June 1, 1996

Dear Friends,

"Don't confuse us with science." "We see these patients and we know their memories they recover are real." "FMS is not in the DSM-IV." "FMSF is a place for perpetrators to hide." "I have been looking for this kind of information. Thank you."

Those were the sorts of comments made by some attendees at a continuing education program sponsored by the FMS Foundation in Philadelphia in May. At this meeting Terrence Campbell, Ph.D. reviewed a broad sample of psychological research. His analysis indicated the lack of scientific support for forgetting trauma and the overall fallibility of memory with particular emphasis on the weakness of retrospective memory. Basing clinical practice on these notions, he suggested, could result in false memories. Campbell suggested viable therapeutic approaches which would be less likely to produce false beliefs.

The audience represented a diverse range of opinions and reactions to his thesis. There were many who seemed to be comfortable with his ideas. Some expressed strong disagreement and they argued for repression and seemed to regard their clinical judgment, experience and beliefs as more important than research.

Are such meetings helpful? We certainly received helpful suggestions from all including our harshest critics. The give and take of the discussion was a microcosm of the larger debate. It helped us to realize that all the criticisms of the Foundation position seem to fall into four general arguments:

1. Argument of existence: "FMS is not in the DSM-IV." This argument sets up the Diagnostic and Statistical Manual-IV as the arbiter of the existence or nonexistence of a mental illness. The logic of the argument seems to be that if FMS is not listed in this manual, then the FMS problem does not exist and thus people do not need to listen to the FMSF message. It is worth noting that the DSM-IV has over 400 classifications while the DSM-I had but 60 classifications. Does that mean that 340 disorders have come into being since the DSM-I was printed? If the Legal Column this month (p 9) other issues related to the DSM-IV are discussed.

2. Argument of personal attack (smear): "FMSF is a place for perpetrators to hide." Some examples of our critics' attacks against the Foundation have been to call it a place for perpetrators to hide, a front for satanists, a front for the CIA, a front for organized crime, and a group that makes its money from pornography. Critics have also made personal attacks against individual FMSF Advisory Board members and directors. (In the past two issues we have written about the attacks against Elizabeth Loftus, Ph.D.) Just as some accusers have used intimidation or bullying tactics to frighten their parents into silence by threats of lawsuits or making their accusations public, so some professionals have tried to smear their colleagues who are associated with the FMS Foundation. Two people have reported to us that in depositions, they were asked—literally— "Are you now or have you ever been a member of the False Memory Syndrome Foundation?" a question much too similar to that of the McCarthy hearings. Smear tactics—usually associated with political movements—exploit fear of being publicly smeared; their effect can be to silence opposition. The logic of the argument seems to be that if the people who present a message can be discredited, then there is no reason to listen to the message.

3. Argument that clinicians who treat incest survivors are the only experts: "We see these patients and we know their memories they recover are real." This argument says that information from people like Elizabeth Loftus, Ph.D. or Richard Ofshe, Ph.D. can be ignored because they are not clinicians who treat trauma patients. This line of reasoning was critical in the recent decision in the Shahzade case, the first in which a judge ruled that "repressed memories" met the criteria for scientific acceptance under Daubert. The argument that therapists who treat incest survivors have privileged knowledge split the American Psychological Association Working Group on Recovered Memory. It is the topic of the "Focus on Science" column in this issue. The resolution of this question is critically important, not just for the issue of repressed/false memories but for science in general.

If we do consider such clinicians to be the only appropriate reference group for judging "scientific acceptance," we can make bad mistakes. For example, we would not base an assessment of the scientific acceptance of astrology purely on the opinions of professional astrologers, even if they had published authoritative books on astrology and chaired important committees of a prestigious Astrological Association. We would not judge the scientific acceptance of alien abduction by restricting ourselves to clinicians who had actually treated victims of extraterrestrials, even if these clinicians had been plenary speakers at various World Congresses on Alien Visitations.

Focus on Science, June 1996 FMSF Newsletter

Inside
Focus on Science 2
Piper 5
Legal Corner 7
Make a Difference 14
From Our Readers 15

REMININDER
July/August will be combined issue.
apy is grounded in science. The funding of therapy by health insurance companies, by governments, indeed, by most consumers is predicated on its scientific basis. The expert status of clinicians in court rooms is based entirely on the belief that they are testifying as scientists. If therapists really wish to claim that it is their "therapeutic experience" that justifies their therapy, they will be joining all the others who make that claim, from astrologers to phrenologists, from shamans trying to protect their primitive clients from AIDS to faith healers trying to cure their television audiences of cancers.

We think that most therapists do not really want to separate themselves from science. But the time has come when their continued silence on this issue could be fatal to the profession. If there are some therapists who proclaim that science is irrelevant to their practice, it is no longer acceptable for other therapists to remain silent.

The recovered/repressed memory debate should have been resolved long ago. It is a dark blot on our country's history that people who could have spoken out to bring this tragic phenomenon to an end have remained silent. It all seems so silly. Even "if" the existence of "repressed" memories could be persuasively established, it has also been established that false memories can be created in clinical conditions and that the only way to distinguish a true from a false memory is by external corroboration. Even "if" the existence of "repressed" memories could be established, it is still not established that a focus on them is either necessary or best in treatment. Indeed, the evidence from thousands of families, former patients and the data from the Washington State Victim Compensation Fund indicate that it is harmful.

Families are moving on. More and more accusing children are trying to resume contact. Some families are accepting them back, others are not. Several letters this month are from parents explaining why they are not willing to resume relationships without a resolution of the accusations. More retractor's are making themselves known. Legal cases against professionals are increasing. As we prepare to go to press, we have received a phone call that one case against the Genesis therapy in Pennsylvania group has settled and that in Seattle a former client has received over $400,000 from a hypnotherapist because of false memories. While these events move forward, the therapy world seems caught in a log jam. What will be the catalyst that gets it moving?

Pamela

FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodological limits. It is particularly important to understand what conclusions can and cannot be drawn from these studies on the basis of the data presented. As a result, we periodically present analyses of recent well-known studies, prepared with help from members of our Scientific Advisory Committee.

* * * *

Who should be the Judge of Scientific Acceptance?

The American Psychological Association's Working Group on Investigation of Memories of Childhood Abuse has recently released a report of its "final conclusions" (1). Although the Working Group was able to agree on a few basic principles, much of the report is devoted to a discussion of the differences of opinion and perspective between clinicians and researchers. It seems that clinicians on the Working Group favored the hypothesis that memories of traumatic events could be "repressed" and subsequently "recovered," while the researchers were apparently more skeptical of this theory. Reading between the lines of the report, it appears that the clinicians felt that they were the people best qualified to discuss the scientific validity of repression and recovered memory, because they saw real trauma victims in practice, whereas the researchers did not. The researchers, conversely, felt that they were the best qualified, since they were the most experienced in performing and evaluating scientific studies.

What is the answer to this dispute? In other words, who are the scientists best qualified to judge whether a hypothesis has been confirmed and accepted in the scientific community? Clearly, ideal scientists would have extensive experience in both clinical and research areas—but that is rarely possible to achieve. In actual practice, then, if the clinicians and researchers disagree, who should we believe?

Some examples may shed light on this question. Suppose that we were to ask a group of American mothers about the value of chicken soup in the treatment of children with the common cold. We might well receive a strong endorsement of this treatment. However, if we were to put the same question to a panel of researchers in microbiology, we would find much less consensus. The mothers of America, it is true, have a lot more clinical experience with sick children than the average microbiologist, but we must still conclude that the efficacy of chicken soup in the treatment of the common cold is not scientifically accepted.

Consider another example. If we surveyed California dairy farmers, we might find widespread acceptance of the theory that cows behave strangely prior to earthquakes. However, upon presenting this theory to a group of researchers in geology, we would probably encounter skepticism. But then, what do geologists know? Most geologists have probably never even been in an actual earthquake, and they probably could not distinguish one end of a dairy cow from another. Obviously it is the "clinicians"—the dairy farmers—who know best.

SPECIAL THANKS

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter.

This example is not quite as frivolous as it first seems. The main point, clearly, is that the ability of cows to predict earthquakes is not scientifically accepted. However—and this is important—the dairy farmers could be right. Maybe farm animals can anticipate earthquakes, and perhaps somebody should design a study of this phenomenon. In other words, we should not discount the “clinical” impressions of the farmers. But until a properly designed study actually confirms statistically that cows really can anticipate earthquakes, we cannot consider the theory to be scientifically accepted.

Similarly, we must acknowledge that there are many cases in medicine where “clinicians” have proven right and researchers wrong. For example, coaches and trainers have known since the 1960s that anabolic steroids allow athletes to achieve huge gains in muscle mass, far beyond what could be achieved without these drugs. Yet, for years, researchers in pharmacology and endocrinology argued that steroids did not really work, and that athletes were experiencing just a “placebo effect” (2). We now know, of course, that these earlier researchers were dead wrong (3). However, if we had been asked whether the efficacy of anabolic steroids for muscle gains was scientifically accepted in the 1970s, or even in the 1980s, the correct answer would have to be “no.” The fact that coaches and trainers “knew” that these drugs worked did not constitute scientific acceptance.

In short, clinicians alone do not constitute an adequate reference group to assess scientific acceptability. Even if these clinicians have done research, published papers, and given scientific lectures in a particular field, that still does not make them the sole authorities. If we do consider such clinicians to be the only appropriate reference group for judging “scientific acceptance,” we can make bad mistakes. For example, we would not base an assessment of the scientific acceptance of astrology purely on the opinions of professional astrologers, even if they had published authoritative books on astrology and chaired important committees of a prestigious Astrological Association. We would not judge the scientific acceptance of alien abduction by restricting ourselves to clinicians who had actually treated victims of extraterrestrials, even if these clinicians had been plenary speakers at various World Congresses on Alien Visitatiom. To obtain a correct view of the opinions of the scientific community on these issues, we would also need to include a much broader group of prestigious researchers, even if they had never done someone’s horoscope or published a paper on UFO’s.

But there is another analogy which is perhaps even more apt when we discuss the scientific acceptance of “repression” and “recovered memory.” That is the theory that sugar and food additives may cause or exacerbate attention-deficit hyperactivity disorder (ADHD) in children. For years, parents, teachers, and school counselors have widely accepted the views of certain clinicians that food additives might have harmful effects on such children (4). Sugar, similarly, has been widely indicted clinically as causing hyperactive behavior (5). Primary care physicians, who have extensive clinical experience with such children, frequently recommend restricting their sugar intake (6). But is the link between diet and hyperactivity scientifically accepted? Numerous careful scientific studies have now appeared, in which sugar or food additives were given to hyperactive children under rigorous placebo-controlled, double-blind conditions (7-10). The results have resoundingly demonstrated that sugar and food additives have no general effect on ADHD at all. In other words, if we assumed that clinicians who treated acute hyperactive children were the best authorities on the subject, we would have seriously misrepresented what science actually knows.

In the ongoing debate about “repression” and “recovered memory,” therefore, clinicians may have a great deal to contribute, but they have no special authority to tell us whether these concepts are scientifically accepted. As the above examples have suggested, clinicians may be right or they may be wrong about a particular hypothesis. Their experience with treating and studying actual patients is unquestionably an asset. If they have published papers in the field, so much the better. But their clinical work may also act as a deficit, particularly if it leads them to become personally invested in a hypothesis, and reluctant to acknowledge opposing data. Thus an accurate assessment of the status of the scientific acceptance of a given hypothesis must be based on a broad range of leading scientists in the field, clinical and non-clinical, who demonstrate a comprehensive knowledge of the literature and a sophisticated ability to analyze the methodologic strengths and weaknesses of all available studies.

References:
Who treats outpatients under managed care?

According to a report in the May 1996 issue of NASW News, clinical social workers "see the majority of outpatient clients under managed care and charge lower rates, on average, than psychologists and psychiatrists..." The information comes from a February 1996 article in Open Minds about a 10,000-member public employee health plan in the Southwest that changed from a fee-for-service to managed mental health care in 1995. When the conversion happened, "outpatient visits handled by social workers increased from 5% to 56%." Psychologist visits increased from 10% to 33% but "visits to psychiatrists dropped from 85% to 11%." According to a senior consultant at a behavorial health research firm, these data are probably representative of national trends.

Average fees for outpatient visits

<table>
<thead>
<tr>
<th>Provider</th>
<th>Managed Care</th>
<th>Indemnity Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>$65</td>
<td>$85</td>
</tr>
<tr>
<td>Psychologists</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>$90</td>
<td>$150</td>
</tr>
</tbody>
</table>

NEW BOOKS AND ARTICLES OF INTEREST

Have you noticed a change in the focus of articles about FMS and the Foundation? When the Foundation started, reporters were concerned about writing balanced articles — presenting "both sides." At that time they viewed the debate as being about child abuse. When reporters understood that the issue of concern was "responsible therapy practices" the focus changed and there were many articles about the devastating results to families and patients when therapy goes astray. We have now reached another point in the reporting on this issue. The existence of FMS and related problems is accepted. It is no longer a novelty but rather seen as part of larger picture by people studying aspects of our society or culture or therapy practices.

For example Mark Edmundson's, "American Gothic" Civilization, May/June 1996 notes the "Gothic" character of many aspects of our current culture. He writes, "Most of our current Gothic productions are of the no-fault variety. The recovered-memory movement has led to wrongful convictions and to dramatic squallor, but not to clear-eyed examinations of what is actually causing the profound misery that sends young people, especially women, into anorexia, self-mutilation and then the hands of often-opportunistic therapists."

Lynn Chaney, "Truth or Consequences" Northeastern University Magazine, March 1996 promotes the thesis that some of our current cultural problems are the result of accepting the belief that "what we think are truths are simply constructs that the dominant culture has imposed on us." "I was stunned to find this same way of thinking in psychotherapy. In fact, it is at the basis of the whole recovered memory movement..."

Note the comments in a review by Laurence Marshall of Carl Sagan's, new book, The Demon Haunted World, 1995. "Here is Sagan at his best, a lucid blend of storytelling and science that leads smoothly into several chapters dealing with 'first person stories' of sex aboard UFO's and "recovered memories" of child abuse and murder. Memory itself, as Sagan points out is so fallible that we should be wary of anecdotal evidence, no matter who reports it. Science is tested not merely against human experience but against a certain kind of human experience—against measurements that can be replicated by independent observers under controlled conditions. Even scientists, when they forget that precept, can fall into error. The physicist Oliver Lodge, at the turn of the century, believed the testimony of spiritual mediums as firmly as a Harvard University psychologist now believes accounts of alien abductions." The review appeared in The Sciences 36(3) 1996, 50. (Journal of the NY Academy of Sciences.)

Donna Laframboise author of The Princess at the Window, a book critical of much of what is currently going on in the women's movement, devotes a full chapter to an analysis of recovered memory therapy and the harm that it has brought to women. This book, was published by Penguin (Canada,) and will likely create a stir when it arrives in the United States.

The Analysis of Hysteria, Second Edition by Harold Merskey and published by Gaskell is a scholarly work surveying the whole range of hysterical phenomena, from classical paralyses and blindness to questions about hysterical personality and epidemic hysteria. Merskey, who is a member of the FMSF Advisory Board, directly addresses memories of childhood sexual abuse recovered during therapy after long intervals of amnesia as a modern problem related to this topic.

Continuing education brochure received by FMSF:

Past Life Regression Seminar

Los Angeles


"Discover the positive power of past-life therapy and its ability to heal relationships, phobias, and other afflictions that have no known origin....Experience imagery and meditation states....Participate in an experimental progression into a future time."
READERS’ RESPONSES TO “FOOD FOR THOUGHT”
August Piper, Jr., M.D.

In human intercourse the tragedy begins, not when there is misunderstanding about words, but when silence is not understood. — Thoreau

The February edition of this column was entitled “A special delivery of some food for thought.” Apparently the article provided food energy for writing as well as thinking, because it generated several letters. This month we continue our sample of readers’ responses.

The February column contained the following comments from a Canadian reader:

In the coverage of FMS-related topics, one group’s voices are rarely heard. These are the people who had unwanted—but remembered—sexual experiences in adolescence or childhood. Their voices are heard in support of neither the memory-recovery movement, nor of the false-memory movement. Where are these people? If I were in their shoes, I would be very angry with the “survivors” movement and I would speak up. I am quite puzzled by their silence. Do they consider their experience insignificant? Or do they just not want to be bothered?

In response, one reader spoke from her own experiences. As a youth, she wrote, she endured several kinds of mistreatment at the hands of her parents and others. When she told a therapist about these incidents years later, she was “immediately diagnosed with multiple personality disorder.”

Her letter went on:

During my years of psychotherapy almost no time was spent discussing my real, remembered abuse. Instead, the therapy focused almost entirely on recovered [false] memories and alter personalities, as well as the pursuit of flashbacks of satanic ritual abuse, sexual torture, murder, and horrific sexual abuse [that I had sincerely come to believe my parents had committed].

This reader points to recovered-memory support groups as places to search for those who have suffered maltreatment as children, but remain silent about it as adults.

Although these remarks provide a highly disquieting glimpse at the practices of some psychotherapists, they fail to directly answer the question posed in February. To paraphrase Thoreau: How to understand the silence of those adults who have experienced childhood maltreatment?

To answer that question, let’s look at a letter from “Janes,” who writes:

My husband was sued by his sister for what she claimed was sudden recovered memory and PTSD caused by the recollection of sexual molestation by him when they were both children.

The suit alleges “delayed discovery of the harm caused by the molestation.” How delayed? Thirty-five years after the alleged trauma occurred. The nature of the trauma? The sister says she was repeatedly molested from ages 10 to 13; the incidents included penile vaginal penetration. On the other hand, her brother admits that, on one occasion, he tried to put his hand in her panties, in the spirit of youthful exploration, when his sister was 13 years old. He absolutely denies any other inappropriate behavior of any sort. Jane says she tells the story to answer the question of why abuse victims remain silent: The experience may simply not have been very significant.

I believe that even [unwanted juvenile sex play] leaves emotional scars, but the memory of such single experiences [may not be] so traumatizing as that of an adult who repeatedly carries out unwanted sexual activities with children. Undesired sexual experiences occurring at any age can poison one’s psyche if one decides to allow them to do so, or if a therapist handles these experiences badly.

Jane continues:

I say this because I was traumatized at about age 11 by a boy who touched my genitals. I can still feel sick to my stomach when I recall this incident, but even at the time I decided that I had done nothing wrong and I wasn’t a bad person. I considered the act for what it probably was—juvenile exploration. It wasn’t really forced on me. He kept asking me, begging me, and finally I just let him touch me, believing that he would stop pestering me. He didn’t—but I found ways to prevent him from touching me again; I told him I would scream and bring in adults if he didn’t leave me alone.

Because of the lawsuit, Jane says, she and some friends discussed their childhood sexual experiences. Several told her that they, too, had been molested in some way when they were between 10 and 16 years old:

But they took a healthy response, as I did. We did not believe we were bad, but we do know we’d cause a lot of trouble, doing more harm than good, if we dredged up these past molestation today or made a case out of them.

Her friends, Jane says, “put the incidents in perspective;
Acknowledged the emotional trauma; obtained effective counseling; and created positive, rewarding, and successful lives for themselves so that they had no need to see themselves as victims. They don’t consider their experiences to be insignificant, but they have much more important issues in their lives than speaking up or expressing anger with the ‘survivors’ movement.’

Jane believes people are silent for other reasons, too. First, she thinks the public is less aware of the problem of false memory accusations than it is of, say, welfare misuse or drug crimes. Second, the concept of the “false memory syndrome” is difficult for many people to understand. Third, no one has made a public bid for people to express their opinions. Fourth, most people are too uncomfortable to endure discussing sexual mistreatment of children. And finally, she says, the need to speak out, even if one cared to do so, is easily overcome by fear of exposing oneself to attack by “true believers” in either camp.

Jane’s remarks about public unawareness of the false memory controversy were echoed by another writer. These remarks provided a jolt of perspective. By this I mean that although we professionals become very involved in our pet concerns—whether those concerns involve behaviors of tea-drinking pigs, wind patterns in the Gobi desert, or the effects of jet lag on sea horses—this passionate involvement sometimes blinds us to how the public sees these concerns. Mr. Everyman and Ms. Everywoman tend to worry far more about meeting the mortgage payments or getting ahead in their careers than they do about professionals’ pet passions.

In the weeks before I read these readers’ remarks, I had begun to find myself thinking that by now, everyone in the United States surely must know of the dangers of recovered-memory therapies. Now I see otherwise: the letters served as distressing reminders that the FMSF still faces much work before its message seeps into the last nook and cranny of our country.

Jane also provided a “bad therapist story” for us. At one time, she said, she had multiple stresses in her life and so sought therapy. The male therapist seemed kind and sympathetic at the start. But then he began asking me about my sexual experiences, emphasizing my teen years and college experiences. When I told him I had been sexually active only with my husband and no one else, he tried every technique possible to get me to break through my “denial” about being sexually promiscuous.

Ultimately, she ceased treatment with him because of his unwillingness to accept the truth:

Although I was vulnerable and seeking help, I refused to let anyone convince me that my own memories of my life experiences were untrue or that I was using “denial” to hide a terrible family history. This was about eleven years ago, before the frenzy of “false memory therapy” had begun. I shudder to think what would have happened if he were seeing me today.

Emerson once said, “ ‘Tis the good reader who makes a good book.” So too, ‘tis the readers’ responses that make a good column. Keep those letters coming!

August Piper, M.D. is in private practice in Seattle, Washington. His book on multiple personality disorder will be published in the summer of 1996. He is a member of the FMSF Scientific and Professional Advisory Board.

ARTICLES RECENTLY ADDED TO FMSF BIBLIOGRAPHY

#185 Heller, K. "Satan’s Theater". $3.00
CONNECTICUT MAGAZINE. April 1996. Details the lawsuit of a young woman against her aunt and uncle, based upon recovered memories of Satanic Ritual Abuse.

#520 Stovenko, R. "Duty of therapists to third parties". $3.00
J.Psychiatry & Law. Fall, 1995. Discusses the duty that therapists owe to persons other than patients, as well as leading cases in the law of torts.

#654 Lief & Fetkewicz. "Retractors of false memories: $3.00
The evolution of pseudomemories". J.Psychiatry & Law. Fall, 1995. This study, based on the responses of 40 retractors, focuses on the formation of pseudomemories and the methods used by subjects to distinguish between true and false memories.

#840 S.V. v. R.V. "Decision: Texas Supreme Court". $5.00
FMS Foundation, 1996, March 14. Texas Supreme Court held that in order to apply the discovery rule to any set of facts, including repressed memory claims, the event and the injury must be “objectively verifiable.” Expert opinion testimony alone does not satisfy this standard.

NOTICE

Researcher and Author “J.B.” who is studying the history of “repressed memories” would like to hear from people who have experienced primal therapy, feeling therapy or encounter groups to obtain current perspective on these past experiences. If you have any information in this area, please write to “J.B.” at the FMS Foundation. Thank you.

Psychological Inquiry Vol 7, No. 2, 1996

is devoted to the subject of UFO Abduction Phenomena. The target article, “Toward an Explanation of the UFO Abduction Phenomena: Hypnotic Elaboration, Exterrrestrial Sadomasochism, and Spurious Memories,” by Leonard S. Newman and Roy F. Baumeister. C is followed by commentaries from: Arndt & Greenberg; Banaji & Kihlstrom; Bowers & Eastwood; Clark & Loftus; Hall; Hull; Lynn & Kirsch; Mcleod, Corbisier & Mack; Orne, Whitehouse, Orne & Dinges; Ross & Newby; Spence; Strube.
LEGAL CORNER
FMSF Staff

District Court Judge Rules on Validity of Repressed Memory Theory

Early in May a U.S. District Court refused to exclude repressed memory evidence in a ruling that found the "reliability of repressed memory phenomena" to be established scientific fact. The question before the U.S. District Court of Massachusetts in Shahzade v. Gregory was, in the words of the ruling, "the validity of the theory [of repressed memories] itself." After hearing pre-trial testimony from Dr. John A. Bodkin, Richard Ofshe, Ph.D. and Dr. Bessel van der Kolk, Judge Edward Harrington denied defendant's motion to exclude repressed memory evidence.

The suit, originally filed in 1992, is based on claims of repressed memories of sexual abuse which allegedly occurred over 50 years ago but were only recently remembered in psychotherapy. Ann Shahzade, age 68, claims that her older cousin, Dr. George Gregory, age 75, molested her from 1940 to 1945, starting when she was 11 years old. According to the Boston Globe (3/5/96), Shahzade said she began to reclaim the memories of rape by her affluent cousin after he refused to lend her $30,000. Her claim that she had recovered these repressed memories in therapy just prior to filing allows her to bring a civil suit even though the alleged abuse occurred more than 5 decades ago.

Defendant Gregory admitted in a deposition to having fondled his cousin when she was 12 and he was 18 but said it was consensual and denies raping her or that the contact lasted over a 5 year period.

Since this case is being heard in a Federal Court, the court is instructed under Daubert1 to apply the Federal Rules of Evidence rather than the Frye2 analysis, in its inquiry into the basis of scientific theory presented to the court (Daubert at 2786). In reaching its decision, the court narrowly interpreted the "relevant scientific community" which it considered qualified to testify on this matter. Not only did the court find the relevant community limited to "clinical psychiatrists," but the opinion contained several factual inaccuracies, and was based on a unique application of the Daubert approach and an apparent disregard for the results of well-informed peer review. This review will focus on the Daubert guidelines which apply to federal courts and how this court chose to interpret them.

The Daubert opinion, written by Justice Blackmun, specifies that under Rule 702 an expert's testimony pertaining to "scientific knowledge" must be grounded in the methods and procedures of science and "derived from the scientific method." (at 2795) In order to be admissible, the trial judge must examine the scientific validity of the underlying reasoning or methodology. (Daubert at 2796) As the Harrington order states, Daubert presented a number of factors to be considered when deciding if proffered testimony is valid "scientific knowledge" and therefore reliable:

1) whether the theory has been tested;
2) whether the theory has been subjected to peer review and publication;
3) whether the theory or technique has a known or potential rate of error; and
4) whether the theory has attained general acceptance within the relevant scientific community. (citing Daubert at 2796-2797).

The Harrington order does cite and review the main thrust of the Daubert analysis. It does so, however, without convincingly engaging any of the issues the Supreme Court raises. The Harrington opinion fails to address the substance of any serious challenge to the repressed memory theory, and, in the process, fails to live up to all four of the Daubert precepts. We analyze each one in turn.

1) The verifiability of the theory or technique—"whether it can be (and has been) tested." An hypothesis is not really "tested" unless the test could potentially "falsify" or disprove the original hypothesis or rule out other reasonable hypotheses explaining the same results. This is, in short, the method science uses to distinguish between conjecture and fact.3 In the words of the Daubert decision, "the statements constituting a scientific explanation must be capable of an empirical test," and "the criterion of the scientific status of a theory is its falsifiability, or refutability, or testability." (at 2796). A federal judge following Daubert must be expected to undertake a more than superficial application of the guidelines.

The Harrington order makes no mention of the issue of falsifiability. The court cites the testimony of Dr. van der Kolk who "discussed in detail several studies which focused on the concept of repressed memories and ultimately, through their findings, serve to validate the theory." There are, however, numerous serious critiques of those studies' methodologies which point out that, to date, no study has ruled out other obvious explanations for the findings.4 The

3. It is admittedly a difficult notion for a lay person to understand. As Chief Justice Rehnquist wrote in his dissent in Daubert, "I am at a loss to know what is meant when it is said that the scientific status of a theory depends on its "falsifiability," and I suspect some of the federal district judges will be, too." (at 2800, Rehnquist, D.J., dissenting).


Harrington opinion makes no mention of these critiques or the way they challenge the alleged scientific support of the theory of repression. None of the studies referred to by the Harrington opinion were designed to distinguish between subjects who report no memory because they had unconsciously repressed knowledge from those who simply forgot about the incidents for a time, chose not to think about them, or chose not to report their memory of the incidents. For example, none of the studies’ conclusions take into account the fact that the forgetting or non-reporting of significant life events occurs for a variety of reasons besides memory repression. Limited outside corroboration of self-reports also restricts the conclusions which can be reliably drawn from these studies. To assume that because a hypothesis is the subject of a published study that its conclusions are necessarily valid is to miss the function of sound scientific practice.

A study that the court, referring to Dr. van der Kolk’s testimony, says is one of “several studies which...serve to validate the theory” is the often-critiqued 1987 study by Herman and Schatzow. The court, again referring to Dr. van der Kolk’s testimony, states that this study “looked at victims of sexual abuse.” In fact, the study examined 53 participants in therapy groups for incest survivors. Only 14 (26%) of these subjects reported “severe” amnesia for the alleged incest. The study fails to note if any of the people in this group of 14 were either infants or small children at the time of the alleged abuse in which case amnesia would be expected. Later in the Herman and Schatzow paper it is reported that 21 subjects were able to obtain corroborating evidence that the incest had occurred. Another 18 were said to have discovered that another person had been abused by the same perpetrator but found no corroboration for their own abuse. The authors, however, give no evidence that any of the 21 who obtained corroborating evidence for their abuse were the same people who reported severe amnesia. The study gives no evidence of any individuals who had both documented trauma and documented amnesia. The Herman and Schatzow study design, therefore, is inadequate to validate the theory of repression. The Harrington opinion makes no mention of these issues or how they relate to the first prong of the Daubert analysis.

The court also cites another study “conducted by Linda Meyer (sic) Williams, which Dr. van der Kolk referred to as ‘the best study on all this,’ (and according to van der Kolk) further validates the theory of repressed memory.” The Williams study, while widely acknowledged as an important advance because it allows for the independent confirmation of self-reports of childhood trauma, does not provide evidence to permit the conclusion that amnesia for victimization experiences is common. The study design does not distinguish among those who do not recall actual abuse, those who do not report it, those who may have repressed the memory and those who have simply forgotten or chosen not to think about the events. Unfortunately, the Harrington opinion did not mention studies such as the Femina (1990) study which was designed to make these distinctions. The court did, however, make a number of errors in reporting the Williams work. For example, the subjects Williams interviewed were not “patients” and Williams was not a “research psychologist.” She earned her Ph.D. in sociology.

2) The soundness of the theory or technique—whether the scientific theory or technique has been published and subjected to peer review (Daubert at 2797). Publication does not, of course, necessarily correlate with “reliability” and “is not a sine qua non of admissibility.” (Id.) The value of peer review is that it increases the likelihood that substantive flaws in methodology will be detected. (Id.)

How did the Harrington opinion meet this prong of the Daubert analysis? The court defined the “relevant scientific community” it felt was qualified to conduct a peer review as “clinical psychiatrists.” This community was apparently further restricted (again the court referred to testimony by van der Kolk) to professionals who “treat traumatized patients.” The opinion refers to van der Kolk’s testimony that “currently the major detractors of the theory are so-called outsiders, psychologists who do not treat traumatized patients.” (quoting van der Kolk)

Clearly, if the scientific community allowed to conduct recovered memory therapy,” in K.Pezdek and W.P. Banks, eds, The Recovered Memory/Fake Memory Debate, San Diego, CA: Academic Press. Author notes: “Issues pertaining to corroboration, and the distinction between remembering abuse and believing that one was abused, should not be dismissed lightly.”

7. “Science is not an encyclopedic body of knowledge about the universe. Instead, it represents a process for proposing and refining theoretical explanations about the world that are subject to further testing and refinement...” Daubert quoting from the Brief for the American Association for the Advancement of Science and the National Academy of Science as Amici Curiae in Support of Respondent, at 7-8.


a peer review is too narrowly defined, the process cannot perform its function. As discussed above, the theory of repression has been extensively reviewed and criticized by many individual professionals and professional organizations.

3) Does the study measure what it purports to measure—"the known or potential rate of error." (Daubert at 2795) Applying the rate-of-error concept in this area is not at all straightforward. In general, the inability to distinguish false positive findings from true positives is at the heart of the difficulty. Because most questions studied by science involve a mix of causal factors and because the precision of the techniques available to scientists vary, the test results may not exactly reflect what is "out there." While measurement error is hopefully low, there is no way to eliminate it. It is essential to be able to predict a "rate of error," that is, to estimate how reliably the test measures what it is supposed to measure. If we are unable to estimate the rate of error, we are in the dark about how much we can rely on the test results.

One difficulty with the research before the Harrington court is not only how to distinguish with accuracy among those who do not remember, those who chose not to report and those who may have lost conscious memory of certain events, but also how to determine how well we are able to do that. The Harrington opinion offered no discussion of how it had weighed this factor in reaching a final conclusion about the theory of repression.

4) Has the theory or technique passed the above tests according to the scientific community—does it meet "general acceptance" by the relevant scientific community? In order to assess the "general acceptance" in the relevant scientific community requirement, a trial judge first must identify the "particular field" in which this therapy belongs. It is acknowledged that how one defines the appropriate field can have a bearing on the admissibility of the proffered evidence. As mentioned above, the Harrington opinion apparently restricted the relevant scientific community to exclude non-clinicians. The court reported Dr. van der Kolk's testimony that "the majority of clinical psychiatrists recognize the theory of repressed memories and do not find the theory itself controversial" and that "repressed memories is not a scientific controversy, but merely a political and forensic one."

Even if the relevant scientific community were limited to clinical psychiatrists, many psychiatrists show by their prospective study of women's memories of child sexual abuse," Journal of Consulting and Clinical Psychology, 62:1182-1186.

10. Femina, D.D., Yeager, C.A., and Lewis, D.O. (1990) "Child abuse: Adolescent records vs. adult recall," Child Abuse and Neglect, 14:227-231. The Femina study was designed similarly to the Williams study but in a second interview specifically asked subjects who had previously not disclosed the past abuse whether they recalled the events. When confronted, all subjects admitted that they had actually remembered these experiences, but had chosen not to reveal them during the initial interview.

writings and practice that they disagree with the Harrington court's conclusion. The basis of their disagreement is clearly on scientific grounds. In fact, it is difficult to see how the theory of repression meets the fourth prong of the Daubert analysis.

And finally, the Harrington opinion makes the following remarkable conclusion, without support: "The DSM-IV, 1994...also recognizes the concept of repressed memories." The court further states, (also without references,) that "[T]he term "Dissociative Amnesia," however, is the true technical psychiatric or medical term for the theory and is the term used when defining the condition in the DSM manual. Repressed memories is the popular term. The two terms were used interchangeably in the hearing." In fact, the DSM-IV provides no mention of "repressed memory" as a recognized entity. It does define "dissociative amnesia" (pages 478-481) as loss of memory for pertinent information that cannot be accounted for by a physiological abnormality or normal forgetfulness. However, the inclusion of dissociative amnesia in DSM-IV does not indicate that this concept is accepted by the American Psychiatric Association, nor by the relevant scientific community.

DSM-IV itself admits that there is a great disagreement among scientists regarding this diagnosis: "some believe that the greater awareness of the diagnosis (of dissociative amnesia) among mental health professionals has resulted in the identification of cases that were previously undiagnosed. In contrast, others believe that the syndrome has been over-diagnosed in individuals who are highly suggestible" (DSM-IV at page 479). The DSM-IV specifically stated that "there is currently no method for establishing with certainty the accuracy of such retrieved memories in the absence of corroborative evidence." (DSM-IV at page 481). It also states that "there are no tests or set of procedures that invariably distinguish dissociative amnesia from malingering..." (DSM-IV at page 480). In short, the DSM-IV specifically stated that there is a lack of scientific consensus with regard to the notion of "dissociative amnesia," it further notes that there is no consensus that "repressed Memories," even if they did exist, could be recovered.

reliably and distinguished from false memories or frank malingering.
Many researchers agree that the overwhelming weight of evidence from decades of scientific studies on thousands of trauma victims indicates that people remember traumatic events vividly. The theory of repression breaks from what is known about normal memory and the functioning of psychogenic amnesia. We can only hope that time and a more reasoned approach will lead courts to apply the directions of Justice Blackmun. After setting forth the four factors in Daubert, he again emphasized that the admissibility inquiry is to remain flexible: It should focus on the relevance and reliability of the scientific principles and methodology of the proposed expert testimony, not on the scientific conclusions themselves. (Daubert at 2797)

Statutes of Limitations

Editors note: Based on the ambiguous wording of state statutes of limitation for child sexual abuse claims in over 25 states, many courts have faced the question of determining in a reasonable and objective way the point at which the limitations period begins to run. Consider the following examples:

Woodruff v. Hansenclever: Plaintiff claimed she had repressed all memory of abuse from age 1-13 until vague recollections surfaced when she was over the age of 40. Four years later, Plaintiff claimed she began to have detailed memories and it was only later that she understood that the alleged abuse had caused her current psychological problems. When was Plaintiff on notice that she could sue?

Doe v. Maskell: Doe claimed complete amnesia for sexual acts by a high school counsellor and over 20 other individuals during her last year of high school. She claimed to have had no memories of any of these severe and repeated events until some 20 years later. Doe also states that she continues to have new memories of abuse even after her deposition was taken. Is Doe allowed to bring a suit for each new memory?

Byrne v. Becker: Byrne claimed she had no recall of incidents of child abuse from ages 2-11 until 4 decades later when she had "flashbacks" while in therapy. She then argued that she had been unable to file a suit until she was told by her therapists that her emotional symptoms were caused by the incest and she was finally able "to shift the blame" to her father. What are the implications of allowing "discovery" to be defined subjectively as "shifting the blame"?

And from the FMSF Legal Survey: A New Jersey woman in her late 30's, diagnosed with MPD and 27 personalities, said that the first personalities to emerge were children and were too young to file. She stated that only when an adult personality surfaced was she able to file the suit. She sought over $5 million in damages for the alleged abuse. Four years after filing, the suit was finally dismissed when a judge ruled that the statute of limitations had expired.

Such cases illustrate the questions many jurisdictions have asked: Can a statute of limitations continue to serve its purpose, if "determination of the onset of the limitations period [is left] within the subjective control of the plaintiff?" If there is no objective way to determine when a reasonable person would—or should—have known of an alleged wrong, then a plaintiff may claim discovery of some new event or understanding at any time. According to the Indiana Supreme Court, permitting plaintiffs to subjectively determine at what point the "discovery rule" ought to be applied "would have unacceptable ramifications."

Two recent state supreme court decisions which faced these questions are reviewed in this newsletter.


During the two year span prior to the Minnesota Supreme Court's consideration of Blackowiak, 9 cases had reached the Minnesota Court of Appeals which raised the problem of what standard to apply in order to determine


13. Doe v. Maskell, currently on appeal before the Maryland Court of Special Appeals, Case No. 102. (See FMSF Newsletter May '96, p. 12)


when discovery had occurred under Minn. statute §4541.072 subd. 2(a) (1992). Because the language of this statute is similar to that found in 24 other states, we will review the interpretation it was given by the Minnesota Appeals Court and finally by the state Supreme Court.

Each of the cases the Minnesota Appeals Court heard between 1994 and 1996 followed the strongly worded injunction of ABC: a subjective standard, based upon Plaintiff's mental and emotional state "has no basis in law." Under ABC, a court is to apply an objective, reasonable person standard, not a subjective test based upon the mental and emotional state of the victim for statute of limitations purposes.

Later in the same year, Roe again applied the objective standard to determine the point at which plaintiff "knew or should have known her injury was caused by the sexual abuse." In 1995, S.E. reiterated that "to avoid a flood of claims there must be a reasonable and definitive standard," but applied that standard "when the victims insist they did not know the abuse caused their injuries." Later in 1995, K.B. held that expert opinion testimony about whether plaintiff knew or should have known that she was a victim of abuse "was inconsistent with the objective 'reasonable person' standard of the statute" and merely "incorporated a subjective 'victim's standard.'"

In the suit before the Minnesota Supreme Court, Blackowiak alleged that Kemp, his former junior high school counselor, had sexually abused him. Affidavits from Blackowiak's mother stated that she had observed a change in her son's behavior and attitude at the time, had suspected that Kemp had sexually abused her son and asked him about it. The boy responded that Kemp had done something wrong but refused to talk about it. Blackowiak sent her son to a therapist; Blackowiak says he did not discuss the abuse. Blackowiak was transferred to another school when he began to experience behavioral problems. He was excessively truant, became involved in crime, abused drugs and alcohol and did not finish high school.

Blackowiak did not claim repressed memories. Instead he testified that he tried to forget the incidents and avoided discussing the subject because he was embarrassed and ashamed. Blackowiak testified that in 1981 he happened to see Kemp in the company of an adolescent boy and thought only that Kemp might have abused that boy. He did not discuss or think about the sexual abuse from the time of the incident until 1991 when he met an old high school friend. The friend told Blackowiak that he had been abused as well and that Blackowiak's behavioral problems were caused by Kemp's sexual abuse. According to a physician's opinion, Blackowiak's conversation with his high school friend was the "moment in time when he had a full understanding that the effects of sexual abuse had been more far-reaching in his life than a simple physical experience."

The Minnesota Supreme Court in Blackowiak considered whether the trial court had properly dismissed the case on summary judgment as being time barred under Minn. law. The dismissal had been appealed to the Court of Appeals which in 1995 reversed, holding that the evidence did not conclusively establish that the plaintiff knew or should have known prior to 1986 that the sexual abuse caused his psychological injuries. The Minnesota Supreme Court reversed the decision of the Court of Appeals and reinstated the summary judgment entered by the trial court.

The Supreme Court held that the Court of Appeal's "misapprehension" of the statute caused it to focus on the concept of causation. The Court observed that "the nature of criminal sexual conduct is such that an intention to inflict injury can be inferred as a matter of law," citing Fireman's Fund Ins. Co. v. Hill, 314 N.W.2d 834 (Minn. 1982). Accordingly, concepts of sexual abuse and injury within the meaning of the statute are essentially one and the same, not separable—as a matter of law, one is injured if one is sexually abused.

The Minnesota Supreme Court concluded that the statute of limitations is to be interpreted under an objective reasonable person standard as to whether the plaintiff had reason to know of the sexual abuse since, as a matter of law, injury is inferred because of the nature of the criminal sexual conduct. The court held that to construe the statute as dependent on when the victim may "acknowledge" or "appreciate" the nature and extent of the harm resulting from the abuse is "a wholly subjective inquiry" which is "simply not relevant to the ultimate question of the time at which the claimant knew or should have known that he/she was sexually abused."


The Missouri Supreme Court affirmed dismissal of a repressed memory case as barred by the statute of limitations. In the process, the court was asked to determine


17. The relevant section of Minn. §4541.072 subd. 2(a) (1992) reads: "An action for damages based on personal injury caused by sexual abuse must be commenced within 6 years of the time the plaintiff knew or had reason to know that the injury was caused by the sexual abuse."

18. ABC v. XYZ, 513 N.W.2d 482 (Minn. App. 1994).


at what point plaintiff K.G. had discovered sufficient information to begin the limitations period. The Court also interpreted 4 different limitations statutes referring to battery, intentional infliction of emotional distress and child sexual abuse.

K.G. claimed she had involuntarily repressed conscious memory of child sexual abuse by her father from age 3 to 7. She states that she first recalled the events in Jan. 1989 at age 24, but was unable to identify her father as the abuser until Dec. 1990. The suit was filed in September 1993 when she was 28. Because of the timing of the filing of the suit relative to the 1990 enactment of Missouri's "discovery rule" for childhood sexual abuse ($4537.046), whether K.G.'s claim had been filed in time depended on whether the limitations period began when she first recalled the events or when she first identified her father as the abuser nearly 2 years later.

The court held that the statute of limitations for battery under Sheehan22 preserved her claim until January 1991. The court calculated the beginning of the limitations period for battery according to the Sheehan ruling from the time "when the damage is done and is capable of ascertainment." The court held that that point was from the time of "the memory of the consequential injury and damages, not the memory of the identity of the perpetrator."

Since K.G.'s claim was still allowed when the Missouri "discovery rule" was enacted in 1990, the time period could, under that statute, be extended 3 years after "discovery." The court again calculated the date of discovery from the time K.G. claimed she recalled the events, not when she claimed to be able to identify the abuser, some three years later. The court concluded that "[t]he statute of limitations applicable to battery, even as extended by later enacted sexual abuse statutes of limitation, has expired. The trial court's dismissal of the petition as time-barred is affirmed."

St. Louis Therapists are Charged with Insurance Fraud and Fraudulently Inducing False Memories

On April 24, 1996, a St. Louis County grand jury returned a 15 count indictment against two therapists for insurance fraud and unlawful merchandising practices. The grand jury charged that defendants Geraldine Lamb and Thomas Lipsitz knew that claims submitted to their client's insurance company contained materially false information. Each of the charges is a class D felony and each is punishable by up to five years in prison.

The grand jury charges state that defendant Geraldine Lamb, an unlicensed hypnotherapist, was not qualified or authorized to perform psychotherapy. Licensed psychologist Thomas Lipsitz claimed that he had personally done the work when he billed the insurance companies.

The grand jury also charged that defendants Lamb and Lipsitz concealed the type of treatment provided to at least two of their clients. Both defendants were charged with "engaging in the unfair practice of deliberately interfering with the familial relationship between [their client and their client's parents] by fraudulently inducing [their client] to believe that her parents had satanically and sexually abused her when no such abuse actually occurred [and] using undue influence to convince [their client] that she was ritually abused, that she must cease all contact with her family, and that she must go on disability in order to get well."

The St. Louis Post Dispatch, 5/8/96, reports that Geraldine Lamb agreed to the demands of the State Attorney General that she not hold herself out to be a licensed psychologist or a professional counselor. She also agreed to post the fact that she was neither a psychologist nor a professional counselor in a conspicuous place in her office and to tell clients that she performs only hypnotherapy.

Idaho Licensing Board Considers Revoking Psychologist's License

Idaho Falls Post Register April 24, 1996 by Paul Johnson

An Idaho psychologist accused in a lawsuit of planting false memories of sexual and satanic abuse in former

22. Sheehan v. Sheehan, 901 S.W.2d 57 (Mo. banc 1995).
patients could lose his license to practice. The Idaho Bureau of Occupational Licensing heard three days of testimony that psychologist Mark Stephenson had failed to maintain adequate records, failed to explain a course of therapy and failed to gain consent of his patients. Two former patients and their families testified that he used hypnosis to convince them they were victims of childhood sexual abuse and satanic rituals. As a result, rifts were caused in their family ties. As of this writing the licensing bureau has not issued a decision on whether it will revoke Stephenson's license.

Stephenson is also named as defendant in several malpractice lawsuits, two of which were filed in January 1995 by former patients, their spouses, other family members and parents. Each of these suits seeks damages on 11 counts, including malpractice, slander and invasion of privacy. Named in the suits are Mark Stephenson and his employers. These suits are scheduled for trial April 1, 1997.

Two counselors remain defendants in third-party civil lawsuit

Paducah Sun (Illinois) May 9, 1996 by David Fraser

Two counselors whose treatment allegedly caused a daughter to accuse her father of murder will remain part of a civil lawsuit, Massac Circuit (Illinois) Judge James Williamson ruled on May 10, 1996. Therapists Sylvia Dickey Smith and Dr. Armando Martinez, both of Texas, entered requests in Massac Circuit Court asking they be removed from a civil lawsuit brought by Larry Stegman. The counselors claimed Illinois does not have proper jurisdiction to try them for work they performed in Texas. Williamson ruled that Illinois was a proper venue for the lawsuit because the alleged tortious injury occurred in Illinois.

Stegman had been charged with first-degree murder and arson for the death of Hattie Barnes, which took place more than 29 years ago. The charges were brought after Stegman's daughter Connie Sievek claimed she had, at age 3, witnessed the murder and dismemberment of the woman in the family kitchen. Most of the memories came through "repressed memories" brought out after she sought counseling. Massac County prosecutors dropped the charges against Stegman and Joe Rickman on Oct. 25, 1995. (See FMS newsletter Feb. '96, p. 12.)

The civil suit against the therapists includes counts of negligent and intentional infliction of emotional distress, slander and malpractice. It alleges that Martinez, who attempted hypnosis on Sievek, and Smith should have known they were following an unsound method of treatment that established an atmosphere fostering the likelihood of false results and memories. "We intend to try them for what we consider to be a grievous action against Mr. Stegman," Stegman's attorney Paul Henry said. "The request that they not be held accountable in Illinois is nonsense. What they did to Mr. Stegman could be done to anyone. There but for the grace of God go you." Henry said Smith and Martinez' not wanting to be held accountable for their work with Sievek was like a manufacturer who produced a faulty tire in Texas that caused a fatal accident in Illinois. He said the tire company would still be liable for its product.

The two-count complaint, filed last summer, also claims Smith and Martinez did not warn patients that the therapy plan was not based on accepted scientific principles and that they "intentionally designed and fabricated an elaborate conspiracy" to bring about economic ruin and emotional distress to the father. Both of Stegman's daughters, Connie Sievek and Jennifer Strivens, are named as defendants as well. A trial date has not been set.

Update: B v. S. 1995 U.S. App. LEXIS 29707:

Late in April 1995, J. B. petitioned the U.S. Supreme Court for certiorari, asking that court to hear her appeal. In 1995, the U.S Ct. of Appeals, 2nd Circuit had affirmed dismissal of that case, noting that B. had first reported childhood abuse 25 years after it allegedly occurred and only after she had undergone hypnosis. (See FMS Newsletter Nov/Dec '95, p. 9).

An amicus curiae brief has been submitted on B's behalf by the following 18 organizations: American Coalition for Abuse Awareness; BEAM (Being Energetic About Multiplicity); Believe the Children; ECLIPSE (Emancipating Children from Legal Injustice); International Society for Professional Hypnosis; Justice for Children; Marilyn Van Derbur Institute, Inc.; Mothers Against Sexual Abuse; National Guild of Hypnotists, Inc.; National Federation of Hypnotists Local 104; National Victim Center; One Voice: The National Alliance for Abuse Awareness; Survivors and Victims Empowered; Survivor Connections, Inc.; Survivors Network of those Abused by Priests; The International Council on Cultism and Ritual Trauma; The LINKUP, Survivors of Clergy Sexual Abuse, Inc.; Treating Abuse Today. A letter has been sent by Connecticut attorney Helen McGonigle asking for financial support for this effort.

Update: Edenton Revisited:

Robert F. Kelly, Jr. returned to jail on April 29, 1996, to face new charges involving a young woman, now 18 or 19 years old, claiming child sexual abuse 10 years ago. Mr. Kelly was charged in four separate indictments alleging eight counts of child sexual abuse. According to Mr. Kelly's attorney Jeffrey Miller, Assistant Prosecutor Nancy Lamb made a point of telling the judge "this is not a repressed memory case" at the bond hearing.

Last May, the North Carolina Court of Appeals unanimously overturned the conviction of Mr. Kelly and Katherine Dawn Wilson, ruling the defendants did not receive a fair and impartial trial and that prejudicial errors were committed in both cases. Mr. Kelly, co-owner of the Little Rascals Day Care Center, was convicted in 1992 on 99 counts of sexually abusing 12 children at the center and sentenced to 12 consecutive life prison terms. Ms. Wilson, a former cook at the center, was sentenced to life in prison after conviction on five counts of sexual abuse. The trial was the longest and most expensive in state history.

Nancy Lamb said that these new allegations were unrelated to the day care case but came about during a review of that case. Ms. Lamb indicated to Mr. Miller that the prosecution intended to try the new case prior to the re-trial of the day care center case and the two cases would not be joined.
MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 17,000 have reported similar experiences. Together we have made a difference. How did this happen?

Missouri: In Missouri one does not have to be licensed as a Transactional Analyst or Hypnotist. FMS families went to the Capitol in regard to a bill that would license Transactional Analysts (TA) and Hypnotists. The bill passed the Senate and now must pass the House. This was a hearing by the Professional Registration and Licensing Committee.

First an attorney spoke in favor of passage. Then a family told their story about how their daughter had cut off all communication with them and that they didn't even know what they were supposed to have done.

Next State Representative Annette Morgan testified against the bill. She said that one therapist mentioned by the family was a doctor and she did not fall under the bill under consideration. At that, a family spoke up and said, "She took the oath: 'First do no harm.' She is devastating whole families."

Later families met with other state representatives to whom they had been sending information. The representatives seemed responsive to the families' concerns.

Missouri: FMS volunteers staffed a booth at the Senior Fair. The fair was sponsored by the Agency on Aging. Materials were handed out and, as always, people who have been touched by FMS learned about the Foundation and received information.

Pennsylvania: Initiatives for FMSF

Rather than the usual effect of boosting my spirits, the April 1996 FMS Foundation Newsletter brought vague feelings of malaise and disillusionment. Despite the news of continuing progress in exposing the sickness and evil behind the memory fabrication business, I was reminded of the long struggle ahead.

It has been refreshing to hear of patent absurd convictions based only upon false memories being overturned, but I then note with dismay that many of the accused faced new trials. The witch trials are far from being over.

Professional awareness of false memories continues to grow but may have encountered a significant setback in the "Final Report of the American Psychological Association's Working Group on the Investigation of Memories of Childhood Abuse." APA clinicians, it seems, have declared themselves exempt from the usual rules of scientific inquiry and are free to endorse as true virtually any popular theory or individual reality. Pseudoscience is still loose in the land and enjoying the protection of a powerful mental health guild.

I encourage the FMS Foundation and families to support at least the following initiatives:

1. Establish a system for recognizing professional associations and graduate training programs that uncompromisingly insist upon scientific legitimacy.

2. Establish a system for holding public servants and mental health professionals accountable for their actions.

3. Expose the methods by which proponents of iatrogenic memories and related mental health system excesses seek to discredit or destroy their professional critics. Many professionals who could help stop the insanity have been silenced by fear of attacks from the recovered memory cult.

John P. Brown, Jr., Ph.D.

Wisconsin: After two years of educating the librarian, a social worker who understands FMS had success! The library carries all pertinent books and has just put up a terrific display on FMS. It builds on material from SIRS. The social worker sent out a press release about the display and the local newspaper wrote an article about the display and the problem.

Send your ideas to Katie Spannello c/o FMSF.

FREE LIBRARY DISPLAYS are now available through SIRS Publishers. Call 1-800-232-7477. This is an attractive and positive way to inform people about the many new books that are now available about false memories and the devastating effects this is having on families.
FROM OUR READERS

Where do we go from here?

The first signs of a break in my daughter’s long slide into mental illness are beginning to show—after a year and a half of total estrangement from most of her family. She recently contacted her two sisters, my stalwart supporters throughout this strange aberration in our lives. No explanations offered. Just normal chat. No less. So, is that how “it” (all that Hell) will come to an end? With a whimper? Normalcy with no restructuring? My late husband, a builder, used to reply to those who asked, “But how does one get started?”—“Do it.”

Should we just “do it?” Start up again, cold turkey? No rehashing? Questioning? Analyzing? Just allow the energies to begin flowing between us once again without giving acknowledgement to years of confusion and agony?

At this point, I entertain some timid self-queries. Nothing concrete. However, after living night and day with this “thing,” this anomaly in my life, after working limited local sources for information and hoped-for relief, after feeding from one FMSF Newsletter to the next, after pondering perceptive editorial guidance and devouring the guts of each issue—the question “Where do we go from here?” also forms in my mind. A Mom

I went through Vietnam. This was harder. In Vietnam there were other people going through the same thing. This, you’re going through it alone. And in Vietnam you could shoot back.

A Dad, a Doc, a Vet

We cannot be a party to our daughter’s delusion

Our daughter falsely accused us six years ago. Since then it’s like we died and went to Hell! We have educated ourselves on FMS and been active in educating others. We know our daughter was the victim of Bad Therapy. On Mother’s Day she called! I cried so hard when I heard her voice I could barely speak. I told her we loved her, missed her and to please just come home! She said she loved us and missed us. She said she was coming into town for a class reunion and wanted to see us at such a date, time and place. I suggested she come to our home. She said no — that she doesn’t trust us. I asked if she still believed these terrible things about us. She said “Yes” but that she has forgiven us and will not talk about the past. She wants to start a new relationship and go forward. She said she loves us and we were good parents.

I told her good parents don’t sexually molest their children. I asked her why she would want anything to do with pedophiles or sexual perverts? I sure don’t.

I told her that as long as she believes we did these terrible things to her, we have nothing to talk about. So, no, we would not meet her.

She works in a library. I suggested she read some of the books on FMS. She said she has made a point to ignore them.

I know she misses her family terribly. But we feel we cannot be a party to her delusion. In the long run, that won’t help anyone. Maybe she will pick up a book and read about FMS. If not, there is nothing else we can do to help her. We know our daughter was conned and didn’t get in this mess alone. But now, after 6 years, I think I know she is the only one who can get herself out.

I pray to God she finds the courage and the way.

A Mom

It’s your daughter from hell!

I never thought I would be writing you this kind of letter! We have our daughter back. As you know, we lost her in 1989—although our eldest son kept in contact with her all this time. This son called us last week to tell us he got an announcement to our daughter’s wedding. I really dreaded this news because I felt this was somehow final. Her grandmothers who live across the country also got announcements. My husband and I ran away for the weekend as we have been doing for the last 7 years, trying to forget for a while and ease the pain.

On Monday my husband was home by himself because I had gone off with friends. The doorbell rang. When he answered it, he saw our daughter and her future husband with a wedding invitation in his hands. She said, “Hi dad, it’s your daughter from hell.”

My husband invited them in and called me on the phone. When I got back home, I took her in my arms and just hugged the heck out of her and she hugged back. She said she wanted us to start over and she was sorry...They were with us for 5 hours and we had so much to talk about for all these lost years.

There is so much to tell but I could never put it all down on paper right now. We know its going to take a long time, so many lost years, but at least we have a start. We will be forever grateful to our future son-in-law who had a lot to do with this. He told us how many times they drove up our street past the house. Our daughter had wanted to come before but could never quite do it until now. She said she has missed us.

After 7 years we never believed we would have our daughter back. Now we are going to try and rebuild this family. We wanted you to know what has happened and thank you again so much for all the work you are doing to educate the public and ease some of the pain that we all go through. We pray that all the other parents will someday soon have the chance to see their children again. We really feel blessed.

A Happy Mom and Dad

We will never be a family again

About a month and a half ago I was diagnosed with metastatic cancer and have been told I have a short time to live. I'm sure this medical condition was aggravated by the false accusation by a grandson. I'm convinced the extreme stress and pain of the accusations and the loss of the child caused the breakdown of the immune system. His new stepmother convinced him to tell these lies to youth services and a therapist spent months trying to make sure he didn't retract it. Last summer, after more than 4 years, I received
this letter from the child.

"Dear Granny,

I am very sorry I told all those lies about you. I'm sorry I lied and told some things that could have put you in jail. I really want to make things right. I am also sorry I kept you from me all those years for really no reason but false ones. Granny, if I could, I would go back and tell the truth all over again but I realize it is too late. What I did to you can, but it can be forgiven.

Granny, please forgive me. I will never do anything like that again to anyone!!

Love."

The child had attempted to tell youth services the truth just two weeks after he told the lies. The step-mother and father are putting all blame on this 11 year old child and continuing to destroy him even further. I have told the child I forgive him, but we will never be a family again. There are too many painful memories to want them back now after 5 years. I'm very sorry if this causes our grandson more pain.

A destroyed Grandmother

---

A Family Again

Just a note to fill you in about our meeting with our daughter a few weeks ago. Everything went unbelievably well. She, her dad and I had a good visit and we were all in control of our emotions. There was no going back to explain exactly why certain things happened. I'm sure, at this point, our daughter doesn't understand how she was led into FMS. Our family is just that again. Our daughter's brother and sister are so happy about our reconciliation and looking forward to some happy times together. Thank you for your great support.

A Mom

---

Note of Concern from a Mother of a Retractor

I am concerned that some parents may be passing up a reconciliation with their daughter just because she has not retracted her accusations yet. There is no way to explain the joy we have experienced over the last two years since the return of our daughter. Had we waited until she was convinced all of her memories of abuse were false, we would never have gotten together as soon as we did. Just being with her father and me helped her to get her real memories of her family back. Please don't make conditions for your daughter to meet before she can return! You don't like it when she makes conditions for you. Remember when your daughter was first born? You loved and accepted her in spite of birthmarks or birth defects. The same is true of her now. There will be defects. None of us will ever be the same again! Her counselor may be telling her that just being with her parents will make her worse. Just the opposite may prove to be true. Just being together may be the best medicine in the world for both of you. I know we have all been hurt. But why not give it a try?

Mother of a Retractor

---

Feel Nothing

It has been over five years since we were first accused by our daughter "J." We received the letter below last week. I called my wife and read it to her and then asked how she felt. "I feel nothing," she said. That's how I feel too.

Dear Mom and Dad,

I am sorry for the pain I have caused you. Healing is a long journey and I have not always done mine well. A year ago as I lay at death's door, I realized there were many things in my life left unfinished and that I should at least try to make peace with you. My brush with death seems not to have changed one thing about me—ever the procrastinator it has taken me a year to set aside my ego and pride and build up the courage to write. As there are no words to make up for the pain I have caused, I will simply go on to tell you about your grandchildren....

Peace to you "J"

We called our daughter. She said "I've learned to live with the things you did to me...but I can't forget them." I didn't expect her to say that. I guess I lost my cool and said, "You need a good psychiatrist." Our daughter has not contacted us again. It's been a year.

A Dad

---

A Reconciliation with Professional Help

I feel compelled to write and thank you for the support you have been to me during the past five difficult years. Our daughter was a textbook case of the "Courage to Heal" variety.

Six months ago our daughter wrote to us and her three siblings and asked if we would consider coming from four states to participate in a dialogue with her and a male-female team of AAMFT therapists. After considerable discussion, we all agreed to go and last weekend we had four hours of hard and hard-hitting confrontations resulting in reconciliation and restoration of family wholeness.

Unlike many others, we were not able to just welcome our daughter back without any explanations, retractions, or apologies. Her description of her life at the time of the accusations enabled us to accept her apologies for the agony she had caused us all. She said she did not actually "accuse" us, but asked myriad questions in such a way that implied she believed she had been abused. When we categorically denied everything, she knew we felt "accused" and—in her anger about her own life—left us to believe she had accused us. She said she was very wrong to have done this to us and sincerely apologized for the pain she had caused.

Her identification of herself as a "fundamentalist AA" member, an "angry feminist," and an incessant "joiner" of numerous fad self-help groups, confirmed our belief that such places were where she was receiving instruction and support for her actions. (A therapist of questionable credentials and her own reading were also guiding her.) She firmly believes such groups saved her life, as she was suicidal at various times, but believes any help and growth she experienced personally was at our family's expense. Siblings never agreed with her on any point and were more inclined to just distance themselves from her, and remained supportive of their parents. She no longer attends any support
groups, but works part-time while being a full-time student.

Our dialogue sessions totaled 4 hours and were very emotional. We had to say certain things and ask certain questions. She was reluctant to retract, although she did try to explain where she was coming from. She finally said her family was more important to her than clinging to any false memories and that her search from the beginning had been due to her interest in why she had so many addictions and so much self-destructive behavior and whether causes could be traced to early childhood. She always said she had no memories of abuse, but since she exhibited so many symptoms of persons who had been abused she was exploring the possibility.

Her siblings explained their lack of interest in constantly talking about her addictions and their hope she could put it all behind her and get on with her life. She expressed the hope we would never have to discuss this again. So, as our first daughter approaches her 38th birthday, we are all filled with inexpressible gratitude and hope that her life will be happy and fulfilling and productive. She has just completed a Masters Degree, entered into a relationship with a young man, and her life is in front of her. We are all determined to let go of the past and move into the future with renewed faith and hope and love.

From the beginning, we went on with our lives, refusing to let our daughter bring her sickness to the rest of us. We had painful moments at holidays and family times, but we never wavered from the conviction that she would come to her senses. I hope this will provide encouragement for others and that more and more families will soon experience reconciliations with their loved ones.

EASIER WITH TIME

Our daughter wanted to come and visit us. I told her that it would be fine as long as a third party came with her. "What, don't you believe me?" she asked. I ask myself how any parent could not want to get their daughter back? But you know, I don't really miss her. If she wants to come back, it would be on our terms. This does get easier with time...I used to cry every day. Then it was every couple of days. Then it was about once a month. Now I'm OK. I do hope that the day will come when the grandchildren want to see for themselves who their grandparents were."

Returned in Worse Shape

When our daughter returned to the family she was in much worse emotional state than when she went for therapy. A number of times she said "my life is a mess" and several times she referred to herself as "a basket case." We were very gentle with her and made sure we were here to help her while she goes through a re-adjustment. During her early visits she kept saying, "It's so peaceful here!" (meaning, our place). We continue to support her to the point that we feel she may becoming too dependent on us. If something should happen to us or between us, we feel she'll likely panic and become traumatized again.

To date (one year since she came back to the family) we have not talked about the fifteen months that she was away. It's as if nothing has happened. We're not sure how to approach the subject since she is still very vulnerable and we don't know what false memories the therapists left with her nor what state of mind they have left her in. We ask ourselves, "Are we going to open something we can't handle?"

We feel that the damage done by the therapists needs to be undone first and then she'll need therapy to deal with the original real cause of her emotional problems. We're at a loss as to who to turn to—and we're not sure our daughter would agree to any counselor after the abuse to which she was subjected by unscrupulous therapy—employed by our own government yet!!

Before Therapy
Dear Mom,

If anyone asks me, "Who's your best friend? I always answer "my mother" because you have been my best friend for many years. But I don't think I have ever told you how I really feel about you. I think you know how much I love you and I think you are a warm loving person. But I don't think you know how much I admire you for your intelligence, your intellect and your knowledge.

You have always given me good advice and I think you are the most intelligent woman and best-read woman I have ever known. I feel bad that maybe you don't realize that I feel this way about you.

I love being able to talk about anything with you and I only hope that I can be as good a mother to my children, and as good a role model as you have been to me. I love you, Mom.

Your daughter "A"

After Therapy
"L"

My memories of you are so full of pain, hurt, betrayal and humiliation that it is hard to write this letter. I remember the many ways you mistreated me and hurt me, but your unpredictability and inconsistency were hardest to deal with when I was growing up. My whole life you have been a mystery to me. At times you could be kind and sometimes you could be fun, but much more often you were vicious and cruel. I tried so hard to connect with you, but I never could find your heart or soul.

I have two children whom I love deeply and whom I would protect to the ends of the earth. I didn't learn to be a good mother from you. My ability to love and nurture my children came from some deep part of myself that I was able to keep safe from your cruelty and abuse. I deserved a mother who loved me and who would do her best to keep me safe.

...When you failed to fulfill even the minimum obligations of a mother, you gave up any right to have a relationship with me. Good-bye.

First name, last name
JUNE 1996
FMSF MEETINGS
FAMILIES, RETRACTORS & PROFESSIONALS WORKING TOGETHER

key: (MO)=monthly; (bi-MO)=bi-monthly; (*)=see State Meetings list
CALL PERSONS LISTED FOR INFO & REGISTRATION

*STATE MEETINGS*
CALIFORNIA
Saturday, June 8 @ 1-3:30 pm
Seminar: How We Helped Our Daughter Return Elly & Paul Oviedo
JoAnne (916) 933-3655

NORTHERN CALIFORNIA
Saturday, June 29 @ 12 Noon
Luncheon Meeting in Beautiful Napa County
Guest Speaker: Pamela Freyd, Ph.D.
Ex Dir, FMSF
Do plan to come - Contact
Jack & Pat (408) 425-1430
Charles (415) 435-9618
Judy (510) 254-2605
Rudy (916) 443-4041

UNITED STATES
ARIZONA - (bi-MO)
Barbara (602) 924-0975; 854-0404(fax)

ARKANSAS - LITTLE ROCK
Al & Leila (501) 363-4368

CALIFORNIA
NORTHERN CALIFORNIA
SACRAMENTO-(quarterly)(*)
JoAnne & Gerald (916) 833-3655 or
Rudy (916) 443-4041

SAN FRANCISCO & NORTH BAY (bi-MO)
Gideon (415) 389-0254 or
Charles 984-5626(am)/ 435-9618(pm)
EAST BAY AREA (bi-MO)
Judy (510) 254-2605

SOUTH BAY AREA Last Sat.(bi-MO)
Jack & Pat (408) 425-1430

CENTRAL COAST - Carole (805) 967-9058

SOUTHERN CALIFORNIA
CENT. ORANGE CNTY. 1st Fri. (MO) @ 7 pm
Chris & Alan (714) 733-2935

ORANGE COUNTY - 3rd Sun. (MO) @ 8pm
Jerry & Eileen (714) 494-9704

COVINA AREA -1st Mon. (MO) @ 7pm
Floyd & Libby (818) 330-2321

SOUTH BAY AREA - 3rd Sun. (bi-MO) @10am
Cecilia (310) 545-6064

COLORADO -DENVER-4th Sat. (MO) @ 1pm
Ruth (303) 757-3522

CONNECTICUT - S. NEW ENGLAND
Area code 203 (bi-MO) Sept-May
Earl 329-8365 or Paul 458-9173

FLORIDA
Dade/Broward Madeleine (305) 968-4FMS
Boca/Deleray 2nd & 4th Thurs(MO) @ 1pm
Helen (407) 500-5048

Tampa Bay Area

Bob & Janet (813) 856-7091

ILLINOIS - 3rd Sun. (MO)
Eileen (708) 890-7893

INDIANA -INDIANA FRIENDS OF FMS
Nickie (317) 471-0922(ph)/334-9839(fax)
Pat (219) 482-2847

IOWA -DES MOINES
Betty & Gayle (515) 270-6976
2nd Sat. (MO) @ 11:30am Lunch

KANSAS -KANSAS CITY
Leslie (913) 235-0602 or Pat 738-4840
Jan (816) 931-1340

KENTUCKY
COVINGTON - Dixie (606) 356-9309
LOUISVILLE- Last Sun. (MO) @ 2pm
Bob (502) 957-2378

LOUISIANA - Francine (318) 457-2022

MAINE - Area Code 207
BANGOR - Irvin & Arlene 942-8473
FREEPORT - 4rd Sun. (MO) Carolyn 364-8891

MARYLAND -ELICIT CITY AREA
Margie (410) 750-8694

MASSACHUSETTS-NEW ENGLAND
CHELMSFORD - Ron (508) 250-9756

MICHIGAN-GRAND RAPIDS AREA-
JENISON -1st Mon. (MO)
Catherine (616) 363-1354

GREAT DETROIT AREA -3rd Sun. (MO)
Nancy (810) 642-8077

MINNESOTA
Terry & Collette (507) 642-9630
Dan & Joan (512) 631-2247

MISSOURI
KANSAS CITY 2nd Sun. (MO)
Leslie (913) 235-0602 or Pat 738-4840
Jan (816) 931-1340

ST. LOUIS AREA -3rd Sun. (MO)-Area Code 314
Karen 432-8789 or Mae 837-1976

SPRINGFIELD - 4th Sat. (MO) @ 12:30pm
Dorothy & Pete (417) 882-1821
Howard (417) 865-6067

NEW JERSEY (So.) SEE WAYNE, PA

NEW MEXICO -Area Code 505
Maggie 662-7521(after 6:30pm) or
Martha 624-0225

NEW YORK
DOWNSTATE NY -WESTCHESTER, ROCKLAND, ETC.
Barbara (914) 761-3627 (bi-MO)

UPSTATE/ALBANY AREA (bi-MO)
Elaine (518) 399-5749

WESTERN/ROCHESTER AREA (bi-MO)
George & Eileen (716) 586-7942

OKLAHOMA -OKLAHOMA CITY
Area Code 405
Len 364-4063 Dee 942-0531
HJ 755-3816 Rosemary 439-2459

Pennsylvania
HARRISBURG -Paul & Betty (717) 691-7660
PITTSBURGH -Rick & Renee (412) 563-5816
WAYNE (includes S. NJ)

Jim & Jo (610) 783-0396
June 8 @ 1pm July & Aug-no mtg

TENNESSEE - Wed. (MO) @ 1pm
Kate (615) 695-1160

TEXAS
CENTRAL TEXAS
Nancy & Jim (512) 478-8395
HOUSTON Jo or Beverly (713) 464-8970
UTAH -Keith (801) 467-0869

VERMONT (bi-MO) Judith (802) 229-5154

WISCONSIN
Katie & Leo (414) 476-0285

INTERNATIONAL

BrITISH COLUMBIA, CANADA
VANCOUVER & MAINLAND
Ruth (604) 925-1539
Last Sat. (MO) @ 1-4pm

VICTORIA & VANCOUVER ISLAND
John (604) 721-3219
3rd Tues. (MO) @ 7:30pm

ONTARIO, CANADA
LONDON -2nd Sun (bi-MO)
Adrian (519) 471-6338

OTTAWA -Eileen (613) 836-3294
TORONTO N. YORK-Pat (416) 444-9076
WARKWORTH - Ethel (705) 924-3546

BURLINGTON - Ken & Marina (905) 637-6930
SUDbury-Paula (705) 692-0600

QUEBEC, CANADA-MONTREAL
Alain (514) 335-0663

AUSTRALIA -Mrs. Irene Curtis
P.O. Box 630, Sunbury, VCT 3419
phone (03) 9740 6930

ISRAEL FMS ASSOCIATION
fax (972) 2-259282 or
E-mail fms@netvision.net.il

NETHERLANDS - Task Force FMS of
"OUDERS VOOR KINDEREN"
Mrs. Anna de Jong (31) 20-693-5692

NEW ZEALAND
Mrs. Colleen Waugh (09) 416-7443

UNITED KINGDOM
THE BRITISH FALSE MEMOY SOCIETY
Roger Scotford (44) 1225 868-682

* REMINDER *
July/August will be a combined issue

JULY/AUGUST ’96 Issue Deadline: June 15
Mark Fax or envelopes: "Attn: Meeting Notices." send 2 months before scheduled meeting. Meeting notices MUST be in writing

YOU MUST BE A STATE CONTACT OR GROUP LEADER TO POST A NOTICE IN THIS
NEWSPAPER IF YOU ARE INTERESTED IN BECOMING A CONTACT, WRITE: MARG MELNIN STATE CONTACT COORDINATOR
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 list". You'll also learn about joining the FMS-Research list (it distributes research materials such as news stories, court decisions and research articles). 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 FMS Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1996 subscription rates: USA: 1 year $30, Student $15; Canada: 1 year $35 (in U.S. dollars); Foreign: 1 year $40. (Single issue price: $3 plus postage.)

YEARLY FMSF MEMBERSHIP INFORMATION

Professional - Includes Newsletter $125____
Family - Includes Newsletter $100____
Additional Contribution: ___________

PLEASE FILL OUT ALL INFORMATION

Visa: Card # & exp. date:__________________________
Mastercard: # & exp. date:__________________________
Check or Money Order: Payable to FMS Foundation in U.S. dollars

Signature:_____________________________________
Name:_________________________________________
________________________________________________
Address:_______________________________________
______________________________
State, ZIP (+4) _____________________________
Country: _________________________________
Phone: ____________________________
Fax: (__________)_______
TIME DATED MATERIAL

Attn. All Members!!
To speed the arrival of newsletters,
please ask your postmaster for your
ZIP+4 code.
Send it ASAP along with your
name and address clearly marked
on a postcard to FMSF

We must hear from everyone
for this effort to work!