



Dear Friends,

How do we know it is a memory? How do we know they suppressed it? How do we know that the cause is traumatic amnesia? How can we cross examine a nightmare? These were the kinds of questions that the New Hampshire Supreme Court judges asked in the oral arguments of the appeal of The State of New Hampshire v. Hungerford on March 5, 1997. Questions like these are becoming more frequent as the scientific nature of repression and claims of traumatic amnesia continue to be debated in and out of the courts. They were the kinds of questions asked in the Cool v. Olsen case that settled in March for \$2.4 million.

This debate continues to intrigue people. So many people came to the **What's New in the Memory Wars?** conference on March 21, we had to move to a larger auditorium. At that meeting there were presentations of new research and a review of past research. Godfrey Pearlson, M.D. gave an overview and critical analysis of the relevant PET scan research. Allan Young, Ph.D. described the politics of Post Traumatic Stress Disorder's entry into the DSM III. Beth Loftus, Ph.D. presented data showing that asking people to imagine events could inflate their confidence that those events had actually happened. She also spoke of work in progress with colleague Guiliana Mazzoni in which a well-known Italian therapist made suggestions to patients in an actual therapy setting that significantly influenced what they came to believe as true.

A paper by Jason Brant, Ph.D. examined source memories. He noted that people coming from different disciplines use terms in very different ways that may cause confusion. For example, "unconscious" and "dissociation" hold different meanings to cognitive psychologists and to psychoanalysts. Philip Coons, M.D. and August Piper, M.D. took opposite stances on the issue of Multiple Personality Disorder. Dr. Coons presented data to counter some of the criticisms that have been made of this diagnosis; Dr. Piper argued that the diagnosis is so inclusive that there is no way to exclude someone from it and that treatment for MPD has never been shown to be effective. Paul McHugh, M.D. related the discussions to basic standards of practice in medi-

cine. This writer presented some of the results from the Family Survey Update that appear in this newsletter.

The **Memory and Reality: Next Steps** was a remarkable conference for families, retractors and professionals. It was held on the weekend following the Hopkins/FMSF continuing education program. The mood of the conference was definitely "upbeat." We know much more about remembering and forgetting and retracting than we did in 1992 when the Foundation was formed. We now have the data to show that filings of legal suits based only on claims of recovered repressed memories seem to be coming to an end. Indeed, those who have been sued, falsely accused or harmed by therapy are now the ones making use of legal remedies. Fewer people are contacting the Foundation, and it seems likely that fewer people are being accused. The most optimistic news of all is that 7 percent of the families who returned the survey have had a child who has retracted, and over 25 percent have a child who has resumed contact. This is an incredible change in the situation most of us faced five years ago. It is the result of enormous effort.

As positive as things seem, there is still tremendous work to do. Not only do we need to find ways to reach our children who are still mired in memories, we must overcome serious legal hurdles. We came home from the conference to a very big letdown. Violet (74-years-old) and Cheryl Amirault have been told that they must go back to prison and that Gerald will not be allowed another trial. (See legal section for details.) Although this is not a case in which the claims were "recovered repressed memories," it is a remnant of the hysteria of the day-care cases in the

In this Issue...

<i>Family Survey Update</i>	3
<i>FMS News</i>	5
<i>Focus on Science</i>	6
<i>Make a Difference</i>	7
<i>Legal Corner</i>	8
<i>Book Reviews</i>	11
<i>From Our Readers</i>	13
<i>Bulletin Board</i>	17

1980s and the lack of understanding about interviewing children at that time. An editorial in *The Wall Street Journal* on March 26, 1997 describes the Supreme Judicial Court of Massachusetts' decision about the Amiraaults as "a document so larded with reasoning in support of the unreasonable as to be worthy of study by generations of law students to come," and "Everywhere else in the nation... gravity makes apples fall down. In Massachusetts, they fall up."

On the one hand, we can see that there will be an end to this embarrassing era, but on the other hand, we are still dealing with local injustices like that involving the Amiraaults in Massachusetts. These local situations involve real people with real feelings and real lives and real families. Local situations are especially tragic because the children who were involved still often believe that they were abused. Somehow, as members of an organization and as members of a society and as members of the human race, we must repair the terrible damage to both children and adults. We must work to restore reason in places where it has succumbed to panic.

Pamela

["Let them take me. I'm young. I'm innocent too," said one young woman who is deeply distressed at the thought of Violet Amiraault being taken back to prison at age 74. Many people are writing letters to: Governor William Weld, Executive Room 360, State House, Boston, MA 02133, FAX 617-523-7984]

Cult Deaths

As we prepare to take this newsletter to the printer, the story of the 39 suicides of members of the Heaven's Gate cult in San Diego is breaking. Perhaps this tragedy will help people better understand the power of "belief systems" to lead some individuals to bizarre behavior. Perhaps it will help people to see that bright, talented, highly-educated, wonderful people may succumb to the appeal of a belief system if they are in psychic distress.

For FMS families the similarities of their own situations to those whose children have entered formal cults are striking. Perhaps the most notable is the aspect of cutting off contact with the family or anyone else who does not subscribe to the new belief system. The accusers hold the conviction that they have the only truth. FMS families were told to confess and enter therapy or to be cut off. There were no dialogues, no alternative hypotheses. Any acts or behaviors were justified by the accusers if they believed they were exposing the alleged perpetrators. The accusers had closed their minds.

Cults frequently seem to hold paranoid beliefs that

someone or some thing will destroy them. FMS accusers seem to grow paranoid about the harm that their own parents might do them or their children. They look to blame others for their life circumstances. Cults, however, typically are characterized by domineering leadership. For most FMS families, domineering leadership does not seem to be a factor. It is rather the gentle persuasion and trusting relationship with a therapist who is an expert. Many parents say that their children at some point seemed almost to be in love with the therapist.

In the *Philadelphia Inquirer*, March 28, 1997 Volney P. Gay, psychotherapist and professor of religious studies at Vanderbilt University in Nashville, was interviewed about the Heaven's Gate cult. Some of his statements about cults will seem relevant to FMS parents.

"I am not surprised that they used some silly thing like the comet to predict that it was all coming to an end. It's an external sign they can point to, instead of looking inside themselves for what's wrong. It's so typical of what usually happens with people in these kinds of groups."

"The believers in a cult do not make the distinction that you and I might make between science and faith, science and religion. Everything they believe is compressed into one great truth—and they have it, or their leaders have it. And so matters like ethics and law become irrelevant. They believe they are superior."

Our Critics

In 1994 there were hundreds of letters sent to the president of Johns Hopkins Medical Institutions to protest the fact that the Department of Psychiatry was cosponsoring a continuing education program with FMSF. In 1997 we are aware of only one e-mail solicitation of protest letters by Sherry Quirk, the director of One Voice and The American Coalition for Abuse Awareness. In the preface to the letter, the FMS Foundation was described as the "Abusers Lobby." The American Coalition for Abuse Awareness was formed through a merger with the organization started by Laura Bass and Renee Fredrickson. Marilyn Van Derbur produces material for One Voice.

special thanks

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

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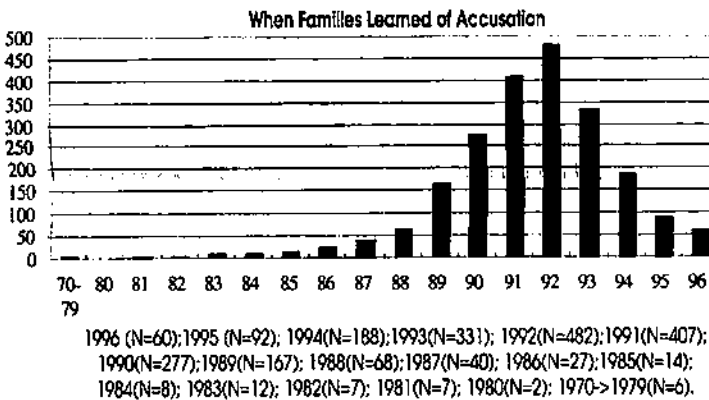
Family Survey Update:

During the last week of January 1997 we mailed 3,510 surveys to families that were members of the Foundation whom we had identified as having situations in which an adult claimed to have recovered repressed memories. As of March 25, 2111 surveys were returned—a return rate of 60.14%. Fifty-five surveys were not used because they involved a minor, or were anonymous, unclear or inappropriate.

Of the 2056 surveys that were analyzed we noted the following:

- 2029 surveys were filled out by a parent (98.69%)
- Information was obtained about 2305 individuals making accusations. (333 families reported more than one child making an accusation (16.20%))

We asked families in what year they had learned of the accusation. The results show an interesting pattern.



One possible interpretation of this data is that the problem of FMS has been moving through the identified stages of a craze (Penfield, 1952). The accusations may be waning because this craze has reached a downward phase. crazes are marked by an explosive growth that then reaches a saturation point. At the saturation point there are no new people who join. People become immune to the appeal of the craze. Perhaps people have become immune to FMS because of all the information that has been in the media.

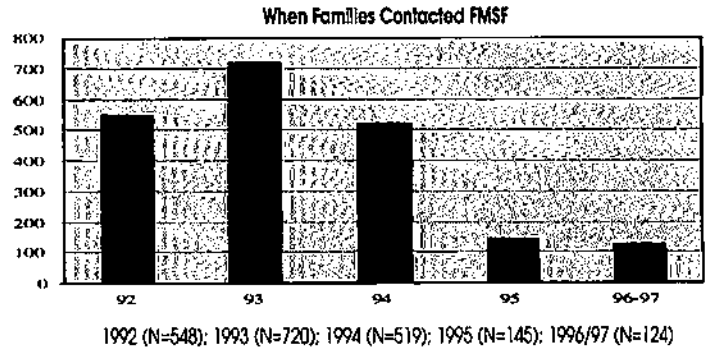
Another possible interpretation of this data could be that therapists are now being much more cautious and are no longer advising their patients to confront their parents with accusations. Given the guidelines from the professionals organizations, it is likely that many therapists have reconsider their past practices.

We will look at this data to see if there is a time-lag factor between date of accusation and date of contacting FMSF.

Keeping in mind that the people who contact the FMSF are by definition a biased sample, we can say for this sample that new accusations appear to be slowing considerably.

Of the 2056 families who returned the survey, we examined our records to see when they had first contacted the Foundation. These figures also show an interesting pattern, one not unexpected to FMSF volunteers who have been reporting fewer calls from newly affected people.

It is possible that we see this pattern for the same rea-



sons as those listed above. It could also be that the efforts of professionals such as the members of our Scientific Advisory Board have been so effective in educating the public about the problem that people who are accused now do not need to give up their anonymity and contact the Foundation to get information. If one listens to our critics, one could get the impression that the FMS Foundation has been solely responsible for the stories and legal decisions that have influenced the media. Perhaps all of the above are contributing factors to this change.

One thing that has not changed is the stigma of an accusation. Anyone who has read the obituaries of Cardinal Bernardin must be struck by how the accusation against him was paraded again and again even though the origins of the accusation were always suspect and even though the accuser retracted. While there may be fewer new cases the problems for families are far from resolved.

Other things have not changed since our original Family Survey in 1993. The 1997 data below is almost identical to the findings in 1993: the FMS problem is characterized by women who are in therapy who claim that they have recovered "repressed" memories. About 18% of the accusations involved allegations of satanic ritual abuse in 1993 and still do in 1997.

Gender of Accuser		
Male	08.43%	Female 91.57%
Was the accuser in therapy when accusations were made:		
Yes	91.82%	No 02.71% Don't know 05.47%
Did the accusation involve "repressed" memories:		
Yes	92.62%	No 01.41% Don't know 05.98%
Did the accusation involve satanic ritual abuse:		
Yes	18.40%	No 64.74% Don't know 16.86%

British False Memory Society Survey

The Psychologist, March 1997, pp 111-115

Perhaps the most dramatic change is in the area of family reconciliation. In 1993 we did not ask the families if their accusing children had retracted because no family had ever reported such an event, although we did know of four retractors from Texas, women who had called us to tell about their therapy experiences. In 1993, families were still asking the question: "Can someone ever come out of this?" We now know with certainty that they can. We asked families:

Has there been a retraction:

Yes 144 (07.00%) of families (158 individuals)

If yes, did the accuser first return without a retraction and later retract:
(87 individuals) 55.06%

Has the accuser returned without a retraction

Yes 506 (24.61%) families (555 individuals)

Seven percent may not at first seem a very high percentage of families who have had a child retract. But the move from zero percent to seven percent represents a huge gain. Other factors suggest that many more retractions will follow. Of those people who did retract, more than half first came back to the families as "returners." Since 25% of the families now have returners, the pattern can be expected to continue and the numbers of retractors should increase. From interviews with families and retractors we know that the process of moving from accuser to retractor may take years once it is started.

The comments on some surveys indicated that a few families are holding out and will not accept their child without a full apology and retraction. "*She has tried, but I have made her unwelcome.*" "*She tried to. I wouldn't allow it.*" Many more families said that they felt that their children were making moves to return but they didn't want to say "yes" because they were not certain. "*No, I don't feel that my son has returned, only that the door is not closed as tightly as it was before.*" Some comments indicated that families had learned to live with the problem. "*I still love her and miss her and still hurt a lot—that never seems to go away although the pain is now bearable.*"

The comments from those families who reported retractions were interesting too. "*Daughter ran out of insurance money.*" "*My youngest daughter accused me in 1991 of sexually abusing her after me spending over \$200,000 for treatment. After 5 years of hell, my daughter retracted.*" "*It's all like a bad dream now.*" "*To be allowed to hold my grandchildren close to me and take them on outings, have them sleep over—the feeling is incredible! I count my blessings.*"

Next month, we will report on new information about retractors.

Gisli H. Gudjonsson surveyed the members of the British False Memory Society using a modified questionnaire developed by the False Memory Syndrome Foundation in its 1993 survey of families. In addition to comparing the results of 282 British families with the Americans, the author compared accusing and non accusing siblings. Accusers (87% female) were more often reported as unemployed or working in the caring professions. Although there was no difference in childhood, by adolescence, accusers were significantly more likely to have had psychological or psychiatric treatment.

The Educational Directorate of the American Psychological Association informed FMSF that our interim report of October 30, 1996 has been reviewed. The Foundation has been approved to continue as a sponsor of continuing education programs for psychologists by the APA.

RESEARCH PARTICIPANTS WANTED

Psychologists and psychiatrists at the Johns Hopkins University School of Medicine are conducting a research study on "Memory for Facts and Contexts" and are seeking volunteer participants. They are seeking adults (age 18 +) who have ever claimed to have first forgotten and then remembered childhood physical or sexual abuse, regardless of whether they now believe those memories to be true or false.

The study involves being taught obscure facts and trying to recall them at a later time. It also involves taking several tests of memory, problem-solving, and personality. The study will require spending the better part of one day at the Johns Hopkins School of Medicine in Baltimore. All participants will be reimbursed \$100 for their time and expenses.

This study has been reviewed and approved by the Joint Committee on Clinical Investigation of the Johns Hopkins University School of Medicine and by the Ad Hoc Research Review Committee of the FMS Foundation.

To volunteer for this study, or for more information, contact the FMS Foundation at 800-568-8882. Leave your name, telephone number and the best time to reach you. One of the Johns Hopkins investigators will call you.

Post-traumatic Treatment Failure

The Harvard Mental Health Letter
March 1997

The HMHL reports on two studies⁽¹⁾ in which psychotherapy for PTSD was not effective. The National Center for Post-traumatic Stress Disorder in New Haven studied Vietnam veterans with severe chronic PTSD who during their hospital stay received group and individual psychotherapy and behavior therapy, family therapy, and vocational guidance. Eighteen months after the conclusion of the program, their psychiatric symptoms, family problems, and personal relationships were actually worse. The population studied also had other serious problems in addition to PTSD.

The authors of a similar Israeli study in which veterans who received intensive hospital treatment were doing worse after nine months suggested that the kind of therapy they received may make trauma victims hypersensitive to their symptoms. They note that by concentrating too much on the psychological wounds of past combat, they may have distracted attention from the men's present problems.

References

1. Johnson, Rosenheck, Fontana, et al. Outcome of intensive inpatient treatment for combat-related post-traumatic stress disorder. *American Journal of Psychiatry* 153: 771-777 (June 1996).



Different Forms of Childhood Abuse and Memory

Melchert and Parker

Child Abuse & Neglect, 21(2) pp 125-135, 1997

In a nonclinical sample, people who said that there was a time that they did not remember their abuse reported the abuse in similar proportions: sexual abuse (19.8%), emotional abuse

(11.5%), and physical abuse (14.9%). Participants appeared to be referring to both a lack of conscious access to their abuse memories as well as the intentional avoidance of the memories for some period. While the quality of general childhood memories varied, this seemed unrelated to reporting a history of child abuse. Recovering previously forgotten childhood events seems to be normal and not related to a history of child abuse.



Washington State (1)

Under new rules adopted on December 31, 1996, the Department of Labor and Industries' Crime Victims Compensation Program no longer will pay for mental health therapies deemed experimental such as repressed memory or memory excavation. (Feb, 1997, Dept of Labor and Industries NEWS.)

Washington State (2)

A bill was introduced in Washington (HB 1598) to ban any use in public schools of "hypnosis or dissociative mental states" which could cause people to "become split off from the main personality or lose their normal thought-affect relationship." The sponsor of the bill said it would stop teachers from putting students into "trances." A high school sophomore told legislators last month that she felt uncomfortable when teachers asked her to open a series of mental doors and explore her anger and fear. Teachers said the activity was not spiritual or psychic. "It was simply to put yourself into someone else's mind." Legislators asked for a better definition of "guided imagery." (March 20, 1997, "Use of Relaxation Practices in Classrooms Causes Debate, *Spokesman-Review* (Spokane))

Therapist Logic:

"Real Memory Syndrome"

Nonetheless, if there is a syndrome related to suggested or false memories, there is also one for real memories. Indeed, false memories are the exception which proves the rule."

David Spiegel, MD

"Minding the Body: Psychotherapy for Extreme Situations" Strecker Monograph Series XXXII, November 1995 Institute of Pennsylvania Hospital

Suggestion and Repression: Two Sides of Same Coin

"If a therapist could induce a false memory that abuse occurred when it did not, as the FMSF claims, then a family member could induce a false memory that abuse did not occur when it did...Suggestion and repression are two sides of the same coin."

David Spiegel, M.D., Professor of Psychiatry

Stanford University School of Medicine *Letter in Globe and Mail*, February 9, 1997

Truth Interferes with Therapy

"However, the False Memory Foundation and Elizabeth Loftus have accused therapists of helping to create false memories of trauma in clients through the practices designed to promote remembering. Unfortunately, this controversy has resulted in an inappropriate and useless polarization of views, characterized by a preoccupation with the truth or untruth of memories."

Ailsa S. Beaver, MEd

Review: *Ending Cycle of Abuse* (1995) by Ney & Peters; p 78 *J Feminist Family Therapy*

Editor's comment: (1) If you don't determine the truth or untruth, then how do you know if someone is a victim? (2) The title of the book under review was *Ending the Cycle of Abuse*. How can someone bring an end to something for which there is yet no evidence?

In September, 1996, the General Accounting Office issued a report to Congress that stated that the research is inconclusive about whether child victims become adult abusers. (GAO/GGD-96-178 available <http://www.gao.gov>)

This is the second in a 4-part series examining the question of whether childhood sexual abuse causes psychiatric disorders in adulthood. The series is not intended to "forgive" or exonerate the morally repugnant phenomenon of child sexual abuse in any way. Here is an example of a hypothetical study of this type that childhood sexual abuse causes adult psychiatric disorders. The remaining two parts of this article will appear in the next two issues of the newsletter.

The Pregnant Women and the Power Lines

Harrison Pope, M.D.

Let us suppose that Drs. Harrison and James, the apocryphal investigators in our previous column, have now received a large research grant. Using this money, they design a new and far superior study to avoid the problem of selection bias. They obtain 50 women with eating disorders and 50 comparison women from a large community sample in the manner previously described. In this new improved study, the difference in the prevalence of sexual abuse between the eating-disordered patients and the comparison group patients has narrowed. Now, they find that only 20 (40%) of the 50 women with eating disorders report a history of childhood sexual abuse as compared to 10 (20%) of the controls. The difference between groups in the prevalence of history of childhood sexual abuse is not nearly as robust as in the previous, more seriously biased design, but it is still statistically significant ($p < .05$ by Fisher's exact test, two-tailed). Can our investigators now conclude that sexual abuse has an etiologic role, albeit a more modest one, in eating disorders?

Unfortunately, they cannot, because they still have failed to deal with the equally serious potential problem of information bias. This form of bias refers to the error caused when the

investigators obtain inaccurate information (for whatever reason) from subjects in one or both study samples, leading them to overestimate or underestimate the true prevalence of childhood sexual abuse in the groups.

How might such bias occur? To begin with, it can occur if the investigators are not blinded, meaning that they know whether they are interviewing a subject with an eating disorder or a comparison subject. When interviewing a subject with eating disorders, an unblinded investigator may perhaps probe slightly more carefully, ask slightly more detailed questions about a history of childhood sexual abuse, than when interviewing a comparison subject. Such a bias might be very subtle, and the investigator might introduce it quite unconsciously, yet it could slightly skew the responses of the eating-disordered women in favor of reporting a history of childhood sexual abuse and the responses of the comparison women against such reporting.

Of course, the investigators could deal with this problem by obtaining a sexual abuse history while blinding themselves to the group status of the subject. In other words, one investigator could obtain the eating disorder history on the subject, and then present the subject to a second investigator who would inquire about a sexual abuse history without any knowledge of whether the interviewee was an eating-disordered subject or a comparison subject. But this strategy does not completely resolve the problem of information bias, because even if the investigators are blinded, the subject herself is not. And she may be powerfully biased by a phenomenon known in psychology as "effort after meaning."

Effort after meaning refers to the natural human tendency to seek an

explanation for our suffering⁽¹⁾. For example, if one were to become severely depressed at this moment, one could easily construct a very plausible explanation of why the depression started now as opposed to six months ago or six months in the future. One tends to do this automatically, because it is difficult to accept that sheer bad fortune, or random acts of nature, can account for one's psychiatric problems. By analogy, it is likely that women with eating disorders (or patients with any sort of psychiatric disorder), in their effort after meaning, have carefully reflected about events in their past lives. They are likely to have thought about any traumatic or unusual situations which they endured, perhaps wondering if these traumas may have contributed to their current symptoms. Moreover, if they have seen recent popular presentations in the media about the issue of childhood sexual abuse and psychiatric disorders, they might be particularly likely to have reflected carefully upon possible abuse experiences, even relatively minor ones, in their history. By contrast, subjects with no psychiatric disorder may have devoted little thought to their childhood experiences, because they had no motivation to engage in an effort after meaning.

Effort after meaning produces a type of information bias known as recall bias, and this bias is frequently encountered throughout medicine. For example, suppose that we decide to study 50 mothers who have just given birth to an infant with congenital malformations, and then interview a comparison group of 50 mothers whose infants were entirely normal. We ask both groups of mothers if they can remember having been in the vicinity of high tension power lines at any time during their pregnancy. It would not be surprising if the mothers of the malformed infants recalled a higher frequency of such exposure - not because their true exposure was any higher, but

because these mothers had spent long and tortuous hours reflecting upon every possible adverse experience during their pregnancy that might possibly have caused the infant becoming malformed. The mothers of the normal infants, on the other hand, would have devoted little thought to their experiences with power lines, even though their average level of exposure probably was about the same as that of the first group of women. Indeed, one recent study of mothers of malformed infants came out with just this sort of finding. These mothers correctly recalled various types of exposure that had actually been documented in their medical records, such a urinary tract or yeast infections, antibiotic drug use, and use of birth controls after conception, much more often than did a comparison group of mothers of normal infants.(2)

As can be seen, recall bias poses a serious problem for Drs. Harrison and James in their hypothetical study. Unlike the study of mothers just described, where one can check medical records to confirm various exposure factors, our investigators have little opportunity to confirm reports of childhood sexual abuse in their two groups of women. Indeed, the inability to confirm reports about the past is always and forever a problem in retrospective studies, as we have discussed earlier in our articles regarding retrospective studies of the repression hypothesis. The only definitive way to resolve the problem, as we have also discussed earlier, would be to do a prospective study. Such a design is proposed in the final column of this series, in the June issue of the Newsletter.

References

1. This phenomenon is discussed in Barlett F. C.: *Remembering: A Study in Experimental and Social Psychology*. Cambridge University Press: Cambridge, 1932. See also Tennant C: Life events and psychological morbidity: the evidence from prospective studies. *Psychological Medicine* 13:483-486, 1983.
2. Werler, M.M., Pober, B.R., Nelson, K, Holmes, L.B. Reporting accuracy among mothers of malformed and nonmalformed infants. *Am J Epidemiology* 129:415-421, 1989.

This column appears as a chapter in the book, Psychology Astray: Fallacies in Studies of 'Repressed Memory' and Childhood Trauma by Harrison G. Pope, Jr. M.D., Social Issues Resources Series, 1996. Copies of this book are now available and may be obtained by writing to Social Issues Resources Series at 1100 Holland Drive, Boca Raton, Florida, 33427, or by calling 1-800-232-7477.

MAKE a DIFFERENCE

When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.

Edmund Burke Vol. i. p. 526.
Thoughts on the Cause of the Present Discontent

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?

Five years ago, shortly after FMSF was formed, a call went out for an FMS family to appear and tell their story on the Sally Jesse Raphael Show. Liz and Roger LaPlant answered the call. They hate to fly. The show was in New York. They flew. They decided it might help their daughter. To bare your life and tell your story on national television is a difficult task. Liz and Roger were excellent!

In Appleton Wisconsin, Mike Cool was at the point of despair. His wife Nadean had been under "the care" of Dr. Olson for six years and she was sicker than ever with MPD and SRA diagnoses. He happened to turn on the Sally Jesse Raphael Show. When he saw and heard Liz and Roger he started to cry. **HE REALIZED HE WASN'T ALONE!**

He called the FMSF phone number on the screen. They gave him the state contact number. After Dr. Olson left Appleton and left Nadean, Mike gave her Leo Spanuello's phone number (he was the contact). Nadean called Leo and they talked for an hour. Leo gave her information and hope. After the conversation he said to Katie, "You won't believe what that woman has been through!" Leo started to cry. Then he thought a moment and said, "If Nadean can make it, so can our daughter." Nadean had given Leo and Katie hope.

In February, 1997, five years after that eventful phone call, Nadean Cool and her family accepted a \$2.4 million settlement. I attended a good part of the Cool v. Olson trial. Liz LaPlant and other FMS families from Illinois drove five hours through a snow storm to get to Nadean's trial. Liz finally met Mike and Nadean Cool in person. The circle was complete.

Liz and Roger LaPlant have truly "Made a Difference."

by Katie Spanuello

Send your ideas to Katie Spanuello c/o FMSF.

Look in the May newsletter for information about how to purchase video or audio tapes for the two conferences recently held in Baltimore. (Extra time is needed to ensure that the slides presented by the speakers are clear.)

The former treasurer of the Episcopal Church was sentenced to five years in prison despite her claim she could not even remember embezzling \$2.2 million. 'I condemn this crime and the greed that caused it.' U.S. District Judge Maryanne Trump Barry told Ellen Cooke, 52 of McLean VA. Cooke claimed she suffered from a psychological disorder that caused her to steal and forget what happened later.

Fort Wayne, IN News Sentinel, July 12, 1996

Washington State Appellate Court Upholds Trial Court's Verdict in Favor of Defendant Parents; Upholds Sanctions against Plaintiff's Attorneys
Jamerson v. Vandiver, 1997 Wash. App. LEXIS 270,
 Feb. 24, 1997

In February 1997, a Washington State Court of Appeals upheld a 1993 trial court verdict in a "repressed memory" case. In 1993, a trial court entered a directed verdict for the defendant parents on a charge of negligent supervision, but allowed claims of willful or wanton misconduct to go to the jury. The jury found unanimously in favor of the defendants. The trial court subsequently granted sanctions against the Plaintiffs' attorney for discovery violations and for failing to adequately investigate the factual basis for his client's emotional abuse claim against one defendant. The Appellate Court upheld the sanctions and stated that "an attorney's 'blind reliance' on a client's statements seldom constitutes a reasonable inquiry." (1)

The suit had been brought in 1991 by a 33-year-old woman against her adoptive brother, who she said abused her from ages 10-15 and against her parents for failure to protect her. She also sued a family physician for failing to recognize and treat her allegedly newly emerging repressed memories when she was about age 30.

Father Acquitted on Retrial in Repressed Memory Case "Ryman not guilty in sex assault case"

by Daryl Slade *Calgary Herald*
 Feb. 28, 1997

A Canadian man, who had been sentenced two years ago to nine years in jail for sexually assaulting three of his daughters and two other relatives, has been acquitted in retrial. Court of Queen's Bench Justice Patrick Sullivan said in his decision Thursday he was concerned with the truthfulness of defendant Charles D. Ryman's evidence in the eight-day trial, but was still left with reasonable doubt about his guilt.

"I have serious concerns of the integrity of Crown witnesses. Their testimony is not reliable," Sullivan said. "I must be satisfied at least one fact has been proven before I use it to support other allegations." Judge Sullivan's opinion reportedly dealt extensively with concerns about repressed memory relating to incidents between 1978 and 1986.

Ryman, who was given the new trial by the Alberta Court of Appeal, had pleaded not guilty to sexual assault.

A Cool \$2.4 Million; Out-of-Court Settlement Ends Bizarre Jury Trial

Cool v. Legion Insurance Co., Kenneth C. Olson, et al.,
 Circuit Ct., Outagamie Co., Wisconsin, No. 94 CV 707. (2)

After 15 days of courtroom testimony, psychiatrist Kenneth C. Olson agreed to pay a former patient \$2.4 million in an out-of-court settlement. No defense was offered. In the settlement announced March 3, 1997, Nadean Cool and her family will be paid \$1.79 million immediately. Subsequent periodic payments will bring the total up to \$2.4 million at present value. Olson's insurance company, Legion Insurance Co. of Pennsylvania, will pay \$400,000 of the settlement and the Wisconsin Patients Compensation Fund, which handles excess insurance for state physicians, will pick up the rest. Nadean Cool sued her former psychiatrist for malpractice alleging he induced horrific false memories through hypnosis, was negligent in diagnosing multiple personality disorder (3) and engaged in dangerous treatment, including an exorcism and prescribing drugs that caused her to hallucinate. Cool's attorney, William Smoler, is adamant that recovered-memory therapy is fraught with potential problems. "This is a plague on people who go to therapy," he said. "These are people who are already hurt, who then get hurt much more."

Experts for Cool included Dr. Steve Lynn, Elizabeth Loftus, Ph.D., Richard Ofshe, Ph.D., Dr. Paul McHugh and several local professionals who testified from their first-hand observations of Cool's treatment by Dr. Olson.

Under the settlement agreement, Olson admits no liability. This is, however, not the first time a former patient has sued Olson. In 1995 an Outagamie County jury found him negligent in the diagnosis of MPD with another patient. Olson now practices psychiatry in Bozeman, Montana. Olson's attorney, David Patton, said that the settlement will not affect Olson's private practice, "He's still a respected psychiatrist."

However, several jurors who heard the testimony were reported as saying that they felt Cool deserved more money. Jurors said the testimony against the psychiatrist seemed damaging and incontestable because it was buttressed by Olson's own notes from therapy sessions and by pages from a book he was writing about Cool. One jurist is quoted as saying, "It looked to me like she was an experiment to him." Another jurist said that the exorcism Olson performed shouldn't have happened, "He lost it right there."

Nadean Cool says she doesn't want the case and its aftermath to become her life, although she would consider telling her story if it could help other people.

Unlicensed Therapist Settles Out of Court with Former Patient

Paynter v. Septon, Circuit Court, Multnomah Co., Oregon,
No. 9605-0366. (4)

A suit originally filed in May, 1996 against an unlicensed social worker was settled out of court for \$100,000 in February 1997. The suit, brought by former patient Amy Paynter, alleged negligence and outrageous conduct by therapist Jennifer Septon. Paynter alleged failure to recognize and control transference and counter-transference, failure to conduct a reasonable investigation of the facts, and failure to obtain informed consent to use various suggestive techniques, including journaling, dreamwork, inner child work, verbal suggestions and group therapy. She alleged that Septon negligently and falsely diagnosed that she had repressed memories of childhood sexual abuse by family members, including her mother and grandparents, despite the fact that she had no memory of such abuse before seeking treatment. Paynter was also falsely diagnosed as having sexually abused her own infant son and other children and was told to report this supposed abuse to her employer, which resulted in an immediate layoff from her job.



Hospital's Staff Falsely Made Woman Believe She was Abused, Lawsuit Says

by Jennifer Gerrietts *Argus Leader*, South Dakota
Feb. 27, 1997

A South Dakota woman, Maxine Berry, is suing the therapists and clinic that treated her from 1992-1995 and, she says, made her falsely believe she had been sexually and physically abused as a child when no such abuse ever occurred. The lawsuit, filed in February 1997 in Minnehaha Co. Circuit Court South Dakota, states that therapist Lynda O'Connor-Davis had an improper relationship with Berry, both during and after her treatment. The suit also names psychologist Vail Williams, psychiatrist Dr. William Fuller and Charter Hospital and Charter Counseling Center as defendants.

Berry and her husband are represented by Brian J. Donahoe of Sioux Falls, South Dakota. No trial date has been set.



Two Pennsylvania Therapists Will Not Practice For At Least A Year

Under consent agreements between the state of Pennsylvania and psychologist Patricia Mansmann and social worker Patricia Neuhausel, the two therapists will not be permitted to practice therapy, even on a limited basis, until at least next February 1. "Those two individuals who

have been suspended by the board should not be practicing in their areas, no matter what they call it," Robert DeSousa, chief counsel for the state Bureau of Professional and Occupational Affairs said, as quoted by *The Philadelphia Inquirer*, March 15, 1997.

In the agreement signed with the state Bureau of Occupational and Professional Affairs, Mansmann agreed that her license to practice would be suspended for five years, retroactive to February 1, 1996, but that the stay would become probation in February 1999, and she could resume practicing then, under probation, for the remaining two years. Neuhausel's license was suspended for four years, until February 2000. She could return to her practice under probation next February. Under the probationary time, a state-appointed monitor will be assigned to oversee their work, and will issue monthly reports to the state.

The two partners of Genesis Associates have been charged with 229 counts of misconduct and using harmful and dangerous methods in their therapy practice. The charges were investigated by the Pennsylvania Bureau of Professional and Occupational Affairs, the state Board of Psychiatry, and the Board of Social Work Examiners. In addition, a number of former clients or their relatives have filed suit against Genesis, contending the therapy was harmful.

Because of this case, State Representative Elinor Taylor said she intended to introduce legislation that would mandate that "while practitioners are under suspension, they cannot practice anything." She said the proposed change in Pennsylvania law would apply to psychologists and social workers, and would incorporate the provisions outlined in the consent agreements.



Massachusetts High Court Reinstates Amirault Convictions

Commonwealth v. Amirault, Massachusetts Supreme
Judicial Court, SJC-07077, SJC-07153,
and eleven companion cases, March 24, 1997

The highest court in Massachusetts reinstated the child molestation convictions of Violet Amirault and her daughter, Cheryl Amirault LeFave. The Supreme Judicial Court (SJC), in a 6-1 split decision, also denied a motion for a new trial filed by Mrs. Amirault's son, Gerald Amirault.

The Amiraults had argued that their constitutional right to meet their accusers face-to-face was violated because the children who accused them of abuse testified by videotape, or by facing the jury instead of the defendants.

The SJC conceded that the seating arrangements violated the defendants' constitutional rights, but said that the trial ensured their rights in other ways and that the Amiraults raised their challenge too late because defense lawyers at

trial agreed to the special seating plan. The court also said the quality of the police investigation of the abuse could have been better. And the court said some of the charges made against the Amiraults by the children were "quite improbable" and may have resulted from "communicated hysteria." But in the end, the SJC rejected motions for new trials. Absent an obvious "miscarriage of justice," the court ruled, the public deserves a sense of "finality" when it comes to such criminal cases.

"We conclude that in these circumstances, the defendants have not met their burden of showing that there was substantial risk of miscarriage of justice," Associate Justice Charles J. Fried wrote in the 50-page majority opinion. Their review "does not awaken doubts of sufficient magnitude to warrant upsetting the convictions and perhaps releasing these three defendants permanently, as a retrial now would be very difficult."

In his dissent, Associate Justice Francis O'Connor said he was not convinced beyond a reasonable doubt that the seating arrangement did not affect the outcome of the trial. "In these cases, where the Commonwealth presented no scientific or physical evidence linking the defendants to the crimes, and where the jury's verdicts were based on their assessment of the child witnesses' credibility, the absence of...face-to-face confrontation was surely sufficiently significant in the context of the trial(s) to make plausible the inference that the result might have been otherwise but for the error. ...In both cases, a substantial risk of a miscarriage of justice has been established. Our desire for finality should not eclipse our concern that in our courts justice not miscarry," O'Connor wrote. He maintained that the Amiraults' trial was flawed and said he would have ordered a new trial for all three defendants.

Since allegations were made of sexual molestation of young children at the Fells Acres day care school which the Amirault family ran, the Amiraults have maintained their innocence.⁽⁵⁾ Violet Amirault, now age 73, had served almost 10 years of an up to 20-year sentence until being released in 1995 following a lower court's ruling that Violet and Cheryl Amirault should be granted a new trial. Gerald Amirault is now serving a sentence of 30 to 40 years.

At a news conference March 24 in Boston, Violet Amirault and her daughter maintained their innocence. They pleaded for President Clinton and Governor William F. Weld to take up their cause. "There was never a crime committed at Fells Acres," Violet Amirault said. "I am crying out to the citizens of the United States to please help my family."

Amirault supporters say the allegations against them were too incredible – the children told investigators they were forced to eat human feces, attacked with knives, tied naked to a tree in front of other teachers, and that animals

were killed to scare them into silence. But they also say the accounts were never corroborated by adults at the school, and police found no evidence to support the children's stories.

Hours after the SJC decision, Middlesex County District Attorney Thomas Reilly filed papers in Superior Court to revoke bail for Violet Amirault and her daughter. They could be sent back to prison within the next month.

Defense attorney Charles Rankin said the appeals team will ask the SJC to reconsider its decision and will urge Governor William Weld to consider clemency for the family. The Amirault's defense attorneys plan to file a writ of habeas corpus, a petition seeking their prompt release, to a U.S. District Court on the grounds that the state courts have denied them due process.

The prosecution's case was presented by State Attorney General Scott Harshbarger, who intends to run for the Democratic gubernatorial nomination. According to *The Boston Globe*, 3/25/97, "[in] recent years, Harshbarger had engaged in high-profile public debates with Amirault defenders who argue that the family was railroaded during an era of hysteria over child molestation. Despite the swell of popular support for them, the attorney general stuck to his guns in insisting on their guilt."

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1. citing *Miller v. Badgley*, 51 Wash. App.2d 1007 (1988).
2. See summary of early testimony in *FMSF Newsletter*, March 1997, pp. 12-13. See also, articles in *Post-Crescent* (Appleton, WI) and *Milwaukee Journal Sentinel*, appearing on March 4 and March 5, 1997.
3. As a point of clarification, although Dr. Olson used the term "internal group therapy" on his billing reports, he did not bill for more money for each personality he treated. Cool's suit did not imply fraudulent billing practices on the part of Dr. Olson. The AP news service stated that the psychiatrist "convinced her she had 120 personalities — and then charged her insurance company for group therapy." *The FMSF Newsletter*, March 1997, reported the AP's misinterpretation of the bills submitted by Dr. Olson. We apologize for any misunderstanding this may have furthered.
4. See, *FMSF Brief Bank #113*.
5. For more information, see Rabinowitz, D. (1996, May 15), "The children behind the glass," *The Wall Street Journal*; and the Rabinowitz series on the Amiraults called "A darkness in Massachusetts" which appeared in *The Wall Street Journal* on Jan. 30, 1995, March 14, 1995, May 12, 1995. See also, ABC 20/20 (1995, Sept. 8), "Truth on trial - Could children lie about sexual abuse?" and Shalit, R. (1995, June 17) "Out of thin air; Accusations of child abuse destroy innocent family," *The Ottawa Citizen*.

Psychologist malpractice - transferred negligence
March 17, 1997, Illinois Appellate Court, 2nd District,
Doe v McKay

Decision states that a therapist's duty to the patient to use reasonable care in the treatment process is extended to the parent.
Full report will appear in the May newsletter.

***Hoax and Reality:
The Bizarre World of Multiple
Personality Disorder***
August Piper, Jr., MD

Jason Aronson, 1997

Reviewed by Joel Paris, M.D.

Psychiatric patients may develop troubling dissociative symptoms. Whether or not phenomena of this type justify the construct of a "dissociative disorder" is another question. This scientific controversy will only be settled through empirical research. However, the present status of the dissociative disorders is a prime example of how politics can drive diagnostic practices.

Earlier editions of DSM described a "hysterical neurosis, dissociative type", whose sub-types included psychogenic amnesia, fugue, and multiple personality (MPD). All of these were considered exotic and rare. The decision in DSM-III to categorize "dissociative disorders" as a separate group legitimized the construct and encouraged specialization in this area. Today, backed up by the DSM-IV manual, every psychiatric textbook has a section on dissociative disorders. The authors of these chapters are usually chosen from a short list of "experts", who are, inevitably, those who have previously written about the subject.

As a result, even the most sober psychiatric manuals now have at least one chapter describing the strange world of dissociative disorders, populated by constantly fragmenting personalities termed "alters." The committees that meet to revise the DSM criteria sets generally consist of "believers" in MPD. Moreover, the scientific study of dissociation is controlled by the same specialists.

Articles, many of which have been published in the most prestigious psychiatric journals, have provided the construct of dissociative disorders with

a psychometric gloss. Thus, dissociation is measured by standard self-report measures⁽¹⁾, or by standard interviews⁽²⁾. Unfortunately, the validity of these scales depends entirely on that of the construct they propose to measure.

The present volume, written by the American psychiatrist August Piper, argues that the construct of MPD is invalid. The definition is conceptually muddled, and the diagnostic criteria used to identify this entity are seriously imprecise. Many of the symptoms considered most characteristic of the disorder only appear after patients have been in therapy with a dissociation specialist. Moreover, as Piper shows, there is almost no way to rule out a diagnosis of MPD. Thus, although they believe themselves to be empirically grounded, the experts on dissociative disorders are closer to Scientology than to science.

Of particular value is Piper's critique of the theory that dissociation functions as a defensive response to traumatic experiences. The theory is appealing and dramatic, but a good deal of evidence contradicts it⁽⁴⁾. Many specialists in this area believe that dissociative disorders are caused by severe childhood trauma. As Piper shows, there is no way to verify these memories, most of which are probably false, and which can be readily implanted by therapists. Unfortunately, too many clinicians have bought into the traumatic etiology of dissociation, to the point that they routinely search for trauma histories in dissociators, and expect to see dissociation in trauma victims.

As Hacking⁽³⁾ has argued, we all have the capacity to develop "false consciousness," in which we can split off different parts of the self, thus denying responsibility for our thoughts, feelings, and behaviors. Under certain conditions, some cultures actually reinforce the develop-

ment of dissociative symptoms⁽⁴⁾. Reifying this process into a discrete set of disorders has not shed light on the question of the mechanism that drives dissociation.

This book is written in a lively style, and it provides a riveting read. Although Piper leaves the reviewer with little to criticize, he might, nonetheless, have gone beyond debunking absurdity, and suggested an alternative model to explain the phenomena of pathological dissociation. One might ask, for example, whether, in addition to the usual iatrogenic form of dissociative disorder, there are rarer idiopathic forms. As Piper suggests, in fifty years the present approach to dissociative disorders will seem as timely as lobotomy. However, as long as dissociative phenomena continue to present clinical problems, they merit further study.

Joel Paris, M.D. is a Professor of Psychiatry at McGill University in Montreal.

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If it really is true that a person can repress very bad memories, then why can't I repress the memory of being falsely accused?

A Dad

***Whores of the Court: The Fraud of
Psychiatric Testimony and the Rape
of American Justice***

Margaret A. Hagen

Harper Collins, 1997. 338 pages

Reviewed by Ralph Slovenko,
Professor of Law and Psychiatry,
Wayne State University.

Much has been said and written about "junk science" in the courtroom. The phrase, popularized by Peter Huber in his 1991 book *Galileo's Revenge: Junk Science in the Courtroom*, has come to mean "experts" testifying at trial to anything, for a price. In 1996, Judge Patrick Higginbotham of the Fifth Circuit said, "It is time to take hold of expert testimony." Has the situation changed?

Margaret A. Hagen's disdain for psychiatric testimony is readily apparent by the title of her new book, *Whores of the Court*. She calls the testimony of psychiatrists and psychologists unhelpful or misleading. She also calls their efforts at therapy "a total fraud." She is dismayed that all of us, patients and the public alike, are willing to accept the occasional success in therapy as evidence that therapists are experts in causation of mental disorders and in general psychological functioning. Hagen is a professor of psychology at Boston University.

Delving into everything from the founding practices of Freud and Jung to the basic test instruments of psychology today (inkblots, MMPI, and so on), Hagen claims that the practices of modern clinical psychology are anything but scientific. In Freud's time, she notes, all psychological problems came from sex—too much or too little, excessive masturbation, coitus interruptus, incest real or imagined, and unfulfilled erotic fantasies. Today, she says, all our problems allegedly come from low self-esteem engendered by an inadequate home life.

In a chapter titled "Remembrance of Things Past," Hagen discusses

Shahzade v. Gregory, decided in 1996 by U.S. District Judge Edward Harrington of the District of Massachusetts. In this case, Ann Shahzade, age 68, claimed that from the time she was 12 years old until she was 17, her cousin, five years older than she, had subjected her on a number of occasions to nonconsensual sexual touching. She filed suit against her cousin for the wrongs he allegedly had done her nearly half a century ago. To no avail, the defendant sought summary judgment as a matter of law by virtue of the statute of limitations.

Judge Harrington ruled that the "discovery rule" suspending the running of time under the statute applied in cases involving "repressed memories of sexual abuse." In reaching his decision, Judge Harrington relied on the testimony of Dr. Bessel van der Kolk, psychiatrist from Harvard University Medical School who testified that repression was a scientific fact. In his decision, Judge Harrington quoted Dr. van der Kolk's testimony: "It is my opinion, to a reasonable degree of medical certainty, that Ann Shahzade did dissociate the memories of the childhood sexual abuse inflicted upon her by her cousin, George Gregory. It is further my opinion that Ann Shahzade was not aware, in any way, that the harm she suffered was caused by George Gregory's inappropriate sexual behavior, until the time that Ann Shahzade met with Dr. Henry Smith-Rohrberg in 1990." Hagen proceeds to examine why van der Kolk's research and conclusions do not support his opinions.

In other chapters Hagen explores the use of insanity defenses including those based on the battered woman syndrome, toxic shock syndromes, post-traumatic stress disorder, and temporary insanity brought on by the overuse of diet pills. She looks at why therapy cannot change criminal behavior; she also explores the effectiveness, or ineffectiveness, of sex offender

treatment programs, domestic violence treatment programs, and juvenile offender treatment programs.

In high profile criminal cases, writes Hagen, "competing teams of psychoexperts analyze the accused both to tell the judge whether the defendant is competent to assist in his or her own defense at trial, and if he is found competent to assist in his own defense, then another raft of lawyers is hired by the defense to testify that competent or no, the defendant is mentally disordered in some way so that he should be found not guilty by reason of insanity, or, if he is not completely insane, his or her criminal responsibility should be considered less due to some diminished mental capacity or state of mind." In other words, she says, "a mental devil made him do it."

The modern proliferation of mental disorders, she claims, has provided a veritable bonanza for entrepreneurial psychologists, not to mention their associated attorneys, not only in traditional injury and liability tort cases but also in disability and discrimination claims. Modern psychology, in permeating our culture and our legal system has convinced the larger society, she says, that responsibility for behavior belongs to the background and context in which it occurs, not to the individual performing the action.

*Ralph Slovenko is Professor of Law and Psychiatry at Wayne State University, and a member of the FMSF Scientific Advisory Board. Professor Slovenko examines the criticisms of psychiatric testimony in his recent book, *Psychiatry and Criminal Culpability* (New York: Wiley).*



I cannot understand why repressed memory advocates are still arguing that if one sails out into the ocean far enough one will fall off the end of the earth!

A Mom

Is Psychology Afflicted with Politically Expedient Syndromes?

In September, 1996, the *American Psychologist* published a paper by Kenneth Pope highly critical of false memory issues. One of Pope's many criticisms was that 'false memory syndrome' has not undergone rigorous testing. The author of the following letter argues that Pope's position is politically motivated.

Pope (1996) is not the first to posit an unhealthy link between psychology and social forces when he suggests that False Memory Syndrome may have gained scientific currency for extraneous reasons. Brown (1965), for example, identified a shift in research relating to the Authoritarian Personality (Adorno et al., 1950) as Nazism ceased to be a perceived threat to American intellectuals and Communism became one. As Brown reflected:

"Unquestionably, there was some gratification for American social psychology during this period in the theory of the authoritarian personality which exposed the fear, the stupidity, and the sadism in nationalistic and reactionary politics. Was there perhaps also some distortion of the truth in the service of values? ... Interest in authoritarianism of the left apparently had to wait upon a change of the political climate, a time when disillusionment with communism was general among American intellectuals. It is not easy to do sound social psychological research on contemporary issues because any finding is, in these circumstances, a social force." (1965, p. 479)

Ironically, Pope (1990a, 1990b, 1994; Pope and Bouhoutsos, 1986) himself has been part of a social movement which colored the degree of acceptance accorded to a body of research. As I have previously argued (Williams, 1992), research findings of

severe or likely harm as a result of therapist-patient sex—welcomed by many because the findings confirmed popular beliefs—may have resulted to some extent from the sampling strategies which had been employed. The studies should have used sampling methods which had a reasonable expectation of recruiting groups of survivors of therapist-patient sex who may have experienced: lack of harm, equivalent harm to that resulting from any failed sexual relationship, or substantial harm—given that these groups may have contained members. I argued that such unbiased designs were not feasible and that the available findings, which pointed to outcomes of severe harm, were of questionable validity. Ordinarily, findings which are subject to questions of both sampling bias and sample size might not be widely promulgated. In this case, though, writings by Pope and others helped promote a perception of inevitable and well-substantiated harmfulness which rested, I believe, on a scientific foundation which would have been readily recognized as insufficient had the same conclusions been of either neutral or negative social connotation.

As a further irony, some of Pope's publications (e.g., Pope, 1989; Pope and Bouhoutsos, 1986) suggest the existence of a syndrome, the Therapist Patient Sex Syndrome which, while a courtroom expedient for plaintiffs' attorneys in psychotherapy malpractice cases, has hardly been studied and rests on ground at least as shaky as that which, according to Pope, supports the False Memory Syndrome. It would seem that psychology continues to need a method to circumvent bias in dealing with research findings which are either too upsetting or too relieving for the psychologists who criticize or promote them, typically doing one or the other in the name of scientific disinterest and to correct perceived bias—the present contribution notwithstanding.

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We Could Not Sit By

We filed a complaint against our daughter's unlicensed therapist three years ago in Missouri with the state licensing board. It has since gone to the Missouri Attorney General's office where we are awaiting a trial against the therapist. My husband and I are to be state witnesses. We had our depositions taken. Our daughter had started to initiate contact with us before this. Now, she is cooperating fully with the therapist's defense lawyers and telling her story of alleged abuse to them. I felt as if I were on trial in the deposition...[but] we could not sit by and do nothing to try and stop this therapist and her "therapy."

A Mom and Dad

☐
She is Back!

The accusation first surfaced in 1992. Our daughter had two "friends" and a statement to read outlining her physical, sexual and psychological atrocities at my hands from age 2. She divorced herself from the family and changed her name.

After joining FMSF, it appeared that the best advice we got was to avoid confrontation and encourage the other two children to keep in touch. We were more interested in her recovery than in retribution against the therapist. Now (four years later) she has volunteered contact with the family and me. She even sent me a birthday card. I don't ask if she has given up the fantasy. I just hope and pray that she will recover.

A Loving Dad

☐
Seeing Her Dad in Another Light

In the first years after the accusations there was much anger. We'd show her articles in the paper and she would go into a rage, and if we tried quiet confrontations, these always resulted in more anger and we would then go back months with the progress we had made. Then the FMSF newsletters said just keep the relationship and time together pleasant and build up on these good times. So we did this for eighteen months and then just before Christmas she told me that Dad had not molested her. Then it took eight weeks more before she could finally talk to her Dad. It is behind us all now and we will go forward and be a family again. We are just so happy that we built up the good times so that she could see her Dad in another light and I believe that was what brought about her retractions. Thank you FMSF. We feel we are whole again!

A Mom

All to Stop the Madness

I was able to attend the Cool v. Olson trial. These were some of the things that impressed me:

- Nadean's courage and character.
- The love, care, support and humor that the Cool family showed for each other.
- The mastery of the topics of hypnosis, MPD, SRA, RMT, standards of care and mind control shown by Nadean's lawyers, Bill Smoler, Pam Smelcher and Greg Sieboddt.
- The dedication of those lawyers to seeing that justice was served and their obvious concern for Nadean.
- Dr. Elizabeth Loftus's giving the jury a basic course in memory and how it does and doesn't work and explaining the how and why of research studies and the questions that should be asked of studies. She was always gracious.
- Dr. Richard Ofshe explaining how people gain influence and manipulate others. The jury sat on the edges of their chairs and didn't take their eyes off him. When asked on cross examination why he was on the FMS Foundation Advisory Board, Ofshe paused, smiled and answered, "I am honored to be of help to the families who make up the FMS Foundation." That brought tears to my eyes.
- Dr. Paul McHugh explaining the Standard of Care. His love of his profession and his dedication to excellence in medical care, his integrity, his pride in being part of the FMS Foundation's Advisory Board.
- The nurses and doctors who came forward to testify on behalf of Nadean and good medical care.
- The friends who testified and who would do anything to help Nadean - but never lie.
- I cried as Nadean told her story. I rejoiced to hear the "experts." I was

overwhelmed by the legal team's efforts. I was humbled by the whole experience. So many fine people...So much courage demonstrated by so many...All to stop the madness.

Katie Spanuello

☐
Father's Love

Everlasting father's love can never be destroyed. Even when a daughter charges; After many happy years, memories of infant abuse, abuse, she never knew. He loves her still.

He understands how very real nightmares can be and prays for her to wake.

A Dad

☐
Trust is Dead

The accuser's father died of a heart attack three years after the accusation in a psychologist's office. The psychologist has since retired under "cloudy" circumstances. The deceased father grieved for three years before his death. The son in contact with the accuser says my daughter stopped seeing the psychologist soon after she made the accusations and that she now believes the psychologist is evil. We do not ask this son for information nor do we want to pry. Forgiveness is easy, set free; forgetting is impossible and trust is dead.

A Mother

New Hampshire - Big Brothers Big Sisters volunteers are getting hard to find because some fear they might be falsely accused by the youngster they are trying to help, local director Kathleen Oliver says. USA Today, March 12, 1997



Coming to Grips

In reading the "From our Readers" section of the January newsletter, I was struck by how much we all seem to be unable to come to grips with what has happened to us.

Events outside our personal experience are abstractions to most of us. From children on, we have been told that Cain killed Abel, that Christ was betrayed by a disciple, that Lincoln was assassinated by Booth. We are deeply stunned, however, when something similar happens to us.

While reading a book by Octavio Paz, I was struck by a paragraph which I translate to say: "A Hitler or a Stalin or a Himmler cast a shadow over us all, not only for their crimes, but for their mediocrity. Their intellectual insignificance confirms the verdict of Hannah Arendt on the 'banality of evil'."

I believe that for parents and for children alike, there is no path back to where we were before our world exploded. I'm sure it angers and saddens us to the core.

A Father



I Would Love to Have Her Back

Thanks to the father who wrote in the February Newsletter about there not being a universal solution to the reconciliation problem. I, like him, have no intention of taking my daughter back under just any circumstances.

Almost 5 years ago my daughter hit me with her "false" memory. She asked that we continue our relationship as if nothing had happened. She said she forgave me of any wrong-doing. I went along with this unpleasant relationship until the first of this year when I told her I was no longer willing to continue our relationship as long as she thought I was guilty of something I did not do. I was uncomfortable with this

arrangement and she did not seem willing even to consider that her memory might be false. In addition, my daughter is a therapist, and I believe she is also responsible for other people having "false" memories.

So, now we have no relationship and I have never felt better although I would still love to have her back. If I were to accept my daughter back—no questions asked, I would feel I was somehow participating in this HOAX. No way can I do that.

She will have to admit that her memory was false if she expects to see me again. Why is the American Psychiatric Association so reluctant to declare recovered memory is a hoax? Until the APA and the universities stop accepting it as truth, it will not be stopped.

Another Dad



Hi Mom and Dad,

Wow - Do you believe it! I'm actually writing. Wanted to take this time to wish you an abundant and joyous Valentine's Day and to tell you how, with each passing day, I am grateful for the love and patience you have given me over the many years. Seems like there are so many moments I recall in our family that bring special and poignant memories...while the sorrows bring knowledge and greater understanding. Our journeys are often long and complicated but each day we journey towards a larger understanding of "self" which is infinite and unending. I am extremely grateful to have been given both of you for my mother and father.

Love, "W"

"If you want to abolish the repressed memory therapy movement simply take away the concept and the word 'denial.' Without it, the movement would wither and die."
A Mom

THIS COUNSELLOR LEFT A STENCH BEHIND

Brenda Gillespie
The Vancouver Sun
August 15, 1996

"...With careful coaching over several years, my sister imagined all sorts of sordid things happening during that short encounter. She was to dump "the truth" on the family and, if we didn't accept it holus-bolus, to shut us out with whatever childish rant she felt like expressing.

My sister came far short of finding the family support deemed necessary for her healing. Too many details just didn't fit the characters involved and the context, plus the method of telling was so brutal and hermetic, there was no room for reason or discussion. Blind belief and acceptance were all— or nothing....

My sister has now, of her own volition and in her own time, speaking from her heart and deepening faith in God, admitted that her original memory is the only memory she has. ..The hell we've been through has been worse than grieving for his [cousin thought to have been abuser] death. We're so blown apart, we'll never get over it.



"There is nothing which proves the lack of credibility of repressed memory therapy more than the fact that it refuses to be confronted or challenged. Suspiciously analogous to a fixed delusion, don't you think?"
A Mom

We received so many calls and letters about the role of Marilyn Van Derbur as a consultant to the Boulder police in the tragic Ramsey case, that a note in the newsletter seemed fitting. We did not see the national programs that prompted your questions. But van Derbur did appear on a local news show in Philadelphia. The program was entitled "AM Live" and it aired on Philadelphia's Channel 6 at 10 am on March 13. The reporter was Wally Kennedy.

REPORTER: Let me put the question more succinctly. Your story is based on your having a history of sex abuse at the hands of your father. That's step number one. Step number two: the Boulder police call you in as an expert because they need your expertise. People will come away with the conclusion that they suspect John Ramsey killed his daughter and sexually abused her.

VAN DERBUR: And I will tell you that anyone who lives in Colorado knows that child abuse is what I do every single day of my life. I've been in touch with more adult sexually violated — in fact I'm coming to speak in Media, Pennsylvania, next month. I've answered over seven thousand letters. I am stopped every day in the airport. This is what I do with my life. I'm not just another pretty very old face. This is my life.

REPORTER: I don't think anyone was suggesting that.

VAN DERBUR: You're talking no face-lift here.

REPORTER: Would that we were all so fortunate with or without facelifts.

Mr. Kennedy gave up at this point in his attempt to question Ms. Van Derbur on the matter.

The question that people most often asked concerned the genesis of

Van Derbur's memories. Ms. Van Derbur has said that she was abused from age 5 to age 18 years but she was unaware of it until she was 24-years old. She has stated that she became a "day child" who was an over-achiever and a "night child" who was sexually abused. "As difficult as this is for most people to understand, until I was 24, I, the day child, had absolutely no conscious knowledge of the night child. During the days, no embarrassing or angry glances ever passed between me and my father because I had no conscious knowledge of the traumas and the terrors of the night child." (Goldstein & Farmer p 208)

Unable to locate a scholarly paper on the phenomenon of a "day child" and a "night child," we turned to published accounts in the media. According to the *Chicago Tribune*, May 26, 1991, Van Derbur said:

"I believed I was the happiest person who ever lived. Only one person began sensing something was wrong. D.D. Harvey was the youth minister at our church. I met him when I was 15. For nine years, this brilliant and talented man gently poked and prodded, trying to find the source of the pain that he sensed behind my ever-present smile.

"Finally, at age 24, while we were having lunch in Los Angeles, with words I don't remember - father -bedroom - nighttime - he punctured the concrete wall I had built around the secret, and sobs began erupting from the deepest part of my soul - sobs that for decades I could not stop. The only words I was able to say were, "Don't tell."

It would appear, then, that Ms. Van Derbur's memories emerged after 9 years of counseling. She did not speak of these memories at the time, however. She waited until May 8, 1991 to disclose her recovered repressed memories, after her father had died. Before her disclosure in 1991, Ms. Van Derbur underwent more therapy which she described in her lectures and tapes at

the time. As reported in *True Stories of False Memories* (Goldstein & Farmer, 1993, p. 208):

She tells victims of incest they must work hard in order to heal. Adler regrets that "there was no *Courage to Heal* when I was in recovery." In addition to group support meetings and years of psychotherapy, Adler's "work" included "over 100 deep massages, over 100 rolfing sessions as I tried to free my body from pain. At least 60 acupuncture sessions, acupuncture, perhaps 50 sessions of hypnosis, neuro-linguistic programming, dance therapy, bioenergetics, self-defense therapy...I read hundreds of articles and 72 books as I have searched for relief and healing."

Marilyn Van Derbur redefined herself—not at the time when she said she recovered her memory at age 24. but in 1991. She explained:

"Thirty-four years ago I won a title that became an extension of my name. Until May 8, 1991, if my name were in the paper, my name was Marilyn Van Derbur, former Miss America. As of May 8, 1991, and forevermore, my name is Marilyn Van Derbur Adler, incest survivor. That is the way it should be. Just as Jonas Salk will always be known for his greatest accomplishment—the discovery of the polio vaccine, I will be known for my greatest accomplishment—I survived incest." (Goldstein & Farmer p 209)

**Do you have a child, sister,
brother or loved one
who has cut off all contact?**

Uptown Publishing Company is considering a book of letters from parents or other relatives to a family member who is rejecting all contact.

For more information please refer to the form on the outside cover of this newsletter.

**Deadline for submission is
June 30, 1997**

KEY : (MO) - Monthly; (bi-MO) - bi-monthly
 (*) - see the State Meetings List

CONTACTS & MEETINGS - UNITED STATES**ALASKA**

Bob (907) 586-2469

ARIZONA

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

ARKANSAS

Little Rock

Al & Lela (501) 363-4368

CALIFORNIA

Sacramento - (quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916) 443-4041

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or

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

East Bay Area - (bi-MO)

Judy (510) 254-2605

South Bay Area - Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

3rd Sat. (bi-MO) @10am

Cecilia (310) 545-6064

Central Coast

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @
 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @6pm

Jerry & Eileen (714) 494-9704

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

Floyd & Libby (818) 330-2321

San Diego Area -

Dee (619) 941-0630

COLORADO

Denver - 4th Sat. (MO) @1pm

Art (303) 572-0407

CONNECTICUT *

S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or

Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (305) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO)

@1pm Helen (407) 498-8684

Central Florida - 4th Sun. (MO) @2:30 pm

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

GEORGIA

Atlanta - (quarterly) May 24

Wallie & Jill (770) 971-8917

ILLINOIS

Chicago & Suburbs - 3rd Sun. (MO)

Eileen (847) 985-7693

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Friends of FMS

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

Pat (219) 482-2847

IOWA

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

Lunch Betty & Gayle (515) 270-6976

KANSAS

Kansas City

Leslie (913) 235-0602 or

Pat (913) 738-4840

Jan (816) 931-1340

KENTUCKY

Covington

Dixie (606) 356-9309

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 957-2378

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

Chelmsford

Ron (508) 250-9756

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon.

(MO) Bill & Marge (616) 383-0382

Greater Detroit Area - 3rd Sun. (MO)

Nancy (810) 642-8077

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Retractors group also forming

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

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

MONTANA*

Lee & Avone (406) 443-3189

NEW JERSEY (So.)

See Wayne, PA

NEW MEXICO

Albuquerque - 1st Sat. (MO) @1 pm

Southwest Room -Presbyterian Hospital

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

NEW YORK

Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

Western/Rochester Area - (bi-MO)

George & Eileen (716) 586-7942

OKLAHOMA

Oklahoma City

Len (405) 364-4063

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Monroese

John (717) 278-2040

Wayne (includes S. NJ) - 2nd Sat. @1pm

Jim & Jo (610) 783-0396

TENNESSEE

Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS

Central Texas

Nancy & Jim (512) 478-8395

Houston

Jo or Beverly (713) 464-8970

UTAH

Keith (801) 467-0669

VERMONT

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

VIRGINIA

Sue (703) 273-2343

KEY : (MO) - Monthly; (bi-MO) - bi-monthly
 (*) - see the State Meetings List

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

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

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

Vancouver & Mainland - Last Sat. (MO)
 @ 1-4pm

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues.
 (MO) @7:30pm

John (604) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA *

London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (514) 537-8187

AUSTRALIA

Irene (03) 9740 6930

ISRAEL

FMS ASSOCIATION fax-(972) 2-259282

or

E-mail- fms@netvision.net.il

NETHERLANDS

Task Force FMS of Werkgroep Fictieve
 Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society
 Roger Scofford (44) 1225 868-682

STATE MEETINGS

Call persons listed for info & registration

CONNECTICUT/ S. NEW ENGLAND

Sunday, April 6, @ 2:00 pm

Library, Unitarian Society of New Haven
 Paul (203) 458-9173

MINNESOTA

Saturday, May 3, @ 9:00 am

Fort Snelling Officers Club, St. Paul
 Dan & Joan (612) 631-2247

MONTANA

Saturday, May 3, @ 10:00 am

Colonial Park Hotel, Helena
 Lee & Avone (406) 443-3189

ONTARIO

Saturday, May 10, @ 1:30 pm

Speaker: Pamela Freyd, Ph.D.
 Pat (416) 445-1995

IMPORTANT ADDRESSES:

American Psychiatric Association
 1400 K Street NW
 Washington, DC 20005

American Psychological Association
 750 First Street NE
 Washington, DC 20002

National Association of Social Workers
 750 First Street NE Suite 700
 Washington, DC 20002

American Medical Association
 515 N. State Street
 Chicago, IL 60610

Your state licensing board
 (If you need an address, call the FMS
 Foundation)

Deadline for the May Newsletter is Apr. 18
 Meeting notices **MUST** be in writing &
 should be sent no later than 2 months prior
 to meeting.
 You must be a State Contact or Group
 Leader to post notices in this section.

New books of interest

Hystories: Hysterical Epidemics and Modern Media, Elaine Showalter New York: Columbia University Press, 1997 (Opens the feminist door just a little. Sections include Alien abduction, Chronic fatigue syndrome, Satanic ritual abuse, Recovered memory, Gulf War syndrome, Multiple personality syndrome.)

Psychology Astray: Fallacies in Studies of 'Repressed Memory' and Childhood Trauma, by Harrison Pope, M.D. Boca Raton, FL: Upton Books (Collection of Focus on Science columns from the FMSF Newsletter - and more.)

Second Thoughts: Understanding the false memory crisis and how it could affect you, Paul Simpson, Nashville, TN: Thomas Nelson, 1997 (The author is a "retractor" therapist and this book should be of special interest to the Christian community.)

Recovered Memories and False Memories, Martin Conway (Ed), Oxford: Oxford University Press, 1997 (An outstanding collection of scholarly articles.)

History of Psychiatry: From the era of the asylum to the age of Prozac, Edward Shorter, New York: Wiley, 1997 (This book is useful in placing the FMS problem in perspective.)

SeminarsPlus, Inc. sponsors
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Friday, May 9, 1997

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Pamela Freyd, Ph.D., Executive Director

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April 1, 1997

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

pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

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LETTER TO MISSING ADULT CHILDREN FROM FAMILIES OF ORIGIN

Do you have a child, sister, brother or loved one who has cut off all contact?

Uptown Publishing Company is considering a book of letters from parents or other relatives to a family member who is rejecting all contact. You may write a letter or note and include snapshots that is non-threatening but that communicates family feeling and events. Consider your child before he or she became deluded and think of what would appeal to that child.

Send your letter to the False Memory Syndrome Foundation, 3401 Market Street, Ste. 130, Philadelphia, PA 19104-3315. **Please print or type. It will be anonymous in the book.**

Deadline for submission: June 30, 1997

name _____

address _____

city _____ state _____ zip+4 code _____

first name of adult child if you choose to address her/him by name _____

release to publish your letter - signature/date _____

release to publish photographs - signature/date _____