



Dear Friends,

We received a brief letter this month asking if the memory wars are over. The sender explained that he was a professional writer considering a novel about false recovered memories and wondering if interest in the topic was over; was he too late? “Unfortunately,” we wrote back, “it’s still alive.” We noted that novels about recovered abuse memories and multiple personalities are still being churned out and that legislatures and courts in some states still consider “repressed memory syndrome” to result from a special kind of memory. “There is still a great need for skeptical books,” we added.

As we embark on the 14th year of the FMSF newsletter, we are amazed at our initial naivete in thinking that the recovered memory phenomenon would be over in just a few years, as soon as people had access to scientific information about memory. Little did we anticipate the lengths to which some would go to avoid listening to that information. Nevertheless, the situation now is a far cry from what it was in 1992.

One sign of climate change is the news that FMSF advisor Elizabeth Loftus, Ph.D., has been awarded the prestigious Grawemeyer Award for Psychology by the University of Louisville. (See p. 2) The prize brings with it \$200,000, and its award to Dr. Loftus is especially significant because of her outspoken position on recovered memories, a position for which she has been attacked many times. Dr. Loftus commented that the award is:

“a validation of work that I have been passionate about but also had to do in a climate of a fair amount of hostility and difficulty. So there’s a special sense of vindication and appreciation that the enemies who have been trying to do me in for at least 10 years did not succeed.”^[1]

Newsletter readers may recall that the Grawemeyer winner last year was Aaron Beck, M.D., also an FMSF advisor. Surely the high level of scholarship of the FMSF Scientific and Professional Advisory Board members helped kindle the changes that we have observed.

How do others view the current climate in respect to the memory wars? Following are comments heard in November, 2004:

“If you are not prepared, the justice system has no trouble accepting recovered memory nonsense. However, it is not the uphill battle that it used to be. Judges don’t come now with a bias to believe recovered memories.”

Alan Gold, Attorney, November 7, 2004
FMS Meeting, Toronto

“I agree that the wars have subsided, though not ended. . . Merchants of discredited memory theory prevent the memory wars from being completely extinguished.”

Elizabeth Loftus (in press).
Dispatch from the (un) civil memory wars. *Lancet* 364.

In 1992, there were no articles, no studies, virtually nothing to help explain why people might say they had been abused if, in fact, they had not been. Today there is a body of information available. When people make reference to the memory wars being over, it is generally in that context. The scientific evidence is clear. But if that information is not used, if people do not continue to respond to those who are “merchants of discredited memory theory,” then more families could be hurt. And the memory wars still linger in families that have not reconciled and for people who remain in prison.

Unchanged in the memory wars, however, are two questions that families continue to ask: “How can people come to believe so strongly in something that never happened that they would destroy their own families?” and “How can people return to their families and not talk about the tremendous explosion that they had ignited?” Research has gone far in shedding light on the first question, but less is known about the second. Relating the research to a personal level has been difficult for many family members. In

In this issue...

<i>Pendergrast</i>	5
<i>From Our Readers</i>	11
<i>Bulletin Board</i>	14

this issue of the newsletter we include the first installment of "How to Believe the Unbelievable" from *Victims of Memory* by Mark Pendergrast. It is an excellent description of possible paths to belief and may help families relate the research to their own painful experiences.

Less is known about why people would avoid talking about the beliefs and accusations that tore their families asunder. The recent FMSF survey shows that this is what happens in the majority of families, but to answer the "why" we still rely on personal comments from retractors such as the following from p. 11:

"To realize now that it never happened is hardly a relief. You just do not want to face that fact; it is dreadful to have to admit that you adopted lies about your own life and that you ruined your parents in the process."

Kitty Hendricks, (2004).

From this, can we assume that people avoid the topic because it is too painful? As a consequence of the memory wars, there remains a tremendous need for more research on the processes, both cognitive and social, that facilitate family reunification. In the meantime, letters from retractors such as the one on p. 11 called "Retractor Works Through MPD and SRA Beliefs" point to the directions for study.

Several important new papers are mentioned in this issue. For example, on page 3 there is a report on "Forensic developmental psychology: Unveiling four common misconceptions" by Maggie Bruck and Stephen Ceci. This paper, certain to be widely cited, shows that research indicates that suggestibility is not primarily a problem for preschoolers and that suggestion can occur without multiple interviews.

"The persistence of folly: A critical examination of dissociative identity disorder" by August Piper and Harold Merskey is a concise review of the research on MPD. "SRA and UFO

abductions: New religious movements?" by Christopher Bader is a fresh perspective on the recovered memory movement.

New research continues to add to the arsenal of information needed to quiet the memory wars. The situation is drastically improved, but we still need your vigilance.

Pamela

1. quoted in Gottlieb, J. (2004, December 1). UCI professor wins big award. *Los Angeles Times* p. B-7.

□

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Janet Fetkewicz, Howard Fishman, Peter Freyd, Members of the FMSF Scientific Advisory Board and Members who wish to remain anonymous. *Letters and information:* Our Readers.

"The vitriolic controversy over repressed memories occurred because people had trouble accepting a few important truths about memory. Just because a memory is held with confidence, contains details, and seems emotional, does not mean it is real. Without independent corroboration virtually no reliable way exists to tell a true memory from a false one. Recent work using neuroimaging has attempted to locate differences in the brain that might allow us to distinguish true from false memories. This research, which sometimes reveals that true memories have different neural signatures from false ones, uses group averages, although it is far too primitive to be useful for judging whether a particular memory is real or not. These truths are important for society to ingest, even if they are hard to swallow."

Elizabeth Loftus (in press).

Dispatch from the (un) civil memory wars. *Lancet* 364.

Elizabeth Loftus Receives Grawemeyer Award

Last April, Elizabeth Loftus, Ph.D., Distinguished Research Professor at the University of California at Irvine, (and a founding member of the FMS Foundation's Scientific and Professional Board) was elected to the National Academy of Sciences. This November, she was awarded the prestigious Grawemeyer Award for Psychology by the University of Louisville. The \$200,000 award was given for her research on memory, in particular, how it can be altered, work that has had an important influence in both law and psychotherapy.

Dr. Loftus is a prolific researcher. She has written hundreds of articles published in scientific journals and is the author of several books, including one of the first about recovered memories, *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse* (St. Martin's Griffin, 1996).

Chuansheng Chen, her colleague at UC-Irvine, and the person who nominated her for the award called Loftus "one of the giants in psychology." He said that her "work has reached not only scholars in the fields of psychology and the law but a variety of other audiences, including policy makers, practitioners and the general public. She has done more than any other social scientist to educate the legal community about the limitations and malleability of human memory."

Dr. Loftus is cherished by FMSF members for her compassion and accessibility. She has always found the time to speak to families and provide encouragement and support. Families hold her in the greatest respect not only for her scholarship but also, perhaps even more, for her courage to speak out in a hostile environment.

Victim advocates and individuals claiming to be abuse victims have attacked her and her findings for more

than a decade. And, of course, they criticized Loftus's receipt of this award. "I am sorry if there are people who don't want to accept that there are false memories," said Dr. Loftus in response to complaints from so-called survivors.

Richard Lewine, the University of Louisville professor who chairs the psychology award told the press, "We did this strictly on the basis of the quality of her work. . . She's really solid. One always risks with potent ideas to have potent reaction."

Dr. Loftus said that the award was "a validation of work that I have been passionate about but also had to do in a climate of a fair amount of hostility and difficulty. So there's a special sense of vindication and appreciation that the enemies who have been trying to do me in for at least 10 years did not succeed."

The winner of last year's Grawemeyer Award, Aaron Beck, M.D., also is a member of the FMSF Scientific and Professional Advisory Board.

Gottlieb, J. (2004, December 1). UCI professor wins big award. *Los Angeles Times* p. B-7.

□

Four Common Misconceptions

Bruck, M., and Ceci, S. (2004). Forensic developmental psychology: Unveiling four common misconceptions.

Current Directions in Psychological Science, 13 (6), 229-232.

For anyone involved with cases of accusations of abuse made by children, this is an invaluable paper. It is brief and clear. Bruck and Ceci succinctly describe the most recent research and show that it directly contradicts 4 commonly held misconceptions about disclosure and suggestion.

Misconception 1: That Sexually Abused Children Do Not Disclose Their Abuse – ". . . studies of children's response patterns indicate that if they are directly asked, they do not deny, but tell."

Misconception 2: That Suggestive

Interviews Can be Indexed by the Number of Leading Questions – ". . . suggestiveness (and thus the risk of eliciting false information) of an interview is not directly reflected by the number of leading questions, but rather is indexed by how interviewer bias plays out in the target interview, as well as in all previous interviews."

Misconception 3: That Suggestibility is Primarily a Problem for Preschoolers – "Although much of the literature pays lip service to the concept that suggestibility exists at all ages, including in adults, the primary view is that preschool children are disproportionately suggestible, and that there should be less concern about the tainting effects of suggestive interviews with older school-aged children." In fact, "susceptibility to suggestion is highly common in middle childhood, and under some conditions there are small to no developmental differences in suggestibility."

Misconception 4: That Multiple Suggestive Interviews are Needed to Taint a Report – ". . . children can incorporate suggestions about salient events after a single interview." And there can be "significant tainting of reports and production of false beliefs when interviews are only very mildly suggestive."

□

Multiple Personality

The persistence of folly:

A critical examination of dissociative identity disorder.

Piper, A., M.D., & Merskey, H., D.M.

I. The excesses of an improbable concept. *Can J Psychiatry, Vol. 49*, No. 9, 592-600;

II: The defence and decline of multiple personality or dissociative identity disorder. *Can J Psychiatry, Vol. 49*, No. 10, 678-683.

(<http://www.cpa-apc.org/Publications/Archives/CJP/2004/september/piper.asp>)

(II at . . . 2004/october/piper.asp)

In this 2-part review of the Dissociative Identity Disorder (DID) literature, FMSF advisors, August Piper and Harold Merskey found "logical inconsistencies...internal contra-

dictions and [the DID literature's] conflict with known facts and settled scientific principles." (p. 592)

For example, DID proponents claim a causative link between DID and extreme childhood trauma but association in itself does not demonstrate a causal connection. Piper and Merskey point out that further inconsistencies in this theory arise because claims of trauma in DID cases have not been adequately documented and corroborated. In fact, in published reports where authors claimed to have corroborated patients' accounts of abuse, Piper and Merskey found serious methodological flaws. They conclude that these reports do not demonstrate a causal link between DID and childhood abuse.

Piper and Merskey point out other logical contradictions in the theory that childhood trauma causes DID, such as the dramatic increase in the number of DID cases in the 1980s. They argue that if trauma in childhood were a major cause of DID, the data on childhood abuse during that time should parallel the increase in DID cases, but it does not. The authors also note that if the posttraumatic model were accurate, we would have seen a much greater increase in the number of cases of childhood DID (since dissociation is said to begin in childhood), but we have not.

The authors conclude that "The literature shows that 1) there is no proof for the claim that DID results from childhood trauma; 2) that the condition cannot be reliably diagnosed; 3) contrary to theory, DID cases in children are almost never reported; and 4) consistent evidence of blatant iatrogenesis appears in the practices of some of the disorder's proponents." (p.592)

Part II of Piper and Merskey's review of DID builds upon the conclu-

"There is no proof for the claim that DID results from childhood trauma."
Piper and Merskey

sion of Part I that DID is “a culture-bound and often iatrogenic condition,” beginning with an analysis of the role of suggestion in the treatment of DID. Using references from the DID literature the authors demonstrate that interventions to access alter personalities typically encourage and reinforce behaviors associated with DID.

Given the logical inconsistencies found in the DID literature, the factors that make reliable diagnosis impossible, and the deterioration in patients diagnosed with DID, Piper and Merskey argue that the courts should not accept testimony in favor of DID.

Finally, the authors offer their predictions about the future of DID. While the trend to diagnose DID may ebb and flow several times, ultimately DID “...is likely to become about as credible as spirits are today.”

“DID is best understood as a culture-bound and often iatrogenic condition.” Piper and Merskey

□

Researchers Associate Specific Brain Areas with False Memories

Gonsalves, B., Reber, P.J., Gitelman, D.R., Parrish, T.B., Mesulam, M.M., Paller, K.A. (2004). Neural evidence that vivid imagining can lead to false remembering. *Psychological Science*, 15(10). 655-660.

Memories fade and become distorted, and sometimes people think they have remembered events that never actually happened. Gonsalves et al. wanted to study how memories, both real and false, are stored and how they're later retrieved. They recruited 11 volunteers from the Northwestern University community and monitored their brain activity using functional magnetic resonance imaging (MRI) during the presentation of photos or of names of objects that they were asked to visualize. Later the authors asked

the volunteers to discriminate what they had actually seen from what they had imagined. Many of the visual images that the subjects were asked to imagine were later misremembered as actually having been seen.

Ken Paller, one of the authors, said:

“A vividly imagined event can leave a memory trace in the brain that’s very similar to that of an experienced event. . . Just the fact of looking back into your memory and thinking about whether an event happened is tantamount to imagining that event happening. If I ask you if something happened, you imagine it happening. Later on—a day or a year later—if I ask about that event, you have the tough judgment of deciding what happened and what was imagined.”

According to Paller, “The remarkable finding is that brain activity during the study phase could predict which objects would subsequently be falsely remembered as having been seen as a photograph.”

Tremmel, p. (2004). Researchers pinpoint false memories formation. (News Release, October 19). Evanston, IL: Northwestern University.

□

SRA and UFO Abductions: New Religious Movements?

Bader, C. D. (2003, December). Supernatural support groups: Who are the UFO abductees and ritual-abuse survivors? *Journal for the Scientific Study of Religion*, 42 (4), p. 669-678.

The 1980s saw the emergence of both UFO abductee and ritual-abuse survivor movements. These movements are similar in that they both hold quasi-religious beliefs and use psychotherapeutic techniques. Both movements focus on healing members from past abuse, often perpetrated by beings with supernatural powers. Both movements use psychotherapeutic techniques such as hypnosis, art therapy and role playing to recover “repressed” memories of the forgotten abuse.

Baylor sociologist Christopher D. Bader is one of the first people to study the members of these groups in a natural setting. This article presents a demographic portrait of 55 UFO abductees and 51 ritual-abuse survivors. Dr. Bader notes that “both groups proved very challenging to survey.” He found that many were “leery” of people “who wish to study them.” Among other things, they feared “ridicule in the popular media.” Many of the members also had “developed elaborate conspiracy theories.” Nevertheless, the author was eventually able to attend meetings and make the case for his survey.

Bader compared the survey data to general population demographics and found that there were some striking differences: most UFO and SRA members were female, white, affluent, and well-educated. This is precisely the demographic pattern of people who are likely to join new age and novel religious movements.

Authors of research in new age activities and new religious movements have speculated on the reason for the skewed demographics. Some have suggested that novel religious movements may offer women more opportunities for leadership. Others have suggested that some new age groups and movements emphasize female power or aspects of spirituality, intuition, or emotion and, thus, attract women.

Dr. Bader notes: “The point is that a certain demographic is interested in things outside the mainstream.”

□

Do you have potential to be a counselor?

“Are you reasonably intuitive—can you often hear what people don’t say?”

Rhodes, B. (2000, October). You can learn to be a coach or counsellor. *Balanced Life Magazine*, 3(10), 11.

The following is excerpted, with permission, from:

***Victims of Memory: Sex Abuse
Accusations and Shattered Lives***
Mark Pendergrast

(640 pages, \$24.95, Upper Access Books, Hinesburg, VT). Copyright 1996, all rights reserved. The book can be ordered: <http://www.upperaccess.com/books.htm#226v2>, or by calling 1-800-310-8320.

**HOW TO BELIEVE
THE UNBELIEVABLE**

Chapter 3 pp. 119-149

"I can't believe that!" said Alice.

"Can't you?" the Queen said in a pitying tone. "Try again: draw a long breath, and shut your eyes."

Alice laughed. "There's no use trying." She said. "One can't believe impossible things."

"I daresay you haven't had much practice," said the Queen. "When I was your age, I always did it for half-an-hour a day. Why, sometimes I've believed as many as six impossible things before breakfast."

-Lewis Carroll,
Through the Looking-Glass [1]

Given that our memories can fool us sometimes, it is still hard to understand why or how people would *want* to believe that their parents committed such awful acts upon them.

But it clearly isn't a matter of *wanting* to believe. I have come to regard the initial incest suspicion as being a kind of mental kudzu seed—perhaps a perverse analogue to Jesus' parable of the sower and the seed. A few decades back, some bright agronomist imported this nifty Japanese vine to my native Georgia, hoping to halt erosion and provide cheap cow fodder. The insidious kudzu, with its broad, shiny green leaves, now covers entire forests, swallowing trees whole. While cows may indeed eat the stuff, I suspect a few of them have been enveloped, too, along the way.

Repressed memories seem to grow in the same way. It doesn't take

much—just a small seed, planted in your fertile brain by a television program, a book, a friend, or a therapist. Maybe, just maybe, all of your problems stem from childhood incest. Maybe you've forgotten it. Maybe that's why you are uncomfortable at family reunions. Maybe. No, no, that's insane! Forget it, not Dad, not Mom! You try to dismiss the idea. But it won't go away. It takes root, sends out creepers, and grows. Soon the mental kudzu is twining out of your ears, sending roots down to your gut, taking over your life. It's true! Your worst fears were justified! Numerous types of "evidence" are used to provoke and "prove" the reality of repressed memories. These include hypnotic regression, sodium Amytal, dreams, visualizations, bodily pangs or marks, panic attacks, or just general unhappiness. I will review each of them in turn, but it is important to understand that debunking one method or symptom really isn't the point, because another can easily take its place. Once the seed is planted, once the idea takes hold, it doesn't matter what method is employed. The results are almost foreordained.

**Hypnosis:
Memory Prod or Production?**

I know of a parent who, when his children cut off contact with him, concluded that maybe he really *had* done something horrible to them and had repressed the memory himself. So he went to a hypnotist. Like most people, he thought that when you sank into a deep hypnotic trance, you could magically tap into your dormant subconscious, unlocking long-forgotten memories. Fortunately, he went to an ethical hypnotist who did not lead him into believing he had committed incest on his children. She failed, however, to tell him how questionable memories are when "uncovered" in hypnosis.

From its inception—covered in Chapter 10—hypnosis has caused considerable controversy and spawned

innumerable myths. One thing that experts agree on, however, is that memories retrieved under hypnosis are often contaminated mixtures of fantasy and truth. In many cases, outright "confabulations"—the psychologists' term for illusory memories—result. Here is an unequivocal passage from the 1989 Fifth Edition of the *Comprehensive Textbook of Psychiatry*:

An overwhelming body of research indicates that hypnosis does not increase accurate memory, but does increase the person's willingness to report previously uncertain memories with strong conviction. Furthermore, the hypnotized individual has a pronounced tendency to confabulate in those areas where there is little or no recollection; to distort memory to become more congruent with beliefs . . . and fantasies; and to incorporate cues from leading questions as factual memories. Finally there is a high likelihood that the beliefs of the hypnotist will somehow be communicated to the patient in hypnosis and incorporated into what the patient believes to be memories, often with strong conviction.^[2]

Psychologist Robert Baker observes that "confabulation shows up without fail in nearly every context in which hypnosis is employed." No experimental study has ever provided evidence that hypnosis helps unlock real memories, although, as one researcher put it, "It is difficult to disregard totally the wealth of anecdotal reports extolling the virtues of hypnotic memory enhancement."^[3] Perhaps, then, hypnosis can enhance both real memories and fantasies. Baker does not agree. "I carried out a number of laboratory studies over a period of three and a half years," he writes. "My results in all cases showed no improvement in either memory or incidental memory as a result of hypnosis." On the contrary, Baker concludes that "their hypnotist may unwittingly sug-

gest memories and create pseudomemories, i.e., vivid recollections of events that never happened.” [4]

The reason that memories retrieved under hypnosis are suspect goes to the very definition of the process, which invariably includes the concept of suggestion. Clark Hull and A.M. Weitzenhoffer defined hypnosis simply as “a state of enhanced suggestibility.” [5] When a subject agrees to be hypnotized, he or she tacitly agrees to abide by the suggestions of the hypnotist. This state of heightened suggestibility can work quite well if the goal is to stop smoking, lose weight, enhance self-esteem, reduce perceived pain, or improve one’s sex life. But it is *not* an appropriate method for retrieving supposedly repressed memories, as psychiatrist Martin Orne and psychologist Elizabeth Loftus have repeatedly stressed in courtroom settings.

Orne asserts that hypnosis is a technique that “greatly facilitates the reconstruction of history, that allows an individual to be influenced unwittingly, and that may catalyze beliefs into ‘memories.’” He emphasizes that “we cannot distinguish between veridical [true] recall and pseudomemories elicited during hypnosis without prior knowledge or truly independent proof.” Loftus has said virtually the same thing. “There’s no way even the most sophisticated hypnotist can tell the difference between a memory that is real and one that’s created. If you’ve got a person who is hypnotized and highly suggestible and false information is implanted in his mind, it may get imbedded even more strongly. One psychologist tried to use a polygraph to distinguish between real and phony memory but it didn’t work. Once someone has constructed a memory, he comes to believe it himself.” [6]

Consequently, numerous psychologists have recognized that reality is

Hypnosis is a state of enhanced suggestibility.

routinely distorted under hypnosis. Theodore R. Sarbin and William C. Coe have referred to hypnotism as “believed-in imaginings,” while Ernest R. Hilgard calls the process “imaginative involvement.” J.P. Sutcliffe characterized the hypnotic subject as “deluded” in a purely descriptive sense. Jean-Roch Laurence and Campbell Perry assert: “Hypnosis is a situation in which an individual is asked to set aside critical judgment, without abandoning it completely, and is asked also to indulge in make-believe and fantasy.” [7]

Both hypnotist and subject are engaged in a tacitly accepted mini-drama in which they act out prescribed roles.

The hypnotized subject is not the only one who is deluded. The hypnotist who believes that he or she is delving for hidden memories takes an active part in the shared belief system. Both hypnotist and subject are engaged in a tacitly accepted mini-drama in which they act out prescribed roles. Psychiatrist Harold Merskey has defined hypnosis as “a maneuver in which the subject and hypnotist have an implicit agreement that certain events (e.g. paralyzes, hallucinations, amnesias) will occur, either during the special procedure or later, in accordance with the hypnotist’s instructions. Both try hard to put this agreement into effect.” He notes that “there is no trance state, no detectable cerebral physiological change, and only such peripheral physiological responses as may be produced equally by non-hypnotic suggestion or other emotional changes.” [8] Laurence and Perry concur, explaining that “the EEG [brain wave] of a hypnotized person is formally indistinguishable from that of a person who is relaxed, alert, with eyes closed.” [9]*

Eric Greenleaf observes that “the pretense of hypnotist-operator is a sort

of shared delusion which both patient and therapist participate in.” He states that the methods of hypnotic induction are “more like following the rules of social procedure than . . . chemical analysis.” Robert Baker puts it more bluntly: “*There is no such thing as hypnosis.*” [10] Numerous experiments have demonstrated that all of the mysterious hypnotic phenomena, such as pain reduction, posthypnotic amnesia, blindness, paralysis, and the like, are simply part of a subject’s belief system and, with the sanction of the authority—the hypnotist—they can all magically reverse themselves. [11]

I am not trying to imply that “hypnosis,” whether a real state or not, does not have a profound effect, however. The human imagination is capable of incredible feats, so that subjects under hypnosis can even will away their warts. [12] And it does not have to be called “hypnosis” to have the same effect. Guided imagery, visualization, sodium Amytal interview, relaxation exercises, breathing exercises, and prayers to God to reveal abuse are all actually forms of hypnosis. When someone is relaxed, willing to suspend critical judgment, engage in fantasy, and place ultimate faith in an authority figure using ritualistic methods, deceptive scenes from the past can easily be induced.

Hypnotism entails a powerful social mythology. Just as those “possessed” by demons believed in the process of exorcism, most modern Americans believe that in a hypnotic state, they are granted magical access to the subconscious, where repressed memories lie ready to spring forward at the proper command. Hollywood movies have reinforced this mythology, beginning with a spate of amnesia-

* Modern psychologists disagree about whether hypnotism involves a “trance state” or not. Ernest Hilgard and Herbert Spiegel are the leading proponents of the “state” theory. All agree, however, that whether hypnotic subjects enter trance or not, they are liable to create pseudomemories.

retrieval dramas, such as Hitchcock's *Spellbound*, in the 1940s. A good hypnotic subject therefore responds to what psychologists call "social demand characteristics." As Baker puts it, there is a "strong desire of the subject to supply the information demanded of him by the hypnotist."^[13] Psychiatrist Herbert Spiegel says it more directly: "A good hypnotic subject will vomit up just what the therapist wants to hear."^[14]

The hypnotist is often completely unaware that he is influencing the inductee, but what psychologists term "inadvertent cuing" can easily occur, often through tone of voice. "It is incredible," wrote French psychologist Hippolyte Bernheim in 1888, "with what acumen certain hypnotized subjects detect, as it were, the idea which they ought to carry into execution. One word, one gesture, one intonation puts them on the track."^[15] Simply urging "Go on" at a crucial point, or asking "How does that feel to you?" can cue the desired response. A person who *agrees* to play the role of the hypnotized subject is obviously motivated to believe in that role and act it properly. As hypnotist G. H. Estabrooks wrote in 1946, "the subject is very quick to cooperate with the operator and at times almost uncanny in his ability to figure out what the operator wishes."^[16] This goes double for clients in psychotherapy who are desperately seeking to locate the source of their unhappiness. If the therapist has let them know, either subtly or directly, that they can expect to find scenes of sexual abuse while under hypnosis or through guided imagery, they are likely to do so.

In the introduction to *Theories of Hypnosis: Current Models and Perspectives* (1991), editors Steven Jay Lynn and Judith W. Rhue summarize the views expressed by the majority of the contributors: "Hypnotic behavior is interpersonal in nature Subjects' sensitivity to the hypnotist, subtle cues,

and the tacit implications of hypnotic communications have a bearing on how they respond." Further, they note that "subjects may engage in self-deception, may be unaware of the intrapsychic and contextual determinants of their actions, and may engage in behaviors that fulfill suggested demands with little awareness that they are doing so."^[17]

Experimental psychologists have long understood that false memories can be implanted during hypnosis. In 1891, Bernheim suggested to a hypnotized subject that his sleep had been disturbed the night before by a neighbor who "coughed, sang, and then opened the window." After the session, the patient elaborated on this illusory event, even adding how someone else had told his neighbor to close the window. Bernheim then told him that the scene had never happened, that he had dreamed it. "I didn't dream it," the patient protested indignantly. "I was wide awake!"^[18]

Laurence and Perry performed a similar experiment in 1983. Under hypnosis, subjects were asked to relive a night from the week before. During this experience, they were asked whether they had been awakened by loud noises. The majority took the hint and described the sleep interruption in some detail. After the hypnotic session, most of them continued to express a belief in the sounds. Even after they were told that the hypnotist had suggested the incident to them, they insisted on their reality. "I'm pretty certain I heard them," one subject stated. "As a matter of fact, I'm pretty damned certain. I'm positive I heard these noises."^[19] The sequence of these comments is revealing. In three sentences, we hear the subject rehearsing his convictions, progressing from "pretty certain" to "positive." Similarly, those intent on recovering memories of incest are usually unsure of their newly envisioned scenes at first. It is only with rehearsal and reinforcement that

the memories gradually come to seem real and convincing.

Canadian psychologist Nicholas Spanos performed an interesting extension of the above experiment, trying to show that the implanted memories weren't "real," but were instead the result of role playing. As the authoritative hypnotist, he first got his subjects to agree to the memories, then reverse themselves, then agree again, then reverse themselves. By doing so, Spanos asserted that the pseudomemories were never truly believed, but were simply reported in compliance with role expectations. Yet by the end of the confusing process, four of his eleven subjects still insisted that they had really heard the phantom noises.^[20] Here, Spanos appears to have missed the vital importance of rehearsal and reinforcement in the production of false memories. If 36 percent of his subjects still believed in the "memories" without a therapist insisting on their truth, what kind of results would you get when any doubts are dismissed as attempts to deny the awful truth?

One of the characteristics of well-rehearsed hypnotic confabulations, in fact, is the utter confidence with which they are eventually reported.^[21] Such memories tend to become extraordinarily detailed and believable with repetition. "The more frequently the subject reports the event," Martin Orne has written, "the more firmly estab-

One of the characteristics of well-rehearsed hypnotic confabulations is the utter confidence with which they are eventually reported

lished the pseudomemory will tend to become." As a final caution, he warns that "psychologists and psychiatrists are not particularly adept at recognizing deception," adding that, as a rule, the average hotel credit manager is a far better detective.^[22]

Unfortunately, clinical psychologists and other therapists appear to

have little interest in playing detective, even when they realize that hypnotism often produces false memories.* It is easy to see how the current disastrous situation evolved, given the attitude of psychologists such as Roy Udolf, who wrote the *Handbook of Hypnosis for Professionals* in 1981. "There is little support in the experimental literature," he wrote, "for many of the clinical claims made for the power of hypnosis to provide a subject with total eidetic [accurate] imagery-like recall of past events." Nonetheless, he went on to assert that "the kind of memory that hypnosis could logically be expected to enhance would be . . . affect-laden material that the subject has repressed . . . [i.e.,] traumatic early experiences." Moreover, Udolf concluded that it doesn't matter whether such elicited memories are accurate or not. "A memory retrieved under hypnotic age regression in therapy may be quite useful to the therapeutic process even if it is distorted, inaccurate, or a total fantasy as opposed to a real memory."^[23]

Age Regression: Let's Pretend

One of the most convincing forms of hypnosis, to the observer and the subject, is age regression, in which a client is taken back in time to a sixth birthday or a traumatic incest incident at age four. During such regressions, to all appearances, the adult disappears, replaced by an innocent waif. The subject often speaks in a childish, high-pitched lisp. Handwriting becomes large and primitive. Pictures appear stick-like and lack perspective. During the reliving of a childhood trauma, a

* Most therapists, whether trauma specialists or not, object strenuously to the notion that they should "play detective" or encourage their patients to do so, seeking external corroboration for the "narrative truth" revealed in therapy sessions. The trouble is, some therapists already *are* playing detective by unearthing these supposed trauma memories. They encourage a belief system that has dramatic effects in the real world and *then* invoke their intuitive, subjective therapy stance.

client might scream just as a toddler would and, if frightened enough, might wet her pants.

Yet there is overwhelming evidence that "age regression" is simply role playing in which an adult performs as she thinks a child would. As Robert Baker puts it, "instead of behaving like real children, [they] behave the way they *believe* children behave."^[24] Psychologist Michael Nash has reviewed the empirical literature on age regression and has concluded that "there is no evidence for the idea that hypnosis enables subjects to accurately reexperience the events of childhood or to return to developmentally previous modes of functioning. If there is anything regressed about hypnosis, it does not seem to involve the literal return of a past psychological or physiological state." Even when hypnotically regressed subjects perform credibly, normal control subjects do just as well. As final evi-

There is overwhelming evidence that "age regression" is simply role playing in which an adult performs as she things a child would.

dence that hypnotic regression involved simple role enactment, Nash points out that "equally dramatic and subjectively compelling portrayals are given by hypnotized subjects who are told to progress to an age of 70 or 80 years."^[25] Most people would agree that such age progression involves more fantasy than accurate pre-living.*^[26]

* In 1954, psychiatrists Robert Rubenstein and Richard Newman came to the same conclusion when they successfully "progressed" five subjects into the future under hypnosis. "We believe that each of our subjects," they wrote, "to please the hypnotist, fantasied a future as actually here and now. We suggest that many descriptions of hypnotic regression also consist of confabulations and simulated behavior." Incredibly, however, *they exempted repressed memories* from this logic: "We suspect, however, that our doubts do not apply to the reenactment of traumatic past experiences."

Past Lives and Unidentified Flying Fantasies

Hypnotism has similarly proven indispensable in the search for past lives and in "remembering" UFO abductions. Although nothing is impossible—maybe we really can remember former incarnations,** and perhaps aliens actually do snatch us out of our beds—most readers will probably be more skeptical of such claims than of recovered incest memories. Yet the similarities are startling, including the reliving of sexual abuse while under hypnosis. Past-life therapists (such as Katherine Hylander, whose interview appears in Chapter 5) take people back before their births to previous centuries in which they were raped, tortured, or maimed ^[27] Only by recalling and reexperiencing these terrible traumas can they be mentally healed in this life.

"It is extremely common," Jungian therapist Roger Woolger wrote in *Other Lives, Other Selves* (1987), "for childhood sexual traumas also to have past-life underlays. I have frequently found that the therapeutic exploration of a scene of childhood sexual abuse in this life will suddenly open up to some wretched past-life scenario such as child prostitution, ritual deflowering, brother-sister or father-daughter incest, or else child rape in any number of settings ranging from the home to the battlefield." As an example, Woolger quoted one of his clients who recalled a scene in a Russian barn during a pre-

** The ultimate age regression in *this* life is, of course, to the womb. In 1981, psychiatrist Thomas Verny wrote *The Secret Life of the Unborn Child*, offering examples of just such a feat. Under hypnotic regression, one of his patients reported the following placental message: "I am a sphere, a ball, a balloon, I am hollow, I have no arms, no legs, no teeth. . . . I float, I fly, I spin." Similarly, one survivor claimed in a 1993 lawsuit that her therapist had helped her remember prenatal memories. Another therapist helped her patient access a memory of being stuck in the Fallopiian tube, which explained her "stuckness" in adult life.

vious life in which she was an 11-year-old peasant girl: “They’re raping me. They’re raping me. Help! Help! HELP! There are six or seven of them. They’re soldiers.”^[28]

Hypnotic regression to past lives has a venerable history, reaching back to 1906. Under hypnosis, Miss C., a British 26-year-old, relived the life of Blanche Poynings, a friend of Maud, Countess of Salisbury, in the late 14th century. She gave verifiable names and details. When closely analyzed, a previous source for the information was finally revealed. Miss C. had read *Countess Maud*, by Emily Holt, when she was 12. She had unwittingly taken virtually all of the information for her “past life” from the novel.^[29]

For quite a while, the search for previous existence died down, but it received a boost in 1956 with the publication of *The Search for Bridey Murphy*. As with every well-documented case, it turned out that Virginia Tighe, the American woman who convincingly relived the life of the Irish Bridey—even reproducing her brogue—had indeed delved into her subconscious. However, what she pulled up was not a previous lifetime, but conversations with a Bridie Murphy Corkell, who had once lived across the street.

Theodore Flournoy, who debunked the earliest past-life regressions, coined the term *cryptomnesia**^[30] for this inadvertent mixing of prior knowledge with past lives. Elizabeth Loftus calls the same process “unconscious transference,” while other psycholo-

gists use the term “source amnesia.”^[31]

Regardless of what we call the phenomenon, it offers intriguing evidence that the mind is indeed capable of storing unconscious memories that can be dredged up during hypnosis, though Virginia Tighe’s memories of her neighbor presumably weren’t “repressed,” because they weren’t traumatic. Those who are recounting tales of their previous lives invariably have read a book, seen a movie, or heard a story about that era or personality. Given the expectation that they will relive another life, their fertile imaginations combine this knowledge with other mental tidbits to create a feasible story. Those who are told to expect some trauma in a previous life add an appropriate rape, suffocation, or burning at the stake to the stew. This is probably not, in most cases, a conscious process of confabulation, because the subjects insist that they have no knowledge of the particular historical period. Similarly, people who are retrieving repressed memories of abuse routinely combine reality with fantasy. They mix their own childhood photographs, stories they have heard, real memories, and stereotyped scenes from *Sybil* or *The Courage to Heal* into a satisfactory scene.

As a further indication of human credulity, among the earliest practitioners of past-life regression was Colonel Albert de Rochas, who hypnotized clients near the turn of the century. Rochas thought he could literally *progress* his clients into the future.^[32] Perhaps if we can *pre-live* the traumas that will be forthcoming in our lives, we might heal ourselves properly now—and confront the evil perpetrator before he has a chance to act!

Similarly, although I consider UFO abduction memories to be far-fetched products of hypnosis, many well-educated, otherwise rational professionals, including Temple University history professor David Jacobs and Harvard psychiatrist John

Mack, believe in such events. They have proof. They have heard their clients recall the abductions while hypnotized. In his 1992 book, *Secret Life: Firsthand Documented Accounts of UFO Abductions*, Jacobs describes his clients in terms that should sound familiar by now:

“They were all people who had experienced great pain. They seemed to be suffering from . . . a combination of Post-Traumatic Stress Disorder and the terror that comes from being raped. Nearly all of them felt as if they had been victimized. As I listened to them, I found myself sharing in their emotionally wrenching experiences. I heard people sob with fear and anguish, and seethe with hatred of their tormentors. They had endured enormous psychological [and sometimes physical] pain and suffering. I was profoundly touched by the depth of emotion that they showed during the regressions.”^[33]

Similarly, in *Abduction: Human Encounters with Aliens* (1994), John Mack is impressed by “the intensity of the energies and emotions involved as abductees relive their experiences,” in which they report being grabbed against their will and “subjected to elaborate intrusive procedures which appeared to have a reproductive purpose.” Mack acknowledges the similarity to repressed memories of sexual abuse. In one case, he says, a woman went to a therapist “for presumed sexual abuse and incest-related problems. Several hypnosis sessions failed to reveal evidence of such events.” Instead, however, she recalled being abducted by aliens when she was six. Mack stresses that the UFO therapist must have “warmth and empathy, a belief in the ability of the individual to integrate these confusing experiences and make meaning of them . . . and a willingness to enter into the co-investigative process.”^[34]

For abductee therapists, that willingness leads to a memory-retrieval process that sounds awfully familiar to

* When he was president, Ronald Reagan proved to be a master of cryptomnesia. The movies in which he had acted appeared to be irretrievably mixed in his mind with reality, so that he frequently repeated fictional stories as if they had actually occurred. At one point, he even asserted he had personally taken documentary concentration camp footage at Dachau following World War II, even though Reagan did not venture outside the United States at that time. As biographer Garry Wills noted, however, “Reagan’s war stories are real to him.”

those who have listened to recovered-memory survivors. Here is one alien abductee's description of the experience:

It was . . . common for us to seek [memories] out where they were—buried in a form of amnesia. Often we did this through hypnosis . . . And what mixed feelings we had as we faced those memories! Almost without exception we felt terrified as we relived these traumatic events, a sense of being overwhelmed by their impact. But there was also disbelief. *This can't be real. I must be dreaming. This isn't happening.* Thus began the vacillation and self-doubt, the alternating periods of skepticism and belief as we tried to incorporate our memories into our sense of who we are and what we know. [35]

I am sure that David Jacobs and John Mack feel real empathy for these people who truly believe that they have been taken to UFOs and forcibly subjected to bizarre sexual experimentation.* [36] But their findings seem only to confirm what is already known about hypnosis—that subjects tend to “remember” whatever the hypnotist is looking for. The pain is real—regardless of whether the memories are of past lives, UFO abductions, or incest by parents—but it was probably prompted and encouraged through the dubious means of hypnotic “regression.” Investigators such as Jacobs and Mack dupe themselves and others because they genuinely want to help people, especially if, in the process, they can feel that they are also exploring uncharted territory.

Chapter 3 Notes

1. Carroll, *Alice's Adventures*, p. 230.
2. *Comprehensive Textbook of Psychiatry*, Part IV, v.2, p. 1516.

The pain is real—regardless of whether the memories are of past lives, UFO abductions, or incest by parents—but it was probably prompted and encouraged through the dubious means of hypnotic “regression.”

3. Smith, “Hypnotic Memory Enhancement,” p. 399.
4. Baker, *They Call It Hypnosis*, p. 193-195; see also Smith, “Hypnotic Enhancement;” Parkin, *Memory and Amnesia*, p. 44-45.
5. Baker, *They Call It Hypnosis*, p. 18.
6. Orne and Loftus quoted in Baker, *They Call It Hypnosis*, p. 110, 195.
7. Laurence and Perry, *Hypnosis, Will, and Memory*, p. xiv-xv.
8. Merskey, *Analysis*, p. 165-166.
9. Laurence & Perry, *Hypnosis*, p. xiii.
10. Baker, *They Call It*, p. 17, 174.
11. Spanos, “Hypnotic Amnesia,” Spanos, “Multiple Identity Enactments.”
12. Baker, *Hidden Memories*, p. 148.
13. Baker, *They Call It*, p. 109.
14. Spiegel in Woodward, “Was It Real or Memories?” p. 55
15. Bernheim in Ellenberger, *Discovery*, p. 172.
16. Estabrooks, *Hypnotism*, p. 43.
17. Lynn & Rhue in *Theories of Hypnosis*, p. 13; Kirsch, “Altered State.”
18. Bernheim in Laurence & Perry, *Hypnotism*, p. 237-238.
19. Laurence & Perry, “Hypnotically Created,” p. 524.
20. Spanos, “Hypnotically Created,” p. 155-159.
21. Orne in *Hypnosis and Memory*, p. 26; Sheehan in *Hypnosis and Memory*, p. 95-125.
22. Orne, “Use and Misuse,” p. 323, 334.
23. Udolf, *Handbook*, p. 131-133.
24. Baker, *They Call It*, p. 130; Baker, *Hidden Memories*, p. 152.
25. Nash, “What, If Anything,” p. 49-50; see also Perry in *Hypnosis and Memory*, p. 128-150.
26. Rubenstein, “Living Out,” p. 473.
27. Verry, *Secret Life*, p. 190; Loftus, “Therapeutic Recollection,” p. 6; Bikel, “Divided Memories,” Part I, p. 9.
28. Woolger, *Other Lives*, p. 137-138.
29. Baker, *Hidden Memories*, p. 154; Wilson, *All in the Mind*, 101-106.
30. Wills, *Reagan's America*, p. 162-170.
31. Wilson, *All in the Mind*; Baker, *Hidden Memories*, p. 78-92; 153-164; Spanos, “Secondary Identity Enactments;” Loftus, *Witness*, p. 84; Goleman, “Miscoding Is Seen.”
32. Baker, *Hidden*, p. 153.
33. Jacobs, *Secret Life*, p. 25.
34. Mack, *Abduction*, p. 3-27.
35. Bryan, *Close Encounters*, p. 419.
36. Neimark, “The Harvard Professor;” p. 46-48; Orlans, “Potpourri.”

TO BE CONTINUED



Victoria, Australia, Requests Submissions for Inquiry into Practice of Recovered Memory Therapy

<http://health.vic.gov.au/hsc/>

As part of their inquiry into the practice of recovered memory therapy, the Department of Human Services in Victoria, Australia, has called for submissions from any interested persons with information about this form of therapy, including patients, their family members, practitioners, and professional and regulatory bodies. The purpose of the inquiry is to identify opportunities for improving practice and protecting the public.

The submission request states (a) that “repressed or recovered memory therapy incorporates a belief that memories can be repressed and involves clinical strategies that assist clients to recover those memories” and (b) that it “has been associated with recovery of memories of childhood sexual abuse.”

A report of the inquiry will go to the Minister for Health by April 2005.

Submissions may be sent to:

Anne-Marie Polimeni@dhs.vic.gov.au
 Anne-Maree Polimeni
 Office of Health Services Commissioner
 Level 30 / 570 Bourke St.
 Melbourne 3000

The deadline for submissions is January 31, 2005.

There are lots of people who mistake their imagination for their memory.

Josh Billings

We Need A United Front by Professionals

We are very grateful to the Foundation for these past 12 years. At first we felt terribly alone until we learned about FMSF.

Our daughter, who is a psychotherapist, accused her father and convinced her sister that she, too, was an early childhood victim. After all these years they continue to believe this as strongly. Since our daughter is a psychotherapist, probably the only thing that might convince her would be a united front by the professions on the subject of recovered memories.

Please keep up the good work. We would be lost without you.

A mom

Cards But No Talk

Our daughter left 16 years ago after accusing several family members. We do get cards for birthdays, anniversaries, and other special occasions, but she will have no verbal exchange with us. The FMSF has helped support us through this sad time.

A mom

A Retractor on Retracting

“To realize now that it never happened is hardly a relief. You just do not want to face that fact; it is dreadful to have to admit that you adopted lies about your own life and that you ruined your parents in the process. How can you ever admit having made such false accusations, especially against those who were always there to support you?”

Kitty Hendricks. Quoted in Kieskamp, W. (2004, November 20). *Worse than rape*. *Trouw* (Netherlands). Translated by Adriaan Mak.)

Retractor Works Through MPD and SRA Beliefs

There were several things that made me start questioning my Multiple Personality Disorder and Satanic Ritual Abuse beliefs. First, I was having problems with the way the therapist who diagnosed me was running her practice. She was co-running a therapy group that I was in. She would not let me finish my sentences and would interrupt and say “survivors this” and “survivors that.” I didn’t like that.

So I left and found a new therapist who started out believing me about the SRA and MPD, but then became a skeptic. Meanwhile, I was reading books about the skeptical point of view. I have a degree in library science, and I love to read. When the believer books were in fashion in bookstores, I read those. Later, when the skeptical books started appearing, I read those—not all, but a representative sample.

I found Ian Hacking’s book and read that, and that started me down the skeptical path. I worked with my new therapist and reestablished contact with my family. I believe I have to be an adult and take responsibility for what I believed that wasn’t true. However, I think the therapist whom I was seeing also needs to take responsibility for treating me poorly. No one did a stellar job, that’s for sure.

I read Dr. Piper’s and Dr. Simpson’s papers in *Dissociative Identity Disorder*. I found their arguments to be very cogent and convincing. I have read *Hoax and Reality* by Dr. Piper and I thought that was a very good book.

Interestingly, I have also been misdiagnosed with Obsessive Compulsive Disorder (OCD) and bipolar illness. A psychiatrist diagnosed me with OCD, but I later saw an expert in the condition, and he said he’d seen 2,000 people with OCD and I did not have it. Another psychiatrist diagnosed me as

bipolar, but I am not manic so that’s not an issue.

I know diagnoses are subject to fads, and I wondered if that’s why I’ve gotten so many wrong ones, but I’ve heard it’s very rare for a patient to get three completely wrong diagnoses. I’ve been told I’m too passive in accepting a potential diagnosis, and I answer “yes” to too many questions, regardless of whether they’re true for me or not. I need to take responsibility for these traits. My real problems are depression and anxiety, both of which I remember having trouble with when I was a child up through adulthood.

Please excuse the long email; I was happy to have a chance to tell my story.

Thanks for your interest,
A retractor

Hacking, H. (1998). *Rewriting the Soul: Multiple personality and the sciences of memory*. Princeton University Press.

Piper, A. (1997). *Hoax & Reality: The Bizarre World of Multiple Personality Disorder*. Northvale, NJ: Jason Aronson Inc.

Piper, A. (1995). A skeptical look at multiple personality disorder. In L. Cohen, J. Berzoff, and M. Elin, (Eds.), *Dissociative Identity Disorder* (pp. 135-173). Northvale, NJ: Jason Aronson Inc.

Simpson, M.A. (1995). Gullible’s travels, or the importance of being multiple. In L. Cohen, J.

Berzoff, and M. Elin, (Eds.), *Dissociative Identity Disorder* (pp. 87-134). Northvale, NJ: Jason Aronson Inc.

How Long A Returner?

Our daughter returned to us in 1994 after five years of separation. For eight years, nothing was said about the accusations. However, she told my husband she was sorry for the grief she caused us just a few months before he died in 2002.

A Mom

Intriguing Notice

Burlington Free Press

July 6, 2004

Bulletin Board

BOOKS Book burning, free books, psychology, recovery, other misc. topics. (802) XXX _XXXX

Accusing Daughter Returns but Brothers Still Alienated

I have been a member of FMSF since 1992. I don't really write a good letter, but I will do the best I can.

I joined FMSF after I received a letter from my daughter in 1992 who at the time was 34 years old. She had been in therapy for depression since 1973 when my wife and I divorced. In the letter, she stated that she had MPD which included four other personalities. She said this was caused by childhood happenings. The other personalities took the pain and she suppressed the pain. She wrote that she didn't even have a childhood and she was very angry. She stated that she was very confused about some things that may have happened when she was growing up. She felt that we didn't have a good father/daughter relationship because I wasn't there for her and the only recognition I gave her was to complain about her being overweight. She ended her letter by saying that she was married and that her husband loves and supports her for who she is no matter how she looks. The letter was signed by her husband and her three brothers.

No one in the family had told me about the wedding and would not correspond with me for a long time after I received "the letter." They shut me out of their lives. Finally two of my sons visited me and said that their sister had disclosed that her uncle (my brother who had passed away in 1982) had raped her when she was a young girl and that I had allowed him to do it. They said that one of her alter personalities had revealed this and that it absolutely had to be true because an alter never lied. I, of course, knew that

"Sexual abuse happens in everyone's family, whether they know it or not."

Gail Weiner quoted in
Harril, R. (2004, June 15). Building support.
Fort Pierce Tribune (FL), D1.

this was not true, so I began to suspect that she did not have MPD, if there even was such a thing.

My daughter and I have reconciled. I asked her if she knew why she and I could reconcile but her brothers and I couldn't. I told her it was because she and I knew the truth, but they didn't. They would not know until she did the right thing and recanted. She said she could not tell what happened because she could not remember, that only her alter knew what had happened. My sons believe this.

I have convinced my sons that the American Medical Association and a large percentage of the mental health community do not consider recovered memories to be reliable. But they say that is irrelevant and that MPD and recovered repressed memories are two different things. What do I do now to reach my sons?

A loving dad

□

Don't Give Up Hope

We will all be together this Christmas for the first time in 11 years. Don't let anyone give up hope.

A dad

□

Honoring Dr. Campbell Perry

This Fall I decided to honor the memory of Dr. Campbell Perry (Cam) by making a donation to the Concordia University Library for the purchase of new and current books in the field of memory research and memory processes. Before his death in May 2003, Cam had been a valued member of the FMSF Scientific and Professional Advisory Board and was a Distinguished Professor Emeritus in Psychology at Concordia University, Montreal, Quebec.

A dozen or so new books were carefully researched by the psycholo-

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

Jaye Bartha, retractor '92

gy reference librarian at Concordia and the final selection was chosen by Jean-Roch Laurence, Ph.D., a colleague of Cam's and mine.

The Director of the Libraries, William Curran, was most enthusiastic as he saw this as a preferred way of making a valuable donation to an academic library since it ensures that new publications are added to the collection. He thought that I had chosen an excellent way to pay homage to a scholar following his death. Mr. Curran followed this up with a photo session and publication of this approach in campus and alumnae newspapers.

Perhaps this is an example that some of your readers might like to pursue to ensure that books of excellence on the false memory syndrome and memory processes will be found on the shelves of academic libraries of their choice.

Mavis Lipman

□

Thank You

You do and have done such an amazingly super job of this. There are no words on this planet that would adequately describe the impact of your excellent work.

Please publish the above paragraph in your next newsletter.

A grateful but grieving father

□

Virtues of Past Life Therapy

"There are those who cite at least two attractive features of past life regression. Since therapists charge by the hour, the need to explore centuries instead of years will greatly extend the length of time a patient will need to be treated, thereby increasing the cost of therapy. Also, the therapist and patient can usually speculate wildly without much fear of being contradicted by the facts."

Aquino, N.P. (2004, August 6).
Weekender Lifestyle: *Clairvision*
Business World. (Philippines).

Web Sites of Interest

comp.uark.edu/~lampinen/read.html
The Lampinen Lab False Memory Reading Group,
University of Arkansas

www.exploratorium.edu/memory/
The Exploratorium Memory Exhibit

www.ctnow.com/memory
Hartford Courant memory series

www.tmdArchives.org
The Memory Debate Archives

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.ltech.net/OHIOarmhp
Ohio Group

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/recoveredmemories/
Locate books about FMS
Recovered Memory Bookstore

www.religioustolerance.org/sra.htm
Information about Satanic Ritual Abuse

www.angryparents.net
Parents Against Cruel Therapy

www.geocities.com/newcosanz
New Zealand FMS Group

www.werkgroepwfh.nl
Netherlands FMS Group

www.falseallegation.org
National Child Abuse
Defense & Resource Center

www.nasw.org/users/markp
Excerpts from *Victims of Memory*

www.rickross.com/groups/fsm.html
Ross Institute

[www.hopkinsmedicine.org/jhhpsychiatry/
perspec1.htm](http://www.hopkinsmedicine.org/jhhpsychiatry/perspec1.htm)
Perspectives for Psychiatry
by Paul McHugh

www.enigma.se/info/FFI.htm
FMS in Scandanavia - Janet Hagbom

www.ncrj.org/
National Center for Reason & Justice

www.lyingspirits.com

Skeptical Information on Theophostic Counseling
www.traumaversterking.nl
English language web site of Dutch retractor.

www.quackwatch.org

This site is run by Stephen Barrett, M.D.

www.FMSFonline.org

False Memory Syndrome Foundation

Legal Web Sites of Interest

- www.caseassist.com
- www.findlaw.com
- www.legalengine.com
- www.accused.com
- www.abuse-excuse.com

HUNGRY FOR MONSTERS

When 15-year-old Nicole Althaus told a teacher that her father was molesting her, the quiet affluent Pittsburgh suburb of Mt. Lebanon, Pennsylvania, was turned inside out. Nicole's father, Rick, was arrested and charged with sexually abusing Nicole amidst bizarre satanic rituals. With the support of her favorite teacher, police, therapists, social workers, and officers of the court, all of whom believed her stories, Nicole began to embellish her initial accusations. As she recovered more memories of wild orgies, sacrificed babies, and murder, more people were arrested, including her mother and a pair of strangers.

A year later, all charges were dropped, and Nicole admitted that her accusations were false. After Nicole and her parents reconciled, they sued the authorities.

Ordering Information

The introductory VHS price is \$195.00 to universities/libraries/ institutions and \$39.00 to individuals for home use.

Add \$5.00 for shipping.

George Csicsery
P.O. Box 22833,
Oakland, CA 94609-9284.

Fax 510-429-9273.

<http://zalafilms.com/>

**Elizabeth Loftus has moved her
web site to:**

UCI web:

www.seweb.uci.edu/faculty/loftus/

Notice

A group of individuals in southwest Virginia is drafting legislation that seeks to attack the false memory problem before it begins as well as proposing a way for families to speak out after separation from their relative has occurred. We are asking for input from other Virginians who have been affected by the false memory syndrome and who would like to join us in support of this legislative effort. Please express your interest by email to the following address: frang@kimbanet.com or by regular mail to Att: Lee Law, P.O. Box 231, Collinsville, VA

FMS Stories Wanted

Seeking FMS-related nonfiction accounts by survivors of False Memory Syndrome for collection of work to be published by DEL SOL PRESS. We define "survivors" as patients recovering from therapeutic FMS/MPD abuse. We include relatives who have not retracted but admit harm. Contact Mary O'Neal:

fmsdialogue@mail.com

The Rutherford Family Speaks to FMS Families

The video made by the Rutherford family is *the* most popular video of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

Available in DVD format only:

To order send request to

FMSF Video, 1955 Locust St.
Philadelphia, PA 19103

\$10.00 per DVD; Canada add \$4.00;
other countries add \$10.00

Make checks payable to FMS
Foundation

CONTACTS & MEETINGS - UNITED STATES

ALABAMA

See Georgia

ALASKA

Kathleen 907-333-5248

ARIZONA

Phoenix

Pat 480-396-9420

ARKANSAS

Little Rock

Al & Lela 870-363-4368

CALIFORNIA

Sacramento

Jocelyn 530-873-0919

San Francisco & North Bay

Charles 415-984-6626 (am);

415-435-9618 (pm)

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

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

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

Wallie & 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*

Pat 260-489-9987

Helen 574-753-2779

KANSAS

Wichita - Meeting as called

Pat 785-738-4840

KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob 502-367-1838

LOUISIANA

Sarah 337-235-7656

MAINE

Rumford

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 734-439-4055

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 - Quarterly (4th Sat. of Apr.,**Jul., Oct., Jan.) @12:30pm*

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW HAMPSHIRE

Mark 802-872-0847

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

Cleveland

Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON

Portland area

Kathy 503-655-1587

PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Monroese

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE

Nashville

Kate 615-665-1160

TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-3945

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

WYOMING

Alan & Lorinda 307-322-4170

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Lloyd 250-741-8941

Victoria & Vancouver Island

John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA

London

Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubauskene

Paula 705-543-0318

QUEBEC, CANADA

Chertsey

Mavis 450-882-1480

AUSTRALIA

Evelyn everei@adam.com.au

BELGIUM

werkgr.fict.herinneringen@altavista.net

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

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 MARCH/APRIL Newsletter is March 15. Meeting notices MUST be in writing and should be sent no later than two months before meeting.

Copyright © 2005 by the FMS Foundation

1955 Locust Street
Philadelphia, PA 19103-5766
Phone: 215-940-1040 Fax: 215-940-1042
mail@FMSFonline.org www.FMSFonline.org
ISSN # 1069-0484
Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

January 1, 2005

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, Rutgers University, New Brunswick, NJ; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, (deceased) Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, (deceased) Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, (deceased) Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of California, Irvine, CA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, (deceased) Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, (deceased) Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, (deceased) University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

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

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

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. The newsletter is mailed to anyone who contributes at least \$30.00. It is also available at no cost by email (see above) or on the FMSF website: www.FMSFonline.org

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

__ Visa: Card # & exp. date: _____

__ Discover: Card # & exp. date: _____

__ Mastercard: # & exp. date: _____
(Minimum credit card is \$25)

__ Check or Money Order: **Payable to FMS Foundation in U.S. dollars**

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.