movement in this country, the victim-hero thing. People will feel sorry for me that I killed children and women, and they will understand me."

Another explanation came from one of Daily's friends who said, "Ed likes the limelight, he always did."

Others think that Daily truly believed he was at the massacre because after spending so much time listening to other veterans stories at reunions and in barroom reminiscences, he painted himself into them. Mr. Daily had also spent two hours a week in group therapy at a veteran's hospital for over a decade. [1]

Of particular interest in the Daily saga is that several Seventh Cavalry Regiment veterans who were interviewed had come to believe Daily actually was there.[2]

1. Those who have read Allan Young's anthropological study of veteran's hospitals, *Harmony of Illusion*, Princeton University Press 1995, may recall Young's observations about how veterans incorporated details from each others stories.

2 It appears that people who spend lots of time together reminiscing can come to incorporate others stories into their own historical narrative.

Editor's comment: This is the fourth national story related to false memories to be discredited in the past two years. In June 1998, CNN fired two reporters who released a false story apparently based on a "recovered memory." In 1999, evidence was released that Sybil's multiple personality disorder was a creation of her doctor. During 1999, the memoir *Fragments* by Binjamin Wilkomirski was shown to be a fabrication.

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Early Sexual Abuse and Lifetime Psychopathology: A Co-Twin-Control Study

S. Dinwiddie et al.
Psychological Medicine, 2000, 30, 41-52

In many states, civil suits can be pursued against alleged perpetrators for up to three years from the time a victim discovers significant injury in his life resulting from molestation. How does someone know that molestation many years ago is the cause of a person's current problems? Although the assumption is often made that child sexual abuse causes long term psychopathology, studies documenting that effect have to date suffered from serious methodological limitations. One of the most serious problems is that studies have failed to take into account the likely interrelationships among family dysfunction, child sexual abuse and subsequent psychopathology. In addition, many psychiatric illnesses have a significant genetic component that could be a confounding factor.

This study has the limitation of using retrospective self-reports, but it overcomes some past limitations by using twins. Dinwiddie and colleagues sought to determine the lifetime prevalence of psychiatric disorders among twins who reported childhood sexual abuse and to compare those rates with non-abused co-twins.

Information was obtained by structured telephone interviews with 5995

Australian twins. Twins who reported a history of childhood sexual abuse were contrasted on lifetime psychopathology with subjects who were not abused. Comparisons were made between same-sex twin pairs.

Childhood sexual abuse was reported by 5.9 percent of women contacted and 2.5 percent of the men. When comparisons were restricted to twins of the same sex in which one was abused and one was not, no differences in psychopathology were found.

The authors noted, "With the exception of conduct disorder in men, in every category for which data were available, the odds rations for psychiatric illness were lowest among twin pairs in which neither was abused and next lowest among pairs in which the co-twin only was abused. The risk for psychiatric illness was greatest when both twins were abused. The authors conclude that the relationship between child sexual abuse and later psychopathology reflects "a complex interplay of factors." They note that "study of such life events, in order to most accurately judge their potential impact on mental health, must include appropriate evaluation of relevant familial protective and vulnerability factors. Failure to take these into account may lead to an overly simplistic view of the etiology of psychiatric illness, as well as minimizing the role of less dramatic but highly significant environmental factors."

Editor's comment: The rate of reported sexual abuse in this study is lower than generally seen in popular literature. The authors defined sexually abused subjects as those who answered affirmatively to the question "Before age 18, were you even forced into sexual activity, including intercourse?"

Things that are puzzling

"Can those 'recovered memory' psychiatrists get you to remember high school French, or is it just sexual abuse?"

Jim Mullen, *New York Times Magazine*, p 55, 2/21/99

A Comparison of Nefazodone, the Cognitive Behavioral-Analysis System of Psychotherapy, and Their Combination for the Treatment of Chronic Depression

Martin B. Keller et al.

New England Journal of Medicine, 342 (20) 1462-70, May 18, 2000

For some time, the field of psychiatry has been split between those who favor a biological medicine approach and those who favor psychotherapy. A new study seeks to resolve this issue for the treatment of chronic major depression.

Researchers studied 662 chronically depressed patients (depressed more than two years) in twelve locations in the United States while they underwent up to twelve weeks of treatment. The patients were divided into three groups. One group received only the medication nefazodone (sold under the name Serzone); the second group received only psychotherapy; and the third group received both medication and psychotherapy.

The results are striking: the overall rate of response (both remission and satisfactory response) was 48 percent in both the nefazodone group and the psychotherapy group as compared with 73 percent in the combined-treatment group. The combination of cognitive behavioral-analysis system of psychotherapy with nefazodone is significantly more efficacious than either treatment alone for this problem.

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We are pleased to announce that FMSF Advisory Board member Lila Gleitman, Ph.D. has been elected to the National Academy of Sciences. Gleitman, a psychologist at the University of Pennsylvania, has been an important force in the field of child language acquisition and as co-director of the only NSF-funded center in cognitive science, she has helped to set the agenda for research in that area.

The Empty Couch

Joan Acocella

The New Yorker, May 8, 2000 pp, 112-118

In a review of several books focused on the fate of psychotherapy, Joan Acocella, author of *Creating Hysteria*, notes that the pendulum swing between the organic and psychological views of the causation of mental disorder has not been limited to recent decades. In the late nineteenth century, organic causation was the dominant view; it was then replaced by the influence of Freudian psychotherapy. During much of the past century, schizophrenia, autism and other ailments were blamed on the mother, even though there was never any evidence for this. As it began to be shown that schizophrenia was organic and that autism was connected with neurological deficits, the swing again went to biological approaches.

According to the review, managed care has pushed the swing to new extremes. In many hospitals, psychotherapy has virtually disappeared with the exception of its use with trauma patients. To save money, inpatient treatment has been replaced by outpatient treatment. Thus, despite the fact that the hospitalization rate dropped sharply, the readmission rate climbed considerably. However, CHAMPUS, which insures federal employees, discovered that providing outpatient psychotherapy reduced hospital admission rates significantly and thus was cost effective.

The books reviewed are: T. M. Luhrmann, *Of Two Minds: The Growing Disorder in American Psychiatry* (Knopf); Joseph Glenmullen, *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants with Safe, Effective Alternatives* (Simon & Schuster); and Emily Fox Gordon, *Mockingbird Years: A Life In and Out of Therapy* (Basic Books).

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Should the Expression of Emotional Memories Be a Goal of Therapy?

Harvard Mental Health Letter 6/00

Jill Littrell, Ph.D. notes that there are psychological experiments that indicate that "expressing an emotion generally enhances the likelihood of a similar or more intense reaction to that person in the future. For example, if a patient were encouraged to express anger at someone (like a parent), having a stronger anger response in the future would not be surprising.

Littrell mentions that some research has shown that at times exposure to revisiting the trauma may lead to some benefits. She includes brief descriptions of the kinds of exposure and conditions where there may be some positive gains.

Editor's Comment: This report appears to underscore why informed consent may be necessary. There "may be" some potential benefits from exposure and, again, there "may be" some negative outcomes. Shouldn't clients be made aware of the "possible side effects" from the therapy that they are receiving?

Littrell, J. "Should the Expression of Emotional Memories Be a Goal of Therapy?" *Harvard Mental Health Letter*, June 2000, p. 8.

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Three-year Follow-up of a Randomized Controlled Trial: Psychological Debriefing for Road Traffic Accident Victims

Mayou, R.A. & Ehlers, A., *British Journal of Psychiatry* 176: 589-593

In a study published in the *British Journal of Psychiatry*, patients who were given a one-hour debriefing which included a detailed review of a car crash within 24 hours after the accident had increased stress over time when compared with those who had no therapy.[1] Those who had been debriefed showed greater emotional stress, physical symptoms and worse quality of life than those who had not. The research was conducted by Professor Richard Mayou and colleagues from Warneford Hospital in Oxford, who evaluated the subjects three years after the debriefing. Professor Mayou noted: "Psychological debriefing is ineffective and has adverse long-term effects. It is not an appropriate treatment for trauma victims. It is possible that the instructions led patients to ruminate excessively rather than putting it behind them."

1. Norton, C. "Early counselling after road crashes makes stress worse," *The Independent*, June 2000

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A Sad Example Shows Need for Safe and Effective Therapies

On April 19, 2000 in Evergreen, Colorado, 10-year-old Candice Newmaker smothered to death in a blanket that therapists were using to make her relive the birth experience. This procedure, called rebirthing, is aimed at helping children with attachment disorder who cannot form bonds with their parents. The girl was wrapped in the blanket to simulate the womb, pillows were placed around her and counselors pressed them to simulate contractions to motivate her to push her way through the blanket.

During the tape-recorded therapy session, the girl said seven times that she could not breath, but she was told to push harder.

Four people have been charged with recklessly causing death. The lead therapist, Connell Watkins, is considered an expert in rebirthing, which she learned about in a two-week seminar taught by a California therapist who learned about it during his own treatment for depression, according to the arrest affidavit. Watkins, who is unlicensed and unregistered, could not recall any books she'd read on rebirthing. She had never undergone the treatment herself because she felt it would be too traumatic for her. Also arrested is another unlicensed, unregistered psychotherapist, and an office manager and a former drywall hanger who were employed at the clinic where this occurred.

There is no scientific support or rationale for rebirthing therapy. "Rebirthing" is one of several alternative therapies involving holding or restraint to treat attachment disorder. Aversion therapies (rebirthing, rage reduction and holding) date to the 1960s when a California therapist named Robert Zaslow started Z therapy, which involved knuckling a child's sternum and ribs while being held down–according to Don Bechtold, Associate Professor of psychiatry at U of Colorado Health Sciences Center.

Rebirthing emerged from the explosion of alternative therapies in California in the 1970s. It was started by a therapist named Leonard Orr who was a strong believer in the theory that the trauma of birth or being in the womb caused psychological problems.

Colorado state authorities are threatening to pursue child-abuse charges against mental-health professionals who physically restrain children as part of psychotherapy. Past FMSF Newsletters have reported other deaths from holding therapy and in April of this year the *Dallas Morning News* reported on two.

Information for this article came from:

Crosson, J., "Rebirthing halted after a death," *Philadelphia Inquirer*, May 22, 2000.

Crowder, C, "Therapist has long ties to 'holding' treatment," *Denver Rocky Mountain News*, May 19, 2000.

Kreck, C., "'Rebirth' death spurs warning," Denver Post, June 4, 2000.

Reuters, "Girl dies in Colorado after controversial therapy," May 18, 2000.

Shannon, K., "29 kids in 2 1;2 years died in state's care: 2 stopped breathing while restrained recently," *Dallas Morning News*, April 18, 2000.

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Denial

Arnold Wesker's "Denial," a play that deals with false memory syndrome, has opened in England and received positive reviews.

The play is about a woman whose marriage and career have broken down

and who accuses her father of raping her as a child and her mother and grandfather of being complicit in the sexual abuse. The accusations develop under the ministrations of a therapist who is looking for the reason Jenny is depressed. The play is not overly simplistic. The therapist is revealed to be haunted by her experiences as a social worker and who develops a "catch-all" solution to complex problems.

The play powerfully portrays the agony of the accused and asserts the validity of the nuclear family, a theme of several of Wesker's previous works. Wesker is one of England's most prominent playwrights.

Readers of the newsletter may be interested in the fact that the program for "Denial" contains several pages about the history and the FMS problem.

Billington, M. "Never trust a therapist" *The Guardian* (London), (5/20/00)

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Multiple Personality Disorder and Psychic Mediums

Loren Pankratz

August Piper, Jr., M. D., among others, has noted that the prevalence of Multiple Personality Disorder (MPD) in the United States has dramatically increased while remaining relatively absent in Great Britain. Such an annoying inconsistency can be explained.

Historically, all patients in England with MPD were not considered mentally disturbed. Instead, they were believed to be gifted psychic mediums. Harry Price, Britain's famous ghost hunter, studied many examples. In 1928, Price invited Madame Picquart to his National Laboratory of Psychical Research in London. This 60-year-old French widow could assume a dazzling array of "alters" in rapid succession. In a "self-induced cataleptic trance," her features expressed the characteristics of those by whom she was controlled.

Her multiples included an actor, a French general, an Egyptian mummy, etc. Price was impressed when she assumed the part of a little boy and skipped about over the chairs. Then she became an old judge, an effect due entirely to the fact that she blackened her upper lip with burnt cork and pinned odds and ends of paper about her person. All this was ingenious and very amusing. But not psychic. Price ended his experiments because nothing abnormal played any part in her performances. She then left for Paris in her primary personality, that of a disappointed French widow.

Harry Price figured out that there was nothing to distinguish MPD from good actors. Thus, even to this day the British reject the idea of assigning them to special diagnostic categories. American therapists never learned this lesson.

Price H. Confessions of a ghost hunter. London: Putnam, 1936.

Loren Pankratz, Ph.D. is a Consultation Psychologist and Clinical Professor Department of Psychiatry Oregon Health Sciences University. He is a member of the FMSF Scientific Advisory Board.

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More Thoughts on Informed Consent (Part 2)

Allen Feld

Last month, I wrote about the disagreement between some therapists and others—mostly non-therapists—over proposals to require therapists to offer informed consent. Among my comments, I stated that I believed informed consent should be an interactive process.

The importance of a collaborative process and a joint agreement to achieve meaningful informed consent cannot be understated. However, a written statement is also an essential element of informed consent and it should accurately mirror the joint verbal agreement reached about the service being offered. Some elements that are vital in both the interaction and written statement include: detailing what caused the patient to seek therapy, what the therapist hopes to accomplish and how he or she plans to proceed, and what is expected of the patient in therapy. The therapist should explain in lay language his or her theoretical orientation and approach to helping, as well as prior experiences with this therapeutic approach and a summary of published outcome studies. It is reasonable for society to expect a therapist to be familiar with the research that supports his or her chosen theoretical orientation and that describes its effectiveness when used with the patient's problems.

This process also allows an opportunity to discuss what the therapist perceives to be the risks, side-effects or anxieties that may be common in therapy in general and known to be associated with the chosen therapeutic approach. This is also a suitable time for a therapist to make the patient aware of the emergency procedures available should they become necessary. Essential logistics regarding fees, appointments, confidentiality standards and how changes in informed consent will be incorporated into the relationship are other important ingredients to make the written statement complete. It is reasonable to expect that the therapist and client may want to amend the informed consent agreement as therapy proceeds.

The emphasis therapists place on a patient's past is related to a therapist's theoretical preference. Patients generally seek therapy to deal with some contemporary life situation they find troubling. When therapists believe a patient's past is a necessary element in the theoretical approach being used, they should initiate a discussion about the role that the past may play in the patient's current concerns and how understanding that past history will be used to help him or her. I believe it is essential to include a brief and specific statement in the informed consent document noting that without independent

verification, memories of the past are not necessarily accurate or reliable.

Assuming there is no crisis that needs to be addressed, informed consent can be introduced in the first therapy session. I believe this is a suitable and sound beginning for therapy. This exchange allows for exploration of the reasons that led the patient to seek therapy, introduces the reciprocal expectations of the patient and the therapist and describes how therapy will proceed. A rough draft of the informed consent statement could be given to the patient with the suggestion that it be taken home and reviewed. I recommend that the patient and therapist delay signing the document until there has been adequate time for review and thought by both parties. The patient should be asked to return to the following session with questions about and reactions to the informed consent agreement.

I believe that informed consent is an essential element in therapy, particularly when coupled with the fundamental aspects of initiating a therapeutic relationship. It fails to be vital to therapy if it is handled in a casual or bureaucratic manner. When a therapist uses something similar to the process described here, the cooperative nature of the therapeutic interaction has been experienced and respect is shown for the patient. A genuine offer to help has been extended and an agreement to try to work together has been jointly reached. The therapist and the patient have specified and agreed to collaborate on the issues being brought to therapy. If professional organizations and licensing boards developed appropriate standards for informed consent, legislation for informed consent would not be necessary—an obvious win/win situation.

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

Allegations of Wrongdoing:
The Effects of Reinforcement on
Children's Mundane and Fantastic Claims

Garven, S., Wood, J. & Malpass, R

Journal of Applied Psychology, 2000, Vol 85 (1), 38-49

Findings indicate that reinforcement can swiftly induce children to make persistent false allegations of wrongdoing.

LEGAL CORNER

FMSF Staff

Carlson et al. v Zirkel et al.
Case No. 96-CV-321 Wisconsin Circuit Court, La Crosse County, Filed Dec 28, 1998

In April, 2000, plaintiff Steven D. Carlson reached a confidential settlement in a lawsuit he had brought against Family & Childrens Center, Inc., the Human Development Associates, and several therapists there. Carlson had received psychological care at the centers from December 5, 1984 to May 31, 1994 from Patricia Richgels, David Hendricks, G. Martin Kreuzer and Clifford Zirkel, III.

According to the second amended complaint, the therapists failed to obtain Carlson's informed consent to the course treatment they proposed to provide; failed to provide appropriate care and instead provided care that was "inappropriate, experimental, drastic and harmful." The Wisconsin Mental Health Act (Bill of Rights) provides that a patient has a right to prompt and adequate treatment." (The courts have defined 'adequate' to mean 'non-negligent' treatment.) The Act also provides that "a patient has a right not to be subjected to...drastic treatment procedures without the express and informed consent of the patient..."

The complaint stated that the therapists told Carlson "that he was a victim of childhood sexual abuse; that such experience was a cause of the psychological problems that led him to seek their care, treatment, counseling and therapy; that the care that they proposed to provide would be safe and effective in resolving the problems that led him to seek counseling; and that the destruction of his relationships with his mother and other family members was a necessary part of such care." The complaint noted that these statements "were made with intent to sell or increase the consumption of the services offered..." and that this led to "pecuniary damage or loss" to Carlson. The complaint also stated that the therapists falsified treatment records with the intent to obstruct an investigation of the counseling of Carlson.

The complaint also alleged that because of negligent acts, the defendants implanted false memories that he was a victim of childhood sexual abuse and other false memories in the mind of Steven D. Carlson, aggravated his preexisting psychological conditions, and created additional adverse psychological conditions and problems.

Plaintiff was represented by attorneys G. Jeffrey George and James L. Kroner of La Crosse, WI. Defendants were represented by David Ray of Stevens Point, WI, Elizabeth O'Neil of Milwaukee, WI and Ross Seymour of La Crosse, WI. ❑

Sheppard Pratt Sued for $5 Million in 'Repressed Memory' Challenge

Earl Kelly, The Daily Record: Maryland Law, May 5, 2000

In a suit filed in Baltimore County Circuit Court, Regina C. Moran claims that she signed up for a weight-loss program, but was misdiagnosed and treated for repressed memories .Moran stated that she came to believe she had been sexually abused by many individuals including her father and that she suffered from multiple personality disorder. A Sheppard Pratt representative stated that the hospital is not affiliated with the psychologist, Steven L. Shearer who treated Ms. Moran, but only rented space to the Anxiety and Stress Disorders Institute.

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California Therapist Loses License

On April 30, 2000, the California Board of Behavioral Sciences revoked the license of Linda Meads, a Los Altos psychotherapist after a psychiatric examination found she was suffering from a delusional disorder. Ms. Meads allegedly believed that a cult was trying to kill her, that the cult could brainwash people so they would not know they were in the cult, and that a number of prominent people in the area were engaged in a cult Mafia-prostitution and drug ring.

A family notified the Foundation that Ms. Meads brought her patients into the cult belief system. They wondered what would happen to a loved family member now that her therapist had no license.

Sean Webby "Ex-therapist loses license," *San Jose Mercury News*, May 6, 2000

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Missouri Psychologist Disciplined

Case No 99-0236 PS

On March 10, 2000, the State of Missouri Committee of Psychologists put Thomas Lipsitz, Ph.D. on three-year probation for his participation in the Geraldine Lamb affair. (See FMSF newsletter September 1998.) Dr. Lipsitz was found to have violated the Missouri code when he 1) saw some of Lamb's patients in order for them to obtain insurance for their treatment by Lamb; 2) sanctioned his signature stamp on insurance claims for treatment provided by Lamb; 3) did not fully supervise the treatment of patients for which his signature stamp was used.

Under terms of the agreement, Lipsitz must be supervised by a psychologist approved by the State Committee.

Legal Websites of Interest

www.findlaw.com

www.legalengine.com

www.accused.com

Grandparents' Visitation Rights Curbed

Troxel v Granville, 99-138, U.S. Supreme Court

In a case that many FMSF families have been following, the U.S. Supreme Court voted 6-3 on June 5 to strike down a Washington state law that gave grandparents broad visitation rights against parents' wishes. The case pitted parents' rights to raise their children free from government interference against state laws aimed at giving grandparents. Justices Stevens, Scalia and Kennedy each wrote dissenting opinions.

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Wenatchee update: Carol and Mark Doggett, who were released from jail in 1998 after their convictions were overturned by the state Court of Appeals, will not face a new trial on charges they raped their children. Since their release from prison, the Doggetts have been reunited with four of their five children and are working at being reunited with the fifth who remains in foster care.

Meridith "Gene" Town and Leo Catcheway were both released from prison on June 8, 2000. Documents obtained from Pinecrest, the now defunct Idaho psychiatric facility that treated Town's two sons in 1994, discredit Wenatchee Police Detective Bob Perez's version of events of the boys being abused by numerous adults. The hospital records are exculpatory for all the adults who were accused by the two boys. It appears that Child Protective Services in Wenatchee and detective Perez had some of this information but they never told the prosecutor, giving grounds for a new trial

Catcheway, arrested on the Navajo Indian reservation in Arizona after being featured in "America's Most Wanted" television show, had been accused of raping a child and being a cameraman for an alleged sex ring. No videotapes were ever found and his attorneys contend that police withheld evidence, including a medical exam showing that his primary accuser had never been raped.

Since 1997, nine defendants have had their convictions overturned by state appellate courts. Seven others, including Town and Catcheway, have been released from prison after accepting plea offers while their appeals were pending. Another seven either served out their sentences or received suspended sentences. Three remain in prison.

Stephen Maher, "Sex-case evidence could free one more" and "Two men embrace 'real justice'" *Wenatchee World*, June 9, 2000

There now appear to have been spectacular miscarriages of justice in litigation concerning breast implants . . . and in some criminal cases involving the alleged sexual abuse of very young children. The legal system performed very badly in those instances, precisely because the diagnoses employed criteria so imprecise that they didn't permit falsification.

p 233 *Judging Science: Scientific knowledge and the federal courts.* 1997, MIT Press

Once a Patient, Forever a Patient

By Jaye D. Bartha
Retractor, Class of '92

Like an insidious disease, the residue from repressed memory therapy follows me. After leaving treatment eight years ago, I was trapped in its wreckage, ailing and penniless. During litigation, it ambushed me with flashbacks of horrors I had endured while remembering perverted sexual abuse that never happened. After successful litigation, repressed memory therapy's nefarious nature followed me 1700 miles across country to my new home. This is its most recent sting.

* *

Sandy, a colleague, became overly concerned about my emotional well-being after I shared feelings of depression. Sandy's mother committed suicide and I had unwittingly stirred up old fears.

Early one morning, my computer keyboard broke and the phone line was receiving a fax. Across town, Sandy was home transmitting her daily onslaught of cheery email. I did not respond. She called me by phone. It was busy. Sandy panicked, called another colleague Joanne, and the two of them decided, since I was not answering email or the phone, I needed urgent help.

Joanne left the local library where she was studying and quickly drove to my neighborhood. Along the way, she flagged down a police officer and convinced him to assist her in checking on me. Joanne told the officer I wasn't answering the phone or email and that I had a history of psychiatric problems.

When I returned home from the store with my new keyboard and groceries, my dog frantically ran in circles instead of smothering me with kisses. Something was wrong. A rush of fear ran through me. Peeking from under a pile of newspapers on the kitchen counter was a police officer's business card and a scribbled note:

Jaye – I was really concerned because we couldn't get hold of you so the police came with me to do a welfare check. Please call me or call Sandy. - Joanne

I panicked. I shook as if the temperature had dropped fifty degrees. I hugged the dog. Then I got mad. Real mad.

I dialed the number on the police officer's business card and learned they called a locksmith to break in. Then my colleague and the officer searched my home. "Your friends just wanted to make sure you were okay," he said as if I should be grateful.

"Excuse me officer. Those people are not friends, they're colleagues. They know little about me," I answered angrily.

I didn't take the intrusion lightly. I was reminded of being locked on a mental ward with no control over my life. I had flashbacks of amytal interviews, of grueling days in the hospital, of phony memories of rape and mayhem. Obviously, I had no right to be in my home without invasion. Rules of probable cause, a valid search requiring the existence of facts, did not apply to me.

I have been working diligently to recover from recovered memories. I'm healthy and enjoying my life. The term, "serene-retractor" is no longer an oxymoron.

So what happened?

I shared my story, that's all. My colleagues were writers who had critiqued many manuscripts about false memory syndrome. I failed to hide my past.

The "welfare check" was a clamoring wake-up call. Would these two people, aided by the police, have broken into my home if they didn't know my psychiatric history? If I had been home would they have burst into my bedroom or the shower to make sure I was OK? If my dog attacked, would the officer have shot my faithful companion? It was clear, people will probably make decisions regarding my mental health, without my input, for the rest of my life.

It leaves me wondering when my home will be broken into by another concerned colleague, neighbor, or family member. If I had children, would social services have taken them? If I were laying on the couch, would I have been escorted to a mental hospital? Are retractors and accused parents open targets for unsubstantiated welfare checks? Why are the police permitted to break into someone's home just because it's requested?

I won't allow this incident to pull me backward. I know the future holds another welfare check, unless I keep quiet about my experiences with repressed memory therapy. But keeping quiet isn't an option for me. Silence breeds misinformation. Talking fosters understanding. I'd rather deal with the consequences.

For now, repressed memory therapy will just have to follow me. I hope it enjoys my life as much as I do. I will not run or hide. Next time I'll remain calm and try to smile when they come check on me.

❑

Speaking the Language of Faith:

Educating the Faith-Based Recovered Memory Movement
Paul Simpson, Ed.D.

Since its inception, the FMS Foundation has made tremendous strides in alerting the public about the crisis that has affected so many families. One of the primary ways this was accomplished is through establishing a standard of scientific rigor by which professionals and the courts could understand the false claims of Recovered Memory Therapy (RMT).

But despite these accomplishments, one segment of RMT has managed to resist reform: faith-based therapists and clients who reference a religious worldview (Protestant, Jewish, Catholic, NewAge, etc.) and believe

their practice of RMT is a spiritual reality. For this segment of RMT believers, the scientific standard holds little value.

Since 1992, I've had the opportunity to talk with thousands of RMT believers. Time and again, when I've encountered faith-based RMT believers, I've had to learn to frame the false memory issues into a language that they would respect—the language of faith.

How can we best educate faith-based RMT believers? It was with this question in mind that families met in a special roundtable at the recent Foundation conference in White Plains, NY. Our discussions included impacting local churches, educating pastors, and accessing national denominations.

Local Church Seminars: Providing educational seminars at local churches, temples and synagogues is an effective tool for informing faith-based RMT. Advantages include:

•Sponsorship of a local church lends greater credibility.

•There is a pre-existing group of people (the congregation) who are more likely to attend a seminar in familiar surroundings.

•There are little or no advertising costs, equipment rentals or seminar room fees.

•Churches and synagogues have meeting rooms and sanctuaries that are ideal for hosting talks.

•Local families and retractors who are part of the denomination can tell their stories.

•Other congregations within the local community can be encouraged to attend.

Educating Pastors: A key strategy is to educate ministers regarding the FMS crisis that is taking place within their own congregations. One way to accomplish this is to meet with them face to face and ask them to discuss the problem with their congregation. This could be followed by or in addition to educational mailings. Packets could be customized according to particular denominations and include FMSF materials/booklets, testimonials from denomination members, and an invitation to sponsor a FMS seminar for their own congregation. Advantages of educating ministers include:

•Ministers can act as mediators in promoting reconciliation between estranged families.

•They can better educate their congregations about the realities of FMS.

•They can exercise more care in referrals and be more cautious about recovered memory claims within their congregation.

•They can work with and help educate therapists in their denomination

National Denominations: Another means of expanding awareness of the false memory problem is through the leadership of various denominations. By educating leaders at the district and national levels, we can promote change on a large scale. Denomination leaders can:

•Create positional statements regarding FMS and bring about changes in policy for counseling referrals and how to help divided families.

•Access newsletters that are sent to thousands of ministers and congregational members.

•Extend opportunities to present the FMS situation at annual denomination conferences.

The roundtable also addressed practical ways to move towards these goals. One key point is to request the FMS Foundation to help families address the issues of faith-based RMT with clergy. We need the grass-roots help of families in making contacts with local and national church officials, help organizing seminars and getting the word out on local events.

To find out more, or if you wish to help, contact Sherry at: 763-417-0659.

Dr. Paul Simpson is the founder of Project Middle Ground.

❑

The Greater Good

Reinder Van Til
Excerpt from President's Letter in Newsletter of Illinois False Memory Society, June 2000, 6(2)
Available www.IllinoisFMS.org

For those of you who have been reunited with your "lost children," we join you in being grateful and cautiously joyful. And though we realize that it is sometimes difficult to hang around with people whose lives have not been turned around and who may still be somewhat bitter and depressed, we say that we still need your support and solidarity. This is especially true for returnees and retractors: they need the support and understanding of people who personally know the impact RMT has had on families' lives.

For those of you who have despaired of your own situations and of the effectiveness of the FMS societies—again, we understand. But we may perhaps point out that your half-empty glass, viewed differently, could be half full. Naturally neither we or the FMSF can bring your children and grandchildren back. But both organizations have been effective in publicly exposing bad therapy, in educating the public about the perils of RMT, in inspiring corrective programs on public and network broadcasts, and in pressing legal battles against bad therapy.

For those of you who believe the battle has been won, I need only relate that your newsletter editors, my wife, and I sat down to lunch at New York's professional meeting—purely by happenstance—with two people who had been accused within the last six months, both of them from our region!

Though we are small in number and have an unpopular message, we must realize that we are not working merely for ourselves but toward a greater good.

Reinder Van Til, author of *Lost Daughters*, is the president of the Illinois False Memory Society.

❑

FROM OUR READERS

You Must Have Been Abused Virus!

After sending a birthday card to my granddaughter, my estranged daughter sent the card back. I began to wonder, as I had so many times before, how my wonderful kind daughter had become a person who could do such a cruel thing. I found an answer: My daughter's "Hard Drive" had been reprogrammed.

The Recovered Memory Virus has completely wiped out our daughter's "hard drive." All of the good programs (True Memories) have been reprogrammed with bad viruses (False Memories.)

"Recovered Memory" therapy is very much like a computer virus in the way it wipes out good files and replaces them with scrambled ones. The government knows the cost that a bad computer virus can cause. Similarly, the cost of "The Recovered *Memory Virus*" is enormous; but there is no way to total up the cost on heart aches and pain it has caused. The Psychiatric Industry seem unable or unwilling to put any funds or time into punishing the culprits or finding a way to help restore "real memories" to the victims.

A Mom

❑

It Worked

About three years ago I was at wit's end trying to figure out how to solve the problem surrounding my daughter's false claim that I had molested her, this supposedly happening twenty years prior to the allegation. A psychologist she was seeing had her cut off all communication with me. Six years passed and I then found your organization. By reading each newsletter carefully, especially letters from those who were suffering similar fates, I came up with a patient plan to figure out how I could be reunited with my daughter and her family.

It finally worked. We are now in loving communication with one another and although she is in a distant city, we will work out the details of a reunion. At first she wanted to go back into the past and "work through her trauma." I told her I would be there with her and for her when she found strength enough. It has never been mentioned since, and it begins to dawn on me that the past will never be broached, nor is there a need that it should be.

A Dad

❑

It Can Get Worse

When false memories split our family, my wife and I believed that nothing worse could happen to us. We were wrong.

Our eldest son, alienated from us for more than six years, committed suicide two weeks ago by throwing himself in front of a subway train.

The last time we saw him he had a good position and appeared to have a bright future. Then an untreatable psychiatric condition rendered him suicidal and unable to work.

Although I don't believe false memories had any significant effect on his psychiatric illness, they certainly affected his conduct and made his suicide even more devastating for us than it would otherwise have been. Specifically, we were omitted from the death notice and excluded from a memorial service in our son's home.

Preceding chapters in this tragedy will have a familiar ring for many readers. Early in the 1990s our two daughters cut off communication with us, although they didn't tell us why and have not until this day.

Subsequently we learned from others that our daughters were accusing a grandparent of sexually abusing them many years ago. By this time that grandparent had been dead for more than ten years and the spouse was virtually comatose with Alzheimer's disease. We did, however, make inquiries of other family members without finding anything to support our daughters' accusations. Our recollection is that the children loved being at the farm with their grandparents.

Some time after our daughters' alienation, our late son tried to bring about a family reconciliation; unfortunately he failed. He then came to believe, presumably after talking with our daughters, that although he had no memory of mistreatment, "something must have happened" in our house.

He later tried to convince his two brothers of his suspicions. Fortunately for our sanity, they did not accept his conclusion and have remained supportive of us.

Shortly after our sons' disagreement, we were cut off from any communication with our late son, his wife and their two sons. And that is how it remained until our son's death.

A Dad

❑

Giving Hope

I write to give hope to all. Today, May 23, 2000, I was having lunch with my daughter. We had reconciled two and a half years ago and at that time I asked her to say that she knew that the original statements about abuse were false. She did say that was so, but she had not apologized or said very much about her therapy.

Today at lunch, with tears in her eyes, she said, "I'm very sorry about all that crap you had to go through six years ago." And with tears in my eyes, I told her that she had no idea how much those words meant to me.

I write this to give hope to others. I

didn't initiate the discussion. I knew the truth and had been leaving the outcome to God. Today, my prayers were answered.

A Dad

❑

A Tragic Story

Claudette Grieb

How I wish I could have afforded to be at the Memory and Reality conference. I know I would have met many courageous and enlightened individuals and some exceptional new friends. I have recently emerged from emotional paralysis following the death of my daughter and granddaughter and I am determined to turn that horrendous tragedy into some good.

In Canada, as in other countries, an individual with little training has the right to advertise as a therapist. My daughter's "therapist," who specialized in working with single welfare moms, was ill-equipped to deal with my daughter's serious physical and mental problems. Yet she charged a handsome fee even to single welfare moms; I know because I have the receipts.

My daughter found her therapist through the gay community but this was not her first experience with therapy. Jackie, who had a rough early childhood because of physical ailments, started to blossom when she was five years old and continued flourishing until her last year in high school when she was seventeen. At that point, she very publicly announced that she was a lesbian.

I would be less than honest if I said that the family was pleased, but we adjusted and welcomed her and her friends to our home. Jackie, unfortunately, quickly encountered a great deal of discrimination in our Canadian city because of her sexual orientation, and she became very wild. She started taking drugs, she had herself tattooed and, to our great distress, she became friends with some very strange people.

Jackie had always been moody, but with the drugs, these mood changes were intensified. She saw our family doctor who said that she was depressed, borderline suicidal, and had feelings of inadequacy. Jackie also had pelvic pain that he diagnosed as endometriosis. He prescribed an antidepressant and she was referred to a surgeon for the pain. Jackie, who had a distrust of male doctors, refused to take the antidepressants or to follow the surgeon's advice. Instead she tried alternative health remedies and visited clinics for the next few years when she felt she needed help.

Jackie continued on this wild streak for several years but then returned and seemed to start settling down. She even opened a shop in town. When she lost the shop a year later because the building was sold, she decided it was time to have a baby. By 1997, my daughter was a 25-year-old single mom and a brilliant self-taught painter, but she was still involved with drugs and unsavory people. More important, however, she seemed to be suffering from the onset of paranoid schizophrenia, a condition that had affected several of her relatives when in their mid-twenties. Two, in fact, are institutionalized.

My daughter had sought therapy because she was depressed and having panic attacks and nightmares. She was also distressed because of her many tattoos that she no longer wanted. Her therapist, whose credential is a masters level degree in sociology, did not attend to Jackie's drug problems and apparently did not even bother to take a family history. If she had, she would have learned of the family history of schizophrenia. This therapist saw only "repressed memories of sexual abuse" as the source for all Jackie's current problems. My daughter didn't have a chance.

Allegations of childhood sexual abuse were first raised against her father, then against both of us. By August, 1997, Jackie divorced herself from the family, made death threats against us, and refused to let us continue our visits and to babysit with our beautiful granddaughter. We were in shock, weeping and suffering in silence. Later Jackie retracted the accusations against her dad but intensified the ones against me.

By February 1998, my marriage had broken down and my son, a brilliant scholar who could not stand all the pain caused by his sister's accusations and cutting off, chose to move to another country.

According to a homicide detective's statement, on June 4, 1998 my daughter's lesbian lover announced to her that she was leaving. By this time in her "therapy," my daughter had no one else to turn to, although we would have taken her back unconditionally if she could just have found her way home. Instead, in despair and obvious insanity, an hour and a half later my daughter killed her own two-year-eleven-month-old daughter, Dagmar, by hanging her. Then my daughter hanged herself.

The horror of her death was compounded. I was not told about it right away because the person who was supposed to tell me was instead meeting with some of my daughter's "friends" to plan the theft of her estate. By the time I was able to be involved, my daughter's paintings, her personal possessions, her entire estate had all disappeared. I had to go shopping to buy decent clothes for the burial of two nude bodies.

When I arrived at the funeral home, my daughter's and Dagmar's caskets had been desecrated with dirty bird feathers, a skull hanging from a chain, a bag of marijuana, and weird

It is a virtue to keep an open mind when evaluating new ideas, "just not so open that your brains fall out."

James Obert

Repeated by Carl Sagan 1995

Demon Haunted World

beads. Perhaps these were supposed to be gifts from the new-age, drug-taking people into whose company she had fallen and who stole her paintings.

When I went to the authorities to attempt to redress the theft, fabricated charges were brought against me and I was dragged into court where not a shred of evidence was provided against me. For me, however, the worst insult of all was the fact that for many months, local papers printed negative and hurtful articles about my daughter and her alleged abusive family.

A "therapist" threw a bomb in our family. She ignored the serious consequences of years of drug abuse and a family history of schizophrenia, instead becoming a judge and jury. The most rudimentary assessment of Jackie would have pointed to the professional help she so desperately needed. I continue to be haunted by nightmares of a baby shaking and hanging from a boot string. Why? Why did it happen? How can our society tolerate unqualified therapists preying on vulnerable people? *I am dedicating my life to changing that.*

A Mom

❑

Coping

What helped the most was my assuring both grandmothers, now gone, that I would not let one child gone sour ruin my life or affect our relationship with out wonderful two sons and a daughter-in-law who excel in filling the gap left by one lost child. That thought has helped me through, as has a career and courage from reading your newsletter to tell our story. It's amazing how many others then open up to confess they have experienced the same thing.

A Mom

❑

Did you move?
Do you have a new area code?
Remember to inform the
FMSF Business Office

New Perspective

The convention was wonderful. I must tell you that my daughter did not want to come at first. After we got there and she finally realized that we really didn't blame her for this whole mess but that she was a victim of bad therapy, the whole situation changed. Now she is ready to start a very aggressive campaign against the people who harmed her so that it will never happen to anyone else.

A Mom

❑

Important Conference About Child and Adult False Accusations

National Child Abuse Defense & Resource Center
Ninth International Conference
Child Abuse Allegations: 2000 and Beyond
September 14-16, 2000
Adam's Mark Hotel
Kansas City, Missouri

Speakers include: Maggie Bruck, Ph.D., Philip Esplin, Ed.D., Elizabeth Loftus, Ph.D., Richard Ofshe, Ph.D., Debra Poole, Ph.D., Robert Rosenthal, J.D., Carol Tavris, Ph.D.

For more information
Contact 419-865-0513

(1) The crime victims compensation program will not authorize services and treatment:
(e) For any therapies which focus on the recovery of repressed memory or recovery of memory which focuses on memories of physically impossible acts, highly improbable acts for which verification should be available, but is not, or unverified memories of acts occurring prior to the age of two.

Washington: Permanent Rules, Dept of Labor and Industries, Adopted April 20, 2000

Back issues of the FMSF Newsletter to March1992, the start of FMSF, are available at www. FMSFonline.org

www.MEMORY AND REALITY.org
or
www.FMSFonline.org
Have you seen the new look of our webpages? Unit on therapy issues will be available this summer.

Web Sites of Interest

www.StopBadTherapy.com
Contains phone numbers of professional regulatory boards in all 50 states

www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

www.afma.asn.au
Australian False Memory Association.

www.bfms.org.uk
British False Memory Society

www.geocities.com/retractor
This site is run by Laura Pasley (retractor)

www.geocities.com/~therapyletters/index.htm
This site is run by Deb David (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

Having trouble locating books about the recovered memory phenomenon? **Recovered Memory Bookstore**
www.angelfire.com/tx/recovered-memories/

Australian Psychological Society Issues New "Guidelines Relating to Recovered Memories"

In May, 2000, the Australian Psychological Society published revised ethical "Guidelines Relating to Recovered Memories."

Available at www.
psychsociety.com.au/
about/memory.pdf

ESTATE PLANNING

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

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Eric (408) 245-4493
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Gideon (415) 389-0254 or
Charles (415) 984-6626(am);
(415) 435-9618(pm)
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Judy (925) 376-8221
Central Coast
Carole (805) 967-8058
Central Orange County
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Covina Area - 1st Mon. (quarterly) @7:30pm
Floyd & Libby (626) 330-2321
San Diego Area
Dee (760) 941-4816
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Colorado Springs
Doris (719) 488-9738
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Earl (203) 329-8365 or
Paul (203) 458-9173
FLORIDA
Dade/Broward
Madeline (954) 966-4FMS
Boca/Delray - 2nd & 4th Thurs (MO) @1pm
Helen (561) 498-8684
Central Florida - Please call for mtg. time
John & Nancy (352) 750-5446
Tampa Bay Area
Bob & Janet (727) 856-7091
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Atlanta
Wallie & Jill (770) 971-8917
ILLINOIS
Chicago & Suburbs - 1st Sun. (MO)
Eileen (847) 985-7693 or
Liz & Roger (847) 827-1056
INDIANA
Indiana Assn. for Responsible Mental Health Practices
Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 489-9987
IOWA
Des Moines - 2nd Sat. (MO) @11:30am Lunch
Betty & Gayle (515) 270-6976
KANSAS
Wichita - Meeting as called
Pat (785) 738-4840
KENTUCKY
Louisville- Last Sun. (MO) @ 2pm
Bob (502) 367-1838
MAINE
Rumbord -
Carolyn (207) 364-8891
Portland - 4th Sun. (MO)
Wally & Bobby (207) 878-9812
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 -
Nancy (248) 642-8077
Ann Arbor
Martha (734) 439-8119
MINNESOTA
Terry & Collette (507) 642-3630
Dan & Joan (651) 631-2247
MISSOURI
Kansas City - Meeting as called
Pat (785)-738-4840
St. Louis Area - call for meeting time
Karen (314) 432-8789
Springfield - 4th Sat. Apr, Jul, Oct @12:30pm
Tom (417) 753-4878
Roxie (417) 781-2058
MONTANA
Lee & Avone (406) 443-3189
NEW JERSEY
Sally (609) 927-5343 (Southern)
Nancy (973) 729-1433 (Northern)
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Albuquerque - 2nd Sat. (Bi-MO) @1 pm
Southwest Room -Presbyterian Hospital
Maggie (505) 662-7521(after 6:30pm)
or Sy (505) 758-0726
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Westchester, Rockland, etc.
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John (570) 278-2040
Wayne (includes S. NJ)
Jim & Jo (610) 783-0396
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Nashville - Wed. (MO) @1pm
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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
WASHINGTON
See Oregon
WISCONSIN
Katie & Leo (414) 476-0285 or
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
Roma (204) 275-5723
ONTARIO, CANADA
London -2nd Sun (bi-MO)
Adriaan (519) 471-6338
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Deadline for the SEPT/OCT Newsletter is AUGUST 15. Meeting notices MUST be in writing and sent no later than two months prior to the meeting.

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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).

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