

FMS Foundation Newsletter

March 15, 1992

Dear Friends,

Your foundation has now been formed and is incorporated under the name *FMS Foundation* (for False Memory Syndrome) in the state of Pennsylvania. The Foundation is designed to be a public foundation created for charitable purposes, gifts to which will be tax deductible. (Qualification with the Internal Revenue Service is required, but we are assured by the Foundation's law firm, Drinker, Biddle and Reath, that that this qualification will come.) A number of us have already contributed significant amounts of money (for these newsletters, the 800 number, legal services) and going forward it will be necessary to rent offices, acquire office equipment, employ staff, pay office expenses, meet further legal fees and defray all those expenses required of a serious operation. Initially we are asking for annual dues of \$100 per family. Please make out your checks to FMS Foundation and send them to 2020 1/2 Addison Street, Philadelphia, PA 19146. Now. In fact, such dues payments will not be sufficient to cover expenses—not to mention the sort of programs described below—and we need additional contributions of significance. Do what you can.

Pamela

HOW THE FOUNDATION CAME INTO BEING

"You can't imagine how many calls I get from people with the same story as yours," the therapist told me on the phone during the summer of 1991. "Well, then, please have them contact me," I replied. And you did. First a call from California, then another from California and then three from New York. What an amazing relief to be able to be able to talk to people who understood! When we made contact with a group of seven families in the Midwest who had already had a meeting, we suspected that we were dealing with a large scale social phenomenon.

800 NUMBER

In early November 1991, the four "East Coast" families met in New York to figure out *how* we could reach other falsely accused families. We decided to start by placing the following notice wherever we could:

Has your grown child falsely accused you as a consequence of repressed "memories?" You are not alone. Please help us document the scope of this problem. Contact: 1-800-568-8882.

We asked Hollida Wakefield and Ralph Underwager at the Institute for Psychological Therapies if they would help us if we paid for the phone and time for a person to answer.

LETTERS

We also decided that we would write, write, write, to newspapers, to magazines, to professionals. We had to find ways to get people to hear our story. Every time we saw an article that presented only one side of the false accusation story, we asked to have the other side told too. We got help. Friends helped. They stood by us and they wrote too. Doctors helped. They sent in proposals to give talks on false-accusations.

One of the people we wrote to was Darrell Sifford, a columnist for the *Philadelphia Inquirer*. We met with Mr. Sifford who seemed to understand immediately what was taking place in the world of therapy. He then wrote a series of articles about falsely accused parents. Those sensitive and well written articles let many of you know about our group. One man in Chicago, for example, saw a reprint of a column in an out-of-town newspaper that someone had left in a gym in Chicago. In this mailing, we enclose the last article that Mr. Sifford wrote about us. Darrell Sifford gave us an eloquent voice.

Darrell Sifford died while on vacation last week. "His articles were like a life preserver to a drowning person," one mother said on the phone. Mr. Sifford was so deeply upset by the nature of the false-allegations against us and by the strange sort of "therapy" that our children were receiving that he intended to write a book about our situation.

We are indebted to Darrell Sifford. He was a good friend. Our honor to him will come through the work of the FMS Foundation.

SURVEY

By December, we realized that we also needed to find ways to provide people with accurate statistics about falsely accused families. A parent provided us with a small grant to begin a survey that could be done without compromising our anonymity. It is not so much that we fear public scorn, because we know we have done nothing wrong, but rather the desire to protect our other children and our own parents that has kept most of us silent. We need to collect accurate information in a systematic and confidential way that can be used by lawyers and mental health professionals and people who begin to study this phenomenon. To date, approximately 100 families have responded to the survey which we are now starting to analyze. We haven't completed enough yet to say more than that we are an extremely diverse group in terms of religious preference, that the oldest person to have a revelation of memories was a 54 year old woman and that the effects of the accusations are felt by many more people than the accused. We are getting many requests from many areas about the survey. I am most often asked about the therapists, "Are they quacks?" By and large it does not seem so.

THE FOUNDATION IS BORN

Each of you has brought something special to our group. We are indebted to you all for making contact and for helping to reach out to other families. It is our numbers that will let the world know how widespread this nonsense has become. This nonsense has devastated us: lawsuits, deaths, divorces, broken families, heartbreak. With the survey we'll soon have numbers to document the devastation.

We are especially indebted to the members of one family because of their generous gift of the organizational talent and financial resources that have enabled us to create FMS Foundation. With the Foundation, we should become an effective presence in what Sifford called the BIG BANG of therapy in the 1990's.

FOUNDATION ACTIVITIES UNDERWAY

We expect that foundation dues will cover expenses for:

- Toll free number
- Newsletter to families and supporters
- Survey of families

Some of the activities to start with the founding of the foundation as our resources permit:

- Press releases with accurate information on topics such as child abuse statistics and memory.
- Resource center for legal cases involving repressed memories. Because so many cases are settled out of court, they do not make it into the legal database. A parent has already pledged a sum to initiate this work which we will complete by summer.
- Study of beliefs of mental health professionals.
- Other things that you tell us need to be done to help you.

AZ (2)	CA (16)	CO (4)	DE (1)
FL (7)	GA (4)	IA (1)	IL (7)
IN (5)	MA (2)	MD (2)	MI (12)
MN (3)	MS (1)	MT (1)	NC (3)
NJ (16)	NY (14)	OH (18)	PA (93)
SC (1)	TX (4)	UT (5)	VA (2)
WI (16)	ON (Canada) (2)	ABROAD (1)	

REQUEST FROM A FAMILY

Are you or have you been involved in a lawsuit brought on the basis of recovery of repressed "memories?" We are being sued by our daughter, and we would like to network with others in the same or similar situations.

Because FMS will not release names or material of members, you must tell us in writing under what circumstances you wish to have your phone number shared. If you wish to reply to this family, please write to FMS:

"You may send my name to the family wishing to make contact with other families involved in lawsuits brought because of recovery of repressed memories."

Name:

Phone Number:

A Visit to the State Attorney General

One of our Texas members asked us to share her experiences of going to the State Attorney General's office to gather information about licensed therapists. This is the office that can inform you of the appropriate regulatory body (if there is one) for any classification of mental health professional.

She asked me particularly to tell you that the staff was most courteous after she and her husband told them about the false accusations of incest. Several times in our phone conversation our parent-turned-investigator said, "They were so nice to us. They were so helpful once we started talking to them. They said to us, 'You're not hippies!'" She said, "It's important that we get out and let these people meet us."

In Texas, she reported, the State Attorney General is trying to get Licensed Professional Counselors to stop using "projective techniques." She found that therapists are supposed to have special training to use projective techniques such as hypnosis. She discovered that some therapists are calling themselves doctor when they do not legitimately have the title.

Our parent-investigator said that if you have any questions about the qualifications of your child's therapist, you can go first to the State Attorney General's Office to learn which regulatory board is responsible. Once you have that information, you can find out the therapist's qualifications.

FBI ASKS US TO STOP

Kenneth Lanning, the author of the excellent FBI publication, *Investigator's Guide to Allegations of "Ritual" Child Abuse*, January 1992, has asked if we would please stop calling the FBI for this booklet. Not only have they run out of copies, we are clogging the phone line. Since we are allowed to reproduce this book, we are checking into the cost. We will let you know how to purchase it in the next newsletter.

READINGS YOU RECOMMEND

Codependency Conspiracy by Dr. Stan Katz and Amiee Liu, New York: Time Warner, 1991.

What to Do when Psychotherapy Goes Wrong by Shirley Siegel, Seattle, WA: Stop Abuse By Counselors Publishing, 1991. (Stop ABC, 5651 S 144 th Street, Seattle, WA 98168)

One Family's Story: Where is Our Daughter?

In January 1990, we contacted our local mental health facility to seek help for our 18 year old daughter who had come home from college claiming that she was having nightmares of being sexually abuse at the age of 5. After one month of both individual and family counseling, the counselor determined that our daughter, and also our 15 year old son, were victims of satanic cult abuse.

At first, we, accepted the diagnosis because the counselor stated that she had outside satanic cult experts to confirm the diagnosis. Who were we to argue with professionals? As time went on, however, our daughter's condition deteriorated. In June, after our son refused to meet with the counselor on an individual basis any longer, she accused my wife of being a willing active participant in the satanic cult abuse. Our son was accused of being an anti-christ.

In early September of 1990, we decided to seek a second professional opinion regarding our daughter's diagnosis and current mental health. Shortly after that, our daughter disappeared and was last seen having lunch with her mental health counselor and three law enforcement officers from another state. When questioned by the authorities, all four professionals admit to having lunch with our daughter... but strongly deny any knowledge of where she is.

We have not heard from our daughter since.

We realize that due to our daughter's age, no one can be of any help in locating her... if she chooses not to be found. We do feel that we have an obligation to make every effort possible in stopping this kind of situation occurring to another unsuspecting family.

We believe that federal funds that were solicited by the local mental health center were fraudulently used. The mental health center today continues to promote the idea that satanic cults are running rampant throughout the mid-west.

We have been frantically searching for our daughter for over 18 months.

Where is our daughter?

Texas Area

March 20 & 21, 1992

**Workshops in Memory
with**

Hollida Wakefield

Dr. Ralph Underwager

Institute for Psychological Therapies

EXPLORING TRAUMATIC MEMORIES

Friday March 20, 1992

7:00 - 9:00 P.M. (free)

MAGIC, MISCHIEF AND MEMORIES:

REMEMBERING REPRESSED ABUSE

Saturday March 21, 1992

9:00 A.M. - 4:00 P.M. \$10.00

Continuing Education Credit Available \$40.00

Sponsored by

Coalition on Emotional Freedom

13410 Preston Road, Suite 1

Box 129

Dallas, Texas 75240

Philadelphia Area

Next meeting

Saturday, April 11, 1992

1:00 P.M.

Map enclosed for Philadelphia area

Agenda:

Forming working committees

Midwest Area

Saturday, April 25, 1992

1:00 P.M.

Benton Harbor Michigan

Holiday Inn - Holidome

1-800-HOLIDAY

2860 M 139 South (49022)

I-94 exit 28

Ask for room in Holidome Area

Participants should make own reservations.

AARP prices.

Please send suggestions for agenda.

Contact Liz 708-827-1056

New York Area

Report of Meeting Sunday March 8, 1992

Our meeting, though comparatively small, was certainly informative. We were 14 including Michael Flomenhaft and Galen Kelly.

Michael, an attorney, has apparently worked on cases with Richard Ofshe and is working on some sort of a cult project at this time. He feels he is very experienced in cases of mind control and our problems, of course, fall into this category. Essentially he spoke of several possible options that we might consider after more research into this complicated problem. This would, of course, vary from state to state.

Galen spoke about our problems and how it related to cults. He sees this phenomenon as a well networked sub culture. He, too, will be doing more investigating.

Important Notice

One of our parents is a publisher who has the talent and the ability to write and publish a book of our stories. This is a vitally important project. We must have our stories told. A visit to your local bookstore "recovery" section will attest to the many books available to help "adult survivors of sexual abuse." We do not want to minimize the horror of real sexual abuse. We are concerned, however, that over zealous and unfounded accusations will ultimately undo the important progress that has been made in this area.

We need your stories for this book as quickly as possible. We want to have the book completed by June to use for media purposes.

Do not worry if your story is not polished. Professional writers will help with this project. All names and identifying references will be removed.

Send your story to:

FMS Foundation

2020 1/2 Addison Street

Philadelphia, PA 19146

Please label it as a story to be published.

FMS Foundation Newsletter

April 1, 1992

Dear Friends,

Thank you all for the tremendous outpouring of support that has come with your dues and donations. The very generous gifts of money that some of you have been able to give along with pledges of future funding mean that we can proceed to set up a serious organization devoted to accomplishing the goals set out in our mission statement. What we can accomplish will depend both on our individual efforts and on our collective resources. Do what you can. What can be more important than helping our children come back and working to see that others do not have to experience what we and our children have experienced?

Help comes from you in so many ways: the graphic designer who took charge of our logo; the person who is helping us write grants and is taking us to funding agencies; the person who is reproducing the FBI report; the person who is coming to stay for two days to see that our bookkeeping is of the highest standard; the person who is helping prepare press releases; all the people who are writing letters, contacting reporters and sharing stories; all of you who write with encouragement. Thank you all.

In just a few months most of us have moved from a situation in which we were enduring heart-breaking pain in isolation to being part of a group of more than 260 families who recognize that what we are experiencing is a phenomenon of our times. It still hurts, but it helps explain a little what is happening.

As you will see from some preliminary survey data that we share with you, as a group we are generally well-educated, above average economically, and over 50 years old. We span, however, the religious, political, professional and regional diversity of our country. Groups such as ours have a tendency to fractionalize: we are highly stressed, we get hurt feelings, we get frustrated because results are not fast, we have different opinions about how to do things. To accomplish what we need to do, we must focus on our common goal to help our children.

Pamela

ORGANIZATION

We are currently writing by-laws for all the functions that must be carried out by an organization such as ours. That is being done in conjunction with our legal support. It will be done well. We need to find office space, purchase a FAX machine and organize files. This will get done. We are setting up scrupulous bookkeeping methods and putting in motion systems for handling increasing amounts of mail. We are organizing

volunteers. We are exploring funding agencies. We expect to announce the first FMS Fellows soon. The basic issues of forming an organization are moving along.

Of great concern to many of us, however, is structuring the connections between the diverse groups that are forming so that our efforts are well organized yet creative, solid in communication yet open for fast growth. To work quickly, we need to avoid unnecessary duplication and we need to benefit from each person's and each group's experiences. The newsletter can help as a filter and conduit of information.

In addition, we will take the advice that many of you have given and appoint regional liaisons. That should be done within the next few weeks along with some guidelines that groups can discuss.

READINGS YOU RECOMMEND

"Salem's dark hour: Did the Devil make them do it?" by Bruce Watson *Smithsonian Magazine*, April 1992

NATIONAL INSTITUTES OF HEALTH ASKS FOR YOUR HELP

Frank Putnam, a Senior Investigator at the National Institutes of Health is doing a study tracking pernicious rumors as they sweep across the country on the child-abuse circuit. He hopes to undermine the process by producing clear evidence of the role of rumor in the creation and transmission of false information and allegations. If you hear or read the following statement would you let him or us know:

"Dr. Putnam of the NIMH has found that 20% to 50% of multiple personality disorder patients have histories of satanic ritual abuse."

Please record:

- 1) When you read or heard it (Date),
- 2) Where (geographic location),
- 3) Source (e.g. newspaper article, workshop, handout),
- 4) Approximate number of people involved (e.g. workshop attended by 100 therapists).

Frank W. Putnam, M.D.
Bldg 15, NIMH, Bethesda, MD 20892
301-496-4406

SOME PRELIMINARY SURVEY RESULTS

Holly Wakefield and Pam are working together on the survey. Holly is looking at the psychological instruments that are included and the office has arranged for the data to be entered into a database. We will analyze the data first to meet the needs and interests of those who will be making presentations. Dr. Harold Lief, for example, will be making a presentation on false memories in June at a conference for family therapists. Holly Wakefield and Ralph Underwager have organized a symposium on false memories for a psychological conference this summer.

We expect that people will soon tell us that we must have a control population in order to make the most sense out of our data. But how could we do that before we have found out who we are? This is a very important survey.

The following information is based on the first 73 returned questionnaires. (6 others returned incomplete: 2 were not appropriate cases, 2 elected not to do the questionnaire, 2 unknown.)

Socioeconomic status when accusing child was growing up.

Upper class	1
Upper middle	23
Middle	40
Lower middle	6
Lower	0
No response	3

Current family income

Under \$15,000	1
\$15-19	0
\$20-29	3
\$30-39	6
\$40-49	5
\$50-59	5
\$60-69	8
\$70-79	3
\$80-89	7
\$90-99	2
\$100-149	6
\$150-199	2
over \$200	2
Did not answer	23

Marital Status of parents

Married	58
Divorced or Separated	12
Widowed	3

Satisfaction with marriage in the 58 married parents

At least one partner judges marriage to be fairly unhappy or a little unhappy 9(16%)

Both judge marriage to be happy to extremely happy 48 (84%)

Education of Accused Parents

	Father	Mother
Less than H.S.	5(7%)	2(3%)
H.S.	9(13%)	24(35%)
Some college	8(12%)	10(15%)
BA, BS, RN	23(34%)	23(34%)
Grad degree	23(34%)	9(13%)

Accusing Child

Male	7(10%)
Female	66(90%)

Accusing Child Education

H.S.	16(22%)
Some college or still in school	14(19%)
BA, BS	23(32%)
Grad degree (MA, MS, MBA, MD, Ph.D., JD)	20(27%)

Have you returned your questionnaire?

If not, please hurry up and do so. We must soon mark a cut-off time for the first serious analysis, but we want to include as many of you as possible. We want to provide the most accurate information about our children, us and our situation that we can. If you called the 800 number after 3/1/92, you may not have received your survey yet. You will. If you called the 800 number before 3/1/92 and have still not received a survey, please let us know and we'll find out what happened.

We will continue to presents results of the survey in each newsletter

The following information comes from telephone interviews:

WHERE DO 264 FAMILIES LIVE?

AZ (2)	CA (16)	CO (5)	DE (1)	FL (7)
GA (4)	IA (1)	IL (8)	IN (6)	LA (1)
MA (2)	MD (2)	MI (14)	MN (3)	MS (1)
MT (1)	NC (3)	NJ (17)	NY (14)	OH (24)
OR (3)	PA (95)	SC (1)	TX (4)	UT (5)
VA (2)	WA (2)	WI (16)		
DC (1)	ON (Canada) (2)	ABROAD (1)		

Texas Area**MEETINGS**Philadelphia Area

Saturday, April 11, 1992

1:00 P.M.

You should already have a map to meeting.

Agenda

To form working committees for:
 Programs for Meetings, Office Support,
 Outreach to Professional Community,
 Research for Fact Sheets, Publicity,
 Newsletter, Fundraising.

Midwest Area

Saturday, April 25, 1992

1:00 P.M.

Benton harbor Michigan
 Holiday Inn - Holidome
 1-800-HOLIDAY
 2860 M 139 South (49022)
 I-94 exit 28

Ask for room in Holidome Area
 Participants should make own reservations.
 AARP prices.

R.S.V.P. Liz 708-827-1056 so that we can reserve a meeting room that is big enough. A collection will be taken to help offset some of the meeting expenses (\$50.). Lynn, one of the young women from Dallas who has recognized that memories of abuse may be false, will be present. She will tell about her experience and answer questions. Holly and Pam will have new information from the survey to present. Don't miss this meeting if you are in the Midwest neighborhood.

Southern California

Thursday May 7, 1992

7:00 P.M.

Contact Doug Wilson 619-943-75-72
 Details to follow.

Florida

Saturday May 16, 1992

1:00 P.M.

Contact 800-374-7477

The Dallas workshop on March 20 and 21 was attended by mental health professionals, warm and well-organized parents, and caring young women who have abandoned their false memories of abuse. The workshop, for which continuing education credit was available, serves as a model for an outreach effort to the professional community. Holly Wakefield and Ralph Underwager prepared a interesting and well-documented program outline of the memory research. It was a very informative meeting.

Many people are asking about Dallas, "Who are the people? What's happening?" There are eight families who have come together after they learned about each other from an article about Gloria Grady by Glenna Whitley that appeared in D Magazine. All the families are involved with the same clinic. It is a very interesting situation and everyone is curious about what will happen.

We are examining the surveys carefully to see if any similar situations exist.

Notices

☞ Thanks to everyone who has sent us material that may be used for publication. Our stories will be told.

☞ Perhaps some siblings could write about what it is like to be the brother or sister of someone with false memories. We remember one young person commenting, "Who will ever want to date me or marry me if they learn about the mess that is in our family?" Another spoke of her heartbreak because her sister will not even come to her wedding. Several have spoken of the pain they are in to see their parents so grieved.

Don't worry if your story is not polished. Professional writers will help. All names and identifying references will be removed.

Label your story and send it to:

FMS Foundation
 2020 1/2 Addison Street
 Philadelphia, PA 19146

☞ Has your experience with false memories included being sued? Will you share what you have learned with others? Other families desperately need to talk to you. Please let us know if they may contact you.

☞ To order *Investigator's Guide to Allegations of "Ritual" Child Abuse*, January, 1992, by Kenneth Lanning, National Center for the Analysis of Violent Crime, FBI, send us \$5.00. The FBI has run out of copies and funds to re-print, but we have permission to make copies.

"I want to help. What can I do?"

Here are some specific things that need to get done. Please help.

1.-We need to get ready to send out press releases about our national organization. You can help us do this by sending us the names and full addresses of your local newspapers, radio talk shows, and appropriate local television shows.

2.-We need to reach into the professional communities. We can start by putting caring doctors, psychologists, social workers, lawyers and writers on our mailing list. Then we can ask them to help us reach others. Please continue to send us names and addresses of interested people who should know about us.

3.-We need to continue to try to think of dignified ways to reach other families caught in the false memory web. If you put out flyers, be sure to get permission and place them in approved locations. Do you belong to a church or an organization that would let you put a notice in its newsletter?

HAVE YOU BEEN FALSELY ACCUSED ON THE BASIS OF RECOVERED "MEMORIES?" YOU ARE NOT ALONE. HELP US DOCUMENT THE EXTENT OF THIS PROBLEM. CONTACT: FALSE MEMORY SYNDROME FOUNDATION THROUGH THE INSTITUTE FOR PSYCHOLOGICAL THERAPIES, 1-800-568-8882.

4.-We need to continue to monitor the media and respond whenever we see that only one side of the story is being told. You can respond individually, but if you send us the article or information, we can also respond as an organization.

One of the things that we can look for and insist that the media do is report accurate information. The rumors and misinformation surrounding the false accusations based on recovery of repressed memories are shocking. In future letters, we will deal with some of these issues such as "body memories" that you have been asking about.

One piece of information that appears again and again but for which there is actually a lack of accurate data is the number of people who have been sexually abused. A figure often quoted is 1 out of 4 females, but we have recently seen 1 out of 3 and even 1 out of 2. A source frequently quoted is

National Committee for Prevention
of Child Abuse (phone 312-663-3520)
332 S. Michigan Ave.
Suite 1600
Chicago, Illinois 60604

Please write or phone to this committee and receive your own information. We have received the following information from them.

"The estimate that one in four girls and one in ten boys are abused prior to age 18 became widely known simply from being repeated. Retrospective surveys reveal great variation with 6% to 62% of females and 3% to 31% of males reporting to have experienced some form of sexual abuse."

We know and deplore the fact that sexual abuse and incest are terrible problems that have been hidden and under-reported. We are deeply concerned, however, about the fact that 65% of accusations of abuse are now unsubstantiated, a whopping jump from 35% in 1976 (*Woman's Day* 4/1/92, p 44). The danger in this is that genuine cases will be missed. The danger is that families are being destroyed unnecessarily. The danger is that our children may have to live for the rest of their lives thinking that they were victims of sexual abuse and incest when, in fact, it did not ever happen.

Issues that we should expect the media to report when giving statistics on the frequency of sexual abuse are:

- 1) limitations of retrospective data
- 2) confusion over the definition of sexual abuse
- 3) the question of reliability of any figures that come from data with variation of 6% to 62%.

QUESTIONS YOU HAVE ASKED

What is a pedophile? Pedophile is not in most dictionaries. It is a diagnostic term and is another way of saying 'child-molester.' The *DSM-III* notes under *pedophilia* (p 271, 1980) that "Heterosexually oriented males tend to prefer eight-to-ten year-old girls, the desired sexual activity usually being limited to looking or touching."

What is the *DSM-III*? The *Diagnostic and Statistical Manual of Mental Disorders* (Third Edition) is published by the American Psychiatric Association. The book standardizes the diagnoses of mental disorders by specifying the number of and types of symptoms. With each edition, changes are made, some mental disorders are dropped and new ones added. Insurance companies generally only cover diagnoses listed in *DSM-III*.

FMS Foundation Newsletter

April 18, 1992

Dear Friends,

The Foundation has signed a six-month lease for an office. We expect to move in on May 1.

Suite 128
3508 Market Street
Philadelphia, PA 19104

The space is located in the University City Science Center, a non-profit organization funded by 28 educational institutions to support research organizations and companies that are developing technologies. The space is modest but secure and in a location convenient to Amtrak and buses. Telephones have been requested, and we were told that we can expect to be given the following numbers on May 1:

Phone: 215-387-1865
Fax: 215-387-1917
For help: 1-800-568-8882 (just as before)

The space is needed. It will make it possible for the many people in Pennsylvania, New Jersey, New York and Maryland who have volunteered to help answer phones and prepare packets of information to do those things efficiently. It will also give us the space to create a library of articles, video tapes and legal material that may be helpful to you.

Your help is needed

Collecting a body of material to help document the extent of the phenomenon is extremely important, and it requires the help of all of you. The papers and articles you have already sent have been invaluable to us in preparing material to send to the press. The legal papers are treasures for us all. If we are to provide information, we must have at our fingertips all relevant information. Could you please continue to send:

- Video clips of shows relating to our subject that show all sides to the story.
- Local news stories and magazine articles. Please be sure to include the date and the source.
- Flyers and brochures advertising "incest survivor" meetings, workshops and retreats.
- Ads, either paid or classified, in local newspapers. Please note the date and location where the material is found.
- Scholarly articles that you may have come across that you think are important.
- Brochures and material designed for the therapists who are specialists in "incest survivor" techniques. We are looking especially for those that are university sponsored.

Pamela

FMS Foundation Scientific and Professional Advisors

We are honored that the following distinguished scholars have indicated their willingness to serve as Scientific and Professional Advisors to FMS Foundation. These advisors can speak with authority on many of the issues of memory, repression and hypnosis that pertain to False Memory Syndrome. Please note that this is not an official listing. We are in the process of asking Advisors how they would like to have their names appear and have not yet heard from everyone. We will continue to enlist the support of Scientific and Professional Advisors and will report additional Advisors in future newsletters.

Robyn M. Dawes, Ph.D., George F. Ganaway, M.D., Rochel Gelman, Ph.D., Henry Gleitman, Ph.D., Lila Gleitman, Ph.D., Ernest Hilgard, Ph.D., Philip Holzman, Ph.D., Ray Hyman, Ph.D., John Kihlstrom, Ph.D., Harold Lief, M.D., Elizabeth Loftus, Ph.D., Paul McHugh, M.D., Ulric Neisser, Ph.D., John Nemiah, M.D., Martin Orme, M.D., Ph.D., Margaret Singer, Ph.D., Alayne Yates, M.D.

Media

Several sympathetic producers of outstanding television programs have contacted the Foundation in the last week. Although it is our intention to send out press releases about the formation of the FMS Foundation as soon as we are sufficiently organized to handle the many potential phone calls that such an announcement may bring, news of our existence seems to be spreading like a grass fire.

Television news and talk shows, however, want families to appear in person. They are convinced that is the best way to express the emotional impact of the phenomenon. Please contact us if you would be willing to appear:

- a) with face and voice disguised
- b) with no name or indication of city
- c) identified with your story

This is truly a difficult decision. No families are interested in a public fight with their children. Many have told me that they would be pleased to come forward when their children can stand beside them. The wish is to restore loving family relationships, to end the phenomenon as quickly as possible and to do so in a manner as dignified as possible.

On the one hand, this is a very personal situation that families do not wish to expose, but on the other hand, it is also a growing

Meetings Scheduled

Midwest Area
Saturday, April 25, 1992
1:00 P.M.
Benton harbor Michigan
Holiday Inn - Holidayome

If you go: R.S.V.P. Liz at 708-827-1056 so that we can reserve a meeting room that is big enough. A collection will be taken to help offset some of the meeting expenses (\$50). 2860 M 139 South (49022) I-94 exit 28 (Participants should make own reservations. 1-800-HOLIDAY. Ask for room in Holidayome Area. AARP prices.)

Don't miss this meeting if you are in the Midwest.

Southern California
Thursday, May 7, 1992
7:00 P.M.
Contact Doug Wilson 619-943-7572
Details to follow.

Philadelphia
Saturday, May 9, 1992
1:00 P.M.
Committee Updates
Guest Speaker

Florida
Saturday, May 16, 1992
1:00 P.M.
Contact 800-374-7477
Philadelphia
Saturday, June 13, 1992
1:00 P.M.

For help call
1-800-568-8882

phenomenon that families want to have exposed. It is quite remarkable and very sad that so many ordinary families have been put in this position. Is it realistic or even possible to expose the problem and not the individuals who have been so devastated by it?

WHERE DO 280 FAMILIES LIVE?

- AK(1) AR(1) AZ(2) CA(16) CO(5)
- DE(1) FL(7) GA(4) IA(1) IL(9)
- IN(6) LA(1) MA(2) MD(2) MI(15)
- MN(3) MS(1) MT(1) NC(3) NJ(18)
- NY(15) OH(25) OR(3) PA(96) SC(2)
- TX(8) UT(5) VA(2) WA(4) WI(17)
- DC(1) ON(Canada)(2) ABROAD(1)

Body Memories

Several of you have asked about "body memories" because your children told you that these memories were part of the evidence of their abuse. A person who has attended many "incest survivor" meetings has informed me that in the sessions she attended two different types of events were referred to as "body memories." In the first case, a certain physical experience (e.g., being touched in a certain way or in a certain place) may trigger a flashback or memory. This is much like Proust's experience with the taste of the petite madeleine bringing back a flood of memories from his childhood. Apparently the memories so evoked are often vivid or the physical sensation is an especially good or unique access cue. In the case of "recovery" memories, the reports are that when people are "in flashback" they may develop peculiar physical symptoms that are again interpreted as "body memories." For example, a part of their body may hurt or even show a mark not ordinarily present in a place where they remember being abused. In extreme cases with multiple personalities, these physical characteristics are said to come and go with different personalities. Body memories of this latter sort seem to be taken by the people who experience them and by "recovery" therapists to be inarguable proof of the accuracy of the associated memories. We are searching for credible sources that discuss "body memories."

When Can Memories Be Trusted?

The remembrance of things past can be a mysterious process, with realities and myths blending into a vivid picture

By ANASTASIA TOUFEXIS

Less than two weeks ago, Americans were spellbound before their television sets, watching Anita Hill and Clarence Thomas clash over their recollections of events a decade past. The Senate Judiciary Committee hearings are still fresh in our minds, but how many of us remember exactly what the two adversaries said, what they wore, the expressions on their faces and the tone of their voices? And 10 years from now, when we think back, how faithful will our memories be? Will we remember Hill's tears at one particularly painful disclosure of sexual harassment, and Thomas thumping the table as he decried the hearing as a high-tech lynching of an uppity black?

Those with sharp memories will have noticed two errors in the preceding para-

graph: Hill's voice may have sometimes wavered, but she never cried, and Thomas may have thundered with his voice but never with his fist. Even if memory fails to retain these details, how many Americans will accurately retain the essence of the events? Will our memories reflect the truth?

Psychologists and lawyers are finding that more and more cases turn on the question of how reliable memory is. Last November in Redwood City, Calif., George Franklin was convicted of killing an eight-year-old girl in 1969; the case was based largely on the testimony of his daughter Eileen Franklin-Lipsker, who had repressed the memory of her playmate's murder for 20 years. This month in Pittsburgh, Steven Slutzker is scheduled to go on trial for the 1975 fatal shooting of John Mudd Sr.

Slutzker was charged after the victim's son, who was 5 when his father died, claimed he had a flashback memory of the murder.

Fueling the debate over the certainty of memory has been the parade of men and women—among them Roseanne Arnold and former Miss America Marilyn Van Derbur—with newly surfaced recollections of being sexually abused as children. Many of the victims are suing their alleged molesters, including parents, relatives and therapists. Paula Pfiel of Monroe, Wash., this spring received \$1.4 million from her church-run school in settlement of her claim that a teacher repeatedly raped and sodomized her two decades ago. As is often the case with repressed memories, the events came flooding back during an emotional, evocative moment. For Pfiel, it was while making love to her husband on their wedding night five years ago.

The validity of such memories has divided psychological and legal circles. "By and large, long-term memory is extremely credible," maintains Jill Otey, a Portland, Ore., attorney whose office receives five calls a week from women saying they have suddenly remembered childhood abuse. "I find it highly unlikely that someone who can remember what pattern was on the wallpaper and that a duck was quacking outside the bedroom window where she was molested by her father when she was four years old is making it up. Why in the hell would your mind do this?" Reflecting that faith, at least a dozen states since 1988 have amended their statute of limitations for bringing charges to allow for delayed discovery of childhood sexual abuse.

People—not to mention juries—place unwavering trust in the human ability to recall events, especially those that have had a strong emotional impact. But such confidence is often misplaced. "Our memory is not like a camera in which we get an accurate photograph," says psy-

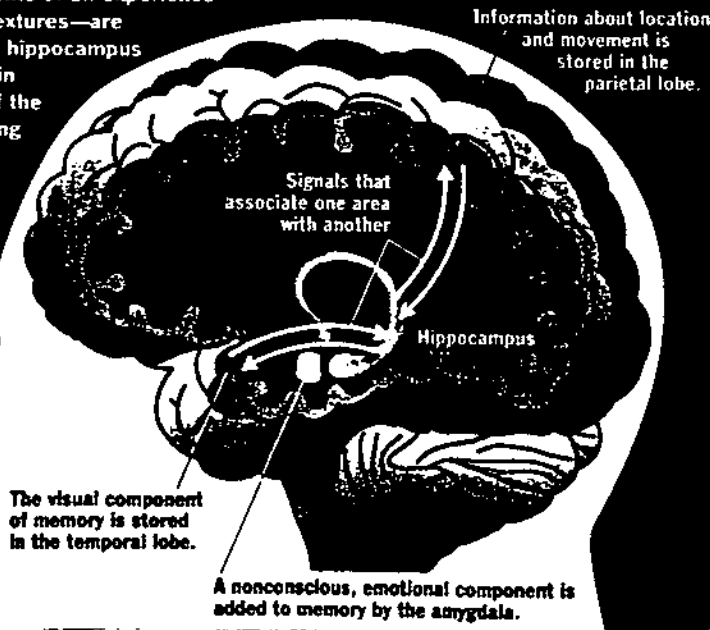


ANITA HILL said she could "vividly recall" specific instances in which she was sexually harassed by Clarence Thomas when she worked for him 10 years ago, even citing phrases he allegedly used at the time.

REPUBLICAN SENATORS attacked Hill's credibility, in part because her story expanded and grew more detailed with each telling. But experts recognize that recollections frequently develop in this way, as one memory elicits another.

HOW LONG-TERM MEMORIES ARE FORMED

Various components of an experience—sights, smells, textures—are processed in the hippocampus and then stored in different parts of the brain. For a lasting memory to be formed, the information must converge on the hippocampus, where the elements of memory are joined.



TWENTY YEARS after the fact, Eileen Franklin-Lipsker suddenly remembered how her father murdered her eight-year-old childhood playmate. Her testimony led to his conviction last November.

A GLANCE FROM her own six-year-old daughter, who bears a striking resemblance to the murdered child, brought back scenes of the chilling event. Experts say emotional, evocative moments can often exhume long-buried memories.



chologist Henry Ellis of the University of New Mexico.

Consider the *Challenger* explosion. As with the assassination of John F. Kennedy, most people claim to remember where they were when they heard the news of the shuttle disaster. Ulric Neisser, a psychologist at Emory University, tested that assumption. The day after the 1986 accident he asked 106 students to write down how, when and where they learned the news. Three years later, he tracked down nearly half the group and asked them to describe their memories of the explosion. Though many claimed to recall it clearly, "often the memories were completely wrong," says Neisser. Many students said they had received the news from television, though they had actually heard it elsewhere.

Memory is a complicated physiological phenomenon that is only slowly being deciphered. "Everything we are is based on what we are taught, experience and remember," says neurosurgeon Howard Eisenberg of the University of Texas Medical Branch in Galveston. "Yet there's no universally accepted theory of how memory works." Some activities, like remembering a number looked up in the telephone directory, are retained for only a brief time. Soon after you dial the number, the brain discards this "working memory."

But other, more momentous events make a biochemical impression in the brain, specifically in a middle portion known as the hippocampus. To file them away permanently, the hippocampus shunts the elements of the experience—the sounds, smells and sights—through a network of nerve cells to different areas of the brain. "It's a whole cascade of processes, physiological and chemical, that sensitizes the neurons to transmit messages," notes Mortimer Mishkin, chief of the neuropsychology laboratory of the National Institutes of Health. The proper stimulus, say,

a whiff of a perfume or a glimpse of a familiar place, trips the relay, firing the neurons and bringing a past event to consciousness.

Disease, alcoholism or an injury to the brain can prevent an experience from being imprinted into the neural network. The Central Park jogger has no memory of being attacked, say neurologists, not because she repressed the event but because her injured brain never had a chance to physically create the memory.

One of the many controversies concerning memory is how far back people can remember. TV star Roseanne Arnold, for example, claims that she has a vivid memory of being sexually abused as an infant by her mother. This summer Tina Ullrich, 36, a Chicago design-firm executive, abruptly recalled images from her infancy of her grandfather sexually molesting her while he changed her diapers.



"I didn't have any words to describe the experience, so I began drawing my feelings," says Ullrich, who has created 35 surreal pictures. But many researchers are skeptical of such early recall. Most people's earliest clear recollections date back to around age 4 or 5. Before that, they believe, the mind holds at best primitive pictures but no coherent memory. "Under a year, a child doesn't have the mental structure to understand how events hang together," says Neisser. "I wouldn't give you a nickel for memory in the first year of life."

Memory's workings are equally complex on the psychological level. "We see things in a context. We select what we observe, and then we may distort that for a purpose," says neuropsychiatrist David Spiegel of Stanford University. Events can be altered, even as they occur, simply through lack of attention. What is not seen, heard or smelled will not register in the brain. For example, a man might remember being introduced to a woman he finds attractive, but she might not have any memory of him if she did not consider him appealing.

Experiences can be altered as they are hauled out of memory. Remembering is an act of reconstruction, not reproduction. During the process, normal gaps and missing details often get filled in. When Senators asked law professor Joel Paul to describe how Hill sounded years ago when she first told him about being sexually harassed by Thomas, Paul hesitated and then said Hill had sounded embarrassed. "He could have been falling back on a scripted memory of how he would expect someone to act in that circumstance," explains psychologist Douglas Peters of the University of North Dakota. On the other hand, experts are not the least bit disturbed because Hill's story grew and became more detailed as the hearings proceeded. Remembering incidents is an accretion process, psychologists say, and one image evokes another.

PARTICIPATING IN a workshop involving self-hypnosis, Tina Ullrich, a design executive and artist, had a flashback of images from her own infancy in which she was sexually molested by her grandfather.

WHILE OTHERS, including actress Roseanne Arnold, have claimed to have similar recollections from the first year of life, experts say youngsters under age 1 lack the mental structure to form a coherent memory.

Memory integrates the past with the present: desires, fantasies, fears, even mood can shade the recollection. People have a tendency to suppress unpleasant experiences and embellish events to make themselves feel more important or attractive. "Some of us like to see ourselves in a rosier light," observes psychologist Elizabeth Loftus of the University of Washington. "that we gave more to charity than we really did, that we voted in the last election when we really didn't, that we were nicer to our kids than we really were."

Loftus, co-author of *Witness for the Defense* (St. Martin's Press; \$19.95) and an expert witness on memory in the cases involving the McMartin Preschool, Oliver North and the Hillside Strangler, speculates that such prestige-enhancing revisionism by Thomas could be one explanation for why his memory differs so radically from Hill's. Thomas is a "rigid person who insisted on the prerogatives of his position," observes Emory's Neisser; such people can be "good repressors" of unpleasant memories. As for Hill, Loftus suggests that it is possible she unconsciously confused some past experiences. "Could she have gotten the information elsewhere and created this story?" asks Loftus.

Suggestion is a potent disrupter of truth, as Jean Piaget once noted. The renowned child psychologist wrote that for years he recounted the memory of how his nurse foiled an attempt to kidnap him from his carriage when he was two years old. But years later, the retired nurse sent his parents a letter saying she had made up the incident to impress her employers. The young Piaget had heard the story so often that he had created his own memory of the event.

In the same vein, witnesses can be led astray—intentionally or inadvertently—by the questions posed by police or lawyers. "If you ask a person who has just witnessed an accident how fast the green car was going when it slammed into the parked UPS truck, you have said it was a green car," notes Peters. Chances are the witness will declare that the car was green even if it was blue. Critics charge that misleading questions as well as the publicity given childhood sexual abuse frequently plant the idea of molestation in the minds of susceptible children and adults, though no abuse has taken place.

Alas, there is no easy way to distinguish fact and fiction in many memories. The best method is to find corroborating evidence, from witnesses or written records say, diaries or hospital charts, that can document the event. Years from now, videotapes of the Hill-Thomas hearings may verify the sights and sounds of their testimony, but the heart of their dispute is likely to remain unresolved. Whose memory told the truth?

—Reported by Ann Blackman Washington, Barbara Dolan/Chicago and D. Blake Holleran/San Francisco

Biases of Retrospection¹

Robyn M. Dawes

Memory belongs to the imagination. Human memory is not like a computer which records things; it is part of the imaginative process, on the same terms as invention (Alain Robbe-Grillet, 1986).

While memory from our experience is introspectively a process of "dredging up" *what actually happened*, it is to a large extent determined by our current beliefs and feelings. This principle has been well established both in the psychological laboratory and in surveys. What we have at the time of recall is, after all, only our current state, which includes fragments ("memory traces") of our past experience; these fragments are biased by what we now believe (or feel) to be true to an extent much greater than we know consciously. Moreover, the organization of these fragments of past experience into meaningful patterns is even more influenced by our current beliefs and moods—especially if we are particularly depressed or elated.

Memory is basically a "reconstructive" process. Thus, our experience is often recalled inaccurately, even that selectively biased and possibly irrelevant experience discussed in the previous sections. The problem is particularly acute because our recall is often organized in ways that "make sense" of the present—thus reinforcing our belief in the conclusions we have reached about how the past has determined the present. We quite literally "make up stories" about our lives, the world, and reality in general. The fit between our memories and the stories enhances our belief in them. Often, however, it is the story that creates the memory, rather than vice versa.

For example, Greg Markus (1986) studied stability and change in political attitudes between 1973 and

1982. Specifically, a national sample of 1,669 high school seniors in the graduating class of 1965, along with at least one parent in nearly every case, was surveyed in 1965, 1973, and 1982. Fifty-seven percent of the parents (64% of those still living) and 68% of the students (70% of alive) were personally interviewed all three times. All subjects were asked to indicate on a seven-point scale (with verbal anchors at the end) their attitudes towards five issues: guaranteed jobs, rights of accused people, aid to minorities, legalization of marijuana, and equality for women. In addition, they were asked to characterize their political views as generally liberal or generally conservative. Most important for analysis of the retrospective bias, Markus asked the respondents in 1982 to indicate how they had responded to each scale in 1973.

The results were quite striking. With the exception of the ratings on the overall liberal-conservative scale, the subjects' recall of their 1973 attitudes in 1982 was more closely related to their rated attitudes in 1982 than to the attitudes they had *actually* expressed in 1973. Retrospecting, they believed that their attitudes nine years previous were very close to their current one, much closer than they in fact were. This bias was so strong that an equation set up to predict subjects' recall of their 1973 attitudes gives almost all weight to their 1982 attitudes, and virtually none at all to the attitudes they actually expressed in 1973 (with the important exception of the students' overall liberal versus conservative ratings).

In addition, what discrepancy there was between 1982 attitudes and recall of 1973 attitudes could primarily be explained in terms of stereotypic beliefs about how general attitudes in the culture had changed; the subjects believed that they had become more conservative in general, but that (again in general) they had favored equality for women all along. Subjects whose attitude had changed in the direction counter to the general cultural change tended to be unaware of such change. Finally, the parent group attributed much more stability to their attitudes than did the student group, which is compatible with the belief that the

attitudes of older people change less. In fact, however, the attitudes of the parent group *were less stable*.

Attitudes are, of course, somewhat amorphous and difficult to determine. Linda Collins and her colleagues found quite similar results for actual behaviors when they surveyed high school students about their use of tobacco, alcohol, and illegal "recreational" drugs (Collins, Graham, Hansen, & Johnson, 1985). They repeated the survey after one year and again after two and one-half years. At each repetition, the students (many of them then in college) were asked how much usage they had reported on the original questionnaire. (Collins and her colleagues had established strong rapport with this group and had reason to believe that their guarantees of confidentiality, which they honored, were in fact believed.) Again, the subjects' belief in lack of change introduced severe retrospective bias. For example, the recall of alcohol use for those subjects whose drinking habits had changed over the two-and-one-half-year period was more highly related to their reported use at the time of recall than to the reports they had made two and one-half years earlier.

Thus, change can make liars of us, liars to ourselves. That generalization is not limited to change in an undesirable direction. As George Vaillant (1977), who has studied the same individuals for many years throughout their adult lives, writes: "It is all too common for caterpillars to become butterflies and then to maintain that in their youth they had been little butterflies. Maturation makes liars of us all."

But not always. Sometimes, when our belief is in change, we recall change even when it has not occurred. In order to make our view compatible with this belief, we resort (again not consciously) to changing our recall of the earlier state. We can, for example, reinforce our belief in a nonexistent change for the better by simply exaggerating how bad things were before the change. Certainly there have been times before a religious or psychiatric conversion, for example, when the individual was badly off (we all are at times), and memories of those times persist; recall can be organized around the traces of these memories. A dieter who has not succeeded in losing a single pound can certainly recall periods of time prior to embarking on a diet when he or she was heavier than when he or she completes the ineffective diet; by carefully not recording his or her weight before starting the diet, those times can be recalled as an evidence for its success.

Experimental evidence supports the contention that when we believe a change has occurred we are apt to distort the past in the direction compatible with the change. For example, in two separate but similar

¹ Excerpts from *Rational Choice in an Uncertain World* by Robyn M. Dawes, copyright © 1988 by Harcourt Brace Jovanovich, Inc., reprinted by permission of the publisher.

Robyn M. Dawes is the Head of the Department of Social and Decision Sciences and Professor of Psychology at Carnegie Mellon University, Pittsburgh, Pennsylvania.

experiments, Conway and Ross (1984) randomly selected participants for a university program designed to improve study skills and a control group of students who had indicated a desire to be in the program and were on the waiting list for it. Participants and controls were questioned before the study skills program began and at its conclusion. At both times they were asked to assess their study skills (e.g., how much of their study time was well spent, how satisfactory their note-taking skills were, etc.) and the amount of time they studied. At the second interview they were also asked to recall what they reported during the first session concerning their skills and study time.

At the initial interview, participants and controls did not differ significantly on any measure of skill, study time, or other variables. Both groups performed equally well and—most important to the study—the program itself was not found to improve study skills. Nor did it improve grades. When asked to recall their situations before the program started (or before they were put on the waiting list), however, the subjects did differ. There was no difference between the two groups in their memory of the amount of time they spent studying, but their recall of their skills was markedly different. Program participants recalled their study skills as being significantly worse than they had initially reported, while on the average, waiting-list subjects recalled their skills as being approximately the same as they had reported initially. Thus, program participants exaggerated their improvement in a direction consistent with their beliefs of what *ought* to be (improved skills due to taking the course), not by exaggerating their current skills, but rather by reconstructing their memory of the past to fit with the belief that they should have improved. In short, they recalled themselves as having been worse off before they entered the program than they had in fact been. There was no such distortion on the part of the subjects who had been put on the waiting list.

Mood also affects recall. It has, for example, been strongly established experimentally by Gordon Bower (1981) and others that recall of material learned in a particular mood is facilitated by recreation of that mood. Does the same principle apply to our recall of our own lives? Is our recall of events that occurred when we were in a bad mood—which are usually negative events—facilitated by a current bad mood, and vice versa for good moods? The answer is yes.

Lewinsohn and Rosenbaum (1987) studied the recall of parental behavior by acute depressives, remitted depressives (that is, people who had once been depressed and were no longer depressed), nondepressives (people who had never been depressed), and "predepressives"

(people who were to become depressed) in a group of 2000 people over a three-year period. One focus of this research was on the relationship between current mood states and memory; one possibility is that recollections of one's parents are influenced by a current state of depression or nondepression; another is that people who are *prone* to depression recall their parents differently from those who are not (the nondepressives). Theories that depression follows from childhood problems would predict that the childhood of those of us who are depression-prone is different from that of those who are not and hence would be recalled differently, while theories about the effect of current mood on past recall predict that the primary difference in recall should be between people who are *currently* depressed and those who are not.

The results were consistent with the hypothesis that recollection of one's parents as rejecting and unloving is strongly influenced by current moods; it is not a stable characteristic of depression-prone people. "Whereas the currently depressed subjects recalled their parents as having been more rejecting and as having used more negative controls than the normal controls, the remitted depressives did not differ from the never depressed controls in their recall of parental behavior. Similarly, the subjects who were about to become depressed shortly after the initial testing did not differ from the controls in their recollections of the degree to which their parents used negative control methods (Lewinsohn & Rosenbaum, 1987). One particularly important aspect of this study was that the subjects were drawn from the general population; they were not sampled on the basis of having any particular psychiatric problems.

(Note: There is no way of determining the *accuracy* of this recall. It is possible, for example, that when the depression-prone people become depressed, their memory of their parents' behavior loses the "rosy glow" that appears to be a concomitant of "good mental health," and that the reports are in fact more accurate than when the people are not depressed. Some evidence supports that depressed people are more accurate in their perceptions—of themselves anyway than are people judged to be in good psychological health; these latter people tend to become "Pollyannish" as they get over their depression. See Lewinsohn, Michel, Chaplin, and Barton, 1980.)

This study of depression is particularly important in that it casts doubt on the degree to which adult problems are related to childhood ones. Given a biasing effect of mood on memory, people who are distressed as adults tend to remember distressing incidents in their childhood. One result is the view that the sources

of the problems encountered lie in early life is reinforced. To the degree to which the people accept this view, it may serve as an organizing principle for even greater distortion of recall, which in a circular way reinforces the "child is father to the man" view of life. (Freud himself emphasized that he knew people who had childhood problems similar to those of his patients but who never became distressed. One view of Freudian psychology is that when adults become distressed, the form of the distress will mirror childhood problems. That is not the same, however, as saying that these childhood problems *cause* adult distress. These problems may even be necessary for adult neurosis and psychosis, but again that does not make them sufficient. The idea that childhood problems necessarily lead to adult ones [i.e., are sufficient to cause adult problems] is due more to the neo-analytic followers of Sigmund Freud than to Freud himself—particularly those who have popularized their view of neo-Freudian psychology; see, for example, Harry Overstreet's book *The Mature Mind*.)

Finally, our retrospective bias that we (usually) haven't changed can lead us to expect that we will not change with changing circumstances; in particular, that our intentions and motives—which serve as background in our judgment of our experience—will not change. For example, consider the statement, "You have nothing to fear from me now that I have this power over you; I have always been benign." (Reagan administration officials assert that the Soviets have nothing to fear if "we" develop an invulnerable "star wars" defense, because "our" intentions have always been peaceful, mainly defensive. First, we must remember that we are not always the best judges of our own intentions, particularly not of what they have been in the past. Second, intentions can change as capabilities do, and the person who changes is often "the last to know." Third, and most importantly, the Soviets have no way of knowing who "we" in charge of U.S. policy will be when and if such a defense system is ever perfected; nor do we.)

FMS Foundation Newsletter

May 1, 1992

Dear Friends,

Your new office is open. We are currently scheduling volunteers and as soon as we are prepared to handle the response, we will send out a press release to all the names you have sent us.

FMS Foundation
3508 Market Street
Philadelphia, PA 19104
Phone: 215-387-1865
Fax: 215-387-1917

This Foundation came into being because many of us believe that we have been judged guilty by therapists who have never met us, indeed, who have refused to be in the same room with us. We have been frustrated because our accusers refuse to consider any evidence that we might offer such as lie detector tests, doctors' reports or testimonials from other family members.

The following quote was taped from the CNBC program Real Personal on April 27, 1992. During this show, host Bob Berkowitz interviewed Brenda Wade, Ph.D. who was identified as a licensed San Francisco family therapist and as "Good Morning America's On-Air Psychologist."

Wade: [Talking about sexual abuse victims] "It's so common that I'll tell you, I can within 10 minutes, I can spot it as a person walks in the door, often before they even realize it. There's a trust, a lack of trust, that's the most common issue. There's a way that a person presents themselves. There's a certain body language that says I'm afraid to expose myself. I'm afraid you're going to hurt me."

A friend of ours has commented that this really represents amazing progress in diagnostic techniques. Three hundred years ago, during the Salem Witch Trials, a witch could be recognized by the screams she caused as she approached a panel of young girls. In 1992, however, the guilty party needn't even be in the same room. A child abuser can be recognized by a psychologist as the supposed *victim* approaches.

Pamela

For help call
1-800-568-8882

FAMILIES DIVIDED

Many patterns are emerging as Holly and I pour over the surveys. Most seem to be stable (i.e., 90% of the accusing children are female, high educational levels of parents and children, above average median incomes, great amount of time spent in family activities). Some patterns, however, vary depending on the geographic locations in which the families live. For example, many families from Utah have been added to our list in the past weeks, and we predict that will increase the percentage of Mormon families.

We make no claims that the survey is a representative sample of families affected. Indeed, we doubt that it is because we have been told by some families that it was simply too painful for them to fill out. The survey is a start as we set out to document the scope of the problem of false memories.

One of the saddest patterns to emerge indicates that false memories may be far worse for the people who have them than for the people who are accused. This is a hypothesis based on the following preliminary survey results. (Only extensive and careful evaluations of all members of a family could begin to ascertain the full psychological effects of this phenomenon and the surveys show unequivocally that the therapists refuse to treat us as families.)

Children represented in 89 completed surveys = 317

Mean # children in families = 3.5

Making accusations

YES	NO	DON'T KNOW
N = 119 (37 %)	N = 198 (61 %)	7 (2 %)
(F=103, M=16)	(F=89, M=102)	

Non-accusing siblings who believe accusations

YES	NO	DON'T KNOW
14	164	20

The descriptive data included in the survey show that accusing and non-accusing children have almost nothing to do with each other. The accusing children are either cut off or cut themselves off from all non-believing people. They become encapsulated in a group of "believers."

These data are interesting from another perspective. As a group, it is clear that the majority of the children do not believe the recovered memories of abuse. Yet, even though the majority of our children neither have nor believe the memories, in the eyes of most of the world, we are still considered "guilty." How do we prove our innocence?

Responses about Therapeutic Techniques

We have begun to examine the section on therapy in the survey. Here too, we find patterns. The first obvious issue is the fact that approximately a third of the families have no idea about the details of the therapy, including who the therapist is. Only a few families had investigated thoroughly and gotten complete information. The information is spotty but there are patterns. About 70% of the therapists are female and the majority of those in their 30's. 95% of the families were sure that the allegations arose during therapy and the following preliminary figures give some indication of the techniques used. (Please note that we are still receiving surveys.)

**Therapy Techniques
based on 113 surveys**

	# families reporting use
<i>Courage to Heal</i>	40
Other books	22
Hypnosis	37
Dream interpretation	32
Rape counseling	18
Survivors' groups	40
Women's center	22
Eating disorder clinic	10
Adult Children of Alcoholics	23
AA or other drug program	5

Other Techniques that were mentioned

- Satanism expert brought in
- Prayer therapy
- Primal scream therapy
- Sodium amytal
- Psychodrama
- Meditation
- Trance writing
- Regression therapy
- Neuro-linguistic programming
- Yoga
- Fasting
- Massage therapy
- Astrology
- Channeling
- Crystals
- Reflexology
- Massage Therapy

Age of First Alleged Incident

Unknown (28) Infancy (14) Age 2 (16) Age 3 (15) Age 4 (12) Age 5 (10) Age 6 (7) Age 8 (1) Age 9 (1) Age 10 (2) Age 13 (3) Age 14 (1)

Years the Memory was "Repressed"

The number of years the memories were repressed ranged from 8 to 51. The median was 25 years.

WHERE DO 309 FAMILIES LIVE?

AK(1)	AR(1)	AZ(2)	CA(19)	CO(5)
DE(1)	FL(7)	GA(4)	IA(1)	ID(1)
IL(9)	IN(6)	LA(1)	MA(2)	MD(2)
ME(15)	MN(3)	MS(1)	MI(4)	NC(3)
NJ(18)	NV(1)	NY(15)	OH(25)	OR(3)
PA(96)	SC(2)	TX(9)	UT(23)	VA(2)
VT(1)	WA(5)	WI(18)	DC(1)	
ON (Canada)(2)		ABROAD(1)		

The False Memory Syndrome Foundation will be able to accomplish as many things as our financial and volunteer resources allow. With our current level of dues funding of \$100 per year per family, we will be able to continue to produce the newsletter, send out small packets of information to new families and maintain the office and toll free number as long as volunteers can come to help.

As a non-profit organization, we must show that a significant amount of our income comes from many different contributors. For us to do more, we must raise more money. For example, we plan to apply for grants to hold a conference on the topic of false allegations that arise from decades delayed false memories and to invite members of our growing Scientific and Professional Advisory Board to give papers. We think that the conference proceedings should be published because there is a desperate need for scholarly empirical research in this area. We would like to have the book appear no more than one year from now. In order to receive a significant grant for such a purpose, however, we need to increase the level of our donations in order to keep non-profit status.

Although we can encourage professionals in the field to do research or hold conferences through traditional academic granting institutions, this process regularly take from 12 to 18 months from application to receipt of the grant. If we can raise the money, we can work far faster because we do not have a bureaucracy.

We thank each and every family and each and every understanding non-accused person who has been able to make an *additional contribution*. Because this is so important, we know that you will continue to do what you can.

IMPORTANT RESEARCH

Many of our children told us that they knew they were abused because of their adult symptoms such as multiple personality disorder, eating disorders or "postsexual abuse syndrome." The following three abstracts present important evidence that such notions may be simplistic and in the realm of pop-psychology. They do not appear to be supported by careful research.

A Review of the Long Term Effects of Child Sexual Abuse

Joseph H. Beitchman, Kenneth J. Zucker, Jane E. Hood, Granville A. DaCosta, Donna Akman & Erika Cassavia

Child Abuse & Neglect, Vol. 16 pp 101-118, 1992.

Abstract - The existing literature on the long-term sequelae of child sexual abuse is reviewed. The evidence suggests that sexual abuse is an important problem with serious long-term sequelae; but the specific effects of sexual abuse, independent of force, threat of force, or such family variables as parental psychopathology, are still to be clarified. Adult women with a history of childhood sexual abuse show greater evidence of sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood, depression, and are more likely than nonabused women to be revictimized. Anxiety, fear, and suicidal ideas and behavior have also been associated with a history of childhood sexual abuse but force and threat of force may be a necessary concomitant. As yet, there is insufficient evidence to confirm a relation between a history of childhood sexual abuse and a postsexual abuse syndrome and multiple or borderline personality disorder. Male victims of child sexual abuse show disturbed adult sexual functioning. The relation between age of onset of abuse and outcome is still equivocal. Greater long-term harm is associated with abuse involving a father or stepfather and abuse involving penetration. Longer duration is associated with greater impact, and the use of force or threat of force is associated with greater harm.

Is Childhood Sexual Abuse a Risk Factor for Bulimia Nervosa?

Harrison G. Pope, Jr., M.D. & James I. Hudson, M.D.

American Journal of Psychiatry 149:4, April 1992

Objective: It is of considerable theoretical and clinical importance to assess whether childhood sexual abuse is a risk factor for the development of bulimia nervosa. The authors reviewed the scientific literature bearing on this issue. **Method:** Since

prospective studies on this question have not been done, they assessed 1) controlled retrospective studies comparing the prevalence of childhood sexual abuse among bulimic and control groups, 2) uncontrolled retrospective studies of the prevalence of childhood sexual abuse in samples of 10 or more bulimic subjects, and 3) studies of the prevalence of childhood sexual abuse in the general population, which were chosen to match as closely as possible in methodology the available studies of bulimia nervosa (i.e., in geographic location, age and ethnicity of subjects, interview method, and criteria for defining childhood sexual abuse). **Results:** controlled studies generally did not find that bulimic patients show a significantly higher prevalence of childhood sexual abuse than control groups, especially when allowance is made for possible methodologic effects. Furthermore, neither controlled nor uncontrolled studies of bulimia nervosa found higher rates of childhood sexual abuse than were found in studies of the general population that used comparable methods. When it is taken into consideration that several methodologic factors might have exaggerated the rates of childhood sexual abuse among subjects with bulimia nervosa relative to rates in the general population, the absence of actual observed differences becomes particularly striking. **Conclusions:** Current evidence does not support the hypothesis that childhood sexual abuse is a risk factor for bulimia nervosa.

Battered Children Grown Up: A Follow-Up Study of Individuals Severely Maltreated As Children.

Judith A. Martin & Elizabeth Elmer

Child Abuse & Neglect, Vol. 16 pp 75-87, 1992

Abstract - Despite intensive research interest, the field of child abuse has produced few long-term follow-up studies. This paper describes the adult functioning of a group of 19 individuals who were severely battered as young children. Results indicate highly variable outcomes for the group. Some individuals exhibited limited autonomy and few adult coping skills while others were raising families, holding jobs, and maintaining functional social ties. There was little evidence of overt aggression in the group but resentment and suspiciousness scores were high. Many subjects maintained ties with their troubled parents while others sought out birth parents after losing contact with them in childhood. Several had developed long-term stable marriages, and social supports appeared adequate for most subjects in the group. Overall, study findings indicate that early abusive trauma and adult functioning have no simple relationship.

QUESTIONS YOU HAVE ASKED

How can my child say these things that are not true?

We have been told by every professional with whom we have consulted that it is highly probably that our children believe what they are saying. None of us really knows for sure what has happened to so alter their belief systems, but the fact remains that it is unlikely that our children are lying. They have somehow become convinced of the truth of the horrible things that they say.

Should I tell my child about the FMS Foundation?

We cannot give advice about how to proceed in any particular instance. Our job is to make every effort to disseminate accurate information and on these matters there is no body of literature that provides advice. We are the ones who are learning what to do. The general advice that has been recommended by the majority of therapists with whom we have consulted is to a) make every effort to keep in contact with our children and b) to tell them truthfully that we love them and that we would welcome them back in our lives but that we do not believe the "recovered memories." We intend to do a follow up to the survey to clarify issues that are raised by the results. Perhaps a questions about whether parents told their children about Foundation activities should be included.

What is "iatrogenic"?

From the *Oxford English Dictionary (1987 Supplement)*: Induced unintentionally by a physician or his diagnosis, manner, or treatment; or of pertaining to the induction of (mental or bodily) disorders, symptoms, etc., in this way.

More on "pedophile"

Our definition of "pedophile" a few weeks ago was simplistic. Until recently, the term was reserved for psychological or psychiatric diagnoses and in that context it has an extensive technical definition. In recent years, however, the press has begun to use the word as synonymous with "child abuse." For a complete technical definition, you should consult the *DSM-III-R*. In general, for most of us it will suffice to keep in mind that the word is a diagnostic term and not a legal one. As with any word for which the breadth of the definition is changing, we need to keep in mind the context in which it is used in order to understand its meaning.

Meetings Scheduled

Southern California
Thursday, May 7, 1992
7:00 P.M.

Contact Doug Wilson 619-943-7572

Philadelphia
Saturday, May 9, 1992
1:00 P.M.

Same location as past meetings.

Call office if you need a map.

215-387-1865

Committee Updates
Guest Speaker

Florida
Saturday, May 16, 1992
1:00 P.M.

Contact 800-374-7477

Utah
Saturday, June 6, 1992
Details to follow

Philadelphia
Saturday, June 13, 1992
1:00 P.M.

Meeting Report

More than 60 people attended the Midwest Area meeting on Saturday, April 25, 1992. in Benton Harbor, Michigan. Lynn told us what it was like to have abuse memories and then to realize that they were false. The Barrs related how it feels to learn of the accusations by hearing it on the network news. Darryl discussed how the current phenomenon of false memories is similar to and different from traditional cult patterns. Everyone shared information and articles with each other.

*Tapes were made of selected parts of the meeting. One of the parents will provide copies for \$5 a tape or \$20 for the complete set of four. To order these tapes, please send a check made out to FMS Foundation, 3508 Market Street, Philadelphia, PA 19104.

RECOMMENDED READING

Hidden Memories by Robert Baker, Prometheus Press.

FMS Foundation Newsletter

3508 Market Street, Philadelphia, PA 19104, 215-387-1865

May 21, 1992

Dear Friends,

Over one hundred families and almost as many professionals have called the 800 number in the past few weeks. In our wildest dreams, we did not predict such a large response in such a short time. The calls are the result of stories about FMS Foundation members that have appeared in Utah, Ohio and Toronto. In each case, the families sent their stories to local reporters. We thank the writers of those stories and the reporters who found them compelling enough to retell even when colleagues warned, "That's a politically sensitive issue. You're crazy to touch it," and "How do you know they're not guilty?" We appreciate the fact that these reporters were willing to ask in return, "How do you know they are guilty?"

Over 400 families have now told us stories of their "adult-children" who have recovered memories during some sort of therapy, decided that they were incest victims, confronted parents and then cut off contact. Running through all these stories is the refusal of the therapists to consider evidence such as lie detector test results, childhood medical reports or the possibility that the memories might be confused. In most cases the therapists refuse even to meet the parents. In a huge number of cases, the book *Courage to Heal* has been mentioned. The stories we hear are amazingly similar. An example of how similar they are was brought home to us when a parent from Canada related that his sister had angrily accused him of going public because of the story that had appeared in the *Toronto Star*. This parent had never told his own family story to a reporter or anyone else.

It is increasingly evident that the press, the mental health profession, the public are all terribly confused about issues of memory and repression. Many people have the mistaken notion that memories are stored like pictures or like data in a computer. That is simply not the case. *Memory is a creative process. Memory is a process of reconstruction. Memories are reinterpreted.*

People do "remember" unusual things, do have false memories. This week 100,000 mental health professionals received a booklet called, "Unusual Personal Experiences," in which Dr. John E. Mack, a professor of psychiatry at Harvard urges readers to believe patients who recover memories of abuse by space aliens. The booklet tells us that a survey by the Roper Organization indicates that over 2% of the American population now remembers being abused by space aliens. Where is the evidence?

Memories can seem very real to the people who have them, but that does not mean that those memories are necessarily accurate.

Questions that we are asked over and over again are, "Why would people have these memories if they were not true? Why would people make up memories that are obviously so painful to them?" We do not pretend to have an answer to the questions. We suggest, however, that the enclosed April 30 article from the *Pittsburgh Press* which describes the legal victory of a falsely-accused

family in Pittsburgh sheds light on strongly held assumptions some therapists bring to doctor-client relationships. It also describes processes that could lead a patient to believe in memories that are not true. This is a very important case. We trust you will have your own conclusions about why a patient might recover false memories after you read the article.

Office News

Your FMS Foundation office is about to go into full operation. Today we set up a computer system and next week we will transfer the 800 number to Philadelphia. Booklets of information are being printed. Parents have volunteered to prepare the packets for mailing. When these are ready, we will send out a press release to announce formally our existence.

We thank each of you who has helped to make this possible. We thank all the families that have called and told us their stories because that is how we can document the scope of this phenomenon. We thank those of you who have received and completed the survey. (More will go out soon.) We thank each of you who has sent us dues and additional contributions to pay for the newsletter and the telephone and the office. We thank you for sending articles and keeping us informed of what is going on around the country so that we can share it with members.

There are not words enough to thank Holly Wakefield and Ralph Underwager at the Institute of Psychological Therapies for the loving professional support that they have given to the FMS Foundation to help us become an independent organization. We would not exist without them. Their courage in speaking out, their willingness to use their resources to help us with the 800 number and with the survey have made it possible for us to do what we have done and what we must continue do to put an end to this phenomenon.

Pamela

For Help Call 1-800-568-8882

What if?

One of our members wonders if the "adult-child incest survivor" phenomenon is undermining the very situation it purports to address—namely trying to stop the sexual abuse of children. Desperately needed legal, financial and mental health resources are being drained in cases in which no children are in danger and in which it is highly probable no abuse ever existed—given what is known about memory. She wonders if the motivation of the "adult incest survivor" movement as described in its bible, *Courage to Heal*, is not "misguided" rather than an effort to address the very real and very serious problem of child sexual abuse. Newspapers report that incidents of child abuse are ever increasing in spite of all the publicity.

"Statistics on health care, day care, income level, and educational opportunities for children indicate that as a nation we really do abuse our children," said our parent. We deplore that and we deplore the fact that far too many children are also physically, sexually and emotionally abused. Our parent wondered what might be accomplished if instead of focusing on the "recovery of the repressed memories" of highly educated financially successful "adult-child victims," the resources of lawyers, judges and courts, the resources of law enforcement agencies, the resources of psychiatrists, psychologists, social workers, therapists, and counselors, and the resources of television talk-show hosts and reporters were focused on preventing abuse that is verified to be taking place to children in our country right now. "Is it because children can't pay for long-term psychotherapy or for lawyers?" the parent asked. We thought that the parent raised interesting points.

WHERE DO 413 FAMILIES LIVE?

AK(1)	AR (1)	AZ (6)	CA (32)	CO (5)
DE (1)	FL (7)	GA (4)	IA (2)	ID (2)
IL (9)	IN (8)	LA (2)	MA (4)	MD (3)
MI (15)	MN (4)	MS (1)	MT (1)	NC (4)
NJ (18)	NV (3)	NY (15)	OH(25)	OK (5)
OR (5)	PA (96)	SC (2)	TX (11)	UT (46)
VA (2)	VT (1)	WA (12)	WI (20)	DC (1)
Canada	ON (33)	BC (5)	ABROAD (1)	

Her job was stressful and required extremely long hours. During this time she met her fiance but they had some difficulty getting along.

My daughter called home almost every day, usually crying. I encouraged her to seek counseling, which she did. The therapist there suggested that some traumatic incident in her childhood must be the cause for her depression. She called home often asking about her past. Her condition became worse and we talked her into flying home. We took her to the hospital for tests to explore a chemical imbalance. She tested normal in everything. Her physician recommended a psychiatrist. Neither of the

doctors believed that the chronic mono exists due to a lack of scientific evidence. In most of their patients, they explained, it turned out to be an emotional problem.

In the following weeks the doctors prescribed Lithonate, Klonopin, Wellbutrin and Prozac all with extreme negative reactions. After the second week of outpatient care, the doctor called me into his office and informed me that he thought my daughter should be admitted to the hospital immediately.

I visited her nightly and soon was met with anger and hate. Her fiance flew in each weekend. Through talks with him I learned that the doctor had advised my daughter that her condition was a result of how we had raised her. He said I supported her career because it fulfilled my needs and that I had used her. He said that she and I were codependent and should attend CODA meetings. It was suggested that if I didn't I might never get to have a relationship with her again. He told me I needed therapy. I asked him how did he know since he had never talked to me. The social worker at the hospital called me and told me I needed therapy.

It was suggested I bring childhood pictures to the hospital for them to review since my daughter was having trouble remembering. The doctor told her he could tell by looking at the pictures that she had been a depressed child.

My daughter told us "I didn't know what you guys were doing to me until it was explained." "I've gotta get tough with you guys." And regarding the mounds of bills we were paying.."they got me this way..they should pay for it."

The doctor told me she could never get well if she stayed at our house and encouraged her to seek a place of her own. She found a room nearby the hospital but was desperate about how she was going to pay for it. She was unable to work and was scheduled to enter the hospital program. We were told not to call or contact her.

Her fiance quit his job in another city and moved here to take care of my daughter.

Reaching Out

We welcome the assistance of all our members, but we ask that you please check with the office before taking action on our behalf. Not only is it important for us to know what is taking place, but we may also be able to help guide you in your efforts. At all times our collective efforts should reflect the dignity of our position.

We know how important you feel that is to reach out to other families who may think that they are alone in this tragedy. It is FMS Foundation policy that this be done through appropriate media. A notice in a newsletter or a paper is appropriate. Flyers on personal property are not. Thank you.

A Mother's Story

My 26-year-old daughter, while attending a prestigious university several years ago, became very ill and was eventually diagnosed as having "chronic mononucleosis." A doctor associated with the university looked at her medical records and confirmed she did indeed have a severe case of chronic mono. As months went by, she did not return to her normal health and she had difficulty functioning. Refusing to accept what we were told, that she might never be better, we started seeking alternative cures. She was tested and found to have some food and other allergies. There was a slight improvement with her new diet.

With limited activity my daughter managed to graduate and began her career in another part of the country.

night. Sisters fondled her constantly. Hazy - brother sexually violated her at 3 years."

Other categories included fondling, masturbation, emotional abuse (having to have ballet instead of skating lessons) and pornography.

After reading the vague, improbable, bizarre accusations our "incest surviving adult-children" are making, perhaps the responsible professional community will better understand why parents have been sufficiently alarmed to feel the need to form the False Memory Syndrome Foundation. There appears to be a mindset among a very large group of therapists and adult-children that classifies the world into those "in recovery" and those "in denial." There appears to be no rational middle ground for doubt or discussion. That alarms parents.

*****RECOMMENDED READING*****

***I'M DYSFUNCTIONAL,
YOU'RE DYSFUNCTIONAL,***
by Wendy Kaminer, Addison-Wesley, 1992.

SUPPORT IS NEEDED

Your membership dues have gone a long way to get us up and running but our needs will continue to grow. If you know of anyone who would like to make a charitable donation -- perhaps your friends or extended family or interested professionals -- please ask them or let us know and we will send them information and extend the opportunity to donate. FMS has applied for non-profit organization status to which all contributions would be tax-deductible.

False Memory Syndrome Foundation
Annual Membership \$100.

Checks may be made to

FMS Foundation
3508 Market Street
Suite 128
Philadelphia, Pennsylvania 19104

PHILADELPHIA AREA - VOLUNTEERS NEEDED

If you can help with basic office assistance in mailing, telephone, filing, copying, etc., please send us your name, address and phone number or call the office at 387-1865. Special help needed for preparing packets for new families, getting out the newsletter and working with all phases of the survey.

Meetings Scheduled

New York Area

May 28, 1992

6:00 P.M.

for information call Renee at 718-428-8583

Southwest Area

Saturday, June 27, 1992

1:00 P.M.

**Holidome Inn West
Meridian and Highway # 40
Oklahoma City**

Persons may make own reservations
405-942-8511

Ask for FMS Foundation Southwest rooms
(\$49. outside of Holidome, \$59 inside)

Agenda being developed.

Lynn, one of the young women who has restored her real memories, will share her experiences.

Toronto, Canada area

Meeting is being planned.

For details call
Paula, 705-522-2809

Northwest area (Washington)

Meeting is being planned

For details call
Chuck, 206-364-4711

Utah area

PLEASE NOTE CHANGE OF DATE

**Thursday evening June 25
Speaker: Dr. Raskin**

Call Helen at 801-537-7401 for details

Philadelphia

Saturday, June 13, 1992

1:00 P.M.

Same location as past meetings.

Call office if you need a map.

215-387-1865

Committee Updates

Guest Speaker

The doctor diagnosed her fiance as having the same problem as my daughter but said he would not need hospitalization. He gave them Bradshaw videos, had them attending CODA, Adult Children of Alcoholics (we don't drink) several times a week. Her fiance called his mother blaming her as they had me. He suggested that his mother had been too affectionate.

Nearing the end of my daughter's hospitalization she appeared to be having drug withdrawal. The doctor and staff told her it was a result of repressed anger that she felt toward her mother.

Only two weeks before she began therapy with the psychiatrist, she had written me a note telling me how much she loved me and that she considered me her best friend. She loved coming home between jobs. Her excitement at being home filled the house.

For over a year now, my daughter has been estranged from her family. The family is devastated but that is not the utmost concern. Our concern is how confused our daughter must be to think her family, the ones who love and care for her, is the reason for her illness. My daughter was loved, protected and cared for properly. I want her to receive the proper medical treatment before it is too late.

Recently she became depressed again. The psychiatrist is sending her to a hypnotherapist .. still searching for the traumatic event that his sodium amytal interview did not reveal.

Who can help my daughter?

A mother

More Survey Results

What are the actual things that families have been accused of doing? The following information is based on 112 responses to the question "Please describe the specific accusations." Because this was an open ended question, the responses were coded. The coding categories were determined by a group of five adults. Two people then did the coding with interrater reliability of over 90%. Responses could have multiple codings.

We ask that professionals who have worked with verified child abuse cases examine the accusations of the recovered memories of adult-child victims and compare them with what research has shown to be true about the behaviors and actions of child sexual abusers.

VAGUE -- One third of the responses (N=37) were coded "vague." 33% of the people responding really didn't have much of an idea of what it was they were supposed to have done.

•"We don't know - daughter will not see or talk with us until we admit we abused her. Her words over phone to mother "Until you stop your pattern of denial or divorce your husband, I will have no contact with you."

•"Incest is claimed but our attempts to secure details have been denied. We do not know the specific accusations. She claims father threatened her to 'keep our secret.'"

•"We have not been accused of abuse. In October '90, our daughter told us we could have no contact with her. She had a manic attack which she said was a result of our relationship with her. She stated we did not allow her to grow up."

•"Tore up Christmas check "From your Little Girl" - a book on incest with chapter on father/daughter marked - a telephone call, "Don't pretend you don't know what I'm talking about - Ha Ha. YOU know - click."

•"I have never been told who was abused, what was the abuse, where the abuse occurred or when the abuse occurred. I was just told to confess."

SATANIC RITUAL ABUSE -- 15% of the responses (N=17) included accusations of ritual abuse.

"She had flashbacks seeing father, mother, grandparents in hooded black robes. Blood letting, forcing her to drink blood and urine. Grandfather raped her while father put penis in her mouth and grandmother and mothers watched. Grandmother without underclothes sat on her face. Father kicked her with black boots and hung her by heels. Mentioned hot poker, furnace and freezer and washer-wringer.

WITNESSES -- 13% of responses (N=14) mentioned that witnesses were present. This is in addition to the satanic accusations which are always group activities. More than 28% of the alleged abusive activity, then, involved more than one person seeing what was going on.

•"Mother accused of abusing sister's children. Father and older brother of incest; Brother-in-law and uncle of rape; Aunt of observing and permitting; Sister of observing and permitting."

•"Father and step-mother participating in group sex. Siblings participating in group sex. Father attempting to drown daughter. Step-father beating with bow and arrow and razorstrip, etc..

•"Father "choked and smothered..sodomized and raped" Mother "saw my obvious pain and terror and did nothing to protect me."

PENETRATION - 31% of the responses (N=35) included penetration.

•"Oral, vaginal and renal intercourse every Saturday in her room. Being tied to her bed so this could take place."

•"Father had intercourse with accuser at age 2 with the violation continuing until age 10 with mother having full knowledge of what was going on."

•"As therapy progressed, allegations became more violent - oral sex - choking - shaking - pulling hair - and eventually daughter decided her father was a pedophile"

"As a result of being forced to have sex with neighbor's dog, she had a baby that was half dog. Forced to have sex with brother, bit part of father's penis off. Was touched or fondled by grandfather. Sexually abused by mother with husband."

"Father had oral sex when she was 2 in her crib every

FMS Foundation Newsletter

3508 Market Street suite 128, Philadelphia, PA 19104, (215-387-1865)

June 12, 1992

Dear Friends,

Since we moved into University City Science Center on May 3, we have received over 200 more calls from families who tell us the now all too familiar story of a child (mostly daughters in their 30's) who suddenly recovers memories of abuse during therapy, of a child who confronts (often with a letter) and then refuses all contact with the parents, of a therapist, often unknown, unwilling to have any contact with the parents. Like the previous 300, these stories are chilling. We hear over and over again about successful, thoughtful, gentle, loving children who enter therapy and become obsessed, selfish, cruel. "The body is my daughter's, but that is not my daughter," a mother told us.

"Why the refusal to have contact?" we are asked by reporters. "We don't know," we admit, "You'll have to ask our children and their therapists." It is, however, the radical behavior change (frequently sudden) and the cutting off by adult children who before therapy had satisfactory if not excellent relationships with parents that is the hallmark of the false memory syndrome stories that we are hearing.

The psychological status of repressed memories is an issue for research and a topic that can be discussed. Different versions of history can be reconciled. But how can this happen if therapists and their clients refuse to meet with the parents whom they so hastily accuse? We must, then, ask the same question the reporters ask us, "Why the refusal to discuss these areas of difference?" Many of the parents who contact us say this is cult behavior, not therapy.

Another view of the behavior, however, is that it represents the feminist perspective that family therapy is inappropriate and that it is bad to have conjoint sessions because it tends to "perpetuate the status quo that helped create the incestuous act at its inception." "Therapists must recognize their roles as political agents." (Barrett et al Feminist-informed family therapy for the treatment of intrafamily child sexual abuse. *Journal of Family Psychology*, 4(2), 1990, p 155. The writers argue for family oriented therapy in this article.) Male power seems to be the dominant issue in this way of thinking.

The belief that the family is a terrible organization also is held by people who are part of the Recovery Movement as exemplified by the writings and work of John Bradshaw. From the Recovery Movement (12-Step) perspective, over 90% of families are dysfunctional and parents so hopeless that there simply is no point in involving them in the therapeutic process. Addiction seems to be the main issue.

FMS Foundation families do not view the situation in which they are so inextricably caught from these perspectives, obviously, nor from the "talk show perspective" of opposite sides. Although the children, therapists and the media seem to view the world as one in which people are either "in recovery" or "in denial," that is not the parents' view. The action of FMS Foundation families arises from the conviction that a very dangerous situation has arisen in the mental health field. Why it has arisen will be the stuff of dissertations for years to come.

Foundation members are deeply concerned that unless some leash is put on the growing phenomenon of false accusations that:

- a) more families will be unnecessarily destroyed;
- b) a reaction will set in such that once again children and women will not be believed when they tell of sexual abuse;
- c) disrespect for the mental health community will ensue and
- d) patients will not receive appropriate care.

We do not want these things to happen. We are hopeful that if the public understands that memory is a creative process, that memories are reconstructed and reinterpreted, that the mind does not store information like a camera or like a computer, then people will begin to question rather than automatically make an assumption of guilt in cases in which claims of sexual abuse are made from memories recovered in therapy by people who never before had them.

Pamela

Domains of Recovered Memories

The domain of recovered memories is broad: during the 1950's many clients recovered memories of their trip through the birth canal and of "engrams". In 1991, 15 people in the town of Lake Elsinore, CA recovered vivid memories and accurate details of a previous life in a small Virginia town during the Civil War. Since 1984, thousands of people have recovered memories of satanic ritual abuse conspiracies (for which no empirical data has been provided). In 1991 and 1992, millions of people have recovered memories of sexual abuse by space aliens (1992 Roper survey). We know of no psychological principle that allows us to say that memories of incest are to be believed but memories of space aliens are to be suspect. Yes, it is more probable that people are sexually abused by parents than by space aliens. But the issue is the mechanism of recovered memories. Our question is: *What makes the process of recovering repressed memories of incest different from the process used for past lives and extra-terrestrials? Why believe in one and not the other?*

Belief of Therapists

We wonder if one of the underlying factors that has fed the growth of this phenomenon is the fact that very many therapists work with the principle of total belief in the client and that any less belief would undermine the therapy. These therapists do not seem to believe that it is their job to look for verification. From their perspective the "narrative truth" is of more importance than the "historical truth" since it is the client's belief system that must be addressed in therapy.

To the extent that this principle operates within the bounds of a therapist's office, it is the business of the mental health

community and the people involved. When this belief that the "narrative truth" is sufficient gets mixed with the politics of feminism, however, we get a cauldron in which false memories of incest and false accusations may bubble to the surface. Consider the following statements from *Courage to Heal*, the bible of the

survivor movement: "get strong by suing," "you are not more moral or courageous if you forgive," "you must give up the idea that your parents had your best interest at heart," "you can heal with anger," "just because you don't have any memories, that doesn't mean you were not abused."

Legal Actions Against Parents

Suing the only set of parents you will ever have in life is clearly a most desperate action. It has been suggested that therapists and lawyers who encourage such actions do so because they are greedy. An alternative view is that these professionals have belief systems that hold that the family as we have known it throughout history is bad and should be destroyed. Yesterday we read the following in a booklet that came in the mail. "Over the last decade, many countries throughout the world have begun to recognize the family as a potentially dangerous institution."

Reichert, Perceptions of domestic violence against women: A cross-cultural survey of international students. RESPONSE 78(14) 1992.

Just what percentage of the families are involved in legal actions? We have two sources of information: the preliminary survey results (N = 131) and detailed and consistent records of incoming phone calls between May 3 and June 5 (N=180). The data are foreboding.

From the survey we learned that 78% of accused either had or were willing to take a lie detector test. 12% told us they had already done so and one stated that he did not pass. 22% of the respondents wrote that they had been advised to go along with the charges and to confess in order that they could have contact with their children and grandchildren. We learned from the survey that 15 % of the respondents had been threatened with lawsuits, had restraining orders placed on them or were involved in civil suits brought by their children. More than 50% of the families in the survey indicated that they were worried that their children would sue them.

WHERE DO 507 FAMILIES LIVE?

AK(1)	AR (1)	AZ (18)	CA (40)	CO (5)
DE (1)	FL (8)	GA (4)	IA (2)	ID (3)
IL (11)	IN (9)	LA (4)	MA (5)	MD (4)
MI (18)	MN (4)	MO (1)	MS (1)	MT (1)
NC (4)	NJ (19)	NM (1)	NV (3)	NY (17)
OH(30)	OK (5)	OR (5)	PA (97)	SC (2)
TN (1)	TX (13)	UT (49)	VA (4)	VT (1)
WA (12)	WI (21)	DC (1)	Canada -	ON (71)
BC (6)	NS (1)	PO (1)	SK (1)	Abroad (1)

The incoming phone calls give about the same statistics: 17% of the families are being sued or are threatened with legal action by their children. This may be viewed with some concern about the future. As the memories become instantiated and anger flamed by the politics of the time, more lawsuits will surely follow—especially as the

statutes of limitations are extended or dropped state by state. Every parent, every teacher, every doctor, every therapist, every adult may be accused of sexual abuse and sued on the basis of recovered memories at any time for the rest of his or her life.

One consistency in the stories we are told is that as survivors follow the course of "memory work" that includes hypnotism, drugs, trance writing, etc. the memories of abuse grow. A feeling that one has been abused seems to become reality with a flashback which is then confirmed by a body memory. What was at first an accusation of sexual abuse grows to include satanic ritual abuse and more and more people are accused. Except that these stories include sexual abuse and arise in the course of therapy, they bear all the markings of "urban legends" and, indeed, are studied as such by folklore scholars.

As we get a feel for the survey data and as we listen to ever more stories, we are increasingly convinced that explanations for the phenomenon are not going to be found from individual pathologies (i.e., the accusing children were sick or disturbed). We suspect that understanding will come out of social psychology and the role that narrative truth plays in people's lives.

But speculating on the obvious eventual understanding of this phenomenon does not help people caught in the current hysteria. In spite of the fact that most stories don't make sense, are improbable, and have no confirming evidence, many parents are being sued and many more are worried that they will be. Even parents who have told us they have "won" their cases (meaning the charges are dropped) often lose their houses and savings. Therefore with this newsletter we have enclosed an FMS Legal Issue paper which is a compilation of many things that you have told us have been helpful.

Following are some books and articles that pertain to legal issues that you have recommended for other FMS Foundation members.

Courage to Heal. (1988).

By: Bass & Davis

Publisher: Harper and Row.

Describes for survivors how to file a lawsuit against parents and also contains a list of lawyers willing to do so. We urge professionals to read and review this "best-seller". Although the publisher is unwilling to provide the number of copies sold, a newspaper account claimed that over 200,000 copies had been sold as of March 1990. A representative for the publisher has said that it "has done very well for them."

Domestic Torts: Family Violence, Conflict and Sexual Abuse. Family Law Series. (1989).

By: Leonard Karp & Cheryl L. Karp, Ph.D.

Published: Sheppard's/McGraw-Hill Inc.

Address: P.O. Box 1235, Colorado Springs, CO 80901.

Valuable for any person looking for legal precedents.

True and False Accusations of Child Sex Abuse: A Guide for Legal and Mental Health Professionals.

By: Richard Gardner, M.D.

Publication: 9/1992, Creative Therapeutics

Address: 155 Country Road, P.O. Box R, Cresskill, NJ 07626.

Valuable for scholarly understanding and insights.

"Recovered memories of alleged sexual abuse: Lawsuits against parents" (1992). Paper delivered at American Psychological Society Annual Meeting, San Diego, CA, June.

By: Hollida Wakefield and Ralph Underwager.

Address: Institute for Psychological Therapies, 13200 Cannon City Boulevard, Northfield, MN 55057.

Valuable for scholarly understanding and insights.

Shifting the Burden of Truth: Suing Child Sexual Abusers - A Legal Guide for Survivors and Their Supporters. (1992).

By: Joseph Crnich, J.D. & Kimberly Crnich, J.D.

Published: Recollex

Address: 333 S. State St., Suite 326, Lake Oswego, OR 97035.

Advice for survivors to use in suing.

While we cannot assess exactly what the following summary of a Pennsylvania Court decision means, several lawyers have told us that it would be of great interest to any people involved in litigation. We therefore include the following:

Com v. Dunkle, __Pa.__, 602 A.2d 830 (1992)

Opinion by Cappy, J.

The defendant was charged with rape and other sex crimes resulting from a complaint made by his step-daughter. During the trial, the prosecution called an expert witness to testify on "child abuse syndrome". The Pennsylvania Supreme Court held that admission of this expert testimony was reversible error.

The court noted that the expert did not relate any of her testimony to the child in question. Finding that "abused children react in myriad ways" and that abused and non-abused children often exhibit similar behavior patterns, the court found that "[t]he existence of child abuse syndrome as either a generally accepted diagnostic tool or as relevant evidence is not supportable" and, therefore, inadmissible. The court also determined that the expert's testimony failed to meet the threshold determination of relevancy and probativity.

Finally, the court found that the expert's testimony concerning the reasons abused children delay reporting an incident of abuse to family members, why abused children omit details of the abuse, and why a sexually abused child may be unable to recall dates and times of abuse were "not beyond the ken of the average layman" and, thus, were inappropriate subjects of expert testimony.

Need for information

The desperate need of lawyers for information about the phenomenon of false memory syndrome has been brought home to us in several ways this week. Every day we do get calls from lawyers. We are pleased to help them by talking and sending material, and we feel sure that you want your

contributions to be spent in this way. Most of the lawyers with whom we have talked have been disturbed by the cases they have been asked to defend. This afternoon we spoke with one lawyer who said that the woman making the accusations had started out accusing one person but that she was now accusing 15 people of satanic ritual conspiracy. The lawyer said, "It just could not have happened. How did this case get so far? This is a small town. I know all these people. I know what is going on."

Other people who have not been lucky enough to find lawyers who had skepticism told us other stories. One family, in their 70's, told us that when their daughter sued, they were advised not to fight because they were not rich and the cost of expert witnesses at \$250 or more per hour was too much. They settled and their daughter got approximately \$12,000. But now, they say, everyone assumes that they were guilty because they didn't fight.

Another person, a professor, wrote that when he told his lawyer about the claims his daughter had made, the lawyer advised him to settle out of court. The fact that there was no evidence of any kind meant nothing. What teacher can hold his or her job when accused of sexual abuse or incest? This man wrote to say that he is now paying \$700 a month to his daughter for three years and that he hoped that this did not happen other professors. When we shared this story with a friend, he said, "Why, that is blackmail!"

This is not a nice business.

IRS APPROVAL

The Internal Revenue Service has sent us notice that our application for recognition as a publicly supported tax exempt public charity has been approved. **Donors may deduct contributions to FMS Foundation (including contributions previously made).**

At the time that we applied for this status, we were asked to project the number of families and the amount of funding that we would receive during 1992. You may be interested to learn that we exceeded our predictions in the first three months of our existence.

Where are we going?

The rate at which we are receiving calls from families continues to increase. Where is all this going to lead? How is it going to end? When will we be able to talk to our children or give our grandchildren birthday presents? What will happen to our children? We know they must forever carry these awful memories with them. What if they begin to doubt them? What will they *think and feel* if they ever come to

recognize what they have done? We must work to find ways to welcome them back and make the process as easy as possible. This will end. We can work to speed up the process and to minimize the hurt.

What are flashbacks?

A month ago, we wrote asking for information about flashbacks and body memories. Richard Gardner addresses these topics in his soon-to-be-published book, *True and False Accusations of Child Sex Abuse: A Guide for Legal and Mental Health Professionals*. We thought that you would be interested in what he has to say on the subject of flashbacks and he gave us permission to print the following passage in the newsletter.

"Another area of memory with which the therapists described here take liberties relates to the phenomenon of the *flashback*. A flashback is basically an eruption into conscious awareness of a buried memory that has generally been traumatic. Usually, the flashback is brought into conscious awareness by some external stimulus that evokes it. Often the stimulus has some similarity to the original traumatic event. An example would be the war veteran who has been traumatized in battle. Years later, exposure to situations that might be peripherally similar to the original battlefield conditions may evoke visual imagery (and associated thoughts and feelings) of actual battlefield scenes.

"An important element in the flashback phenomenon is that there is generally no prolonged period in which the traumatized individual is completely free of flashbacks. Rather, as time goes on, their frequency diminishes, sometimes even to the point where they will be rare. Obviously, the greater the trauma, the longer will be the period of flashbacks and the less the likelihood that they will disappear completely. Individuals who suffer from flashbacks do not generally have the experience of many years of freedom from them and then their sudden reappearance 15, 20, or 30 years later. There are just too many environmental stimuli that can potentially evoke the flashback to allow for such a prolonged symptom-free period.

"Therapists of the kind I am describing here do not subscribe to this well-established principle. Rather, they believe that a girl who was sexually abused at three can be completely free of flashbacks for many decades and then, at age 43, for example, can suddenly experience flashbacks about her experiences. Sexual intercourse with her husband (even after years of marriage) may have served as the evoking stimulus. Although the woman may have had sexual relations with her husband hundreds of times, and although she may have had multiple sexual experiences with other lovers (past and present), this particular sexual encounter—one that occurred in the course of treatment—now becomes the evoking stimulus for the flashback. Or, if she is not in treatment, it may have occurred after she read an article about it or learned about a friend who had this experience. (We see here once again

the power of human suggestibility and gullibility.) In either case, the flashback is considered to be "proof" of the abuse, and the therapist is likely to point to the phenomenon's inclusion in the DSM-III-R as one of the manifestations of the post-traumatic stress disorder (PTSD), the diagnosis most often applied to people who have been raped and/or sexually traumatized in other ways.

How can you help?

•Perhaps the most important thing that you can do is to keep a written record of your feelings and of the events in your family as they unfold. FMS Foundation will keep an archive of these records so that scholars in the future will have a source of information about this phenomenon.

•Your written record is something that you will be able to share with your grandchildren at such time as reconciliation begins. It will be one way that the grandchildren can begin to understand that we did not abandon them. Many grandparents tell us that they write to their grandchildren on a regular basis and file the letters for that longed-for day.

•Please continue to send us clippings and notices of "survivors meetings". We are growing so rapidly that we are not always able to acknowledge each piece that you send. Rest assured that each is a treasure that is cataloged. Please try to include the location and the date with your clipping or notice or tape.

•Continue to reach out and tell your story. The reason that we have been getting increasing amounts of media coverage is because you are making the contacts. The people that you tell know you and they know your family. That gives them a framework with which to make some judgment about the phenomenon. If you know a writer or reporter who is interested, please give us a call and we will support your efforts with a press packet and anything else that is needed.

•The ads that you have been placing are resulting in calls. If you want to place an ad, we recommend the following:

Have you been falsely accused on the basis of "repressed memories." You are not alone. Please help us document the extent of this problem. Contact: False Memory Syndrome Foundation, Suite 128, 3508 Market Street, Philadelphia, PA 19104. 1-800-568-8882.

If you would like the office to help you place an ad, please call us.

•Continue to monitor the media. If only one side of the survivor story is told, ask to have the other represented.

MEETINGS

Southwest Area

Saturday, June 27, 1992

1:00 P.M.

**Holidome Inn West
Meridian and Highway # 40
Oklahoma City**

Persons may make own reservations
405-942-8511

Ask for FMS Foundation Southwest rooms
(\$49. outside of Holidome, \$59 inside)

Agenda being developed.

Lynn, one of the young women who has restored her real memories, will share her experiences.

Toronto, Canada area Meeting is being planned.

For details call
Paula, 705-522-2809

Northwest area (Washington) Meeting is being planned

For details call
Chuck, 206-364-4711

Utah area

Thursday evening June 25
Speaker: Dr. Raskin

Call Helen at 801-537-7401 for details

We expect to put out two newsletters during the summer: one in July and one in August. If you have information that you think should be shared with members, please send it to us and we will try to include it. Deadlines are July 15 and August 15 for those months.

I remember getting the phone call from my sister. I was working at a new job and trying to adjust to the summer heat and being alone in a strange place. It was on a Sunday afternoon when she called and hit me with the revelation. She said she had a "dream" that our Dad had sexually abused her when she was a kid. She went on and on, in gross, graphic detail. The abuse had gone on for years according to her--rape, sodomy, oral sex. She insisted that I was not only a witness to these violations on her, but I had been violated myself.

My sister and I are one year and a half apart in age. We went to the same Catholic schools, we had usual teenage adventures, and we shared the same bedroom for many years. None of the carnage she described took place in the bedroom I slept in!

My Dad and sister fought a lot but it seemed the usual rebellious stuff of a budding adult who was still living at home but wanting to be independent. But she got married when she was 21 instead of being on her own. When she was 30 she had an adorable son. What happened to my sister? If she had so much hate and resentment for my Father and Mother why didn't she try to talk to them about it? But to accuse Dad of having sex with her and saying that Mom was just as guilty by not doing anything about it, well, that's nothing but crazy. I should know. I was there!

My parents were devastated and so very hurt. Now they are mad. I'm angry at her too, but I also feel sorry for her because she is in such a mess. Someone somehow planted a wicked seed in her vulnerable brain and it not only took root, it grew into a big ugly "blame-bush." She now has a cause, a crusade and I no longer have an older sister, at least not the one I knew for 35 years.

I pray for my Mom and Dad, that they have the strength and courage to get through this intact. I pray for my sister that someday she has another revelation called "the truth." I'm not counting on that happening but I do wish we could all be a family again. I hope I see her again. As much as I hate what she is doing...I still love her.

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July 21, 1992

Dear Friends,

People seem intrigued with the name False Memory Syndrome Foundation. We get all sorts of questions about it. Last week when we took some packets to the Post Office, a clerk asked, "What do you do to belong to your club? Forget things? I'm always forgetting things."

"Why yes," I replied, "it is about remembering and forgetting."

There has been no summer lull in the FMS Foundation office. Indeed, the pace of the phone calls keeps increasing as does our understanding of the scope and the nature of the phenomenon of the incest recovery movement. A year ago we knew no other family in this situation. Today we know more than 650 families with remarkably similar stories.

One year ago, there seemed a veritable wall against even mentioning the possibility of error in an accusation of sexual abuse based on the recovery of a repressed memory during therapy. This year there have been articles in the *Los Angeles Times*, *Philadelphia Inquirer*, *Toronto Star*, *Miami Herald*, *Utah County Journal*, *Cleveland Plain Dealer*, *Kansas City Star* and many other papers that discussed these issues. An article about false memory syndrome is soon to appear in the Science Section of the *New York Times*. False memory syndrome is now a subject that can be discussed and examined.

Just a few months ago, families were reluctant to be interviewed. Last week several families appeared on WWOR news which was carried on cable stations across the nation. On the date of this newsletter, other families are appearing on the *Sally Jessie Raphael* show. When the *Kansas City Star* carried a front page story about a daughter who publicly accused her prominent 73-year old father (in a very well-advertised presentation), he just as publicly denied the allegations (in a forty-minute televised news conference). He took the occasion to demand an accounting from the community organization that sponsored the presentation of her accusations.

Together we have made a start in getting some people to question their assumptions about the accuracy of long-repressed memories. Just because a person recovers vivid memories of abuse by space aliens does not mean that space aliens have invaded our planet. Just because someone recovers vivid memories of past lives does not establish the reality of such lives. Just because someone recovers memories of abuse during some sort of therapy does

not mean that it really happened. There are explanations for why people have very clear memories of things they may never have experienced. Memories are not stored like pictures from a camera or like data in a computer. Human memory is a creative process and memories are reconstructed and reinterpreted.

There is a vast amount to do to inform people about the nature of memory. We are pleased to be able to tell you that we have received funding to hold a national conference at which important issues of repressed memory can be discussed by memory-researchers representing a variety of perspectives. We hope that such a conference will help clarify and focus attention on the horrendous situation in which we find ourselves. We are rushing to plan this for the late fall for we understand the desperate pressure of time only too well.

Pamela

Who calls the Foundation?

The office phone rarely stops ringing. We currently have two phones. The 800 number is set up to take a message when the phone is in use. The other number will give a busy signal if we are talking on the phone. We get an amazing variety of calls.

Accusers: We have started to receive calls from people who question the motivations of the FMS Foundation. We have been told that we are supporting "perps" (perpetrators), and that because of our organization, women will be afraid to come forward with their stories of abuse. We reply that we are documenting stories that people tell us, that we have no way of verifying the stories, that people found guilty of abuse should be held accountable for their actions, but that the huge number of stories and the patterns that they show are indeed raising questions in the minds of many people. We note that in the stories we have been told, people entered therapy for a variety of reasons that did not include "incest." There is no reason why our organization would prevent people from continuing to do that.

We remind the caller that we have accused no one of anything and that it is our understanding that in the United States and Canada, people who are accused have a right to tell their side of a story. We are recording the stories of parents and grandparents and sisters and brothers, not "perps." We ask if there is not great prejudice in their use of a term like "perp." It is not for us to judge the stories but to keep an open mind and provide a forum for the fact that there are two sides to the stories which hinge on the

accuracy of memories and the notion of "repression." We record and document stories of survivors when they call.

We have begun to get a trickle of calls from people who are accusers but who are questioning their own therapy. In the past month we have talked with several more women who have reconsidered their memories and who have the courage and integrity to say that maybe they were not accurate memories. These women have told us of tremendous pressure they felt in therapy or therapy groups to get memories.

"I thought I was being brave. I thought I was saving my family. I thought if I didn't remember, I had a big chance of hurting my own children. I lived in fear of what I might do if I didn't remember. I was afraid because I didn't have any memories."

Our hearts broke this week as we listened to a woman weeping that she had killed her father with her accusations. We knew the gentle and highly respected man who was her father. He told us that no one else in the family believed his daughter whom he so loved and worried about and whom he described as loving and kind before she went into therapy. After several years of no contact, he finally had reason to think that his daughter had begun to question her quite improbable memories of abuse: she had left a phone message asking for recommendations of different therapists to consult. He died before they had a chance to talk.

We welcome this daughter, with love and compassion. We will never speak of her memories unless it is important to her. We have worried from the beginning about the terrible burdens that will confront children when they come back from their false memories. In the mission statement of the Foundation the accused are called the *secondary* victims of FMS. It is those with the false memories who are the *primary* victims. They must live with the consequences of their actions for the rest of their lives.

It speaks of an illness in the mental health community that we could even write this story. Although we have been told of at least a half dozen fathers who died soon after the accusations, this is the first time we have encountered something quite like this when the victim was coming back from the false memories. It is truly heartbreaking.

Families: We continue to document stories of families that are devastated by accusations of incest and abuse by an adult child who has recovered "memories" during some sort of therapy. Over and

over callers tell us that the accuser has cut off contact and that other sisters, brothers and family members have no such horrible memories. They tell us that the therapists and the accusing child have told them they are "in denial," but callers insist that the abuse simply could not have happened. *"This is a hit and run attack," one parent exclaimed. "This is not acceptable!"*

Information about lawsuits brought by accusing children against parents is mounting. We are working on a separate study of these cases. With the collaboration of families who are sharing their experiences, we expect to have a story to tell soon. In addition, we are preparing a special packet for lawyers and families involved in legal actions which should be available by the end of summer.

We receive many calls from desperate parents whose children have been taken away from them and put in foster care because of an accusation of abuse by someone. We also get calls from parents who tell us that accusations have come as a result of divorce proceedings. Although we document these calls, we do not include them in our count of stories of adult children who make accusations based on the claim of recovery "repressed memories" of long-past childhood abuse. We refer these people to other organizations equipped to help them. The San Diego Grand Jury has investigated these types of accusations, and it has published several reports this year which we urge every person to order. The reports are important not only because of the system-abuse that is exposed but also because it helps to place "repressed memories of abuse" in a broader context. (*Call 619-236-2675 and ask for reports # 6 and # 8.*)

Professionals: Approximately 40% of our calls now are from professionals requesting information: lawyers, doctors, mental health workers who tell us they question what is going on in their own professions. This past week we received calls from administrators at two universities who asked for information because they want to examine the counseling services that are offered to their students. We received a call from a "think tank" that advises insurance companies. We have received inquiries from the Federal Trade Commission and many state regulatory and law enforcement agencies. We send whatever we have learned.

We get calls from reporters just about every day. Some of these are in response to our press release or to your letters to the media. Some have heard about us in other ways. There are reporters across the nation currently working on stories for papers and magazines. Television producers also call for information. As families are willing to appear, television

coverage will follow. It is more difficult to help producers as we try to match our goal of informing the public about the nature of memory while providing dignity and anonymity for people who have had their lives torn apart with the media's craving for human drama. We do our best.

There is nothing boring or routine about the phone calls to the FMS Foundation office.

Repressed Memories

Some of our members have written that there is no such thing as repressed memories. Unfortunately, the issue is not that simple. There are some notions related to repression that are agreed upon and there are others that are not. For most of us repression is terribly confusing.

The theory of repression is one that has been fundamental to the clinical practice of psychiatry. Clinicians do see patients who recover memories. Once a patient recovers a memory, he or she believes it. There are tremendous numbers of reports of recovered memories but little is known about whether the self-reported memories are accurate.

People observe things but often the scientific principle that accounts for the observation is obscured or even counter to the observation. Standing on Earth, the Sun is seen to move about the Earth. There is no question that that is what one sees. In the last few hundred years we have accepted a counter-intuitive interpretation of the clear evidence of our eyes. Our experiences with earth-bound bodies do not prepare us for the mechanics of the solar system but we have learned that the apparent motion of the sun is, in fact, caused by motion of the earth. Likewise what clinicians see in their work with people who recover memories is certainly real but it does not account for the memories themselves.

The mental processes or the mechanisms of how a theory of repression might work in the brain are far from clear and have been and remain a subject of current interest and laboratory research. There is general agreement that people do reject information from awareness on a selective basis and that people tend to avoid painful situations. There is also agreement that some mental activities proceed without conscious awareness. Our minds, for example, perform many functions automatically such as regulating our breathing or interpreting sound patterns into *meaningful language*. What is not agreed upon is how "smart" this level of mental functioning actually is. The June, 1992 issue of the *American Psychologist*, for example, has several articles on this issue. The general feeling at this time is that there is no experimental evidence of very "smart" unconscious processes.

We have been asked to believe that the recovered memories of abuse were repressed as a defense against the trauma of the horror and betrayal in the abuse situation. We have been told that because the abuser was more powerful and a person of trust, the child had to repress the memories to accommodate to the situation—to survive. We ask in return why we have never heard stories of repressed memories from survivors of the Holocaust? This is an acknowledged historical event of almost unequalled horror that included rapes and torture. Why no stories of repressed memories?

We also ask how we should account for the fact that people have recovered repressed memories of their trip through the birth canal, abuse by space aliens, satanic ritual murders, and past lives. We feel that these are fair questions to ask. They are all reported in the literature and any theory of repression must account for them.

Common Sense and Statistics of Sexual Abuse

We suspect that much fuel for the belief in the memories comes from the conflicting and possibly inflated statistics about the actual incidence of child sexual abuse. Hunches are reported as data. Retrospective survey data are reported without being labeled as such.

The past decade was a period during which a national priority was implemented which dramatically increased the training and the number of people with mandates to deal with child abuse. Simultaneously, legal obligations fell to gate keepers (e.g., medical professionals, educators, etc) to report any suspicions that they had on the abuse of children. If those reports were ever proved to be unfounded there would be no liability to the reporters. However, if they failed to report, they potentially faced legal repercussions. It seems reasonable to conclude that data collected during that period should be reflective of the situation. How are we to make sense of the data that we have?

The National Committee for the Prevention of Child Abuse reports that somewhere between 6% and 62% of women are molested before the age of 18. They report that the molest rate of 1 out of 4 has become accepted simply from being repeated so often. A range between 6% and 62% tells us that we do not have any reliable information on the problem. (National Committee - add address)

The Department of Health and Human Services Technical Amendment to the Study..... () seems to show that the correct estimate for sexual abuse is 1.9 children per 1,000 children in the population using the harm standard, and 2.1 children per 1,000 chil-

dren in the population using the endangerment standard found on pages 3 and 5, i.e., 2 tenths of one percent of the population experiencing sexual abuse per the 1980 definitions.

A study released this year by the national Victim Center, Rape in America, has data collected by telephone interview that indicate that 1 out of 8 women are raped during their lifetime. This study uses strict definitions of rape.

The most frequently cited figure is 1 out of 4 women molested before the age of 18 but we have recently seen 1 out of 3 and even 1 out of 2 stated. Some of the discrepancy has to do with the different ways that abuse and incest are defined. For example, in *Courage to Heal*, the reader is told that she has been sexually violated if "You had the feeling your stepfather was aware of your physical presence every minute of the day, no matter how quiet and unobtrusive you were." (p. 22). Accusations of incest now include emotional incest which we have seen defined to include such events as any role reversal that might have taken place in a family when a child took care of a sick parent.

Common sense tells us that there is something radically wrong with the statistics on sexual abuse that are reported with such assurance by the media. The discrepancies just do not make any sense—even considering differences in definitions. How can a reasonable person reconcile rates of 2% with 25% or 50% or 62%. It doesn't make sense. We do not question the fact that the statistics on child sexual abuse were seriously under-reported in the past. They were. Given the mandates of the last decade, however, it is difficult to believe that data collected in a systematic and controlled manner by professionals working with children should not be the more reliable data to consider when reporting child abuse data. For the past decade everything has been stacked in favor or over-reporting as a way of overlooking nothing. While still unacceptably high, the data of the Department of Health and Human Services is in the single digit range.

We ask that professionals with skills in these matters address this matter. Irresponsible reporting of inflated rates of sexual abuse contribute only to hysteria, not to addressing the problems.

Survey

We will include survey forms in the August mailing to those who have not yet received them. We apologize for mentioning the survey and then not sending it. Please understand that in our wildest dreams, we simply had no idea that so many families would contact us in such a short time.

We report this month on some information about the children with false memory syndrome.

Do Children with False Memories Live Far from Parents?

We wondered if it might be easier to maintain the beliefs if distance was involved. This appears not to be a factor. Looking at 120 surveys we found that

54 lived in the same state
15 lived in a bordering state
46 lived in a distant state
5 did not answer the question

Marital Status of Children with False Memories

There seems to be no pattern as to whether accusing children are single or married.

53 were married
47 were single
15 were divorced
5 did not answer

Do Children with False Memories have a History of Psychiatric or Psychological Treatment?

N 127

	<u>yes</u>	<u>no</u>	<u>NA</u>
childhood	14	101	12
adolescence	22	94	11
college	29	75	13
adult	82	25	20
any hospitalization experience, inclusive	31	78	17

Most of the children who recovered memories do not have any history of psychological or psychiatric treatment before going to a therapist as an adult.

Were there any stressful situations within the last two or three years for the person with false memories?

N = 134 This was an open ended question and responses were coded in the following categories:

physical illness	12
emotional illness	14
significant relations	42
job/school stress	25
serious trauma	19
financial problems	9
pregnancy & birth	1
weight problem	7
job loss	4
drugs	4
change (moving)	9
none	13
not known	14

We might infer that these are the reasons that the children sought therapy as adults keeping in mind that this information is as reported by parents.

What methods of discipline were used as child was growing?

<u>method</u>	<u>as a child</u>	<u>as a teen</u>
spanking	55	4
talking	48	40
yelling	10	3
send to room	41	2
deny privileges	42	38
grounding	11	37
none	4	10
NA	10	18

Were their periods in which one parent assumed greater responsibility for discipline in the family?

yes = 78 no = 44 NA = 10

If "yes" which parent?

mother = 55 father = 21 NA = 56

We assume that methods of discipline were the same for siblings who did not get the memories.

Number of Children in Accused Families

# in family	#in survey
1	3
2	28
3	39
4	22
5	14
6	10
7	6
8	0
9	1

Did both parents work outside the home during period of alleged abuse?

yes = 35 no = 94 NA = 2

Were there other people in the home as the accusing child was growing up?(i.e. grandparents, nanny, etc)

yes = 46 no = 85 NA = 1

Were other adults in close contact with the accusing child while living at home? (i.e., friends, relatives)

yes = 71 no = 57 NA = 4

The children with the false memories are probably in the last generation to have a family situation in which the mother was at home. In more than a third of the families

there were other people living in the home and in half of the families other adults were in close contact with the children and who might observe unusual behavior on the part of the children.

Age of accuser at time of initial allegations

N = 131 Female = 117, Male = 14

<u>age</u>	<u>#</u>
15-19	6
20-24	14
25-29	26
30-34	31
35-39	29
40-44	16
45-49	3
50-54	1
NA	5

Alleged abuse - starting age of child

<u>age</u>	<u>#</u>
below 2 yr	18
2	21
3	15
4	11
5	13
6	8
7	5
8	3
9	2
10	2
13	3
14	1
NA	30 (vague accusations)

How long were the memories repressed? (from age alleged abuse supposedly began to age at which memory recovered)

<u>years</u>	<u>#</u>
10-14	7
15-19	11
20-24	14
25-29	19
30-34	30
35-39	11
40-44	7
45-49	1
NA	26 (accusations too vague to tell)

For Help Call 1-800-568-8882

MEETINGS

Families have been meeting in formal and informal settings across the United States and Canada. If you have not yet been in contact with anyone from your state and you wish to do so, let us know.

At meetings, people naturally share what they have learned. For example, families are learning about licensing regulations for mental health professionals in their states and legislative actions that may affect them. Members discuss strategies for informing influential people in government, law, education, medicine and the media about the problem.

At each of the recent meetings in Salt Lake City and Oklahoma City, young women appeared and asked to have time to tell of their own experiences with memories recovered in therapy which they now believe were false. This is extremely helpful to parents in getting an understanding of what has happened in their own families.

ARIZONA

Call Jim at 602-860-8981

TORONTO, CANADA

Saturday, August 30, 1992

 The August newsletter will be brief because we will be on holiday for part of the month. The August mailing will, however, include several papers that have recently appeared and survey forms for families that have not received them.

The July and August mailings are being sent by bulk mail. Please check the date of the newsletter with the date that you receive it and let us know if this cost-saving method is satisfactory. Time is precious to us.

AK (1)	AR (1)	AZ (34)	CA (60)	CO (5)
CT (2)	DE (1)	FL (10)	GA (4)	HI (1)
LA (2)	ID (5)	IL (14)	IN (9)	KS (14)
LA (4)	MA (10)	MD (7)	MI (20)	MN (8)
MO (8)	MS (1)	MT (2)	NC (5)	NH (1)
NJ (25)	NM (2)	NV (5)	NY (24)	OH (34)
OK (8)	OR (7)	PA (99)	RI (1)	SC (2)
TN (1)	TX (13)	UT (52)	VA (8)	VT (1)
WA (19)	WI (22)	DC (1)	Canada	BC (6)
MB (1)	NS (1)	ON (84)	PQ (2)	SK (1)
ABROAD (1)				

Recommended Readings

Freudian Fraud: The Malignant Effect of Freud's Theory on American Thought and Culture, 1992
 by E. Fuller Torrey, M.D.
 Harper Collins

We repeat some past recommendations.
Hidden Memories, 1992
 by Robert Baker

Prometheus Books

Parents tell us that this is the best book they have read to understand some of the issues of how their children could have gotten such terrible memories.

Courage to Heal, 1988

Bass and Davis
 Harper and Row

Parents do not like this book which is known as the bible of the incest recovery movement, but they say that it helps to explain the strange and cruel behavior of their children. Many parents received letters copied from this book.

A question of ethics

Many parents have asked about the ethical behavior of therapists who give their clients a book such as *Courage to Heal*. It appears that the therapist who makes a diagnosis of incest then proceeds to tell the client that a lawsuit is part of the recovery process to get money for continued therapy and then gives the client a list of lawyers who take such cases. People with this question may write to the
 Ethics Committee
 American Psychological Association

Washington, DC

FMS Foundation Newsletter

3508 Market Street suite 128, Philadelphia, PA 19104, (215-387-1865)

August/September, 1992

Dear Friends,

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

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

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

Pleased with the FMS Foundation

A new situation came up this past month: two people asked us if we would call their parents. The answer was "yes" and those stories seem to be moving toward a happy ending. One father spoke of his love for his daughter and the irony that he had learned about the FMS Foundation from her. He thanked us.

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

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

Pamela

Worried about the FMS Foundation

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

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

We see it as urgent, therefore, that issues that are tearing families apart be addressed as quickly as possible, and that they be based on the best scientific evidence available.

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

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

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

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

The writers of Update claim that they received the following information in a letter from a male incest survivor. "... the FMS Foundation also denies the existence of Post-Traumatic Stress Disorder, Multiple Personality Dis-

order and even repression itself." Is this the level of scholarship? Why would such a ridiculous statement even be repeated by the prosecutors?

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

Update chastises us for quoting the statistics that the rate of unsubstantiated accusations has moved from 35% to 65% since 1976. They complain of our failure to "caution" readers that "unsubstantiated" may mean "lack of investigation, lack of follow-up, lack of appropriate resources or non-caretaker abuse." They note that we have left the impression that "unsubstantiated" is the same as "false." We reply that in our education we were taught that in the American system of justice, a person is assumed innocent until proven to be guilty. We would gladly share with the prosecutors articles about people who have lost their jobs and families because of unsubstantiated charges of abuse and even of satanic ritual abuse, a situation for which empirical evidence is lacking. The prosecutors seem to be saying that a person is considered "guilty until proven innocent," if the charge is sex abuse. Since, rightly or wrongly, that appears to be the case, we hope that the National Center for Prosecution of Child Abuse will urge others to follow its own guidelines. We quote them again: "...it is critical that allegations are investigated promptly, thoroughly and objectively by trained law enforcement and other professionals. Sensitivity and skill are necessary not only for reliable interviews but to avoid unnecessary trauma for victims and those accused."

Given scarce resources and the enormity and urgency of the task of eliminating child sexual abuse, wouldn't it make more sense if the National Center for Prosecution of Child Abuse joined us in that effort by ensuring that false accusations are kept to a minimum and that therapists are guided by scientific principles rather than by a book which states in the introduction that it is based on "no scientific principle."

The Foundation

The False Memory Syndrome Foundation was formally organized in March, 1992 by a group of professionals and parents in order to document the scope and to understand what appeared to be a growing phenomenon of parents telling professionals that they had been falsely accused of abuse and then cut off by their adult children on the basis of memories that were supposedly repressed and then recovered using techniques that are questionable by

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

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

scientific standards. The Foundation received its status as a tax-free public charity (501-C-3) from the IRS on June 2, 1992. Prior to its formal organization, a few members paid for the services of the Institute for Psychological Therapies in Minnesota to answer the 800 telephone and to help develop material to send to callers.

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

Who's Who in the Office

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

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

Who are the volunteers?

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

Office: The volunteers who help in the office are mostly from the Philadelphia area. In addition, we have had volunteers come from New York, New Jersey, Mary-

land and Washington, DC to spend a few days with us. "I had no idea you were so busy!" is what people tell us after a day in the office. "Where did the time go!" You would not have received your initial packet or this newsletter without the generosity of the office volunteers.

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

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

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

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

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

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

With six exceptions, we have not solicited individuals. Frankly, we don't have time given the explosive growth. We have a committee willing to help with fund-raising, but we will not give them names to call because we understand the need for anonymity in so many cases.

WHERE DO 1,132 FAMILIES LIVE? 8/28/92

AK (2)	AR (1)	AZ (34)	CA (129)	CO (14)
CT (15)	DE (1)	FL (37)	GA (12)	HI (1)
IA (10)	ID (8)	IL (34)	IN (12)	KS (20)
KY (5)	LA (4)	MA (20)	MD (17)	ME (4)
MI (54)	MN (18)	MO (25)	MS (1)	MT (4)
NC (15)	ND (2)	NE (5)	NH (1)	NJ (44)
NM (7)	NV (7)	NY (50)	OH (47)	OK (12)
OR (17)	PA (107)	RI (3)	SC (4)	SD (1)
TN (3)	TX (35)	UT (70)	VA (19)	VT (3)
WA (44)	WI (49)	WY (2)	DC (2)	Canada -
AB (1)	BC (7)	MB (1)	NS (1)	ON (84)
PQ (2)	SK (1)	Abroad (4), Israel, France, England		

This is an unusual situation. No one will be personally solicited without permission. We trust that you will do what you can to speed the end of what is a terrible nightmare for many people. We hope that some of you will volunteer to discuss contributions with the committee.

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

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

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

More on Sex-Abuse Statistics

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

A Survivor's Story

We received the following from a new member:

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

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

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

When I told about this sensation to my psychologist, I instantly felt a sense of acceptance and empathy from him, so I continued to tell whomever I could and to talk to anyone who would listen about it from then on. However, I was not sure of the age in which it happened. (I started with the age of 4 and then changed it to 6 and then 7.) I was definitely encouraged by my psychologist to talk

about it in groups and in therapy sessions. My psychologist and I confronted my mother about it. I wrote a letter to my father about it and with the help of the hospital social worker, I turned him into some hot line for child sexual abuse and continued to accuse him.

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

At the same time, I was constantly beset by doubts about my experience. It felt like I was "making it up" but it said in *Courage to Heal* that

ABOUT THIS MAILING

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

- Wakefield, H. & Underwager, R. *Recovered memories of alleged sexual abuse: Lawsuits against parents.* (In press, Behavioral Sciences and the Law).

- Loftus, E. (1992) *The reality of repressed memories.* The Psi Chi/Frederick Howell Lewis Distinguished Lecture presented at the Centennial meeting of the American Psychological Association, Washington, DC, August.

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

the memories often feel that way.

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

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

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

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

At the enthusiastic encouragement of my hypnotherapist, I began showing signs of multiple per-

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

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

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

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

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

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

I have since stopped the litigation against my father and apologized to him and my family, although whether they can forgive me for three years of false accusations remains to be seen. I still remain perplexed and very disturbed as to how this all could have happened to me, but I know that the *Courage to Heal* book had a lot to do with it.

Alice L.

Become Informed

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

- 1) Attend an incest survivors meeting. These are usually listed in local papers.
- 2) Make a visit to the recovery section of a bookstore and browse for a while.
- 3) Subscribe to

The Survivor Network
P.O. Box 80058
Albuquerque, NM 87198

This organization has a newsletter, a magazine and a Resource Directory. A special feature of the directory is a section with information about therapists, their fees, schedules and areas of specialty in working with survivor issues.

- 4) Subscribe to
Survivors Newsletter Collective
Women's Center
46 Pleasant Street
Cambridge, MA 02139
- 5) If you have access to CompuServe, read the bulletin board devoted to sexual abuse issues. If you are an academic with access to the internet, subscribe to the newsgroup "alt. sexual.abuse.recovery." These are all revealing sources of insights into understanding the incest survivor movement.

Why my child?

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

Pilot data from 140 families show that the children were generally high achievers (over a quarter with advanced degrees). They did well in school and also did well in piano lessons, violin lessons, drama lessons, tennis lessons, swimming lessons, etc. In other words, the children could go into any classroom and get an idea very quickly what was expected to get an "A," had the mental capacity to do it and, even more important, had the self-control and determination to do it. When these people are

"compliant" because of a therapeutic setting and if an expectation that sexual abuse is the cause of every ailment is embedded in that setting, then these children become the most abused. They are the best students the therapist has and so recover not only the most memories but also the most bizarre memories. They are great students. This is, of course, only a hypothesis and it does not fully explain the situation, but it is an observation that makes a lot of sense to most parents.

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

More on Sex Abuse Definitions

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

Tele-therapy?

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

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

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

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

Confabulations

Creating False Memories
Destroying Families

Preview Copy
Limited Edition

By Eleanor Goldstein

With Kevin Farmer

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Our Conclusions

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

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

They lived the experiences as they confabulated them with the aid of a therapist, books, tapes, groups, and seminars. The abuse became more vivid as they articulated it, visualized it, described it, relived it in therapy, wrote about it, had it validated by a therapist and a group, talked about it over and over again. The abuse became increasingly real as they grieved about it, confronted their perpetrators, told their friends and families about it, and performed rituals with their support groups. The hate they

learned to express for the so-called perpetrators and enablers made the abuse even more vivid in their minds. The abuse became the center of their lives, so the abuse *is* real. If it happened or not, the abuse is now the most vivid memory they have. Most memories fade in time – they become fuzzy. These memories, that have been confabulated, are so vivid they will probably live forever. The adult children have lived with terror in their therapy and group for so long that it is real. They are programmed to direct the terror against their parents.

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

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

These therapists are creating new definitions for the mind. They define the mind as a tape recorder with each memory firmly embedded to be brought to the surface with the aid of a therapist or hypnotist. They do not know or want to know that memory consists of fragments that are constantly reinterpreted. Therapists are exercising a tremendous power

over their clients when they help them create memories and encourage them to act on the fabricated memories. When therapists encourage clients to focus on the pain, they are doing untold damage as they help create the pain.

What is going on? The Recovery Movement is a billion dollar enterprise. Hundreds of thousands of people are making lots of money in this growth industry. Many unqualified therapists are in this business. As soon as a victim accepts that she has been abused, she is told "recovery" will take two to six years, maybe a lifetime. The therapist has hooked a long-term patient.

Millions of well-meaning people are trapped in this widespread movement. The therapists may be well-meaning. Most people are sympathetic to anyone who has been abused and they have jumped on this bandwagon. State legislatures are being pressured to enact laws extending the statute of limitations on crimes discovered from repressed memories. Juries are sympathetic. Many journalists and talk show hosts accept the validity of repressed memories without question, and of course certain publishers are thriving in this area.

So many therapists now practice "inner child" therapy that they reinforce one another, validating each other's books and acting as "expert witnesses" to defend the concept of decades-delayed discoveries from repressed memories of childhood trauma. Most psychiatrists do not believe in repressed memories. According to David Halperin, psychiatrist at Mount Sinai Hospital in New York, trauma "is hard to forget." Sexual abuse is generally an indelible mark on a person. Post Traumatic Stress Disorder (PTSD) creates problems because the memories are impossible to forget. The victims of PTSD do not repress their memories – they cannot get them out of their minds, according to Dr. Halperin.

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

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

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

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

It's time for an appraisal of this dangerous situation by professionals trained in the rational scientific method to

look for data and facts about decades delayed discoveries and repressed memories.

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

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

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FMS Foundation Newsletter

3508 Market Street suite 128, Philadelphia, PA 19104, (215-387-1865)

October 5, 1992

Dear Friends,

"*Things certainly are heating up!*" exclaimed a visitor who arrived in the office just as three different articles about FMS came spewing forth from the fax machine one right after the other. How can we capture the atmosphere of change that we perceive when for most families we know there has still been no change?

One year ago on this date, we were aware of fourteen families who told tragic stories about once kind and loving children who had become obsessed with being victims, who had become trapped in childhood, who had cut themselves off from family, who had claimed their parents or other relatives had done unspeakable things. We thought that was amazing. In this newsletter we report that we are now aware of over 1,400 such families. That is astounding.

One year ago, we had never heard of anyone giving up these memories. Today we are aware of more than thirty recanters. Last month we knew of no Foundation families whose children had given up memories. Today we can write that two families called to tell us their daughters had apologized for their false memories. In one case, we were told that the daughter gave up the memories when her therapist was written about in the newspaper. In the other case we were told that FMS materials caused a son-in-law to question and that was enough to bring about a change.

One year ago we had little idea of the phenomenon with which we were dealing. Today we have Foundation liaisons in forty-four US states and three Canadian provinces. Today we have a small library of articles, legal information and survey data about families. We have received our first private foundation grant funding for a national conference to be held in the spring. There are now two graduate students working in areas related to FMS—one from the perspective of psychology, the other from health insurance. We have had professional visitors come to the office to use our materials to prepare workshops for colleagues.

The biggest change has come in the press. One year ago there was literally nothing written about FMS (indeed, it did not even have a name). There are now many well-documented professional and popular articles about FMS. In this mailing, members will receive three new articles.

(1) "Inadvertent hypnosis during interrogation: False confessions due to dissociative state; mis-identified multiple personality and the satanic cult hypothesis" by Richard Ofshe, Ph.D. (Berkeley) is an incredible story of a man who confessed to committing ritual satanic abuse but whose confession is really meaningless since an experiment showed that he would confess to anything.

(2) "Psychiatric Misadventures" by Paul McHugh, M.D. (Johns Hopkins) questions the whole notion of Multiple Personality Disorder as being an artifact of the psychiatric community.

(3) "Call me Mom" by Andrew Meacham challenges the therapeutic notion of "reparenting" in which a person is encouraged to cut off from the "family of origin" and adopt a "family of choice" which is often the therapist or a 12-step group.

Two recent news articles are also available for handling costs: A three part series by Mark Sauer and Jim Okerblom from the *San Diego Union-Tribune*, "Haunting Accusations: Repressed memories of childhood abuse: real or delusions?" and a three-part series by Bill Scanlon from the *Rocky Mountain News*, "Skeptics question memories of incest; Incompetent therapists turn patients' fantasies into repressed reality, some experts are saying." We have enclosed an order form. If this new service works smoothly, we will make more articles available. (If you send copies that can be reproduced, be sure that they are originals, not copies themselves.)

There is a feeling of change, but the Foundation is not the cause of the change. You are. One person wrote to us that he felt that after the first meeting somehow someone would "*wave a magic wand and all this would be behind us or somehow cleared up.*" There are no magic wands. Professionals and families together are writing the script to a drama in which we did not choose to perform. If we want a happy ending, we'll have to make it happen. No one else has so much at stake.

Because of the cult-like cutting off by the children and their therapists, we must work at the level of public awareness to change the situation. You have written letters to papers; you have knocked on politicians doors; you have filed complaints; you have appeared in public; you have written journal articles; you have even picketed; you have kept us informed. You are changing the climate. Keep it up. We will do our part from the office, but the ending depends on you.

Pamela

Notice to Siblings

Please send us your stories
for the book to follow *Confabulations*.
It will be a view of False Memory Syndrome
through the eyes of the sisters and brothers.

Our Critics

Criticism of the Foundation continues.

The *King County Sexual Assault Resource Center* in Renton, WA headlined an article in its summer 1992 newsletter about the Foundation with "The Backlash Has Begun." In this article, Gayle M. Stringer, M.A. attributes to the Foundation beliefs and motivations that she must have invented. "In one broad brush stroke, the FMS group denounces and attempts to discredit those who were victimized as children and the service providers who treat and support them." Statements from the Foundation have appeared many times that child abuse exists and is an unconscionable crime.

The *Utah Daily Herald* reported on September 5 that Susan Asher, a Provo therapist, "believes FMS is nothing more than 'a massive denial and justification' movement started by perpetrators of child sexual abuse." We have given this information to our lawyers because people have suggested that this is libelous, but it really seems too silly to bother with. It is obvious that Ms. Asher knows so little about psychology that she failed to recognize the names of the distinguished researchers who comprise the FMS Foundation Advisory Board. How embarrassing for her. How sad for her clients.

On National Public Radio, *Talk of the Nation* in August, Rene Fredrickson, Ph.D., a person who specializes in "chronic abuse trauma syndrome & repressed memories" asked why we ever believe recanters. To be accused of incest is, apparently, to be guilty. Once accused there's no way the Rene Fredricksons of the world will ever believe you innocent.

How is the FMS phenomenon spreading?

Media? We had a phone call this week that gave us some insights into how the phenomenon or hysteria might be spreading. We talked with a woman who had called us several weeks ago questioning her own memories. We called her to ask what she was thinking now that she had received some material from the Foundation. She told us that she was certain now that her own therapist had not led her in any way and that the therapist had used hypnosis only once at the caller's request. Indeed, this person told us that she was becoming more and more convinced that her memories of satanic ritual abuse were real memories. She told us that since our first chat, she had validated her memories. She said that she had read stories in the newspaper and had seen things on television that proved to her that her memories were real.

What responsibility does the media play in this? People have always used myths and stories to help explain

their own lives. There is nothing strange or unusual in that. One anecdote is not scientific evidence. Just because one person has told us that she was able to validate her own memories from television, does not mean that others do. But it raises a flag. Could self-reports of abuse be contaminated by media stories? Could the phenomenon be feeding on itself through the widespread coverage that survivors have engendered.

300 YEARS AGO

From, "The Lesson of Salem" by Laura Shapiro, *Newsweek*, August 31, 1992.

"In 1692, those who 'confessed' to witchcraft were spared; only those who insisted on their innocence were hanged."

"The witch trials represent more than just a creepy moment in history: they stand for the terrible victory of prejudice over reason, and fear over courage—a contest that has been replayed, with different actors, again and again since 1692. Modern witch hunts include the roundup of Japanese-Americans during World War II, the pursuit of Communists in the '50s and, according to an increasing number of critics, some of today's outbreaks of community hysteria over purported sex abuse in preschools. ...the evidence in these cases tends to spring from hindsight, fueled by suspicion and revulsion. Whatever the truth may be, it has little chance to surface under such conditions."

"Today many scholars believe it was clinical hysteria that set off the girls in Tituba's kitchen. Fits, convulsions, vocal outbursts, feelings of being pinched and bitten—all of these symptoms have been witnessed and described, most often in young women, for centuries. Sometimes the seizures have been attributed to Satan, other times to God, but ever since Freud weighed in, hysteria has been traced to the unconscious."

"Perhaps the best way to identify a witch hunt, today or 300 years ago, is to look for fear, because fear spawned witches.... Nothing could stop the infestation—except, finally, the will to see clearly beyond prejudice. Late in the fall of 1692, as the witch craze was fading, several of the afflicted girls were traveling through nearby Ipswich when they encountered an old woman on the bridge. A witch! Instantly they fell into fits. But Ipswich was not on the lookout for witches; it didn't want them. Nobody begged the girls for names or particulars, so they picked themselves up and continued on their way. The witch hunt was over—until another time, and another Salem."

Therapist bias? If a therapist had a preconceived notion that sexual abuse is the cause of a vast array of symptoms, then it is likely that therapist will find incest. People tend to find what they are looking for and they tend to neglect to consider alternative hypotheses. This is referred to as attentional bias. "Attentional bias can be understood as failure to look for evidence against an initial possibility, or failure to consider alternative possibilities." Baron, J. (1988) *Thinking and Deciding*, Cambridge U, p 247. Because we are not privy to the actual therapy sessions, we must rely on other types of information to look for potential bias. Here are a few examples:

A parent: *My daughter said, "The therapist told me, 'Your damaging dreams and your past behavior are a text book case of sexual abuse as a child. You will never be able to live a normal life until you face the problem.'"*

A Social Worker: *"I would automatically suspect sexual abuse in someone with an eating disorder."* Nita Daniels-Levin, a psychiatric and clinical social worker in Toronto, *Cosmopolitan*, May 1992 p 248.

A psychologist: *"It's [sexual abuse] so common that I'll tell you. I can within 10 minutes, I can spot it as a person walks in the door, often before they even realize it.*

There's a trust, a lack of trust, that's the most common issue. There's a way that a person presents themselves. There's a certain body language that says I'm afraid to expose myself. I'm afraid you're going to hurt me." CNBC program *Real Personal* on April 27, 1992. Brenda Wade, Ph.D. who was identified as a licensed San Francisco family therapist and as "Good Morning America's On-Air

Psychologist.”

A recanter: “I went to a counselor who said she specialized with helping people get in touch with repressed feelings. It was helpful for the first year and a half. I worked through stuff. But then it moved to sexual abuse awareness. I began to wonder, ‘Did anything happen to me?’ I got an anxiety that wouldn’t go away. From that point the therapist pushed to get at this repressed stuff. Pressure, direction, subtle. I began to doubt my own uneasiness but I thought, ‘She’s trained. She knows what she’s doing.’ But then I got to the point of a mental breakdown.”

An advertisement: “REMEMBERING INCEST AND CHILDHOOD ABUSE IS THE FIRST STEP TO HEALING. We can help you remember and heal. 1-800-xxx-xxxx. This ad, which we read in the United Airline Magazine in July, went on to list symptoms “• MOOD SWINGS • PANIC DISORDER • SUBSTANCE ABUSE • RAGE • FLASHBACK • DEPRESSION • HOPELESSNESS • ANXIETY • PARANOIA • LOW-SELF ESTEEM • RELAPSE • RELATIONSHIP PROBLEMS • SEXUAL FEAR • SEXUAL COMPULSION • SELF MUTILATION • BORDERLINE PERSONALITY • IRRITABLE BOWEL • MIGRAINE • P.M.S • POST TRAUMATIC STRESS • BULIMIA • ANOREXIA • A.C.O.A • OBESITY • MULTIPLE PERSONALITY • HALLUCINATIONS • RELIGIOUS ADDICTION • PARENTING PROBLEMS • SUICIDAL FEELINGS •”

Do these examples indicate possible therapy bias? You decide.

What do we know about therapists?

We preface this section by noting our deep appreciation for the majority of mental health professionals, including psychiatrists, psychologists, social workers and counselors, who are supporting the FMS Foundation. We could not function as a credible organization without the professional commitment we receive. The professionals with whom we are in contact are very disturbed by the behavior of a subset of that community. As one doctor put it, “I’ve been very worried about what was going on. Your organization gives me a way to begin to do something about it.” We are not “out to get therapists.” We do, however, expect an accounting from those therapists who have cruelly alienated children and grandchildren from their families and who have ruthlessly ruined the reputations and lives of thousands of people.

According to a report by Daniel Goleman, “Surprising Portrait of Psychotherapists as Abuse Victims” in the

New York Times on September 9, 1992, 70% of women and one-third of men therapists “had experienced some

form of abuse, including milder forms like sexual harassment.” The information he reported has come from a national survey of clinical and counseling psychologists to be published in the journal Professional Psychology: Research and Practice.

Some professionals indicated that this was positive. “Many experts see in the data a sign of the Jungian notion of “wounded healers,” who are adept at treating emotional wounds because they too have suffered them.” Other experts see this as startling. Dr. Jesse Geller at Yale University was quoted as saying “I’ve heard

that the most common slip that therapists make is to substitute the word ‘parent’ for ‘patient.’ It suggests that in some symbolic sense, many therapists go into the field to cure their parents, to undo how they were raised.”

Do therapists view themselves as abuse victims? This report would indicate that they do. If so, how does this add to our understanding of the spread of the phenomenon? What does this mean for training institutions?

Some therapists ignore research evidence.

We also know that the therapists who have alienated children from their families ignore research evidence. Most of them urge their clients to read *The Courage to Heal* which states in its preface that it is based on no psychological theory. That book perpetuates many unscientific myths ranging from inflated rates of child abuse to the intergenerational transmission of violence to the so-called signs that indicate abuse. Following are three references that should make therapists more cautious about “signs” of abuse.

“CURRENT EVIDENCE DOES NOT SUPPORT THE HYPOTHESIS THAT CHILDHOOD SEXUAL ABUSE IS A RISK FACTOR FOR BULIMIA NERVOSA.” Harrison & Hudson, 1992. “Is childhood sexual abuse a risk factor for bulimia nervosa?”, *American Journal of Psychiatry* 149:4 April.

“AS YET, THERE IS INSUFFICIENT EVIDENCE TO CONFIRM A RELATION BETWEEN A HISTORY OF CHILDHOOD SEXUAL ABUSE AND A POSTSEXUAL ABUSE SYNDROME AND MULTIPLE OR BORDERLINE PERSONALITY DISORDER.” Beitchman, Zlucker, Hood, DaCosta, Akman & Cassavia, 1992. “A review of the long term effects of child sexual abuse.” *Child Abuse & Neglect*, Vol 16 pp 101-118.

“OVERALL, STUDY FINDING INDICATE THAT EARLY ABUSIVE TRAUMA AND ADULT FUNCTIONING HAVE NO SIMPLE RELATIONSHIP.” Martin & Elmer, 1992. “Battered children grown up: A follow-up study of individuals severely maltreated as children.” *Child Abuse*

WHERE DO 1,415 FAMILIES LIVE?

AK(2)	AL (4)	AR (1)	AZ (34)	CA (185)
CO (18)	CT (22)	DE (1)	FL (54)	GA (17)
HI (2)	IA (12)	ID (12)	IL (48)	IN (16)
KS (22)	KY (7)	LA (5)	MA (27)	MD (27)
ME (5)	MI (61)	MN (25)	MO (30)	MS (1)
MT (5)	NC (14)	ND (2)	NE (6)	NH (2)
NJ (58)	NM (9)	NV (7)	NY (64)	OH (52)
OK (13)	OR (21)	PA (126)	RI (3)	SC (5)
SD (3)	TN (6)	TX (50)	UT (70)	VA (24)
VT (3)	WA (58)	WI (60)	WY (2)	DC (2)
Canada -	AB (1)	BC (10)	MB (8)	NS (1)
ON (84)	PQ (2)	SK (2)		
England(1)	France (1)	Israel (2)		

& Neglect, Vol 16, pp 75-87.

Of course, other articles stating different positions can readily be found. We urge readers to examine the research presented on all sides with an open mind. Be critical of the sample size, whether it's a case study or controlled study, etc. It is our opinion that the above studies are sound and ought to be taken very seriously.

Preliminary Survey Data

We know a bit more about the specific therapists who have caused such distress to Foundation families. Holly Wakefield and Pam Freyd have been reporting data from 150 initial surveys. This is what families have reported:

N = 122	<u>yes</u>	<u>no</u>
Know the therapist	70	52
Qualifications		
Psychiatrist	7	
Psychologist*	23	
Social Worker	18	
Counselors	21	
Ministers/Pastors	7	
Therapist gender		
Female	62	
Male	23	
Age of therapists by gender		
<u>age</u>	<u>F</u>	<u>M</u>
20-29	2	0
30-39	19	4
40-49	15	10
50-59	3	5
60-69	0	0
70-79	0	1

*Preliminary results indicate that most of the therapists are female, aged 30 to 50. Since many people do not make a distinction between psychologist and psychotherapist, we question the number for psychologists.

What can families do?

Families tell us that they are profoundly frustrated. They write and phone and say they feel a sense of urgency. They tell us "My child seems to be growing worse, not better," or they ask, "How can this be good for my grandchildren that I am not allowed to see?" Some families have become so desperate for action that they have picketed a therapist's office (we must report that we did receive a phone call from a client of that particular therapist asking us to thank the picketing families for helping her to confirm her suspicions about the treatment she was receiving).

Many families have asked us to put them in contact with other families whose children may have the same therapist so that they can make complaints and explore legal actions together. For example, three weeks ago a family in state A asked us if we could help them get in touch with the Attorney General in state B. We happened to know of families in state B who were already in the process of making complaints with the Attorney General and were able to put them in contact.

With this newsletter all families are receiving a one

page "therapist survey." Please help us by filling it out immediately with as much information as you now have. Even if you have sent us this information in a letter, we ask that you send it again on the enclosed form so that (1) the information we receive will be consistent and (2) the information can be entered into the computer more efficiently and quickly. If you return the survey immediately, we will have the data entered and ready to analyze by December.

If you don't have any information about the therapist: A reputable therapist should be willing to send you a resume if you call the office and ask for one. If a therapist is employed in a clinic, the clinic should provide a resume, and also give you the name of the therapist's supervisor if there is one. Reputable therapists and clinics will tell you their fees. If the therapist is licensed, information can be obtained from the state licensing boards. We have sent licensing board information that we have to the people who are acting as state liaisons.

If you don't even know who the therapist is: Some parents have told us that they hired private detectives to find out the names of those responsible for rewriting their children's history. Others have told us that it is less expensive and just as good to ask family members or friends who may have some contact with the accusing child to help get this information.

If you want to meet with the therapist: Some parents have been able to arrange meetings with their children's therapists. We are sorry to report that most parents have told us these were disastrous. Parents were generally not prepared for the type of interview or confrontation that took place. With the help of professionals and families, the Foundation has written guidelines to help families prepare for a meeting with their child's therapist. Members may write and ask for: *Guidelines for meeting with child's therapist*. Please include a self-addressed envelope. **If you file a complaint:** Many families tell us that they have started the process of filing complaints with various government and professional organizations. As we receive information and guidelines, we will sent them to the state liaisons since these are state level issues. One word of warning has been given to us from the organization, Stop Abuse by Counselors. If you file a complaint, you may want to have it checked with a lawyer. If you intend future legal action when the time is appropriate, the wording of any complaints written now could be important.

For Help Call 1-800-568-8882

CONFERENCE
April 16-18, 1992
Philadelphia, PA

Details in November newsletter.

The FMS Foundation conference in the spring is certain to be an interesting event. The main focus will be the presentation of academic papers that relate to issues of False Memory Syndrome. A committee will organize the invitation of presenters, panels and workshops for both professional and family interests. We will solicit papers that represent differing views on the reality of repressed memories and the techniques used to elicit these sorts of memories.

Why different perspectives? We feel a need to explain why we will invite speakers with differing views. Because so much has appeared with never a question about the reality of all recovered memories, some people have suggested that we should have a conference that presented only the skeptical side.

We must have a conference in which all sides are presented because the lives of thousands of people will be affected by the results. In the best academic tradition, researchers must publicly present their evidence, listen to criticism and respond. In the best academic tradition the body of evidence must be weighed and some operating principles determined. We have been advised that clinicians and researchers who are strong believers in the total validity of all repressed memories will refuse to appear. Since this conference will be public, we expect that academics, families and the press will question any researchers who refuse to participate should such an unlikely situation arise. This is not an ordinary academic conference. Families and reputations are in the balance. The FMS Foundation has nothing to hide. We support an open, balanced and public conference.

FMS Foundation Ad

The following material is to use if you wish to place an ad announcing the 800 number.

Have you been falsely accused by an adult on the basis of "recovered memories?" You are not alone. Help us document the extent of this phenomenon. Call the False Memory Syndrome Foundation at 1-800-568-8882.

MEETINGS

We urge every person who receives this newsletter to call the contact person for the state in which you live. We now have FMS Foundation liaisons in almost every state.

Some liaisons have expressed frustration that we do not give the names of people who call the Foundation. We understand that frustration because it is frustrating from the perspective of the central office too, and it creates lots of extra work. To date we have tried to solve this problem by offering to send out flyers on a state-by-state

basis to let members know about meetings. As our numbers continue to increase, however, it is getting to be more difficult to do that. We are looking for more efficient ways to let people know about meetings.

Here are some suggestions:

1) Plan a regular schedule for meetings. We will include this along with the name of a contact person when we send the original packet.

2) Try to plan meetings enough in advance so that we can announce them through the newsletter rather than through special flyers—although we understand that emergency meetings will happen from time to time. Please send us in writing any notice you would like to have included. This should help reduce the number of mistakes.

New England Area

Note change of date

Sunday November 1, 1992

1:30 P.M.

Call Joe 508-752-0554 for details

Southwest Region

LA, OK, TX, CO, AR, KS, NM

Saturday Nov 7, 1992

9:00 A.M.

Austin, Texas

Rally at the Capitol Bldg
to Encourage Mental Health Reform
for details call Lynn 214-352-7221
or Rosemary 405-439-2459

Ohio Area

Sunday November 15, 1992

2:00 P.M.

Call Bob or Carole at 216-888-7963

Florida

Saturday November 14, 1992

1:00 P.M.

Call Kevin Farmer at 800-374-7477

Some groups have asked about forming official branches. For the time being, it will be the biggest help to the Foundation if you consider yourself an informal group of "Professionals and Parents in Support of the FMS Foundation."

Defending parents from ugly charges

A group of young people met recently in a pleasant family room in a suburban house. How ironic, I thought. Meeting in a family room to hear tales of families torn apart.

The group was made up of people whose siblings have accused their parents of incest — a crime that the parents hotly deny. The group members had gathered to find ways to support one another and their parents in the face of these ugly accusations.

Their stories were disturbingly similar — and nearly always involved women. A sister undergoes therapy for depression or some other emotional disorder. She announces that she remembers instances of childhood incest. She then wants her parents to confess to the abuse and she wants other family members to admit that they were aware of the situation. If that doesn't happen, she may very well cut off contact with her entire family.

Devastating to parents, yes. But equally devastating to those siblings who question the allegations.

They are the peers, the ones left to sort through the situation from ground level. Initially, the stories sound authentic because they are recounted with such sincerity. But one woman said that when she questioned her sister, she discovered that the sister's accusations failed to hang together. The sister told of being abused as a 2-year-old, but gave the location of the abuse as a house the family moved to years later.

A high school student said her older sister's revelation initially made her fearful of her father.

"I couldn't believe it was true," she said. "But my sister seemed so sure it happened. After she told me, I didn't want to see my father. It took me a while to realize that it wasn't true.

Philadelphia Inquirer

SUNDAY

September 20, 1992

By LUCIA HERNDON

Defending parents from ugly charges

LUCIA HERNDON from L I

My sister nearly wrecked my relationship with my parents."

Others told of their sisters' trying to convince them that they, too, had been incest victims but were in a stage of deep denial.

"For a while you ask yourself, 'Did this happen to me and I forgot it?'" said one woman. "But I realize now that my sister basically has written a play and has assigned us roles. I'm supposed to be the repressed victim. My parents are the bad guys."

The question these family members ask is not whether the incest occurred — they, finally, do not believe that it did. But they do wonder how these "memories" suddenly materialized. Some think the answer lies in over-eager therapists who plant the notion of abuse that an emotionally unstable patient then believes actually happened.

"We're not denying that incest and sexual abuse does occur," said Pamela Freyd, executive director of the False Memory Syndrome Foundation, a Philadelphia-based organization of parents whose children have accused them of sexual abuse.

"But we question charges that surface in a particular situation; one where adults have spent their entire lives with no memory of these incidents. When they get into therapy, these memories suddenly appear. We ask the therapists to use extreme caution, especially if they are using hypnosis to tap these so-called memories, and [we ask that] every attempt be made to verify the charges."

Patricia Dice, a family therapist who attended the recent meeting, said she has dealt with many cases of childhood sexual abuse. But in those cases, the victims never forget the episodes. The memory does not fade

away, only to return decades later.

Since its inception in March, the False Memory Syndrome Foundation has been contacted by 1,200 family members across the country who have been accused of incest. Its mission is to help every member of the family.

"Parents are understandably upset," said Freyd. "But the siblings also suffer."

One result frequently is alienation, and not only of the accuser. Family members have missed graduations, weddings and other gatherings because of the rift caused by the accusation — especially if the siblings are divided about which people they believe. One woman said that her sister accused their father not only of years of incest but also of the ritualistic killing of the family dog in the bathroom.

"It is very clear to me that none of these things happened," said the woman. "But what is true is that my sister believes it happened and has pulled away from the family because none of us believes it. I was close to my sister, but now I rarely see her."

Freyd said that incidents such as this are why her organization is "hard at work to put some restraints on this. The memories tend to get more and more bizarre. They move on from sexual abuse into satanic rituals. . . . It's not that bizarre things don't happen, but the pattern of these memories ought to make therapists stop and say, 'Wait a minute.'"

Efforts to reason often fail. "I tried to talk to my daughter about her accusations" of father-daughter incest, said one woman. The daughter's therapist nixed the conversation. The mother continued: "I asked her to let me talk to her therapist, but she refused to give me the name. There is no way we can get to the

bottom of this."

One sibling blamed unscrupulous therapists for nurturing this type of accusation.

"They pick on upper-middle-class women," she said. "Those are the women who have the money for therapy. You won't find poor people making these kinds of charges. And you won't find therapists going to the ghetto to look for patients. There's no money there."

"Research has shown how easy it is to influence memory," Freyd said. "I think that most of the therapists involved are sincere, caring people who are concerned about their patients. But there is a tragic lack of understanding about the nature of memory."

There was a lot of heartache expressed at this meeting. Yet these participants seemed to feel the need to try to maintain a relationship with their sisters. It was hard for me to believe that they could continue the effort, especially when they often were rebuffed.

"They can maintain a lifeline to their sister," Patricia Dice said. "They can keep the lines of communication open. A place should remain for that missing family member should they want to return. Often a sibling can ensure that that space is available."

"Even though it's upsetting for me, I try to keep in touch with her," said one woman. "I would like my sister back."

For More Information

■ Contact the False Memory Syndrome Foundation at 1-800-568-8882.

FMS Foundation Newsletter

3508 Market Street suite 128, Philadelphia, PA 19104, (215-387-1865)

November 5, 1992

Dear Friends,

"Three weeks ago I received a letter from my daughter for the first time in two years," a mother explained. "It talked about her work, the weather, etc. as if nothing had happened. It was to me 'Dear Mom.' We sent her husband the FMS material. I don't know if she read it."

During the past month many of you have written to tell us that there have been some changes in your personal situations. Thank you. It's a trickle, but awareness of the FMS phenomenon started with a trickle only eight months ago, in March. To help us understand the processes that are taking place, please continue to keep us informed of these changes. It is only in this way that we can accurately document the phenomenon and help others to understand.

More recanters have called this past month, and we're learning that there will probably be as many ways that people give up the memories as there are ways to get them. We expect to be in a position to write more about this fascinating aspect of the phenomenon in the next newsletter. There is a message to parents from one recanter elsewhere in this newsletter, and the recanters have started a network and even their own newsletter. No one likes to admit to mistakes. The courage of these women to do so deserves respect. While most tell us that they desire only to put this horror behind them and to get on with their lives, still they are volunteering to make public appearances in our behalf. We thank them.

For many families nothing has yet changed, and we share the profound frustration and sadness. Even though the situation may not yet have changed, we are changed as we come to understand the dynamics of the phenomenon. Just as a tornado seems to sweep erratically across the landscape destroying whatever is in its path, so too this phenomenon has swept across a segment of society. Unlike a tornado, this wild fury does not seem random in its prey. Both have underlying order. FMS has concentrated on highly educated women who are generally successful by popular standards. Most of the victims are entering middle-age and come from families with above average incomes and education background who provided well for their children with such things as dancing lessons, tennis lessons, junior years abroad, parental participation in school activities and family vacations.

The patterns in the data indicate that the phenomenon is affecting people who would otherwise be described as "privileged." Because these women had the resources, they happened to go to a mental health professional for some personal reason. Yet, from the beginning of time, people have sought help with problems of stress, body image, headaches, relationships or sexual desire. What is different now is that we are living in a period when trauma theory is the vogue at the same time as misinformation about the nature of memory and the extent of child sexual abuse abounds. As a consequence of this pervasive theory, confusion about the frequency of child sexual

abuse and partial understanding of memory, many therapists—the majority fine and caring people—honestly believe they are rescuing adults who were abused as children by helping them to recover their memories of that abuse.

In this newsletter, we write about trauma theory as it helps to give us an understanding to the problems facing us. This phenomenon will only be a tragedy if we let it be. We—now over 1,650 families or approximately 10,500 individuals—are writing the script. Although you tell us that your goal is to get your sisters or daughters back, you also tell us that you feel, understandably, tremendous anger. Can we turn the phenomenon into an opportunity to bring about a much needed critical examination of the mental health education, delivery and monitoring systems?

You can make that happen. At the national level write to the Congressional Select Committee on Children, Youth and Families (address below); write to the media—newspapers and television—to inform them about what is going on. At the state level, learn about the licensing laws and other legislative issues that affect you. Make your voice heard. At the local level reach out. Work with the FMS Foundation liaison in education efforts. At the personal level, document carefully the details of the actors and actions that have devastated your life. Plan for the end of this episode at both the personal and the social levels by thinking about what you most would like to have happen, what you can live with and what is not acceptable. Tell us your thoughts.

The following comment from a parent captures what we in the office feel is your new proactive spirit. *"Although our troubled daughter is a self-supporting adult and has been on her own for fifteen years, we feel that in view of the events of the past three years, we can no longer assume a passive role in this matter, and must take whatever prudent steps are warranted to protect the interests of the family as a whole and assure our daughter's recovery."*

Pamela

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

c/o Mickey Uelses

The Select Committee on Children, Youth and Families

Room 364

Ford Building

Washington, DC 20515-6401

Trauma Theory

Researchers in education and cognitive science have made profound progress in the past decade in understanding how children learn. From a time in which we viewed children as passive vessels to be filled with adult wisdom, we now know that on the contrary, each person constructs knowledge or understanding for herself or himself. We have learned that infants have perceptual abilities far greater than once believed. Even very young children, we now know, are theory builders. People construct all kinds of theories to make sense of the world, and we have learned that these theories may be influenced by the cultures and times in which people live. People are always constructing theories about things.

People construct theories about health. These theories are shared by medical professionals and the people who come to them as clients. A new book by the historian Edward Shorter from the University of Toronto, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, The Free Press, 1992 is a remarkable documentation of the way in which patients during the modern era have manifested physical symptoms that correspond to the current models of disease espoused by physicians. During the Victorian era, for example, the dominant forms of psychosomatic illness were hysteria and paralysis. Patients commonly lost their vision or the ability to move. Today, such symptoms are so uncommon that "hysteria" is not even a diagnostic category in DMS III. Rather, a psychological model of illness has become prominent in the 20th century. People now commonly accept that illness is due to environmental stress to explain their symptoms.

Trauma is one kind of stress. In the *American Heritage Dictionary*, the psychiatric definition of trauma is "an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis." This is an extension of the medical use of trauma meaning wound. The current belief that childhood trauma is the cause of our adult

problems is an overly simplistic interpretation of the work of Freud. It is a theory. This particular theory, that adult problems are the result of childhood trauma, represents a set of assumptions that have been widely adopted by the mental health community and the press. The belief that adult symptoms are due to childhood trauma leads to belief in the self as a "victim."

A theory is not a fact. People need to have theories to make sense of the world, but a theory is not the same as fact. People develop theories from their personal experience, but a given individual may experience only partial information. Often people believe theories that turn out to be not correct because people don't have all the facts. For example, personal experience led people to believe the theory that the sun rose and set, but additional information led to a revision of that theory to understand that the apparent motion of the sun is caused by the rotation of the earth around its axis.

In the not too distant past some people held the theory that a person who was mentally disturbed was possessed by the devil who must be exorcised. In the more recent past, psychiatrists had a theory that some people's mental health would improve if they received enough physical "discipline". During the 60's some therapists held a theory that people's mental health would improve if only they would unleash their inhibitions and scream. At the present time belief that childhood trauma is the reason for psychopathology is perhaps the foundation not only for the widespread belief in the frequency of incest but also for thousands of people

who believe they have been sexually abused by space aliens. (*Unusual Personal Experiences, An analysis of the data from three national surveys conducted by the Roper Organization, 1992. Los Vegas: Bieglow Holding Corp.*)

We often laugh at past theories even if we believed them at the time. The current theory that appears to be held by an extremely large portion of the mental health community is that a person's mental health will improve if only the person remembers the childhood trauma. The job of the therapist who holds such a theory is to help a client get memories. This leads to use of techniques such as age-regression hypnosis, dream interpretation, trance

Two Stories:

How the incest survivor movement helps children.

(1) The headline in *The New York Times* on October 17, 1992 was chilling: "CHILD KILLINGS IN CITY SYSTEM REACH RECORD; 27 DEATHS BRING CALLS FOR CHANGES IN TRAINING." For the past three years, the number of children killed in troubled families (considered abusive or neglectful by the Human Resources Administration) has risen. "The report, prepared by a panel of experts who examined confidential city records, criticized city caseworkers for frequently overlooking the role of various men in the murdered children's homes." Thirteen of these children died because of some sort of beating. The next leading cause of death was malnutrition: five children starved to death. City officials noted "that budget cuts have reduced the number of caseworkers who investigate allegations of child abuse."

(2) The headline in the *Wall Street Journal* on Monday October 12, 1992 told a survivor story. "CASE OVER WILL MAY TEST VIABILITY OF DELAYED SEXUAL-ABUSE CLAIMS." A very wealthy man, Mr. Bobst died in 1978 at the age of 93 and left most of his money to charities, universities and medical schools. His granddaughter, Ms. Bobst-Highley, now 52, unsuccessfully challenged the will 14 years ago and is now claiming she was in no condition to mount a vigorous challenge to the will right after her grandfather's death because of the sexual abuse trauma. She didn't remember the abuse 14 years ago when she was 38. Her lawsuit comes a year after Ms. Bobst-Highley's niece and Mr. Bobst's great-granddaughter sued the beneficiaries for damages for alleged sexual abuse.

writing, reading of self-help books, participation in survivor group meeting, sodium amytal and even massages as ways to bring back memories. Scientific evidence no more supports the theory that recovering memories of childhood trauma is a sure route to mental health than it does for exorcising the devil, frontal lobotomies, or primal scream therapy. Indeed, we are collecting alarming evidence that these techniques may be harming rather than helping patients besides destroying their families.

A good theory is one that helps explain things and it is one that can be tested and revised. For example, when children are learning English, most develop a theory that the past tense is marked by "ed." There are many examples of young children saying things like "I maded my bed." or "I ated my dinner." As more information about language becomes available, children revise their theory and no longer overgeneralize. At this time, it appears that trauma theory is being grossly oversimplified and overgeneralized. This is leading to examples that would be considered ludicrous were the topic other than child sexual abuse. (e.g., *The Germantown, PA Courier* on Sept 23 proclaimed "The family is one of the most dangerous places to grow up.")

A theory that explains everything explains nothing. In its current interpretation, trauma theory is not a good theory because it has lost explanatory power. When John Bradshaw claims that 95% or more of American families are dysfunctional, he certainly has an explanation of why some are remembering childhood sexual abuse. But he has trouble with all their siblings who do not have such memories. (Our data show that most siblings of accusers disbelieve the accusations.) But trauma theory explains everything and in this case it forces believers to the statement that those who do not have memories must be "in denial" which denial is itself caused by the trauma. No matter what is believed there is an "explanation". Believe in space alien abuse? They'll tell you that you're denying your incest.

When therapists use trauma theory to explain everything from migraines to intestinal upset, from depression to obesity, from sex aversion to sex proclivity, from job stress to relationship problems, they have lost any explanatory power that such a theory might have once had.

A survivor story that points to the problem of a theory that explains everything. Hundreds of parents and siblings have asked us, "How could the therapist ignore my daughter's current problem (divorce, death of a child, job loss, etc) as an alternative reason for her depression?" Our files are full of stories such as the one we recently read by

A.G. Britton in the October 1992 issue of *Self* magazine called "The Terrible Truth". When we started to read this story we thought that we were reading a satire. We do not say this to belittle the writer but to point to the absurd extreme that total belief in childhood sexual trauma as the sole cause of all adult misery can reach.

The author begins by relating that she was successful, rich and 33 years old. Then: "Eight months later, I was fired. But losing my job was just the capper. During those eight short months, I had watched, helpless, as my two-and-a-half-year-old son got hit by a car; he was unhurt but I couldn't stop worrying about him. I had miscarried in my third month of pregnancy, begun hemorrhaging and required emergency surgery. And I had arrived home one day to find the four-story building next door engulfed in flames. An underground electrical transformer had exploded, and in doing so had created a kind of mass hysteria among the mothers on the block."

The writer then explains that she became depressed. She describes her efforts at therapy, her acquisition of memories. She concludes that the depression arose from "The basic truth was that my father had sexually violated and otherwise tortured me from the age of six months to the age of 18 months."

Belief in trauma theory forces the writer and her doctor to discount job loss, seeing a son hit by a car, an emergency operation, and a fire in ones house as having any explanatory value for depression. Over-zealous belief in trauma as the cause of all psychopathology has led well educated people in all walks of life to suspend their criti-

Letter from a Recanter

Dear FMS parents,

I am writing to tell you that there is hope.

I suffered with false memories of child abuse for several years and I was able to find my way out. If I can do it, your child can.

I know now how painful it was for my family and for you. But please, do not give up hope on us, your children. Continue to challenge the brain-washed attitudes with logic. Continue your efforts to encourage your child to start thinking again. Place doubt wherever and whenever you can.

Educate yourself on how memory really works and on scientific research in the field and then educate others. Support research in this field in any way that you possibly can. Educate your legislators on what they can do to help stop this nationwide "anti-family" campaign. Support organizations who are truly making a difference like the FMS Foundation and VOCAL with your money and your time. Write and call the media and tell them your concerns about the way that repressed memories are believed without question.

We who have been involved in this destructive cult have been told not to think, only to "feel." We have been pushed and prodded when we were at our most vulnerable. We have trusted others in power who are supposed to know what they are doing. We are lost; we are suffering with mental illness that was caused by someone else's greed and ignorance. Don't hate us and try not to fear us. We are sick but we can get well again.

It has been a privilege and a blessing to be able to speak to the few of you that I have. In a way, it has helped to make up for the years that I lost with my precious family.

Be persistent. And most of all, take good care of yourselves through this.

Love
A Recanter

cal abilities and toss aside research about memory. Researchers have been able to demonstrate that infants are more active mentally than once thought, but the same studies confirm that children can not hold long-term memories from eighteen months of age, (Eisenberg, 1985). (The term "infant amnesia" refers to the developmental period before long-term memories are formed, Nelson and Ross, 1980.) Researchers have also demonstrated that isolated traumatic events can be repressed, but there is no evidence that people can repress memories of events repeated over an extended period.

A good theory can be tested. A theory that cannot be tested is not a good theory because it cannot be revised as more information is obtained. A theory that cannot be revised is a 'closed system' and is characteristic of faith or religion or cults, not science. While faith is an important and necessary ingredient in human lives, it is not acceptable (in this civilization, at least) when it is the sole basis for destroying families, for destroying people's reputations and for sending them to jail. As trauma theory is worked out in books such as *Courage to Heal* it is not a good theory because there is no standard by which an accusation could ever be found to be false. (To the credit of Bass and Davis, they note that their book is not based on scientific theory.) If a person is accused and confesses, he or she is considered guilty. If that person professes innocence, he or she is said to be "in denial" and thus also guilty.

One might rationally think that if a person who made an accusation then recanted that this would be evidence of a false accusation. Not so. Within the closed system, the response from therapists is "Why should we believe the recanters?" (Renee Fredrickson, July 1992, PBC). In other words, to be accused of sexual abuse is to be guilty. The therapeutic community that has adopted trauma theory allows for no tests for revision of the theory. It is this that lead some to see parallels in the current situation to that of Salem 300 years ago, (e.g., Gardner, *Sex Abuse Hysteria*, 1991).

We all need theories. When those theories are destroying reputations, destroying families and sending people to jail, however, we believe that it is fair to ask that the holders of the theory explain what evidence they would accept that the theory or an accusation might not be correct. The responsibility is theirs.

If it is an unproven theory that cannot be tested, why have so many mental health professionals adopted it? In a talk at the Institute of Pennsylvania Hospital on October 20, 1992, Dr. Harold Lief suggested some reasons for the appeal of trauma theory. We expect that these will be discussed very seriously within the mental health community as the horrible consequences of the actions of some therapists come into public scrutiny.

1. Belief that childhood sexual abuse is extremely common. (In reality, how common is it?)
2. Strong tendency to believe the patient.
3. Need to establish therapeutic alliance
4. Contextual thinking
 - a) Power of men over women

- b) Belief in Recovery Movement (12-Step Movement) (Self-help groups)

5. Uni-dimensional (parsimonious) explanation of patient's symptoms
6. Therapist victim in past?
7. Financial benefits.

Why would a person have such terrible memories if they were not real? How many parents were accused and then asked by the accuser and her therapist to answer this question? What are the reasons that a person might experience such painful memories—memories so terrifying that it is necessary for the person to cut off contact with parents. We present three responses. The first is a study of brain function; the second the observations of Dr. Harold Lief; the third comes from an accuser.

(1) Persinger, M. A. (1992). Neuropsychological profiles of adults who report "sudden remembering" of early childhood memories: Implications for claims of sex abuse and alien visitation/abduction experiences. *Perceptual and Motor Skills*, 75, 259-266.

Complete neuropsychological assessments were made of six adults who had recently experienced sudden recall of preschool memories of sex abuse or alien abduction that "emerged" when hypnosis was used within a context of sex abuse or New Age religion. The results indicate that a history of anxiety and suggestibility may facilitate the creation of images whose content is determined by the social context or expectancy which is present during conditions (such as hypnosis) that facilitate dissociation. If these images reduce anxiety, then they may be reinforced and perceived as memories. Sex abuse or alien/spiritual visitations or abductions are contemporary themes that can facilitate a sense of identity, personal structure and teleology.

(2) Possible reasons a person might have terrible memories and make a false accusation (Dr. Harold Lief):

1. To punish someone else
2. To punish self
3. To have a uni-dimensional explanation for symptoms and deficiencies
4. To avoid blame
5. To attract attention
6. To screen other trauma, or self-injurious behavior
7. To provide a clear-cut distinction between good and evil, avoiding ambivalences.

(3) Perhaps the best explanation comes from one of the accusers. In a letter in which she accused her father of incest she wrote: *One of the unambiguous delights of my realization that you abused me, is the wonderful parsimony that affords for all sorts of previously mysterious secrets I've had. Even people around me express delight in this and point out how positive many of my coping strategies have been and they say how nice it will be for me when I won't need my less positive strategies—paranoia, phobias, misdirected anger. My friends didn't know about my anorexia, my hypochondria, my*

kleptomania, or my depression of my adolescence through early teenage years. Her word is delight. She has found a single hypothesis that accounts for everything and leaves no room for any responsibility for her own condition. Wonderful parsimony indeed. Before the behavioral scientists started using the word it meant stingy. When applied to a hypothesis it is supposed to mean that the cost is low in terms of assumptions. Wonderful parsimony indeed, unless, of course, you count the destruction of a human family.

Caution Advised

What should a prudent therapist do if something as serious as childhood sexual abuse is suspected? The following cautious recommendations are adapted from Wakefield, H. and Underwager, R., "Recovered Memories of Alleged Sexual Abuse: Lawsuits Against Parents", (in press).

Information Needed in Assessing Allegations by Adults of Sex Abuse in Childhood

1. All medical, psychiatric, and school records of the person claiming abuse from childhood to the present.
2. Any information concerning relationships with peers, siblings and parents, or any childhood behavior problems of the person claiming abuse.
3. Any information concerning the sexual history of the person claiming abuse, including rapes, other childhood sexual abuse, abortions, etc.
4. The nature and origin of the disclosure, in as much detail and specificity as possible, including its timing and any stresses in the accuser's life at that time.
5. Information about any current problems or stresses in the life of the person claiming abuse.
6. The nature of previous and current therapy, circumstances in which therapy was sought, whether techniques such as hypnosis and survivors' groups were used, the training and background of the therapist, and whether he or she specialized in treating MPD or "recovered" abuse.
7. Any books, television shows, or workshops about sexual abuse or rape to which the person claiming abuse may have been exposed.
8. Any exposure to recovered memory cases through a highly publicized case in the media or through friends who may have reported that this happened to them.
9. The work history of the person claiming abuse, including any problems with supervisors or coworkers, especially any allegations of sexual harassment.
10. The psychological characteristics and social and family history of the accused adult(s), including drug or alcohol use, sexual history, family relationships, job history.
11. Any criminal record or prior behaviors in the accused adult which would support or undermine the credibility of the allegations.
12. A detailed description of the behaviors alleged to have occurred.
13. Possible ways by which the person making the accusation might benefit from or receive reinforcement from making the accusation (e.g., a civil lawsuit, an explanation for why life has not gone well, the expression of

anger for perceived childhood injustices, power over a dominant parent, attention, acceptance, new friends (in survivor group), etc.).

Foundation Activities

We wish that each of you could visit the Foundation office to experience the increased activity. Of course, we'd put you right to work stuffing packets. This month, besides sending information to all the people you have suggested, we have sent packets to deans of 130 schools of social work, the heads of the Psychological Association in each state and to the chairs of 400 clinical psychology departments.

Powerful articles are appearing and several national television news shows have appeared. In November look for FMS stories on CBS Street Stories, Eye-On-America (a part of the nightly CBS news) and ABC Prime Time Live. The former may have a short segment in the office and perhaps you will see it. Of course, we cleaned up for the filming so you'll just have to imagine cartons spilling over with packets on the shelves, the desks and the floor.

Your efforts to reach out to the press have been effective. We're now a team spread across the continent. More than 30 of you help us with the 80 to 100 calls we get each day and we will be asking more of you for help. It is your courage in appearing on television that is spreading word of the FMS phenomenon. Whenever you appear, the phones ring and callers thank you for letting them know about the Foundation.

Working with the press is one of the pleasant surprises to emerge from this tragedy. We have found producers and reporters of news to be compassionate, fair and intelligent, and we have been learning a great deal from them. However, we still have concerns about the uncritical acceptance of belief in all repressed memories by the television "talk" shows. Concern for "ratings" and not "responsibility" seems to be the norm. The power of these shows is a fact of life as attested that presidential candidates felt it important to appear on them. Our time will come.

Thank you to all who wrote to 'Dear Abby'. Although she has informed us that a letter mentioning the Foundation is on permanent hold, she is aware of the existence of the problem and the Foundation. Your letters are having results. Please keep writing to the media.

We need your help

We have learned that the FMS phenomenon is spreading through college communities in several ways. Two graduate students called to tell us that *Courage to Heal* was assigned reading in almost all clinical psychology courses. One of these was from a university in the top 10 ratings for psychology departments. "I feel betrayed by my profession," she said. Parents are telling us of children who went to student health only to recover memories of abuse. Help us inform the universities. Contact the Student Health Service of the college that your child attended. Identify yourself as a supporter of the FMS Foundation who would like to provide a professional information packet on False Memory Syndrome. Be sure to obtain the correct name, title, mailing address with zip code,

phone number (with area code) and send the information to the Foundation in Philadelphia. We'll take it from there.

FMS is spreading through social service organizations. Help alert caring people. Check your area phone book for listings of human services. Under counseling (families, marriage, personal problems) the names of dozens of agencies and their phone numbers are listed. Take some time to call each one, find out the names of the contact person (director, etc.) and the complete mailing address and phone. Tell them about the FMS Foundation and ask if they would like to have us provide them with a professional information packet.

\$ Money \$

The outreach activities are very expensive. Phone bills for talking with distraught families are astronomical. Making articles available takes time and money. The postage expense for sending information and collecting research data makes an impressive graph that parallels the sharp rate of growth in families. As we approach the end of the fiscal year, we ask you to reflect on what the Foundation has accomplished in the eight months of its existence and what still needs to be done. Has it helped you or members of your family, your lawyer or therapist?

We are mostly volunteers who can accomplish as much as human and financial resources permit. Dues alone cannot carry us forward as we begin to shed light on what seems to be an abuse industry. We believe that the mental health profession (with a prod from insurance companies, the media, lawsuits and the Select Committee on Children) will eventually assume some financial and professional responsibility for the wretched mess that it has allowed to develop, but until that time we need to support ourselves. Your generosity to date is unparalleled in organizations such as ours, but the health and well being of our children and our families is at stake. We are a tax exempt 501 C 3 charity and we desperately need your increased financial support to continue. The December newsletter will have a request for donations. Please think about it now.

Our Critics

Most of what we hear from people is positive. We have been applauded for opening up a subject that needed to be examined. We have been told, "I was really worried about what was going on in the field and your organization has given me a way to deal with it."

Criticism of the Foundation is expected. Some criticism is very helpful, and we appreciate the thought and time and the spirit in which it is given. By far the most frequent criticism we have received has been for our support of the use of lie detector tests. Psychologists particularly have written to remind us that such tests cannot really tell the truth. We hope no person ever has to undergo the invasive indignity of a lie detector test. Unfortunately, accused people have been put in the position that if they confess they are guilty and if they say they are innocent they are told they are "in denial" and thus also guilty. Since no one has stated what evidence would be accepted that an accusation was false, a lie detector is a tool of the last resort to be used in a situation in which the only evidence is one person's word against another person's word. In the world of public opinion and law enforcement, lie detector tests have some standing.

More criticism from Utah has come our way. We have been told again that the Foundation is an organization of perpetrators in denial. We have not spoken personally to the psychologist making this criticism. Consequently, we must hold him in awe for his clairvoyance. We ourselves have no such talent and so are unable to judge the truth or falsity of any story that we have been told by people who call the Foundation. The best that we can do is to hold an open mind and to look at the evidence and the patterns that we see. We would really like to be sure of the truth. We hope critics who have the ability make such judgments about the Foundation without meeting us will share with us the secret of clairvoyance.

Criticism has come our way indicating that some people feel threatened by us. An open letter dated August 8, 1992 from a person representing an organization in South Carolina that works with "Child Abuse, Victims, Survivors, Ritualistic Abuse" urges readers to, "Let the formation of the FMS become a trumpet call for those who have hidden out, in fear of telling their story, let those survivors declare war on the denial and disbelief of a system so callous, so cruel, that the system would try to injure them once again. Let those who have the Multiple Personality Gift read the UPDATE [UPDATE is the newsletter of the Child Prosecutors Association], and if within the possibility, let their alters discuss, and send a "group" letter to UPDATE, supporting UPDATE efforts on the behalf of abuse survivors, victims, and children everywhere. To lend strength and credence, if the alters so chose, they could sign their names in crayon, pen, pencil, and typewriter, their choice."

We known neither the author of the letter nor the organization, but we were very interested to learn that some people consider MPD

Parents introduction to law - survivor style

Dear Mr and Mrs Parents,

I represent your daughter in a claim against each of you for physical and mental anguish as a result of being sexually molested by you both. Your daughter does not want to file a lawsuit but she will if the matter is not resolved. She is suffering much distress as a result of the childhood abuse. As a result, she has incurred and will continue to incur medical expenses. It is not known at this time how long therapy will be needed but we are sure that she will be in treatment for at least five more years. Demand is made that you pay your daughter a total of many \$\$\$ to settle her claim against you. Send a cashier's check payable to your daughter within 30 days. If you do not then a lawsuit may be instituted to collect the sums owed.

Sincerely,

Your daughter's lawyer

a "gift" rather than a disorder. We applaud the notion of group letters from alters because it cuts down on the amount we have to read.

Those who feel threatened by the existence of the FMS Foundation may be misguided. The Foundation documents stories and looks for patterns. We seek understanding for the destruction of families and the alienation of children. We seek evidence that some accusations of sexual abuse might be false. The threat some feel comes from the fact that there is no scientific foundation for their beliefs. The emperor is naked.

For example, those interested in the topic of Multiple Personality Disorder, might want to read "The Manufacture of Personalities: The Production of Multiple Personality Disorder" by H. Merskey in the *British Journal of Psychiatry*, 160: 327-340. The author notes the unprecedented increase in MPD diagnosis since 1957 and argues that widespread publicity may be providing suggestion. Merskey concludes that the diagnosis of MPD hinders the resolution of serious psychological problems in people's lives.

The Foundation asks only if MPD might be over-diagnosed. It is deeply concerned for the well-being of survivors. We are a threat to unsubstantiated accusations and misguided theories. We care about people.

Notice to Siblings
Please send us your stories for the book to follow *Confabulations*. It will be a view of False Memory Syndrome through the eyes of the sisters and brothers.

Legal News

The FMS Foundation Legal Advisory Board is working with all possible speed. Because legal activity is increasing on all fronts, we are moving up the publication date of a "Legal Resource Book." Drafts of portions are now being critiqued.

Grandparents Visitation Rights were upheld in a US Supreme Court decision in a Kentucky case. Growing out of divorce issues when one parent or the other didn't want the in-law grandparents to see the children, the premise behind such "rights" is that children are not born into this world the exclusive property of their parents. They are part and parcel of a social network that includes grandparents. When parents deny their children access to their grandparents they are denying them their heritage.

Thousands of you have told us that you have been denied contact with your grandchildren. It is unclear what

is the prudent procedure at this time. Some grandparents who have tried for legal visitation rights have told us of humiliating experiences with social service workers and judges because of the stigma of an incest accusation. Some families are keeping us posted on development of this state level issue.

One million dollar lawsuit against professor David Raskin of the University of Utah by the co-chair of the state Satanic Abuse Task Force. The two have disagreed in the past about the existence of satanic ritual abuse. The suit alleges that the professor made derogatory comments about her at a meeting supporting the FMS Foundation.

Missouri law on sex-abuse suits voided. A Circuit judge in Missouri has said that a 2-year-old state law extending the statute of limitations violated constitutional prohibitions against laws that were "retrospective in operation." He said he was persuaded by an opinion of the Virginia Supreme Court which recently threw out a law similar to Missouri's.

CONFERENCE

April 16-18, 1992
Philadelphia, PA

We have secured space for the conference. A planning committee of the Advisory Board will be meeting in a few days to discuss the format and the selection of papers. We will provide details as soon as we can.

MEETINGS

Professionals and Parents in Support of the FMS Foundation.

Ohio Area

Sunday November 15, 1992
2:00 P.M.

Call Bob or Carole at 216-888-7963

Florida

Saturday November 14, 1992
1:00 P.M.

Call Kevin Farmer at 800-374-7477

Toronto Area Meeting
November 29, 1992

Holiday Inn at Warden
(Metropolitan Rd & Hwy 401)
For details please call 705-692-0600

Arizona Area

December 5, 1992
Call Jim at 602-860-8981

WHERE DO 1,651 FAMILIES LIVE ?- 10/24/92

AK(5)	AL (4)	AR (1)	AZ (37)	CA (245)
CO (26)	CT (26)	DE (4)	FL (64)	GA (24)
HI (3)	IA (12)	ID (13)	IL (69)	IN (16)
KS (22)	KY (7)	LA (6)	MA (33)	MD (29)
ME (8)	MI (67)	MIN (26)	MO (33)	MS (1)
MT (5)	NC (16)	ND (3)	NE (9)	NH (3)
NJ (60)	NM (10)	NV (7)	NY (68)	OH (56)
OK (14)	OR (26)	PA (134)	RI (4)	SC (7)
SD (3)	TN (8)	TX (54)	UT (78)	VA (24)
VT (4)	WA (73)	WI (82)	WY (3)	DC (3)
Canada -	AB (1)	BC (10)	MB (10)	NS (1)
ON (84)	PQ (2)	SK (3)		
England(2)	France (1)	Israel (2)		

False Memory Syndrome Foundation, Suite 128, 3508 Market St. Philadelphia, PA, 19104
November 5, 1992 Article Order Form

Journal or magazine articles

- ___\$5.00 Lanning, K. V. (1992) INVESTIGATORS GUIDE TO ALLEGATIONS OF "RITUAL" CHILD ABUSE. Behavioral Science Unit, National Center for the Analysis of Violent Crime, Federal Bureau of Investigation, FBI Academy, Quantico, Virginia 22135.
- ___\$4.00 Loftus, E. F. (1992) THE REALITY OF REPRESSED MEMORIES. Paper presented at the Annual Meeting of the American Psychological Association, Washington, DC; Dept. of Psychology, U of WA, Seattle, Washington 98195.
- ___\$2.00 Meacham, A. (1992, Aug). CALL ME MOM, SPECIAL REPORT ON REPARENTING, *Changes Magazine*.
- ___\$4.00 Mulhern, Sherrill (1988) SATANISM AND PSYCHOTHERAPY: A Rumor in Search of an Inquisition. In *The Satanism Scare*, Richardson, Bromely & Best (Eds.) 1991, pp. 145-172.
- ___\$2.00 Nathan, Debbie (1992, October) CRY INCEST. *Playboy*.
- ___\$4.00 Wakefield, H. & Underwager, R. (1992) RECOVERED MEMORIES OF ALLEGED SEXUAL ABUSE: LAWSUITS AGAINST PARENTS (In press, *Behavioral Sciences and the Law*).
- ___\$4.00 Rogers, M. L. (1992). EVALUATING ADULT LITIGANTS WHO ALLEGE INJURIES FROM CHILD SEXUAL ABUSE: CLINICAL ASSESSMENT METHODS FOR TRAUMATIC MEMORIES. To appear in *Issues in Child Abuse Accusations*.

Newspaper articles

- ___\$2.00 *Daily Herald* (IL) by Barbara Wintner, Oct 7, 1992, PRESUMED GUILTY: WHEN GROWN CHILDREN ACCOST THEIR PARENTS.
- ___\$2.00 *Milwaukee Journal*, by Lois Blinghorn. Sept 27, 1992. CHILD SEXUAL ABUSE: FALSE ACCUSATIONS CREATE OTHER VICTIMS.
- ___\$2.00 *Rocky Mountain News* - Series of 3 articles by Bill Scanlon, Sept. 1992. SKEPTICS QUESTION MEMORIES OF INCEST; INCOMPETENT THERAPISTS TURN PATIENTS' FANTASIES INTO REPRESSED REALITY, SOME EXPERTS ARE SAYING.
- ___\$2.00 *San Diego Union-Tribune* - Series of 3 articles, Sept. 1992 by Mark Sauer and Jim Okerblom. HAUNTING ACCUSATIONS: REPRESSED MEMORIES OF CHILDHOOD ABUSE: REAL OR DELUSIONS?
- ___\$2.00 *Santa Barbara News-Press*. by Mary Every, Oct 18, 1992. MEMORIES TRUE OR FALSE, CONFRONTING
- ___\$2.00 *Utah County Journal*, by Michael Morris, April, 21, 1992 'FALSE MEMORY SYNDROME' TAKING ITS TOLL ON FAMILIES, April 24, "Psychologists decry 'hokey' therapy." 'RECOVERED' ABUSE.

_____ **TOTAL Please send check or money order in U.S. dollars**
Price covers handling costs

Name: _____

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Confabulations, by Eleanor Goldstein, may be ordered directly from SIRS, P.O. Box 2348, Boca Raton, FL 33427-2348, \$14.95 or \$18.00 Canadian plus postage(\$2, book rate, \$3, parcel post, \$4 Canadian)

ISSUES IN CHILD ABUSE ACCUSATIONS. Wakefield, H., Ed. Vol. IV, issue 4, 1992. This issue is devoted to the topic of recovered repressed memories of childhood sexual abuse. Order directly from the Institute for Psychological Therapies, 13200 Cannon City Boulevard, Northfield, Minnesota 55057-4406. The cost is \$15.00