



Dear Friends,

As we enter the year 2000, we find FMS families everywhere along the continuum from "just learned" to "it's over." Since the middle of December, the office has been receiving about five calls a day from families who have just learned about the Foundation from the January *Guideposts* article about the Rutherford family. Some of these new callers tell us how relieved they are to learn about the Foundation after struggling alone for many years. But for others, tears attest to the rawness of their loss. The passing fad of FMS often seems more like the ebbing of a flood tide than the retreat of a storm.

If so many have yet to see improvement in their personal tragedy, some may question how we can plan a conference called *Return to Reason*. The answer is that at the broader social level, major change has occurred. Past newsletters have regularly recorded changes in the media, the courts and professional programs. In this issue we continue with news about what is being taught in undergraduate psychology classes and news of a *Plain Dealer* feature investigation into problems of monitoring psychologists in Ohio. As the culture that supported the growth of the recovered memory movement changes and science and reason are used, the tentacles of that movement will gradually release their grip on our children. The conference will be an opportunity to celebrate both the changes and the people who have helped to make them. We hope to see you in April.

With the new year, we have an opportunity to view some of the concerns of the Foundation within the context of two major government reports. One report, the first ever about mental health from the Surgeon General,⁽¹⁾ notes that a high percentage of people have diagnosable disorders, that "the mental health system is highly fragmented," and that health care practitioners are often unaware of research identifying the most effective treatments. It states that "a range of effective treatments exists for nearly all mental disorders." If our children had been exposed to treatments that dealt with the problems that caused them to seek therapy, and those treatments had been demonstrated to be effective, there would have been no FMS problem. We need a follow-

up of the Surgeon General's report that clarifies: What are the treatments that work? What do they work for? And how do we ensure that they are used?

The second report,⁽²⁾ from the Institute of Medicine, addresses the problem of reducing the mistakes made within the medical profession. The report notes: "Whether a person is sick or just trying to stay healthy, they should not have to worry about being harmed by the health system itself. This report is a call to action to make health care safer for patients" and "From the patient's perspective, not only should a medical intervention proceed properly and safely, it should be the correct intervention for the particular condition." (p. 46)

This report is the first major study of the Quality of Health Care in America and the response has been immediate action by a host of medical groups to find ways to reduce mistakes. The primary focus has been on mistakes in hospitals, although the concepts "are just as applicable to ambulatory care, home care, community pharmacies, or any other setting in which health care is delivered." (p. 42)

When the FMSF began, we held the expectation that the American Psychiatric Association and the American Psychological Association would recognize the iatrogenic illness being created by some of their members who excavated "repressed" memories of sexual abuse and that the professional organizations would correct the problem. Unfortunately, that has not happened. It seems appropriate, therefore, to move our concerns to the Institute of Medicine

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The next issue will be combined March/April

and ask them to include the problem of errors in mental health practices in the Quality of Health Care project. Each of us should contact the Institute Of Medicine with his or her own perspective of why this is important for them to do. The addresses are below.

In truth, in the year 2000, we do know quite a bit about effective mental health therapies. Cognitive-behavioral therapies have been scientifically tested many times and shown to be safe and effective for specific problems. (As we go to press there was a lead article in the *New York Times*, *Science Times* [1/11/00] about the person credited with the development of Cognitive Therapy, Aaron T. Beck, M.D. who is a member of the FMSF Advisory Board.) The article "Knotty Ideas" in this issue reflects on some differences between this type of therapy and the psychodynamic model.

If so much is known, why isn't it used? In his report, the Surgeon General stated that mental health practitioners are often unaware of research identifying effective treatment. This is a telling comment that screams to the need for changes in professional education. In this issue Charles Congdon, M.D. proposes a way to start the restructuring of education for psychotherapists.

We have come a long way together since 1992 when most of us were in the crisis of profound grief and groping to learn what had happened to us. Together we have turned the situation around to the point where we now offer reasoned suggestions for changes so other vulnerable people will not be harmed in the way that we and our distressed children have been harmed.

We give special thanks to each of you whose generous donations and ongoing support have made this possible. We hope to thank you in person at the conference in April.

Pamela

1. David Satcher, M.D., Ph.D. Surgeon General, "Mental Health: A Report of the Surgeon General." U.S. Public Health Service, 1999.(available www.mental-health.org/specials/surgeongenerareport/home.html)

2. *To Err is Human: Building A Safer Health System*. Institute of Medicine, Koh, L.T., Corrigan, J.M. & Donaldson, M.S. (Editors), Committee on Quality of Health Care in America, National Academy Press, Washington, D.C. (Available www.nap.edu. See *FMSF Newsletter* Oct/Nov 1999)



Send your letters asking the Institute of Medicine to support the inclusion of medical errors in mental health practices in the Quality of Health Care project to:

Kenneth J. Shine, M.D.
President, Institute of Medicine
2101 Constitution Avenue NW
Washington, DC 20418

William C. Richardson, Ph.D.
President and CEO, W.K. Kellogg Foundation
One Michigan Avenue East
Battle Creek, MI 49017-1611

special thanks

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



About the April Conferences

Memory and Reality: Return to Reason conference information and registration are available on pages 10 and 11. Please note the cut-off dates and price changes for early registration for the hotel (March 6), the conference (March 15), and the celebration dinner (April 1). It is worth making your plans early.

We are very pleased that the New York Medical College is sponsoring a separate professional conference. They are helped in this project with a grant from Eleanor and Elliot Goldstein of SIRS Publishing (Upton Books), the initiative of David Halperin, M.D., an FMSF Advisory Board member, the kind and gentle encouragement of Paul Kymissis, M.D., Professor and Director of Child and Adolescent Psychiatry at the NY Medical College, and the support of the FMS Foundation. Please note that the NY Medical College program is completely independent and is under the approval of their continuing education division. There is separate registration for this conference.

Over the years, we learned that there are many advantages to separating conferences for professionals from those for families. But please be assured that families are welcome at the professional conference and professionals are welcome at the family conference.



Return to Rationality

"The intellectual battle may not be over yet, but the repressed-memory forces are in full retreat. Scientific skepticism of the supposed phenomenon has never been higher, courts are belatedly taking long, critical looks at "recovered" memories of alleged childhood abuse, and the public at large has moved beyond unquestioning acceptance of such claims."

"The return to rationality comes after a decade of hysteria, in which innocent people were sued and even jailed for crimes up to and including murder, based solely upon memories their adult children acquired during therapy. Thousands more families have been torn apart by similar allegations."

Joe Dirck, *The Plain Dealer*, July 13, 1997

"A compelling look at repressed memory" Review of *Spectral Evidence* by Moira Johnston

Bennett Braun Sues Insurance Company that Settled Lawsuit

FMSF Staff

In June 1999, Bennett Braun, M.D. filed a lawsuit against the insurance company that settled the case brought against him and Rush Presbyterian-St. Luke's Hospital by a former patient for \$10.7 million. In his complaint, Braun claimed that his lawyer breached his fiduciary duties by settling, because Braun never agreed to it. Braun is seeking \$20 million in damages.

According to an article in the December *Psychiatric Times*¹¹, Braun also claimed that his lawyers didn't properly investigate the facts, did not retain expert witnesses or raise statute of limitations defenses.

Psychiatric Times noted that the attorney defending the insurance companies that are associated with the American Psychiatric Association will argue that if Braun actually had the right to consent, he withheld it unreasonably. The attorney stated: "The reason it did settle was because there was a substantial body of evidence which continued to grow, which was persuasive, and which would have resulted in a very severe verdict against Dr. Braun, probably exceeding his policy limits."

Last October, Braun agreed to give up his license to practice for two years in a case brought against him by the Illinois Department of Professional Regulation.

1. Michael J. Grinfeld, *Psychiatric Times*, December 1999.

See FMSF Newsletters 9/95; 10/97; 12/97; 3/98; 9/98; 11/98; 12/98; 6/99; 7/99; 12/99.



"A recovered-memory indictment, when it isn't backed up by other evidence, is something that might have been invented by Kafka. Its propositions can't be falsified."

John Gross, 11/28/1999, *The Sunday Telegraph* (UK), The Arts: False memory on father's day - Theatre

Are Undergraduates Learning about False Memories?

FMSF Staff

In November we were pleased to receive a few pages from an introductory psychology text¹¹ that were sent by the sister of a woman who had acquired memories. The heading of the section she sent was "Repressed Memory: Uncovered Life Events or Implanted Fabrications?" and the sub-headings were "What is the nature of unquestioned abuse memories?, How can false memories be implanted by suggestion?, What techniques are used by repressed memory recovery therapists?, and Memory as construction and reconstruction." The authors noted that "It is now unquestioned that significant numbers of adults were sexually abused as children, and that reports of such abuse had, until fairly recently, often been ignored or discredited." And that "What greatly concerns memory researchers and many therapists as well is that the techniques that have successfully implanted false memories in research are exactly the sort of techniques used by memory recovery therapists."

A new study¹² confirms the fact that many college students are being exposed to information about false memories. A systematic examination of 24 recently published introductory psychology textbooks found that 20 of them contain information about the recovered memory debate.

If future outbreaks of FMS are to be prevented, it is important that students be exposed to scientific information about memory.

1. Leahey, T.H. & Harris, R. J. *Learning and Cognition* 4th Edition. Prentice Hall, 1997.

2. Letourneau, E.J. & Lewis, T.C. Portrayal of Child Sexual Assault in Introductory Psychology Textbooks *Teaching of Psychology*, Vol. 26, No. 4, 1999, pp. 253-258.



"One thing I do: forget what lies behind and reach forward to what lies ahead."
Phil 3:13b

The Role of Suggestive Questions, Social Influence, Reinforcement, and Removal in Creating Adult False Memories

Garven, S., Wood, J. M., Malpass, R. S., Shaw III, J. S. More than suggestion: The effect of interviewing techniques from the McMartin preschool case. *Journal of Applied Psychology*, 1998, 33, 347-359.

Review by Allen Feld

There has been a tendency by some professionals and families to oversimplify how false statements may be obtained from clients by attributing the process solely to "suggestive interviewing." While that "short-hand" term may be useful to a lay person's understanding, professionals also often oversimplify the process. It is not unusual for a therapist to assert: "I don't ask suggestive questions." But do those who make that statement recognize what might be considered "suggestive?" Are they sensitive to the effect of repeated questions or the "asked-and-answered" technique? Importantly, have they considered other factors when they make such a claim?

While Garven et al. use the injustices of the McMartin day care case as an organizing theme for their research and article, they are unequivocal in their contention that the research relates to adults as well as to children: "First, research has repeatedly shown that suggestive questions influence the immediate and subsequent reports of adults." (p. 355) They present other factors that they consider to play an important part in developing false statements, and use what they identify as the **SIRR** model to explain the interaction of these factors: **S**uggestive questions, **S**ocial Influences, **R**einforcement and **R**emoval from direct experiences. One of the values of this article is that the definitions of these four terms are concise and free of jargon, and clear examples are given to provide greater meaning to these terms.

There are other reasons I find this article important. In discussing it with a colleague, the point was made that this article may help parents more fully understand the often-asked question: "How could this happen?" We also believe it important for attorneys involved in recovered memory litigation to be familiar with this article.

The conclusions Garven et al. reach are research-supported. Six problematic techniques from the McMartin interviews are reviewed and analyzed using current research. Their article describes the results of a study they conducted showing that social influence and reinforcement "appeared to be more powerful determinants of children's answers than simple suggestion." (p. 347) They also make the significant point that "Research findings and theory from the **past 50 years** would have predicted the results" (emphasis added). (p. 355)

Retractors' reports of their experiences in therapy and much of the recent research cited in previous Newsletters add weight to this statement. Now, when will professional organizations and licensing boards become proactive in assuring that under-informed or misinformed therapists harm fewer clients and their families?

License Boards

"The licensing boards were put in place number one to protect the public interest. I would much rather err on the side of having too much information in the public arena than not enough."

"This is not about protecting the income rights of licensees but to protect the people they're serving.

Nevada State Senator Randolph Townsend, *Las Vegas SUN*
Dec. 19, 1999 "Board faulted for secret discipline of psychologist"

Who Is Protecting the Public?

Bob McKelvey

"Disciplined psychologists face few consequences" read the headline on the front page of the December 5th issue of the *Cleveland (OH) Plain Dealer*.

Written by staff writer Ted Wendling, the article was the first of a four-day series detailing the shocking abuses of rogue psychotherapists and the unwillingness of state licensing boards to punish them.

As Wendling reported, of the 2,200 licensed psychologists who have committed major ethical violations, only a handful have had their licenses revoked by regulatory boards composed of their peers. And four states have never revoked a license.

Amazingly, the licensing boards admit that their goal is to rehabilitate wayward members, instead of safeguarding patients' rights. As one board member explained: "We almost never revoke...Do we have to destroy a person to protect the public?"

Therapy's victims often take a less charitable view.

"You've heard of the good old boy network," said an abused patient in Alabama. "Here it's thicker than thick."

Obviously, there can be no solution to the regulatory question as long as the fox is allowed to guard the hen house. Maybe the answer is to appoint non-professionals—true members of the public—to the licensing boards.

Have you read these?

Confabulations
True Stories of False Memories
Beware the Talking Cure
Psychology Astray
Smiling Through Tears
Selling Serenity

Upton Books
800-232-7477

www.sirs.com/uptonbooks/index.htm

Comments on *False Memory*

by Dean Koontz; Bantam \$26.95, 628p
FMSF Staff

As we go to press, *Publishers Weekly* lists "*False Memory*" as the number one bestseller for hardback fiction. And given the record with Koontz's previous suspense novels we can expect the book to remain on the best-seller lists for a long time.

The theme is summarized on page 384: "A therapist without finesse can easily, unwittingly implant false memories. Any hypnotized subject is vulnerable. And if the therapist has an agenda and isn't ethical..."

Alas, the book may do more harm than good.

If you wish to find the intellectual antecedents for Koontz's book, look to the MPD-therapists who followed the traditions of the ISSD. Koontz's fictional evil psychiatrist seems a direct descendent of the (supposedly non-fictional) Jewish-Nazi doctor in Dr. Corydon Hammond's famous 1992 "Greenbaum Speech," the evil genius who learned how to *program innocent* people (which innocents will, if lucky, eventually be cured by Dr. Hammond). Koontz's fictional secret mind-control institute reads like a spinoff of the (supposedly real) CIA as conceived by Colin Ross, M.D. in his book proposal, "CIA Mind Control."

Koontz's psychiatrist is that rarity in modern literature: an utterly evil character with no sympathetic qualities whatsoever. Koontz clearly wished to portray him as a modern satan (and he signals that from the beginning by naming him Dr. Ahriman, the name of the Zoroastrian devil). The FMS problem would have been easily solved if we had to worry only about utterly evil characters—much, much more difficult have been the legions of well-intentioned therapists who unwittingly create the environments that foster false memories.

False Memories, Lasting Scars

Lynn Lamberg, *JAMA*, July 21, 1999

"Medical News & Perspectives"

FMSF Staff

This article in *JAMA* reports on a presentation by Harold Lief, M.D. at the American Psychiatric Association conference in Washington DC in May, 1999. Lief, University of Pennsylvania School of Medicine and an FMSF Advisor, and Janet Fetkewicz, a member of the FMSF staff, conducted interviews with seven fathers whose daughters had retracted their accusations of sexual abuse. One conclusion of this research was that "A daughter's false memories of a father's sexual abuse, even if later retracted, become a defining feature of the father's life."

The men experienced varied emotions after the accusations. One father said "I went from hurt, to anger, to anguish, to wanting to know what happened, to frustration." Other emotions were devastation, numbness and fear. Soon after the accusations, one father had a stroke and another had a heart attack.

Some of the fathers reported concern about whether their wives would believe them and while the marriages sustained a substantial blow, several reported that the accusations brought them closer to their spouse.

The accusations caused the men to reflect on their role as fathers. Some became closer to the accusing child after she retracted. In one family the retractor-daughter committed suicide and her father assumed new responsibilities for his grandchildren.

Even after the retractions, some of the men said they experienced a decreased sense of power and an undermining of their traditional masculine role.

The Lief and Fetkewicz paper appears in R. Friedman (Ed.) *Masculinity and Sexuality*, published by American Psychiatric Press, 1999.



"It is hard, in our enlightened times, to appreciate what the introduction of a rational system of laws meant, and the elementary ways in which it impelled society's progress. It is also worth noting that in our enlightened times, a rational justice system is so central a value that any violations thereof stand out as peculiarly shocking—a throwback to the irrational past."

"We have witnessed echoes of that past in nearly two decades of child sex-abuse trials, with all their accusatory fervor, incredible testimony and convictions based on no evidence—all of which have fallen apart or are in the process of doing so."

Dorothy Rabinowitz, *The Wall Street Journal*, December 29, 1999,
"Only in Massachusetts"

"While evidence to support the claims of RM "victims" is non-existent, the destruction caused by recovered/false memory is well documented: increased suicidal urges; self-mutilation; hospital admission for mental illness; marriage and family break-up. In America the tide is turning, with successful claims made against therapists sued by "retractors."

"Memory can't be stored, ready for retrieval like images on a videotape. Instead, scientists have found that it is dispersed diffusely throughout the brain, and only fragments are retained, so, each time we remember something, we have to reconstruct the moment; in consequence, memory is fallible, dependent on mood and circumstance, and subject to distortion."

"Trust me, I'm a storyteller, but so it would seem are we all, in varying degrees."

Margaret Murphy, October 20, 1999
The Independent-London

Excerpts from "I Contain Multitudes"

New York Times Book Review

November 21, 1999

Peter Kramer's review in of Joan Acocella's book, *Creating Hysteria*.

FMSF Staff

"The recovered memory movement is a case of a host of good intentions paving a precipitous road to hell. In the early 1960s, pediatricians breached decades of silence by naming the battered child syndrome. The same years witnessed a revival of feminism and a new willingness to speak frankly about sexual molestation. Meanwhile, psychotherapy was moving from old ideals of neutrality to treatments based on empathy and even advocacy for patients."

"Each of these changes was important and necessary. But America has trouble with proportion, and by the 1980s the melding of child protection, politics and clinical zeal had produced outsize claims -- that a third of all girls are sexually abused, for example, and that women's personalities are largely, even universally, shaped by early sexual trauma. One corner of this hell was a 10-year epidemic of multiple personality disorder."

"[T]he condition has always been controversial, doctors disagreeing as to whether it even existed. In the 1980s, however, it came to be understood as a consequence of child abuse. Enough cases were diagnosed to support a new profit center in mental hospitals, the dissociative disorders ward. Credulous news reports spread the craze."

"By now, both recovered memory and satanic abuse have been debunked repeatedly."

(Peter D. Kramer's most recent books are *Listening to Prozac* and *Should You Leave?* He practices psychiatry in Providence, R.I.)

There is nothing more frightful than
ignorance in action.

Johann Wolfgang von Goethe

Is Restructuring of Professional Education of Psychotherapists Necessary —or Possible?

Charles C. Congdon, M.D.

According to William Longmire in a recent issue of *The Pharos*,⁽¹⁾ "as recently as the end of the nineteenth century, medical education in the United States was in a deplorable state. Hundreds of medical schools were little more than academically anemic apprenticeships." Longmire cites extensively from Abraham Flexner⁽²⁾ who was noted for a famous study and report on medical education in the early part of the 20th century. Flexner was convinced that the central deficiencies in medical education at the time were (1) the failure to teach state-of-the-art knowledge, and (2) the absence of science-based and evidence-based medical education. A revolution in medical education resulted from the Flexner report. Medical schools were overhauled, many were closed and the curriculum became science-based. To this day, doctors still worry about keeping a balance between research and practice in professional education.

Several contemporary observers have made the analogy between medical education at the turn of the century and professional education of psychotherapists now. For example, Paul McHugh, Chief of Psychiatry at Johns Hopkins Medical Institutions, has commented frequently about the comparison and the importance of improving education in the mental health fields.⁽³⁾

The time is right. There was no scientific foundation for psychiatry in its early years, but that has changed in the past two decades with a veritable explosion of scientific knowledge about mental disorders and how to treat them. In *Therapy's Delusions*, Watters and Ofshe also bluntly make the comparison:⁽⁴⁾

"Flexner's conclusion could not be

more true of the mental health field at present. As medicine was a hundred years ago, the mental health field is now plagued by a large gap between its research and clinical applications."

In a 1994 survey, Michael Yapko⁽⁵⁾ documented professional ignorance of basic facts about memory and hypnosis. In that same year Robyn Dawes⁽⁶⁾ exposed the unscientific ideas that were a part of current professional training. The lives of families, individuals and children have been tragically shattered because of this lack of scientific understanding, a harm well-documented in books by Mark Pendergrast,⁽⁷⁾ Terence Campbell,⁽⁸⁾ Tana Dineen,⁽⁹⁾ Joan Acocella,⁽¹⁰⁾ and Margaret Hagen,⁽¹¹⁾ to name a few.

If a similar tragedy is to be prevented in the future, improved professional education must be an important part of the effort. Medical education was transformed and became science-based. Can education for mental health professionals be similarly transformed? What would the process be? Who would provide the leadership? What would the curriculum look like? How would such a program encompass the multitude of different mental health professionals and regulatory groups?

If there is to be a reform of education in psychotherapy, it must be a fundamental reform. It will require scientific integrity and scientific thought. Attention to the form without substance won't work. In my opinion, the content for any restructuring of professional education in psychotherapy should come from the educators themselves with attention to the issues outsiders raise. Outsiders are essential for change, but content is an insider game.

Is it possible to have a "Flexner" investigation and report on the professional education in psychotherapy? It seems to me that could be the first step in bridging the gap between research and clinical applications in professional education.

1. Longmire, W.P. The Halstedian influence goes west: Personal and historical remarks.

The Pharos/Summer 1999, p. 19-24. (Halsted was a reformer of surgical training in the U.S. around 1904.)

2. Flexner, A. *Medical education in the United States and Canada; a report to the Carnegie Foundation for the Advancement of Teaching*. 1910.

3. McHugh, P. public remarks.

4. Watters, E. and Ofshe, R. *Therapy's delusions: The myth of the unconscious and the exploitation of today's walking worried*. Scribner, 1999. p. 230-231.

5. Yapko, M. *Suggestions of abuse*. Simon & Schuster, 1994.

6. Dawes, R. M. *House of Cards: Psychology and Psychotherapy Built on Myth*. Free Press, 1994.

7. Pendergrast, M. *Victims of memory: Sex abuse accusations and shattered lives*, 2nd Edition. Upper Access, 1996.

8. Campbell, T.W. *Smoke and mirrors: The devastating effect of false sexual abuse claims*. Insight Books, Plenum Press, 1998.

9. Dineen, T. *Manufacturing victims: What the psychology industry is doing to people*, 2nd Edition. Robert Davies, 1998.

10. Acocella, J. *Creating hysteria: Women and multiple personality disorder*. Jossey Bass, 1999.

11. Hagen, M.A. *Whores of the court: The fraud of psychiatric testimony and the rape of American justice*. Harper Collins, 1997.

Charles Congdon is Professor Emeritus in the Graduate School of Medicine at the University of Tennessee Medical Center in Knoxville. He is an experimental pathologist.



"Psychopathological exploitation in the form of induced false memories has sent tremors through the profession, as had the effect of third-party payment, the problems that accompany managed health care, and the divided loyalties of psychiatrists between their patients and the institutions that employ them."

Frank J. Ayd, Jr., M.D.

Psychiatric Times, December 1999

"Misuse and Abuse of Psychiatry: An Overview" (writing about a lecture by Paul Chodoff, M.D.)

KNOTTY IDEAS Spencer Harris Morfit

In their book, *Therapy's Delusions*, Ethan Watters and Richard Ofshe aptly describe the proliferation of convoluted, faddish and often contradictory theories of psychotherapy as a "Gordian Knot." The Gordian Knot is a concept from ancient mythology. It describes a knot so constructed that any attempt to carefully untie it has only the result of creating more tangles. The only way to undo the Gordian knot is to slice through it. The recommended tool is a sword, but I personally prefer Ockham's Razor. "Ockham's Razor" is a principle that says, essentially, "Whenever you are confronted with more than one explanation for something, the simplest one that accounts for all the facts is the best." The purpose of Ockham's Razor is to cut away superfluous material that can lead one down detours and false trails. This serviceable principle was set forth by William of Ockham in the 1300s and has withstood the tests of time.

I personally believe that psychodynamic therapy is a Gordian knot. Psychodynamic therapy, broadly defined, is therapy that evolves from Freudian roots. There are many forms of psychodynamic therapy but they share a common belief that emotional difficulties have their origins in childhood events, that they are caused by emotions that are out of awareness ("repressed") and cannot be accessed without treatment that requires the intervention of a professional with special training and abilities.

The trouble with this belief is that it creates an interaction between two people who are not equals. A therapist who knew nothing of the client's history until he or she walked into the consulting room, who generally does not see the client interacting with others, and knows nothing of the client's history or family of origin, suddenly becomes the expert on the client's his-

tory, motivations, etc. If the client believes in the therapist's special knowledge, the client defers to the therapist's authority. The opportunities to subject the therapy to any sort of reality test are greatly diminished, while the opportunities for suggestion multiply...with all the attendant difficulties with which we are so familiar.

I also believe that we now have a form of therapy, namely cognitive-behavioral therapy, that at least comes close to therapy after Ockham's shave. The major contribution of cognitive-behavioral therapy is that it has extended the definition of "behaviors" to include thoughts or "cognition." Cognitive-behavioral therapy seeks first to identify problematic behaviors, including habits of thought, and second to outline a course of treatment that involves, essentially, coaching the patient until he or she develops some alternative behaviors, a wider set of choices, and some skill at making decisions that are appropriate to the circumstances. It applies conditioning theory, which *does* have an empirical base and which applies to any sort of habit-formation from learning to tie one's shoes to far more complex behaviors.

In an attempt to contrast the two therapies, I would like to take a case with which I am familiar, take a look at it from a psychodynamic perspective and then from a cognitive-behavioral perspective. We will then wield Ockham's Razor to see if, in the end, we can give psychodynamic therapy a much-needed close shave.

The case involves a man who enters therapy for marital problems. Immediately after the first session with the therapist the man has a dream in which "my mother is sexually abusing me with an enema." The dream is sufficiently disturbing to wake him, and in turn, he wakes his wife. Such first dreams are often regarded as very important signposts in psychodynamic therapy, productions that outline the

future direction of the entire therapeutic adventure.

His wife asks him if he remembers ever being sexually abused by his mother with an enema. He responds with some anger that although he does not remember any sexual abuse he does remember an incident "when I was about ten years old. I reported to my mother that I was constipated and *she decided* [he says this with some animosity and emphasis] to administer an enema." He also reports that while he was in the bathroom his mother chastised him for withholding and told him "You could do better."

As the therapy unfolds, it is clear that the man has a primary experience of having things "extracted" from him, then of being blamed for being ungenerous, selfish and withholding. For instance, he tells a tale of taking a newspaper route. His parents asked him how he intended to spend the money he made. Whatever he answered, they became quite angry and accused him of being "selfish." They demanded that he spend the money, or a substantial majority of it, on family Christmas presents. In another story, he remembers how his parents made vacation plans and then told the children they would have to make a contribution to the expenses. The boy argued that if he had to help out with expenses, he should have some say in the vacation plans. He negotiated with his parents to stop at a particular tourist attraction *en route*. However, when the vacation time came, the parents drove right past the tourist spot with some blasé excuse and he was the "bad child" for complaining and "spoiling everyone else's vacation." His history is full of stories along this same theme.

It also becomes clear that in adult life the man repeats this pattern by consistently making commitments from which he unilaterally withdraws. He then accuses the person at the other end of the line of having extracted

something against his will. This leaves his wife feeling angry and "extracted from" herself and exasperated that he thinks *he* is the victim. This is a critical problem in the marriage as well as in other relationships.

Okay, let's contrast psychodynamic and cognitive-behavioral interpretations here...

Depending upon where you put your foot in the psychodynamic stream, you might get a variety of interpretations here. Interpretations could be made, for instance, that the event happened during the "anal phase" and therefore had something to do with client's developing sense of control—or lack thereof. Interpretations could be made that the man's handling of money is symbolic of the way he handled his feces—an interpretation that ignores the fact that, after all, many of the original events *did* have to do with money. The administration of an enema may be sexually stimulating to a male and often is, whether anything sexual was intended by his mother or not. This could lead to a great deal of speculation about an "Oedipus complex," though such an interpretation ignores the fact that the boy's father was an equal participant in some of these incidents. It could lead to a suggestion that he take the sexual aspect of the abuse more seriously, though his own interpretation minimizes this. The experience may also be interpreted as "traumatic" whether it was experienced as coercive and/or because it was too sexual for a young boy to understand, or handle, or both. Another therapist might simply see all this as symbolic. There might be talk about "identifying with the abuser." Etc.

By contrast, cognitive-behavioral therapy would take a look at the pattern of the interactions here. It would say that over a sustained period of time the boy became habituated to seeing himself as someone from whom his parents were extracting things. He devel-

oped automatic responses to these situations which are now habituated and which he does without much thought. It would also say that the young boy learned these behaviors from his parents and carries them forward in his adult life.

There is an implied and critical difference in these two therapeutic approaches. Psychodynamic theory more or less takes the approach that it is interpretations that give meaning to behaviors. Cognitive-behavioral therapy, on the other hand, basically takes the position that **it is behaviors that give meaning to the material**. In any case, the cognitive-behavioral therapy quickly leaves speculation behind to focus on the behaviors which are, after all, both the only empirical evidence available to therapy and the only possible locus of change and control. I don't think many people realize that this is quite different from some psychodynamic theory, theory that holds it is necessary for the patient to "regress" to the point of maximum vulnerability and to "re-experience" traumatic events in a new ways. Many a patient has seriously deteriorated under this kind of treatment.

It is also important to realize that even psychodynamic therapists must do this behavioral work with clients and most will tell you it is the hardest part of the therapeutic effort. Whereas cognitive-behavioral therapists do not think it is necessary to engage in the more speculative and interpretive work. This at least suggests that the more speculative work is not a necessary condition for the therapy, nor a sufficient one.

I anticipate that some readers will argue that there are similarities between psychodynamic and cognitive-behavioral therapy. I agree, but I say that the differences are as important—if not more important—than the similarities. For one thing, there is a very different emphasis in these two therapies and each suggests a very dif-

ferent approach. For another, it is common for people to use "similarities" to justify maintaining other ideas that are decidedly *not* similar or compatible.

The temptation to give up a few beloved ideas before one realizes the whole structure has to come down is both human and understandable. Given the egregious [and documented] harm done to hundreds of patients in recent years, however, I really cannot understand why there is still such resistance to a thorough re-examination of psychodynamic theory and practice. I think upholding psychodynamic theory is harmful not only patients but to the profession, which has lost—and continues to lose—a great deal of credibility.

Spencer Harris Morfit is an author and business woman. She is a member of the FMSF Scientific Advisory Board.



AVAILABLE NOW

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

Editor: Sheila Taub, J.D.

Publisher: Charles C. Thomas

Hardback \$44.95 Paperback \$31.95

ISBN 0398070059

What do we know about the families who have contacted the FMS Foundation? What were they accused of and by whom? Who has been sued? And what was the outcome?

This book contains articles on memory, clinical treatment and social context, based on talks presented at a conference in the fall of 1997. Authors are: Sheila Taub, J.D., Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S. **Of particular interest to FMSF members may be chapters on the "History of the FMS Foundation" and on the FMS legal history, "Rise and Fall of a Social Problem."**

Editor's Note: As the recovered memory movement retreats, it leaves debris such as shattered families, books, letters, bibliographies, and advertisements. How will people in the future piece meaning from the debris? The book review that follows is such an attempt. What did the creators of the bibliography intend?

Doubt the Bibliography

Loren Pankratz, Ph.D.

A couple of days ago I ran across a bibliography in an old file. This bibliography was produced by Believe the Children,^[1] updated 11/15/89. It has seven topics, but the "General Occult Information" is the longest with 61 references representing 58 authors. What would one learn about the occult, I wondered, by consulting this information? I recognized about one-third of the authors, so I set myself the task of reviewing a sample of these books.

The references, as provided, contained errors and were often incomplete. The numbered references below were on the list; my additions and corrections are in brackets.

1) **Christian, P.** *History and practices [practice] of magic*. [London: Forge Press, 1952. Two Vols. Originally published 1870] Paul Christian was a librarian assigned the impossible task of rehabilitating the libraries of France that had been devastated by the "fifty years of trouble" that followed the 1790 revolution. During the revolution, many books were seized from libraries and monasteries throughout the land and suppressed. While sorting this mess, Christian became interested in the varieties of occult writing. Thus, his work, which was originally published in France in 1870, is a fine review of earlier writing on the mysteries of the pyramids, ancient oracles, witchcraft, the horoscope, astrology, and the divergent views of the supernatural during the

early Christian era.

The two-volume translation is a fascinating and balanced review that I recommend. However, I suspect that the compiler did not have this set in hand when constructing the bibliography because the title was misstated and the year and publisher were omitted. Further, these volumes would not have been easily available to the inquiring student in 1989. Today, however, I found a few copies for sale on the net from \$12.50 to \$200. [I'll let you in on a secret worth the price of this whole article. If you use www.bookfinder.com, you can search multiple bookselling sites simultaneously.]

2. **Crowley, A.** *Magic [Magick] in theory and practice*. Castle Books, 1919. Aleister Crowley is always cited by those wishing to whip up fear of the occult. Even his friend and biographer, Symonds, attached lurid descriptions of Crowley. At least he did on the cover of the books he wrote about him, probably to increase sales. As an example, see Symonds, J., *The Great Beast*, Roy Publishers, New York, 1952, another book listed on the bibliography.

Of the enormous publicity that Crowley generated, one should always remember that much of his life was a reaction against the fundamentalist Christianity of his youth. He was *trying* to shock people. Rock stars learned their lessons well from him.

Crowley may have been a psychopath, and he had problems of all sorts. However, one would hardly be enticed into a life of occult crime by reading *Magick in Theory and Practice*. Crowley was well educated, and few teenagers would ever be able to read this convoluted book.

3. **De Laurence, L. W.** *Lesser keys of Solomon*. Goetia, 1916. I experienced difficulty finding information on L.W. DeLaurence. However, I gather from the several books of his in my collection that he was one of the many

"Professors" at the turn of the century who hawked his wares to the gullible American public. His books are transparently commercial and quaint by today's standards. His catalogue boasts in typical hyperbole that he is the largest seller of occult and spiritual books in the world. He also advertises imported temple incense "used in the Hindu Occult Chambers as a powerful Suffumigation for the Invocation of Spirits; Receiving of Oracles in Dreams, Conjurations, Exorcisms, Benedictions, Talismanic Operations, Consecrations of the Bond of Spirits, and Their Adjurations and Casting Out." This stuff must have been strong!

His book on hypnosis presents him as a lecturer and demonstrator at the DeLaurence Institute of Hypnotism and Occult Philosophy. However, his book on crystal gazing and spiritual clairvoyance pictures him costumed in a turban. Who was he? He was whatever he needed to be at the moment to sell his product.

4. **Gibson, W.** *Witchcraft*. Grosset & Dunlap, 1973. Walter Gibson was a prodigious professional writer who authored over 300 novels and 1,500 publications. He used over 30 pseudonyms, including the name Maxwell Grant for his creation of "*The Shadow*." He worked extensively as a ghost writer for magicians, and he compiled some fairly respectable books on magic under his own name. I have never seen his Witchcraft book, but certainly it is not a serious scholarly work that one would consult. At the recent sale of his library, there were no books on witchcraft evident.

"What evil lurks in the heart of this bibliography?"

5. **Haining, P.** *Anatomy of Witchcraft*. Taplinger, 1972. I do not have Peter Haining's book on witchcraft, but I do have his Dictionary of Ghosts, Dorset, 1993, originally published in 1983. In the introduction he

Continued on page 12

Memory and Reality: Return to Reason

Family Conference sponsored by the FMS Foundation
Saturday April 8 and Sunday morning April 9, 2000
Crowne Plaza Hotel
White Plains, New York

Preliminary Program Notes

General

Registration: 8:15 A.M. Saturday
Welcome: 9:00 A.M.
Celebration Dinner: 7:00 P.M.
Sunday Brunch: 8:30 A.M.
Closing: 1:00 P.M. Sunday

Panels

Retractors: From False Memories to Reality
Families: Many Paths Taken
Siblings: Caught in the Middle
Authors: Telling the FMSF Story
Attorneys: From Spectral Evidence to Science and Reason

Roundtables

(Always a highlight of past conferences)

Speakers include:

Elizabeth Loftus, Ph.D., Professor of Psychology, University of Washington; Paul McHugh, M.D., Phipps Professor of Psychiatry, Johns Hopkins Medical Institutions; Christopher Barden, Ph.D., J.D.; Terence Campbell, Ph.D.; Martha Churchill, J.D.; Pamela Freyd, Ph.D.; David Halperin, M.D.; Harold Lief, M.D.; August Piper, M.D.; Susan Robbins, D.S.W.; Ralph Slovenko, Ph.D., J.D. and many more.

Programs will be mailed to all FMSF members and newsletter subscribers.

Dinner Celebration Planned for FMSF Conference

An evening of appreciation and celebration is scheduled for Saturday April 8, 2000 at the family conference *MEMORY AND REALITY: RETURN TO REASON*. How does one begin to say "thank you" to all the people—professional therapists, scientists, attorneys, teachers, authors, families, and lay people—who have made important contributions. We will introduce members of the Professional and Scientific Board, authors, teachers, volunteer state contacts/group leaders among many others. Lee Arning will be our toastmaster for this special event and Pamela Freyd will be the featured speaker. Please join us for the dinner.

False Memory Syndrome: New Perspectives

Friday April 7, 2000

Professional conference sponsored by New York Medical College

With funding from Eleanor and Elliot Goldstein and with the support of the FMS Foundation.

Westchester Country Club - 99 Biltmore Ave, Rye, NY 10580 Phone: 914-967-6000

For Program/Registration information contact:

(When available, registration will be mailed to FMSF members)

Ruth G. Shaker, C.S.W.
New York Medical College
Department of Psychiatry & Behavioral Science
Behavioral Health Center
Valhalla, New York 10595
Phone: 914-493-7120 Fax: 914-493-1015

Speakers include:

Joseph English, M.D.; David Halperin, M.D.; Wendy Kaminer, Ph.D.; Paul Kymissis, M.D.; Elizabeth Loftus, Ph.D.; Paul McHugh, M.D.; and Ralph Slovenko, J.D., Ph.D.

The cost for this program will be \$75.00 and includes breakfast and lunch.

Continuing Medical Education credits available.

Hotel Information:

A special conference room rate for the FMSF Family Conference of \$110 plus tax (Single or Double) per night at the Crowne Plaza will be in effect only until 4 weeks before conference—March 6, 2000. To make your reservation call 1-800-PLAINS2 or 914-682-0050.

The Crowne Plaza is about 30 miles north of Manhattan. The Westchester County airport is approximately 10 minutes away from White Plains and La Guardia airport is approximately 40 minutes away. White Plains can be reached by train and is easily accessible by automobile. It is close to the New York end of the Tappan Zee Bridge. The hotel provides complimentary shuttle service from Westchester County airport and White Plains Metro North. Shuttle service to the New York Medical College meeting.

FMSF FAMILY CONFERENCE
MEMORY AND REALITY: RETURN TO REASON

Saturday April 8 and Sunday April 9, 2000
 Crowne Plaza Hotel White Plains, New York

NAME _____

Please print

ADDRESS _____

PHONE # _____ FAX # _____ EMAIL _____

REGISTRATION

EARLY REGISTRATION DISCOUNT UNTIL MARCH 15, 2000.

	Member	Early	Regular	NON-Member	Early	Regular
1st Family Registrant		\$ 90	\$ 115	\$ 150		\$ 175
2nd Family Registrant		\$ 50	\$ 75	\$ 75		\$ 100
Each additional Family Registrant	#_ times	\$ 30	#_ times \$ 55	#_ times \$ 40	#_ times	\$ 65
Retractor		\$ 30	\$ 55	\$ 30		\$ 55
Student (Copy of ID required)		\$ 30	\$ 55	\$ 30		\$ 55
*Dinner	#_ times	\$ 60	#_ times \$ 60	#_ times \$ 65	#_ times	\$ 65
TOTAL ENCLOSED (US \$ please)						

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Please Print the Name of Each Registrant _____

CREDIT CARD (PLEASE CIRCLE): VISA MasterCard DISCOVER

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***A dinner celebration is planned for Saturday night, with Pamela Freyd speaking. RESERVATIONS ARE REQUIRED.** The cost of dinner at the hotel is \$60.00 per person (\$65 per person for non-members). If the cost of the dinner for a member is prohibitive, we ask that you pay what you would expect to spend for a very special Saturday evening dinner. **CUT-OFF date for dinner reservations is APRIL 1, 2000.** You may pay for the dinner separately anytime before the cut-off date.

Circle A or B

A. I will be attending the dinner. _____ reservations

B. I will not be attending the dinner.

**MAIL Registration and Dinner Reservation to FMS Foundation,
 3401 Market St. Suite 130, Philadelphia, PA 19104.**

admits that he believes in ghosts because the evidence is convincing. Haining is a popular writer who is entitled to believe in ghosts if he wishes, but I think he is writing to sell books. I looked at a copy of his *Witchcraft* book at the bookstore and discovered the center section filled with black and white photos of witchcraft activities. These pictures were of poor quality, and some of the naked people dancing around fires were also of poor quality. I don't think he retired on the royalties of this book.

6. Hall, M. P. *Secret teachings of all ages*. Philosophical Research Society, 1952, 1975 (Originally published 1928.). Manley Palmer Hall was born in Canada at the turn of the century but moved to Los Angeles and became the pastor of the Church of the People. He founded the philosophical Research Society, which he headed for many years. He was only 24 when he finished *An encyclopedic outline of Masonic, Hermetic, Qabbalistic and Rosicrucian symbolical philosophy: Being an interpretation of the secret teaching concealed within the rituals, allegories and mysteries of all ages*, 1928. The many reprints of this book have become known as "*The Secret Teaching of All Ages*."

The Secret Teachings is more of a gigantic, well illustrated coffee-table book than an encyclopedia. However, it is worth reading and worthy of its popularity.

7. Holzer, H. *The truth about witchcraft*, Doubleday, 1969. Hans Holzer was another popular writer on the occult. My impression is that he never met an unusual event for which he could not promote a paranormal explanation. I do not have the book listed above, but I do have his *Encyclopedia of witchcraft and demonology*, Octopus, 1974. This is a lurid coffee-table book (not on my coffee table) salted with grotesque, titillating, and bizarre pictures.

On page 26, Holzer shows a picture of two trick bodkins or piercing awls. The blade of one bodkin secretly springs back into the handle. These false bodkins, Holtzer informs the reader, were sometimes used against the body of a suspected witch. The story here is that a true witch would show no sign of pain on the devil's mark. This trick bodkin, he says, was used to convince others that the accused was not in pain despite (the appearance) of being pierced.

However, Holzer here shows either his ignorance or his willingness to twist the facts. The false bodkin pictures are reproduced from Scot's *Discoverie of Witchcraft*, first printed in 1584. Scot's book was the first learned volume against witchcraft; he showed that simple magic tricks were often the explanation of mysterious happenings. The blade of the second false bodkin has a curved opening to make the appearance of piercing the tongue or cheek, like an early Steve Martin arrow-through-the-head. It makes no sense as a tool in the hands of a real witch hunter for the purpose that Holzer describes. Scot's explanation does make sense, which is that the trickster can "thrust a bodkin through your toong, and a knife through your arme: a pittifull sight, without hurt or danger." The effect will "appeare the more terrible, if a little bloud be powred thereupon." Holzer's book is strictly for the gullible or for teenagers who want to shock their parents. And as a bonus offer if you sign up now, here is a cheap way to pierce the toong—bloud not included.

8. Jong, E. *Witches*. H.A. Abrams, 1981. I had no idea that Erica Jong had written a book about witches, but I found a copy at the bookstore in the Mythology section. This is also a large coffee table book, well illustrated with erotic drawings. Some people believe that witches often like to get naked, and they look much better in these drawings than in the actual photos that

Haining and Holtzer provided.

9. LaVey, A. *Satanic Bible*. Avon, 1969. No, I don't have a copy of the *Satanic Bible*. But I have a magician friend who knew Anton LaVey quite well. LaVey was the San Francisco Satanist that everyone quotes when trying to whip up fear of the occult. But LaVey began his career as a circus performer, and he remained an actor and performer. He viewed his church of Satan and his activities as a joke, but it was a living. This may have been an unsavory joke, but anyone who takes this seriously is just one of his suckers.

LaVey died in 1997 following a stroke at the age of 67. He lived his role right up to the end, meeting visitors in his black painted Victorian-era house at the stroke of midnight, regaling them with stories until dawn.

I. The newsletters and conferences of Believe the Children leave no doubt about its support for belief in an intergenerational satanic abuse conspiracy. The group closed its doors in 1998.

To be continued. In the next issue: "Scholars, crackpots, and the secret of life."

Loren Pankratz, Ph.D. is a Consultation Psychologist and Clinical Professor, Oregon Health Sciences University, Portland OR. He is the author of *Patients Who Deceive*, Charles C. Thomas, 1998. Dr. Pankratz is a member of the FMSF Scientific Advisory Board.



**DON'T MISS THIS
Rutherford Family
Guideposts January, 2000**

For a copy send a \$ 1.20 check to
**Customer Service, Guideposts,
39 Seminary Hill Road,
Carmel NY 10512.**

The customer service department prefers to handle requests via mail rather than over the phone.

Tom Rutherford: "I am very pleased with the article. I believe the Lord had helped during every mile of the journey. *Guideposts* mentioned that they have never had an article like this one in their publication."

MOVING ON

Allen Feld

At a recent small informal gathering of FMS families, I had the opportunity to speak individually with many parents. I don't believe that any of the families at this gathering had a specific retraction, but I am aware that some of these families had their accuser "return" to the family, while others have had recent contact with the accusing offspring.

Regardless of the fact that the ranks of reunited families continue to grow, reunification has yet to take place for most families. Newsletter readers recognize that reunited families represent the *minority* of families in contact with the Foundation. The majority of families that I've spoken with are not reunited, although they express hope (or, at least a wish) for a retraction. Failing that, some have expressed willingness to have some contact with their estranged offspring, at the very least. However, there are also a small number of families who have adamantly stressed to me that contact without a retraction is unthinkable and totally unacceptable.

Families deal with the uncertainty and confusion that result from false memories and accusations in a variety of ways. While reliable research is lacking, anecdotal accounts offer a glimpse into how families who are not reunited contend with their situations.

In those families who say they still have hope, many mention their relationship with their spouse as the key pillar of their support. Others report that their other children are a source of love, support, and strength and, they believe (or hope), a possible link or

path to reunification. A significant number of parents who maintain hope tell how happy they are that they have each other and/or other family members.

Some tell me prayer is an important avenue for them in their hope to reunite the family. Some talk about friends that they rely on. Meeting with other families is identified as an important source of support. A few mention being involved briefly in therapy. A number describe their use of cards, letters, email, etc. in an attempt to reestablish communication and express their continuing love. For many, the hope or wish for reunification is ever present and the situation is often on their minds.

A small number of families at the gathering, however, told me that they have decided on a course that must have been difficult to reach. In a culture that places such a heavy emphasis on family unity, it is a position that does not readily lend itself to public discussion. The term "moving on," or something quite similar, was often mentioned. What I mean by that phrase is that *the shock and family upheaval caused by being falsely accused and the false memories of an adult offspring seem to play far less of a role in their lives.*

As I thought about these brief exchanges, I felt that this group represented a variety of avenues to "moving on." Although coming to terms with a crisis is a usual occurrence, I believe moving on differed from what one might anticipate. Some clearly indicated that a *conscious* decision was made to move on. These parents seemed to believe it offered a path to increased happiness and emotional health and

demonstrated that they accepted the reality that they also could not control (or influence) a retraction any more than they had been able to control the false accusations. Moreover, I believe that this type of decision also served to affirm their strength.

Oversimplifying these families' journeys and collapsing variations into a single sample scenario, one essential common characteristic becomes evident: this group made the decision to get on with their lives. They believe a retraction is unlikely, and importantly, they arrived at the conclusion that a retraction and their accuser rejoining the family, while desirable, are unnecessary for their lives to be fulfilled. These parents know that the accusations against them are false and accept their inability either to control or change the situation. At the gathering one mother mentioned, for example, that her family has decided to accept the reality and move on. She believes that other families like hers would not readily disclose this kind of decision. I told her that I thought this might be so. My hunch is that this may be a more difficult course to make public.

The perseverance of fragmented families is remarkable. These people show their ability to find avenues to display their care and love for their other children, family and friends. Many have helped and continue to help other families deal with the consequences of false accusations without imposing their path on others. Their efforts and contribution have made it more likely that this particular sad debacle will destroy fewer families in the future. Moving on is one more example of the strength of FMS families.

"But most of his book is an attack on what is commonly called political correctness: university speech codes, repressed memory syndrome and the like. For the author, every self-described North American victim group indulges in the language of paranoia—and, inevitably, falls into its traps. When some University of British Columbia graduate engineering students accused their professors of racism, and then warned 'the first symptom of racism is denial,' they were engaging in classic closed-loop paranoid thinking. There is no room for dialogue, for a solution based on compromise, in a situation so defined.

Brian Bethune, *Maclean's* August 2, 1999 Look who's paranoid now Review of *The Triumph of Paranoia in Everyday Life* (Macfarlane Walter & Ross). Written by Ian Dowbiggin

Tears of Apology

Our family was caught up in so-called recovered memories for almost three years. Typical of such cases, only the most limited contact with our accusing daughter was possible.

As the father, I yearned to have her crawl back to me on bleeding knees and tearfully ask for forgiveness. When she did show up at our front door about three years later, she was obviously weak and vulnerable. At that point what seemed important was not an apology but her regaining a sense of confidence and poise.

The return took place in March 1995, over 4 1/2 years ago. Shortly following her return she acknowledged to her mother she knew that neither of us ever did anything hurtful to her. Until recently, however, she gave no recognition she had any idea of the hurt she had inflicted.

As the holidays approached two wonderful things happened. I introduced the subject of recovered memories. She responded that she didn't remember what they were. She could only recall feelings.

The final closure came when we were standing side by side waiting to welcome someone. I looked over at her and saw that her eyes were tearing. I asked what was wrong. She smiled and said simply, "Dad, I am so very sorry about the years of hell that I put you through." When those words came, I found that I really no longer needed to hear them. I had already gained a sense of peace. The episode, so horrible at the time, was a distant memory.

At that point what was important is that she recognized the wrong done and had the opportunity to express regret in my life time. This spared her a terrible burden of guilt and sadness had that awakening only occurred after

my life had ended. Our family has much for which to be grateful!

A Grateful Dad



Feelings of an Accused Father

Every room he was in screamed his daughter's accusation, the air hissed it, the world heard it as it flew into the morning mist, the afternoon sunshine, the evening and night sky. The dual afflictions of terror and rage were to be his partners every day for years. He would go to bed with them and wake up with them and they would haunt him in the interim hours with sleeplessness and nightmares. Terror was his partner every day, terror that he would lose everything, his house, family, past reputation and present dignity, even his soul. The cost of supporting a years-long litigation was sending the families with such allegations into poverty, having to sell their homes. Stan knew that in the final analysis he would win a court battle, but in paying lawyer costs his home and savings would be lost forever..

Four years ago my daughter returned to us completely sane, recanting her accusations entirely both orally and in writing. It took me two years to return to normal after the retraction.

Stan Ciesinski



It's Still Going On

I received a call from my accusing daughter last week, the first I had heard from her since the "confrontation" in 1993. She demanded we admit what we had done to her. Screaming at me, she said for 9 years she has been suffering from flashbacks, PTSD, bipolar disorder and body memories. She said I was in denial, needed a psychiatrist and to read *Courage to Heal*. It was like she was in a time warp, still the same stuff. She said 6 therapists have treated her for this. It was sickening, but I told her I loved her. I tried to stay on the phone but she hung up after I tried to tell her my opinion. Later, I

realized that in spite of all the lawsuits, some therapists are still doing what they did 8 years ago.

A Mom



No Reconciliation

You saved my sanity in 1992 when I thought my husband and I were alone with such horrible accusations from a beloved 40-year-old daughter. There will be no reconciliation for us, barring an absolute miracle. My husband died, as I believe, prematurely due to grief over the loss of our daughter and granddaughters. I have now regained our granddaughters due to the efforts of our ex-son-in-law in whose home I am welcomed quite frequently. The last I heard from my daughter was a very hateful letter last summer.

A Mom



All I Can Do

I am disabled...do not work...have no spouse (any more) and live on a very small income. But I believe your work is so very important. Please accept my little gift... It is all I can do and I am glad to do it.

A Member



After the Return

At Christmas time in 1998, I decided I had had enough. I was no longer going to try to keep in touch with my three lost daughters because it was too disturbing to me. I had made it a point of telling them the news of our family get-togethers and the funny things that happen, hoping that it made them feel left out!

Then in April, the oldest of the three daughters called and asked if she and our two grandchildren could come and spend the night with us. They did and my husband and I focused all our thoughts on the grandchildren. Everything went well and I was glad she could get to see how weak her father was.

The next day as she was fixing her hair and getting ready to leave I decided enough is enough. I went into the bathroom and put my arm around her and said "You are not going to like what I am about to say, but you can see that time is running out for your Dad. I am tired of this whole mess and being upset by it."

She turned to me, put her arms around me, laid her head on my shoulder and cried and cried. She said that she had known since before Christmas that none of the accusations were true but she had been too scared to say anything. I told her she didn't need to say anything because I understood how it all happened. A simple "I am sorry Mom" would be sufficient, I said. She burst into tears again and said she was sorry.

Then she said, "What about dad?" I replied "sorry" would be fine. Soon her dad walked by the bathroom wondering what all the noise was about. She said "I'm sorry Dad" and went into his arms and they both cried.

She had not accused us of sexual abuse but rather of beatings and neglect. Her therapist had tried in vain to help her remember sexual abuse. Nevertheless, she had been very cruel and vindictive to us. This is where the newsletters have been so helpful about how fragile and frightened returners can be, making it hard for them to come back. We parents must try to walk in their shoes. Think of all the humiliation and fear and guilt they must suffer from what they have done to us.

The two other accusing daughters have since been flirting with return since they visited their Dad when he was very sick in the hospital. They

THOUGHT FOR THE DAY

"The reason people blame things on the previous generations is that there's only one other choice."

Doug Larson

have not retracted. In fact, I would not have let them come into the home if it were not for our grandchildren. We are concentrating on them.

Our children who stuck by us have had difficulty understanding our acceptance of the accusers. They are worried that their sisters could repeat this horrible nightmare. I explained, "So what! The worse has been done."

A Mom



Avoiding Challenging Information

A situation that occurred to me might interest you. I had registered with "Who's who in Mental Health on the Web" and was accepted. Information concerning my site was listed under "Louisiana therapist." About two weeks after it was listed, it was gone. I emailed the site manager and asked why my listing had been removed. The manager said it was removed because of my article on "False Memory." I responded by asking her if all therapists were supposed to think alike and she answered no, except for material concerning false memories!

Being on that website was nice, but certainly not needed for my well-being physically, emotionally or spiritually nor would I remove my articles to remain on it.

Paul Durbin

Website:<http://www.pdurbinhypnosis.webprovider.com/>



Strange, Yet Not Strange

Our daughter first unexpectedly returned for a family reunion several years ago. It had been three years since we had seen her and everything went well. This was followed by E-mail letters and calls. A year later she came home on Thanksgiving. She chose to stay at a nearby hotel but that was O.K. with us. We were just happy to have her with us. It was the first time we had had a holiday together in six years and

everyone in the family was thrilled to have her back.

A little before Christmas she E-mailed that she would be coming home and a day or so before she E-mailed again and asked if she could bring her laundry. She came and it could not have been more normal. Lots of fun and laughter and sharing. It could not have been better. She had planned to leave the day after Christmas but decided to stay over another day. Since then we have had lots of phone calls about various and sundry things, normal family things.

What seems strange and yet not strange—is the lack of tension between us. Our hearts have truly forgiven the hurts, and we are happy to pick up and go forward, so we have not talked about the past. I doubt that we ever will. It has never been easy for our daughter to say she was sorry, but we know by her actions that she is—and that is sufficient. We truly believe that our family is whole again, and we thank God for that blessing.

We cannot express enough thanks to the FMS Foundation and the newsletter. Because of the work all of you have done and the information you have shared from other families, we have made fewer mistakes than we might have otherwise and because we felt the support of "kindred souls" and knew that we were not alone in this dilemma, it was easier to bear. We will continue our support of the FMS Foundation so that others will have the same benefits that were available to us. Indeed, our cup runneth over!

A Happy Mom



FREE

**"Recovered Memories:
Are They Reliable?"**

**Call or write the FMS Foundation
for pamphlets.**

**Be sure to include your address and
the number of pamphlets you need.**

FMSF Staff

Wenatchee Update: In December, Rev. Robert Roberson and his wife, who were acquitted of charges in the Wenatchee trials in 1995, settled a civil rights lawsuit against the state for \$850,000.¹¹ The lawsuit alleged that state social workers violated the plaintiffs' civil rights and interfered with their family relationships. Roberson also alleged that the social workers' actions led to his false arrest and imprisonment.

Robert Van Sicle, who represented Roberson, said "They violated the constitutional civil rights of these people—the right to confront witnesses. CPS and their agents and the police through Detective Bob Perez and others allowed and did coerce the children into false statements, using suggestive questioning, leading questions, repeated interviews, over-length interviews, refusing to believe the children when they said nothing happened." In settling the lawsuit, the state admitted no liability.

On December 10, Innocence Project Northwest reported that the prosecution announced that it will not retry Doris Green. Her nightmare is over. Green had rejected a plea bargain in November.

The Washington Court of Appeals ruled that Manuel Hidalgo Rodriguez is entitled to a new trial. The court wrote that Hidalgo "presented newly discovered evidence that established constitutional error that resulted in his actual and substantial prejudice."

On December 2, 1999 Cherie Town was the fifth person convicted in the Wenatchee sex abuse cases to enter an Alford plea and has been released from prison.¹² (In an Alford plea defendants maintain their innocence but concede it possible they would be convicted at trial.)

Although pretrial plea agreements are common, it is unusual for prosecutors to offer plea agreements after a conviction. Richard Tassano, director of the State of Washington Appellate Project noted that: "Prosecutors tend to feel that once they have a conviction there is no point in letting it go because the burden is on the defendant."

According to Irwin Schwartz, vice president of the National Association of Criminal Defense lawyers, the prosecutor in Wenatchee "would love to close the book on those cases. They've been appropriately embarrassed. The last thing the prosecutor wants to do is go back and relive all the mistakes and missteps."

1. Associated Press, *Kansas City Star*, January 1, 2000 "Minister, wife and teacher accused in sex ring settle suit".and *Midvalley-Corvallis News*, January 9, 2000 "Child sex allegations leave scars on community 5 years later."

2. Maher, S., *Wenatchee World*, Dec 2, 1999, "Woman cuts deal to win her freedom." and Dec 11, 1999 "Prison Plea Bargains Are Rare—Everywhere But Here."

Arizona Citizens' Initiative for Truth and Responsibility in Mental Health Practices Legislation

In early December, the Arizona Legislature held hearings about the problems in the Arizona mental health and family court systems. Testifying were Christopher Barden, Ph.D., J.D., Tana Dineen, Ph.D, author of *Manufacturing Victims* and Margaret Hagen, Ph.D, author of *Whores of the Court*. The experts, along with some Arizona families, testified that citizens of the state have been subjected to fraud, waste and abuse in both the mental health and family court systems.

Dr. Barden is the author of model legislation known as the "Truth and Responsibility in Mental Health Practices." Under this bill, therapy providers would not be reimbursed until they meet the minimal standards set for scientific methods by the U.S. Supreme Court in *Daubert v Merrill Dow Pharmaceuticals*. Only therapy that has been found safe, effective and reliable based on scientific research would receive government tax dollars. The bill also requires that patients be honestly informed of the strengths and weaknesses of the procedures to be used and of alternative treatments.



Mental Illness Hits the Money Trail

Joe Sharkey, *New York Times*, 6/6/99

In this article Joe Sharkey informs readers that approximately "\$ 80 billion (10% of total annual health care spending) now goes to mental-health treatment, according to Center for Mental Health Services, a Federal research agency. About a third of that amount, mostly from Medicaid, Medicare and other Government sources, pays for clinical treatment of the severely mentally ill, whose illnesses often render them poor and unemployed."

Sharkey notes that "Few seriously question the need for clinical treatment for those with the worst mental illnesses." The debate is "focused on those whose treatment consumes the remaining two-thirds of the \$80 billion total, most of which is paid by employer provided health insurance. This segment includes the 'worried well' as they are called by those who question the employment of psychiatric therapy to address many less severe emotional distress and addiction problems.

According to Sharkey, "For the past 25 years, most of the increases in mental health spending have gone to this group of patients, who are the easiest and most profitable to treat."



"Any attack on intellectual liberty, and on the concept of objective truth, threatens in the long run every department of thought."

George Orwell, in "The Prevention of Literature"

M A K E

 D I F F E R E N C E

California - A member writes: "Fight FMS by *Writing Online Book Reviews!* The books like *The Courage to Heal* that helped spread the FMS epidemic continue to be sold and to mislead unwary readers. You can warn book purchasers about the danger by writing online book reviews at Amazon.com and BarnesAndNoble.com. You can also promote responsible books by writing positive reviews.

At <http://www.stopbadtherapy.com/main/review.html>, you'll find links to the "submit a review" pages at each site for forty-five books. It's easy—Just click the link and type! Reviews may be submitted with or without a name and with or without an email address.

Illinois-Wisconsin - Members of the Illinois -Wisconsin False Memory Society are in the process of a "Public Library Project" to get books that present an accurate picture of the FMS problem into libraries. With the help of a librarian, they have put together a set of reviews and recommendations for approaching libraries. The group would be happy to see other states use their materials. If you would like a free copy of these materials, contact the Illinois -Wisconsin FMS Society at 877-985-7693 or www.IllinoisFMS.org.

Illinois - A member compiled a list of things that families can do. He writes: "When you lose an adult child to FMS, most people say there's nothing you can do. I disagree. There are many things a parent can do. For a four-page list of them mailed to you free, write to David P. Hunter, 2511 Bedford Drive, Champaign, IL 61820 or email d9it@aol.com."

Michigan - A member made a video for public access cable. He writes: "Anyone who visits the coast sees the tall piers which stretch out from the beach into the ocean. Imagine being pushed without warning from that pier into the water below. False accusations of sexual abuse can be like a surprise push from a pier. From safety, we fall into uncertainty. From peace we fall into turmoil. From the known, we fall into the unknown."

"Attorney Martha Churchill, mental health professional Sharla Kimmel, and Chaplain (Rev) Clarence Reyneveld deal with the experience of false accusations from first hand knowledge. They have created an 80 minute video tape that answers questions that arise after "the push from the pier."

"The video is entitled 'Contemporary Issues #1 - The False Memory Syndrome.' The video is appropriate for viewing by all people. It has been formatted for use on public access cable channel. Public access cable stations will air programs for free. It's a great way to educate people about the problem of FMS. To order this video write to:

A&B Color Video, 7783 Lilac Drive, Jenison, MI 49428
 Cost includes shipping and handling
 \$14.95 for American orders, \$19.95 for Canadian orders"

"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

www.MEMORY AND REALITY.org
 or
<http://www.FMSFonline.org>

Check out the new sections on hypnosis available late January 2000

Web Sites of Interest

www.StopBadTherapy.com

Contains phone numbers of professional regulatory boards in all 50 states

www.IllinoisFMS.org
 Illinois-Wisconsin FMS Society

www.afma.asn.au
 Australian False Memory Association.

www.bfms.org.uk
 British False Memory Society

www.geocities.com/retractor
 This site is run by Laura Pasley (retractor)

www.geocities.com/~therapyletters/index.htm
 This site is run by Deb David (retractor)

www.sirs.com/uptonbooks/index.htm
 Upton Books

www.chordate.com/therapys_delusions/index.html
 Website about book *Therapy's Delusions*.

If you are having trouble locating books about the recovered memory phenomenon because bookstores tell you they are out of print, try the

Recovered Memory Bookstore
www.angelfire.com/tx/recovered-memories/

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

ESTATE PLANNING

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

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Kathleen (907) 337-7821

ARIZONABarbara (602) 924-0975;
(602) 854-0404 (fax)**ARKANSAS***Little Rock*

Al & Lela (870) 363-4368

CALIFORNIA*Sacramento*

Joanne & Gerald (916) 933-3655

*San Francisco & North Bay - (bi-MO)*Gideon (415) 389-0254 or
Charles (415) 984-6626(am);
(415) 435-9618(pm)*East Bay Area*

Judy (925) 376-8221

South Bay Area

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

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

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

COLORADO*Colorado Springs*

Doris (719) 488-9738

CONNECTICUT*S. New England -*Earl (203) 329-8365 or
Paul (203) 458-9173**FLORIDA***Dade/Broward*

Madeline (954) 966-4FMS

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

Helen (561) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

GEORGIA*Atlanta*

Wally & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

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

Bryant & Lynn (309) 674-2767

INDIANA*Indiana Assn. for Responsible Mental Health Practices*Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 489-9987**IOWA***Des Moines - 2nd Sat. (MO) @11:30am Lunch*

Betty & Gayle (515) 270-6976

KANSAS*Wichita - Meeting as called*

Pat (785) 738-4840

KENTUCKY*Louisville- Last Sun. (MO) @ 2pm*

Bob (502) 367-1838

MAINE*Bangor*

Irvine & Arlene (207) 942-8473

Rumbold -

Carolyn (207) 364-8891

Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

MASSACHUSETTS/NEW ENGLAND*Andover - 2nd Sun. (MO) @ 1pm*

Frank (978) 263-9795

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

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

MISSOURI*Kansas City - Meeting as called*

Pat (785)-738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

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

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY

Sally (609) 927-5343 (Southern)

Nancy (973) 729-1433 (Northern)

NEW MEXICO*Albuquerque - 2nd Sat. (Bi-MO) @1 pm**Southwest Room -Presbyterian Hospital*Maggie (505) 662-7521(after 6:30pm) or
Sy (505) 758-0726**NEW YORK***Westchester, Rockland, etc.*

Barbara (914) 761-3627

Upstate/Albany Area

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Susan (704) 538-7202

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Bob & Carole (440) 356-4544

OKLAHOMA*Oklahoma City*

Dee (405) 942-0531 or

HJ (405) 755-3816

Tulsa

Jim (918) 582-7363

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Paul & Betty (717) 691-7660

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Rick & Renee (412) 563-5509

Montrose

John (570) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

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Kate (615) 665-1160

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Jo or Beverly (713) 464-8970

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Mary Lou (915) 591-0271

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Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

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Ruth (604) 925-1539

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

@7:30pm

John (250) 721-3219

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

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The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the MARCH/APRIL Newsletter is FEBRUARY 15. Meeting notices MUST be in writing and should be sent no later than two months prior to the meeting.

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January 1, 2000

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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-News". 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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False Memory Syndrome: New Perspectives

Friday April 7, 2000

Sponsored by New York Medical College
Westchester, New York

Memory and Reality: Return to Reason

Sponsored by the FMS Foundation

Saturday April 8 and Sunday morning April 9, 2000
Westchester, New York