



Dear Friends,

"I want to thank you for your loving support of my father during my years of being mesmerized by false recovered memories. I believe it was your understanding and education that has enabled my father to allow me back."

The welcome words of thanks above are sent to all of you, FMSF families and friends, from a retractor who is in the process of reuniting with her family. The help and understanding that Newsletter readers have given to each other has made it possible for people to keep their hearts open and to welcome their children back with love. That is what the FMS Foundation has worked for.

We wish that all families were now reconciled. Unfortunately, that is not the case. The letters from readers this month show the great diversity of experience with the FMS phenomenon. Indeed, we just put down the telephone after talking to a brother who is concerned because his sister is currently deteriorating under the "care" of a therapist who is encouraging her to recovered more and more "memories" of childhood abuse. The brother is especially worried about his sister's young children. It seems unbelievable that anyone would still be practicing recovered memory nonsense, but the reality is the practice has not died out. A big difference, however, between the time when the Foundation began and now is that it was another therapist who told the brother to contact the Foundation for information. In the year 2000, he will be able to educate himself and the rest of his family quickly.

This past month, one family wrote to ask the Foundation to respond to a newspaper column recommending the book *The Courage to Heal* by Ellen Bass and Laura Davis and another family wrote with concern about seeing that same book on a recommended reading list for a mental

health group. A huge difference from 1992, is that those who recommended the book now responded immediately to our letters apologizing that they had not read it. (They had also probably not read about the many lawsuits in which therapists are being held accountable for recommending *The Courage to Heal*. The legal section of this newsletter contains yet another such suit.)

The contrast between what is now known about false memories or suggestive therapy and what is still being practiced in some therapy rooms and in some courtrooms is astounding. You may note that contrast as you read this issue. Compare the high level of scientific understanding of false memories in the research reports with the recovered memory jargon used by the Florida Supreme Court. They seem from different planets.

The problems caused by suggestive therapy and scientifically ignorant legal decisions are still with us. But now we have tools that we can *all* use in an ongoing effort to educate the public and professions about the constructive nature of memory. Following is a list of just some of the articles/tools mentioned in this newsletter in the past year:

Dinwiddie, S. et al. "Early Sexual Abuse and Lifetime Psychopathology: A Co-Twin-Control Study" *Psychological Medicine*, 30, 2000.

Garven, S. et al. "The Role of Suggestive Questions, Social Influence, Reinforcement, and Removal in Creating Adult False Memories." *J Applied Psychology* 33, 1998.

Gourevitch, P. "The Memory Thief" *New Yorker*, 6/14/99.

Moss, M. "The Story Behind a Soldier's Story." *New York Times* 5/31/00.

PLEASE NOTE OUR NEW ADDRESS:
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*The next Issue will be combined
 January/February*

Melchert, T., "Relations among childhood memory, a history of abuse, dissociation, and repression." *J of Interpersonal Violence*, November, 1999.

Nader, K., Schafe, G. and LeDoux, J. "Fear memories require protein synthesis in the amygdala for reconsolidation after retrieval" *Nature*, August 17, 2000.

Offer, D., et al. "The Altering of Reported Experiences" *J. Am Academy of Child and Adolescent Psychiatry*, 39(6) June 2000,

Stein et al. "Memory Functioning in Adult Women Traumatized by Childhood Sexual Abuse" *J of Traumatic Stress* 12 (3) 1999.

To this list can be added a recent Ann Landers column in which she thanked a reader who sent in a letter about the problems of recovered memory therapy. Landers wrote "Thanks for another opportunity to unmask those charlatans who destroy families." There are plenty of tools available now. But they are useless unless we all use them whenever they are needed. Ann Landers responded because Lloyd took the time to write to her.

The good news is that the FMS problem continues to decrease while society continues to increase its understanding of how false memories may happen. The reality is that we need to continue to work together to keep that forward momentum in scientific understanding of memory and to make sure that we do not slip back. We need to continue to work together to keep our hearts open so that as the climate changes, we can welcome back the rest of our sons and daughters just as the person whose words opened this column was welcomed back.

To do this we need to ask for your help again. You will soon be receiving a letter from our Fund Raising Chairmen, Lee Arning and Charles Caviness asking you to make a donation. They explain what we expect to accomplish with those funds to maintain the gains that have been made and to continue to respond to those in need, while reducing both the size of the Foundation and future funding needs.

The Foundation asks for your help just once each year. Please help us to finish our job.

We wish you Happy Holidays.

Pamela

FMSF Website Update

In the last newsletter we mentioned that the web site was getting an average of three hundred "hits" a day. Our webmaster remarks, "Three hundred was a rough estimate. The site logs for July and August show that we actually averaged just over 480 hits daily. As the majority of these were from web proxy hosts, the average number of readers per logged hit will have been greater than one. How much greater is uncertain."

Correction

In a description of David McLoughlin's article from *The [Australian] Dominion*, August 5, 2000, entitled "Academics in sex abuse row," we miscredited the following words: "Elizabeth Loftus has shown that memory is fallible, which is useful, but it's gone beyond that. She argues long-term memory is fallible. That's not true. Adult memories of childhood are quite robust."

The speaker was "One of Dr Read's supporters, Wellington clinical psychologist and Victoria University lecturer Judith McDougall."

Our "Editor's Comment" should therefore have been: "McDougall could benefit from reading 'Altering of Reported Experience' by Offer et al. The scientific evidence points strongly to the unreliability of long-term memory."

Why would someone stay in bizarre therapy?

A former patient explained what she said to herself at the time:

"I will try 200 percent to do anything to feel differently than I do. If I have to stand naked in a corner on my head every day, I will do it.' That's how badly I wanted to get better."

Shankar Vedantam, "Suits allege psychiatrist's sexual betrayal," *Philadelphia Inquirer*, Sept. 7, 2000.

The condition of psychiatry today can be compared to that of Russia after the fall of communism. Like Russia after Marxism, psychiatry after Freudianism has lost its once dominant doctrine. Like that vast nation attempting to operate under a rudimentary capitalism, psychiatry now labors under the sway of a classificatory system, the *Diagnostic and Statistic Manual of Mental Disorders* (DSM-IV), so crude as to foster inept educational programs and clumsy clinical practices.

Just as Russia searches for a structure to replace communism, so psychiatry, with Freudianism in ruins, struggles to find a coherent concept of the mental disorders and the best way to treat them.

Paul McHugh, M.D.

Phipps Professor of Psychiatry and Chair of the Department
Johns Hopkins University
The Weekly Standard, July 17, 2000

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.

Understanding Persons Who Repudiate Memories Recovered in Therapy

J. de Rivera

Professional Psychology: Research and Practice, 31 (4) 378-386

The author proposes three possible explanations for what had occurred to people who repudiated "memories" of sexual abuse recovered in psychotherapy. These are: mind control, the most extreme sort of social influence; self-narrative, the idea that all persons use narratives to construct their identity; and role-enactment, that focuses on how persons may find themselves playing a role that was expected of them.

Fifty-six respondents completed questionnaires sent to 159 persons (35%). The majority endorsed a mind-control model and a substantial minority endorsed the other models. The processes endorsed were consistent with retrospective descriptions of therapy.

See FMSF Newsletter 6 (1), May, 1997 for more information about this study.



Cognitive Processing of Trauma Cues in Adults Reporting Repressed, Recovered, or Continuous Memories of Childhood Sexual Abuse

R. McNally, S. Clancy, D. Schacter and R. Pitman, *J of Abnorm. Psychology* 109 (3) 355-359.

This study attempts to illuminate the issue of the reality of repressed and recovered memories of sexual abuse by providing data on cognitive processing of trauma cues in four groups of people: (a) women who believe that they were sexually abused as children but who have no explicit autobiographical memory of it, (b) women who report having recovered memories of CSA, (c) women who report never having forgotten their CSA, and (d) women who report never having been abused.

These people were all presented with words written in different colors and asked to name the colors of words. The words varied in emotional significance. The researchers predicted that people who have repressed their memories of CSA should show greater interference for trauma-related words in this "Stroop task" than people who had never been abused. (It has already been shown that psychologically disturbed survivors take longer to name the colors of words related to their trauma than to name the colors of more neutral words.)

Although the women who believed they had repressed memories of abuse scored significantly higher than women who were never abused, they did not have a higher interference on the Stroop task. The authors note that "Their attribution of their symptoms to repressed memories of CSA may represent an 'effort after meaning'—an attempt to explain one's otherwise inexplicable unhappiness."



DOES OUR PAST DECIDE OUR FUTURE?

"The Primacy of Early Experience: A Critique, an Alternative, and Some Clinical Inclinations,"

J. Paris, *J of Psychiatric Practice* 2000, May, 147-152.

Comments by Allen Feld

Joel Paris is persuasive when he writes that children are resilient. While recognizing the horrendous things that happen to some children, he differs from many of his colleagues by pointing out that horrific experiences do not automatically sentence children to severe psychopathology in their adult years. Scientific evidence and impressive literature citations are used to substantiate his conclusions.

I felt a sense of optimism as I read his article. I was delighted by Paris' positive portrayal of people's strength and felt that he described a similar capacity that I've witnessed in falsely accused parents. His conclusions fun-

damentally contradict the basic principles of recovered memory therapy.

Paris challenges beliefs held by far too many therapists and, perhaps, the public at large. Books, cinema, soaps and made-for-TV movies have often featured stories about people with pathology purportedly created by trauma. Paris questions this erroneous thinking by taking the scientifically sound but unpopular and "politically incorrect" position that abuse does not necessarily cause pathology. Simply but factually stated, **there is no scientific basis for a cause-and-effect relationship between childhood abuse and adult psychopathology.**

It is not unusual to hear professionals claim a cause-and-effect relationship when they are actually referring to situations that may be at best associated. Dr. Harrison Pope¹¹ offers a concise discussion describing the difference. For example, we would find an association between alcohol consumption and lung cancer, but this is not a causal relationship. Alcohol does not cause lung cancer, but people who drink alcohol typically smoke more cigarettes, and we know that cigarette smoking causes lung cancer¹¹. I believe it is pure conjecture when a therapist assigns the cause of contemporary psychological difficulties to past events. It may be so; it may not.

Additionally and probably of greater importance, I remain unconvinced that it is necessary to find the historical cause of a psychological problem to help someone. Historical accuracy is difficult to establish and requires corroboration. Even if corroboration is available, I'm not aware of research demonstrating that knowing the historical cause of a person's current psychological problems is a prerequisite for helping that person. I'm also not aware of any research that shows positive outcomes from therapy that requires exploring the past to deal with present troubling situations. I would welcome receiving any such

articles. Those therapists who seem to do well by their patients engage them in their contemporary living situations and their cognitive processes.

Are we "determined" by the events in our past? Or, if the past is discussed as part of therapy, is the possible impact of a person's past on her/his current issues to be "discovered"? Therapists can approach a client who has a history of trauma from either belief. The former, deterministic, may combine the therapist's inclination toward a belief in a predicated pathology and a subsequent probing to seek clues that confirm or disprove her/his instinctive feeling. Conversely, when a therapist initiates her/his work largely from what I'm calling a "discover" attitude, he/she honestly admits 'I don't know the effect of these things that happened to you, but let's jointly find out what it means to you now.' A person may never know what caused her/his problems. While we can't

change what happened in our pasts, we can alter the way we think about the past.

Paris' article offers the soundest reasons for not overvaluing the importance of the past in helping a person with contemporary issues. He reviews the empirical research that discredits four major hypotheses as to the primacy of early experiences and replaces them with these propositions: 1. Early learning can be reversed by later learning; 2. Childhood experiences do not determine personality traits; 3. Adverse events in childhood do not cause mental disorders; 4. There is no consistent relationship between severity of psychopathology and stress at any particular stage of childhood (Paris, 148). People are evolving; they can overcome traumatic experiences as well as less than adequate parenting; one is not necessarily "fixed" for life by negative (or positive) events; a patient's childhood need not be mined to discover the

origin of severe adult psychological pathology.

The relationship of adult problems to supposed early childhood trauma continues to be recognized as lacking scientific foundation. This article adds to the impressive literature that debunks the erroneous claims that childhood abuse causes certain kinds of problems, giving special meaning to families who are falsely accused. When ardent supporters of therapy to recover memories of abuse make these kinds of proclamations, it is reasonable to question if they are aware of the current research. Therapists' duty to their clients includes being familiar with the work of Paris and others before making assumptions about their patients' pasts.

I Pope, Jr. M.D. (1997) *Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma*. Boca Raton, FL: Upton Books.

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.

Adult Personality and Early Experience

Jerome Kagan, *Harvard Mental Health Letter*, October 2000

"Few issues in human development are more controversial than the influence of early experience on later intellectual and emotional characteristics...[T]he experiences of the first three to five years do not affect all psychological qualities equally...the relation between early experience and later outcome is not linear..."

"Why does the idea of infant determinism persist? The main reason may be that it appeals to our moral values...Most Americans believe that a mother's care for her infant is inherently better than care by any other adult. They are also convinced that experience etches permanent physical changes in an infant's brain...Another reason... is an unwillingness to admit the power of social class, which is the best predictor of a child's academic achievement, vocation, and psychiatric health. Americans want to believe that their society is open and egalitarian, without rigid class boundaries. To acknowledge the importance of social class would be to question that premise. Finally the doctrine of infant determinism minimizes the role of luck in adult life, an idea that Americans also find agreeable.

"I am not suggesting that the first three years have no influence at all—only that a fearful, quiet three-year-old who has been living in an uncertain environment can change for the better in a different environment, while a laughing, happy, intelligent three-year-old is not protected from distress if life turns harsh. The capacity for change is essential to human development. Although the experiences of the early years may start a child in a particular direction, that path will eventually intersect with many others, offering new directions for a life to take."

"The ill effects of early traumata are by no means inevitable or irrevocable...the evidence runs strongly counter to views that early experiences irrevocably change personal development."

Michael Rutter

"To focus upon the first three years and to downplay the later years is not warranted by either human behavioral or neuroscience research."

William Greenough

quoted in Kagan, "Adult personality and early experience"
Harvard Mental Health Letter
October, 2000.

**FMSF requests your help just once each year. Don't forget to give:
Annual Fundraising Appeal
Coming soon!**

Are Trauma Victims Susceptible to "False Memories"?

L. Zoellner, E. Foa, B. Brigidi
and A. Przeworski, *J of Abnormal Psychology* 109 (3) 517-524.

This study investigates the hypothesis that individuals with PTSD have source monitoring deficits and that would predict that they are more likely to have an increase in distorted or false memories.

People with PTSD, traumatized people without PTSD and people who were not traumatized were presented with semantically associated word lists (e.g., *door, glass, pane, shade*) and then asked to recall the list immediately after its presentation. The authors predicted that the people with PTSD would be more susceptible to falsely recalling and recognizing words not presented (e.g., *window*).

The traumatized people both with and without PTSD had more false recalls. The authors caution, however, that the "results should not be misinterpreted to suggest that traumatized individuals are more susceptible to generating false memories for traumatic events." Laboratory studies may not generalize to real-world studies of traumatic memories.

Abuse of the Processes of Finding Past Sex Abuse

Although the Nova Scotia government admits no problem with its investigation of the Nova Scotia School for Boys in Shelburne, a report released in September noted that the allegations leveled against employees "appear to be concocted [and] contain blatant falsehoods and gross exaggerations."

The story of the past abuse in the boys' detention home began in 1995 when a few former inmates complained. After a brief inquiry, the government responded by setting up a compensation plan and sending agents around the country to find former inmates to whom they explained what

each incident of abuse might be worth. The result? The government paid \$30 million in compensation and another \$9 million for therapy to 1,500 claimants who never had to prove a thing. All they had to do was tell a story and name a perpetrator. The more terrible the story, the larger the check.

Lee Keating, who had been a supervisor at the home, was one of those accused of dozens of acts of physical, sexual and racial abuse, but none of the things he is accused of ever

happened. To this day, Mr. Keating does not know the names of his accusers nor the details of the accusations even though thousands and thousands of dollars have been paid out in his name.

Margaret Wente, "Nova Scotia's abuse of justice," *Globe and Mail*, Sept. 26, 2000
Donna Laframboise, "Recovered memory tide is turning," *National Post*, Sept 19, 2000.

False-Memory Creation in Children and Adults: Theory, Research, and Implications

Edited by David F. Bjorklund
Mahway, NJ: Lawrence Erlbaum, 2000

"Most issues investigated by psychologists doing basic research in cognition, cognitive development, and psychotherapy do not have the potential for social impact that these issues have. Depending on where the truth lay, at stake were the lives of innocent victims of sexual abuse and their abusers, or the lives of falsely accused family members and child-care workers and their duped accusers. People were going to jail and families were being destroyed. If the memories were true, few of us would disagree that the abusers should be punished and put away so that they cannot practice their evil on other unsuspecting children; but if the memories were false, the lives of innocent people, both the alleged victims and the alleged abusers, were being ruined."

"Memory researchers responded, and studies of memory for traumatic events, suggestibility and false-memory creation in children and adults boomed in the late 1980s and continued through the next decade."

David Bjorklund, Introduction

This book is the outcome of a conference held by Florida Atlantic University in February, 1998 that featured the memory researchers who had contributed to the APA's *Working Group on Investigation of Memories of Childhood Abuse*. The book has a number of additional contributors.

Contents:

- "The History and Zeitgeist of the Repressed-False Memory Debate: Scientific and Sociological Perspectives on Suggestibility and Childhood Memory" by Brown, Goldstein, & Bjorklund
- "Current Directions in False-Memory Research" by Tsai, Loftus & Polage"
- "The Changing Face of Memory and Self" by Oakes & Hyman
- "Discriminating Between Accounts of True and False Events" by Pezdek & Taylor
- "Fuzzy-Trace Theory and False Memory: Memory Theory in the Courtroom" by Brainerd, Reyna & Poole
- "Cognitive Neuroscience of Constructive Memory" by Schacter, Norman & Koutstaal
- "Suggestibility of Children's Testimony" by Ceci, Bruck & Battin
- "Remembering the Distant Past: Implications of Research on Children's Memory for the Recovered Memory Debate" by Ornstein & Greenhoot

Hearndon v Graham No SC92665 Sept 14, 2000,
Sup Ct Fla, 2000 Fla. LEXIS 1834

In a five to two decision, the Florida Supreme Court has held that memory loss caused by the trauma of childhood sexual abuse should be included as an exception to the statute of limitations.

The case involves Paula Hearndon, who sued her stepfather Kenneth Graham in 1991 for sexual abuse that she claimed began in 1968 when she was 8 and lasted until 1975 when she turned 15. In the original complaint, Hearndon claimed that Graham then murdered her mother. She claimed that she suffered traumatic amnesia until about 1988. A judge ruled that Florida's four-year statute of limitations barred the lawsuit.

In 1992, the Florida Legislature changed state law to allow victims who suffer amnesia because of childhood sexual abuse to bring lawsuits seven years after reaching adulthood or four years after remembering the abuse. The law came too late to help Hearndon.

Although acknowledging that there is "considerable disagreement relative to the nature of these discovered memories," the decision notes that "It is widely recognized that the shock and confusion resultant from childhood molestation, often coupled with authoritative adult demands and threats for secrecy, may lead a child to deny or suppress such abuse from his or her consciousness."

In allowing Hearndon to pursue her claim, the Florida Supreme Court has included "recovered memories" within the doctrine of delayed discovery. That means that the statute of limitations does not begin until a victim discovers the wrongdoing. The court noted that "We do not pass on the merits of whether she actually lost and then retrieved her memory of these alleged events, and we do not pass on the reliability of any psychological techniques that may have been employed in arousing her memory."

According to the *Palm Beach Post*, Hearndon's lawyer Horace Moore said that he did not know if his client intended to pursue a criminal case against her stepfather for the alleged killing. A spokeswoman for the Alachua County State Attorney, where the murder was alleged to have occurred, said that they have no record of any murder allegation against a Kenneth L. Graham.

Associated Press. "Florida Supreme Court stops the clock in sex abuse suit" *St Petersburg Times*, Sept 15, 2000.

"Court waives woman's deadline to sue for repressed molestation," *Palm Beach Post*, Sept. 15, 2000.

Washington Supreme Court Allows Lawsuits Against Police for Faulty Investigations

Rodriguez v City of Wenatchee, No. 69614-4
Sup Ct Washington, Sept. 2000 Wash. LEXIS 578

On September 7, the state of Washington Supreme Court unanimously upheld a state Court of Appeals decision that law-enforcement agencies can be held financially liable for conducting negligent child abuse investigations.

The precedent-setting decision arises from the Wenatchee child sex-abuse cases and reinstates a \$30 million civil lawsuit brought by Pastor Robert "Roby" Roberson and others who had been accused during the 1994-95 investigations.

Until now, police have been immune from lawsuits claiming negligence in investigations although they have long been liable for knowingly making arrests on false charges.

This decision expands a state Supreme Court holding that Child Protective Services can be held liable for negligent investigations that break up families.



Confusion About Expert Testimony
Oliver v State of Texas 2000WL1389677
(Tex. App-San Antonio, Texas)

In a recent case from San Antonio, Texas, the court held that an expert may not testify that a person's recitation of events is or is not the product of *fantasy or manipulation* because such evidence is, in effect, particularized testimony concerning the person's credibility. An expert may, however, testify about both the common traits or symptoms of child sexual abuse syndrome and whether the victim exhibits these traits.

Contributed by Dallas attorney Skip Simpson.



Consequences of RMT Therapy
Miller v Marlow No. CJ2000 02505, Tulsa, OK Dist Ct,
Filed June 27, 2000

A wrongful death action has been brought against Oklahoma therapist K. Renee Marlow, LSW, by the husband and son of Starla Miller. According to the Plaintiffs' First Amended Petition, in August 1993 Ms. Miller suffered from depression after the birth of her child. She sought counseling in February 1994, and during the first session, Ms. Marlow suggested that Starla could have been abused. Defendant Marlow later explained to Starla that she exhibited symptoms of Multiple Personality Disorder stemming from that childhood abuse. Prior to her therapy, Starla Miller was not suicidal, did not exhibit multiple personalities, and had no memory of being abused as a child.

According to the petition, the defendant instructed



Starla Miller to buy and read *Repressed Memories* by Renee Fredrickson, and *The Courage to Heal* by Ellen Bass and Laura Davis. The therapist explained that these books would educate her about the nature of repressed memories and MPD. The therapist's diagnosis for the insurance company was Post-Traumatic Stress Disorder.

The petition states that Starla Miller's mental and psychological condition deteriorated. After reading the assigned books, Starla Miller started to "remember" episodes of sexual abuse. She cut off all contact with her parents, later confronting them. After a volatile meeting with her mother in which she reiterated her allegations of abuse, Starla Miller slipped away from the Charter Grapevine Behavioral Health System where she was an inpatient and attempted to kill herself. Charter employees thwarted this. The next day, while under defendant Marlow's care, Starla Miller hanged herself.

Plaintiff's attorney is Skip Simpson of Dallas, Texas.



UPDATES OF CASES WE HAVE BEEN FOLLOWING

Amirault Update: Gerald Amirault had his hearing before the Advisory Board of Pardons and now waits for their decision. In the last decade, that board has granted hearings for only 29 of 250 commutation petitions. The hearings resulted in 13 favorable recommendations, of which seven were granted by the governor and council. Brian MacQuarrie, "Amirault ready to seek a pardon,"

Boston Globe, Sept. 20, 2000.

Wenatchee Updates: Henry Cunningham has filed a lawsuit in U.S. District Court in Seattle claiming that Wenatchee authorities negligently investigated him for child sex crimes, falsely arrested him, interfered with his family relationships and conspired to violate his civil rights. Cunningham, who was one of the 43 people arrested during the 1994-95 probe, seeks \$10 million in compensatory damages. The state of Washington Court of Appeals threw out Cunningham's convictions in March 1999.

Stephen Maher, *Wenatchee World*, Oct. 5, 2000.

Doris Green, whose sex-abuse convictions were thrown out in 1999, has filed a lawsuit seeking \$12 to \$18 million from the city of Wenatchee and the state Department of Social and Health Services. Green contends she was wrongfully imprisoned and suffered emotional and psychological damage as well as having her parental rights terminated.

Stephen Maher, "Complaint Contends Perez Mentally Ill During Sex Cases," *Wenatchee World*, Oct. 5, 2000.

The Everetts, who still have suits pending against the state Department of Social Services, have settled their lawsuit against the city of Wenatchee. The money from the settlement will be put in a special needs trust for them. Idella Everett is developmentally disabled and Harold Everett now

has terminal cancer. This is the fourth lawsuit stemming from the 1994-95 investigations to settle with the city. A total of \$677,000 has been paid to the plaintiffs. At least 17 other people have suits or claims pending against the city.

Mike Barber, "Wenatchee couple settle suit in child-sex-abuse case."

Seattle Post-Intelligencer, Oct. 5, 2000.



Pennsylvania Psychiatrist's License is Suspended

Pennsylvania authorities suspended the medical license of psychiatrist Byron Braid in July, charging that he recklessly endangered patients by injecting them with an unapproved drug. The doctor diagnosed patients with a wide variety of symptoms he claimed were related to high mercury levels and he treated them with a drug that had not been approved by the FDA. The suspension order also noted that Braid had asked at least one patient to disrobe from the waist up so that he could perform massage. Braid is facing a lawsuit by a patient who accuses him of sexually abusing her under the guise of providing therapy.

Braid, a 1971 graduate of Thomas Jefferson Medical College, was described by former patients as presenting himself as an unusual doctor. He was an expert in orgonomy, a kind of psychotherapy. Orgonomists believe that the body muscles and skin hold clues to patients' mental traumas. Orgonomists knead, press and massage patients' tension points, which is supposed to release repressed emotions. Patients may be asked to wear only their underwear during sessions so that a doctor can monitor the body.

Orgone therapy was started by Wilhelm Reich, who was best known for his attempt to measure "orgones," units of cosmic energy. His commercialization of the orgone box brought him into conflict with government authorities in the early 1950s. He was convicted of contempt of court and died in prison.¹⁾ Reich's ideas about the body being the key to well-being is reflected in therapies such as massage, yoga and bodywork, and also the many "power therapies" such as Traumatic Incident Reduction.

Complaints about Braid go back many years. A 1992 complaint to the state licensing Bureau of Professional and Occupational Affairs, said that Braid would "pull me onto his lap to comfort me, he said, and pull down my underwear and rub against my private area....If he had been stopped in 1992, [other] women would not have been abused."²⁾

How could a patient be led to do these things? Former Braid patient Sarahkate Lohmann said that at the time she thought, "I will try 200 percent to do anything to feel differently than I do. If I have to stand naked in a corner on my head every day, I will do it. That's how badly I wanted to get better."

1. "Reich, Wilhelm" Britannica Online, <http://www.eb.com:180/cgi-bin/g?DocF=micro/498/40.html>. [Accessed 18 January 1999].

2. Shankar Vedantam, "Suits allege psychiatrist's sexual betrayal," *Philadelphia Inquirer*, Sept. 7, 2000.

**Everyday Irrationality:
How Pseudo-Scientists, Lunatics,
and the Rest of Us Systematically
Fail to Think Rationally**

Westview Press, (to appear Spring 2001)

by Robyn Dawes

With this newsletter issue, we continue a serialization of a chapter from Robyn Dawes' new book.

Sexual Abuse Hysteria (Chapter 9)

It is now necessary to denounce my parents publicly to their friends if I am ever going to get better; again, I must believe in my therapist's advice about the therapeutic value of such denunciation. So I do it. My father, however "liberated" he became under my mother's influence, still has vestiges of his middle-class New England upbringing. He is absolutely disgraced. His gout gets worse. His ulcer bleeds more, and he becomes depressed over the obvious conclusion that he will now never become the University President who is subsequently nominated by the Democratic party to become President of the United States. My mother, who always ascribed to the (incorrect) belief about the confounding of genius with lunacy, takes comfort in the fact that I may—after all this time—be at least a bit creative. As for her friends who abandon her after my revelations, well, they can equally well become someone else's friend.

Thus, I have been suckered into being a destroyer of people—without even realizing it. I have destroyed people with the sincere belief that I am using good judgment, destroying only those who prey on others. I am certainly not such a predator myself, quite the opposite. I do not even feel guilty. But I have in fact become such a predator.

Child sexual abuse, and child physical abuse and neglect—which is far more common—are very serious matters. Because they exist at all, they are serious. Recently (as of the mid 1980s), however, the prevalence of child sexual abuse has become a matter of concern and controversy. Various

"experts" maintain that in the United States we are in the midst of an "epidemic" of child sexual abuse—with as many as 1 in 3 females and 1 in 7 males being a victim at some time in their childhood. (My unfavorable example is Brenda Wade, a very personable young clinical psychologist, who appeared in CNBC not only to share such statistics with the American public, but to inform viewers that she could tell within thirty seconds by the way that such victims walk as adults that they had been sexually abused as children, "even before they knew it themselves.") The alleged epidemic is also used as a justification for false accusations, because now that we are all aware of the huge extent of the problem and attempting to do something about it, it is only natural that there will be a few false accusations sprinkled among the many valid ones.

What do actual careful studies show about prevalence?

Here, I am following the discussion of Ceci and Bruck, 1995 in the section on "scope and characteristics" of the problem in their book *Jeopardy in the Courtroom*, published by the American Psychological Association. Consider first estimates based on reports about what is happening to children at the time they are children. After the laws in the late 1970s protected people who made "good faith" complaints that other adults are abusing children, and after accusing a divorcing spouse of such abuse has become a routine part of an angry custody battle (given the child protective agencies will then not allow that parent to see the child alone without some sort of "supervision"), the number of accusations have mushroomed—for example, an estimated 2000% (!) increase in reports of sexual abuse between 1976 and 1986, consistent with an increase between 1963 and 1986 from 150,000 to 2,000,000 annual reports of *all types* of child abuse and maltreatment. The number of

"substantiated" cases has not increased anywhere near so rapidly, even though many critics have argued that the criteria for "substantiation" have become less severe as society has become less concerned with protecting innocent people accused than with protecting children who might be harmed (Ceci and Bruck, page 23). A reasonable estimate of child sexual abuse ranges from one in 435 children per year to one in 174, where the latter figure is based on the assumption that the underreporting of child sexual abuse is the same as the underreporting of other maltreatment cases (where apparently only 40% are reported).

That's a lot, but it does not justify the claims of an "epidemic." In the first place, there is no explosion in verified cases comparable to that in the number of accusations, and while the former number may be quite reasonably expected to be much smaller than the latter, a true epidemic should result in roughly comparable proportional increase in each—unless there is also some type of bizarre secondary "epidemic" of successfully covering up such activity. Second, epidemics require social interaction between people, where this interaction leads a second person to be infected by—or imitate, or to at least be influenced by—a first person. But child sexual abuse is a "silent" crime despite lurid claims of cults or large groups of people cooperating such abuse (claims that have generally been debunked, especially in child-care settings—which will be discussed later in this chapter). While a few groups of interacting pedophiles exist, there is little evidence of widespread cooperative activity (other than sharing child pornography, widely available elsewhere) that could lead to "contagion." Thus, the preconditions for an "epidemic" are not met.

The other source of estimating prevalence involves retrospective accounts of adults. These reports often lead to the conclusion that the reported

prevalence is an underestimate of the actual prevalence, but there are logical problems with this conclusion. Another problem involves the definition of child sexual abuse. Many people who do surveys include "non-contact abuse," include any sexual activity—however willing or enthusiastically entered—between someone under 18 years old and someone else five years or more older (which incidentally would include some legal marriages as abuses), or even abuse of which the individual is not aware until informed by the researcher. Other researchers do not use such broad definitions. Thus, there is naturally a huge discrepancy between claims. The problem for the general public is that the prototype of child sexual abuse is certainly not that of a seventeen year old woman who enthusiastically engages in sex with a 22 year old man, or of noncontact abuse, but of a young child who is brutally attacked by an older adult. In fact, even the older adult/young child problem most usually involves fondling, rather than attack and forced penetration. Thus, the member of the public who hears a statistic may have a much different image of the activity to which the statistic refers than does the researcher or expert who proclaims the statistic to be valid.

But now let us consider the argument that because the problem is so serious—and again it need not be as prevalent as some claim to be extraordinarily serious—that we should relax our criteria of deciding whether it occurs, in order to weigh the interest of the child against those of the person who may be erroneously accused. Consider, for example, a simple analogy with mammography. As pointed out earlier, the standard mammogram is set up to maximize the probability that if there is a cancer, it will be detected; that is technically termed the "sensitivity" of the device. In doing so, a lot of false alarms result. In fact, when there is an indicator of cancer, the probabili-

ty is about .80 that there is *no* cancer there. There is, in fact, no way of getting around the problem that by increasing sensitivity we automatically increase the likelihood of a false alarm, as indicated by a statistical technique termed the "theory of signal detection." Conversely, if we were to change our criteria about deciding something might be there to decrease the probability of a false alarm, we would simultaneously decrease the sensitivity of the test. That's just a matter of statistical necessity (the proof of which lies a bit beyond the scope of this book). So, the argument goes, shouldn't we be more concerned with sensitivity than we have been in the past, even though that concern results in a higher false alarm rate? This argument is often joined by one about the differential harm of making the two types of errors—i.e., the harm of deciding there was not abuse when there was versus that of deciding that there was abuse when, in fact, there was none. The argument is made that in order to "protect the child" the first type of error is to be avoided despite the cost of radically increasing the rate of the second type; that argument, however, ignores the hurt to the child of being deprived of the interaction with and protection of a parent when in fact there is nothing wrong with that parent—and in addition often being told that the parent is a pathological and depraved criminal. (This problem may be particularly acute if the accusing parent is making the accusation in a manipulative or dishonest manner, in which case being in the custody of the accusing parent rather than the accused one may be particularly harmful to the child.)

The argument about differential error rates and differential impact of errors is, however, based on a single implicit premise. That premise is that the method for distinguishing whether or not the abuse has occurred has some validity to it, analogous to the validity

of a mammogram. When the method is wholly irrational, however, and hence has no validity, considerations of "balancing errors" are irrelevant. If there is no validity, we are simply enhancing the false alarm rate without doing anything about the sensitivity. (Of course, if we were to accuse everyone of being a child sexual abuser, then in fact all people who are actually child sexual abusers would be correctly accused, but that would be an extreme strategy that most of us would reject out of hand.) What I hope to demonstrate is that the standard way of making accusations on the basis of "expert testimony" (as opposed to other corroborative evidence, such as independent witnesses or physical trauma) is indeed often irrational. I'll do so by considering the accusations that have occurred in day-care and in "recovered repressed memory" therapy. In the interest of not being profligate with space or the readers' patience, I will not cover accusations of sexual abuse in satanic cults or aboard spaceships—except to point out that the experts' criteria for deciding it occurred in the day-care settings and in families where it was subsequently repressed are often identical to those used to establish its existence in satanic cults and aboard spaceships.

TO BE CONTINUED in the January/February 2000 newsletter.

Robyn Dawes, Ph.D, is a member of the FMSF Advisory Board. He is the Charles J. Queenan Jr. University Professor of psychology in the Department of Social and Decision Sciences at Carnegie Mellon University. Dr. Dawes is the author of *House of Cards* and *Rational Choice in an Uncertain World*.



Just beneath the surface of the false memory debate, the psychotherapy profession is fighting for its life.

Peter Fonagy, *Recovered Memories of Abuse: True or False?*
International Universities Press, 1998.

Dear FMSF,

I am the "R" from last issue's special letters.

I want to thank you for your loving support of my father during my years of being mesmerized by false recovered memories. I believe it was your understanding and education that has enabled my father to allow me back into his life after my dreadful behavior.

I would like to offer hope to families still waiting. If you are given time, your children will come to their senses as well. The FMS experience is powerful.

I shall be forever grateful to you that my father and his lovely wife did not suffer alone.

Respectfully,
"R"



Rejoicing for Some Sadness for Others

My husband died with the loss of our youngest daughter on his heart. We have not heard from her since 1987.

I rejoice for families who have become reconciled, but remain heart-broken myself at my daughter's cruelty. Am I never to meet my grandson born in 1989?

Thank you for the work you have done to dilute our pain and the help you have given others to recover family love.

A Mom



We Used to Read About Other Families Reuniting

Our ten-year-plus separation from our daughter ended recently when she invited her dad and me and one of her sisters to visit her and have a joint celebration of my husband's and my seventieth birthdays.

What a marvelous reunion that was! She seemed genuinely glad to see

us. While there was no mention of the years apart, we had a good time together and seemed to fall easily into a loving relationship. We also were reunited with our granddaughter whom we hadn't seen since she was a baby.

We used to read in the FMSF Newsletter about other parents reuniting with their children and wondered how it came about. We tried to establish contact all through those years by cards, gifts and letters. Our letters went largely unanswered at first, and she refused to talk to us on the telephone. Finally about two years ago came a letter from her inviting us to telephone occasionally. Then she accepted an invitation to spend Christmas with her sister. Our calls and letters have gradually reestablished connections between us. My husband and I hope that soon she and her other sister and brother will connect again.

We had always considered ours to be a close-knit family, so our separation from her came as a total surprise to us. She experienced post-partum depression, was later diagnosed with clinical depression and went into years of therapy. She developed false memories of childhood sexual abuse and satanic rituals and totally detached herself from all our family. Finally, she divorced her husband.

Now she has a new job, is in graduate school at a new location and seems to be completely over her depression. We are so thankful that she seems to have recovered and that we can finally be reunited. Perhaps this will give hope to parents still struggling with this horrible situation. We are very grateful for the support and information provided by the FMS Foundation. We hold a fervent wish that the kind of treatment our daughter received will be totally discredited.

Thankful Parents

If repeated trauma is easily "repressible" why haven't I repressed memories of therapy?

Jaye Bartha, retractor '92

Dear Sister - With Love

The responsibility and accountability of parents for their actions is enormous, and should your accusations prove to be true, I would be the first to demand accountability. However, I believe they are not true. For what you have told me of your dreams and flashbacks does not suggest the interpretation you have put on them. You could have put none or other interpretations just as easily. What I have not told you before is that just as parents are accountable, so are their children as adults. And you, too, will be held accountable for all that you have said and done to hurt your family and "kill a name." Kill a name? Well, in Judaism, slander is like the killing of a name and is a very serious offense.

...I certainly did not mean to preach and ramble and you may have thrown this letter away, but I had to write it. I see Mama or Daddy dying with no chance at that point for you to make amends to them. And that blows my mind. How would you cope with that if you later discovered your memories to be will-o-the-wisp images blown into a portrait that never was? Like the child who lies in bed seeing monsters in the corner made by shadows on the wall—that turn into dressers and chairs by day? Could you forgive yourself—could we forgive you? I don't know, because as necessary as forgiveness is, I'm not sure it could be done if there was a death. When I weigh the sorrows of the last several years for all of us, and especially for Daddy and Mama; when I weigh the public opinion that has been against us because people love to believe the worst; when I weigh the role of the counseling community and church which has been unresponsive at best and acidic and rude at worst, I say again there is much to answer for here and I am not sure my heart is that large anymore.

...Please open your heart. Open your mind. Look outward, toward others—you have such a gift for that.

Treat with Skepticism

In the September/October FMS Foundation Newsletter, an accused father advises his recanting daughter, "Check into the Court Appointed Special Advocates (CASA) or the Guardian ad litem (GAL) programs in your area. There you can help children who have, in fact, been abused, abandoned, and neglected and who have real, vivid, terrible memories of that abuse." To assume that these "memories" are authentic because the judicial system has been involved in the accusations and Guardians and Advocates have been appointed to "protect" the children is analogous to assuming that his daughter's memories are real because mental health "experts" were involved in their creation. Both assumptions are, of course, wrong and result in terrible consequences: monstrosities, as the father aptly describes them. Both systems, judicial and mental health, are composed of fallible, often well-intentioned but also often seriously erring professionals who operate within the prevailing atmosphere of sex abuse hysteria and mythology in this country and other nations.

As many of the members of the FMS Foundation Scientific and Professional Advisory Board have emphasized—children, as well as adults, can have apparently real, vivid, terrible "memories" which are false. These false memories are created in much the same way as those of the decades-delayed disclosures: through suggestion and systems of influence and persuasion. Terence Campbell, in his *Smoke and Mirrors, The Devastating Effects of False Sexual Abuse Claims*, describes the process by which the sheer number of interviews and the biased expectation of the interviewers (all professionals, "experts" in the field of sex abuse evaluation) lead children into describing events that never occurred. Robyn M. Dawes, in his *House of Cards: Psychology and*

Psychiatry Built on Myth, eloquently discusses the profound impact on others' lives which mental health experts exert when they are willing to testify in court. Often their supportive "evidence" is simply hypothesized, while negative evidence that has actually been collected is ignored. What is purported to be true is supported not by direct evidence but by attacking an alternative possibility. Richard Ofshe, in *Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria*, provides for us an understanding of the immensely persuasive power of peer-group involvement. (Children and teenagers who have made accusations or who are suspected of having been abused because of "symptoms" exhibited are often placed in "support groups" or group "therapy" with other abused children.) Mark Pendergrast, in his excellent *Victims of Memory: Incest Accusations and Shattered Lives*, devotes an entire chapter to the careful examination of the phenomenon of accusations made by children.

Perhaps the most comprehensive description of the problems inherent in accusations of sexual abuse made by children can be found in Stephen Ceci's and Maggie Bruck's *Jeopardy in the Courtroom: A Scientific Analysis of Children's Testimony*. Ceci and Bruck describe their (and others') painstaking research which has demonstrated unequivocally that individuals, of all ages, may come to believe that they have actually experienced what they merely imagined. Ceci and Bruck conclude that external verification is the only way to prove the validity of an uncovered "memory." (Convictions of child sexual abuse in our judicial system are often based solely on the testimony of children.) They argue that, as in accusations made by adults after undergoing recovered memory therapy, there is no "Pinocchio Test" to determine the truth of the memories and that anyone professing to possess such a test "ought to

be treated with a large dose of skepticism."

We must all be treated with a large dose of skepticism. To assume that Truth has been reached merely because a legal trial has occurred is a profound error with devastating consequences to all involved. The children for whom we are advocating are harmed, not helped. Those falsely accused are deprived of their liberty as well as suffering the loss of their children.

The phenomenon of false memories of child sexual abuse is not fading away. Rather, it is evolving, transforming itself into something more virulent, as the true believers in hidden memories and secrets operate within governmental agencies charged (with the best of intentions) with the protection of children and the prosecution of perpetrators.

Kathy Begert is a registered nurse who lives and works in Wooster, Ohio. She has written previously for the *FMS Foundation Newsletter*, the *Akron Beacon Journal*, and the *Wooster Daily Record*.



MAKING OF AN ILLNESS My Experience With Multiple Personality Disorder

by Gail Macdonald

Laurentian University Press,
935 Ramsey Lake Road, SUDBURY, ON,
P3E 2C6, Phone: (705) 675-1151
ISBN # 0-88667-045-4 129 pages \$9.95

In the early 90s, the Ontario Government sponsored the training of therapists in recognizing and treating "multiple personality disorder" (MPD). The number of therapists estimated to be trained varies widely, from several hundred to a couple of thousand. One of the trainees was a social worker from California, who hung his shingle in a small Ontario town. Gail, a recovering drug and alcohol addict, had been his client before he took his MPD training, and she was well on her way to regaining her long-lost self-esteem. After the indoctrination in spotting MPD, her therapist's modus operandi drastically changed. Soon after, most of his clients started to exhibit signs of MPD.

We Never Gave Up

My husband and I have been members of the FMSF for many years. Recently we had an unexpected family reconciliation with our lost daughter. I would like to share this with you as briefly as I can, in order to inspire other families to find the courage and perseverance that we did.

Our problems began when my daughter entered a drug rehabilitation center that held the philosophy that all drug problems were caused by "dysfunctional" families, and that in order to recover from drug use an individual must disassociate from family relationships.

In addition, one psychologist who worked there took a special interest in our daughter. Although he had never met us, he convinced our child that she had been molested by my husband while she was growing up, with my knowledge and consent. All of this was based on a "dream." As a result my daughter called and threatened that if I ever tried to contact her again, she would call the police.

Members of the Foundation probably know what we experienced next. We could barely function for six weeks. On many occasions my husband and I cried in each other's arms, trying to understand why this had happened to us.

Then my husband and I began to make positive decisions on how to

Whatever any member of a cult has done, you and I could be recruited or seduced into doing—under the right or wrong conditions. The majority of 'normal, average, intelligent' individuals can be led to engage in immoral, illegal, irrational, aggressive and self destructive actions that are contrary to their values or personality—when manipulated situational conditions exert their power over individual dispositions."

Philip Zimbardo, "What messages are behind today's cults?"
APA Monitor, May 1997.

handle the situation. We decided that no matter what anyone said about us, we would continue to love all of our children and always welcome them into our home with love. We would go on living our lives to the fullest and felt that if any of them did not want to visit us, it would be their own loss of love in their lives. We went outside to the tree in the front of our home and hung a red ribbon on it. We would keep this ribbon displayed as a symbol of our love for our accusing daughter, beckoning to her through the years until she returned.

We never gave up. A few times a year my husband sent our daughter a letter assuring her that we still wanted her in our lives. We mailed invitations to all family events. We found out from another daughter that these were torn up and discarded, but that did not deter us from trying to communicate.

With time some things changed. First, our accusing daughter moved away from the Incest Survivors group and relocated in the city where her sister lived. Second, she decided to allow only me to visit her. We embarked on a distant, strained relationship in which we never discussed "the issue."

My daughter asked me if I would pay for her to get therapy in the new city. I agreed on the condition that I be included in her therapy and that I meet and interview the counselor first. He appeared to be a person of kindness and open-mindedness. At our first joint session, my daughter and I were trying to start a new relationship based on "now" and "the future." Halfway through, my daughter's attitude changed, and she again began to verbally attack me, quoting slogans from her Incest Survivors group. She called me "abusive," dysfunctional and "weak". I responded by telling her again how much we loved her and wanted her back in our family.

I left that session feeling weak and told myself to accept that this was not the day her heart would bring her

home.

Ten months later a miracle happened. My daughter, who was still married, phoned, crying and asked for help with making decisions because of an unplanned pregnancy. She asked us to fly down to visit her the next weekend.

The reconciliation was not what we had expected. Perhaps we expected music playing and banners waving. But it was much more simple than that. She simply threw her arms around us both and started talking as if nothing had ever happened. To this day, four months later, she has never mentioned or acknowledged the missing four years of our lives. But she has spoken to us of our "unconditional love" and how glad she is to have a family once again.

I found out later that it was her new psychologist who had advised our daughter to come home. All of our efforts and perseverance had not been in vain.

I would like to express to the Foundation our most sincere thanks for the support, ideas, information and comfort you have given us during this most difficult time. May God bless all of you who work for the Foundation. To all its members and other suffering parents, I wish you peace and success as you continue in your journey to fight for justice and the children you love.

A Mom and Dad



If a recalled memory is open to revision, incorrect as well as correct information can be woven into the fabric of a memory. Once that happens, a person has no way of knowing what is true and not true. Yet people put faith in their memories to guide their decisions.

Sandra Blakeslee
"Brain-Updating Machinery May Explain False Memories"
New York Times, Sept. 19, 2000.

**Psychology Astray:
Fallacies in Studies of "Repressed
Memory" and Childhood Trauma**
by Harrison G. Pope, Jr., M.D.
Upton Books

This is an indispensable guide for any person who wants or needs to understand the research claims about recovered memories. A review by Stuart Sutherland in the prestigious *Nature* magazine (July 17, 1997) says that the book is a "model of clear thinking and clear exposition." The book is an outgrowth of the "Focus on Science" columns that have appeared in this newsletter.

The Accusation

Published by Author, Charles Patrinellis, 8/2000, Online Price: \$5.00

This is a story about a family's destruction as a result of a therapist treating a teen-age girl for an eating disorder. The therapist believes the child is ill because her father sexually abused her when she was younger and that it is necessary for her to find the memories of the abuse in order to get better. The daughter accuses the father who subsequently loses his job when the accusation becomes public. The father sues the therapist for malpractice for implanting false memories. The father's lawyer is determined to convince the daughter that her memories are false. Readers must decide whether he achieved his purpose.

Address:

<http://www1.mightywords.com/shop/quicksearch.cl>

The book is viewable in secure PDF format on Windows 95/98/NT 4.0 (and 2000). Mac and UNIX/Linux versions coming soon.

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**"Recovered Memories: Are They
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**Call or write the FMS Foundation
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**Recovered Memories of Child
Sexual Abuse: Psychological,
Social and Legal Perspectives on
a Contemporary Mental Health
Controversy**

Editor: Sheila Taub, J.D.
Publisher: Charles C. Thomas
Hardback \$44.95 Paperback \$31.95
ISBN 0398070059

What do we know about the families who have contacted the FMS Foundation? What were they accused of and by whom? Who has been sued? And what was the outcome?

This book contains articles on memory, clinical treatment and social context, based on talks presented at a conference in the fall of 1997. Authors are: Sheila Taub, J.D., Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S. Of particular interest to FMSF members may be chapters on the "History of the FMS Foundation" and on the FMS legal history, "Rise and Fall of a Social Problem."

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.)

Did you move?

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

Legal Websites of Interest

www.findlaw.com
www.legalengine.com
www.accused.com

**Back issues of the FMSF Newsletter
to March 1992, the start of FMSF, are
available at www.FMSFonline.org**

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tioned in the book."**

Mort Walker, Creator of *Beetle Bailey*
"It's a must read"

Elizabeth Loftus, Ph.D.
Author of *Myth of Repressed Memory*

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

www.angelfire.com/tx/recovered-memories/

Having trouble locating books about the recovered memory phenomenon?

Recovered Memory Bookstore

www.heritagetheater.com

Information about the play "Denial"

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Kathleen (907) 337-7821

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Al & Lela (870) 363-4368

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Gideon (415) 389-0254 or
Charles (415) 984-6626(am);
(415) 435-9618(pm)

San Francisco & South Bay

Eric (408) 245-4493

East Bay Area

Judy (925) 376-8221

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Covina Area - 1st Mon. (quarterly)
@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 -
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

GEORGIA

Atlanta
Wallie & Jill (770) 971-8917

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Chicago & Suburbs - 1st Sun. (MO)
Eileen (847) 985-7693 or
Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

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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

Rumbold -
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)

NEW MEXICO

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.
Barbara (914) 761-3627

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Elaine (518) 399-5749

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Susan (704) 538-7202

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Bob (513) 541-0816 or (513) 541-5272

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Bob & Carole (440) 356-4544

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Jim (918) 582-7363

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Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5509

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Wayne (Includes S. NJ)
Jim & Jo (610) 783-0396

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TEXAS

Houston
Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

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Sue (703) 273-2343

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Katie & Leo (414) 476-0285 or
Susanne & John (608) 427-3686

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Deadline for the JAN/FEB
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Meeting notices **MUST** be in writing
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ISSN # 1069-0484

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