



Dear Friends,

Families whose children have not yet returned, the majority of FMSF families, sometimes ask how realistic it is to expect the return of their alienated offspring after so many years. In trying to answer that question, we thought we might compare what we have learned from the FMSF surveys about returners and reconciliation with what is known about people who have returned to their families from other situations. We recognize, however, that the FMS situation is unique because it is so intensely personal. FMS offspring did not just cut off from the family for ideological reasons; they accused their parents of the most heinous crimes.

The recent FMSF survey shows that among the families who returned the survey, 7 percent of the accusers have retracted and 36 percent have resumed contact with the accused. (Those figures do not include offspring who have resumed contact with others in the family.)

Although we do not contend that cult involvement and FMS are necessarily similar, we thought that the processes of returning to families from cults might offer some hints to us. Over the years we had heard informally that most people who join cults return within ten years. We searched for reports of the data for this informal observation, but, alas, we searched in vain. We have been unable to locate any such studies.^[1]

In an effort to ensure that we had not overlooked some critical data, we telephoned Margaret Singer, Ph.D.^[2] an FMSF advisor who has interviewed more than 5,000 people who have left cults or, in recent years, recovered-memory

therapy. Dr. Singer said that not everyone does leave cults. She told us that she does not know of any published data that indicated percentages of those who left.

That leaves us with the FMSF data and with the growing knowledge about what may jump-start a person's return. One critical factor in the change is information—not from the family, but from the culture. As recovered memory continues its descent into disfavor, those still mired in their false memories may experience some “cognitive dissonance,” that is they receive information that starts them questioning. The book and articles appearing in this issue are powerful indicators that an increasing number of people discredit the beliefs of the recovered-memory craze. The more accurate information there is in the culture, the greater the chance that still-alienated offspring will come into contact with it.

We mentioned to Dr. Singer that the FMSF survey indicated that the people who had retracted their accusations tended to be a few years younger than the others and asked if she had any thoughts about why that might be so. She speculated that one of the factors could be that the younger people feel a bit less humiliated. Dr. Singer noted that it seemed to be more difficult for people leaving recovered-memory therapy than for those who leave cults because of the level of humiliation. For those who have accused their parents of abuse, the shame is everywhere, and there is no way to eradicate the damage. In recovered-memory accusations, the person returning to the family feels disgrace, but he or she also has to deal with the fact that the accusations

Is this your last newsletter?

If you haven't made your annual contribution to the fundraising drive, please send your check today. That is our only way of knowing if you wish to receive the newsletter. The FMSF no longer sends bills. If you have a question about your status, call the FMSF office.

In this issue...

Feld.....	7
Legal Update	8
Pankratz	9
Makin	10
From Our Readers.....	11
Bulletin Board	14

The next issue will be combined March/April.

disgraced a parent, indeed the whole family. The following comments about this difficulty from retractors are revealing:

"The truth dawned slowly, gradually, in a process that intensified after I stopped seeing the therapist." (FMSF Newsletter Feb 1994)

"I'm so sorry. I didn't understand the pain, distrust and confusion the lie would cause. And when I did, I was so scared and guilty I tried to hide from it." (FMSF Newsletter Nov 95)

"It is very unusual for a retractor to just simply "return to the family. ...the process of retraction is a very slow and difficult phenomenon." (FMSF Newsletter May 96)

"Here's where your daughters are probably stuck. I could not face the horrible thing I had done to my parents, so I had to believe the memories were true. Even though I got away from that horrible therapist, I could not go back to my entire extended family and say that I was temporarily insane and nothing had happened...It was easier for my self-esteem to pretend that I had been sexually abused by someone and it was still my parents' fault because they should have protected me." (FMSF Newsletter Dec 98)

"All those years of therapy and flashbacks couldn't have been for nothing." (FMSF Newsletter Apr 99)

"It took me a number of years to fully believe that my memories were false. Then I didn't want to apologize because it would have opened things up for discussion—which I was afraid of. What was most helpful to me was that I knew my parents loved me despite my allegations." (FMSF Newsletter Mar 00)

The process of reconciling is a challenge for all parties, as the ongoing debate about whether or not to accept returners in the "From Our Readers" pages has illustrated. Parents have coped with overcoming their feelings of anger that such an unjust and horrible situation could happen and with their fear that if they open their hearts they will just be hurt again. Although parents' openness to reconciliation is a necessary condition for the process to begin, it is not sufficient. (See Feld in this issue) The accusers must also be open.

We recall the many readers who told us that they were horrified when they read in *The Courage to Heal* that nurturing anger and revenge was an integral component of recovered-memory therapy. Confronting families at holidays or special occasions, blanketing areas with flyers condemning their parents, and unilaterally cutting off all contact have been familiar threads in family reports. These are

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. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

classic responses to perceived transgressions: avoidance and revenge—seeking distance from the transgressor or opportunities to harm the transgressor in kind."¹³

Unfortunately, many accusers are still caught in these emotions and that bodes poorly for reconciliation of those families. "The more people brood about a transgression, the higher are their levels of revenge and avoidance."¹⁴

Drs. Lief and McHugh have been working diligently with us to make sense of the information we have gathered through FMSF families. We are making every effort to try to find those points at which interventions seem to be productive, and we are looking forward to presenting this information at the Annual Meeting of the American Psychiatric Association in May and with FMSF families in a national meeting in October.

We thank you for your ongoing and generous support that makes this work possible.

Pamela

1. If you have information on this topic, we would really appreciate hearing from you.
2. Margaret Singer (with Janja Lalich) is the author of *Crazy Therapies: What are they? Do they work?* and *Cults in our Midst: The hidden menace in our everyday lives*.
3. McCullough, M. "Forgiveness: Who Does It and How Do They Do It?" *Current Directions in Psychological Science* Vol. 10 (6), Dec 2001, 194-197

SAVE THESE DATES

When? Sat. October 5 and Sun. October 6, 2002

Why? A National Conference on Family Reconciliation

Where? Glenview, Illinois (Chicago suburb)

Who? Cosponsored by the FMS Foundation and the Illinois-Wisconsin False Memory Society

An example of information in the culture that can provoke questioning:

"In 1992 the False Memory Syndrome Foundation was founded in Philadelphia, a tiny organization at first but before long a real powerhouse, with a blue-ribbon advisory board of academics and medical professionals and a grassroots membership of several thousand. Most of its members were parents who had been accused by an adult child, on the basis of memories recovered in therapy, of performing horrible abuse years and sometimes decades earlier—including, in some cases, satanic ritual abuse. The foundation was committed to discrediting the techniques and theoretical underpinnings of recovered memory therapy, and by the mid-nineties it had succeeded in swinging public opinion to its side..."

page 208, Michael W. Cuneo
American Exorcism, Doubleday, 2001

Ernest R Hilgard Obituary

Ernest R. "Jack" Hilgard, FMSF Advisory Board member, highly acclaimed experimental psychologist, and a pioneer in the scientific study of hypnosis died on October 22 in Palo Alto, California. Dr. Hilgard was 97 years old.

When Dr. Hilgard was elected to the National Academy of Sciences at the tender age of 44 (1948), he was recognized as one of the world's leading experimental psychologists in the area of learning theory. He then turned his attention to studies in hypnosis, and in the 1950s, he and his wife, psychiatrist Josephine Rohrs Hilgard, founded the Laboratory of Hypnosis Research at Stanford where they were both professors. They developed the Stanford Hypnotic Susceptibility Scale that is still used today. Ernest Hilgard played a pivotal role in the study of the use of hypnosis to control pain and his theory of neodissociation has helped to explain the process of hypnosis. Dr. Hilgard's 1977 book *Divided Consciousness* is considered by many to be the definitive work on dissociative phenomena.



Satanic Panic: Gone but not Forgotten

FMSF Staff

In the decade of the Foundation's existence, we've seen the devastating consequences of the growth of the Satanic Abuse legend in the early 80s, its leveling off with the publication of important works by Lanning, La Fontaine, Goodman, Victor, Nathan, Mulhern, Bottoms and others, and at present, its virtual demise.

Two recent articles further demonstrate the skepticism with which SRA is now perceived: a review by P. Baker of *Lure of the Sinister: The Unnatural History of Satanism*, by Gareth Medway¹ and "Beware the Rumor Weed" by L.L. (Don) and Joy Veinot, in the *Midwest Christian Outreach*,

*Inc. Journal (MCO)*².

During the 1970s, Mike Warnke's best selling book, *The Satan Seller*, helped convince millions of people that a great satanic conspiracy existed in our country. *Satan Seller* spawned many other books that penetrated the Christian community in particular, according to the Veinots, who trace the Satanic Panic rumor. Many personal accounts of supposed "victims" of satanic ritual abuse appeared in magazines, newspapers, and on countless television talk shows, providing support for the books. The Veinots point to the role of therapists in contributing to the SRA panic. (Many FMSF families can attest to the harm that this created.) Yet, no evidence to corroborate claims of SRA was ever found by law enforcement officials. Historians and other researchers have documented the total absence of evidence of a widespread satanic conspiracy. The Veinots caution readers not to give credence to myths, rumors and false accusations.

Satanic Panic Aftermath

In South Ayrshire Scotland, eight children (now adults) are suing social workers who took them away from their families for five years over false claims of satanic sex abuse. The suits claim that the children's rights were breached under the European Convention.

The panic began when a mother asked to have her children examined for abuse. The mother, described as emotionally unstable, was about to split from her husband. Although no evidence of abuse was found, social workers prevented her children and those from other families from being with their families between 1990 and 1995.

Actions could open the floodgates for other cases including the 16 children of Orkney who were also removed.

Mega, M. "Satanic abuse case: 8 to sue" *Scottish Daily Record*, 12/3/01

In *Lure of the Sinister*, Medway traces the history of Satanism, a "nearly non-existent phenomenon." Indeed, the more Medway searched for Satanism, the less of it he found. The witchhunts surrounding Satanism were all too real, however. Fueled by outlandish stories of baby breeders and human sacrifices, bizarre charges were brought against day care workers. *Michelle Remembers* is the book that popularized the concept of "ritual abuse" in 1980, but ritual abuse has gone "the way of the now discredited craze for 'recovered memories' of childhood sexual abuse." Baker describes *Lure of the Sinister* as an "occult counterpart" to Watters' & Ofshe's *Making Monsters*, and concludes that Medway's study "decisively bangs another nail into the coffin of satanic abuse."

Martin Orne, a preeminent psychiatrist, psychologist and researcher, when confronted with rumors, strange stories, innuendoes, would often ask, "How did you come to know that?" A simple question that more people should have asked 20 years ago.

1 Baker, P. "A Walk on the dark side" *The Guardian*, October 6, 2001.

2. Veinot, L. (Don) and Joy A. "Beware the Rumor Weed" *Midwest Christian Outreach, Inc Journal*, Summer/Fall 2001 N.B. The authors will send article free of charge. It will be on the web-site in early 2002. Contact: Joy A. Veinot, director, Midwest Christian Outreach, PO box 455 Lombard, IL 60148-0455, Phone: 630-627-9028, bjoyful@aol.com, www.midwestoutreach.org



Sex, Lies, and Audiotapes

Rael Jean Isaac

Women's Quarterly, Summer 2001, 7-10.
Available at: <http://www.iwf.org/pubs/twq/Summer2001c.shtml>

This "don't miss" article examines the role of the women's movement in the spread of the recovered memory phenomenon, in an effort to understand why we've been so willing to believe fantastic tales of sexual abuse. While crediting the movement with bringing rape out of the closet, the author notes that the feminists became obsessed with supposedly rampant sexual abuse.

“‘Believe the women’ became the repressed memory hysteria,” she writes and “‘Believe the children’ turned into the daycare hysteria.” Isaac notes that “the feminists who rallied around Florence Rush believed that they could end child abuse by abolishing the patriarchal family, its ‘cause.’ Instead they launched a child abuse hysteria in which pseudo-science has flourished. Both men and women have been its victims.”

News From England Concern About Wrongful Prosecution of Child Abuse

In England three recent actions deserve note:

First. A discussion about false accusations was held in the House of Lords on October 17, 2001. The discussion, lasting approximately two hours, was introduced by Lord Earl Howe who spoke about the damage caused to families by false accusations of child abuse.

“I should like to talk today about two of the triggers for false accusations. The first one is a phenomenon known as ‘recovered memory.’ Noble Lords may remember that about 10 years ago a number of cases were reported in the press of families being torn apart as a result of adults—usually women—making retrospective accusations of childhood sexual abuse against a member of their family. The accused person—most often a father of hitherto impeccable character—would protest his innocence. A common thread in many cases was that the grown-up daughter had undergone a course of psychotherapy, during which she and her therapist had apparently unlocked memories of previously unremembered traumas in childhood.”

Adding her voice to Earl Howe’s second main concern, false allegations against parents through a wrongful diagnosis of Munchausen’s Syndrome by Proxy, the Countess of Mar noted:

“Even when accusations of child abuse against a parent or parents have subsequently been withdrawn, often after prolonged and costly legal action, the stigma of being branded a child abuser by the local authority remains with the parents. Once a social services referral is placed on their database, the details remain forever, no matter what the outcome of later inquiries. The referral becomes common knowledge in the local community. Those who work with children, either as careers or teachers, are refused employment and those who have been active in the community or in voluntary work find that they are no longer required, especially if children or young people are involved. These are people who have been proved innocent, yet they are treated like criminals...”

Second. On November 1, 2001, the first meeting of an all-party parliamentary group inquiring into child abuse investigations took place. The group was formed in response to mounting concern about miscarriages of justice and wrongful prosecution based on historical allegations of sexual abuse.

Third. In an interview with *The Independent*,¹¹ Lord Woolf, the Lord Chief Justice, commented that child abuse allegations “were easy to make” and might be motivated by claims for compensation. He expressed concern about some of the “very old offenses” from former residents of children’s homes. He told *The Independent* that some of the recollections “may not be accurate,” especially when they were “tempted” by awards from the Criminal Injuries Compensation Board and the police were asking, “Did anything happen to you?” He also said that allegations were easy to make as abuses are committed in private and in many cases involve one person’s word against another’s.

Many members of the British False Memory Society have been actively involved in educating members of their government about false accusations. Roger Scotford, founder of the BFMS

has commented that “We are absolutely delighted that at last the judiciary seems to realize that maybe there are many miscarriages of justice out there...”

J. Verkaik, R. “Many child abuse convictions could be unsafe” *The Independent* November 23, 2001

Different Perspectives on False Allegations

“The impact of a false accusation cannot be underestimated—it becomes a defining feature of a man’s life.”

Michael Meyers, *Am J Psychiatry*, 11/1/01
Review of Friedman & Downey (Eds.)
*Masculinity and Sexuality: Selected Topics
in the Psychology of Men*

“It is indeed unfortunate when innocent people are inconvenienced in the process of finding the true perpetrators of crimes against children. But that is a price we should be willing to pay...Far better to err on the side of protecting children...”

Letter from Kristi Koker
Seattle PI 12/21/95

Assessing the Validity of Amnesia in Dissociative Identity Disorder: A Dilemma for the DSM and the Courts

John Allen and William Iacono
Psychology, Public Policy and Law
Vol 7(2) June 2001, 311-344

If a person has multiple personality disorder (dissociative identity disorder, DID) are the different identities aware of each other? Beginning with the 1994 DSM-IV, amnesia between identities was required as a criterion for diagnosis.

Amnesia as it relates to DID has received little empirical study. The few published studies have generally found that in direct tests of memory (recall and recognition) there is amnesia between the identities. In indirect tests of memory, however, there is evidence that memory transfers between identities. Allen and Iacono write that “there

exist a variety of approaches that courts use in dealing with defenses such as not guilty by reason of insanity and diminished capacity.”

Amnesia—in addition to being relevant to establishing the diagnosis of DID—may have bearing on whether DID defendants are competent to assist their attorneys in conducting their defense.”

There are several reasons why is it problematic to rely on self-reports for assessing memory in DID. By definition, someone with DID has a memory impairment. It is not clear that persons with memory impairments can accurately reflect on their memory. In addition, the problems of memory distortion and fabrication make the accuracy of self-reports questionable.

The authors believe that there is a need for more objective measures of memory in DID. Because of the ambiguity of study results, a patient’s claim of amnesia between identities should not be regarded as conclusive in legal proceedings. The authors propose that psychophysiological measures of memory may provide such an objective measure.

Psychophysiological measures do not depend on a person’s self-report but involve measuring central nervous system and autonomic activity. A test that has been used for many years is the guilty knowledge test (GKT). Unlike ordinary polygraphy, GKT has substantial scientific support. The GKT consists of questions that only the person who committed the crime and the police could answer. Items that involve information in the media are not used because if they were, even innocent people could be expected to possess such “guilty knowledge.”

They suggest that “a properly constructed guilty knowledge test—using either electrodermal or event-related potential measures—would produce one of two possible outcomes. Failure to show memory would be strong objective evidence in support of amne-

sia, although no cases in the published literature have produced such a result. Psychophysiological evidence of memory, by contrast, would not distinguish between the existence of implicit versus explicit memory.” However, until clarification in the DSM about what constitutes the nature of the memory impairment in DID, psychophysiological evidence of memory could be viewed as refuting the diagnosis or as inconclusive. Allen and Iacono advise the courts to use caution in evaluating or admitting claims of amnesia in putative cases of DID.



Guided Visualization and Suggestibility: Effect of Perceived Authority on Recall of Autobiographical Memories

Paddock, J.R. & Terranova, S.
Journal of Genetic Psychology
Vol 162 (3), Sept. 2001, 347-356

The purpose of this study was to examine the effect of an authority figure in the formation of childhood pseudomemories in adults. After recounting a childhood event whose details came from others (known event), participants either completed: 1) a visualization task led by an expert, 2) a visualization task led by a nonexpert, 3) a visual search task, or 4) a verbal list-learning task. For the visualization tasks, participants listened to a middle-aged man on audiotape who asked them to imagine details of their known event. Half believed the person on the tape was an esteemed psychologist (expert) and half believed he was someone who had gone back to school to study communications. The participants who had guided visualizations led by the expert showed a significantly greater effect in rating the events as remembered rather than known. The authors note that their “data provide a humbling reminder to psychotherapists” about the power of their authority in influencing patients.



Forgiveness: Who Does It and How Do They Do It?

Michael E. McCullough
Current Directions in Psychological Science Vol. 10 (6), Dec 2001, 194-197

Michael McCullough notes that “forgiveness” is defined in Webster’s New Universal Unabridged Dictionary (1983) as “to give up resentment against or the desire to punish; to stop being angry with; to pardon”(p.720).

In this article McCullough reviews research attempting to understand what traits seem to be found in people who are able to forgive. People who are inclined to forgive their transgressors tend to be more agreeable, more emotionally stable and perhaps more spiritually inclined than people who tend not to forgive. The psychological processes that seem to foster forgiveness are empathy and generous attributions/appraisals regarding the transgression and transgressor. The process that seems to act against forgiveness is rumination or the tendency to experience intrusive thoughts, affects and images about past events. The more people brood about a transgression, the higher are their levels of revenge and avoidance.^[1]

1. McCullough et al., 1998. “Interpersonal forgiving in close relationships: II. Theoretical elaboration and measurement. *Journal of Personality and Social Psychology*, 75, 1586-1603.
McCullough et al., 2001 Vengefulness: Relationships with forgiveness, rumination, well-being, and the big five. *Personality and Social Psychology Bulletin*, 27, 601-610.



Survivor Forgiveness

To My Mother & My Father:

I have been and continue to suffer because of the torture, abuse and trauma you forced me to endure as a child....I no longer wish to have contact with you and all communication from now on should be through my lawyer. This is my way of forgiving you both.

from an Accuser’s “Confrontation Letter”—early 1990s

Standards for Informed Consent in Recovered Memory Therapy

Cannell, J., Hudson, J.I., & Pope, H.G.
J Am Academy Psychiatry and the Law
29: 138-47 2001

Large awards in malpractice suits for instilling or recovering false memories of sexual abuse have increased in the last several years. One of the main allegations in the cases has been that the psychotherapists failed to inform patients of the risks of false memories. The authors note that their "review of the literature finds no evidence beyond anecdotal reports that recovered memory therapy has beneficial effects, in contrast to many other psychological therapies, which are well supported by empirical studies. Conversely, we have documented extensive literature drawn from historical examples, review articles, and actual studies showing that human beings may be highly susceptible to false memories and false beliefs, including false memories of childhood sexual abuse. A great deal of this literature was already available to recovered memory therapists practicing in the late 1980s and early 1990s." Patients who were recovering repressed memories should have been warned about the risks of false memories.



"A memory system that really did repress memories of traumatic events would be most maladaptive. If an ancestor of mine repressed the memory of being attacked by, but escaping from, a sabertoothed tiger when he unknowingly ventured too near the tiger's lair, he would be likely to return to the spot again. And I wouldn't be sitting at my computer right now typing this review."

How memory doesn't work perfectly
Terence Hines, 11/1/01, *Skeptical Inquirer*, Review of *The Seven sins of Memory: How the Mind Forgets and Remembers*. By Daniel L. Schacter.

A City Possessed: The Christchurch Civic Creche Case

Lynley Hood
New Zealand: Longacre 2001
ISBN 1 877135 62 3

The great witchhunts of history "represented the fusion of three separate but related sociological disturbances: a moral panic, an epidemic of mass psychogenic illness and an outbreak of scapegoating," writes Lynley Hood. The 672 pages of this meticulously researched book follow this framework to show what went wrong in the most notorious day care case in New Zealand.

In the early 90s, Peter Ellis, an openly gay teacher at the Civic Creche in Christchurch, was accused of abusing children in all manner of fantastical ways. Hood writes:

"When I began this project, the key question underpinning my research was this: to what extent were the staff of the Christchurch Civic Child Care Center involved in child sexual abuse? I expected, sooner or later, to uncover some real-life happenings on which, rightly or wrongly, the allegations of criminality were based. But, in my years of dredging through the mire in which this story has foundered, I found no evidence of illegality by anyone accused in this case. Instead, I found convincing evidence that more than 100 Christchurch children had been subject to unpleasant and psychologically hazardous procedures for no good reason, and that a group of capable and caring adults with no inclinations towards sexual misconduct with children had had their lives ruined as a result."p. 33

This fascinating and important book covers 30 years of New Zealand social history to explain the travesty of justice in the Ellis trial. Factors such as the merger in the early 1980s of feminism, religious conservatism and the child protection movement; changes in laws; the handing out of up to \$10,000 to people who said but didn't have to prove that they had been sexually

abused; and visits by therapists from the United States all played a role in what happened.

A City Possessed is available directly from the publisher. Email:

longacre.press@clear.net.nz



Excerpt from "Speak No Evil; Phenomena of Exorcism"

Dateline NBC

November 13, 2001 with Stone Phillips and Reporter John Larson

Dr. Irving Wiesner is chairman of the American Psychiatric Association's Committee on Religion and Psychiatry.

After viewing a video of an exorcism:

Reporter: What do you make of a scene like that?

Wiesner: As a psychiatrist, I look at it and I say, "I'm not sure what's happening." As a believer, I go, like, "Wow."

Reporter: A believer? This doctor, this authority from the American Psychiatric Association believes in exorcism? We're talking about exorcism here.

Wiesner: Mm-hmm.

Reporter: Do you believe in the presence of demons?

Wiesner: Yes, I do, personally.

Reporter: You do?

Wiesner: Yes.

Reporter: And you think demons may be responsible for some people's afflictions?

Wiesner: Yes

Reporter: What do you base this on?

Wiesner: My personal faith. Not— certainly not my psychiatric training, because psychiatric training doesn't touch on this.

...
Reporter:...The American Psychiatric Association's own "bible" if you will, it's diagnostic manual, considers claims of possession by spirits not proof of the supernatural, but a symptom of a psychiatric disorder.

Thoughts About Our Families

Allen Feld

In the last newsletter I described several propositions that I would discuss in class if I were still teaching Master of Social Work students. These were independent of the harm I had witnessed from FMS. In this essay, I discuss thoughts gleaned from my experiences with falsely accused families. The families I was so fortunate to have talked with have molded the following thoughts:

1. *Regardless of the devastation caused by a false accusation of incest, families found positive avenues to continue with their lives.* Even those who describe themselves as totally crushed by the accusations regained balance and order in their lives. Observing these families deepens my belief in the strength and resiliency of people, as well as the idea that crises become less binding with time.

2. *Being falsely accused created a crisis for the family, but family members did not automatically seek professional help.* Although some families did seek professional help in spite of suspicion and distrust of therapists, other families did not feel the need for professional help and used their own natural support systems. Families made decisions that they felt were appropriate for them.

3. *While some families followed similar paths to reuniting with the estranged accusers, currently there is no one path, or even a recommended path, to follow.* Choices that families made reflect their own unique situations, values and wishes.

Even if parents were in control of the situation, a decision to reunite is at minimum a two-party decision. There is a difference between communicating a desire for reunification and directly causing it to happen and this can easily go unrecognized.

4. *Decisions about reunification are not necessarily fixed.* Some families who once were adamant that there

would be no reunification without a retraction have subsequently developed relationships with non-retracting offspring. Perhaps the growing number of contacts between accusers and their families reflects this trend. As in all matters of life, circumstances change for both accused and accusers.

Regardless of families' differing attitudes about contact, they all express love for their offspring, a longing for reunification, wishes to see grandchildren and a desire for a retraction.

5. *Families develop a decision-making process that may be unique to their particular family.* It is not predictable if processes that seemed to work historically will be useful under these circumstances. However, it is clear that dealing with accusations and reconciliation requires a high degree of agreement within the family.

Reunification is clearly not a "One size fits all" situation. Key family members should work together to reach agreement and commitment to an approach that mirrors their values and beliefs. Some families may find that this situation leads to altering roles, decision-making methods and ways of dealing with matters. This process can be more like creating an original map than following an existing one.

6. *There is no single definition of reunification. Rather, it seems to be uniquely determined by each family.* The nature and frequency of interactions of those who accused and resumed contact (or, in some cases never separated) without a retraction seems to be family determined. The definition of reunification seems fluid and in many situations gets redefined. Many relationships seemed to deepen over time. In those circumstances that I'm aware of where there is contact without a retraction, not discussing the accusations seems to be the more typical manner of dealing with the situation.

7. *Some returning accusers have*

retracted their accusations and some have not. Since the parents of both groups are equally resolute that the accusations are false, it might be that some families may still receive a retraction at a future time. I've heard several families say that a retraction is obvious even if it is not spoken. Others inferred a possible retraction from the behavior of a returner, such as being asked to baby-sit for grandchildren. While families of returners hope that a retraction will follow, many families appear willing and capable of living with this ambiguity and uncertainty.

8. *I remain convinced that it was a changed outlook on the part of the returner or retractor that preceded the reunification.* This statement does not negate the efforts and changes of families that are still working toward reunification. We need to recognize the reality that without a change on the part of the accuser, it is unlikely that reconciliation will happen.

These thoughts represent my observations at this point in time. Hopefully, others will help provide scientifically based direction that offers helpful suggestions or specific options for families seeking reunification.



Yuppie Flu Still A Mystery

Since the days when it was derisively called the "yuppie flu," the cause of chronic fatigue syndrome has been hotly debated. Some experts even suggest the illness may be caused by repressed memories of childhood abuse. But new research debunks that theory, although some experts disagree with the study's conclusions. There is no "unique relationship" linking abuse to chronic fatigue syndrome, says Renee Taylor, a DePaul University psychologist.

Thomas Ropp, "Jump-Starts"
The Arizona Republic, March 19, 2001.

LEGAL UPDATES

FMSF Staff

Logerquist v Danforth: A Phoenix Arizona jury took only 50 minutes to decide for the defense in a case that has been in the courts for almost ten years.

In 1992, Kim E. Logerquist brought suit against her former pediatrician John T. Danforth claiming she had been sexually molested on several occasions from 1971 to 1973 when she was between eight and ten years old. The woman claimed her memories were restored in 1991 after watching a television commercial with the pediatrician. The woman sought to have experts who would testify how memories can be repressed because of severe childhood trauma and how the memories can be recalled later with accuracy. The trial judge refused to let her experts testify, ruling that repressed memories "are not generally accepted in the relevant scientific community." Logerquist appealed.

In April 2000, the Arizona Supreme Court⁽¹⁾ in a split decision allowed expert testimony on repressed memory. The Court took the position that rules regarding scientific evidence simply do not apply to something as unscientific as repressed memory. The decision generated controversy and the Arizona Law Journal devoted an issue to commentary.⁽²⁾ The case was sent back to the trial level.

1. *Logerquist v Danforth*, CV 98-0587-PR Az Sup. Ct. April 2000.

2. *Arizona State Law Journal*, Spring 2001 33Ariz.St.L.J.40



Gerald Amirault is still in jail as we go to press. In July, 2001, the Massachusetts Parole Board recommended that the governor commute the sentence of Gerald "Tooky" Amirault, who was convicted in 1986 in one of the approximately 30 day care cases that appeared in the wake of McMartin. Gerald Amirault was sentenced to 30 to 40 years. His mother and sister, however, received 8-to-20 year sentences. The Parole Board stated that "Gerald Amirault has demonstrated by clear and convincing evidence that his further incarceration would constitute gross unfairness..." Gerald's mother, Violet, has since died. His sister, Cheryl LeFave, is no longer in jail. Violet and Cheryl were freed after an appeals court ruled that the methods by which the child witnesses were interviewed was flawed and suggestive.

In November, Acting Governor Jane Swift met with several victims of the Fells Acres Day Care case. The witnesses urged her not to commute Gerald Amirault's sentence. Swift was expected to meet with more of the victims and also with members of Gerald Amirault's family. As of November 30, it was reported that Governor Swift had not made up her mind.

Phillips, F. "Victims fight Amirault commutation; Swift urged to deny freedom" *Boston Globe*, Nov 30, 2001.



Envelope for Old Sexual Abuse Lawsuits Continues to Expand

Editor's Comment: When the first delayed discovery of sexual abuse lawsuits appeared, it was the alleged perpetrator (father) who was sued. This quickly expanded to suits against mothers—who should have known about the abuse and failed to stop it and thus were covered under the family's home-owners policy. Suits against clergy followed this pattern. A recent suit appears to move beyond the "should have known" status.

Two sisters, now 60 and 61 years old, filed an \$8.6 million lawsuit against the Archdiocese of Portland Oregon. The sisters who are known only as P.L and R.E. allege that they were repeatedly abused by Father Carl Wachter when they were 7 and 8 years old and living at a home for girls that was run by the archdiocese. Wachter died in January 1992. The sisters claim that a nun witnessed the abuse but continued to take the sisters to visit Wachter. The sisters claim that they had not spoken of this "shameful and humiliating" information all these years.

The Oregon Supreme Court ruled in 1999 that the archdiocese can be held liable as the employer of an abusive priest. The Eugene *Register Guard* notes, however, that "Plaintiffs previously had to show that officials from institutions involved in the care of children knew or should have known that an employee was molesting a child."

A spokesperson for the archdiocese commented: "Dealing with a lawsuit involving things which allegedly happened more than 50 years ago ... and when the priest who allegedly was involved is long since dead, presents great challenges..."

Young A. "2 Sisters Sue Church Over Alleged Abuse" *Register Guard*, Nov 6, 2001



FMS in the Language

"But then this whole book is literary-historical analysis as false memory syndrome." (*NY Times*, June 2, 1996)

"But I must have had false memory syndrome. The red-headed Barbie, which I was sure I butchered, was still pretty and perky in her pink party dress." *NY Times*, April 5, 1998)

"A writer discovers that his richly textured recollections of an Irish boyhood were the product of false-memory syndrome." (*NY Times*, Jan. 2, 2000)

"...a triumph of that false-memory syndrome called contemporary fiction." (*NY Times*, July 9, 2000)

"It's like the false memory syndrome when people end up believing that they were abducted by aliens." (*NY Times*, Oct 6, 2000)

"This is obviously another example of false memory syndrome." (*NY Times*, Dec. 9, 2001)

Posttraumatic Stress Disorder:

Part II

Loren Pankratz, Ph.D.

In the last *Newsletter*, I described some of the current controversies about Posttraumatic Stress Disorder (PTSD). I reported that Canadian psychologist Marilyn Bowman reviewed the world's PTSD literature, which suggested that toxic events do not usually create persistent symptoms that would rise to the level of a diagnosable disorder like PTSD. Trauma creates short-term stress, but it does not predict long-term outcome.

I also discussed the *National Vietnam Veterans Readjustment Study*, which suggested that over half of the male veterans have experienced clinically significant stress-related symptoms. Dallas stockbroker B.G. Burkett challenged this study because fewer than 15% of Vietnam veterans were in direct combat units. In his opinion, many of these men lied about their military experiences and are using the diagnosis of PTSD for their own psychological and financial gain.

The problems with PTSD are complex. In a well-constructed study, Southwick and others (1997) showed some serious inconsistencies in the ability of individuals to describe their combat experiences over time. In this study, 46% of Operation Desert Storm veterans reported one or more traumatic events that they did not recall two years later. More disturbingly, two years after the war, 70% of the veterans recalled traumatic events that they had not reported one month after the event. It is probable that subjects amplified their memory of combat trauma as a way of explaining their current symptoms. The authors concluded that "If memories of combat are inconsistent over time, then the relationship between PTSD and combat exposure would be a tenuous one." An editorial appearing concurrently with the Southwick article flatly admitted that no one now knows what PTSD really is (Hales & Zatzick, 1997).

One distressing implication of these findings is that much of the PTSD research might be contaminated by subjects who have something other than PTSD. What research, if any, might we be able to trust? As a start, Harvard psychologist Richard McNally is in the process of obtaining archived military records of 37 PTSD research subjects that he used in some information processing experiments. He has arranged to have these records checked so that any fabricators can be identified, allowing him to eliminate their data from his study. This self-correcting strategy is a hallmark of science.

There is other evidence that professionals do not yet understand PTSD. In 1996, Shalev and colleagues in Israel reviewed the world literature on the treatment of PTSD. Like Bowman, he was distressed to discover that the treatment of PTSD has limited value because remission of symptoms is rarely achieved.

Perhaps therapists are more successful when they respond rapidly after disasters to prevent the development of recalcitrant PTSD syndromes. Unfortunately, there is no evidence that early intervention can make a difference. Litz and colleagues (in press) reviewed six recent PTSD outcome studies that they judged had sound methodology. In all instances, psychological debriefing was not helpful, and in two studies the symptoms of victims became worse over time. Thus, they recommended that such services not be provided to individuals immediately after trauma, although they did state that providing comfort and humanitarian assistance is acceptable. Similarly, there is the possibility of iatrogenic outcome for early assessment. Belief systems can have such a profound effect on the production of symptoms that clinicians must be mindful of their responsibility in the task of information gathering.

Lifetime risk for exposure to potentially traumatizing events is extremely high, ranging from 60% to 90% in the general population. Yet few will devel-

op PTSD. A national survey estimated that approximately 8% of the individuals exposed to serious traumatic events will subsequently have PTSD, and a study of British combat soldiers suggested that only about 1% develop PTSD. People have an amazing capacity to survive and draw strength from struggle, gaining new bonds with family, friends, and community in the process. Psychological intervention can divert this process of healing.

Twenty years ago there was great enthusiasm for helping the victims of trauma. Training programs proliferated and treatment strategies were taught with confidence. Communities now assume that specialized teams must be employed during times of natural disasters. However, the research suggests that professionals are sometimes a part of the problem. As a result, the PTSD niche is now a mixture of individuals: patients suffering from the traumas of life, impostors, those who have stumbled into PTSD to avoid other labels, and patients directed into PTSD by well meaning but mistaken professionals. Research, diagnosis, and treatment are meaningful only if you know which path the patient has traveled.

References

- Hales RE, Zatzick DF. What is PTSD? *American Journal of Psychiatry*, 1997; 154: 143-144.
- Litz BT, Gray M, Bryant R, Adler A (in press). Early intervention for trauma: current status and future interventions. *Clinical Psychology: Science and Practice*.
- Shalev AY, Bonne O, Eth S (1996). Treatment of post-traumatic stress disorder: A review. *Psychosomatic Medicine*, 58, 165-82.
- Southwick SM, Morgan CA, Nicolaou AL, Charney DS. Consistency of memory for combat-related traumatic events in veterans of Operation Desert Storm. *American Journal of Psychiatry*, 1997; 154: 173-177.

Dr. Pankratz has an independent practice in Portland OR where he is a Clinical Professor at Oregon Health Sciences University. He discusses PTSD more extensively in a chapter for a forthcoming book: "The misadventures of wanderers and victims of trauma." In P Halligan, C Bass, D Oakley (eds.) *Malingering and Illness Deception*. Oxford University Press, in press.



Man Recants Repressed 'Memories'

Kirk Makin

The Globe and Mail, Nov. 3, 2001

Reprinted with permission

When Rowland Mak mounts a podium today to retract accusations that his father sexually assaulted him as an infant, he will do more than simply conclude a long and poignant family drama.

The 35-year-old man's recantation at a Toronto conference will put a symbolic nail in the coffin of a controversial psychological phenomenon: repressed memory syndrome.

"It takes a lot of courage to come to the realization that someone abused you when you were young," Mr. Mak said. "It also takes a lot of courage to admit it wasn't true; that for all the years I was separated from my dad, I was wrong. It is very liberating."

It was back in 1991 that Mr. Mak first confronted his father—Adriaan Mak—with his allegation of being raped at the age of 2 or 3.

"He told me in a monotonous, almost trance-like voice," the 70-year-old man said in an interview. "He said his therapist had led him to expect that I would be 'in denial,' and that my denial confirmed my guilt. With that, he left me standing in the street. I was in total shock."

His family was devastated. Rowland—a bright youth who had enjoyed the usual privileges of a middle-class home—had been spiralling into an aimless world of LSD, drug-peddling, dead-end jobs and welfare payments. Depressed and confused, he had been undergoing regular therapy for a year.

Yesterday, he described himself as a sensitive youth whose psychological moorings were damaged in his teens by two separate incidents in which older men took advantage of him sexually.

He recalled being struck during one session when his therapist said she had been a victim of ritual abuse herself and knew a great deal about repressed memories.

"I remember her saying: 'I wouldn't close the door on sexual abuse — there has got to be some reason you're afraid of your father,'" he recalled. "Suddenly, it rang true for me—I believed my father had raped me."

Several months after levelling his accusations, Rowland's therapist floated the idea that his abuse could have

been part of an elaborate cult ritual. He immediately seized upon the idea, and commenced patching together "memories" of his father and other men abusing him and other children.

"I came to believe they were connected to a secret society that control all of society," he recalled.

How can a person actually create memories without realizing the falsity of what they are doing? Rowland Mak said it is not particularly difficult if one is both psychologically vulnerable and being aided by a sympathetic therapist who believes in what she is doing.

"When you are exploring your subconscious and deep emotions that you are unaware of, you give a therapist a tremendous amount of power," he said.

He said his convictions were continually reinforced by other "survivors," who clustered together at meetings and described the abuse they felt they had suffered.

While all this was going on, Adriaan Mak was attempting to fight his growing depression by immersing himself in the task of exposing repressed memory therapy as a fad that had destroyed thousands of families.

As successful as the campaign was, what the retired high school teacher wanted most was to get his disaffected son back.

In the late 1990s, Rowland Mak quit drugs, left therapy, settled down with a woman and took up the study of positive thinking. Then, a year ago, he was struck by a startling revelation as he changed his daughter's diapers.

The child was the same age Rowland had been when he was anally raped — at least, according to his reconstructed memories. He suddenly realized that the offense he had accused his father of perpetrating was improbable in the extreme—and that a child of such tender years simply couldn't carry that sort of coherent memories.

"It just hit me that this didn't happen," he said yesterday. "I called my father, and said: 'Dad, you were right. It didn't happen.'"

Rowland Mak intends to tell his story today to the group his father has worked with so tirelessly: the False Memory Foundation.

"I have problems when I think about my therapist, because she crossed lines she shouldn't have," he said yesterday. "But I don't have anger to the recovered memory therapy community itself. It was all just a colossal, well-intentioned mistake."

Mr. Adriaan Mak received the following anonymous email message after the *Globe and Mail* article appeared. It's an indication that the FMS problem is still with us.

Mr. Mak,

If you think that anyone outside of your circle of self-reinforcing FMSFers actually believes that your son has suddenly recanted whatever he said, then please think again.

One of two things seem much more likely:

1. You held out some financial carrot, like so many other FMSF parents have done. What was it, his (dis)inheritance? or

2. You are misrepresenting the whole thing, like you have done with so many other cases in Canada.

I wonder why you have never provided *any* identifying features that would allow independent verification of your claim. Next time you are reminding everyone how he "recanted," why don't you include some details that would allow skeptics to investigate your unverified tale? Or is this the kind of skeptic inquiry you abhor?

Mr. Mak replied as follows:

Dear Anon,

My son, Rowland Ian Mak, recanted of his own accord. He volunteered to do so in front of about 90 parents of a False Memory Support Group in Toronto, Ontario.

Since I am not a wealthy man, there would be not much of an inheritance, but in any case, in my will, such as it is, he was never disinherited. That is because I know that he became the victim of misguided therapy.

This is a truthful representation. Now please provide me with your list of "cases in Canada" I have misrepresented.

Further, tell us what has been your own involvement with the kind of therapy my son was involved in?

Adriaan Mak

For "Another Dad"

I was appalled when I read the letter from "Another Dad." Those were the words that I had previously read only in letters from therapists who had been sued for malpractice.

In an early FMS newsletter, Dr. Colin Ross suggested therapists should sue the parents of former patients for false memories.

In a recent newsletter Dr. Bennett Braun suggests absurd motives for patients who sue their therapists.

I will never forget when I submitted my own hospital records to a top U.S. psychiatrist and was told that it was the worst case of medical malpractice he had ever seen. The psychiatrist against whom I filed a malpractice lawsuit brushed me off as "some crazy woman." Later, to my utter shock and amusement, he submitted a defense affidavit from a colleague stating that my motive was "unrequited love for him."

I hope that "Another Dad" will remember two things:

First, it is up to the courts to decide who is or is not the victim of medical malpractice. So far the courts have shown a prevailing agreement that many former patients of recovered memory therapy are indeed victims of medical malpractice. Those long and difficult lawsuits have brought a major impact upon the recovered memory movement, thereby benefiting all patients and protecting families and dads like the writer of the letter.

Second, no matter how hurt and angry you feel towards your child, please remember the many others who have lost their lives to this therapy. I suggest that it is only the parents and families of those children who can tell you who the victims are.

Roma Elizabeth Hart (Retractor)



Beware Irrevocable Statements

I have waited until this moment to write you this letter of tremendous gratitude. About 10 years ago, two days after my "big" birthday, I got one of those now famous letters from my son. He set forth in tremendous detail tales of abuse that I had visited on him for years when he was a very young child. I experienced a rainbow of feelings: shock, anger, surprise, and grief. When I called his mother, from whom I was then divorced, she supported him but said she had no recollection of any of these events. I agreed to go to a therapist, chosen by my ex-wife, for a visit with my son and his mother. The therapist who had never before met any of us took my son's position because he exhibited certain "obvious body language" and told me she wanted to see me alone at another visit. I agreed and came armed with pictures from my childhood which the therapist had requested because she thought they would demonstrate that I had been abused as a child. Of course the pictures showed nothing and I told her nothing had happened with me as a child or with me and my son. My ex-wife had just gotten a degree in social work and suggested I read *The Courage to Heal*. (I did.) She even told me I was "repressing" the events.

I felt I had nowhere to turn. I could not discuss this with anyone except my present wife and my immediate family who were very supportive. Then I read Darrell Sifford's articles in the *Philadelphia Inquirer*. His articles indicated that there were others in the same position as I. I called the Foundation and it gave me much confidence to know that I was not alone.

My son cut off all contact for a number of years. I would write to him and sometimes he would write back. Gradually the correspondence improved. About 6 years ago, I got a call from him and he wanted to meet—on his turf and on his terms. We were to say nothing about the past.

Things progressed from there. We would meet or be together and sometimes we would talk about the accusations. He would state he was sure they happened and I would say that they did not and then the conversation would end or change.

About two years ago, I noticed a change. I would get cards on big occasions which indicated there was love and that there was forgiveness. We would visit and be at family functions and things gradually improved. About two months ago, after we spent most of a weekend together he told me he had doubts about his accusations. I told him I was grateful for what he had said. Finally, last Sunday we got together, again on his turf, and we spent an enjoyable day together. At the end of the day, just before I was to leave, he told me that he knows now that nothing happened. He told me he cannot figure out why he possibly could have believed the things he stated and the he now doubts many of his feelings about things. I told him that the experience for me had been horrendous, but that I never believed he acted out of malice. When he told me he had great guilt about his accusations, I told him I forgave him, that I knew he believed what he had said. He did not want to talk more on the subject, but implied that more discussion would occur in the future. I told him that were it not for the support of my family and the foundation, I would possibly not be here today. We hugged.

I know, difficult as it may seem, we who have been falsely accused should not give up hope and we should not make irrevocable statements that would forever cut off contact.



A Dad

A Note: Our daughter is back – as though nothing had happened. No discussion of the past. She's warmer and more relaxed than before the estrangement. We're amazed and happy.

A Mom and Dad

Not Everyone is Reconciled

Eight years ago, when my daughter was 21-years-old, she falsely accused me of sexual abuse of "remembered" incidents when she was seven. I knew nothing about what was going on or the therapy world until a friend told me about a program on NPR. That was when I discovered the FMS Foundation, a sanity saver.

When I started meeting people who had been accused of more horrific crimes and for over a longer period of time, I thought my situation would resolve quickly. Little did I know that eight years later nothing would be changed. I missed her graduation from college and her marriage, in addition to years that can never be replaced. The only way I have managed to cope is to convince myself that my "true daughter" no longer exists. I don't feel guilty for feeling this way; I only feel a void, disappointment and disgust.

Would I accept her back in my life if she contacted me and pretended that nothing happened? Probably not, because I would not be sure if she was sincere in her actions. I have had to harden myself as a way of going on with my life in a positive manner.

To compound matters, my only son broke off communication with me three years ago. There are no accusations, but he is close to his sister. He finally went to therapy himself.

I often wonder where I would be without the help of the Foundation. I'm sure many feel the same.

A Father

Still No Word

We still have had no word from our son since he renounced us. Our daughter-in-law has nothing to do with her parents either. Someday we hope the young people will want to return to their respective families. Meanwhile, we wait and appreciate the support of the foundation.

A Mom

Unbelievable

Like so many writers of the letters I have read in the supportive FMSF newsletters, I never gave up hope. I prayed that our daughter would one day return to her family. We had many hate letters and false starts of the last 10 years. We bailed out our daughter financially and then received more angry letters from her. Our cum laude graduate from high school and college became a stranger. One of her brothers stated that she had created her own reality as she wallowed in her own personal pain and hell.

In April I joined an Elder hostel group and hiked the pilgrimage trail of St. James in Northern Spain. (El Camino de Santiago). I walked many miles, prayed and lit candles for our daughter's inner peace. Three days after returning from Spain, we received another letter wanting to start again after a five-month lapse. We had chosen not to respond to a previous letter asking for more money for therapy. Her dad and I took our time answering this one. Her response was a shock. It was a plea that she "needed her family." We were leery to say the least. Then her grandmother died and that precipitated a 45-minute phone call with many tears and reminiscing of times with grandma. Then e-mails and more phone calls and then a plea to let her come home over Labor Day weekend. Panic set in but we put our faith in God and sent her a ticket.

When she came, we listened, cried, hugged and talked. We do not fully understand it all and probably never will. She believes certain things which we choose not to debate. So what's different? Gone is the anger, the accusations and she no longer blames us for all her mental pain. During the years, alcohol had become her tonic to quell her thoughts and she spiralled downward and attempted suicide and self-mutilation. Her therapy was questionable in our mind with labels PTSD, Depression and then MPD and

Dissociative Disorder. The traumatic events she thinks she had at age three are fuzzy but she is convinced it was sexual abuse. However, she now mourns the 10 years of family separation, especially after seeing pictures of many family events and trips that took place during her absence. Our lives went on for those ten years—and so did our prayers.

We were emotionally exhausted after her visit, but happy. We were also fearful that this "dream" bubble would burst or disappear. Why did she change? We will never know but we are looking forward to having her a part of our annual holiday gatherings. She will meet a niece she has never seen and get to know her oldest brother's wife of 10 years. We give thanks to have her as part of the family again.

Trust seems to be there as she shares more and more information. We do not run away but only listen and love her. An open heart and unconditional love is the hard part of being a parent. Our prayers continue for all those still hoping.

A Mom

A Granddaughter's Call

About three weeks ago, out of the blue, my granddaughter who almost never calls, phoned and said without any preamble, "I want you to know that I never believed any of the bad things that my mother said that granddaddy did to her as a child. I knew he never would do anything like that, and I just wanted you to know that I didn't believe it at all. I hope it will help you to know that." That was so sweet—and a complete surprise. I don't know what prompted it, except that her family has a new "Family therapist" who might have prompted the call. Of course, it made me sad that she did not say this before her grandfather died. It would have taken away some the pain he felt from the accusation which, he said made his life a "living hell."

A Grandmother

Parents Against Cruel Therapy
To receive the free monthly newsletter for FMS parents and retractors, anywhere, call 217-359-6667 or email d9it@aol.com
David Hunter -

Did you move?
Do you have a new area code?
Please inform the
FMSF Business Office

Web Sites of Interest

<http://www.tmdArchives.org>

The Memory Debate Archives

www.francefms.com

French language website

www.StopBadTherapy.com

Contains phone numbers of professional regulatory boards in all 50 states

www.IllinoisFMS.org

Illinois-Wisconsin FMS Society

www.Itech.net/OHIOarmhp

Ohio Group

www.afma.asn.au

Australian False Memory Association.

www.bfms.org.uk

British False Memory Society

www.geocities.com/retractor

This site is run by Laura Pasley (retractor)

www.geocities.com/therapyletters

This site is run by Deb David (retractor)

www.sirs.com/uptonbooks/index.htm

Upton Books

www.angelfire.com/tx/recoveredmemories/

Having trouble locating books about the recovered memory phenomenon?

Recovered Memory Bookstore

religioustolerance.org

Information about Satanic Ritual Abuse

www.geocities.com/newcosanz/

New Zealand FMS Group

www.werkgroepwfh.nl

Netherlands FMS Group

Legal Websites of Interest

- www.findlaw.com
- www.legalengine.com
- www.accused.com

RUTHERFORD VIDEO NOW AVAILABLE FOR HEARING IMPAIRED

Thanks to the efforts of one parent and the donation of services from National Captioning Institute (NCI), this video about problems of regression therapy and family reconciliation as shown by the Rutherford Family is now accessible to people with hearing impairments.

Video cost including S & H is
\$10
Contact FMSF Office

Everyday Irrationality: How Pseudo-scientists, Lunatics, and the Rest of Us Systematically Fail to Think Rationally
Robyn M. Dawes, Westview Press
ISBN 0-8133-6552-x

Correction

In the November/December newsletter there was a "typo" in the address of the website for Elizabeth Loftus.

The correct address is
<http://faculty.washington.edu/loftus>

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

VIDEO AVAILABLE

Child Sex Scandal: Modern Day Witch-Hunts "20th Century with Mike Wallace"

This 45-minute video program that aired on the History Channel uses film clips of past CBS news and documentaries to follow the history of major child abuse charges in the United States. Day Care cases begin with McMartin in 1984 and include those in Jourdan, MN, Kelly Michaels in NJ and the Little Rascals in Edenton, NC. Repressed Memory cases include Eileen Franklin, Roseanne Barr, Marilyn Vandebur, Cardinal Bernadin, Humananski and others. The Wenatchee cases and several cases against clergy are also included. The program includes interviews with Mark Pendergrast, Elizabeth Loftus, E. Sue Blume, Elizabeth Carlson, Roseanne's family and others.

Cost is \$19.95 + \$4.95 (S&H) \$24.90

Call History Channel Home videos 1-888-708-1776

Ask for Child Sex Scandal: Modern day Witch-Hunts?

This video should be especially useful for educational purposes.

NEW BOOK OF LEGAL INTEREST

Cross-Examining Experts in the Behavioral Sciences

Terence Campbell, Ph.D. and Demosthenes Lorandos, Ph.D., J.D.

West Group: Litigation Resources 800-344-5009

This book will be of particular interest to lawyers and families with litigation involving Daubert challenges. Key issues in this book are: Child custody and parental effectiveness; Claimed expertise; DSM-IV and MMPI-2; Relevant research; Roschach and other tests; Treatment plans, and more.

Contents of the book include: Who qualifies as an expert?; Challenging clinical judgment; Challenging claims of professional experience; Challenging diagnostic classification; Psychological testing; Child custody Evaluations and appropriate Standards of Psychological Practice; Sample Motions with Memorandum.

CONTACTS & MEETINGS - UNITED STATES**ALABAMA**

Montgomery
Marge 334-244-7891

ALASKA

Kathleen 907-337-7821

ARIZONA

Phoenix
Pat 480-396-9420

ARKANSAS

Little Rock
Al & Lela 870-363-4368

CALIFORNIA

Sacramento
Joanne & Gerald 916-933-3655
Jocelyn 530-873-0919
San Francisco & North Bay - (bi-MO)
Charles 415-984-6626(am);
415-435-9618(pm)
San Francisco & South Bay
Eric 408-245-4493
East Bay Area
Judy 925-376-8221
Central Coast
Carole 805-967-8058
Palm Desert
Eileen and Jerry 909-659-9636
Central Orange County
Chris & Alan 949-733-2925
Covina Area - 1st Mon. (quarterly)
@7:30pm
Floyd & Libby 626-330-2321
San Diego Area
Dee 760-439-4630

COLORADO

Colorado Springs
Doris 719-488-9738

CONNECTICUT

S. New England -
Earl 203-329-8365 or
Paul 203-458-9173

FLORIDA

Dade/Broward
Madeline 954-966-4FMS
Central Florida - Please call for mtg. time
John & Nancy 352-750-5446
Sarasota
Francis & Sally 941-342-8310
Tampa Bay Area
Bob & Janet 727-856-7091

GEORGIA

Atlanta
Waille & Jill 770-971-8917

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)
Eileen 847-985-7693 or
Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental
Health Practices
Pat 219-489-9987

IOWA

Des Moines - 1st 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

MAINE

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 - 1st Mon. (MO)
Bill & Marge 616-383-0382
Greater Detroit Area -
Nancy 248-642-8077
Ann Arbor
Martha 734-439-4055

MINNESOTA

Terry & Collette 507-642-3630
Dan & Joan 651-631-2247

MISSOURI

Kansas City - Meeting as called
Pat 785-738-4840
St. Louis Area - call for meeting time
Karen 314-432-8789
Springfield - 4th Sat. Apr, Jul, Oct
@12:30pm
Tom 417-753-4878
Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW JERSEY

Sally 609-927-5343 (Southern)
Nancy 973-729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (BI-MO) @1 pm
Southwest Room - Presbyterian Hospital
Maggie 505-662-7521(after 6:30pm) or
Sy 505-758-0726

NEW YORK

Manhattan
Michael 212-481-6655
Westchester, Rockland, etc.
Barbara 914-761-3627
Upstate/Albany Area
Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cincinnati
Bob 513-541-0816 or 513-541-5272
Cleveland
Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City
Dee 405-942-0531 or
Tulsa

Jim 918-582-7363

OREGON

Portland area
Kathy 503-557-7118

PENNSYLVANIA

Harrisburg
Paul & Betty 717-691-7660
Pittsburgh
Rick & Renee 412-563-5509
Monroese
John 570-278-2040
Wayne (includes S. NJ)
Jim & Jo 610-783-0396

TENNESSEE

Nashville - 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

VERMONT

Mark 802-872-0847

VIRGINIA

Sue 703-273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or
Susanne & John 608-427-3686

CONTACTS & MEETINGS - INTERNATIONAL**BRITISH COLUMBIA, CANADA**

Vancouver & Mainland
Ruth 604-925-1539
Victoria & Vancouver Island - 3rd Tues.
(MO) @7:30pm
John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA

London - 2nd Sun (bi-MO)
Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubashene

Paula 705-543-0318

QUEBEC, CANADA

St. André Est.
Mavis 450-537-8187

AUSTRALIA

Roger: Phone & Fax 352-897-284

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

NETHERLANDS

Task Force FMS of Werkgroep Fictieve
Herinneringen
Anna 31-20-693-5692

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Molier FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society
Madeline 44-1225 868-682

Deadline for the March/April Newsletter
is February 15. Meeting notices MUST be
in writing, and sent no later than two
months before meeting

Copyright © 2002 by the FMS Foundation

1955 Locust Street
Philadelphia, PA 19103-5766

Email:

Phone 215-940-1040

Fax 215-940-1042

Web www.FMSFonline.org

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

January 1, 2002

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

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

pjf@cis.upenn.edu

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

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

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

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

___ Visa: Card # & exp. date: _____

___ Discover: Card # & exp. date: _____

___ Mastercard: # & exp. date: _____

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

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.



1955 Locust Street
Philadelphia, Pennsylvania 19103-5766

FORWARDING SERVICE REQUESTED.

BE SURE YOU GET FUTURE NEWSLETTERS
If you haven't made your annual contribution to the
fundraising drive, please send your check today.
Thank you.