



Dear Friends,

In a landmark decision, a Wisconsin jury awarded \$5.08 million to Delores and Thomas Sawyer on March 16, 2001 for the pain and suffering they sustained as a result of false memories of sexual abuse that developed when their daughter was in therapy. (See p. 5) The Sawyers were never patients of the therapists who were sued.

For a cause of action for negligence to be successful, there must be a legal duty of care; if the law does not recognize a duty between the defendant and the plaintiff, the plaintiff lacks standing to sue. It is the issue of duty that has limited the number of cases brought by parents against the therapists they believe harmed their children and themselves. Until now, the best known third-party recovered memory suit was the Ramona case in California in 1994. (See FMSF newsletter June 1994 and July 1994.) Gary Ramona received a jury award for lost wages but not for emotional distress.

A crucial decision for the Sawyers came in 1998 when the Wisconsin Court of Appeals decided that mental health professionals had a duty to ensure that harm was not caused to third parties "when some harm was foreseeable." That decision was affirmed by the Wisconsin Supreme Court in 1999 and provided the grounds for the lawsuit to proceed.

"The harm the Sawyers have alleged are the ordinary and predictable injuries one might expect following negligent therapy which implants and reinforces false memories of sexual abuse at the hands of family members which results in accusations of that abuse." Wisconsin Supreme Court

Over the past few years, some mental health professionals have expressed great anxiety about the impact of third-party suits on the practice of therapy. At the same time, they have done little to stop dangerous therapies. By their silence, professional organizations have effectively condoned the practice of therapist and patient accusing people of criminal activity who are outside the therapy dyad and of then refusing to meet with the accused. When parents have tried to defend themselves and get information, therapist

and patient have invoked "confidentiality." By their silence, professional organizations have condoned a practice that led to the destroying of families and reputations. Professional organizations have not protected the public, and they have not ensured that therapy is safe and effective. The mental health profession may have reason for alarm: the \$5 million award to the Sawyers is an indication of how the public perceives the harm done to falsely accused parents when the facts can be brought to light.

In April another blow to the mental health industry's reputation came as a Colorado jury watched a 70-minute "rebirthing" therapy session during which Candace Newmaker died—the ultimate "snuff" film. Bill Johnson of the *Rocky Mountain News*^[1] wrote: "It was the worst thing I have witnessed in 24 years in this business. My heart is breaking, and I am having trouble keeping it together."

"Please, stop pushing down on me. Please, help me!"

"Please, quit!"

"Please! Please! Please!"

According to published reports, Candace's pleas were made as therapists Connell Watkins and Julie Ponder lay on top of pillows and a blanket covering Candace (10 years old and 70 pounds). Candace's step-mother had brought her to these therapists for "rebirthing," a treatment that the therapists claimed would cure her attachment disorder. In the days before the rebirthing session in which Candace died, she was subjected to "holding therapies." There is no scientific evidence that holding therapies are effective. We have written about harm from holding therapies in past newsletters.^[2] There is no scientific evidence that rebirthing is effective. Testifying for the prosecution, attorney and psychologist Christopher Barden said, "It's easily the most

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The next issue will be combined July/August

reckless and abusive treatment of a child I've ever seen."¹³
From the tape:

"I'm going to die!"
"I want to die!"
"You want to die?" one of the women asks the girl.
"Yes."
"For real?"
"Yes."
"Go ahead and die."

To date, no professional organization or legislature has cared enough about protecting the public to insist that therapies be safe and effective and based in science. If they had, Candace might be alive today. (There is legislation working its way through the Colorado legislature that would prohibit therapies that restrain.) Indeed, some professionals are actively opposed to the very minimum protection for the public: "informed consent."¹⁴ (See Feld p. 8) Candace's step-mother testified that she thought the rebirthing treatment was standard and did not know the therapists had limited experience with it. How was she supposed to have found out? Where are the professional organizations?

Watkins and Ponder are on trial for "reckless child abuse resulting in death." The Sawyers received \$5 million. How many more trials will it take before professional organizations or legislatures take action to protect the public by ensuring that therapy be safe and effective.

Pamela

1. Johnson, B. "Rebirthing a scene of profound horror," *Rocky Mountain News*, 4/6/01
2. See FMSF Newsletter 5(1) Jan, 1996; July/Aug 2000
3. Kohler, J. "Prosecutors wrap up in therapy death case" *Rocky Mountain News* 4/13/04
4. Fink, P. "The attack on psychotherapy" *Cinical Psychiatry News*, Nov. 1998; *FMSF Newsletter* Jan/Feb 1999.

Memory Research News

In this issue we report on several interesting memory studies. Anderson and Green claim that the results of their directed forgetting study "support a suppression mechanism that pushes unwanted memories out of awareness, as posited by Freud." Because this is a big claim and because the article appeared in the prestigious journal *Nature*, we asked memory researcher Henry Roediger III to comment. (p. 3)

It is interesting, however, that another directed-forgetting study by McNally, Clancy and Schacter appears to have quite different results. They found that people reporting either repressed or recovered memories of childhood sexual abuse did not show superior ability to forget trauma-related words. The authors note that reports of repressed and recovered memories of childhood sexual abuse imply a developed skill for dissociating or forgetting disturbing memories. Such ability was not found.

Survey 2001 Update

We thank all of you who returned your surveys so promptly. Many of you added comments that are very helpful. Trying to capture on a survey situations as diverse and fluid as those that exist in FMS families obviously loses much, so we appreciate the comments. Even a question that seems straightforward such as how contact was attempted turns out to be one that changed over time. For example, many families began by sending letters and cards and then stopped when contact was forbidden. Some waited a period and resumed their efforts while others lost contact.

As we write this column, we have already entered the data for about 400 surveys and some things have made an impression—even before we do any actual counting. The demographics do not appear to have changed significantly. The vast majority of accusers are Caucasian, college educated women who made their accusations in the early 1990s when they were between 25 and 45. The people who are primarily accused are mostly fathers. There appears to be a big increase in the number of "returners" compared to the last survey, something we expected would be the case. We will be glad when all the data are entered and we can crunch some numbers. We expect to have some results to share in the summer newsletter.

We are intrigued by an observation one of us made and invite your comment. In past surveys, several families with whom we are familiar counted siblings who went along and supported the accuser as accusers also. In intervening years, letters from those families described the return of supporting siblings. In the current survey, these families no longer list those siblings as accusers or returners or retractors. They are listed as siblings who supported the accuser. What do you think is going on?

One Size Fits All

"What every mental health care professional who practices here does know is that nearly every admission to the inpatient wards, every intake of a new patient to the clinics, every patient who comes for psychotherapy has been a victim, witness or perpetrator of abuse."

Cynthia Geppert, M.D., M.A. "The Unified Theory of Psychiatric Phenomena" *Psychiatric Times*, March 2001 p. 26

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.

Suppressing Unwanted Memories by Executive Control

Anderson, M.C. & Green, C.

Nature vol. 410, March 15, 2001

Thirty-two college students were trained on 40 unrelated word pairs (for example, ordeal-roach) so that they could recall the right-hand member of each pair when provided with the left-hand member. They were then asked to exert executive control (for example, voluntary suppression) over the retrieval process. On each trial, "a cue from one of the pairs appeared on the computer screen. Depending on the cue, subjects were told either to recall and say (think about) the associated response word (respond pairs), or not to think about the response (suppression pairs)." Results showed that the amount of forgetting increased with the number of attempts to exclude the unwanted memory from awareness.

The authors note that their results "imply that a process exists that impairs the retention of memories when they are deliberately kept out of consciousness." They also claim that their findings "support a suppression mechanism that pushes unwanted memories out of awareness, as posited by Freud."

We asked memory researcher and FMSF advisor Henry Roediger, III to comment on this study.

Comments on Anderson Study Henry Roediger III

The article by Anderson and Green is an interesting attempt to shore up one of Freud's key concepts over 100 years after he proposed it. Experimental evidence for repression has been almost totally lacking. Therefore, the report is a welcome examination on how attempts to suppress thoughts affect memory. Although interesting, the effects reported in the paper are quite modest in size (a 5-10% reduction in recall after many attempts to suppress the information). In some experiments no

inhibition was seen after 8 attempts to suppress the information, and when it was obtained, the inhibition/repression was not at all complete. Even with 16 attempts to suppress the material, people still recalled the information about 75% of the time, which hardly qualifies as the "banishment of the ideas from mind" that repression is sometimes thought to reflect. Most of the material was still easily retrievable by Anderson and Greens' subjects, even after their 16 attempts at suppression. However, the inhibition they did find is still notable.

Because this is a first study, it will be interesting to see if it can be replicated independently by other investigators and extended to materials beyond pairs of words. Other researchers over the years have attempted to make the analogy between directed forgetting and repression, most notably Weiner in the 1960s (e.g., Weiner, 1968; Weiner & Reed, 1969). They claimed to find a repression-like effect using a directed forgetting paradigm, but later research by Roediger and Crowder (1972) showed that a simpler interpretation of their findings (in terms of differential rehearsal of material) was more probable than the explanation in terms of repression.

Although this publication by Anderson and Green is interesting, it will take considerable future research to determine if this outcome supports the concept of repression. Research with more naturally occurring thoughts by Daniel Wegner and his colleagues shows that trying to suppress thoughts often creates a boomerang effect and makes them highly retrievable (e.g., Wegner, 1994). This outcome may also explain some phenomena associated with retrieval of traumatic memories.

Following severe traumas, such as the Oklahoma City bombing, many victims report that they become obsessed with memories of the trau-

matic event and fail in their attempts to stop thinking about it. The development of intrusive flashback memories often reported by those people with post-traumatic stress disorders may occur because of the attempt to suppress these memories, which backfires and makes them "too retrievable." The relation between these flashback phenomena, which are well established, and any possible repression (which would essentially be the opposite mechanism at work) remains to be developed. However, for many PTSD patients, flashbacks and intrusive memories of the trauma often seem much more prevalent responses than any hypothetical 'repression' of the events.

Roediger, H.L. & Crowder, R.G. (1972). Instructed forgetting: Rehearsal control or retrieval inhibition (repression)? *Cognitive Psychology*, 2, 244-254.

Wegner, D. (1994). Ironic processes of mental control. *Psychological Review*, 101, 34-92.

Weiner, B. (1968). Motivated forgetting and the study of repression. *Journal of Personality*, 36, 213-234.

Weiner, B. & Reed, H. (1969). Effects of instructional sets to remember and to forget on short-term retention: Studies of rehearsal control and retrieval inhibition (repression). *Journal of Experimental Psychology*, 79, 226-232.

Henry Roediger III, Ph.D. is James S. McDonnell Distinguished University Professor and Chairman of the Psychology Department at Washington University in St. Louis. He is a leading expert in memory and is a member of the FMSF Scientific Advisory Board.



Directed Forgetting of Trauma Cues in Adults Reporting Repressed or Recovered Memories of Childhood Sexual Abuse

McNally, R., Clancy, S., & Schacter, D
Journal of Abnormal Psychology
2001, 110 (1) 1-6.

The authors note that reports of repressed and recovered memories of childhood sexual abuse imply a developed skill for dissociating or forgetting disturbing memories. To test this hypothesis, 13 women who reported believing they had repressed memories of childhood abuse but could not recall

it, 13 women who reported having recovered memories of CSA and 15 women who denied having been abused in childhood were asked to remember or to forget words shown on a computer screen. Words were trauma-related (e.g., incest, abused), positive (e.g., elation, cheerful), and neutral (e.g., banister, stairs).

The results provided no support for the hypothesis that people reporting either repressed or recovered memories of childhood abuse have a special talent for forgetting words related to trauma. All groups recalled the words they were instructed to remember more often than the words they were instructed to forget.



Personality Profiles, Dissociation, and Absorption in Women Reporting Repressed, Recovered, or Continuous Memories of Childhood Sexual Abuse

McNally, R.J., Clancy, S.A., Schacter, D.L. & Pitman, R.K.

J. of Consulting and Clinical Psychology
2000 68 (6), 1033-1037

Tests designed to measure such features as fantasy proneness, dissociation, PTSD and depression were given to (1) women who believed they had been sexually abused as children, but who had no explicit autobiographical memory of it (repressed memory group, N=25); (2) women who reported having recovered memories of CSA after periods of being unable to remember any abuse (recovered memory group, N=28); (3) women reporting histories of CSA that they had always remembered (continuous memory group, N=15); and (4) women reporting no history of CSA (comparison group, N=24). "Most participants in the continuous memory group mentioned an informant who could corroborate their abuse history." This was not the case with the other groups.

The authors found: (1) In measures of distress (PTSD, depression) women

who have never forgotten their abuse were indistinguishable from those who were never abused, whereas those who believe they harbor repressed memories of CSA were the most distressed.

(2) Recovered memory participants scored higher on fantasy proneness than did those reporting either continuous memories or no abuse history.

(3) The dissociation data were equally consistent with both the false memory and recovered memory perspectives. Having a history of CSA, however, is not invariably linked to heightened dissociation.



Children's Eyewitness Reports After Exposure to Misinformation From Parents

Poole, D.A. & Lindsay, D.S.

J of Experimental Psychology: Applied
March 2001 Vol 7, No 1, 27-50

(Available:

www.apa.org/journals/xap/xap7127.html)

Children (3 to 8 years old) participated in science demonstrations, listened to their parents read a story that described experienced and nonexperienced events, and later discussed the science experience in two follow-up interviews. Many children described fictitious events in response to open-ended prompts, and there were no age differences in suggestibility. With direct questioning accuracy dropped for younger children Older children but not younger children retracted many of their false reports after receiving source-monitoring instructions. The authors note that the results indicate that judgments about the accuracy of children's testimony must consider the possibility of exposure to misinformation prior to formal interviews.



Judge Orders Reform in Illinois Child Services Investigations

The Illinois Department of Children and Family Services (DCFS) has been ordered to revamp investiga-

tions of child abuse and neglect. A federal judge has concluded that child abuse and neglect investigations by the Illinois Department of Children and Family Services are unconstitutional. U.S. District Judge Rebecca Pallmeyer concluded DCFS investigations are one-sided, decided on little evidence and unfairly blacklist professionals accused of wrongdoing.

The judge has issued a preliminary injunction giving DCFS 60 days to improve. The case was the result of a class-action lawsuit over the DCFS practices.

Three quarters of the cases in which child-care employees had been accused by DCFS of abuse or neglect were ultimately exonerated on appeal. "Something is seriously and obviously flawed in a system" in which so many cases are reversed on review, Pallmeyer said.

The decision is available at: www.ilnd.uscourts.gov/JUDGE/Pallmeyer/REP_OPIN/dupuy.pdf



Elizabeth Loftus to Receive William James Award

The American Psychological Society awards the William James Award to scholars whose research has produced major advances. It will present this award in June at its annual meeting to Elizabeth Loftus, whose work has helped show that memories are not neatly or always accurately stored in the brain in the manner that people once believed they were. She has demonstrated that memories can be influenced, enhanced and distorted and that false memories can be created. Loftus, a founding member of the FMSF Scientific Advisory Board, is one of the world's leading experts on the malleability of human memory and eyewitness testimony.

March 29, 2001 University of Washington web page



"Dental Tips for Survivors"
www.sidran.org/dental.html

**Wisconsin Accused Parents Awarded \$5 Million:
Sawyer v. Midelfort, 595 N.W.2d 423 (Wisc. 1999)**

On March 16, 2001, after a three-week trial and 10 hours of deliberations, a jury in Eau Claire, Wisconsin awarded Thomas and Delores Sawyer more than \$5 million. The Sawyers had been accused of sexual and physical abuse in 1985 by their daughter, Nancy, who died more than six years ago. The jury decided that Nancy had been abused not by her parents but by two therapists, Celia Lausted and Dr. H. Berit Midelfort, who they found responsible for Nancy Sawyer's false memories.

The Sawyers (who are in their seventies) were represented by Bill and Pam Smoler of Madison, Wisconsin. The Smolers have successfully tried several false memory cases, most notably the case of former patient Nadean Cool against her psychiatrist that settled for \$2.4 million in 1997.

The Sawyers' daughter Nancy had severed all contact with them when she made her accusations. Smoler said, "This was just a heartbreaking case... In this case, you have a daughter you love who suddenly is accusing you of the worst thing imaginable. By the time she died, she had accused her father, her brother, her brother's friend, her mother, her grandfather, an uncle, an aunt, two cousins and three pastors. Everybody was accused." Smoler noted that the significance of this case is that it will give families similarly affected a way to "fight back."

The Sawyers sued Midelfort and Lausted in 1996 for negligent diagnosis and treatment causing their daughter to develop false memories of sexual abuse by her father and other family members. After Nancy's death in 1995, her mother was appointed administrator of the estate and she obtained copies of Nancy's treatment records. Upon reading the notes, Mrs. Sawyer discovered the role of the therapists in Nancy's alleged recovery of false memories. The case was dismissed on summary judgment by the trial court. In 1998 The Wisconsin Court of Appeals considered two issues: whether the Sawyers' claims were time-barred; and whether allowing recovery for psychological harm due to negligence would put too great a burden on the therapist.^[1] The appeals court revived the suit. In 1999, the Wisconsin Supreme Court held that all of the third-party claims were properly stated and none should have been dismissed.^[2] The court emphasized that the parents could sue their daughter's therapist for injuries caused directly by the false allegations, but not for the "loss of society and companionship" of their daughter. Under Wisconsin law, the court held, the accused

person needn't have been a patient in order to sue, nor must the third party be related to the accuser.

Experts for the Sawyers were Steven J. Lynn, Ph.D., Richard Ofshe, Ph.D., John Cannell, M.D. and Herzl Spiro, M.D.

Attorneys for the defense were Phillip Cole and Thomas Jacobson of Lommen, Nelson, Cole & Stageberg in Minneapolis.

Thomas Gutheil, M.D. was the defense expert. Dr. H. Berit Midelfort was insured by the Midwest Medical Insurance Company, but Celia Lausted had no insurance.

Background:

In 1982, schoolteacher Nancy Sawyer moved to Eau Claire and in 1983 she sought counseling from a pastor at her church, but in June she transferred to another counselor, Anne Frantz-Cook, who had recently received her masters degree in social work. Frantz-Cook counseled Nancy for one year during which time Nancy first came to believe that she had recovered memories of being abused.

During this time Nancy went to the Bolton Refuge Shelter where she met defendant Celia Lausted. Nancy began a relationship with Lausted that no one has clearly characterized. (e.g., Nancy regularly went to Lausted's home for some time before therapy was officially started.)

Between 1984 and 1987, Nancy also saw psychiatrist Kathryn Bemmann, M.D. who gave her medications. Nancy was introduced to Bemmann by Lausted who had met Bemmann on the Wisconsin Governor's Commission on the Status of Women.

In 1985, Nancy had a confrontation with her parents in Bemmann's office with Celia Lausted present. Thereafter Nancy changed her last name to "Anneatra" and hid from her parents. Nancy sued her parents in 1988, but the suit never got past the initial stages and remains in limbo today.

In 1987, Nancy became a patient of defendant H. Berit Midelfort, M.D. During treatment with Midelfort, Nancy was diagnosed as having Multiple Personality Disorder (now called Dissociative Identity Disorder). Ultimately, Nancy came to believe she had over 100 personalities.

The question arises as to why the defendants in this case were limited to Lausted and Midelfort, especially since the "memories" started when Nancy was seeing Frantz-Cook. The defense claimed that Lausted and Midelfort could not have caused the problems since the memories preceded them.

Under Wisconsin law, therapists are required to keep records for only seven years. Hence neither Bemmann nor Frantz-Cook had any records of their treatment of Nancy. Moreover, most of their work predated the wealth of literature that showed recovered memory to be flawed. Although Lausted had few records from her counseling with Nancy, attorney Smoler was able to reconstruct much of what had

gone on from information in Celia Lausted's master's thesis. When she began counseling Nancy, Lausted had a BA in home economics and was just starting a program for a masters in guidance and counseling. She received her degree in December 1988. Lausted's thesis was about her four years of counseling Nancy. Celia Lausted also attended seminars on Multiple Personality Disorder at Rush Presbyterian Hospital in Chicago. The Rush Presbyterian program was headed by Bennett Braun, M.D. who was investigated by the Illinois Department of Professional Regulation and who turned in his license in 1999 as part of a plea agreement with the department.¹³⁾

Bemmann and Frantz-Cook made some revealing comments that ultimately helped the prosecution. In 1993, Celia Lausted applied for her certification. As part of her application, she included a letter of recommendation allegedly from psychiatrist Bemmann. The letter contained much praise for Lausted's methods and for her treatment of Nancy's MPD. When Bemmann was shown this letter in preparation for the trial, Bemmann said that she (Bemmann) never treated Nancy for MPD, and that she had concerns about that diagnosis.

When Frantz-Cook testified, she stated that in the early 1980s she believed it was appropriate to search for memories. She noted, however, that she stopped this practice by the end of the '80s. She said that anyone who had kept up with the literature would have known that memory excavation was not appropriate therapeutic practice by that time.

The trial itself contained many dramatic moments. Perhaps one of the most memorable was during the cross examination of Harvard University psychiatrist Thomas Gutheil, M.D., the defense expert for Midelfort. Gutheil had argued that psychiatrist Midelfort was just the medical back-up with a small supportive psychotherapy role and was not actually providing therapy for Nancy and therefore not responsible. Smoler, however, reminded Gutheil about what he had written on the proper role of a psychiatrist when collaborating with a therapist. Gutheil's well-known public statement is, "If you sign, the case is thine."

Wisconsin is a comparative-negligence state. The current rule is that only the defendant found to be 51% or more responsible for the negligence bears the full cost of the judgment. In the Sawyer case, Midelfort was found responsible for 80% of the negligence and Lausted responsible for 20%.

The defense has 90 days in which to bring motions after verdict.

1. See FMSF Newsletter 7 (4) May 1998.

Sawyer v. Midelfort Court of Appeals, Dist. III, Wisconsin, No. 97-1969, March 17, 1998.

2. See FMSF Newsletter 8 (5) July/August 1999.

Sawyer v. Midelfort, 1999 Wisc. LEXIS 86, June 29, 1999.

3. See FMSF Newsletter 8 (8) December 1999.

Illinois Department of Professional Regulation v. Bennett G. Braun, M.D. 1998-10343-01.

"[A]n accused parent should have the right to reasonably expect that a determination of sexual abuse, 'touching him or her as profoundly as it will, will be carefully made.'" Wisconsin Supreme Court, Sawyer v. Midelfort citing Hungerford v. Jones and Caryl S. v. Child and Adolescent Treatment.



Where Do Courts Stand on Recovered Memory?

Last month we reported that Piper, Pope and Borowiecki¹⁾ had documented serious mistatements made by Brown, Schefflin and Whitfield.²⁾ This month we reprint Piper et al.'s response to the Brown, Schefflin and Whitfield statement that most courts have found recovered memory testimony admissible. Piper et al. wrote:

"One of the most inaccurate implications made by Brown and colleagues is that courts have generally favored the concepts of "repressed" memory and "recovered" memory. For example, the authors say that "if a nose count were to be taken, the majority of appellate courts that have addressed the issue have correctly decided to admit expert testimony on repressed memory." (p. 124) No reference is given in "Current Evidence" to support this statement. In the next sentence, the authors cite *Shahzade v. Gregory* from 1996 but fail to note that this was merely a district court—not appellate court—case. "Although some appellate courts have rejected repressed-memory testimony," Brown and colleagues state, "the better view is that followed by most courts, that such testimony is admissible." (p. 124) The reference given for this latter statement lists only four cases."

1. Piper, Jr., A., Pope, Jr., H.G. and Borowiecki III, "Custer's last stand: Brown, Schefflin, and Whitfield's latest attempt to salvage "dissociative amnesia" *Journal of Psychiatry & Law* 28/Summer 2000, 149-213.

2. Brown, Schefflin and Whitfield, "Recovered memories: The current weight of the evidence in science and in the courts," *Journal of Psychiatry & Law*, 27 (1999), 5-156.

Table 2 from Piper, Pope and Borowiecki

APPELLATE-LEVEL DECISIONS 1995 TO THE PRESENT INVOLVING THE VALIDITY OF REPRESSED/RECOVERED MEMORY

Cases addressing the validity of repressed/recovered memory as a basis for tolling the statute of limitations.

Cases "For" (court appeared to accept the validity of repressed/recovered memories—or at least did not explicitly reject the concept):

Doe v. Roe 955 P.2d 951 (AZ 1998) Appeals court accepted repressed memories as valid but remanded the case to allow jury to decide on plaintiff's motion to toll the statute of limitations. "...[W]e have accepted the case as presented by the parties, and have assumed the phenomenon of repressed

memory exists and the concept could be applied to Plaintiff's discovery and tolling claims."

Hoult v. Hoult 57F. 3d 1 (MA 1995) Defendant David Hoult did challenge the validity of repressed/recovered memories at initial trial in Dec. 1993. The appeals court denied his right to challenge it after the fact, but did not explicitly rule on its validity.

Phinney v. Morgan 654 N.E.2d 77 (MA 1995) Court accepted existence of repressed memory, citing the *Hoult* case. However, the court ruled that the plaintiffs could not toll the statute of limitations because of evidence that they were aware of the injury prior to the alleged date on which they discovered it.

Cases "Against" (court appeared not to accept the validity of repressed/recovered memories; in all cases below, the court denied plaintiff's request to toll the statute of limitation on the basis of repressed/recovered memories):

Franklin v. Stevenson 94-090177PI (UT 1999) "[T]he trial court erred in not finding the plaintiff's experts' testimonies [regarding recovered memories] inadmissible."

Engstrom v. Engstrom Cal. App. 2nd App. Dist., Div.2 (CA 1997) "[Repressed memory] is not generally accepted as valid and reliable by a respectable majority of the pertinent scientific community..."

Dalrymple v. Brown 701 A.2d 164 (PA 1997) "[T]he validity of repressed memory theory is subject to considerable debate in the psychological community and some courts have rejected its admissibility."

John BBB Doe v. Archdiocese of Milwaukee et al. 565 N.W. 2d 94 (WI 1997) "...[T]he consensus of professional organizations reviewing the debate is that there is no consensus on the truth or falsity of these memories."

S.V. v. R.V. 933 S.W.2d 1 (TX 1996) "...[T]he scientific community has not reached consensus on how to

gauge the truth or falsity of 'recovered' memories."

Travis v. Ziter et al. 681 So.2d 1348 (AL 1996) "[T]here is no consensus of scientific thought in support of the repressed memory theory."

Doe et al. v. Maskell et al. 679 A.2d 1087 (MD 1996) "We are unconvinced that repression exists as a phenomenon separate and apart from the normal process of forgetting."

M.E.H. et al. v. L.H. et al. 669 N.E. 2d 1228 (IL 1996) "We believe the discovery rule does not apply to cases in which the plaintiff alleges that she repressed the conscious awareness of sexual abuse as a child and remembered it years later."

Hunter v. Brown 546 N.W.2d 1 (TN 1996) "We find that there is simply too much indecision in the scientific community as to the credibility of repressed memory."

Leimmerman v. Fealk and Williford v. Bieske 534 N.W.2d 695 (MI 1995) "[W]e cannot conclude with any reasonable degree of confidence that factfinders could fairly and reliably resolve the questions before them, given the state of the art regarding repressed memory and the absence of objective verification."

Additional cases in which the court addressed the validity of repressed/recovered memory in the absence of a statute of limitations issue:

Cases "Against" (court appeared not to accept the validity of repressed/recovered memories):

State of New Hampshire v. Hungerford and *State of New Hampshire v. Morahan* 698 A.2d 1244 (NH 1997) "The phenomenon of recovery of repressed memories has not yet reached the point where we may perceive these particular recovered memories as reliable."

State of New Hampshire v. Walters 697 A.2d 916 (NH 1997) "[W]e conclude, as we did in *Hungerford*, that '[t]he indicia of reliability present in

the particular memories in [this] case[] do not rise to such a level that they overcome the divisive state of the scientific debate on the issue."

Cases in which a lower court assessed the validity of repressed/recovered memory after hearing the case on remand from an appellate-level court.

Cases "Against" (court appeared not to accept the validity of repressed/recovered memories):

State of Rhode Island v. Quattrocchi C.A. No. P92-3759 (RI 1999) [on remand from the Rhode Island Supreme Court 681 A.2d 879 (RI 1996)] "The State has not met its burden of establishing that repressed recollection is reliable and admissible as scientific evidence."

Logerquist v. Danforth et al. CV 92-16309 (AZ 1998) [on remand from the Arizona Court of appeals 932 P.2d 281 (AZ 1996)] "[T]his Court has concluded that the theories advanced by Plaintiff's experts are not generally accepted in the relevant scientific community of trauma memory researchers."

Barrett v. Hyldborg 94-CVS-793 (NC 1998) [on remand from the North Carolina Court of Appeals 487 S.E.2d 803 (NC 1997)] "There has been no general acceptance in the relevant scientific community of the theory of repressed memory."

Footnote: many other cases involving repressed/recovered memory and/or childhood sexual abuse were evaluated for the above list, but were excluded for various reasons. These included:

Cases where repressed/recovered memory was asserted, but did not enter into the court's final decision because other legal arguments took precedence:

Ramona v. Ramona 66 Cal. Rptr.2d 766 (CA 1997)[recovered memories using sodium amytal] "...[I]nadmissible under *Kelly* due to the lack of general acceptance in the scientific community of the reliability of memories

recalled after a sodium amylal interview."

Borawick v. Shay 68 F.3d 597 (CT 1996) [recovered memories using hypnosis] "The fact remains that the literature has not yet conclusively demonstrated that hypnosis is a consistently effective means to retrieve repressed memories of traumatic past experiences accurately."

Other sexual abuse cases excluded from the above list where repressed/recovered memory was asserted in attempting to toll the statute of limitations, but did not enter into the court's final decision: *Albright v. White* 503 S.E.2d 860 (WV 1998); *Harkness v. Fitzgerald et al.* 701 A.2d 370 (ME 1997); *Hunter v. Brown* 955 S.W.2d 49 (TN 1997); *M.E.H. et al. v. L.H. et al.* 685 N.E.2d 335 (IL 1997); *Swackhammer v. Widnall* 1997 U.S. App. Lexis 18955 (WA 1997); *Florez v. Sargeant III and Duncan v. Moonshadow* 917 P.2d 250 (AZ 1996); *Woodroffe v. Hansenclever* 540 N.W.2d 45 (IA 1995).

Cases excluded because victims claimed to have always remembered sexual abuse but sought to toll the statute of limitations on the grounds that they failed to appreciate the "causal connection" between the abuse and later harm: *W.J.L. v. Bugge* 573 N.W.2d 677 (MN 1998); *Nolde v. Frankie* 949 P.2d 511 (AZ 1997); *Blackowiak v. Kemp* 546 N.W.2d 1 (MN 1996); *Sellery v. Cressey* 55 Cal. Rptr.2d 706 (CA 1996); *Frideres et al. v. Schiltz et al.* 540 N.W.2d 261 (IA 1995); *Lent v. Dow* 55 Cal.Rptr.2d 951 (CA 1995); *Roark v. Crabtree* 893 P.2d 1058 (UT 1995); *K.B. v. Evangelical Lutheran Church in America et al.* 538 N.W.2d 152 (MN 1995).

Cases involving repressed/recovered memory, but excluded from the above list because they were remanded to a lower court and where no subsequent lower court decision is available: *Clay v. Kuhl* 696 N.E.2d 1245 (IL 1998); *Kelly et al. v. Marcantonio et al.* 678 A.2d 873 (RI 1996); *Peterson v. Huso* 552 N.W.2d 83 (ND 1996); *Sheehan v. Sheehan* 901 S.W.2d 57 (MO 1995).

Update of cases we have followed:

Terry B. Davis, Ph.D. has had her license revoked by the Tennessee state Board of Examiners in Psychology. Davis who treated patients with DID and MPD was accused of letting unlicensed subordinates conduct therapy sessions. Former patients claimed that she "implanted" false memories of abuse.

See FMSF Newsletter, March, Vol 10 #2 p.5
Anderson, M. "To protect vulnerable, board revokes psychologist's license" *Commercial Appeal*, 4/5/01

Gerald Amirault "has been left swinging in the wind."⁽¹⁾ It is now six months after the Massachusetts Parole Board was required to make a recommendation on whether to commute the sentence of Gerald Amirault. Governon Cellucci has said that there was no effort to delay the recommendation until after he was confirmed as ambassador to Canada as has been suggested in some publications.

1. "Review & Outlook" *Wall Street Journal*, 4/2/01.
"Parole Board yet to act on plea for commutation in Fell Acres rape case" *Providence Journal-Bulletin*, 4/4/01

Wenatchee Doris Green, who spent 5 years in prison before her conviction was overturned, has filed suit alleging that police detective Bob Perez and others "conspired to violate and did violate" her federal constitutional rights.

Partridge, M. "Green sues over sex-abuse conviction" *Wenatchee World* 3/2/01

Sarah Doggett has settled her suit against police detective Bob Perez and a former CPS worker for an amount that lawyers for Doggett think was fair to both sides."

Schiffner, "Former sex crimes witness settles suit" *Wenatchee World*, 2/26/01

Bruce Perkins has been denied parole because he would not agree to participate in a treatment program in which he must admit guilt.

In Wisconsin "Richard" has been sent back to prison by a new therapist. Richard refused to admit guilt.

There's No Debate Over Informed Consent

Allen Feld

An article by three psychiatrists, John Cannell, James Hudson and Harrison Pope⁽¹⁾ and another by two other psychiatrists, John Beahrs and Thomas Gutheil,⁽²⁾ hopefully should bring to an end the disagreement about whether informed consent has a place in psychotherapy. The Beahrs/Gutheil article was referred to in the March/April 2001 issue of the FMSF Newsletter and addresses informed consent in the context of psychotherapy in general. Cannell, Hudson and Pope address informed consent as it relates to Recovered Memory Therapy (RMT); however, their article is fully applicable to therapy in general. Drs. Cannell and Gutheil testified as expert witnesses on opposite sides in the Sawyer case (referred to in this issue's legal section). It seems reasonable to infer, at least in some quarters, that the necessity for informed consent in psychotherapy should not be seen as an issue pressed only by those concerned about false memories.

A small group, composed largely of non-therapists, has been proposing legislation in several states that would require informed consent. Their activities, to some degree, may have initiated the current debate about informed consent. As has been widely reported, this group drafted a model informed consent bill because of what was happening to some adults who entered therapy with various contemporary concerns and developed what is now recognized as false memory syndrome. The Cannell, Hudson and Pope article is a must read—particularly for therapists, those in therapy and lawyers representing retractors and families. Their historical perspective adds to the understanding that informed consent has roots well beyond the current false memory craze and is not just a contemporary necessi-

ty. A brief non-jargonized definition of Recovered Memory Therapy (RMT) is suggested. The value of their definition may be that it is behaviorally oriented and has the power to nullify the defense that "I don't practice Recovered Memory Therapy." What therapists actually do or don't do in therapy—not what they say they do—should be the major factor that determines the therapeutic approach they have used. A justification often made to defend therapists who have created false memories is that they were following what was the standard of practice at that time. That inaccurate defense is rebuked in this article, with strong evidence documenting that the knowledge about such factors as the reconstructive nature of memory and therapeutic suggestibility existed during the time period when so many families were being destroyed by false memories. The obvious needs stating: *Standards of practice should be based on the existing science and not on the beliefs of individual therapists.*

After reading these two articles, I find it difficult to believe that some psychiatrists and other therapists resist the notion of informed consent and at times verbally attack those who advocate this important practice. I'm aware of the thinking of some therapists who question their clients' capacity to make informed decisions concerning their therapy or who believe that this kind of process may be incongruent with their theoretical orientation. I personally reject these beliefs and sometimes wonder if the anti-informed consent therapists are trying to avoid responsibility and accountability for their practice. If so, then perhaps they should also stop billing insurance companies, tapping into tax funds and charging their patients.

1. Cannell, J., Hudson, J. L., Pope, H.G.: Standards for informed consent in recovered memory therapy. *Bull Am Acad Psychiatry Law* (In press).

2. Beahrs, J.O., Gutheil, T.G.: Informed consent in psychotherapy. *Am J. of Psychiatry* 158:1, 2001.

Sleep Paralysis

A Psychological Case Study of 'Demon' and 'Alien' Visitation
Andrew D. Reisner, Psy.D.
Skeptical Inquirer Magazine, Mar/Apr '01
Reviewed by Frank Kane

"As Carl Sagan suggested, we humans are never far from the realm of the irrational despite the buffer of science and reason. Normal people can come uncomfortably close to this irrational realm, when they are either half awake or half asleep, and experience either hypnagogic or hypnopompic hallucinations. In these relatively common and normal experiences, a person may be temporarily unable to move, a state known as sleep paralysis, and may experience vivid hallucinations either when first falling asleep (hypnagogic) or upon awakening (hypnopompic) (Baker, 1992, 1987; Fukuda et al. 1987; Penn et al. 1981; Liddon 1967)."

Reisner explains that, "it can be a terrifying experience, leaving the person wondering not only about the reality of what they have seen, but also about their own sanity. The hallucinations seem very real... they are thought to be the culprit in many paranormal phenomena, including nocturnal visits from aliens... and ghosts and demons."

The article discusses hypnopompic hallucinations and their effects upon one of the author's patients. The patient had had hallucinations since he was four years old. During a period of much stress in adulthood, the patient came to believe that the 'demon' of his nightmare was telling him to kill his wife and two children and then himself. Dr. Reisner theorized that an emotionally vulnerable, suggestible and imaginative man lost contact with reality by his misinterpretation of his hypnopompic hallucinations.

Dr. Reisner discusses the literature on hypnagogic and hypnopompic hallucinations and notes that "lacking accurate information about sleep paral-

ysis with hypnagogic or hypnopompic hallucinations, it is easy to see why people look for supernatural and extraterrestrial explanations for such frightening and confusing phenomena" (Baker 1992).

Newsletter readers who are interested in learning more about this interesting phenomenon will find this article of interest, in addition Robert Baker's 1987 book *Hidden Memories*. There is also an excellent discussion of sleep paralysis in Pendergrast's *Victims of Memory*.

Reviewer's Comments:

Since I first discovered the FMS Foundation, I have spoken to hundreds of parents who told me that their letters of 'confrontation,' from their children often contained narratives of "specters coming into their room at night and molesting them, while they were in a state of terror and paralysis." This was followed by "flashbacks," "body memories" and an interpretation of the hallucinatory experience as "incest."

I am interested in learning more about the phenomena of hypnopompic and hypnagogic hallucinations as they may relate to false memories of abuse. Please contact me, Frank Kane, through the Foundation, and let me know whatever you can tell me about these phenomena as seen in your particular set of circumstances. All information will be kept confidential.



Treasure Hunt?

According to the *National Post*, the City Council of Swansea, South Wales granted U.S. businessman Jim Bethany permission to dig up part of a park to search for treasure he says he buried in a past life. With the help of regression hypnotherapy, Bethany believes he was previously a Welsh soldier who buried silver coins and jewelry he had obtained in India.

Savill, R. "Man to dig for treasure he buried in a past life," *The National Post*, Aug 25, 2000

Letter From France:

It has been a long time since we e-mailed you. Well, things are not moving very fast in France. Our group counts now a dozen identified families. However, considering that most of them knew about FMS through your USA Web site, we are busy working on a French language site in order to make access to FMS info easier to non-bilingual people. Merci pour tout et sincères salutations.

Web address is:

www.francefms.com

In the March/April Newsletter, a "disappointed but resolved father" mentions that "both these daughters are intelligent, educated women." No doubt they are, like the vast majority of accusers, like our own daughter.

This does open a big question which sometimes shadows all our suffering: How on Earth can educated and intelligent women be so gullible? We, parents, were so proud of their intelligence, so proud of the education we gave them. Don't we feel cheated as well as betrayed? Or is it the meaning of these two words - *intelligence* and *education* - that has to be questioned?

Specialists in these matters are of the opinion that there exist several different forms of intelligence and that our western system of education heavily privileges a few of them, for instance the mathematically talented. Narrow minded specialisation is certainly required by our efficient economy but it cannot replace the broader education needed to hold one's place in society at large.

Where are our children getting real education? In the family? In the street? On the TV screen? Is it necessary to elaborate? Since the sixties, educated and intelligent people have been busy *demolishing* the basis of traditional education: values, beliefs and refer-

ences which, it is sadly true, had produced historical monsters. Unfortunately, as any kid having put an alarm clock back together will tell you, demolishing is the easy part of the job. What are we offered to build upon the ruins: the illusions of drugs and Internet, the bigotry of fundamentalists and sects, the ups and downs of the Dow Jones, bodybuilding, reality shows, recovered memories.....

To resist the temptations of this supermarket of crank ideas, what is needed is an education cultivating common sense and respect for others. Most of us tried very hard to give just that to our daughters while we could; but in the end the false prophets of *The Courage to Heal* prevailed. Whose failure is it?

A father from France



Dear FMSF Friends,

We just returned last night from Phoenix. We went there to see our granddaughter through our ex-son-in-law, as that is how it has been for the past 9 years. Saturday morning our daughter called us at the hotel, and asked if we both would meet her for breakfast. After breakfast, she invited us to her house, where we spent about an hour or so. When we left she hugged us both and said she loved us.

She invited us to her church Sunday. They have a practice of lighting candles for joy or sorrow. I saw that she lit a candle. I did not see her write anything on a card, but when they read the cards, they said one was a candle of joy from "a daughter" whose parents are visiting her from Florida. After church, we went to lunch with her and spent about one and a half hours visiting. Other than the fact of catching up on all the family members, it was just like it used to be - as if nothing had ever happened.

We are still in shock! There is much more to tell, but just had to let you know this much right now.

Very happy parents



A Note From Australia

The Courage to Heal Still Influences

A local representative and member of the Australian False Memory Society is currently in a hospice with leukemia. I saw him yesterday; he seems well and is as positive and bright as ever. Yet his RM daughter rang him and continued to accuse him. I had heard that *The Courage to Heal* says to confront fathers on their death-beds, but I didn't imagine for a moment that it could actually happen. The father looked me squarely in the eye and commissioned me to continue the fight against it.

A friend from Australia



We Never Gave Up

My husband and I have been with one of the FMS support groups since it came into existence. Unfortunately, my husband died two years ago.

We have two daughters who were victims of false memories. Fortunately, we were able to have a reconciliation, which my husband and I worked diligently at achieving two years before his death. Although the girls never discussed their accusations, we were happy to accept their return to our family. Our interaction was very loving. Thank goodness my husband had the opportunity to witness the return of our daughters before he died. I am now the recipient of their joy in being back in the family fold. My husband and I never gave up trying to reach them. It paid off, even with all the pain.

I will forever be grateful to the foundation for the role it played in our lives. Thank you.

A Mom



I Weep for My Son

In 1995 I lost two sons. D., age 47, died after a long struggle with a rare form of lymphoma. E., age 51, in a classic FMS scenario. . . counselors, hypnosis, legal charges, the whole miserable deal. He dumped his garbage

and cut off all communication, except through his attorney. When his two remaining siblings consciously chose not to take sides, he cut off all ties with them, also.

After D. died, I was able to experience a period of deep grief and then move on. I would have liked to have done the same with E. My first born child — the cuddly baby, the energetic toddler, the curious schoolboy, the excited graduate, the loyal soldier, the proud husband and father, the successful business man — is just as dead to me as his brother.

In his place is a stranger, a mean-spirited, self-centered man whom I would not choose for a friend even if he should be so inclined — which he definitely isn't. Instead, he has hired an attorney to attempt to dissolve our small family corporation, knowing that if he is successful, it will destroy my only source of support in my final years. (I am eighty years old.) He has stated in writing, "I can no longer afford to wait for my inheritance."

Until this issue is settled, I won't be able to put the past behind me and "move on." But in the meantime, something Allen Feld wrote in the FMS Foundation Newsletter, January/February 2000, shines like a beacon before me. Referring to families who have made the decision to get on with their lives, he says, "they believe a retraction is unlikely, and importantly, they [have] arrived at the conclusion that a retraction and their accuser rejoining the family, while desirable, are unnecessary for their lives to be fulfilled." I can still have a wonderful life, with or without him.

Yes, I weep — but not for myself. I weep for my son, for this self-destructive path he has chosen to follow. And I continue to pray for him. There is nothing more I can do.

Thanks to everyone at FMSF for being there for us.

A Mom



From Accuser to Accused

Jaye D. Bartha

I took the notion of accusing my favorite uncle of childhood prostitution earnestly. I pondered, then weighed the evidence of memories I'd never forgotten against recent memories born in therapy. The two types of memories were in opposition and the facts weren't adding up.

Trapped between the truth my mind harbored and new information provided by my psychiatrist, chronic anguish quickly set in. In an effort to complete a modified picture of my ordinary childhood, I grappled to balance new memories against old ones.

"You just aren't ready to accept what your uncle did, Jaye," chanted Dr. Stratford.

"What if I'm wrong? I'm not 100% positive Uncle Larry did those horrible things. How can I accuse him until I know for sure?"

"Well Jaye, you have flashbacks of rape, require Amytal to calm down, are forcibly put into restraints, and have constant nightmares," he responded persuasively.

"You're right, Dr. Stratford. Uncle Larry must have prostituted me. I remember...he made me drink liquor and then loaned me to smelly servicemen. I hate him," I announced boldly.

"Your parents were probably involved too," he stated flatly. His callous words threw me into an abyss of forbidden thoughts, consuming me with feelings of betrayal. I decided to trust no one, except Dr. Stratford.

Later that evening I vegetated in the hospital lounge. The underworld of childhood prostitution engulfed my thoughts while I sat on the urine soaked sofa, inhaling stale cigarette smoke, and drinking luke-warm instant coffee. After another dose of Amytal the concept of childhood prostitution began to make sense. Why else would I be so sick if not for my past?

I believed Dr. Stratford when he said I needed to accept new memories and identify the predator if I wanted to get well, otherwise multiple personalities, narcotics, long hospital stays, leather restraints, and loneliness would be my existence. I was too in love with

life to accept my fate as a hopeless mental patient, especially since it was caused by the cruelty of another. At that point, I'd crossed the line.

Years later, when my daily intake of narcotics had dwindled, I realized Uncle Larry had been in the Armed Forces, stationed overseas, during the time frame that I had been accusing him of prostitution. Although my loving doctor didn't believe me, I knew for certain this was a true and accurate memory, one I could prove.

Launching myself from accuser to accused came swiftly. I comprehended with certainty that Dr. Stratford was in the ozone, not me. But it was too little too late. Stripped of my role as accuser, I was left a hollow shell of "personalities" locked on a psychiatric ward.

Suddenly, intense feelings of family betrayal were flipped upside-down, making me the betrayer. My shame was worse than any fake "memory" of rape and torture by my favorite uncle. Family and friends accused me of being "crazy." They said a doctor would never make up stories about our family. Then I was accused of causing family discord, of inflicting mental torment and physical illness. On that score, they were right.

As a former patient, I am in a similar position as loved ones I once accused of unspeakable crimes. My family and I are not opponents. In fact, we each know the helpless position of being accused as well as the outrage of being an accuser.

Like it or not, my family and friends are navigating the raging waters of post-repressed memory therapy. None of it is fair. None of it is just. But one thing remains — when we melt the differences between us, the waters get a little calmer.



Not the Same but Still Good

I have accepted my daughter's return as a blessing and have enjoyed having her and our grandson back in the family. It is not the same, but still good.

This is not true for my husband. He is still angry and hurt and would

very much like to talk to her about it. Their relationship is strained, but seems to be getting better. I am afraid she still believes this nonsense.

After sitting through several malpractice lawsuits and hearing retractors tell their stories, hearing tapes and seeing videos of their therapy sessions, I know that these women are victims of therapy that is toxic. I urge parents to accept the returner. Perhaps they will never become retractors.

A satisfied Mom

A Reconciliation

Five family members flew to the city of the accuser to enter into a week-end of family therapy. The accuser made arrangements and paid the therapist. It was questionable after the first session if we were going to succeed. But on the second day, everyone was ready for reconciliation. This was five years ago. No one has spoken about it since.

Mom of a reunited family

A Work in Progress

Spurred by our wish to contribute to the FMSF survey, our faction (a mother and two daughters) agreed among ourselves that I broach this matter with the accusing daughter.

I called her recently about another matter but at one point asked her if she ever revisits the events of those years when she was in therapy with a local licensed social worker—an event that began her ten-year hiatus from the rest of the family. She replied “No.” I continued, asking if she would consider talking with me about some of those events. She replied, “No, I’d rather not.” I remarked that, since we are a family, for the rest of us those matters remain to be reconciled. Like the “elephant in the living room,” it doesn’t just go away. Some silence followed my statement, so I asked if her counselor was “Yes,” but indicated she no longer consults with him on a regular

basis. She said she occasionally sees someone else who has confirmed the original diagnosis of MPD and bipolar disorder.

During the last few years, this daughter has been making casual, tentative contact with one of her sisters who has arranged visits that included me. At these occasional meetings there has been no discussion about the decade of disruption for our lives; it was as if we’d returned to relationships as we’d known them for all of the years prior to 1989. Our exchanges now are much as they were then: somewhat problematical due to sibling rivalries and certain personality conflicts. It’s as if we were back to Square One after a nightmarish hiatus in Never Never Land.

At this juncture, the only thing I’m sure of is that the presence of the “elephant” has been declared and I intend to probe the thickness of the critter’s hide. It remains to be seen if renewed contact with some of our family will be as desirable to our Returner as the unwarranted claim of exclusive special privilege she makes for herself alone.

Ours is a work in progress. Time flits on.

A Mom

We Took Care of Each Other

I think my daughter returned because the rest of her life was in shambles and she needed a family. The word expedient comes to mind. It’s amazing. She rants and raves to us (of all people) about little wrongs done to her by others... and has no embarrassment or chagrin about the 9 years of hell she put us through. We see no remorse.

We went on with our life. Dr. Laura told us not to expect her back... to live our lives and be the good people we are, and take care of each other and, if she came back, great. Her brothers and their wives supported us and we are close to their kids, our dear grandchildren. I think she saw, though them,

what she and her child were missing. We sent cards, light messages through the family. And we prayed that we would be able to forgive. We never pulled on her, sensing that effort would make her dig in.

In hindsight, the best thing we did was: We took care of each other. We accepted her back, but we are still very careful.

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

On MPD

“There are people who fake it for obvious reasons, like escaping responsibility.”

Park Dietz, M.D. forensic psychiatrist who has interviewed thousands of patients but never found an authentic case.

Associated Press, “Former counselor accused of exploiting woman with multiple personalities,” Feb 5, 2001.

The devastation wrought by the recovered-memory movement has now more or less been acknowledged; with some exceptions, as in Massachusetts where the defendants in the notorious Amirault case still await justice, improper court convictions resulting from it have been overturned, if after the lapse of many years. But what has not been undone is the evil visited upon the accused and their families. Nor...is there any understanding of the roots of these latter-day witch trials in theories that to this day continue to be propagated in our schools, colleges, and learned professions.

Paul R Gross, *Commentary*,
03/01/2001.

In review of *Doctors' Disease, PC, M.D.: How Political Correctness Is Corrupting Medicine* by Sally Satel

**Manufacturing Victims:
What the Psychology Industry is
Doing to People**
by Tana Dineen

2nd edition sold out! New revised and updated 3rd edition, 2001, is available in the U.S. at Barnes & Noble and in Canada at Borders.

Dineen writes: "Psychology presents itself as a concerned and caring profession working for the good of its clients, but the effects are damaged people, divided families, distorted justice, destroyed companies and a weakened nation."

For more information about *Manufacturing Victims* visit <http://tanadineen.com>

Notice

Researcher (Ph.D. candidate at Nova Southeastern University) is looking for audio or video tapes of therapy sessions. She is specifically interested in tapes that meet the following criteria:

- a.) have good sound quality
- b.) include conversations between a therapist and a client
- c.) cover a time period early on in the therapy, prior to and/or during the emergence of a "memory" of a "previously repressed" instance of past abuse.
- d.) are not being used as evidence for current or pending litigation.

The language in the tapes will be analyzed in an effort to develop an understanding of the nature of suggestion within the therapeutic context.

Please contact Susan M. Besman at (561) 445-4787 or email susanmb@bellsouth.net

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

**NEW JERSEY
New Group Forming**

A new family group has recently formed in Northern New Jersey. If you are interested in attending, please contact

Michael at 212-481-6655

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.)

BRUCE PERKINS

In the July/August newsletter we wrote about the auction of paintings by Bruce Perkins at the April FMSF conference in White Plains. Bruce resides in a Texas prison because of RMT therapy. He wanted to make a contribution to the Foundation in the only way that he could.

For those of you who were not able to be present at the conference, you can now see Bruce's work on a new website.

<http://people.txucom.net/bperkins/>

You can learn more about Bruce's case by reading his story written by Eleanor Goldstein and Mark Pendergrast at

<http://www.ultranet.com/~kyp/perkins.html>

**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

Smiling through Tears

Pamela Freyd and Eleanor Goldstein
Upton Books • ISBN No 9-89777.125.7 •
\$14.95

Over 125 cartoons by more than 65 cartoonists lead the way through a description of the complex web of psychological and social elements that have nurtured the recovered memory movement. Ask your bookstore to order the book or call 1-800-232-7477.

Comments:

"At once both thoroughly informative and devastatingly witty."

Alan Gold, Criminal Defense Attorney,
Toronto

"I think the book is terrific. I liked it because it supported a lot of the opinions I've had on psychiatry, cults, brain-washing and other ideas mentioned 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.francefms.com

French language website

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

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

religioustolerance.org

Information about Satanic Ritual Abuse

CONTACTS & MEETINGS - UNITED STATES**ALABAMA**

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Marge 334-244-7891

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Kathleen 907-337-7821

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Phoenix
Pat 480-396-9420

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Little Rock
Al & Lela 870-363-4368

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Sacramento
Joanne & Gerald 916-933-3655
San Francisco & North Bay - (bi-MO)
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

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA

Atlanta
Wattie & Jill 770-971-8917

ILLINOIS

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

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental
Health Practices
Nickie 317-471-0922; fax 317-334-9839
Pat 219-489-9987

IOWA

Des Moines - 1st 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 - 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

NEW YORK

Manhattan
Michael 212-481-6655
Westchester, Rockland, etc.
Barbara 914-761-3627
Upstate/Albany Area
Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cincinnati
Bob 513-541-0816 or 513-541-5272
Cleveland
Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City
Dee 405-942-0531 or
Tulsa
Jim 918-582-7363

OREGON

Portland area
Kathy 503-557-7118

PENNSYLVANIA

Harrisburg
Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040
Wayne (includes S. NJ)
Jim & Jo 610-783-0396

TENNESSEE

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

TEXAS

Houston
Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-591-0271

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

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
Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubushene

Paula 705-543-0318

QUEBEC, CANADA

St. André Est.
Mavis 450-537-8187

AUSTRALIA

Roger: Phone & Fax 352-897-284

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

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

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Moller FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society
Madeline 44-1225 868-682

Deadline for the JULY/AUGUST
Newsletter is June 15. Meeting
notices MUST be in writing and sent
no later than two months prior to
the meeting.

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May 1, 2001

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