Dear Friends,

"I had no idea that this phenomenon was so extensive!" exclaimed a CBC television producer who attended a recent Toronto meeting of more than 140 parents, siblings and spouses of FMS victims. "Just how big is this?"

We don't know the answer to his question. Since the last newsletter, the number of families who have started to tell us the same story has almost doubled (1,132 as of August 28). During this time more than eighty women and one man who have identified themselves as having personal experience with recovered memories of childhood incest and other abuse have also called us. What do these numbers tell us? We have learned from the National Center for Prosecution of Child Abuse July newsletter, Update, that more than 750,000 copies of Courage to Heal have been sold. If this book is indeed the "bible" of the incest recovery movement, what do these stories mean? Given the pressure that we feel from the calls in the office, we are beginning to take seriously a notion that the nation is experiencing a pseudo-scientific social phenomenon of vast proportions revolving around "therapy" and "recovery." We were asked this week by a senior scientist if we had contacted the Center for Disease Control. In fact we did receive a query from someone in that organization and we sent them a packet of information. In the interim, we will continue to listen, to document, and to look for patterns in the stories that people tell us to the best of our abilities and resources.

Doctors and parents particularly ask us to tell them about the calls from people who have experienced recovering memories of childhood abuse. We had two calls from people with memories of abuse by space aliens. We had approximately thirty calls from people who told us that they were certain that their memories were accurate. To a person, these women told us that they had Multiple Personality Disorder and one said she had diagnosed herself. Just under forty of the callers wanted us to tell them how they could be sure if their memories were accurate. We told them what we tell parents: they are the only people who can evaluate their own situations but that evaluation doesn't make sense unless they first inform themselves about what scientists have learned about human memory. We had twelve calls from women who told us they were sure that the memories that they had recovered in therapy were false memories.

With our increased numbers have come ever more kind letters and stories. Doctors and lawyers have written to thank us for helping their clients. Family members have written to say that they can understand the situation much better after reading the material we send. We wish that we could answer each letter personally, but that is just no longer possible. Each letter, each story, each news clipping, each brochure is archived. For researchers trying to understand what is currently taking place, these will someday provide valuable evidence. Please continue to help us document this phenomenon by sending us these things (carefully labeled with the date, location and source).

We will continue to find ways to publish collections of stories from the perspective of parents, siblings and spouses. Please include written permission if you want us to use your story in this way. We hope that the many therapists who have called us to tell of their personal experiences with this issue will also send us written material. Nothing that can personally identify any individual will ever be released by us, but the sheer size of the collection of material and the absurdity of the majority of the stories will surely help alert reasonable people to the fact that something so bizarre that it is almost unbelievable is actually going on. Families are being destroyed on the basis of memories recovered from hypnosis, sodium amytal, dream interpretation, trance writing and other similar techniques as well as from what are called "body memories" that are supposed to be recovered with "massage therapy".

Pamela

Worried about the FMS Foundation

Not everyone is pleased with the existence of the Foundation. We are accused of harboring perpetrators. Since the members of the organization are anonymous, it is not clear to us how anyone could be harbored. We would suggest that a more serious concern is that an organization such as this will make it difficult for victims to come forward with legitimate claims of abuse. That is something we worry about and not something that we want to see happen.

The past decade has seen increased understanding of some of the issues of child sexual abuse. We have learned that it is more extensive than previously thought. We have become more sensitive to its devastating effects. We have learned about the societal pressures that have kept people silent on the subject, and we have made it a little easier for people to speak out. We have had a national mandate to address the situation. We view all this as to the good and have no wish to go back to any former period.

We see it as urgent, therefore, that issues that are tearing families apart be addressed as quickly as possible, and that they be based on the best scientific evidence available.
The "Believe The Children" Illinois Chapter included the following heading in its summer newsletter, "WARNING: Growth of a New Organization," and then goes on to tell about the FMS Foundation. We do not understand why "Believe The Children" views us as a threat since we have nothing to say about children or believing children. FMS Foundation is concerned about adults and the techniques some therapists are using to "help" adults find memories. We would suggest that addressing the issues of children's memory raised by current research (e.g., Dory, (1991) The Suggestibility of Children's Recollections American Psychological Association) are of greater consequence to that organization than is the existence of the FMS Foundation.

Another organization that seems to view us with alarm is The National Center for Prosecution of Child Abuse. This seems odd since we appear to share a common goal. In their attack on us they say: "It is critical that allegations are investigated promptly, thoroughly and objectively by trained law enforcement and other professionals. Sensitivity and skill are necessary not only for reliable interviews but to avoid unnecessary trauma for victims and those accused." (Update, July, 1992) If these procedures had been followed, we would not be getting calls from families.

The writers of Update interviewed Laura Davis, one of the authors of Courage to Heal, to ask for her response to our comments about that book. Davis was quoted as saying, "It seems clear that the community of survivors and those who work with them has become strong enough and poses sufficient threat to move us into the stage of backlash. We have become effective enough to make an impact on people who have an investment in abusing children, hiding abuse they've committed, denying their spouse's abuse, denying incest in their families, and on a larger level, those who profit from child pornography and child prostitution. Add the people who don't want to believe that so many children are abused—or in such severe ways—and there's a sizable number to oppose us."

We find ironic the references to investment and profit. We have heard many professionals express concern about the economic aspect of Courage to Heal in which therapists are encouraged to diagnose incest (memories or not!), inform the client that healing will take a long time, suggest that the alleged perpetrator should pay for the therapy, tell the patient that she can get strong by suing and even provide a list of lawyers who will do it. This has looked to many more like a financial plan for therapists than a therapy plan for patients.

The writers of Update claim that they received the following information in a letter from a male incest survivor: "... the FMS Foundation also denies the existence of Post-Traumatic Stress Disorder, Multiple Personality Disorder and even repression itself." Is this the level of scholarship? Why would such a ridiculous statement even be repeated by the prosecutors?

The writers of Update make a gross gratuitous assumption about the genesis of the FMS Foundation that happens to fit their view of what they perceive, apparently, as the "enemy." It is not comforting to think of the nation's prosecutors embarking on legal actions with such a disregard for simple fact. (We review the history of the Foundation in the next section.)

U.S. Representative Pat Schroeder is heading an investigation of issues related to some of the questions you have raised about hospitals and techniques of therapists. If you have questions or information you wish to direct to that office write:

c/o Mickey Uelles
The Select Committee on Children, Youth and Families
Room 364
Ford Building
Washington, DC
20515-6401

The False Memory Syndrome Foundation was formally organized in March, 1992 by a group of professionals and parents in order to document the scope and to understand what appeared to be a growing phenomenon of parents telling professionals that they had been falsely accused of abuse and then cut off by their adult children on the basis of memories that were supposedly repressed and then recovered using techniques that are questionable by
scientific standards. The Foundation received its status as a tax-free public charity (501-C-3) from the IRS on June 2, 1992. Prior to its formal organization, a few members paid for the services of the Institute for Psychological Therapies in Minnesota to answer the 800 telephone and to help develop material to send to callers.

The Foundation is focused on research and education that may be used to develop a practical and theoretical base for helping all people affected by the phenomenon. The Foundation facilitates informal alliances of families at the state level. Families are encouraged to educate themselves on issues that affect them. While various grant applications are in preparation, the Foundation is currently funded through the dues and contributions of its members. The Foundation has no religious or other affiliation.

Who's Who in the Office

The Foundation office has been managed by volunteers and two employees who are paid part time but who work day and night and weekends to help find the answers to callers' questions. Many of you have spoken with Anita or Zipora (who have no personal family involvement in this phenomenon), but you may be unaware of the extent of their efforts and concern on behalf of callers. One of their children told me last week, "When I asked for dessert, mommy took out stamps to lick!" The fact that people have trusted us with such intimate details of their lives is in large part due to these remarkable women's ability to listen and to respond in a non-judgmental way to the story of each caller.

Like me, Anita and Zipora are educators. We are not psychologists or counselors although we are well-grounded in the areas of child development, learning, motivation and group behavior. Each of us has taught at the university, high school and elementary levels in the areas of science and technology. Each of us has been involved in research projects that examine the nature of people's misconceptions in science and in the development of educational materials designed to address the fact that scientific principles are often counter-intuitive with respect to every-day observations.

Who are the volunteers?

Enclosed in this mailing are several "volunteer forms" which we hope that members will complete and return to us quickly. Here are some of the things that volunteers are doing:

Office: The volunteers who help in the office are mostly from the Philadelphia area. In addition, we have had volunteers come from New York, New Jersey, Maryland and Washington, DC to spend a few days with us. "I had no idea you were so busy!" is what people tell us after a day in the office. "Where did the time go?" You would not have received your initial packet or this newsletter without the generosity of the office volunteers.

Professional: Professionals in psychiatry, psychology and law are volunteering their expertise. They help us understand the issues at each level and they help us find answers to the questions that callers ask. We simply could not operate without their support.

Telephone: We have developed a structure to use volunteers across the country to help with the telephone calls. When we received over 600 phone messages in three days after the publicity from the New York Times Science Section article and the "Sally Jesse Raphael" show both on July 21, it was clear that we desperately needed immediate help. You gave it. We called families that we knew well and asked if they would help in "call-backs." It worked. We have codified the procedures and developed training materials so that the documentation of stories will be consistent. With this system we can monitor many thousands more calls and stories with the help of volunteers from across the country.

Legal information: A committee has started to gather information on the 17% of families who have been threatened or are involved in legal actions. A survey has been sent out to these families and the information obtained will shed light on some of the new legal issues that arise in the context of repressed memories. Many lawyers have asked us for this information.

This committee is interested in the identity of lawyers who are representing and helping members. We are already in touch with many of these people. Please help the committee by sending that information.

In addition, we are asking members to keep us up-to-date on state issues of stature of limitations and professional licensing. We think that this will be best done through the informal state alliances of families.

Fund-raising: In addition to several very generous donations and pledges at the $10,000 through $25,000 level and many contributions at the $1,000 level, we have received gifts of stock and of employer matching donations. We have had members tell us that they have changed their wills so that the Foundation would receive money from their estates.

With six exceptions, we have not solicited individuals. Frankly, we don't have time given the explosive growth. We have a committee willing to help with fund-raising, but we will not give them names to call because we understand the need for anonymity in so many cases.
This is an unusual situation. No one will be personally solicited without permission. We trust that you will do what you can to speed the end of what is a terrible nightmare for many people. We hope that some of you will volunteer to discuss contributions with the committee.

Publicity: Every single person can help with this by writing letters to papers, to television shows, to lawyers, to government officials, to medical people and to others who should be aware of our situation. If we want people to know what is going on so that they can help us, then we have to to tell them. We’ll do our part from the central office, but you will have to do your part too if we are to be effective.

It’s no good calling us and complaining that the television talk shows are only telling one side of the story if we do not have families willing to tell the other side. We need to put together a file that we can consult when we are asked for families who will be interviewed or who will appear on radio or television.

The most effective public representatives are those who are not accused. When parents tell their story, no matter how convincing, people often think, “Well, of course they would deny the accusation.” When a non-accused brother or sister or a husband or wife of a person who has become obsessed with childhood incest talks, the story is more compelling. If the therapists and lawyers who have thanked us for starting this organization will speak out about what they have seen, then surely we can stop the unscientific practices more quickly.

More on Sex-Abuse Statistics

A recent publication from the U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (NCCAN, April 1992) is the “Working Paper 1. 1990 Summary Data Component,” (available from the Clearinghouse on Family Violence Information, P.O. Box 1182, Washington, D.C. 20013). The discrepancies and problems in the state by state collection of data on this subject are clearly explained. We urge readers to examine it. If child sexual abuse is really the great concern that so many people in our society say it is, then let it be shown with financial support needed for the accurate collection of information on which to base policies. “Guessimates” are not data. A range in reported data from 6% to 62% as is currently the case tells us that we do not even know the “ball park” of sexual abuse statistics.

ABOUT THIS MAILING

Because the Foundation has doubled in size since the last newsletter, we have had to reorganize, increase the office space and arrange for more people to help. This newsletter will be mailed to all who have expressed an interest in what is going on but members will also receive two papers and several forms:


Note: The long-promised survey will be mailed separately. We are making further revisions because we have been asked by other researchers if we will collaborate with them in collecting information that will seek to examine some hypotheses about what is going on. Please continue to be patient on this. We want to do this in the best possible fashion.

A Survivor’s Story

We received the following from a new member:

I would like to tell my story about false memories and you have permission to share it with whoever you care to, professionals and laymen alike.

It all began back in November of 1989. I was hospitalized for depression in Long Beach, California when I started getting my first false memories of child sexual abuse.

While hospitalized for depression, I was asked by several hospital workers if I had ever been touched sexually in my childhood. I could not remember anything, however I felt very pressured to come up with some “answers” for my condition that would be acceptable. I was reading John Bradshaw books and the Courage to Heal book when I started having a sensation or hallucination of being raped by my father.

The hallucination consisted of a pelvic pounding sensation, which I attributed to abuse by my father.

When I told about this sensation to my psychologist, I instantly felt a sense of acceptance and empathy from him, so I continued to tell whenever I could and to talk to anyone who would listen about it from then on. However, I was not sure of the age in which it happened. (I started with the age of 4 and then changed it to 6 and then 7.) I was definitely encouraged by my psychologist to talk about it in groups and in therapy sessions. My psychologist and I confronted my mother about it. I wrote a letter to my father about it and with the help of the hospital social worker, I turned him into some hot line for child sexual abuse and continued to accuse him.

For the next three years, this problem ruled my life. I went on disability as I could not work without having “flashbacks.” I did hardly anything besides reading Courage to Heal and crying and feeling depressed and angry. It didn’t seem as though I was “healing” at all, but just getting worse. I felt a desperate need to remember more of what happened to me. I was always thinking and trying, trying hard to remember. I tried all the “tricks” in Courage to Heal and the Workbook, but still I could not remember anything concrete, although I was convinced that it had happened.

At the same time, I was constantly beset by doubts about my experience. It felt like I was “making it up” but it said in Courage to Heal that
the memories often feel that way.

At the recommendation of friends and a person I knew who had started an organization called Sexual Abuse Victims Enlightenment, I started litigation against my father for the imagined childhood rape.

Also, in hopes of my memories being triggered, I founded the only Survivors of Incest Group, Anonymous in my city. I was the leader of the group and supplied everyone with literature on "remembering" and the 20 questions of S.I.A., which I am enclosing here. In the questions, it says that if you have answered yes to three or more of these questions, "Survivors of Incest, Anonymous can help." Upon close inspection of the questions, however, many of them can be applied to just about anybody.

After starting the group, my internal pressure to remember the sexual abuse increased greatly and that is when I entered regular therapy. I started going to a hypnototherapist and a clinical psychologist at the same time. I told them that I believed I had been raped at a young age and that it was causing all my present emotional and mental problems. Both of the therapists encouraged me to "remember" more and more, even though I was starting to show signs of psychosis during the therapy sessions. One of the things the psychologist did with me was to have me look him in the eyes while I "remembered" the sexual abuse scenes and to describe them to him. During one of the sessions, I visualized an internal part of me that was like an angel and I told him about my hallucination, but he was not concerned.

I also started, at that time, to have hallucinations or "memories" of ritual abuse which were always accepted by my therapists and I was never asked to question. As a result, I came up with many more hallucinations and some very graphic and detailed sexual abuse stories which started to involve murder and satanic abuse.

At the enthusiastic encouragement of my hypnototherapist, I began showing signs of multiple personality disorder. Meanwhile, I continued to read books such as the Courage to Heal and books on MPD (Multiple Personality Disorder) and my symptoms grew much worse with therapy until at last I suffered a mental breakdown and was hospitalized because of the hallucinations I was having.

During the hospitalization, I was given a small amount of [a drug] to take and I realized that all the detailed and graphic memories had not been real, but some kind of hallucination or figment of my imagination that had been encouraged by my therapists. I was diagnosed by my doctor as having Borderline Personality Disorder.

Included in the letter from Alice L. was this incredible document:

1. Do you have problems with self-confidence and self-esteem?
2. Do you feel that you are either passive or aggressive? Do you have problems acting assertively?
3. Do you feel that you have "control" your emotions?
4. Do you feel easily intimidated by authority figures?
5. Do you sabotage current relationships, especially sexual relationships?
6. Do you fear that people are interested in you primarily for sex? Does the importance of sex seem exaggerated?
7. Do you feel that you have to be careful how you act and dress because you might sexually arouse others?
8. Are you afraid to love - always questioning "what will they want from me now?"
9. Do you act "different" or passive around your family of origin?
10. Do you act overly-react or misdirect your anger in situations that frustrate you? Are you afraid of anger?
11. Do you avoid taking control of your life today? Do you have trouble making decisions?
12. Are you a perfectionist, over-achiever, or generally a compulsive person?
13. Do you get upset when you hear a rape, incest or child abuse victim tell their story?
14. Do you have trouble trusting others or trusting your own perceptions?
15. Do you have unrealistic, unreachable expectations of your self as a parent? Do you feel you have to compensate for something? Do you try to be a superior parent or have you deliberately avoided becoming a parent altogether?
16. Do you have blocks of your childhood you can't remember? Do you have a sense that "something happened?" Do you have memories of abuse with no emotions associated with those memories?
17. Have you ever been promiscuous? When you have sex, are you really seeking love, affection, and acceptance?
18. Do you feel sex is "dirty"? Do you avoid mirrors? Do you feel you're unattractive?
19. Do you feel different, a freak? Do you fear someone will discover your secrets?
20. Have you ever considered suicide? Have you ever suffered from depression or felt there was a "black cloud" hanging over you?

If you have answered "YES" to three (3) or more of these questions, Survivors of Incest Anonymous can help. You can contact S.I.A. by calling or writing:

Survivors of Incest Anonymous, Inc.
World Service Office
P.O. Box 21817
Baltimore, MD 21222-6817
301-282-3400

I continued to read books such as the Courage to Heal and books on MPD (Multiple Personality Disorder) and my symptoms grew much worse with therapy until at last I suffered a mental breakdown and was hospitalized because of the hallucinations I was having.

During the hospitalization, I was given a small amount of [a drug] to take and I realized that all the detailed and graphic memories had not been real, but some kind of hallucination or figment of my imagination that had been encouraged by my therapists. I was diagnosed by my doctor as having Borderline Personality Disorder.
I have since stopped the litigation against my father and apologized to him and my family, although whether they can forgive me for three years of false accusations remains to be seen. I still remain perplexed and very disturbed as to how this all could have happened to me, but I know that the Courage to Heal book had a lot to do with it. 

Alice L.

Become Informed

In order to understand the phenomenon in which the therapeutic community is now embroiled, we need to become as informed as we possibly can on what people who identify themselves as survivors think and what are the influences on them. Besides familiarity with Courage to Heal and Incest Survivors Anonymous there are some other sources of information.

1) Attend an incest survivors meeting. These are usually listed in local papers.
2) Make a visit to the recovery section of a bookstore and browse for a while.
3) Subscribe to
   The Survivor Network
   P.O. Box 80058
   Albuquerque, NM 87198
   This organization has a newsletter, a magazine and a Resource Directory. A special feature of the directory is a section with information about therapists, their fees, schedules and areas of specialty in working with survivor issues.
4) Subscribe to
   Survivors Newsletter Collective
   Women’s Center
   46 Pleasant Street
   Cambridge, MA 02139
5) If you have access to CompuServe, read the bulletin board devoted to sexual abuse issues. If you are an academic with access to the internet, subscribe to the newsgroup “alt.sexual.abuse.recovery.” These are all revealing sources of insights into understanding the incest survivor movement.

Why my child?

Given the obvious pseudo-scientific aura of all this, parents ask us over and over again: “How could my child who was highly educated and trained to look for evidence fall for this?” We don’t know the answer, but more than one psychiatrist has suggested that it may be because the people who recover memories were such good students. It’s a hypothesis that makes sense to parents and to educators.

Pilot data from 140 families show that the children were generally high achievers (over a quarter with advanced degrees). They did well in school and also did well in piano lessons, violin lessons, drama lessons, tennis lessons, swimming lessons, etc. In other words, the children could go into any classroom and get an idea very quickly what was expected to get an “A,” had the mental capacity to do it and, even more important, had the self-control and determination to do it. When these people are “compliant” because of a therapeutic setting and if an expectation that sexual abuse is the cause of every ailment is embedded in that setting, then these children become the most abused. They are the best students the therapist has and so recover not only the most memories but also the most bizarre memories. They are great students. This is, of course, only a hypothesis and it does not fully explain the situation, but it is an observation that makes a lot of sense to most parents.

In fact, after looking at the data we have been collecting, Dr. Martin Orne has suggested that indeed the families of origin of these people who recover memories might even be described as families in which some of the “best parenting” has taken place. So intrigued is he with this hypothesis that he has started on a research project to test its validity.

More on Sex Abuse Definitions

On a past weekend we had occasion to see a John Bradshaw video during a public television fund raising effort. The listener was told that if a father said to his daughter, “You’re daddy’s little girl,” that was sex abuse. We can’t think of a thing to say in response except that we are not the organization that is making the critically important issue of child sexual abuse seem trivial.

Tele-therapy?

This show raised many questions in our mind. It contained a ritual in which participants appeared to say “good bye” to their parents and family of origin and to join the recovery movement, a new family. Has the disintegration of the family reached the point where such rituals are sanctioned on public television? We began to wonder about society’s approval of “distance” therapy in which powerful psychological techniques were employed with thousands of people about whom the therapist had no information as to their mental state. Where does evangelism begin and therapy end? We began to wonder about a society that in almost every state allows any person to get a small business license and put out a shingle calling himself or herself a “therapist.” Are we not really abusing our adult children if we let such a situation remain uncorrected?

Most frequently asked question of parents: “Should I send my accusing child the information that you sent to me?”

If only we knew the answers to such questions! The material in the packet that goes to parents was designed for parents. We do not think that is will be generally well received by most children and, in fact, might seem threatening. Yet parents have told us stories children coming to change their views after getting copies of the material. While some parents have told us that sending the information started a dialogue, about the same number of families said that their children cut off all communication.

The fact that we have begun to get calls from people who have recovered memories will help us to learn what questions these people have. We are working as quickly as we can to prepare information that will be helpful to these people.
Our Conclusions

Countless adult children who go to therapy come to believe they have been victimized by their parents. SOME of these adult children are victimized — by their “therapy.” No matter what the reason is for seeking therapy, they are led to believe they were sexually molested as children. They begin to believe they are incest victims and sever all ties after labeling their parents as “perpetrators” or “enablers” or both.

The horrendous abuse that these accusing adult children describe may not have happened to them in reality, but the abuse is real — it happened! Not in their cribs at six months of age, or when they were two or three years old, or from age two to fourteen as some claim. Satanists did not take these adult children from their beds in the middle of the night when they were young children and force them to witness the sacrifice of animals and babies. It is not likely that any of these adult children were given blood to drink in their baby bottles. But they have lived these experiences in their minds — so to them the abuse is absolutely “real.”

They lived the experiences as they confabulated them with the aid of a therapist, books, tapes, groups, and seminars. The abuse became more vivid as they articulated it, visualized it, described it, relived it in therapy, wrote about it, had it validated by a therapist and a group, talked about it over and over again. The abuse became increasingly real as they grieved about it, confronted their perpetrators, told their friends and families about it, and performed rituals with their support groups. The hate they learned to express for the so-called perpetrators and enablers made the abuse even more vivid in their minds. The abuse became the center of their lives, so the abuse is real. If it happened or not, the abuse is now the most vivid memory they have. Most memories fade in time — they become fuzzy. These memories, that have been confabulated, are so vivid they will probably live forever. The adult children have lived with terror in their therapy and group for so long that it is real. They are programmed to direct the terror against their parents.

These adult children have different memories of their childhood than their parents do. They are told that their parents are “in denial.” Their therapy has taught them to cut off all ties with anyone who does not believe their stories. Cut them off completely — do not accept letters, gifts, phone calls. Anyone who does not believe the stories is “dead” in the minds of the victims.

The therapy these adult children go to is a new type of therapy. The therapists believe in “body memories” and accept recollections of decades-long repressed memories as gospel without challenge or the need for confirmation. Therapists believe in reinforcement by books and groups and in focussing on the pain. Adult children are told the “family of origin” is disposable and a supportive “family of choice” is preferable. Grandchildren as young as five are being told their grandparents are evil and these children are often entered into “therapy.”

These therapists are creating new definitions for the mind. They define the mind as a tape recorder with each memory firmly embedded to be brought to the surface with the aid of a therapist or hypnotist. They do not know or want to know that memory consists of fragments that are constantly reinterpreted. Therapists are exercising a tremendous power
Therapists who rely so heavily on rediscovered memories do not take into account the traditional scientific knowledge about mind and memory. Memory is made up of fragments — often disjointed and contaminated — some bright and sharp, others murky and vague. Many memories are additionally contaminated by the images received from television, movies, radio, and books. How can it be determined if a recalled childhood memory is of an event that actually happened or is a made-from-TV image? Most rational therapists would treat stories of satanic rituals or crib rape as fantasy. Other therapists believe they must accept any story reported by their clients, however outrageous, as fact and even counsel their clients to take action against their families based on these unsubstantiated stories. To accept confabulations as accurate revelations is at best non-professional, at worst should be considered criminal malpractice.

Therapists must develop a code of ethics which recognizes that accused parents have rights, that repressed memories are not always valid, and that books, tapes and seminars that are programmed for specific objectives are improper tools for psychotherapy.

Legislators must become aware of the danger of passing laws that run roughshod over the rights of citizens regarding decades delayed discoveries based on repressed memories. And journalists better stop, look, listen — before accepting as valid, claims based on repressed memories.

If these agents for justice and opinion-making in our society do not become more responsible, many more abuses will occur, costing our society the very basic ideals it relies on in order to endure — fairness and justice.

It’s time for an appraisal of this dangerous situation by professionals trained in the rational scientific method to look for data and facts about decades delayed discoveries and repressed memories.

It is absolutely unbelievable in this society, where justice is supposed to prevail, that parents can be vilified and victimized by their adult children without any recourse.

Of course, the adult children are the greatest victims of all. They are sacrificing families and inheritances and living in fear. New memories have come to dominate their lives.