



Dear Friends,

The cruelty and injustices of the recovered repressed memory phenomenon continue to haunt families, especially those whose children have not resumed contact. While some situations seem to have improved, others have not changed at all. As just one example, consider: many years ago the American Psychiatric Association (1993) and American Medical Association (1994) warned of the dangers of repressed memories, but in all this time the monitoring boards of the relevant professions, with just a few exceptions, have taken no significant actions.

One of those few exceptions is the case of Bennett Braun, M.D. After many lawsuits, one settled in the amount of \$10.6 million, a license hearing by the state of Illinois will be held in November. Patricia Burgus, the plaintiff in the \$10.6 suit, has been public in her efforts to have the Illinois board protect others from the harm done to her and her family. In Texas, however, where there were also settled lawsuits and complaints by former patients about Judith Peterson, Ph.D., the Texas Board of Psychology, to our knowledge, has as yet taken no action. In this case, transcripts of some of Peterson's therapy sessions have become easily accessible (they were produced in evidence in the federal trial last year). Professional inaction can be seen to imply that these sessions constitute an acceptable standard of care. The public is poorly served and can scarcely be blamed if confidence in the mental health profession decreases. (See www.FMSFonline.org for examples of therapy transcripts.)

Very few families and former patients have filed lawsuits. Some have gone directly to licensing boards and in almost all cases the boards have refused to act—invoking a remarkable variety of excuses in the process. Page 12 of this newsletter recounts one family's experience with a regulatory agency and the agency's quite unbelievable excuse. Families and professionals should be deeply concerned about what this case says about the state of professional oversight.

One thing, though, that has changed dramatically is the amount of information now available on the subject of false

memories. In August, 1999, we searched the database PsycINFO using the topic "false memories." We organized the results by year of publication. In the table below, it is easy to see the dramatic increase in articles starting in 1994.

1990	0	1993	3	1996	64
1991	0	1994	14	1997	67
1992	2	1995	27	1998	60

But has all this information helped families? Obviously it has: more people now understand important facts about how memory works; more articles mean there are more places to find information; and more articles make it easier to talk about the problem with others.

But have the articles contributed to the return of children? Yes, they have also done that, sometimes directly but most often in a circuitous way. As information about memory threads its way through society, there will be less acceptance of misinformation. There seems little doubt that the public has become more skeptical about recovered memories in the past few years. Those who hold firm belief in the accuracy of recovered memories or who make their livelihood or reputations in this area now complain vociferously about the effect of the FMS Foundation.

Over the years, there have been several groups that have formed to counter the skeptical trend to which we may have contributed. On page 3 of this issue readers will find information about the most recent of these groups. It is a characteristic of such groups that the position of the Foundation is misstated and so we take this opportunity to clarify by repeating what we have said since 1992: *Some memories are true, some memories are a mixture of fact and fantasy, and some memories are false—whether those memories are*

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continuous or are recalled after a period of being forgotten. The issue in all cases is *corroboration*. Professional societies agree that it is only with external corroboration that one can know the truth or falsity of a memory.

As is typical with these groups, the charge is made that the Foundation has proposed informed consent legislation or lobbied for its passage. Some members of the Foundation, to be sure, are involved in these activities, as, indeed, are many many members of the mental health profession. The Foundation is not. The debate on informed consent is a broad one within the profession as can be seen in Allen Feld's comments on page 4.

One must ask why some professionals who are opposed to informed consent focus on the Foundation rather than debate the issue with their peers.

Critics also err when they claim the Foundation is focused on bringing lawsuits against therapists. They forget that the Foundation came into existence because of the many lawsuits that were being brought against families based on no other evidence than a claim of recovered repressed memories. As of today, we are aware of more than eight hundred lawsuits against families but fewer than two hundred brought by former patients. On page 15 of this issue is a moving letter from a former patient about the harm done to her, and in the Legal Corner is mention of an ongoing trial in Wisconsin in which a therapist is being sued by a former patient. It is not the FMS Foundation that is responsible for such lawsuits. It is substandard treatment by some therapists.

The issue is not child abuse, a reprehensible crime that civilized society should work to eliminate. The issue is misinformation and the misuse of science. While the two books reviewed this month each credit the FMS Foundation with diminishing the recovered memory craze, it makes no sense to blame the Foundation for the current state of therapy.

Professionals need to examine the practices that brought the Foundation into being in the first place and consider the changed culture in which therapists now practice: managed care and higher consumer expectations. In addition to acting on the clear need for more effective monitoring by regulatory boards, professionals could also take a big step in bringing the memory wars to a speedy end. The Recommendations of Royal College of Psychiatrists point to a way:

"Once the accusation is taken outside the consulting room, especially if any question of confrontation or public accusation arises, there can rarely be any justification for refusal to allow a member of the therapeutic team to meet family members."

"Reported recovered memories of child sexual abuse: Recommendations" *Psychiatric Bulletin* (1997), 21 663-665

The families who have contacted the FMS Foundation

were all unwilling parties to a "confrontation or public accusation." Yet, we know of almost no families who have had a meeting with the accuser and a psychiatric team. And the only efforts for corroboration have come after the filing of a lawsuit.

Harvard professor Thomas Gutheil, M.D., recently wrote:

"To mitigate injustice in cases of recovered memory, the forensic evaluator should be a separate professional from the treating clinician. Information from third parties is crucial and can include journals, diaries, social service agency records, hospitalization and other treatment records, and police reports. Interviews with siblings and friends may yield useful information. Memory is never fully reliable. The only way to protect the presumption of innocence is to require tangible evidence. The damage to those accused because of recovered memories can be significant."

Thomas Gutheil, M.D. "The controversy over recovered memories" p 4. *Lahey Clinic Medical Ethics Newsletter*, Spring 1999

Families torn asunder because of claims of recovered memories deserve to have independent professionals intervene and bring the parties together in order to weigh the claims of each. However, corroboration remains the sole reliable method for separating true from false memories.

Some assumptions might need to change. For example, by their silence, mental health professionals and some segments of society currently give approval to unilateral and arbitrary accusations against someone and then cutting off communication—allowing the accused no defense. To end the memory wars, people will need to talk to each other.

The recovered memory debate has been referred to as the "most passionately contested battle that has ever been waged about the nature of human memory." (see box p. 3) It won't be easy to bring this to conclusion, but for a society that has turned 180 degrees on smoking, that has gone to the Moon and is mapping the human genome, it is surely possible. Unless we try, we will never know.

Pamela

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research:* Michele Gregg. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

FREE

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

New Organization Alert FMSF Staff

A new organization called The Leadership Council for Mental Health, Justice and the Media formed in spring of, 1999 with headquarters in Bala Cynwyd, PA. According to a May 24, 1999 release on *Business Wire*, the mission of the group is "to insure the public receives accurate information about mental health issues..."

Leadership of this new group is composed of professionals, many of whom have published MPD/recovered memory articles (e.g. Kluft and van der Kolk), lawyers who have written against legal action by retractors (e.g. Mertz) and writers for David Calof's journal *Treating Abuse Today* (e.g. Crook and Kendall).

It is not clear that the mission of this group is only to present accurate information. After interviewing its president, Dr. Paul Fink,¹ one journalist wrote:

"Fink is angry that the False Memory Foundation has launched a public relations campaign to say that recovered memories of child abuse can't occur. Psychotherapy has always been about uncovering the past to fix the present."

Jamie Talan. 05/04/99 *Newsday*
"Mental Health Leaders Suggest Flawed Research May Promote Pedophilia"

In a November 1998 column in *Clinical Psychiatry News*, Dr. Fink, a past president of the American Psychiatric Association, described the

FMS Foundation as:

"a group of zealots who know nothing about what psychotherapy is or how it works. This includes some prestigious psychiatrists and psychologists who are trotted out by the FMSF to assert that we who practice this 'vile form of alchemy' called psychotherapy are, at best, unproven, and at worst, charlatans."²

To say that about the FMSF Scientific Advisors including supporters of psychotherapy such as Aaron Beck, M.D., D.M.S., Fred Frankel, M.D., George Ganaway, M.D., David Halperin, M.D., Ernest Hilgard, Ph.D., N.A.S., John Hochman, M.D., Harold Lief, M.D., Harold Merskey, D.M., and Donald Spence, Ph.D., seems not only insulting but absurd.

Following is the Council's list of Officers and Advisory Board:

Paul J. Fink, MD; President; Joyanna Silberg, PhD; Alan W. Schefflin, JD, LL.M., MA, Vice-President Justice; Wendy Murphy, JD, Vice-President Media; Steven Frankel, PhD, JD Treasurer; Stephanie Dallam, RN, MS, FNP Secretary; Advisory Board: Peter Barach, PhD; Laura Brown, PhD; Lynn Crook, MD; Philip Coons, MD; Leah Dickstein, MD; Esther Geller, MA; Joshua Kendall, MA; Richard P. Kluft, MD, PhD; Richard J. Loewenstein, MD; Elizabeth Mertz, JD, PhD; Robed Pyles, MD; Lloyd I. Sederer, MD; David Spiegel, MD; Bessel van der Kolk, MD; Deborah Zarin, MD

1. See FMSF Newsletter July/August 1999 for a report of Dr. Fink's appearance on television program Jane Wallace Live in which he suggested that three women he was not known to have ever interviewed had been sexually abused.

2 When asked, Dr. Fink admitted he could not supply a reference for the "alchemy" quote.

Relationship between dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample.

Multer, Beautrais, and Jouce, et al.
American Journal of Psychiatry 155:
806-811 (June 1998).

Summarized in *The Harvard Mental Health Letter*, February 1999 (page 6)

A sample of 1,200 New Zealanders of both sexes chosen from the general population were asked about childhood physical and sexual abuse and given a standard clinical interview for the purpose of psychiatric diagnosis. They also answered a 15-item questionnaire on dissociative symptoms.

Only six percent of respondents had a high level of dissociative symptoms using the researchers' criteria. A high level was more common in people with psychiatric disorders. Apart from the physical abuse that often accompanied it, however, sexual abuse was not specifically linked to dissociation. The authors suggest that people with psychiatric symptoms (including dissociation) may be more likely to see mental health professionals if they were sexually abused as children. Further, most victims of childhood sexual abuse are women and it is women who are more likely to seek treatment.

Vice President of the Leadership Council for Mental Health speaking about the Amiraults upon hearing the Massachusetts Supreme Judicial Court decision not to allow them a new trial:

"Stick a fork in them," said attorney Wendy J. Murphy, a child rights advocate, "They're done."

"Experts say Amiraults may be out of options" Analysis/by Jack Sullivan,
Boston Herald, August 19, 1999

"The recovered memories debate is the most passionately contested battle that has ever been waged about the nature of human memory. Students of memory are no strangers to controversy: arguments about single versus multiple memory systems, storage failure versus retrieval failure theories of forgetting and laboratory versus naturalistic methodologies have persisted for years. But all of these debates have been restricted to academic participants and are largely unrelated to the concerns of people in everyday life. Controversies over recovered memories, in contrast, have touched the lives of thousands of families; the emotional stakes for all involved are incalculably high."

Schacter, Norman & Koutstall in Conway (Ed)
Recovered Memories and False Memories, Oxford U Press, 1997 p. 63

Informed Consent

Allen Feld

It is impossible to read the many articles and letters, etc. that come into the Foundation without being exposed to the acrimonious, and often shrill, debate about informed consent. It is also perplexing and confusing to me why there would be significant attempts to organize opposition to the notion of informed consent. Rather, one would hope that the same effort would be directed toward developing a consensus among professions to assure that clients are fully informed of the risks inherent in the psychological service they are about to receive.

Those uncomfortable with informed consent will undoubtedly and erroneously conclude that this is an endorsement of what is often called the Barden Bill. In fact, my wish is that legislation such as Attorney Christopher Barden has drafted would be unnecessary, because professional organizations were meeting their responsibilities in protecting the public. Barden and his small and thoughtful group have provided a significant service by placing the issue of informed consent on the table and causing it to be a subject of discussion.

It is also becoming evident that not all psychiatric professionals are necessarily unhappy with the need for informed consent. Milwaukee psychiatrist Herzl Spiro, testifying as an expert witness in *Hess v. Fernandez* (see legal section), expressed his support for informed consent. Spiro said all patients must give doctors "informed consent" to proceed with treatment:

"It is a doctor's responsibility to tell a patient all of the risks of therapy and present alternatives so the patient can make informed choices."

Wausau Daily Herald, Aug 15, 1999

Another recent example of professional support for informed consent appeared in the *Harvard Mental Health Letter* dated March 1999.

"For many years, informed consent involved strictly medical procedures. The advent of managed care, the elaboration of ethical codes, and the influence of patients' rights movements now speak in favor of expanding informed consent to include psychotherapy. Sharing information helps to fulfill a clinician's responsibility to ensure that a client is able to make treatment decisions. From a clinical perspective, few things can disrupt a treatment more than an event that surprises a client—an unexpected disclosure of confidential information, an unanticipated bill for a missed session, a refusal to testify in court."

Hames T. Hilliard, J.D. and
Stephen H. Behnke, J.D., Ph.D.

Before the idea of formal written informed consent became important in counseling services, some helping theories offered clear direction that a joint decision should be made between therapist and client about entering into a therapeutic relationship. Among the suggestions for both parties to consider were their individual responsibilities, what they could expect from each other, the reciprocal demands that grow from the therapeutic approach being used, and such logistical aspects as scheduling, between session availability and fees. This interactive process seemed to ask both parties to agree to work together with a similar vision. It was not unusual to consciously and verbally redefine some aspects of the therapy as the relationship developed and both parties came to know each other more fully within

the context of the therapy.

Until professional organizations and graduate psychiatry/ psychology/ counseling programs take an active leadership role in establishing meaningful informed consent standards, legislation may be the only alternative. I believe there is more to fear from informed consent becoming a bureaucratic and automatic procedure, geared more to protecting the service provider than to informing the client.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.

Memory Functioning in Adult Women Traumatized by Childhood Sexual Abuse

Stein, Hanna, Vaerum & Koverola
Journal of Traumatic Stress, Vol. 12,
No. 3, 1999 p 527-534

Memory tests were administered to 22 female adult survivors of childhood sexual trauma and to 20 demographically and educationally similar nonvictimized women. No evidence was found of explicit memory impairment in the abuse survivors. Neither PTSD severity, dissociative symptom severity, nor the extent of preexisting amnesia for the childhood trauma contributed to the variance in memory functioning.

On Pseudoscience

"I worry that, especially as the Millennium edges nearer, pseudoscience and superstition will seem year by year more tempting, the siren song of unreason more sonorous and attractive. Where have we heard it before? Whenever our ethnic or national prejudices are aroused, in times of scarcity, during challenges to national self-esteem or nerve, when we agonize about our diminished cosmic place and purpose, or when fanaticism is bubbling up around us—then, habits of thought familiar from ages past reach for the controls. The candle flame gutters. Its little pool of light trembles. Darkness gathers. The demons begin to stir."

Carl Sagan, *The Demon-Haunted World*, pp. 26-27

Reviews by FMSF Staff

Creating Hysteria: Women and Multiple Personality Disorder

Joan Acocella, Jossey-Bass Pub. \$25.

Joan Acocella has written an outstanding history of the American MPD epidemic. She traces its emergence, the extensive damage it caused and finally, we all hope, its present death throes. In the process—using little more than their own words—she exposes the folly of its main perpetrators: Peter Barach, Bennett Braun, David Calof, Richard Kluff, Frank Putnam, Colin Ross, Gloria Steinem, Cornelia Wilbur—and the most recent addition—Cameron West. (The index, alas, does not list all of these names. Some interesting quotations—particularly from Barach, Calof and West—appear only in the end-notes.)

When an earlier version of this work appeared in *The New Yorker* (April 6, 1998), MPD defenders mounted an ad hominem attack: Joan Acocella, they said, was just the *dance critic* for the *The New Yorker*. Indeed, Acocella's book on the Nijinsky diaries was the year's most important book about ballet. That, apparently, was quite enough to confuse the MPD defenders; they forgot (or just couldn't believe) that the very same Joan Acocella is co-author of one of the standard textbooks: *Abnormal Psychology: Current Perspectives* (now in its eighth edition).

Creating Hysteria is more than a history. Acocella develops the thesis that the MPD craze was, in fact, a predictable backlash against women. What was, however, totally unpredictable was that so many feminists would join the effort. As Acocella documents, by joining the MPD movement they joined a movement devoted to portraying woman in a most antifeminist manner: the MPD movement emphasized woman's notorious

volatility, her moral incapacity, her childlike, passive, and wounded role-playing, her hysterics, fits, and weeping spells, her subjectivity and preference for emotion over action. After describing these stereotypes so central to MPD, Acocella writes, "I have listed a number of characteristics here, but they can be boiled down to two, sex and childlikeness. In MPD therapy, the woman is visualized as a nymphet."

Acocella does not claim to understand completely how her fellow feminists were so misled. But she does pinpoint the single most important development: they had bought into the recovered memory movement and that led them to support the MPD movement in all of its absurdities, even to that greatest of absurdities, the satanic ritual abuse craze. And she tells us what was the most important single development in the demise of the MPD craze: "the founding of the False Memory Syndrome Foundation (FMSF) in Philadelphia in 1992."

This book is a "must" read.

Excerpts from *Creating Hysteria: Women and Multiple Personality Disorder*

In the past few years the recovered memory movement has been analyzed and condemned in so many books. . . that it seems unnecessary to rehearse its errors one more time. But the movement is far from dead, and it was the main source of the MPD epidemic. (p. 39)

In short, recovered memory, beginning as a political movement, became a craze, a juggernaut. Judith Herman says that in her survivor groups, "virtually every woman who has defined the goal of recovering memories has been able do to so." (p. 43)

To explain [how MPD is created by the therapist] I will rely on the therapy outlined by Frank Putnam in his *Diagnosis and Treatment of Multiple Personality Disorder*. I choose Putnam in the interest of fairness. His book is the most respected in the field—a "classic text," as his colleague

Richard Kluff has called it. (p. 61)

Here is the therapy, according to Putnam. The woman, when she comes for her first appointment, typically shows no multiplicity, no MPD. The job of the therapist, then, is to "smoke out" the alters. Putnam asks the patient whether she has ever felt like more than one person, and if her reply is encouraging in any way, he then asks, "Do you ever feel as if there is some other part ... of yourself that comes out and does or says things that you would not do or say?" Again, if her response is even so much as ambiguous, he presses forward, asking, "Can this other part come out and talk with me?"

Often, this yields nothing. "I would urge persistence," Putnam says. The therapist should probe energetically, and at length. A typical diagnostic (that is, smoking-out-the-alter) session last about three hours, he writes, "though it may be necessary to spend a large part of the day with some highly secretive MPD patients." If that doesn't work, he uses the old standby, hypnosis. He especially recommends hypnotic age regression, in which the patient is supposedly taken back to childhood. He also recommends ideomotor signaling, whereby, instead of speaking, the patient gives her answers by means of prearranged hand signals, such as raising the index finger to mean yes and raising the thumb to mean no. Thus he combines the suggestive force of hypnosis with the seductions of babying, and in case the patient is reluctant to make up stories out loud, he smooths the way by allowing her just to raise a finger.

Not surprisingly, this procedure may produce an alter, but one is not enough. Putnam tells the patient to "expect the new alters will be found as therapy progresses." And he provides the opportunities for them to appear. If the patient experiences a sudden change of emotion, he asks, "Does this feeling have a name?" He also gets her to do automatic writing and asks her to keep a journal, so that hidden alters will have a chance to sneak out. As each emerges, he asks him or her who else is in there.

Putnam, like many other MPD

authorities, says that alters must not be treated as separate entities. Then, like other MPD authorities, he goes right ahead and treats them as separate entities—indeed, never lets them forget they are separate. The critical act is naming. As Janet pointed out over a century ago (and Putnam quotes him), naming solidifies an alter personality. Putnam insists that every alter be named, if not by the patient, then by the therapist. (p. 63-64)

How can Putnam not see what is happening? That he is involved in what social psychologists call a role-enactment, whereby, if you give a person cues for a certain behavior, instructions as to how to perform the behavior, and rewards for the behavior, you will then get that behavior? He never sees. He acknowledges that once the MPD diagnosis is made, "all of a sudden 'new' personalities begin popping out all over the place." (p. 65)

Not only does Putnam have no doubts; like recovered-memory therapists, he quells any doubts on the part of the patient. "Not uncommonly," he reports, "patients will retreat into a phase during which they announce that they 'made it all up.'" This, he says, is called the "flight into health," and he interprets it to the patient as resistance to treatment. (p. 66)

If Putnam generally limits himself to three-hour diagnostic interviews, that is brief. Richard Kluft cites a case in which spontaneous "switching did not occur until the eighth continuous hour of questioning. Kluft adds that "interviewees must be prevented from taking breaks to regain composure, averting their eyes to avoid self-revelation, etc." (p. 67)

Again and again in the literature the patient's sense of guilt is pressed into service to create new alters. Bennett Braun tells of saying to a patient who had had a rough night, "Will whoever picked up the man and let Mary find herself in bed with him, please be here and talk with me?" Kluft describes an episode in which a hospitalized patient, threatened with termination of treatment, told him that she had been getting telephone calls from the "the

cult" instructing her to kill him. He knew that she had been barred from use of the phone during the period in question, and he confronted her with the lie. As a result, he says, "I was able to access an alter who claimed to have given most of the personalities the hallucinated experience of such calls by means of autohypnosis." He offers this story as an example of how, while others are gullible, he is not. (p. 68)

If the MPD case histories are shocking, the field's experimental literature is more so. Case histories are assumed to be biased, because the person reporting the case, the therapist, has a stake in it. Experimental research, on the other hand, is supposed to be set up in such a way as to eliminate bias, through such mechanisms as choosing subjects at random, comparing them to control groups, having results assessed "blind,"... and above all by focusing on empirical findings, that can be observed, verified. Again and again, the MPD research dispenses with these safeguards. (p. 71)

Yet ISSD (ISSMP&D) president Marlene Hunter, in a 1998 message to the membership of the organization, summarized the [Linda Meyer] Williams study by saying that "a huge majority of the women remembered neither the [hospital] admission nor the abuse." Apart from the fact that 38 percent is not a majority, let alone a huge one, there is no evidence that the women did not remember. (p. 73-74)

But if there are no studies showing that MPD can be cured, there are very few studies of MPD in general. "All we get on this disorder are war stories, anecdotes, composite cases" says memory researcher John Kihlstrom. "It is *appalling* how little research there's been." The MPD experts seem unbothered by this—and unaware that they are the ones who should be doing the research. (p. 79)

[Colin Ross] challenges others to refute the MPD community's unsupported claims: "The burden of proof that MPD is artificial...lies on the shoulders of the skeptics," he declares. This is as if Darwin had stayed home from the Galapagos and told *others* to

try to refute the theory of natural selection. . . Reading the MPD literature, one gets the impression that these writers don't actually care about science.... (p. 79)

But if the MPD experts wanted to do scientific research on this disorder, they would have a problem. A scientific theory has to be falsifiable: to be proven true, it must be capable of being proven false. MPD theory is not of this kind. The disorder is described in DSM in terms of overt symptoms, but as we saw, the patients very rarely present with such symptoms. That, says Richard Kluft, is because, MPD is not really a set of behaviors, but an "intrapsychic structure"—and one that hides itself from diagnosticians, in various ways. There is "secret" MPD, Kluft tells us, and "latent," "private," and "covert" MPD. (These are all different.) There is also "isomorphic MPD," in which the alter or alters appear "indistinguishable" from the host personality. In such a case, says Kluft, "it is very difficult to suspect the presence of MPD"—and no wonder. (p. 80)

To doubt a patient's abuse story Judith Herman says, is "identification with the perpetrator." The therapist must "affirm a position of moral solidarity with the survivor." Particularly in the eighties, the RM/MPD workers, like the Pentecostals with whom they joined hands, viewed themselves as a grassroots campaign, an uprising of decent, embattled people against a powerful "establishment" enemy. They saw hidden machinations. They decried cover-ups. Their enemy's enemy, no matter how questionable, was their friend. And it was this paranoid edge that made the movement vulnerable to the thing that would so damage it, the satanic ritual abuse craze. (p. 82-83)

But what is most amazing is to see feminists support a movement [the SRA panic] so conservative, so alarmed about sex, so concerned with the supposed endangerment of females, who clearly, for their own protection, should not go out in the world and, above all, should not place

their children in day care.

How could feminists have missed the point? Well, the eighties was a period of vigorous backlash against feminism. In that tormented context, many feminists clearly felt that any woman alleging abuse, even by a devil with a tail, had to be believed. But the main reason was probably the difficulty stated before: to doubt SRA was to doubt recovered memory. Recovered memory was very important to feminism. (p. 93)

The craze over satanic ritual abuse irreparably weakened the MPD movement, made it look foolish. By the early nineties multiple personality disorder and recovered memory were facing attacks from all sides. The most important development was the founding of the False Memory Syndrome Foundation (FMSF) in Philadelphia in 1992. (p. 95)

Pamela Freyd assembled an advisory board including some of the most respected psychologists and psychiatrists in the country... The FMSF unified and galvanized what, up till then, had been the far-flung voices opposing RM, MPD, and SRA. Also, under the rubric of "false memory syndrome," it converted what for most accused families had been a private disaster—something that, however blameless, they would conceal at all costs—into a public matter, a social contagion, something that they could admit had struck their house. And so they began to fight back: talk to journalists, send private investigators with body tapes to their daughters' therapists, even write books. Mark Pendergrast, author of *Victims of Memory*, is among the accused, and he has made no secret of this. (p. 96)

"The False Memory Syndrome is a sham invented by pedophiles and sex abusers for the media," wrote psychiatrist Robert B. Rockwell in the *Journal of Psychohistory* in 1994. (Four years later, after an investigation of his treatment of patients for cult abuse, the state of New York suspended Rockwell's license to practice medicine)... As for the retractors, Colin Ross offered the theory that

they were making a symbolic substitution of memories for semen: the therapist, accused of implanting memories, "has been identified with the incest perpetrator, who implanted semen in his daughter." "Therefore," he continued, "therapists should be able to launch false memory suits against patients, lawyers, and background organizations suing them. I am considering doing so." (p. 101-102)

At some point, the [ISSD] guidelines committee must have begun to worry that there was nothing they had excluded, for eventually they do definitively recommend against certain practices, for example, simulated breast-feeding (also bottle feeding) of the patient and moving the patient into the therapist's home. Even here, though, there is a loophole, for the authors state at the outset that "these guidelines were not intended to replace the therapist's clinical judgment." In a letter printed in the False Memory Syndrome Foundation Newsletter in December 1998, Peter Barach, president of the ISSD, wrote that the guidelines "take strong positions against the excesses that some therapists committed" in treating MPD. One wonders what strong positions he is referring to. (p. 107 endnote on page 171)

This is exactly the same logic used by the MPD authorities: if you question MPD or ask for proof of its theory, this just shows that you are in denial over child abuse and therefore part of the problem. (p. 130)

Some feminist writers have complained about the politics of the RM/MPD movement. I will name the ones I have read—Louise Armstrong, Janice Haaken, Wendy Kaminer, Ruth Leys, Debbie Nathan, Elaine Showalter, Carol Tavris—in order to show how few they are. In general, this trend, so damaging to the interest of women, has been enthusiastically supported by feminists. In the case of the recovered-memory movement, it was started by feminists, and belongs to them.

That is not true of MPD. While the diagnosis has been endorsed by femi-

nists and though many of the therapists treating MPD are women, the top of the field belongs to men. With one exception, Cornelia Wilbur, who died in 1992, all the most important MPD theorists have been male. Why is that? Perhaps because, though garlanded with feminist ideas—above all, the sex abuse claim—MPD is so profoundly antifeminist that the female theorists instinctively backed off from it. (p. 141-142)

That is what MPD is, point for point: an image of woman as she once was, or was said to be. In the alternating personalities we have woman's notorious volatility—"La donna e mobile." In the contest between the child alters and the hussy alters we have the madonna-and-whore split. With the amnesia and the uncontrolled switching, we have woman's long-recognized moral incapacity, the fact that she cannot be held responsible for her behavior. . . . In the hidden cause, the childhood sexual trauma, we get further essential components of femininity. Women are childlike, passive, wounded. Above all, they are sex; they are what's between *their legs*. In the abreactions, meanwhile, we see woman's well-known tendency to have hysterics, fits, weeping spells, while men stand by patiently, waiting for the storm to pass. And in the rest of the therapy, with its relentless focus on woman's feeling—with the journal-writing, the history-exploring, the alter-debriefing—we have woman's famous subjectivity, her preference for emotion over action, her status as a creature of phone calls and girl talks. More than a disorder, MPD is a memory: a memory of women, invoked by men. (p. 142-143)

I have listed a number of characteristics here, but they can be boiled down to two, sex and childlikeness. In MPD therapy, the woman is visualized as a nymphet. If one were brutal one might suggest that this is an erotic fantasy on the part of the MPD theorists. (p. 143)

If one were conspiratorially minded, one might suggest that MPD was an antifeminist campaign. (p. 148)



Selling Serenity

Life Among the Recovery Stars

Andrew Meacham, Upton Books, \$15.

(Reviewed by FMSF Staff)

Andrew Meacham was an executive at Heath Communications Inc. (HCI), the commercial enterprise that most profited from the "recovery movement." HCI published the movement's chief magazine, *Changes* (Meacham was its Associate Editor), and it published the books of the movement's chief stars such as John Bradshaw and Charles Whitfield. Meacham's book is at least two things: it is a meticulous (and very well documented) history of the recovery movement; and it is a fascinating (and very well told) story of the recovery of Andrew Meacham from that movement. A person who played an important part in that story was Eleanor Goldstein. With her help—and a series of FMSF conferences he attended—Andrew Meacham came to see the true nature of the recovery movement. His book is compelling and highly recommended.

Excerpts from *Selling Serenity*

Selling Serenity is the story of a movement characterized by zeal and compassion, a wealth of genuine insights but also oversimplification and overdiagnosis. It is the story of financial chaos and temperance, of quasi-religious certainties and bone-chilling doubts about the most fundamental concepts of trauma and repression, addiction and recovery and even the meaning of family. I will lead the reader on a step-by-step journey from a national concern over drinking and drug abuse, through related problems and eventually to buried trauma and an epidemic of questionable recovered memories of sexual abuse.

Though these topics may seem unrelated, the same people were present throughout. The same hospital chains that treated addiction patients in the late 1980s treated patients for repressed trauma in the 1990s. And the onslaught of new illnesses to be treated, from codependency to satanic

ritual abuse, conveniently came at a time when funding for addiction services had begun to dry up. (p. xvii)

I began to hear more and more questions regarding the accuracy of recovered memories. I talked to self-described survivors who had only recently remembered their past abuses, as well as those who had retracted their memories and numbers of bewildered family members. It bothered me that HCI's authors—the recovery stars—seemed to be coming down almost unilaterally on the side of "believing the survivors" in an increasingly polarized climate. Eventually, doubts about the enterprise in which we were engaged forced me to leave HCI. (p. xviii)

Alleged witches have been burned at the stake and suspected communists have had their careers and reputations ruined over hysteria. Many people have died estranged from their loved ones over false accusations. For accusers who later come to change their minds about the abuse, there can be no sense of closure when the person they accused has since died. For them and especially for the young who have been led into questionable accusations against day care workers and others, we owe it to ourselves to sort through the madness of what has happened. In an age of emotional narcissism and drive-thru diagnoses what we need is a return to reason. (p. xviii-xix)

In the years since the FMS Foundation organized in Philadelphia, a definite shift has occurred in public perception. It used to be that the only people who knew about repressed memories were accusers, their parents and therapists. Now a number of high-profile court cases, books and national television programs have alerted the public to what is being alleged, and the evidence to support it. At a February 1998 conference sponsored jointly by the Eleanor and Elliot Goldstein Foundation and Florida Atlantic University, changing times were never more apparent. Whereas researchers of the early 1990s had only a few experiments to go on in

answering the common rejoinder "Why would anyone make this up," a number of studies are showing that it is in fact quite easy to convince psychologically normal, untroubled adults of events that never happened to them. (p. 289-290)

Charles Whitfield continues to defend buried trauma, another metaphor that has become a reality. Similar to his inner-child workbook, his recovered-memory therapy involves writing things down and "telling secrets to some people." But unlike the inner child, who is instantly real if her outer host says she's real, victimization secrets require a victimizer, who may be sent to prison if certain things are written down and certain not-so-safe people are told. Instead of pausing before this rather solemn circumstance, Whitfield forged ahead unhesitatingly. He even required members of a workshop audience in Seattle, Washington to sign a "Statement of Safety"—the equivalent of a loyalty oath—which reads in part: "This is to certify that I am not a False Memory Syndrome Foundation member. I also do not side with them or seriously advocate their point of view that most delayed memories of trauma are false." (p. 323)

While most experts acknowledge the possibility that some traumatic incidents can be repressed, the assertion that years of continued sexual abuse can be forgotten has yet to be scientifically proved. Meanwhile, evidence that humans can produce false memories has increased over recent years. The result has been a shifting definition of what it means to "err on the safe side." This phrase was once used by recovery-oriented therapists to explain why they encouraged their patients to recall long-hidden memories. That others (and the patient herself) might suffer unnecessarily if these "recalled" incidents never happened seemed irrelevant, unlikely, and not the therapist's concern.

A flood of investigative media coverage, as well as several sizeable judgments against therapists in lawsuits brought by former patients, has helped remove this attitude of indif-

ference. Today, erring on the "the safe side" means examining the substance and background of each previously buried allegation of abuse. This entails taking into account the fertile soil that still exists for false recall in the form of popular books and films; inflated statistics of the prevalence of abuse; therapists using suggestive techniques and a network of survivors and hardcore feminists who regard the memory issue as one more example of society's unfairness to women. (p. 367-368)

(Upton Books, PO Box 2348, Boca Raton, FL 33427 (\$15 + \$2 shipping))



Why Can't I Find That FMS Book in the Bookstore?

Editor's Comment: Victims of Memory author, Mark Pendergrast asked his publisher why The Courage to Heal is on bookstore shelves across the country but not his own or other books skeptical of recovered memories. Writers, understandably, can become discouraged (and poor) if their books do not sell. Publisher Steve Carlson's (edited) reply has a message for us all.

Dear Mark,

The reason that *Courage to Heal* is still in every bookstore is that people still come into every bookstore asking for it. Even the smallest bookstores know that over a few months time, three or four people will come into their stores looking for that book, so they keep three or four copies in stock.

We went through a period with *Victims of Memory* when our distributors were pushing to get copies into every store. That was a judgment call—this is not something one automatically tries to do. The problem is that when stores agree to stock a few copies, and they don't sell over a few months, they send them back, mostly damaged. Bookstores have increasingly sophisticated computers now, so anything stocked that doesn't sell copies over a few months comes back. Many publishers and distributors take

the attitude that one should avoid overstocking books in stores, because it's ultimately a financial disaster. We took the opposite approach, trying to get this book into every store, but that didn't work well.

Marketing, of course, does work in a circular manner. If a book is in stores, people are somewhat more likely to buy it. But it doesn't get into the stores unless people are asking for it. With some books, the market depends on having the books in stores. An example, among the books we publish is *Herbs of the Earth*. People go into a store and want a general herbal book. If that book is there, that's the one they buy. If it isn't, then they buy the other one that is there. But people don't go into a store looking for whatever book is there about the tragedy of repressed-memory therapy. If they have heard about *Victims of Memory* and that's the book they want, then they'll ask for it. If that's not what they're looking for, they won't just stumble over it in the bookstore and decide to buy it. Not that that will never happen, of course, but pushing this book into stores in hopes that people will stumble over it and decide to buy it because they saw it for the first time in a store is not a good marketing strategy with this particular title, because for every copy sold that way ten more will be returned in damaged condition.

Right now, *Victims of Memory* (like many other books on this subject) is in very few stores. Repeating for emphasis, *very few*. The best way to get it back in stores is to create demand. *Courage to Heal* is in the stores because the Survivor groups are still pushing it, and their members are coming into the stores to buy it. If we could get FMSF to actively push *Victims of Memory* and all the other fine books, bookstores might get enough requests that they'd be willing to stock it again. If you can get Mike Wallace to hold up a copy on TV and recommend that people buy it, the

market may go wild. If you can get Oprah to add it to her book club, we'll all be able to retire in comfort.

Best,
Steve Carlson, Publisher
Upper Access, Inc.

PS: Also, for perspective: your book has been read by the opinion leaders on the subject. The average Joe listens to the opinion leaders and makes a judgment, but doesn't buy a book. You made a major contribution in turning around the intellectual argument. There are probably a lot of other people who made important contributions to this who also haven't sold a lot of books. Hey, the *sugarbusters* book has been on the best-seller list for several years, even though it's been totally refuted by everybody who knows anything about diet and health. But nobody has produced a best-selling book exposing the fraud. There's nobody with any credibility at all defending *sugarbusters*, yet the book keeps selling. The intellectual argument about this is over, but the book sales still go to the liars, not the truth-tellers. In the long run, I think *Victims of Memory* (like some of the other books that have appeared) is an important contribution to humanity, regardless of whether we sell another copy.



COMING SOON

Recovered Memories of Child Sexual Abuse: Psychological, Social and Legal Perspectives on a Contemporary Mental Health Controversy

Editor: Sheila Taub, J.D.

Publisher: Charles C. Thomas

This book contains articles based on talks presented at a conference in the fall of 1997. Authors are: Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S.

Minnesota Appeals Court Returns Repressed Memory Case to Jury

Bertram v. Pool, 1999 Minn. App. LEXIS 851

A 2-1 decision by the Minnesota Court of Appeals on July 20, 1999 reversed a District Court ruling that the statute of limitations had expired in a recovered memory case. In Minnesota, the statute of limitations for abuse of a child usually ends when the victim reaches the age of 25. The Minnesota Supreme Court stated that: "a determination that the girls suffered from repressed memory syndrome may extend the statute of limitations." The court ruled: "We remand for a jury determination of whether Katie and Jeanette suffered from repressed memory syndrome."

The appellants, Jeanette and Katie Bertram, had sued their uncle, Dr. James Poole, claiming he had sexually abused them when they were children and that they had repressed some of their memories until recently. Among the memories recovered by Jeannette was that she had become pregnant twice because of the abuse and that Dr. Poole performed abortions on both occasions with the assistance of his wife, Linda Poole. The appellants also sued Linda Poole alleging that she had knowledge of the abuse.

(See "Revival of Memory" by Ralph Slovenko for comments on this case.)



Commentary

Revival of Memory: A Fact Question for the Jury

Bertram v. Poole, 1999 Minn. App. LEXIS 851

Ralph Slovenko, J.D., Ph.D.

Two psychologists testifying as expert witnesses disagreed whether sisters Jeannette and Katie Bertram suffered from repressed memory syndrome. To suspend the statute of limitations, it was necessary in the case to establish that they had repressed any memory of sexual abuse by the defendant, their uncle, Dr. James Poole. The Minnesota Court of Appeals, citing precedent, stated, "Where expert witnesses offer conflicting opinions, it is for the jury, as the ultimate trier of fact, to consider their qualifications and determine the weight to be given their opinions."

In a personal communication, Pamela Freyd puts a good question: "How can a lay jury decide an issue where even the experts are of divided opinion?" Indeed, the same question may be raised as well when the case is tried by a judge without a jury.

In an earlier time disputes were simple. Did X hit Y with a stick? And the issue was decided by people who were

familiar with the event. When the Norman judges organized the jury to assist them in their investigations, the jurors were left to their own discretion in the use of evidence. They might use their own impressions, obtained in the neighborhood, and they might even go about among the neighbors asking for information out of court. In the early period, witnesses in court were not commonly heard, due chiefly to a scruple about "maintenance" (or officious intermeddling to influence the jury).

But by the late 1500s witnesses in court became a usual means of information, and the jury's own "knowledge" played a minor part. Finally, by the end of the 1600s, the jury was allowed to have no information except what was offered in court—a complete reversal of function.

The jurors were to have minds that were *tabula rasa* about the issue. They would render a decision on the basis of evidence presented by witnesses. Rules of evidence developed to screen what they could hear. Paradoxically, while there was (and is) great faith in juries, they were not trusted to decide what evidence was probative. There is no complex cases exception to the right to trial by jury, though it was suggested in *In re Japanese Elec. Products Antitrust Litigation*, 631 F.2d 1069, 1084 (3d Cir. 1980).

With the passage of time, as cases became more complex, experts were summoned with regularity to assist judge or jury. Indeed, in some cases (like medical malpractice), a case without the proffer of expert testimony would be dismissed. The majority of personal injury cases involve a "battle of the experts," with experts testifying for both the plaintiff and the defendant. According to a study, between 1974 and 1989, the number of testifying experts in Cook County, Chicago, increased 1,540 percent.

The comprehensibility of the testimony has changed. There is a substantial difference between understanding and assessing the testimony of an expert that a fall caused an injury and the testimony of an expert testifying about the effects of exposure to a toxic substance. Trials such as that of O.J. Simpson cast doubt on the jury's capacity to understand complex scientific evidence (such as DNA) presented in an adversarial context. In a study by the American Bar Association, it was concluded that jurors have significant difficulty with large volumes of data, especially when the evidence is not about a topic with which the jurors are already familiar.

With the explosion of expert testimony, and complaints about "junk science," the U.S. Supreme Court in the 1990s sought to put a handle on the competency of expert testimony. By and large, jurors are not overly impressed with the experts, and dismiss many of them as "hired guns." In *Daubert v Merrell Dow Pharmaceuticals*, 509 U.S. 579 (1993), the Court set out guidelines on the admission of

“scientific evidence” and in *Kumho Tire Co. v. Carmichael*, 119 S. Ct. 1167 (1999), it applied the same guidelines to “technical evidence.” The *Kumho* case involved the safety of a tire.

It remains an open question whether the guidelines also apply to “soft testimony” (like psychological testimony). In *Kumho*, the Supreme Court referred to “flexibility” in the application of the guidelines. “Soft expert testimony,” however, is usually not verifiable empirically, and in most cases, impossible to cross-examine effectively because there is a dearth of empirical data—the “expert” can say just about whatever he or she wishes.

So that’s where we are left. Questions of fact go to the jury, with the understanding that the plaintiff has the burden of persuasion.

Ralph Slovenko, J.D., Ph.D., is a member of the FMSF Advisory Board. He is a professor of law and psychiatry at Wayne State University School of Law, and the author of Psychiatry and Criminal Culpability, John Wiley & Sons, Inc., 1995.



Hess et al. v. Fernandez et al.

95-CV-138 WI Cir Court Branch 3 Marathon

On July 28, 1999 opening arguments began in the trial of Joan Hess, her ex-husband (former mayor of Wausau), and their two children. Hess alleges that her therapy included improper diagnosis, misdiagnosis as a multiple personality, the negligent use of hypnosis and the misdirection of therapy to focus on the recovery of memories of childhood sexual abuse and satanic ritual abuse. According to the *Wausau Daily Herald*, lawyers for Dr. Fernandez have denied that he did anything inappropriate. After 3 weeks of testimony involving plaintiffs’ issues, the defense will attempt to answer Hess’ claims beginning August 16, 1999. The trial is expected to last five weeks.

Attorneys for Hess are William Smoler and Pamela Schmelzer. Defense attorneys are Paul Grimstad and Thomas Rusboldt.¹

1. Grimstad and Smoler were opposing attorneys in the Nadean Cool trial in 1997 that resulted in a \$2.4 million settlement.



UPDATES:

“Woman in Wenatchee Case Released”

Mike Barber, *Seattle Post-Intelligencer*, July 16, 1999

On July 16, Doris Green was released from the prison where she had been incarcerated since 1994. She was one of the 43 people in Wenatchee who were charged with almost 30,000 counts of sexual abuse in 1994 and 1995. Green’s release is conditional pending a special “reference hearing” ordered by the Court of Appeals. At this time she is not allowed to contact either the children who accused her or her own children, even though she was never accused of

harming them. Her children now live with other members of her family.

Green’s case was highlighted in the *Seattle Intelligencer* series about the Wenatchee prosecutions entitled “The Power to Harm.” According to the *Intelligencer*, Green’s case “was the first legal action filed in November by the Innocence Project Northwest, a group of lawyers and law students based at the University of Washington who have taken up the cases of imprisoned Wenatchee defendants.”

Green had refused all offers to plea bargain., “I’m innocent. I told them I’d die in prison before I’d plead guilty.”

Green’s lawyers Suzanne Elliott and Jim Roe have compiled about 30 volumes of information and have listed 123 potential witnesses for the special hearing. They say that they have new evidence that was not made available to the public defender who handled her original appeal. The special hearing is scheduled for November 15, 1999.



“SJC Rejects a Retrial on Fells Acres: LeFave Likely to Return to Jail in Abuse Case”

S. Pfeiffer and R. Davis, *Boston Globe*, August 18, 1999

The Massachusetts Supreme Judicial Court voted unanimously to overturn Judge Isaac Borenstein’s 1998 ruling that Cheryl Amirault LeFave should have a new trial. Cheryl, her now-deceased mother Violet, and her brother Gerald were convicted and sent to prison in 1987 for abusing children at the Fells Acre Day Care. Cheryl and her mother were released in 1995 but Gerald remains in prison.

In their appeal, the attorneys for Cheryl and Violet argued that the women had inadequate legal counsel in their original trial and that newly discovered evidence supporting the contention that preschool children can make up and believe stories suggested to them in aggressive questioning sessions entitled the defendants to a new trial. In his decision, Judge Borenstein labeled as “incredible” the testimony of children describing talking with robots, public torture of animals and being tied naked to a tree in front of the school. The SJC decision ruled that the so-called new evidence was “not remarkably different from that presented by or available to the defendant at trial.”

District Attorney Martha Coakley commented,

“Today’s decision vindicates all of the children who testified to devastating abuses suffered at the Fells Acres Day School.”

Amirault attorney James L. Sultan who is considering further appeal at the federal level said about the decision:

“Like its last decision in 1997, today’s [SJC] decision elevates procedure over substance, finality over fairness. ...Similar cases alleging mass sexual abuse of children in day-care centers have been repudiated throughout the country.”



Do Standards of Care Apply in Recovered Memory Therapy?

In 1996, we filed a third-party complaint against our daughter's therapist, a psychiatrist licensed by the Ontario College of Physicians and Surgeons. Since our daughter did not give consent to release her medical records, we had to rely on circumstantial evidence. We based our complaint on the alienation of our daughter from the entire family, on her steadily deteriorating health which required hospitalization, and on the lack of any efforts on the part of the therapist to seek corroboration for her implausible and even impossible "recovered memories."

As could have been expected, the College's Complaints Committee rejected our complaint as "speculative." We appealed this decision to the Regulated Health Professions Appeal Board. On a hot July afternoon in 1998, we finally had a chance to present our case in person to the Appeal Board's panel, composed of three lay people, two men and one woman.

From the very beginning of the hearing, we felt that we were understood. We felt an outpouring of sympathy towards our absent daughter and us, and barely concealed contempt for the "recovered memory" movement and its practitioners. Only a month later, in what we believe was an unprecedented move, the Appeal Board returned the complaint back to the College for reinvestigation.

At the time of our complaint, we were not aware of a section 75 in the Regulated Health Professions Act (RHPA) which permits the College to seize and examine medical files without the patient's consent, if justified. The Appeal Board recommended that the College invoke this relatively rarely used provision. (The Appeal Board cannot order the College to do anything, it can only recommend.) In its decision, the Appeal Board wrote: "...Means to ensure that confidentiality

is not used as a mechanism to shield inappropriate conduct from legitimate investigations are necessary. It is for this reason that the Complaints Committee is provided access to Section 75."

It took almost a year before the College responded. At the end of June 1999, the College's Complaints Committee informed us that it decided not to use Section 75 of the Act and not to investigate the offending doctor. This was certainly disappointing, but not too surprising. After all, what could be expected from a "myopic guild," to use Dr. Terence Campbell's apt name for irresponsible professional organizations. What was truly shocking, though, was the justification for their inaction. I feel that the statement of the Complaints Committee of the College of Physicians and Surgeons of Ontario is so astonishing that it is worth sharing with the readers of the Newsletter.

The Complaints Committee claimed: "There is no clear medical consensus about so-called 'repressed memory' or the appropriate treatment for patients said to be experiencing the effects of such memories. Thus, in the Committee's view it would be very difficult to articulate, with any degree of certainty, a standard of care in this area." And further: "...even if records of care exist, and even if they confirmed all of the allegations . . . without a clearly ascertainable standard of care to which the physician could be held, there is no reasonable prospect for the complaint to succeed at a discipline hearing . . ." The Complaints Committee used this conclusion as a justification for not ordering the Registrar to conduct an investigation pursuant to Section 75 of the RHPA.

Plainly speaking, the licensing body for Ontario's medical practitioners, the organization which is supposed to "protect the public and guide the profession" admits, without any apparent concern, that in recovered memory therapy, anything goes. Doctors can

use the most harmful techniques and harm patients and their families with impunity, because, in the Complaints Committee's uninformed opinion, no "ascertainable" standards of care seem to exist.

This laissez-faire opinion is even more outrageous in view of the fact that it is incorrect. While there may not be consensus on some of the issues related to so-called "repressed memory," that does not mean that the recovered memory practitioners are "off the hook." There are well-established standards of care that apply to any treatment, not just to the treatment of patients with "recovered memories." Our daughter's therapist is a doctor of medicine and as such, she is obliged to comply with general standards of care. These are, for example, evidence-based diagnosis and treatment, informed consent of the patient if a controversial technique is going to be used, referral or change of treatment when the patient does not improve, avoidance of dependency, concern for injuries which the treatment may bring to third parties, and keeping up with professional literature. Moreover, there are widely accepted specific standards of care for patients with "repressed memory," such as quest for proper corroboration, but the Complaints Committee's members seem to be unaware of such standards.

One may only wonder what type of protection the unsuspecting public receives from the College. In a complex situation where a human life and a family's welfare may be at stake, complaints are permitted to be judged by poorly informed doctors, and a College willing to tolerate politically-driven recovered memory quackery.

Concerned and Frustrated Mother
August, 1999

P.S. If you wonder what we are going to do, be assured that we will appeal...or something similar.



Unconditional Love Needed

I am responding to the family of "A Returner via E-mail" in the July/August 1999 newsletter. It is very difficult to explain to people who have been terribly hurt how to open their hearts and to love unconditionally. I think that the ability to love in such a way requires a strength beyond our own.

As a sibling I was caught in the middle of the division in our family. For a brief time, I too accused my parents. Now, I can hardly imagine what I believed then to be true.

After months of being separated from my parents, I went home thinking in my heart that I would forgive them and go on with my life. But by the end of the day we spent talking, and crying and sharing all the events that had happened, I ended up realizing how wrong I had been. But it was difficult for me to realize that I had been wrong. In my therapy the entire world was turned upside down. Loving acts were turned into filthy acts; family relationships were made to seem fake; trust of my family became a joke. I felt that all that was left was to try to make something of the future.

While I was in therapy, the horrible beliefs seemed completely real to me. I could actually feel the events. If my parents had asked me to apologize while I still held these beliefs, it would have seemed absurd. It would have seemed the final victory of the people I had accused of terrible crimes.

But during therapy while my real memories were twisted and things added to them, I did hold on to the core of my memories. Those were the things that I clung to in my lonely hellish hours of confusion.

Returners are desperately holding out their hands to their parents and

searching for the one thing deep inside that still burns—but without knowing exactly what it means. It is the one feeling that conflicts with all the false memories. It is love. It is the one thing that will bring them home. It is the only thing that the accused has to offer. Everything else they say and everything else they do has already been predicted. My sisters and I used take an action and ask "How do you think our father will react?" Then we would discuss every possible way he might react—but we never even thought to discuss the idea that he might respond with love.

I don't know how to explain to parents that for returners to realize that everything they had come to believe was a lie, to come home and then to come to grips with the realization of what they have done is all too much to happen quickly. It is after they come home that they begin to realize the lie, and the only way they can survive this period is to know that their parents love them in spite of what happened. It's not enough just to tell them. They must be shown.

My parents knew this somehow. I am profoundly grateful.

Shara Rutherford

Marginalized

In reference to the marginalization of recovered memory therapy as a major societal problem (July/August 1999 Newsletter), I agree that it is in decline as the therapeutic methods that created it are increasingly discredited. This is not to say that on a personal, individual level false memories are any easier to deal with.

In our role as grandparents, my husband and I feel that we have been "marginalized" by our recently returned but unrecanted daughter. She skillfully allows just enough contact with our grandchildren to keep us committed to providing for certain of their needs, such as clothing for

school. However, she carefully monitors the nature and duration of visits. We are kept in the margins on her pages of life, excluded from the meaningful content.

To parents who have had no contact with their estranged, accusing children, we do not want to sound ungrateful for this limited relationship which is certainly better by far than nothing. That the relationship will never be the same is a given; but that we will continue to work toward normalcy is also a given.

A Mom

Wouldn't It Be Wonderful

The following concern came to my mind after reading the July/August newsletter. My son has "returned" and I know that many parents still are hoping the return of their child is a possibility. Hence, I do not want the following comments to sound as if I am not glad about this major step forward.

I have visited my son four times. Each time he has totally avoided talking about what must be most pressing on our minds; at least it is on mine. He always was—and remains a caring human being. I see that in the manner he behaves towards his wife and children. Yet, to me as his father, he behaves as if the last eight years of the deepest conflict between us have not existed, as if neither of us went through hell. He simply picked up exactly where we left off prior to therapy, by hugging me and saying the exact same words he said in June 1991: "I love you, Dad." I am sure that one day we will sit down and cry together and allow the truth to prevail.

In the meantime, would it not be wonderful if the agony and worry, the anger and frustration, the pain and disappointment of these lost years could simply be wiped from our minds like some sort of "dissociative amnesia."

A Dad

Forward Your Newsletter

May I thank you for again producing an excellent newsletter. Many articles this time are of direct relevance and extreme importance. My only wish and probably yours is that mental health writers and columnists around the country should be made aware of our newsletter's existence.

Perhaps in one of your next newsletters you could ask readers to forward their newsletter to the lifestyles editor of their local newspaper with a request to pass on the letter to the paper's mental health reporter.

A Dad



A Spoiled Day

In the July/August newsletter there was mention of the desire to escape to "remote parts" to avoid hearing about FMS. When my husband and I were in New Zealand in 1995, we browsed in a tiny cozy bookstore in Queenstown, a small tourist community on the South Island. Voila! What did we find without looking for it? *The Courage to Heal*. It spoiled our day.

A Mom



Why People Believe Nonsense

"Such reports persist and proliferate because they sell. And they sell, I think, because there are so many of us who want so badly to be jolted out of our humdrum lives, to rekindle that sense of wonder we remember from childhood, and also, for a few of the stories, to be able, really and truly, to believe in someone older, smarter, and wiser who is looking out for us. Faith is clearly not enough for many people. They crave hard evidence, scientific proof. They long for the scientific seal of approval, but are unwilling to put up with the rigorous standards of evidence that impart credibility to that seal." (p. 58)
Carl Sagan, *The Demon-Haunted World*,

Evidence? What's That?

I have had some very interesting experiences since I learned about FMS. One time I was at a church outing and happened to be seated next to a therapist who informed me that she counseled victims of Satanic Ritual Abuse. Experiences like this one convince me that the Almighty has a sense of humor! When she told me what she did for a living, I told her that I was very interested in the subject...could she tell me something about it? Oh, she was more than happy to do that. She said that I would be surprised at how many seemingly innocent, upstanding, church-going people were secret Satanists killing people in church basements, etc.

So, I asked her since these people seemed so innocent and upstanding, why would she believe that they were engaging in such actions? What evi-

Illinois Area

Our daughter developed false memories as a result of counseling done at a church in Illinois. We wish to contact other parents whose child may have developed false memories as a result of being a part of a church in Illinois. We believe that the national leadership of some denominations may be willing to work with us to help eliminate this problem in local churches. Your stories will help the church hierarchy understand that our family's story is not a one-time occurrence but indicative of a systemic problem.

Please share your story openly or anonymously with FMSF. All letters and names and phone numbers if included will be forwarded to us from FMSF. We will then contact you to pursue our common interests. These could include working with the church denomination at the national level to stop future FMS problems and/or pursuing how to restore our broken families.

dence did she have? Evidence? What did I mean by evidence? I answered, "Oh you know, the Perry Mason stuff— like bones, blood, fingerprints, and eyewitnesses that could provide independent corroboration for the women's rather sketchy 'memories'." You know, EVIDENCE, what our system of justice is based upon. Have you ever heard of it? She didn't miss a beat. Oh, you don't understand, she said, there is a huge conspiracy of Satanists in this country, so there can be no evidence. All the policemen, judges and politicians who are involved in the dark plot cover everything up.

I asked her if she had ever heard of the term "due process," or understood the concept of "innocent until proven guilty." She finally did agree to let me send her some information on the subject of FMS. I think it was because she wanted to shut me up, since quite a crowd had gathered to listen to our conversation. She is a Christian "counselor," which of course saddens me. I try to bring the issue to the attention of as many people as possible. And I pray for the falsely accused parents.

I am very supportive of the work you are doing.

In Christian service, Joy A. Veinot
Midwest Christian Outreach, Inc., Dir.



M A K E

o

D I F F E R E N C E

Illinois: Families in Illinois have sent "Recovered Memories: Are They Reliable" pamphlets to all psychologists and psychiatrists in the state. They did this by contacting the leaders in the Illinois Psychological and Psychiatric Associations and requesting mailing addresses to invite their members to the next Illinois meeting on October 3, 1999. In the mailing with the invitations (about 1,400 to each group), pamphlets were added.

Open Letter

Editor's Note: The Courage to Heal has been called the bible of the recovered memory movement. The authors, Ellen Bass and Laura Davis, had no mental health credentials. Scorned by responsible clinicians, this book has contributed to turning vulnerable young women into victims. Following is an open letter to the authors:

Ellen and Laura,

My life and my daughter's life have been gravely altered because of your belief that everyone who exhibits certain behaviors has been a victim of incest and may suffer from MPD. My therapist believed in the information in your book.

After ten years of therapy based upon these beliefs, I have learned that the only problem my daughter and I really had involved attention deficits and this has been relieved by a combination of medication and cognitive therapy. This form of therapy neither intrudes nor debilitates, but has allowed us to move on with our lives.

The inept therapist who treated me for 10 years directed me to attend

incest survivor groups and buy your book. I became confused, angry and self-destructive. I was given many different medications but my condition only became worse. It reached a point when my daughter found me on the verge of death and I spent days in intensive care.

While I was in the hospital, the family I had disowned called child protective services from 3,000 miles away. Without my knowing it, protective services removed all of my daughter's clothes at school and checked for abuse. They pulled her out of class on numerous occasions after that. I didn't even know about this until a case manager came to my house and questioned me regarding my "questionable mothering skills."

At one point, I was housed in a halfway house and my daughter in a facility for abused children because the therapist had informed my mother that I would kill her if she came to visit. Now my mother is fearful of me—probably a healthy reaction—and I am no longer trusted.

These are just the highlights of the

10 years. It does not include jobs and relationships lost because of my altered and sick perception of what I thought was the truth.

The obsession with memories based on incorrect information that is fostered by your book is profoundly harmful. What would have happened if my daughter had not found me? I would be dead. Death is the final insult. Death was not allowed in my case because I had the luxury of a wonderful daughter, who continued to love me no matter what. If she had not found me she would have no mother to love her in return. Others have not been so fortunate.

A Person Harmed by
The Courage to Heal

Not So Fortunate

Roxanne Kirkpatrick, also known as Roxanne Wille, died on July 3, 1998 at her home in Mt. Morris, Michigan. At the time of her death, Roxanne was being represented by attorney Zachary M. Bravos of Wheaton, Illinois in a recovered memory malpractice case against Minirth Meier Clinic and various treaters.

Editor's Comment: After reading the letter above, we asked Dallas attorney Skip Simpson, who specializes in suicide cases and who has represented a number of former RMT patients, how many RMT suicide cases he was aware of. "Several," he said, adding, "but every major case of former patients I have handled involved women who were driven to suicidal behavior, but fortunately did not succeed."

Last month, we reported on a Wisconsin Supreme Court decision, Sawyer v. Middlefort, permitting parents of a recovered memory patient who had committed suicide to bring legal action.

Recall the data from the Victims Compensation Board in Washington in which only 3 people had suicidal ideas before their first memory but 20 did after. Only 2 people had been hospitalized before their first memory, but 11 were hospitalized after. (See FMSF Newsletter, May 1996.)

In April/May 1999, we reported on Fetkewicz, Sharma and Merskey's study showing suicidal deterioration of patients in recovered memory treatment compared to patients matched for age and sex in an in-patient mood disorders unit. (to appear: Journal of Affective Disorders)

What other product or practices showing so much evidence of damage are allowed to remain on the market?

"In Ontario, the College of Veterinarians requires that before an unproven procedure is tried, owners of animals sign a consent for non-conventional treatment. In it they indicate that the technique lacks scientific validation and that the veterinarian has described 'any existing conventional care'."

"Does such a requirement exist for psychologists and psychotherapists? Of course not! While it might be suggested that psychologists and their patients will be smart enough to question flaky theories such as TFT [Thought Field Therapy], many therapists are buying them and banking that their clients will too. Psychologists, it seems, can readily be fooled by exaggerated claims—as can their patients."

"Mahatma Gandhi said that 'the greatness of a nation can be judged by the way its animals are treated.' Maybe he was right. We seem to expect more from our 'vets' than from our 'shrinks'."

Tana Dineen, *The Ottawa Citizen*, 8/3/99.

Another Return

We are very pleased to be able to tell you that in our particular case things have worked out well. Although we haven't had a retraction from our daughter, we have now a peaceful, loving relationship. And who knows, one day we may have a retraction. We feel that our daughter's return was brought about by major depression and acute loneliness.

A Mom



A Meeting with Our Daughter

The recent newsletter gave me a bit of a fright. It indicated that the Foundation is cutting back because it thinks Regression Therapy is on the wane. You are wrong. It is still alive and going strong! Don't desert us!

After receiving a devastating confrontation letter from our much-loved daughter, followed by eight years of silence, we received a summons to Albuquerque, New Mexico a few weeks ago. The summons was to attend a "Healing Ceremony."

For the first time, we had the name and address of our daughter's therapist, a person who practices "A Body Centered Approach to Freeing Blocked Emotions." He is a licensed social worker but other practitioners who use this approach often have no credentials at all, not even a college education.

The meeting got nowhere. Our daughter was obviously under the control of the therapist and she still clung to what she called her "alternate reality" of abuse memories—even as she told us how much she loved us.

She indicated that about the only thing that would change her request to have no more contact with us would be if I confessed to being a witch. And that is beyond me to do!

Our hopes for our daughter's return are slim. We found a mere shell of her former self, devoid of emotion and totally self absorbed, the reverse of what she once was. Knowing miracles

do happen, we have not closed the door to her returning, although we try not to hold false hopes.

Every day charlatans continue to hook and reel in young vulnerable people. They still flourish. Please don't stop your wonderful work until this horrific practice is stopped once and for all.

A Mom



So Sad

I do so feel the need to respond to the sad but realistic editorial in the June 99 newsletter. It is seven and a half years now since our granddaughter accused my husband. And we've not seen or heard from her or her brother or mother (our daughter) since those upsetting days. Our granddaughter never even confronted us in person. She accused my husband through a horrible letter—as did our daughter. My husband denied these accusations in person to our daughter. To no avail.

Like so many, I too have sent notes and left phone messages over the years. To no avail. And I'm about ready to give it up.

My husband is now 81 and after suffering a mild stroke almost two years ago, has declining health. And we too wonder if there will ever be any reconciliation before we die.

Our second daughter tried to convey all this to our accusing daughter last spring but she too was rebuffed. We too wonder how they can continue to be so cruel and so self-righteous in their erroneous beliefs? After all these years! Don't they miss us? Won't they have regrets after we're gone? Don't they have any regrets now? Don't they remember any of the happy times of years ago?

It is so sad. And one feels so helpless. I don't know how we would have managed these past years without all of the FMSF staff and the Foundation.

A Mom



How Widespread is FMS?

There are many people still being damaged by repressed memory counseling. Last month I ordered ten copies of *Frequently Asked Questions* from the FMSF. The day after they arrived, I met my new neighbor and helped him move into the house next door. Within a few minutes we discussed his place of employment—where I had talked with a counselor two years before. The counselor and I had discussed FMS and her use of the book *The Courage to Heal* to the point where she began to have some doubts about it. It must be very hard for well-meaning counselors who have embraced the cult-like methodology of recovered memory therapy to begin to accept the possible damage they may have caused. Yet, they are the ones who could be most effective in bringing light to former clients.

"John" listened intently to my story. Then he said, "My own family has been decimated, but I never checked into it. My wife accused her father, someone we all loved very much. My daughter and her grandfather were especially close. My daughter doesn't believe it happened to her Mom and doesn't want to have anything to do with her any more because her Mom has become such a neurotic person. She became totally consumed by her memories. She and I were divorced a year or so after the accusation."

I gave my new neighbor a copy of *Frequently Asked Questions* and said I would be happy to talk to his daughter if he wanted.

A Dad



There once was a woman confused
Thought she'd been in her childhood
abused

The truth is her Dad
Is the victim of a fad
For he has been falsely accused.

A New York Mom

Annual Meeting of Illinois FMS Society
Reuniting Families: Success, Failure, the Future

Sunday October 3, 1999

9:00 AM to 5:30 PM

6:00 PM "Dutch" dinner at hotel Atrium

DoubleTree Hotel, Glenview

1400 Milwaukee Ave

Glenview, IL 60025-1400

Salon A,B,C

Tel: (847) 803-9800 Fax: (847) 803-8026

Highlights:

Keynote Presentation by August T. Piper Jr. M.D.

"What it takes to reunite the family"

Reinder Van Til

"Culture of Victimization"

Forum Discussion:

"How can professionals assist the process of reuniting families?"

Carolyn Saari, Ph.D.; Dr. Gary Almy, Larry Koziewski, Representatives of the Illinois Psychological Association and the Illinois Psychiatric Society

**FREUD'S FRAUDULENT
STORIES OF SEDUCTION**

According to psychoanalytic history many of Freud's women patients in the 1890s reported having been "seduced" by their fathers, and his recognition that most of these reports were fantasies led to the momentous discovery of infantile fantasies—Oedipal desires and all the rest. Not so, says Jeffrey Masson: Freud's change of mind about the reports of childhood sexual abuse was a disreputable betrayal of his abused female patients. But the evidence of the original documents reveals that both accounts are wrong: it was Freud himself who insisted that the patients had been sexually molested in infancy in the face of the disbelief of his patients.

If you want to separate fact from fiction, visit the

Seduction Theory web site:

<http://www.shf.ac.uk/uni/projects/gpp/aesterson.html>

Exploring the Internet

A new web site of interest to FMSF Newsletter readers:

<http://www.StopBadTherapy.com>

Useful information on this site includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing:
American Psychiatric Association
American Psychological Association
American Medical Association
National Association of Social Workers.
- Lists of online and printed resources: links, articles, books, videos.
- Ideas for taking action.
- Retractor stories from *Victims of Memory*.

ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

**Therapy's Delusions:
The Myth of the Unconscious
and the Exploitation of Today's
Walking Worried.**

Ethan Watters and Richard Ofshe
Scribner 1999 ISBN 0-684-83584-3
287 pages \$25.00 hardback

This new book by the authors of "Making Monsters" reveals how talk therapy has masqueraded as a scientific discipline. It is a powerful call for reforming the mental health profession.

See:

www.chordate.com/therapys_delusions/index.html

<http://www.FMSFonline.org>

is the address of the website that FMSF is developing. All past newsletters are now available here.

(The site now has transcripts of many of the therapy session tapes presented in evidence at the trial of U.S. A. v Peterson et al.)

**Are you on E-mail?
If we don't have your
e-mail address,
please send it to
vfling@aol.com**

To order: **MAKING OF AN ILLNESS**
by Gail Macdonald
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**Families and Professionals
HOLD THESE DATES
April 6, 7, 8, 2000
Watch for information!**

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Kathleen (907) 337-7821

ARIZONA

Barbara (602) 924-0975;
854-0404 (fax)

ARKANSAS

Little Rock

Al & Lela (870) 363-4368

CALIFORNIA

Sacramento

Joanne & Gerald (916) 933-3655

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

East Bay Area

Judy (925) 376-8221

South Bay Area

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

Covina Area - 1st Mon. (quarterly) @7:30pm

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

COLORADO

Colorado Springs

Doris (719) 488-9738

CONNECTICUT

S. New England -

Earl (203) 329-8365 or

Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/DeLray - 2nd & 4th Thurs (MO) @1pm

Helen (561) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

GEORGIA

Atlanta

Wallie & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS *

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or

Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839

Pat (219) 489-9987

IOWA

Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Wichita - Meeting as called

Pat (785) 738-4840

KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob (502) 367-1838

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Rumbold -

Carolyn (207) 364-8891

Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

MISSOURI

Kansas City - Meeting as called

Pat (785)-738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

Springfield - 4th Sat. (MO) @12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY (SO.)

See Wayne, PA

NEW MEXICO

Albuquerque - 2nd Sat. (MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

NEW YORK

Westchester, Rockland, etc.

Barbara (914) 761-3627

Upstate/Albany Area

Elaine (518) 399-5749

NORTH CAROLINA

Susan (704) 538-7202

OHIO

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Bob (513) 541-0816 or (513) 541-5272

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Bob & Carole (440) 888-7963

OKLAHOMA

Oklahoma City

Dee (405) 942-0531 or

HJ (405) 755-3816

Tulsa

Jim (918) 582-7363

OREGON

Portland

John (503) 297-7719

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5509

Montrrose

John (570) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

TENNESSEE

Nashville - Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

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Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

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Vancouver & Mainland

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA

London -2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

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Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the OCTOBER/NOVEMBER Newsletter is **SEPTEMBER 15**. Meeting notices **MUST** be in writing and should be sent no later than **two months prior to the meeting**.

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September 1, 1999

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Do you have access to e-mail? Send a message to

pjff@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

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

The FMSF Newsletter is published 8 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. 1999 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35, Student \$20 (in U.S. dollars); Foreign: 1 year \$40, Student \$20. (Identification required for student rates.)

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FALSE MEMORY SYNDROME

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Burkeville, TX 75932

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ADDITIONAL CONTRIBUTION				
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