

FMS Foundation Newsletter

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

December 5, 1992

Dear Friends,

"If your child were in the middle of the street and there were cars all around, you would go out and stop the traffic," Rosemary explained to a group of parents at a recent meeting in Texas. That's what the FMS Foundation is all about—trying to stop the pseudoscientific traffic of confused ideas about memory and practice so that families can be reunited. Sisters and brothers, mothers and fathers, aunts and uncles, grandmothers and grandfathers call to tell us that they want the person who has "recovered memories" to know that they love him or her and that they hope with all their hearts for the return of the person they once knew. They say they know that something bizarre has occurred in the larger social context to create a phenomenon that tragically divides families.

Many people who call, professionals and families alike, tell us that they are confused. What to believe? While there is plenty of healthy controversy in the research community about some facets of memory, it is important to keep in mind that consensus exists on most basic issues—especially about human suggestibility:

- People can have false memories.
- Under certain conditions, people can get others to remember things that never happened.
- Memory does not work like a videotape recorder. People don't just store an event and play it back later as a true copy of previous events.
- What is recalled in a memory is partly a function of current emotions and concerns. What people remember depends on things that they are currently thinking about and emotions they are currently feeling.
- A person or professional can have fixed expectations, hence seek to validate them.
- The way a question is asked can influence what a person remembers or says he or she remembers.
- Any person, including a therapist, may unknowingly suggest ideas to a patient.
- Hypnosis, sodium amytal, massages, dream interpretation, self-help books or participation in survivor groups will not increase the accuracy of recall.
- Vividness, detail, or emotional affect are not reliable indicators of accurate memory.

"The belief that everything that we experience is permanently stored in our memory and is retrievable in accurate detail by special techniques such as hypnosis and so-called "truth serum" drugs (amytal, pentothal) represents society's wish rather than a reality. Although famous neurosurgeon Wilder Penfield once proposed a "videorecorder" analogy for memory storage, more recent replicable scientific studies do not support this belief." George Ganaway, 1992, Response for the Critical Issues Column of the *ISSMP&D News*.

• Most people cannot remember anything that happened before a certain age, approximately two years. Any memory of events much before that time is almost certainly a reconstruction based on later events and should be viewed with skepticism as to its literal factuality. The evidence of very early childhood memories is very controversial.

• The term *repression* refers to a theory about active suppression of memories with later recovery in psychotherapy. Freud's claim was that impulse and desire are repressed—not memories. It is unlikely that most traumatic events are repressed. The entire status of the theory is very controversial.

"OK," said the man at the meeting, "we've identified a problem. Now where do we go from here?"

When we first thought about the focus for this newsletter that would reach people at holiday time, we thought we would write about coping with empty chairs and refused and unopened packages. But what is there to write? Families will cope as POW-MIA families have, as families have coped with earthquakes, tornadoes or wars since time immemorial. No words or therapy can remove the heartbreak and depression of the loss of a child. FMS is another phenomenon to be dealt with. Families tell us, "Let's cope with it by doing everything we can think of to get the children back, not self-pity." Almost all of the people who call the Foundation tell us they have concerned family and friends around them. It is the children with the memories who are isolated. It is for the children who are caught in a sort of "fast lane of confused ideas" that we need to stop the traffic. It is the children who are the primary victims.

"Where do we go from here?" That's a question often asked in the office. Since the start of the Foundation in March of this year, the number of people calling to tell stories about someone recovering "memories" of abuse and cutting off contact with the family has doubled every 2 1/2 months. It has been an exponential growth curve, and it is simply mind boggling that over 2,000 people have actually called to say that someone in

their family has withdrawn contact because of acquiring "memories." How many more will call? We have no idea. The organizational challenges that come with such growth are many, but they can be dealt with.

"Where do we go from here?" The answer is simple. We will increase our efforts to find ways for families to be reunited.

Pamela

Our Critics

The manner in which we were criticized this month is noted as a part of the ongoing documentation of this phenomenon. Efforts to discredit the foundation have moved to the form of personal attacks. Before the airing of the "Eye on America" segments, at least two people called the producer to state that the foundation staff is not what it seems and that it brutalizes children. The callers wanted the segment about the Foundation removed. We think that this action speaks to the state of mind of the people who made those calls.

One recanter told us that when she left her survivors group and told them that her memories had been false, one of the members accused her of abusing her own child.

Another recanter told us that when she confronted her doctor about the possibility of false memories, he put her in the hospital for a week and told her that contact with the Foundation was not in her best interest.

This month the Foundation has been called a public relations front for perpetrators and also described as part of a national satanic cult conspiracy.

The method of the preceding examples is more disturbing to us than the content. Just as the people who get memories, accuse and then run away, this type of "hit and run" behavior is not acceptable. It smacks more of a political smear campaign than of a real desire to address issues of child abuse.

We respect open criticism. It is the way ideas are shaped and clarified. To disagree does not imply disrespect. As such we will respond to a letter that appeared in the November, 1992 *APS Observer*, the newspaper of the American Psychological Society. The letter was in response to some talks that were given at the APS convention. The author, Kathy Pezdek, Ph.D., a psychologist at Claremont Graduate School in California, notes that the evidence for FMS is anecdotal and that a database search failed to turn up any articles. We agree and we ask for her help in defining and describing in a more scientific manner the FMS phenomenon.

The phenomenon is one in which people (mostly well-educated financially comfortable women in their 30's) recover memories which others say are false, they become obsessed with the memories and then they isolate themselves from their family. Dr. Pezdek complains that there is no evidence for a "syndrome involving the fabrication of repressed memory for traumatic events."

It depends on what is meant by evidence. Consider: a Roper survey says that hundreds of thousands of people

have memories of abuse by space aliens; a society of "past life age regression therapists" reports that patients are able to remember how their problems started in previous lives; other "therapists" specialize in patients with memories of performing multiple satanic ritual murders.

Dr. Pezdek wrote "However, even the name of the Foundation belies their objectivity; their primary agenda is to undermine the credibility of people who in their adulthood remember incidents of sexual abuse from their childhood." We choose to overlook this lapse into attempted clairvoyance (as she says in the same letter, "let's stick to the standards we cognitive psychologists are famous for and remember that silence is golden!"). Instead we invite Dr. Pezdek to visit the Foundation, to read some of the thousands of stories and to talk with some people who have been affected by the current phenomenon. We ask her to join us in efforts to study the controversy that is developing with respect to the issue of repressed memories of sexual assault, incest and child abuse. Perhaps she will join members of the FMS Foundation who have told us that they have written

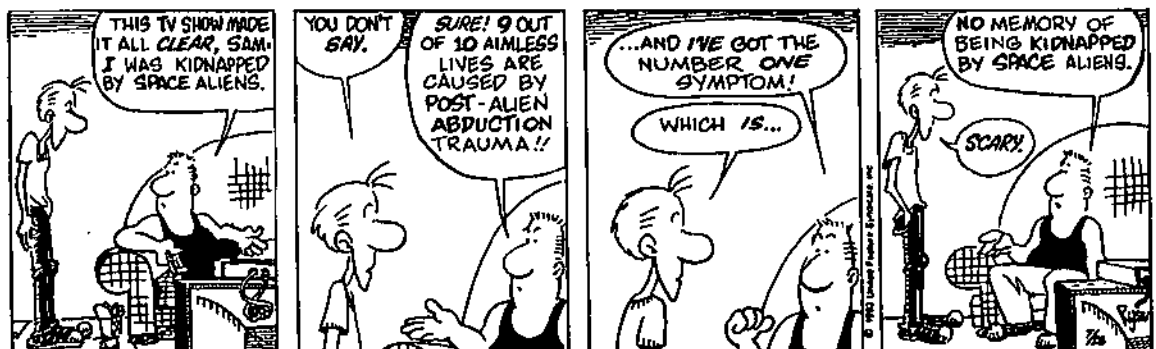
Jack Wiggins, Jr. Ph.D., President
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

to urge that the APA fund a task force which was approved by the Public Interest Directorate of the Association on November 7, 1992 for this purpose.

Another View

The controversy about repressed memories of abuse is set in the context of other trends in our nation. One of these trends is a preoccupation, a virtual hysteria, with child sexual abuse. The well-publicized stories involving day care centers are a tip of the iceberg of stories that are emerging from families who have had their young children snatched from them on unsubstantiated charges. Several months ago we reported that the San Diego Grand Jury had determined that a greater problem existed from system abuse than from child abuse.

The media, professionals and public seem to suspend critical thinking when the words "child sexual abuse" are used. An immediate reaction to hearing about an accusation is "Shoot the bastard! Nothing could be too much punishment for a child abuser!" Families say this is how they felt too until it happened to someone they know. But



GUY STUFF

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the issue in accusations based on "repressed memory" is not child abuse. Everyone agrees that child abuse exists, that incest is more common than once thought and that it is a terrible thing. The issues in "recovered memory accusations" are *memory*, the opportunity for inadvertent suggestion in the methods used to elicit those memories, and what is to be accepted as evidence.

The repressed memories controversy is a bizarre blip on a continuum of concern/hysteria about child sexual abuse. Surely most people, if they stop to think, will agree that it is absurd to accuse and convict people based on dream interpretation or feelings. That is a witch hunt mentality. Surely most people will agree that making "adult survivorhood" a lifestyle is not an effective way to help children in need now. Mainstream conservative publications present even stronger critiques than we do.

Prudent Practice

Parents and siblings who call the Foundation are deeply distressed by the type of therapy they think their relative has received and by what they say they perceive as arrogant attitudes of therapists. "Why don't more professionals speak out publicly about what is going on?" we are regularly asked.

We suggest to the callers that people who enter the medical or mental health profession and who take the Hippocratic oath do so because they truly want to help others. They take an oath that they will not harm people in their practice. We say that we believe the reason more professionals have not spoken out is because they have

been just as unaware of the growing FMS phenomenon as we were. The calls that we get in the office from mental health professionals convince us that most professionals are profoundly concerned, not only that people may have been unjustly harmed but that the credibility of their profession is at stake.

But when we talk to families, they tell us they are not satisfied with this explanation. They say they want statements from the American Psychiatric Association or the American Psychological Association. They ask how the

representatives of the professional organizations can remain silent about the age regression therapy as exemplified by Dr. John Mack, Harvard University psychiatrist, in which people recover memories of space alien abduction. Parents ask, "Isn't this encouraging delusions? Is this prudent practice?"

In recent weeks parents have sent us articles about Dr. Brian Weiss, a psychiatrist bearing Yale University credentials, who uses age regression hypnosis to have patients remember past lives. Parents ask, "Is it now considered prudent practice to encourage people to have delusions about past lives?" The parents say that silence on these issues implies acceptance. We reply, we hope correctly, that "remembered" past lives, space alien abuse, satanic ritual conspiracies or after-death experiences are generally viewed by mainstream professionals as evidence that the "disease of the month" is alive and well. Such practices are splinter notions,

nontraditional practices so silly that they do not dignify a response. Fads in medical practice come and go with great regularity and are the stuff of 'the tabloids and the talks', not mainstream medical practice. It is only with the formation of the FMS Foundation that people are realizing how many therapists hold the belief that incest trauma, a theory, is the cause for all adult problems. It is only

"A good deal of the current hysteria about child abuse is propagated by people with a vested interest in denigrating the family."

is the subheading that appeared in a recent article called "Long on claims, short on evidence," in *Forbes Magazine*, November 23, 1992. The author, economist Thomas Sowell, notes that:

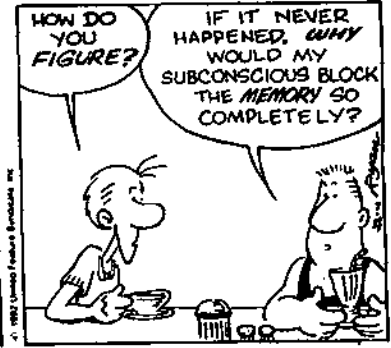
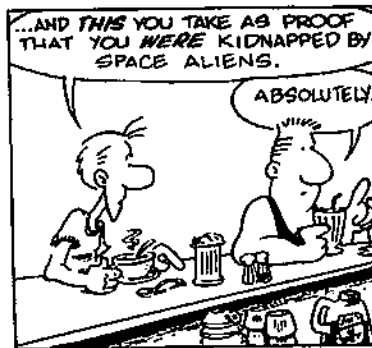
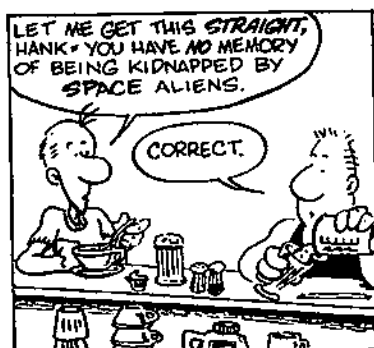
"No sane and decent person questions how despicable and harmful the sexual molestation of children is. What is open to question is how widespread it is and whether the kinds of policies proposed are likely to make matters better or worse, on net balance."

"There are, after all, criminal laws on the books and there is no reason why degenerate parents cannot be treated like the criminals they are. But that is seldom what the promoters of child abuse hysteria have in mind."

"The bottom line for too many of the zealots is more money and more authority for outsiders to intervene in families before anything is proven. Instead of locking up abusive parents, activists want them turned over to the "mental health" establishment which will then have a government supplied and government-financed clientele...."

"With child abuse, as with the sexual harassment of women, the issue is not whether such things happen. All sorts of misdeeds happen, from jaywalking to genocide. The real question whether it happened in particular cases—and what we are going to accept as evidence."

GUY STUFF
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because so many parents have come forward with their stories of false accusations that the practices of the incest recovery movement are coming under scrutiny. Some papers have already appeared on the topic. Statements from the professional organizations should follow if concerned people let their feelings be known to the leadership of these organizations.

What is considered prudent practice, i.e., practice that is both competent and ethical? Stan Hough, an editor for the *Winchester Star* (VA) reported on October 28, 1992 on interviews with several therapists.

"Memories can be fabricated in the mind of a patient through suggestion by a therapist—no matter how well-intentioned—who has presupposed a diagnosis. 'You're not supposed to go into it with that kind of bias,' said one doctor.

"Another psychologist said he never verbalizes his suspicions of child abuse, or asks the question, 'Do you think you were sexually abused as a child?' because the patient is already highly suggestible and looking for an answer to his problems or an excuse to blame someone.

"There is a fine line between uncovering trauma and suggesting trauma according to another psychologist who works with sexual abuse and incest survivors. 'The question comes down to the specific competency of the specific therapist... In the case of child abuse, people who have actually been victimized by it are hesitant to talk about it and have often suppressed the memory,' she said. However, the therapist should not be the one to bring up the subject. The memory usually surfaces on its own.

Prudent practice is practice in which a therapist does not start with a bias as to the cause of the problems. Prudent practice is practice in which a therapist does not suggest causes. Yet those are the very things that people who call the Foundation say happened.

No one questions the fact that in the past there was a bias not to believe a person who said that he or she had been abused. That bias was not right. But neither is it right to convince people to think they were abused or to destroy families.

We will never know what transpires in most therapist-client meetings. We do, however, have evidence from what is written in books and said in survivor workshops and therapist training sessions. These are in the public domain. In past newsletters we have given examples from the popular media of therapist bias. Is that prudent? What about check lists of symptoms that tell a person that he or she was sexually abused? There are other causes for symptoms. Are such check lists prudent? Consider the following directions given at a survivor workshop:

"If you are not sure if you are an incest survivor, then pick a period of time and act as if you are one. If you

think the perpetrator was a father and you have little children then don't let your children be alone with him. After a while you will find the truth." What will good students do with these role-playing directions? They will imagine the feelings of an incest survivor. They will imagine the actions of an incest survivor. Telling a client to role play or read a book of survivor stories or listen to stories in a survivor group is not only suggesting an idea but also instilling that idea. Doing this while at the same time assuring the client that *"if you think you were abused, you were"* and making the client feel part of a crusade against child abuse is the stuff of "mind control"

or a "do-it-yourself cult-starting" program. How can fact and fantasy ever be separated? Are there any who would claim that this is prudent, ethical, competent practice?

"If you maintained the fantasy that your childhood was 'happy,' then you have to grieve for the childhood you thought you had. If your abuser was a parent, or if you weren't protected or listened to, you must give up the idea that your parents had your best interests at heart." p 118

How the incest survivor movement helps children.

Incest Survivors Group to Split From Foundation

An Associated Press news release on November 14, 1992 announced that the incest survivors group started by a former Miss America is moving from under the wing of the Kempe Children's Foundation, leaving the foundation with a funding shortage.

"The tremendous need and usage of the Survivors United network program has strained our staff, financial resources and facility," said Michael Reidy, chairman of the board of the foundation, in a statement released Friday. "Kempe can no longer afford to operate both programs." He said the Kempe Foundation will return to its original mission of research, prevention and treatment of child abuse and neglect.

Survivors United was founded in May 1991 under the auspices of the Kempe foundation when Marilyn Vanderbur Adler announced that she was an incest survivor. Since that time, Kempe has become known as a program for adults, not children. Donations for children have declined.

Kempe Center director Dr. Richard Krugman said there is no ill will between the entities, and "we are very pleased with how (Survivors United) has developed and grown." He added that the Kempe national center and the children it serves are desperately short of funds.

Courage to Heal, 1988, Bass and Davis.

What an arrogant suggestion for therapists to make—that a person's happy memories were fantasy and that the person's parents did not have his or her best interests in mind. Clairvoyance 101? Cults recruit by alienating and separating individuals from their families.

*We digress to say that it is not our intention to appear to be *Courage to Heal* (CTH) bashing. We believe the authors of this book made a sincere effort to help women. We know this book is a "bible" of the incest recovery movement but there are many others such as *Toxic Parents* or *How to Divorce Your Parents*. We know from sales figures that CTH has met a deep need. We know that ten years ago an incest victim could find no book to

read. We know CTH is just one of a host that express unscientific ideas and imprudent practice. We suggest, given what is now known about memory, prudent practice, and the emerging tragedy of destroyed families, that the authors revise CTH as quickly as possible.

Flashbacks and Flashforwards

"It's a poor sort of memory that only works backwards."

The White Queen, in *Through the Looking-Glass*, by L. Carroll

"Flashbacks" play an important role in the memory recovery stories. If there are flashbacks, what about flashforwards (visions)? How are flashbacks different from flashforwards?

This question arose as we read the Nov. '92 issue of *Omni* magazine Nov. '92 entitled "Special Report: Unlock Your Past Lives." From one article, "Visions of the Afterlife" we learned that researchers are "establishing an afterdeath image library," and that "to date, they have assembled 500 images." The director of the Death and Dying Project is quoted as saying that "I think the afterdeath has become our next frontier."

We let our mind wander. How, we wondered will "flashforwards" play out in this phenomenon. Suppose, for example, that a person has a flashforward (afterdeath experience) of being murdered by a particular person. Will that person in the vision arrested? People are now in courts charged with sexual abuse based on flashback memories. Why not for flashforward memories? If not, why not? The one is possible; the other improbable? How are flashback memories and flashforward memories psychologically different?

Recanters

Several people who have called the office recently have expressed some doubt that recanters, women and men who have told us that they once had memories of horrible abuse but who have since decided that these memories were false, actually exist. *"Why don't they come out in public?"* they challenged. *"For the same reasons that most of the families wish to remain private,"* we replied. Perhaps a few stories will explain.

Anna (a pseudonym) called to tell us that she got her memories in 1986. She said that these memories included satanic rituals and that she cut off her family, the usual story. We asked her if she might be interested in telling her story and she said, *"I'll be happy to speak to other parents whose children have 'memories', but my own mother is now seventy-five years old and she has been through enough because of this. I couldn't do it to her. I can't be public."*

Ellen (a pseudonym) called to tell us that she has just recently given

up her memories after ten years in therapy. *"My mother died,"* she said. *"She died while we were estranged. I am very angry about this."* We asked Ellen if she would be interested in telling her story publicly and she told us that her lawyer had advised her

not to be public. Ellen is suing the therapist whom she believes influenced her in getting the memories. Ellen is just one of the recanters who is now suing therapists for inducing false memories.

Susan (a pseudonym) told us that she got her memories after she went to a therapist for depression following the birth of her second child. Diagnosed as a victim of child sexual abuse, the therapist recommended she go to a private hospital in another state for intensive treatment for sexual abuse trauma. Susan said that after a failed suicide attempt at the hospital, she realized that something was very wrong. She changed hospitals and doctors and within six weeks in a new program with medication for depression she was back to normal. We asked Susan if she wanted to be public. *"No,"* she said. *"I just want to get on with my life and put this all behind me. I want to be with my husband and take care of my two little children."* Susan agreed, however, to participate in any research projects that might help other people.

There are many reasons why recanters do not wish to become public. We respect these wishes as we respect the wishes of the families accused. This is, after all, the worst nightmare in the lives of the people who call the Foundation. It is a nightmare for those who believe they have been falsely accused of doing terrible things to the children they love. It is a far worse nightmare, we are learning, for those who have gone through the experience. *"I'm trying to help the Foundation to make up for what I did to my own family,"* said one recanter. What a sad commentary that even one person would ever feel com-

A Therapy Fable of the 90's.

Once upon a time there was a land where people went to specialists to work on their stature. Short or tall, they spent hours exploring their past heights. They considered themselves to possess hidden squatness which only the specialists could see and measure. They got in touch with their shortness. They sought some standard elevations which they believed their specialists to exemplify.

Unfortunately, the more they worked on their height and the more they expressed the short and tall of themselves, the more obsessed they became with size. Helplessness and hopelessness ran rampant because no one was skillful at changing the stature nature had endowed. More and more desperately the people implored their lanky specialists to help them. More and more deeply they examined their dwarfish tendencies. They confirmed and affirmed and empowered themselves to grow taller. They struggled with their unconscious resistance to upraise themselves. But it was all for naught—expensive naught.

In time the people learned that no matter how tall or short they were, no matter how uncomfortable they were with their height, they could climb. They began to take climbing lessons. They discovered that the views from the high mountains are worth the climb. Eventually they learned that growing tall isn't the same as growing up.

By David Reynolds, The Yoga Journal, May/June 1992, page 55 as part of an article entitled, "Is Psychotherapy a Waste of Time?"

pelled to say these words in the name of "therapy."

Systematic interviews with recanters are in progress. In January we will start to collect demographic and family information.

Bedlam and the "Talks"

Bedlam, the popular name for Bethlehem Royal Hospital, was the first lunatic asylum in England. It became famous for its brutal ill-treatment of the insane and its name became a much used word in our language. Before the establishment of zoological gardens, popular entertainment was to go and watch the crazy people at Bedlam.

To most, such a thought now seems repugnant. We like to think we have progressed in our attitudes towards disturbed people. But have we? When television glamorizes people who have flashbacks of satanic ritual conspiracies and space alien abuse or flashforwards (visions) of after death experiences, what are we doing? How is that different from a Sunday afternoon stroll to look at the crazy people in Bedlam?

There is an important distinction between bringing child sexual abuse to light in the public forum -- as it should be-- and encouraging delusional thinking by making heroines of people who see things that are not there. There is an important distinction between responsible reporting and providing a forum for disturbed people to make unsubstantiated accusations that destroy the lives of others. It is the failure to keep this distinction in mind, the failure to exercise critical thinking, that leads people to say we are experiencing a witch hunt of great magnitude.

People Ask, "What can I do?"

Write your stories. Send them to the Foundation to document the events of this bizarre period.

Write to the media and professional organizations. Express your opinion about relevant articles and programs. Be sure that both sides of the story are accurately and fairly represented. Your state contact person has the addresses of the major newspapers and TV stations.

Visit your library or bookstore. If *Confabulations* is not available, ask to have it purchased. Are other books that you have found informative available?

Talk with other families in your state and form a plan for reaching out to inform doctors, lawyers, judges, licensing boards, educators and clergy to inform them about a serious problem that must be addressed immediately. Let them know that thousands of families want their children and grandchildren back safely and quickly.

\$\$\$ Help us raise the money we need to send information to people. We cannot operate without money. The more money we raise, the more packets of information we can send out. We are making ambitious plans for 1993 believing that the faster and harder we work, the faster we will see an end to an unacceptable situation.

The Foundation has made a remarkable accomplishment in the nine months of its existence. It has opened up a subject and changed the nature of its discourse, but the task still before us is enormous.

Has the Foundation helped you or members of your family, your lawyer or therapist? Many people have said

that the existence of the Foundation has saved their lives. One family gave the Foundation the value of the Christmas gift that they would normally have given to their missing child and grandchildren.

Your generosity to date is unparalleled in organizations such as ours. We recognize that and thank you. This is not an ordinary organization. It is an organization dedicated to the most important issue in our lives: finding ways for children to return safely and for families to reunite.

Donations (in U.S. dollars please) may be made to
FMS Foundation, Suite 128
3508 Market Street
Philadelphia, PA 19104

The FMS Foundation is a tax exempt 501 C 3 charity.

Recruiting parents for therapy

To: Parents From: Daughter & Son-in-law Date:

Our current relationship is not acceptable to us. We will not be able to enjoy fellowship as a family until the following requirements are successfully met:

1) *XXX successfully receives in-depth counseling at the Counseling and Wellness Center at AAA Hospital.*

a) *A psychiatric evaluation will be performed with in-depth counseling sessions to follow.*

b) *The counselor will be YYY, who helped us in the past, will review the case with ZZZ*

2) *Neither ___ will ever be included in any counseling sessions at any location.*

3) *Our family doors remain closed until the aforementioned requirements are successfully completed.*

4) *The aforementioned requirements are not negotiable.*

In closing, we feel the pain of treatment, as professionally recommended, is far less painful than the current situation is for all involved.

In the Spirit of Healing,

MEETINGS / NOTICES

*Professionals and Parents in Support of the
FMS Foundation.*

To place a notice in this column, please be sure that we receive the information in writing by the 20th of the month. December 20 is the deadline for inclusion in the January newsletter.

Maine Area
December 13, 1992
Call Waldon at 207-865-4044

Arizona Area
February 6, 1993
Call Jim at 602-860-8981

A Mother's Story

By Linda McCarty, *The Winchester Star*, VA, Oct 28, '92
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Jane and John's (*not their real names*) closeness to their daughter and hopes of having a loving, positive relationship with their grandchild were removed last year through an emotional surgery that may take years to heal.

Jane's description of the past year is that of "a living hell for our family." The trauma began when Jane and John's married daughter, Louise (*not her real name*), became depressed and sought help from a counselor. After their daughter's second counseling session, she followed her counselor's advice and admitted herself to the psychiatric ward of an area hospital. Jane said that Louise was in the hospital three days before she and John were notified.

"I usually talk to Louise everyday and I became worried when I couldn't reach her on the phone," Jane said. "I called my son-in-law and he told me she was with a girlfriend and he'd have her call me, but she never did." Finally, Jane called her daughter's friend who told her about Louise's hospitalization. That same day Jane also received a letter from her daughter telling her that she was in the hospital.

"My daughter told me that she wrote to me instead of calling because she was afraid that I would attempt to talk her out of going to the hospital," Jane said. After Jane read the letter, she called her daughter and asked if she could come and visit and her daughter said that she could. When Jane arrived at the hospital, Louise told her that she regretted having admitted herself and wanted to go home.

"I told her that if she had admitted herself, she should be free to leave when she wanted," Jane said. It wasn't that easy because when Louise told her counselor that she wanted to go home, the counselor said that she couldn't, Jane said. Louise had been having emotional problems since she was a teenager, including bouts of severe depression.

"My daughter told me that the counselor said that (Louise) was a danger to herself and that 'you've got good insurance, I'm going to make lots of money off of you,'" Jane said. As her daughter continued to insist that she wanted to be released, Jane contacted an attorney for advice and was told that there was nothing Jane could do to help her daughter. The situation was further complicated when the counselor told Jane that if she tried to get her daughter released, she would have Louise "sent to another hospital faster than I could get there," Jane said.

"She was pregnant by then," Jane said. "And the

counselor told her that if she didn't get further help, she'd have problems with recall during childbirth. I didn't know what kind of recall Louise was talking about," Jane said. When Jane and John visited Louise at the hospital, Louise's doctor, who Jane said was an associate of her daughter's counselor, alluded to child abuse as the cause of Louise's emotional problems.

"I could not conceive of the fact that we were being accused of child abuse," Jane said. But they were. The day that Louise was discharged, Jane and John received a letter from their daughter which said that "we had verbally and physically abused Louise when she was a child," Jane said.

"We were in shock. We had disciplined her. We had spanked when she was a child, but she was never beaten," Jane said. "She was sometimes sent to her room or

grounded, but we had done nothing that was considered anything but normal discipline." Louise also told her parents that through counseling she remembered her mother yelling at her when her housework wasn't satisfactory or the dishes weren't clean enough.

"Admittedly, I did fuss at her about those things, but I never considered it abusive. I thought it was a way of teaching her the correct way to do things," Jane said. After Louise returned from the hospital, the relationship between Jane and John and their daughter and son-in-law

became strained. Louise finally suggested that they have family counseling with her therapist.

"We agreed," Jane said. "But the sessions were like being in court. Once the counselor got right in my husband's face and said, 'Why don't you tell the truth about what happened to your daughter when she was growing up'" After a few sessions, Jane said that the counselor told them that she didn't need to see them again. She said that "we were on the road to our daughter's recovery and we didn't need anymore family sessions."

Several months after the sessions ended, Jane and John began noticing that their son-in-law was becoming increasingly rude and would barely speak to them. Jane said that she finally confronted him and asked him to tell her what was wrong. He told Jane that Louise's psychological problems were a result of not only verbal and physical abuse, but also sexual abuse by Louise's father when she was a child and a teenager.

"My son-in-law told me that Louise had said that her dad came into her room and sexually abused her when everyone was asleep," Jane said. "It was impossible. I know my daughter and I know my husband. There were never any signs of sexual abuse. It couldn't have happened." After talking with her daughter, Jane was told that the

WHERE DO 2,010 FAMILIES LIVE? - 11/24/92

AK(7)	AL(5)	AR(5)	AZ(42)	CA(315)
CO(32)	CT(27)	DE(5)	FL(83)	GA(30)
HI(3)	IA(12)	ID(14)	IL(83)	IN(18)
KS(23)	KY(8)	LA(7)	MA(64)	MD(33)
ME(10)	MI(72)	MN(33)	MO(34)	MS(1)
MT(6)	NC(19)	ND(3)	NE(9)	NH(4)
NJ(70)	NM(13)	NV(12)	NY(89)	OH(64)
OK(19)	OR(36)	PA(145)	RI(7)	SC(9)
SD(4)	TN(13)	TX(66)	UT(108)	VA(30)
VT(10)	WA(90)	WI(90)	WY(3)	DC(4)
Canada -	AB(1)	BC(12)	MB(11)	NS(1)
ON(84)	PQ(3)	SK(3)		
England(3)	France(1)	Israel(2)		

sexual abuse was suggested by Louise's counselor.

"Louise said that at one point (during counseling) she told the counselor that she had had a dream about being sexually abused but didn't know who the abuser was. The counselor said to her 'wake up and smell the coffee, it had to be your dad. Why won't you admit it?' Now our son-in-law hates us and he and the counselor are constantly trying to convince our daughter that we are guilty. My husband has volunteered to take a lie detector test, sodium pentothal, or whatever means it would take to prove he did not sexually abuse our daughter."

Although their relationship was strained, Jane and her daughter continued to see each other and Jane was excited about the upcoming birth of her first grandchild. But her excitement was then replaced by hurt when she discovered that the counselor planned to be the second person allowed in the labor room before Louise's child was born, Jane said.

"The counselor had convinced Louise and her husband that since my daughter had this abuse problem, she would experience recall during labor and the counselor should be with her instead of me," Jane said. When Jane heard of the counselor's plans, she talked to Louise and told her how much she would like to be with her during labor. According to Jane, Louise also wanted her mother there and asked the counselor to stay in the waiting room unless she was needed. Although the counselor agreed, when Jane arrived at the hospital the night the baby was born, the counselor was in the room and refused to leave. Not wanting to make a scene, Jane said she went to the waiting room hoping the counselor would come out of the room so that Jane could be with her daughter.

"This sounds absurd, but it was like the counselor forgot who she was and was trying to be my daughter's mother," Jane said. When the counselor didn't come out of the room, Jane said she broke hospital rules and went into her daughter's room, where she saw the counselor wiping perspiration from her daughter's face. Jane said she pushed the counselor aside and took her place beside Louise.

When Jane's grandchild was being born, only Louise's husband was allowed in the room and Jane and the counselor went to the waiting room. Jane said that while they were waiting, the counselor said, "Your daughter writes beautifully. This will make a wonderful book someday." The counselor's comment surprised Jane and she wasn't sure what it meant. Later, Louise told her that part of the counselor's therapy technique was to have pa-

tients write about their life and feelings they had during therapy.

A few months after the baby was born, Louise was again admitted to the psychiatric ward of an area hospital. After she was released, Jane said that the counselor told Louise that to get well she would have to make a choice between the counselor or her parents.

"Louise chose us," Jane said. "Louise told me that she told the counselor that she was not going to break ties with her family." Jane also said that her daughter has now realized that her father did not sexually abuse her. "She told me that she didn't know who was in her dream, but she was positive that it wasn't her dad and has remembered parts of her childhood that have convinced her of that fact." Jane said that her daughter has also made an attempt to break ties with the counselor, "but the woman keeps calling her," Jane said.

The family is now seeking help from another counselor and hopes to repair the damage that has been done. "I've never argued that my daughter didn't need help," Jane said. "She needed help desperately." Jane and John believe that their daughter's emotional problems were exacerbated by the counselor... "Counselors like the one our daughter saw can cause problems in families that may never heal."

January Newsletter

The January newsletter for members will include the 'Legal Resource' and 'Visiting Your Child's Therapist' publications, Conference registration material and several compelling stories .

To obtain a transcript or videotape of the Nighttalk with Jane Whitney show on November 11, 1992 featuring Lynn, a recanter, contact: Burrelle's Transcripts, P.O. Box 7, Livingston, NJ 07039, 800-777-TEXT.

FMS FOUNDATION CONFERENCE

Title: MEMORY AND REALITY: EMERGING CRISIS

Date: April 16-18, 1992

Location: Valley Forge PA Convention Center.

Hotel and registration information mailed in January.

Tentative Format: Day and a half academic conference followed by a day and a half convention. On April 16 there will be invited research presentations by speakers who represent a variety of views. On April 17, additional papers and also a panel of recanters followed by concurrent sessions on topics of interest to families.

DILBERT
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