

FMS Foundation Newsletter

3401 Market Street suite 130, Philadelphia, PA 19104, (215-387-1865)

Vol 2 No 2

Feb 5, 1993

Dear Friends,

"Please tell the readers that it now takes two people two hours just to open, date and sort the FMSF mail each day," prodded the office volunteer as we began this newsletter. "Tell them that on a quiet day we average 60 calls, but that when FMSF is mentioned in the media, we get 120 or 150 calls." As more and more people contact FMSF, so too do more and more papers follow. Last week we moved to larger quarters and for now, at least, we have space for desperately needed file cabinets, desks, phones and a growing library. The new FMSF address is,

FMS Foundation
3401 Market Street - Suite 130
Philadelphia, PA 19104

"How big do you expect to get?" a reporter asked us last week. "We have no idea," we replied and asked for her estimate. She didn't know either. "Unbelievable, simply unbelievable," we agreed.

The following story arrived in the mail the day after that conversation. Does it hint at the scope of the problem or is it chance?

"Last Friday I met an old friend and colleague for lunch. We have not met since my daughter made her accusation because I didn't feel I could see him without telling him about the crisis in my life. I have felt so perplexed that I just didn't want to talk about it. Now that I understand how this happened, I was finally able to call my friend.

We began with the ordinary pleasantries when suddenly he broke off with --'But that's not what I want to talk about. I have to tell you that there has been a terrible problem with my daughter. She has accused me of sexual abuse.

As he began his narrative, I interrupted, 'I don't want to stop you but I have to tell you first that I have exactly the same problem.'

He then described being cut off completely from his daughter, a forty year old with several children. The pattern is very similar although in his case, the daughter consented to talk with her mother. The family is a religious one and everyone is praying for everyone else. The startling thing to me was to hear him say that he has learned that his neighbor across the street has the same problem. In that, he was luckier than me because he did not have to live with this alone."

There are other hints that this phenomenon is widespread. Two weeks ago the first newspaper story about families affected by FMS appeared in Great Britain. A German television crew filmed some families here for a story to be shown there. The reporter told us that professionals in Germany were well aware of the problem.

We received an impassioned letter from a person in New Zealand who represents an organization of families who are outraged at what is taking place there. In New Zealand, she said, the funds that exist for helping victims of crimes are depleted because so many people had recovered repressed memories. A person who had been the victim of a recent crime, such as rape, had difficulty being compensated. We wrote back that a similar pattern had been found in the state of Washington.

Findings from a study of Victims Compensation in Washington State

- Sexual assault claims represent an increasing percentage of the total crime victims fund from 1987 - 1991.
- Half of the crime victims compensation filings in 1992 were for sexual assault.
- Mental health services represent 90 percent of the cost of sexual assault claims.
- Repressed memory claims are costing more than other types of claims allowed. (non-family sexual assault: \$1,552; family sexual assault: \$1,997; repressed memory: \$9,127; all other types: \$1,794).
- Repressed memory filings increased by a larger percentage than other filings in 1992. (non-family sexual assault 10%; family sexual assault: 114%; repressed memory: 187%; all other types: 30%).

(From Washington State Institute for Public Policy, Community Protection Research Project, Evergreen State College, Olympia, Washington 98505 (206-366-6000) December 1992.)

Do these bits and pieces begin to supplement the picture that we show by our count of affected families? FMSF will get as big as it must to document and study this phenomenon, to answer the questions that people ask and to look for ways to foster reconciliation of families in which all the members have been terribly hurt and embarrassed.

Pamela

"The accusation is like a rock hitting water, the ripples just affect everyone in the whole family."

a mother

Dear Prime Time Live:

On behalf of more than 2,600 families, we thank you for your outstanding production, "Devilish Deeds" on January 7, 1993. We appreciate the

courage that it took to cover this politically sensitive and emotionally charged topic.

You have done a tremendous public service. You have documented a situation in which a therapist asked leading and suggestive questions and shown how a memory could be induced. You have helped viewers understand how counselors can inadvertently lead their patients to fulfill their own expectations.

The fact that therapist suggestion may be unwitting, speaks to the need for radical curriculum change in mental health training institutions. It speaks to the need for licensing and monitoring, especially since in most states anyone can get a small business license and hang out a psychotherapist shingle. Research has shown over and over again how suggestible humans can be. Research has shown over and over again that people can be led to believe they have memories which are, in fact, not historically accurate. It appears that we monitor the people who care for the hair on our heads far more closely than people we let tamper with the inside of our heads using very powerful tools such as hypnosis, guided imagery or relaxation techniques.

We have lost track of the number of people who have spoken to us about the segment with Dr. Hammond. Callers are shocked by his claim that therapists are not responsible for verifying the information they teach in workshops. Dr. Hammond conducts workshops in hypnosis and ritual-abuse therapy yet has no empirical evidence that ritual abuse conspiracies exist.

We thank Dr. Ganaway and we thank all the people involved with the Prime Time production for their help in understanding the FMS phenomenon a little better.

"Probe of 'Ritual-abuse therapy' urged"

(San Diego Union-Tribune, Monday January 18, 1993 by Jim Okerblom and Mark Sauer)

Jeff Younggren, a psychotherapy expert commissioned by the state of California, has recommended to the state Board of Behavioral Science Examiners that they "convene with the state Board of Psychology, which licenses psychologists, in an effort to address the impact of ritual abuse therapy in California and across the nation."

"Ritual-abuse therapy has no basis in scientific fact," he said. "A minority within the profession, those therapists who use techniques such as hypnosis and age regression in efforts to unlock 'repressed memories' of abuse may be guilty of malpractice," he suggested.

"It's hurting lots of people and destroying families. Even worse, it's really screwing up kids." If you are creating mythical memories in children and adults which are damaging their families and other people, then that is gross negligence under the law," Younggren

said. Younggren is urging an examination of whether "ritual abuse therapy" violates ethical standards of the profession, or if it constitutes gross negligence because it is an extreme departure from normal standards of care."

What do memories of ritual abuse have to do with FMS?

Of the stories that are told to FMSF, approximately 15% involve memories of satanic ritual abuse conspiracies. In the stories we record, all the memories seem to be "recovered" using the same techniques. The same processes bring forth memories of past lives, space alien abduction, satanic ritual, incest, and a host of various kinds of abuse. We often see a pattern in which memories begin as vague and uncertain suspicions. Over time memories become clearer and then are elaborated. We see a pattern, for example, in which memories of sexual abuse may grow to include abuse

by many people and (in about 15% of the stories) grow to include memories of satanic ritual abuse.

Too late

"Her problem is very serious and she has been diagnosed as having Multiple Personalities. She has been to a therapist that she regards as next to God who tells her what to do. She lives in another state and because my husband was so sick it was very hard to try to see her. I did make one trip but the therapist would not talk or meet with me. He told me to stay away from my daughter and not to contact her as it would trigger her to become someone else and she could do harm. I have been unable to get any information about her condition and am frantic that it may be too late if something isn't done soon to try to help her.

This accusation couldn't have come at a worse time for my husband and myself. He was in the very last days of his life and it just completely devastated him. He always loved his daughter and could not believe that she could come up with this story....As you can tell, the entire family has been destroyed. Of course, the saddest part in all of this is the fact that my husband died trying to make her see that she had made a terrible mistake. He did not die in peace."

a moth

17% of families are threatened with or involved in legal actions. These generally start with a letter from a lawyer such as the one below.

Dear Parent:

I wish to advise you that your daughter has been having trouble thinking about her schoolwork because of something that happened in her childhood that she tried to suppress. She didn't want to talk about it with anyone. Since this has been bothering her for quite a while, she decided to take action last week. She made appointments with both a psychiatrist and also a hypno-therapist who put her under hypnosis and took her back to her childhood.

As a result, she recalled a sordid memory of a time when you molested her. This has been bad for her health. She has vivid and detailed recollections of your incestuous advances toward her.

Your daughter does not want to cause any problems for you, but she will require long term therapy which is expensive. She will also require counselling. Your daughter has had to interrupt her studies, but she wants to return to school and complete her college education.

If you wish to handle this in a discreet manner, I will obtain estimates of costs for the therapy she requires. We are most serious about this matter and will proceed accordingly if we must. I expect to hear from you within seven days of receipt of my letter.

Is there repression or isn't there?

"Is there repression or isn't there?" we have been asked over and over by parents, lawyers and members of the press. "That is not something to which FMSF can give a definitive answer," we reply, "even though we wish we could. The scientists who study memory are the people who must speak to the scientific evidence of repression." Do we, in fact, need a definitive answer to that question? Is that the question we should ask?

"Repression" is a relatively common word (Carroll, Davies, Richman, *Word Frequency Book*, American Heritage, 1971.) It is commonly used to describe forgetting of unpleasant things and in everyday language, few people make a distinction between 'suppress' and 'repress.' An unpleasant dentist appointment forgotten, for example, and a person might say, "I must have repressed it."

Our understanding of repression derives from an interpretation of Freudian theory. There are various theories of repression. The notion of repression in "ritual abuse therapy" or in "survivor therapy" is based on the theory that people survive certain traumatic experiences because there is an active mental mechanism that takes over and shuts out what is going on. This is called dissociation. Scientists generally agree about dissociation. It is both a part of common experience and a process that has been clinically verified.

"Ritual abuse therapy" and "survivor therapy" are based on another assumption: the memory formed when a person is dissociated is different from other memories. This is where the controversy begins.

Memory researchers consider that forgetting is a normal process, a passive process. People forget things. They don't have to put effort into forgetting. It just happens naturally. Some things get remembered, however. Things that are especially meaningful or emotionally charged seem to be remembered. For example, the death of a grandparent, the birth of a sibling, moving to a new house, the first day at school, a scary story.

"Ritual abuse therapy" and "survivor therapy" are based on the assumption that a memory formed when a person is in a state of dissociation is stored like a "time capsule." For this to be true, there has to be something that "sits on the time capsule" to keep it from being opened. There has to be an active process to keep the traumatic memory from being treated like other memories. That is, repression (in ritual abuse therapy and survivor therapy) is different from normal forgetting in that it applies only to some events (traumatic ones) and involves a continuous active mechanism (the repressed memories have

to be "held down").

Scientists agree that most memories are bits and pieces that are reconstructed into a story. A repressed memory, however, is supposedly untouched and intact -- like a time capsule.

What is the evidence?

Whether there is or is not a mechanism of repression is far less important than whether there is any data to indicate that a delayed memory stays intact as if photographed by a video-camera. There simply is no such scientific evidence. The memory, and the report, of a human is absolutely not that of a video-camera, even if the person is an accomplished artist (and in theory could draw the picture that a video-camera takes). The human mind interprets the memories that it has, and the memories reported include that interpretation.

Since human memories, including any that may for some reason have been blocked out -- either consciously or unconsciously -- are not camera-like, there is certainly no reason to assume that uncovering a memory that is "discovered" by the person some years hence would be protected from the normal forgetting process or from the standard reconstructive process.

Rather, there is every reason to believe that like dreams and fantasies, such "newly discovered" or "uncovered" memories include the wishes, fantasies, and beliefs of both the child and the adult who "finds" them. It is well known that the child is even more prone than the adult to mix wishes and fantasies in with the events they "remember." To assume that "uncovered" delayed childhood "memories" are somehow exempt from childhood wishes and fantasies is folly and not founded on any scientific studies.

There is no question that the context in which a delayed memory is brought forth can affect the memory report and the memory itself. Repeated questioning about a specific topic can "shape" or change the "memories" brought forth or "uncovered." To assume that because a memory is delayed or "uncovered," it is not subject to the context in which, or after which, it was "remembered" flies in the face of all scientific data about memory reports.

There is a solid body of scientific information about memory and about human suggestibility. The myth that is perpetrated in the "recovery of repressed memories" movement is that any delayed memory has to be intact, untouched, veridical truth, the accurate "voice" or video-camera of the "child within."

Many people seem to have the misconception that we store accurate, unreconstructed video-recordings of the events we have experienced. Scientific evidence, however, indicates that memory is reconstructed. Memories are not like video-recordings.

Many people seem to have the misconception that the vividness or emotional force of a memory is a reliable indicator of the accuracy of the memory. There is no scientific evidence to support this belief.

(Thanks to members of the FMSF Advisory Board, M. Orne and E. Loftus for comments on this section.)

Hit and Run

"My daughter's accusation was made after several years of her being depressed, medicated, hospitalized, and having several different counselors. During these years she disassociated herself from many of her friends, her relatives, her husband's relatives and my husband and me.

"She made this accusation in a planned, supervised, and controlled meeting within the Psychiatric Department of a hospital. My wife and I were shocked at such an occurrence and were given no opportunity to discuss this further by the hospital staff, even though we asked."

"Evidence grows of abuse by psychiatric hospitals"

The January 1993 issue of the *Monitor* of the American Psychological Association reports a study of private psychiatric hospitals conducted by Ira Strumwasser, executive director of the Michigan Health Care Education and Research Foundation. The study concluded that "38 percent of the hospital admissions and nearly 40 percent of hospital care days were unnecessary as were about 75 percent of admissions for substance abuse." This information corroborates the abuses by psychiatric hospitals found in the 1992 hearing by the House Select Committee on Children, Youth and Families.

"The exploitation of the families of the seriously mentally ill by the for-profit private psychiatric hospitals may be the most reprehensible behavior in the history of mental health care," according to Bryant Welch, JD, PhD, and APA's executive director for practice.

Where do we go from here?

"We live in state A and our daughter lives in state B. We do have the names of her therapists although we were never allowed to talk to them.

We received most of our information from our son-in-law. He also told us the hospital was closed in early 1992 for doing many things wrong, such as medication, etc. The building now has a different type of clinic in it.

Our story started in 1989 and there were no changes until eight months ago when her insurance ran out. Although she is still associating with other patients she met in therapy, she did let our 4 grandchildren come to visit last summer. She is talking to me a little more now but

WHERE DO 2,624 FAMILIES LIVE ?- 02/01/93

AK(8)	AL (7)	AR (6)	AZ (81)	CA (441)
CO (38)	CT (33)	DE (7)	FL (115)	GA (34)
HI (4)	IA (19)	ID (16)	IL (95)	IN (21)
KS (29)	KY (8)	LA (9)	MA (77)	MD (41)
ME (11)	MI (79)	MN (51)	MO (55)	MS (2)
MT (12)	NC (24)	ND (3)	NE (11)	NH (7)
NJ (77)	NM (17)	NV (15)	NY (112)	OH (86)
OK (21)	OR (47)	PA (162)	RI (7)	SC (10)
SD (5)	TN (13)	TX (96)	UT (126)	VA (33)
VT (10)	WA (131)	WI (105)	WY (5)	DC (6)
VI (1)				
Canada -	AB (12)	BC (29)	MB (32)	NS (2)
ON (99)	PQ (4)	SK (5)	PE (1)	
England(5)	France (2)	Ireland (1)	Israel (2)	Germany (1)

she still talks of flashbacks, etc. She makes fewer snide remarks. We don't know where to go from here."

Heartbroken

"We had no idea why our oldest daughter suddenly and without warning turned completely against us about a year and a half ago. We have always been a close knit family and have kept in touch with each other even though we are now scattered across the country. We are now in our late seventies. We have five children and none of the other four children seemed to know what the problem was. She has not contacted her sisters. She did tell one brother who managed to find out about your foundation and contacted you.

"Apparently she can't remember anything specific (because there isn't anything to remember) but she feels sure something happened.

"A few days after Christmas, I called her to say that we were coming up to bring the Christmas presents to the grandchildren. She told me not to come and wrote me a little note that she needed time and space. So I mailed the presents to her. They were returned unopened. Since then I have tried to contact her but have had no luck since she sends mail back unopened."

More Optimistic

The term "recanter" is not liked, especially by the people to whom it was referring. Someone has suggested "returnee" and others "retractor." We are going to avoid using any "label" if we can. For the time being, at least, we will talk about people who had terrible memories they now consider false.

This month we have had two stories of daughters who have resumed contact with their families after 3 and 4 years sparked, presumably, by the birth of a baby. In these cases, like others that we have reported,

there has been no discussion or resolution of memories. People seem to be picking up and moving on. Parents write that they are not comfortable but are so glad to see their children that they will continue this way. What do the children think?

We wrote last month about a family whose daughter asked if she could spend Thanksgiving at home. There had been no mention of the things that had split the family. We received a letter last week, however, in which we learned that after some "on again - off again" behavior,

"The deep pain in my heart never goes away. We try to live as normal a life as possible, but who can, when a piece is gone."
a mother

the daughter is now questioning and discussing the memories. She is no longer in therapy.

We have been told stories by three families in which the daughters invited their parents to spend Christmas with them. These were all after 5 or 6 years of no contact.

It's slow. We're learning. Thank you for keeping us informed about what is happening in your families. This will provide a foundation for understanding and for helping others.

Governing Agencies

Recently we were contacted by a parent who has a daughter in New York State. We thought that parents in other states might want to read what she wrote. This mother has suggested that all the parents who have adult children residing in NY and who have recovered memories and cut off contact might call the Office of Professional Discipline to report what is happening to them. Parents need only use their first names and describe what is happening to their family. If parents know the name of the involved therapist, they might want to report his/her name. They also might want to ask for the forms needed to file a formal complaint against the therapist. (This does not mean that they will then have to file said complaint.) The objective is to inform the governing agencies what is happening in the therapy field. If we are quiet, these agencies will not know there is a problem.

Here is how she went about it:

"Hello. My name is (first name). My spouse and I are very upset because something terrible has happened in our family. Our daughter (or son) is now in therapy and we believe she is not being properly diagnosed. In fact, we believe that her therapist may be helping to create her illness. We are worried and distraught as our daughter has been behaving so strangely since she entered therapy. This has been going on for quite some time now.

"Just recently she announced to us that all of her problems are related to her having been sexually abused by (name of person -- father, mother, etc.) when she was a child. This is absolutely not true, and we don't know what to do as she now refuses to talk with us or contact us in any way and we have been left devastated. We believe she is suffering from the False Memory Syndrome. We don't know where to turn and we were hoping you might be able to help us."

Conclude:

Ask for forms to file a formal complaint or state: "Even if your office can't help us, we just wanted you to know what is going on in the therapy field."

Remember: The voices of many sound much louder than the voice of one person.

If you would like help with making this important phone call, please contact Evelyn at 201-835-4647 (NJ) or through the FMSF office. If you live in New York State but your adult child resides in another state, call the Attorney General's office in that state and inquire where you can call and/or file a complaint against a therapist.

Upstate

Office of Professional Discipline 315-445-2111
Tecumseh School -- Room 11
Nottingham & Waring Road
Jamesville, NY 13078

New York Metropolitan Area
Office of Professional Discipline 212-870-4369
163 West 125th Street
New York, NY 10027

Parents who know that the therapist is a licensed social worker might also want to contact:

Camille Claymon, Ph.D., ACSW 518-463-4741
Executive Director
National Association of Social Workers
New York State Chapter
225 Lark Street
Albany, NY 12210

Results of making noise

Making noise is starting to produce some action. In Utah, appropriate agencies have listened to parents and concluded that they are telling credible stories. Discussions are beginning on model licensing procedures that will begin to address the problem on one level.

Our Critics

It seems that this is getting to be a regular part of the newsletter. The criticism that we've heard about this month is of a more organized nature.

In Utah, there is a group that refers to itself as Survivors of FMSF. We don't know what an organization such as that does. They have not contacted us or requested information that we know of. We are sorry that FMSF is so threatening to these people. We hope that they are interested in improving the mental health situation in their state. We would be pleased to discuss their concerns with them.

In Sacramento in November there was an invitational seminar at the University of Pacific McGeorge School of Law, entitled, "Defining and Responding to the Backlash against Child Protection." The list of participants was published in Nasvonews 11 (1). Nasvonews is a newsletter for the VOCAL organization. We have been informed that FMSF was discussed at this meeting. Perhaps in the near future, we can sit together and discuss their concerns.

We invited several people who have published papers that are quoted in the survivor literature to speak at the April Conference. One person declined stating that s/he declines many invitations in any case but that this conference would make him/her sad because s/he would have to say that many people in the audience were guilty. We thought that quite amazing.

Another person who declined said that s/he would not speak because FMSF is an advocacy organization. We puzzled over that. We are not set up as an advocacy organization. Finally, we realized that yes, indeed, we did advocate "critical thinking."

We were asked by at least three reporters to comment on the fact that members of the FMSF Advisory Board were resigning in droves. The rumor that is being spread is that they are resigning because of "sleezy" operations on the part of FMSF. That is not the case. Indeed, we have been remiss in updating our Advisory Board. One member of the current board has asked to resign for personal reasons, Dr. Jon Baron. His help in understanding attentional bias has been immeasurable and we give our greatest thanks for his help. There are many outstanding professionals who will be joining the board and/or a Board of Fellows. Time to do this properly has been in short supply. The fact that this rumor is being spread indicates that we should address this immediately. We thank everyone for patience and understanding.

We have been informed that this rumor is being spread in survivor workshops. We suspect that this is yet one more effort to discredit FMSF, like calling FMSF an organization for perpetrators, satanists, anti-feminist, aligned with pornography industry or supported by insurance companies and who knows what else.

None of these slurs is true and are instead an indication of the types of pressures that have been brought to bear on individuals who have attempted to speak out and say, "Stop and think. Where does the information come from? Can conclusions legitimately be drawn from that information?"

To question does not mean to be "against." Cult-like thinking demands total unquestioning belief. The types of rumor-spreading and slurs are an indication of the cult-like nature of the survivor movement. The world and its issues are not black and white. Where there is uncertainty and ambiguity there needs to be discussion to help clarify and understand. Throwing stones will not help.

Don't conjure up traces of incest

Sara Overstreet Reprinted with permission of author
Sentinel & Enterprise, Fitchburg, MA, January 15, 1993

A few years ago, my good friend, a social services attorney, and I were having one of our regular Women's Days. Several times a year, she and I drive to a resort halfway between the two cities we live in and spend the day shopping, eating and talking.

We were discussing some psychotherapy she had recently started, and she shook her head. "My therapist said he thinks I was an incest victim as a child, that I have all the classic symptoms," she said. "I told him, 'Hey, if I thought there was a chance it had happened, I'd tell you. But it didn't happen.'"

Now when this friend says something didn't happen, it didn't happen. She's the most uncompromisingly honest person I've ever met, and she doesn't flinch from any-

thing. She wasn't one of the incest survivors I'd seen on Phil or Oprah, simply blocking out too horrible memories.

Her statement staggered me, because a therapist had told me almost the same words not too long before: "You have all the classic symptoms of an incest survivor." We'd been digging up the bones of my failed marriage, and the therapist had already labeled me as "co-dependent" because I'd shown all the "classic symptoms" of that, too. (After several months of sessions and two pop psychology books, "co-dependency" still sounded to me like a person who took seriously the lessons he or she had learned in Sunday School, trying to deal with other people who didn't; but that's another column.)

Research that hurts

My therapist's conjecture of incest became a recurring mental boxing match because of its very nature: I believed it was preposterous, yet one of the hallmarks of such abuse is supposed to be its denial. Was I sure it never happened? Always I was sure. If nothing else, having planted the possibility in my mind, the therapist helped me reaffirm the care I did receive.

This issue simmered in my consciousness for several years, but came to a full boil when I read a review in *The New York Times* recently of several popular books dealing with incest. In an article titled "Beware the Incest-Survivor Machine," author and social psychologist Carol Tavris points to several alarming similarities among books about incest survivors. First, there are the "symptom lists" by which one is supposed to be able to tell if one has survived incest. One could easily find oneself on the list if one has led anything less than a 100 percent fulfilled, assertive and happy life.

Then Tavris cites research on the nature of memory that points to a biology of constantly re-creative rehearsing and encoding of data, of brains highly sensitive to suggestion and especially hypnosis, a technique widely used by therapists to unearth supposed hidden incest memories. She illustrates with examples from the biggest sellers in the incest-survivor field, and a lot of them reveal pretty weak stuff. This is my favorite, from "Secret Survivors":

"It is my experience that fewer than half of the women who experienced this trauma later remember or identify it as abuse. Therefore it is not unlikely that more than half of all women are survivors of childhood sexual trauma."

I give up. If we believe this, half of us might as well just pick a therapist, sign up for the lifetime plan and buy said therapist a new house in the suburbs.

Incest does happen and it's horrible, and that's why it is so important not to cook the numbers and make it seem more common than it is.

Biting the Doctor

A recent Ann Landers letter told of a patient who bit her doctor when he accidentally pinched her with an instrument during a pelvic exam. Many letters followed suggesting that the woman was sexually abused. An FMSF reader asked us "With feet in stirrups and flat on her back, the doctor at her feet, how could she bite the doctor?" Isn't there more evidence in this story that the woman was a contortionist than that she was abused?

**Prevalence of Abuse?
Are the conclusions warranted?**

There are a number of papers that are frequently cited as evidence that the memories that people recover must be true. We will review some of these from time to time. In general, most of the studies that are cited are based on either clinical populations (which means that there is no base rate or standard for interpreting the results for the general population) or the studies rely on retrospection (reports from the past are notoriously unreliable). A study by Linda Meyer Williams, "Adult memories of childhood abuse: Preliminary findings from a longitudinal study," (Summer 1992). *Advisor*, newsletter of American Professional Society on the Abuse of Children (Chicago) avoids those pitfalls. We will describe the study very briefly and then report on a critique by Robyn Dawes that shows why the conclusions that the author draws from her results are not justified.

The study is an effort to determine the prevalence of child sexual abuse in our society. The problem has been that "many women do not remember the abuse or chose not to tell," so that statistics may be underestimated. The Williams study is an effort to see how common amnesia is in a community sample. She follows a group of 200 females (infant to 12 years) "who reported sexual abuse in the early 1970's. Details of the sexual abuse were recorded as part of the National Institutes of Mental Health study of the immediate consequences of abuse shortly after the abuse was reported and, thus, are not subject to recall biases." The women from the original study were interviewed and asked about childhood abuse. "Those who did not report the abuse during the follow-up interview were asked if they recollected going to the hospital as a child."

"The results showed that thirty-eight percent of the women were amnesic for the abuse or chose not to report the abuse to out interviewers 17 years later. qualitative analysis of these reports and not-reports suggests that the vast majority of the 38% were women who did not remember the abuse."

The author concluded that "these preliminary findings confirm the reports from clinical samples that a large proportion of women do not recall childhood sexual victimization experiences."

"Nancy was 10 minutes into her weekly co-dependency group before she realized she was at the wrong meeting. Instead of a group for people with eating disorders, the 42 year-old writer for public television in New York was surrounded by adults who were habitually messy.

"I got there late, and evidently they had changed rooms," she said. "What is upsetting was that there were several other people from my eating group, but they hadn't noticed either, because the vocabulary was the same....

"The notion that scars etched deep in childhood resurface as negative behavior in adults is under attack from a number of directions.

"Recovery movements under critical glare"
Elizabeth Mehren of the *Los Angeles Times*.

Is the conclusion justified from the data? Dawes' critique.

It is possible to "prove" -- a lot of confusion -- if one looks only at one row or one column of a 2 * 2 table.

	y	a	b
actual abuse	n	c	d
		y	n
		Reported Alone	

Noting that "b" is not equal to 0, Williams recommends a reassessment of a + b, claiming it must be greater than a + c. But she has no evidence about the second row - specifically, the prevalence of c, which is the concern of FMSF.

To put it bluntly, it just makes no sense to conclude that: "retrospective studies which rely on self-reports of childhood experiences of sexual victimization are likely to result in an underestimation of the true prevalence of such abuse." (p 20)

In fact, her results are perfectly consistent with the possibility that retrospective reports result in an overestimation.

Suppose, using her somewhat broad 18-year old definition, 24% are abused and one out of four of them say "no." (That's between her 38% and 17% figure.) All it takes is more than 8% of the remaining 76% to answer "yes" and reports overestimate true prevalence. At 8% (.08 * .76 = .06) we have a match.

	y	.18	.06
actual abuse	n	.06	.70
		y	n
		Reported abuse	

Only under the assumption that c --> 0 can she make the inference she does, and that's the whole question. Moreover, in other contexts, we do not find extraordinarily low instances of saying "yes" when it didn't happen.

The principle that one can't reach a conclusion about a 2 * 2 table without considering all 4 cells really should be taught in elementary school. (No, it's not true that because the HIV screening test is "95% accurate" you have a 5% chance of being infected after you test negative.)

We welcome a reply to this critique.

My Sister's Story

The vast majority of the stories that are told to FMSF involve young women who entered therapy for help in dealing with normal life events such as weight problem or relationship problems. This story is different. This is the story of someone with a serious and recognized mental disorder which can be managed through current medical treatment.

My sister and I came to Canada from Latin America when we were young children. We became a blended family with my father and his two sons. We had a fairly average childhood, with good times and bad times and a few adjustment problems, as you might expect. We all went to Catholic school, where my sister and I quickly learned English. From the very beginning, my sister excelled at everything she did; she was confident and charismatic and very beautiful. Everyone seemed to like her and she had a great many friends. She was an A student and an exceptional athlete, having earned an invitation to the Olympic qualifying tryouts as a middle distance runner. She was also a very accomplished figure skater. It was her plan to study medicine and go to a poor Latin American country as a volunteer doctor.

About the time she graduated from high school, my sister's personality began to change in a very frightening way. She would unexpectedly become very angry for no reason and fly into an uncontrollable rage. At other times she would suddenly start to laugh or cry without any cause. She seemed to be talking to people that weren't there sometimes. Soon she had cut herself off from all her nice friends and was associating with people like astrologers, herbalists and "new age healers." She physically attacked our parents several times and as a result she had to move into her own place. She didn't go on to university as planned, and stopped caring about her hygiene. She became preoccupied with "healing" and went to "channelers" and "past lives" hypnotists. I can see now that she was very terrified about what was happening to her and desperately trying to find help. It was during this period that she started seeing a "counselor." She had started to abuse drugs and alcohol, and wanted to stop, because this was not really her true nature.

As soon as she started to see the counselor she became obsessed with finding out about our childhood. She collected every old photograph she could find, and started asking countless questions about our parents, our grandparents in Latin America. Then one day she came to the house and told us that she had been sexually abused as a child. She was very angry, and accused our parents of concealing information from her. She didn't seem to know who had abused her, but was working to remember.

My sister started to go down hill very rapidly. She started to be terrified that Michael the Archangel was coming to rape her and gouge out her eyes. She climbed to the top of a local mountain in the middle of the night to talk to "star people" and to look for rocks which had baby

stars inside. Then, a few days later, an elderly couple brought her to our home, half frozen. She had been hiding in a crack in the rock right next to the ocean for over 24 hours, dressed only in a thin exercise suit. My mother, who is a nurse, was able to warm her up in a lukewarm bath. When my sister had been revived, she became extremely hysterical. She was convinced that my father had chopped me up and buried me in the back yard, and that he had murdered my mother and replaced her with an android. My parents had to call for help, and an ambulance came with two police cars to take her to the hospital.

At the hospital, the attending psychiatrist had to tell my parents that my sister was very ill, suffering from paranoid schizophrenia. This psychiatrist is a marvelous doctor. He put my sister on medication, and spent a lot of time with her. She improved rapidly: she became quite relaxed and happy, the way she had been two years before. She started to make plans to get a job planting trees, then resume her education.

At this point, just when things were going so well, her counselor started to visit her in the hospital. This counselor told my sister that psychiatry was a conspiracy of the "patriarchy" and that its purpose was to take power away from women. She also told her that there was not such thing as schizophrenia and that all the symptoms were caused by a person's mind trying to blot out memories of sexual abuse. According to her, my parents had put her in the hospital to shut her up. She convinced my sister that her medication was to take away her will and make her forget, so she stopped taking it.

Before we know what was happening, my sister had discharged herself from the hospital. The counselor picked her up and helped her carry her stuff. My sister started going to survivors groups for two hours every day, where she was told to smash up plates with a baseball bat and to think up fantasies of mutilating our father.. She came to the house a couple of times to stand on the front lawn and shout about the abuse.

The next thing we knew was that we got a call from a friend of my sister in another city who told us that she was terrorizing people on the street. We went to her and when we arrived we found that my sister was living under a tree in the woods and had shaved off all her beautiful hair. She accused me of raping her and told my mother that she had no memories of the sexual abuse, but that the counselor was "helping her to remember." At one point she went out in the snow at 3 o'clock in the morning to cleanse herself in the river.

She received some money from social services for an apartment but she used it to buy a plane ticket to another part of the country because she believed that aliens might try to follow her. That is where she is now, terrified and alone, and afraid of the people who love her.

Our family, like any other family, has its shortcomings, but we have managed to cope with many difficulties. We would have coped with my sister's schizophrenia if the counselor had not convinced her that repressed memories was the source of her problems.

MEETINGS / NOTICES*Professionals and Parents in Support
of the FMS Foundation.*

To place a notice in this column in March, please be sure that we receive the information in writing by the 25th of February.

Contact your state liaison to find out about meetings in your area. Not all meetings are listed.

Columbia, Missouri**February 20, 1993**

9:30 A.M. to 4:00 P.M.

Pam Freyd, Guest Speaker

Holiday Inn Executive Center
at I-70 and Stadium Road.

To confirm reservations, call 314-445-8531

Call on or before 2/10

Room cost is \$64 per night.

California - Los Angeles**Sunday March 7 2:00 P.M. - 5:00 P.M.**

meeting will be in Pomona Valley

Pam Freyd - Guest Speaker

For details call

Marilyn 909-985-7980

Carol 909-982-7369

Philadelphia Area

Second Saturday of each month

Same time, same place, March 13

Call the office for details.

New York- Connecticut -New Jersey Area**March 14, 1993****1:00 P.M. - 5:00 P.M.**

Manhattan

for details contact

Grace 201-337-4278

Renee 718-428-8583

Ethel 516-676-0939

Evelyn 201-835-4647

Colorado**Wyoming and Nebraska****Saturday March 27, 1993****2:00 P.M.**

meeting will be in Arvada, Colorado

For information Judy at 303-674-4278

or Eunice at 303-422-2292

Illinois and Wisconsin**March 13, 1993**

Call Liz and Roger 708-827-1056

Alaska**February 27, 1993**

Call Kathleen 907-333-5248

FMS FOUNDATION CONFERENCE**MEMORY AND REALITY: EMERGING CRISIS**

April 16-18, 1992

Valley Forge PA Convention Center.

Conference announcement, hotel information and registration information are included in this newsletter. The schedule is tentatively planned as follows:

Thursday, April 15

6:00 - 9:00 Hospitality Room

Friday, April 16

9:00 A Mental Health Crisis

12:00 Lunch

1:15 Memory: The Research to Date

3:00 Round Tables

4:15 Theoretical Perspectives on Recovered Memories:
Trauma vs Conflict

6:00 Reception

Saturday, April 17

8:30 Epidemiology of FMS

10:30 Legal Issues

12:30 Lunch

2:00 Panel of People Who Have Experienced FMS

4:00 Round Tables

5:30 Dinner Break

7:00 Reception

Sunday, April 18

9:00 Early bird Round Tables

10:30 Professional Responses to Crisis

1:00 Closing Lunch

The Round Table sessions will give people an opportunity to talk about the sessions in small groups and also to meet in interest groups.

We expect to have a copy service available for people who want copies of papers.

We plan to set up a video room and have available all of the television shows that have addressed the subject of FMS.

Sponsor a trip

Many of the people who have recognized that they have experienced false memories have told us that they would like to come to the Conference but that they need help in paying for the ticket. We are looking for sponsors to help defray transportation expenses for these people who can tell us so much.

FMSF Conference
Valley Forge (PA) Convention Center
Memory and Reality: Emerging Crisis
April 16-18, 1993
Hotel Accomodation Information

The convention is being held at the Valley Forge Convention Center which is where the Sheraton's two hotels are located. A special discount rate of \$75 or \$85 has been arranged. To obtain these rates, you must contact the Sheraton directly, 215-337-2000 ext 5120, North Gulph & First Ave, Kind of Prussia, PA 19406 and mention False Memory Syndrome Foundation.

If you are coming in for the convention by air or train (without renting a car) we strongly urge you to reserve rooms at the Sheraton.

Other hotels in the area.

1. Comfort Inn, US 202 North, 550 West DeKalb Park, King of Prussia, PA;
Phone 215-962-0700, 800-424-6423
Single \$75.00/night, Double \$85.00/night
*, **, +
(10 minutes drive from the Convention C.)

2. Days Inn, Valley Forge Industrial Park (near Ft. Washington), 530 Pennsylvania Avenue, Ft. Washington;
Phone 215-643-1111, 800-325-2525
Special rates Single or Double \$39.00/night
*, **, +
(10 minutes drive from the Convention C.)

3. Marriott, 1100 Drummer's Lane, King of Prussia;
Phone 215-687-6700, 800-321-2211
Single (Thursday night \$88.00, weekend night \$69.95)*
Double (Thursday night \$98.00, weekend night \$69.95)*
(15 minutes from the Convention C.)

4. Guest Quarters Suite, 888 Chesterbrook Blvd, Wayne, PA 19087;
Phone 215-647-6700, 800-424-2900
Single (Thursday night \$155.00, weekend night \$89.00)*
Double (Thursday night \$155.00, weekend night \$89.00)*
(10-15 minutes from the Convention C.)

5. Hilton, 251 West DeKalb Park, King of Prussia, PA 19406;
Phone 215-337-1200, 800-445-8667
Special rate for single or double occupancy \$65.00/night *, **, +
(10-15 minutes from the Convention C.)

6. Holiday Inn, 260 Goddard Blvd. King of Prussia, PA 19406;
Phone 215-265-7500, 800-465-4329
Special family rate \$79.00/night weekday, \$65.00/night weekend, Double occupancy, \$91.00/person/room + \$10/additional person, King-sized bed: \$99.00 *, **, +
(5 minutes from the Convention C.)

7. Howard Johnson's, Route 202 and South Gulph Road, King of Prussia, PA 19406;
Phone 215-265-4500, 800-654-2000
Double occupancy \$97.00/room, single \$87.00/room *, **, +
(2 miles from the Convention C.)

8. Ramada Inn, Ft. Washington;
Phone 800-228-2828
Double Thursday night \$66.00, Weekend nights \$60.00 *
(15 miles from the Convention C.)

9. Stouffer, Valley Forge;
Phone 215-337-1800, 800-468-3571
Double Thursday night \$145.00, weekend nights \$79.00 *
(1/2 mile from the Convention C.)

If people have corporate or other discounts, they may be able to negotiate a lower price through the 800 service.

* excluding 8% sales tax

** includes breakfast

+ special rate available through Maruska Pinches at 215-735-1659

Increasingly throughout the country, grown children undergoing therapeutic programs have come to believe that they suffer from repressed memories of incest and sexual abuse. While some reports of incest and sexual abuse are surely true, these decade-delayed memories are often the result of what has become known as the False Memory Syndrome. In response to the crisis, the False Memory Syndrome Foundation has organized a conference to present the most recent scientific research about the FMS phenomenon, memory and suggestibility. The issues are of interest to people in many fields: medical, legal, clinical and experimental psychology, insurance, sociology, media and families.

False Memory Syndrome Foundation
**Memory and Reality:
Emerging Crisis**

April 16 - 18, 1993
Valley Forge, Pennsylvania

Panels include:

**WHAT IS KNOWN ABOUT THE FMS PHENOMENON • MEMORY: THE RESEARCH TO DATE
• THEORETICAL PERSPECTIVES ON RECOVERED MEMORIES: TRAUMA VS CONFLICT •
EPIDEMIOLOGY OF FALSE MEMORY SYNDROME • LEGAL ISSUES • PANEL OF PEOPLE
WHO HAVE EXPERIENCED FMS • PROFESSIONAL RESPONSES TO THE PROBLEM •**

Speakers include:

Robyn M. Dawes, Ph.D., Carnegie Mellon University; **Fred Frankel, M.B.Ch.B., D.P.M.**, Harvard University; **George K. Ganaway, M.D.**, Emory University; **Richard Green, M.D., J.D.**, UCLA; **Harold Lief, M.D.**, University of Pennsylvania; **Elizabeth Loftus, Ph.D.**, University of Washington; **Paul McHugh, M.D.**, Johns Hopkins University; **Richard Ofshe, Ph.D.**, University of California, Berkeley; **Martin Orne, M.D., Ph.D.**, University of Pennsylvania; **Margaret Singer, Ph.D.**, University of California, Berkeley; **Ralph Underwager, Ph.D.**, Institute of Psychological Therapies; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies.

For registration information contact:
False Memory Syndrome Foundation - Conference
Pamela Freyd, Ph.D., Executive Director
3401 Market Street-Suite 130
Philadelphia, PA 19104
215-387-1865

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PHILADELPHIA PA 19104-3311

Valley Forge (PA) Convention Center
Memory and Reality: Emerging Crisis
April 16-18, 1993
CONFERENCE REGISTRATION

NAME: _____

ADDRESS: _____

Telephone number: _____

1. Rates:
- | | | |
|----------------------------|----------|----------------|
| Family member - individual | \$100.00 | |
| Family member - family* | \$150.00 | How many? ____ |
| Professional - non member | \$250.00 | |
| Professional - member | \$100.00 | |

Please check one:

- Family Membership Professional Membership Non Member
(Membership information is included with this newsletter)

2. If you are interested in pre-paying for lunch for the three days, please check the box below and you will be contacted at a later date with more information.

Yes, I/we am/are interested in pre-paying for lunches during the Conference
I/we have special dietary needs. (Specify) _____

3. Method of payment:

- Visa: Card number and expiration date _____
- Mastercard: Card number and expiration date _____
- Check: Please make checks payable to the FMS Foundation (in U.S. dollars).

Send registration form and method of payment/check to:

Maruska Pinches
FMS Foundation/Conference
Suite 130
3401 Market Street
Philadelphia, PA 19104

False Memory Syndrome Foundation

The FMS Foundation has been granted tax exempt status by the IRS.
All contributions are tax deductible. The identity of donors is confidential.

Membership Contribution (yearly) - \$100 (family) \$125 (professional)

Membership supports the services of the Foundation and helps defray the cost of packets to new families, professionals and press; the telephone help-lines, your newsletter and other special mailings. (This is a suggested amount. We understand that the accusations and/or legal costs have devastated the finances of some families. We are also aware that many younger siblings who are just beginning their own families are the ones who have initiated contact because their accused parents are too distraught and depressed to do so. Do what you can.)

Special Contributions - \$500 \$1,000 \$5,000 \$10,000

Contributions are essential if we are to increase the support we offer families, continue the survey of families, support research into the best treatment for the restoration of the victims, encourage new research into the phenomenon, plan a conference, and write and publish materials. Foundations prefer to support an organization that can show the strong support of its members.

Mail contributions to:

FMS Foundation
Suite 130
3401 Market Street
Philadelphia, PA 19104

I wish to support the work of the FMS Foundation.

(U.S. dollars or money order please)

I enclose my 1993 family membership contribution of \$100.00 _____
professional membership contribution of \$125.00 _____

I enclose/pledge additional contribution of \$ _____

To offset estimated cost of initial packet, phone time, newsletters, \$20.00 _____

Name: _____

Address: _____

Phone (h) () _____

Phone (w) () _____

Fax () _____

My interest is personal _____ professional _____