

FMS Foundation Newsletter

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Dear Friends,

"Could you have an elephant in the house and not talk about it?" a mother wrote in response to the reports we have been relaying about children who have resumed contact with their families but who have said nothing of the horrible accusations that caused the break. "Sure," a father replied when he heard this comment, "as long as someone is around to carry out the scat."

Many of you have written this past month to say that it is helpful to read about the families in which contact has been resumed. The letters are about evenly divided between those who say that contact under any conditions would be acceptable, and those who say it would be impossible without a retraction. How will families deal with this issue?

We were thinking about this problem yesterday when we received a call from another young woman who has decided that she had false memories. This woman heard about FMSF from a radio talk show, and she said that she and two other women who live in the same small town and who had gone to the same therapist had all come to the same conclusion: the horrible memories they had supposedly repressed and the multiple personalities they had supposedly developed simply didn't exist. Fifty-three personalities! It all went too far for belief.

We thought of the letters from the parents as this woman spoke of her feelings of guilt and anger over what she had done to her family and what had been done to her "in the name of therapy." She said that trying to restore bonds was the most difficult thing that she has ever had to do in her life. She was very eager to get in touch with the growing group of people who have given up "false memories."

There will be at least ten people from this group at the "Memory and Reality: Emerging Crisis" conference at Valley Forge, April 16-18. We know that their first-hand accounts will be an important complement to the research panels. The conference will give us a focus and a solid foundation from which we can begin to build a body of information to understand the processes and to help families reconcile.

Much has changed in a year. One year ago in April we were just starting to look for an office. We were aware of 264 families, we began to report on the family survey, and we started to get a few calls from the media. We are now aware of more than 3,100 families and are busy completing final details for a conference at which media representatives will be present. This first year has been a time in which it was necessary to document the fact that a

problem exists. Having done that, our resources must be focused on solving the problem and understanding how it could have happened. The article by Daniel Goleman on "Childhood Memory" from the *NY Times* reprinted with this newsletter, by Richard Ofshe, "Making Monsters" in *Society*, the series by Stephanie Salter in the *San Francisco Examiner* and others are evidence of a changed climate and recognition of the issues.

To help us in our goal, we are honored to announce several additions to our prestigious Scientific and Advisory Board. They are listed in the masthead which we have been persuaded should be a regular part of this newsletter. Each additional formal step that we take with the FMSF newsletter brings with it some sadness because it acknowledges that this problem will not be solved as quickly as we want. Working with the professional community, however, we can solve the problem and bring something constructive from the devastating personal tragedy. Thank you for your support.

Pamela

Case of the Missing Therapist

A Father asks if anybody has seen the missing therapist? You know, the one who told his daughter that her PMS was a sign that he and her mother had done horrible things to her when she was a baby; the one who hides under a cloak of professional confidentiality; the one who is responsible for their not seeing their grandchildren for three years; the one who told their child that seeking re-

venge was the way to relieve the stress in her marriage; the one whose advice has separated them from the most precious relationship they have — parent to child.

Have you had any experience that might aid others in penetrating the screen of "professional confidentiality?" Do you know ways of determining who this person might be when we parents have no clue? Please write to FMSF. We need to compile a plan that will enable us to be effectively proactive in our efforts to unite our families.

One father told us that he was appalled when he finally tracked down the person his daughter was seeing and learned that her "qualifications" consisted of a two-year degree in bookkeeping. "No wonder my daughter didn't want me to meet this person! No wonder the therapist was hiding," he said.

He became so incensed that he started picketing the clinic that employs this therapist. He said that he learned that clinics often employ a psychologist or psychiatrist who supervises unlicensed therapists. Only licensed therapists can receive payment from insurance companies, however, the patient may never see the person who signs the insurance forms.

"But it seems unfair that while the parents of children who cut off all ties with their natural families under the influence of cults such as the Moonies are listened to with sympathy and understanding, the world tends to back away from the man accused of abuse by an adult child who has "remembered" under the influence of therapy, however wild, hysterical and unsubstantiated the allegations may be."

Claudia Fitzherbert

"A child's 'memories' -
and a father's nightmare"

The Sunday Telegraph,

March 7, 1993 Great Britain.

What is Responsible Therapy?

We paid \$140 to speak with a psychiatrist for 50 minutes last month. She told us that most of her clients were survivors of abuse. She said that she made no judgments about the facts but kept referring to the *victim* and *perpetrator*. When we asked her if she ever checked the medical records of her clients to ascertain the historical accuracy of the stories, she answered that she didn't have time to read records. Then she complained that we were making her feel uncomfortable.

"Can you imagine a responsible oncologist removing a patient's limb or organ without first performing a biopsy and x-ray scan? What would you think if she said, 'If patients suffer with physical discomfort or pain and/or feel they may have cancer due to a vaguely suspected early-childhood injury (trauma), then they should believe that they do have cancer and it was probably caused by the injury.'"

"Toxic Psychotherapy" A Dad

We read another therapy book this month: *Repressed Memories: A Journey to Recovery from Sexual Abuse*, by Renee Fredrickson (Simon & Schuster, 1992, \$10.00). We urge concerned people to read this book to gain an understanding of the nature of "repressed memory therapy." The author holds a Ph.D. in psychology and this book is currently being marketed actively. It is recommended by many therapists.

The Code of Ethics of Psychologists states that psychologists will use scientific information in their practice. It also says that they will not harm others in the course of their practice. We thought about these things as we read.

We wondered, for example, where the scientific studies are that support the following statements:

If you remember almost nothing or very little of your childhood, or if you cannot remember a period of time, such as between the ages of ten and fourteen, you have repressed memories. (p46)

Most people who have repressed memories are not odd or weird. As a matter of fact, most are models of normalcy. This form of amnesia lurks in the background of millions of ordinary, high-functioning Americans. (p53)

Like so many family issues, the repression of memories runs in families. If you have repressed memories of abuse, it is very likely that one or both of your parents do too. (p57).

Dissociation always occurs during abuse... (p59)

Abusers are usually dissociated during the abuse, too. (p60)

Sexual abuse is always intergenerational... (p84).

If your memories are unusually grisly or bizarre, you may be a survivor of ritual abuse...Ritual abusers combine sadism with intelligence. Some of the deceptions they devise are masquerading as aliens or famous people and then committing acts of abuse, staging a mock death of some

one who later is clearly alive... (pp164-165)

Our physical bodies always remember sexual abuse, just as our feelings and our minds do. (p93)

Are we the only ones who see suggestion in the following?

Let yourself know what the most hopeless or shameful problem in your life is. Try saying to yourself three or four times a day for one week, "I believe this problem is about my repressed memories of abuse." After a week, write down or talk over with a friend how you see the problem now. Speculate on how it may relate to how you were abused. (p32)

Flashbacks are often triggered by graphic descriptions of someone else's abuse, especially if the other person is going through a very emotional retelling of an abusive incident. (p45)

You are not trying to stimulate your recall memories. Instead, you need to let yourself imagine or picture what might have happened to you. (p112)

Occasionally you may need a small verbal push to get started. Your guide may suggest some action that seems to arise naturally from the image you are picturing. (p112).

How do you apologize to a dead mother or father?

Once you make the decision to go ahead, the actual disclosure is an empowering experience. Telling the people in your family how you were hurt is the most expedient form of healing.

Avoid being tentative about your repressed memories. Do not just tell them; express them as truth. If months or years down the road, you find you are mistaken about details, you can always apologize and set the record straight.

You cannot wait until you are doubt-free to disclose to your family. This may never happen. (pp203-204)

Renee Fredrickson (1992). *Repressed Memories: A Journey to Recovery from Sexual Abuse*, Simon & Schuster.

Leading questions are also avoided... This helps allay the inevitable belief that your guide is just putting the ideas in your head. (p113).

You will struggle at first to believe what you are remembering, but your healing will take place as you recover your memories. (p25)

Gradually, Carolyn came to believe that she had been sexually abused and that her father was her abuser. Her anger and grief were enormous. For months she suffered emotionally, physically, and spiritually. She had crying jags, eating binges, suicidal feelings, and bouts of depression. (p27)

"I never felt like my problems were connected to my past, and, to be honest, they still don't seem related," Carolyn said. (p28).

More on Victims Compensation Funds

In the February Newsletter we printed some statistics from the state of Washington about payments from their Crime Victims Compensation Fund. The huge discrepancy between payments to a victim of a recent sexual assault (\$1,552 outside home; \$1,997 in home) as opposed to a repressed memory crime (\$9,127) was disturbing. An official from Washington State Victims Compensation Fund has written to tell us that "the figures have changed pretty dramatically. At present, the average repressed memory claim is around \$5,300, and some of the other claim averages have risen." Cost control measures required by the Department of Labor and Industries are the reason for the change.

Even with the revised data, repressed memory cases awards appear to be twice as much as others and so these figures still raise many questions for us. We have learned that in the state of California, a victim of a crime is eligible for up to \$46,000 for compensation. We learned in that in California as in Washington, payments for sexual assault represent 45-50% of the total awards and that 90% of that money goes directly to therapists. We were told that no police report is necessary for someone to be eligible for funds for victims of "repressed memories." Diagnosis by a therapist validates this crime.

Sexual assault of any kind is a terrible crime, whether for children or for adults, and victims deserve help. What comes into question is the disproportionate amount of money going to the therapists of "repressed memory" crime victims as opposed to "real-time" victims which children must always be. Why? What is going on?

Note the following figures from the National Association for the Prevention of Child Abuse (1992), "The Many Faces of Child Abuse" reprinted in Congressional Quarterly Researcher, January 15, 1993.

Sexual assault	15 % of abuse cases
Physical assault	28 %
Neglect	48 %

What is going on? We ask our readers to help us find out more about Crime Victims Compensation Fund payments in your state. Since payments to crime victims are funded through tax money, they should be open to scrutiny. Here are some questions to ask:

What percentage of the crimes in your state are classified as sexual assault?

What percentage of the payments of the Crime Victims Compensation Fund are awarded to victims of sexual assaults? to other categories?

What percentage of the Sexual Assaults payments are for (1) assaults outside the home; (2) assaults in the home; (3) repressed memories.

How are such claims validated? Are police reports required or is a therapist report sufficient?

We recommend working through the FMSF liaison in your state so that work is not duplicated. We are curious to learn what you find out about this matter.

Our Critics

The mail and phone calls that we receive are overwhelmingly positive. In order fully to understand how a phenomenon such as FMS can hold such sway we need to document and to study the comments and explanations of those who are disturbed by the Foundation.

American Psychological Society Letter The American Psychological Society *Observer* did not print the response we wrote to the APS members who are upset with the name of the False Memory Syndrome Foundation. Perhaps they will next month.

We wrote personally to Roger Shepard and Paul Ekman and received a most courteous reply from the latter expressing concern about our use of "syndrome." This was our response:

Dear Paul:

Thank you for your prompt and informative response to my letter to you about the name of the False Memory Syndrome Foundation. I appreciate the friendly and supportive nature of your comments.

We understand all too well the problems that can be tied to the name of the Foundation, but we think that the word "syndrome" is appropriate for several reasons. The term "syndrome" means a collection of reproducible features that derive from some common cause. In FMS, we recognize a constellation of emotions, behaviors, and responses to the environment that are remarkable similar from one patient to another and derive from an imagined event: i.e., a false memory of sex abuse, of alien abduction, of past lives, or of satanic cult experience. This collection of features tends to run a particular course both in its development and in its dissolution. You suggest that we emphasize the dispute in diagnosis but that speaks to differentiation. We wish to emphasize the existence of a condition that needs to be considered and then confirmed or rejected when further information emerges. For that aim, the term "false memory syndrome" is satisfactory.

To your other point: Many psychological syndromes are not pathological but psychologically generated from normal even though distressing life circumstances, such as anxiety syndrome or depressive syndrome.

Finally, your term "disputed memory problem": the dispute is a problem of the involved group, not just the patient; the syndrome on the other hand describes the patient's condition, the constellation of symptoms and their course.

I am enclosing a preliminary program for a conference that we will be holding in April. Perhaps you will be interested in attending.

Again, I thank you for your concerned and supportive letter.

Readers who are interested in the legal considerations of "psychological syndromes," as a follow up to

"I feel like I've lost a child and I'm grieving, but I can never get through the stages. I know what it is like to lose a child because I did lose a three-year old toddler. With my daughter, it is a never-ending process."
A Mother

the points made by Dr. Ekman, may wish to read "Expert testimony describing psychological syndromes" (1993), by John E.B. Myers in the *Pacific Law Journal* Vol 24. Myers notes the confusion that has arisen in court cases over such terms as "rape trauma syndrome," or "child sexual abuse accommodation syndrome" which do not have diagnostic value with "battered child syndrome" that can be used for diagnosis.

Kathy Pezdek, Ph.D., a psychologist, wrote in *The Chorus* V(1) (The newsletter of Victims Of Incest Can Emerge Survivors) that "Currently, expert testimony involving reference to 'false memory syndrome' does not satisfy the 'general acceptance' of the Frye test" and "there is no such thing as 'false memory syndrome' because a 'search of the PsycLit database (January 1974-September 1992) yielded zero references citing 'false memory syndrome'." Of course she is correct since the term has been used only for one year. "Rape trauma syndrome" is a term that started in a similar fashion.

The admissibility of scientific expert testimony has traditionally been determined by the Frye test which remains the law in many states. The Frye test holds that scientific evidence, to be allowed in expert testimony, must have general acceptance in the relevant scientific community. In recent years, in cases that have nothing to do with childhood sex abuse, this test has come under criticism because it leads to the exclusion of scientific evidence that could assist the trier of fact. It is one of the very many interesting legal aspects to the "repressed memory therapy" legal ramifications.

Victims Of Incest Can Emerge Survivors. The newsletter Of Victims of Incest Can Emerge Survivors (VOICES) *The Chorus*, in several recent issues, has printed their readers' responses to FMSF. The tenor of the letters follows:

"It is obvious to me that the growing pressure for redressing the wrongs of the past is colliding head on with the people who populated our past, those who are actively engaging in the torture of children today.." V 4 (4)

"I believe this organization, which I feel had to be created by perpetrators, will reverse the trend of breaking the silence and send survivors, such as myself, back into a life of repression, shame, and fear." V 4 (4)

"The FMS Foundation sounds like a bunch of abusive parents/relatives who brain-washed their abused children to join this organization in the attempt to solidify the family's denial." V 5 (1)

"Clearly, a frightening momentum is being built by abusers to protect themselves and combat the truth." V 5 (1)

"Abusers - those who wish to keep the secret will be the first in line. They'll love it!" V 5 (1)

Ellen Bass as quoted in "A world I never knew," *San Francisco Examiner*, April 4, 1993, says that FMSF is "a sleazily run" organization and an example of the "backlash" against a strengthening incest survivor movement."

Dr. Judith Herman expressed concern about FMSF in a letter to the magazine *Mother Jones* March/April, 1993. She wrote in response to the article "Doors of Memory" by Ethan Watters and said the article was "inspired by a well-funded organization called the False Memory Syndrome Foundation. Despite its scientific sounding title, this is not a research group. In fact, there is no such thing as 'False Memory Syndrome.' FMSF is an advocacy group for people whose children have accused them of sexual abuse." Indeed, when invited to speak at the Memory and Reality Conference, Dr. Herman declined saying she would not speak to an advocacy group.

Dr. Herman is quoted in "A world I never knew," by Stephanie Salter, *San Francisco Examiner*, April 4, 1993. "Using what she said is a proven standard for measuring false allegations of child sexual abuse, Herman estimated that, at best, only 10 percent of the FMSF parents could possibly be innocent." We are sorry that Dr. Herman chose not to attend the FMSF conference to hear the research papers that relate to FMS and to present her own research on repressed memories.

We would like to know how Dr. Herman knows that 10% of FMSF families are innocent since we cannot tell the truth or falsity of any story even though we have interviewed families, have collected lie detector reports, have seen court transcripts. How will these issues be resolved if people such as Dr. Herman or the readers of *The Chorus* who claim to know how to tell the truth or falsity of the stories told to FMSF do not share their information with us?

Dr. Richard Kluff is quoted in the March issue of *Clinical Psychiatry News*. "Dr. Kluff summarized the foundation's stance as 'if you don't know it all along, it ain't so,' which he disparaged as 'intellectual know-nothingism.' He accused the organization of making 'an excessively militant attack against therapists and patients that hasn't done much good. If anything, it's confused and upset people'."

According to Kluff. 'In situations where it's a parent's word against an adult daughter's, it may be easier to believe the adult who appears to be a normal, upstanding citizen, compared with a distraught woman in therapy. 'Perpetrators almost always look better than victims because they are the ones dishing it out, not the ones who are taking it,' he said."

The article also reported that, "He 'would like to think' that future research could resolve some of the unanswered questions, but his 'best guess' is that there will always be uncertainty about whether even the best experimental conditions are comparable to real-life experience."

Dr. Kluff said that the FMS Foundation's stance is one of "intellectual know-nothingism." We would like to ask him what he means by such a phrase. We would like to ask him if he is referring to the 19'th century political movement that put the phrase "know-nothing" into the language because of their members' characteristic refusal to answer questions. Actually, we would like to ask him all sorts of things, but we have had no luck in that task. Following our first attempt at a conversation last year, we

sent him the following list of questions:

1) You stated that the FBI report by Kenneth Lanning on satanic ritual abuse was a "bullshit cover up" in the tradition of J. Edgar Hoover's denial of the American Mafia. Since there are those who believe that Hoover had entered an alliance with the Sicilian Mafia during WWII, are you suggesting a similar alliance between the present FBI and satanists? Given the potential of such an alliance, would you be reluctant to join in a call for a Congressional investigation of such a possibility? If people's repressed memories uncovered with the help of therapists about ritual murders are to be taken seriously and if you are serious that the FBI is engaged in a cover up (for whatever reason) then a grave situation exists that surely demands attention at the highest level. One would assume that professional ethics would necessitate some effort in that direction.

2) You stated that the efficacy of memories from the age of 6 months is scientifically sound. Could you refer us to studies published to that effect. You used the phrase "somatic memories" to account for such early memories. Could you refer us to a scientific reference for somatic memories?

3) You stated that in many cases you had verified repressed memories of childhood sexual abuse. The FMS Foundation has been attempting to document all such verifications. Is there anything on record which you would be willing to share with us?

4) You stated that the recent article that appeared in *Child Abuse & Neglect*, "A Review of the Long-term Effects of Child Sexual Abuse" by Beitchman, Zucker, Hood, daCosta, Akman and Cassavia must be "wrong." Now that you have had time to read the paper could you tell us how it is wrong?

5) You said that the FMS Foundation would lose all credibility if we viewed as significant that certain therapists specialize in bringing forth repressed memories of incest. In this respect you found it entirely proper that some therapists specialize in bringing forth repressed memories of being abused by extra-terrestrials. Our concern, of course, is that the methods used for recovering these memories seem remarkably similar. It is your position that the scientific basis of psychiatry has vastly improved since the era of frontal lobotomies. Could you show us where to find the studies that verify these methods for bringing forth repressed memories? In particular, is there a measurable difference between the methods used for incest and the other popular varieties of repressed memories such as extra-terrestrials, past lives and ritualized murders?

Aside from receiving confirmation from his office that the list of questions was received, we have heard no reply. What was that phrase? Know-nothingism?

Steven Landman, Ph.D. of the University of Michigan invited us to speak at a conference to be held in August, but several weeks later he withdrew the invitation. He said that the invitation had been given because he was initially impressed with the Advisory Board, but neither Dr. Loftus nor Dr. Orne could attend. After reading the

FMSF literature more carefully, however, he concluded that we suggest that childhood sexual abuse is relatively rare and the evidence presented for this position is anecdotal. He chides FMSF for not reporting what percent of reports we consider to be actual abuse and what to be false. He said that the use of scientists on the advisory

"From 1920-71, 12 cases of multiple personality disorder were reported in psychotherapy literature. In the 1980's alone, more than 20,000 people were diagnosed with MPD." Stephanie Salter, "A world I never knew," *San Francisco Examiner*, April 4, 1993.

board presents a facade of scientific respectability to disguise a bias. He also complained that some of the articles in the newsletters made leaps of logic and came to conclusions that were not warranted by the content of the articles.

We have asked Dr. Landman to give us examples from the newsletters where we have said that childhood sexual abuse is relatively rare. We have also asked for the specifics of the "leaps of logic." We are waiting for a reply.

Thoughts on Sex Abuse Statistics

Dr. Landman's comments set us thinking once again about the frequency of childhood sexual abuse. Let there be no question: even one case of abuse is one case too many. We don't know the rate for either true or false accusations. We are aware of the reported figures and the huge discrepancies in the data depending on who is conducting the survey. We reported a study last month that pointed out the importance of the context in which accusations arise noting that in custody battles the rate of false accusations could be as high as 50%.

When we see a range in studies from 6% to 62% as reported by the National Center for the Prevention of Child Abuse, we wonder who does know the rate. Unfortunately in the minds of some people, the very fact that we even question any statistic about child sexual abuse seems to label us as being biased and against sex abuse victims. It is clearly not politically correct to question anything that pertains to child sexual abuse or women who say they are survivors of it but who never remembered it until they were in therapy. It is politically incorrect to question the notion that a person may have "repressed" memories of repeated events taking place over decades. It is politically incorrect to question the accuracy of memories of someone who claims memories from infancy. We would counter that when people who question—instead of being given the scientific evidence requested—are labeled "being against" than we are dealing with cult-like thinking. Since when does "questioning" imply *being against* rather than *caring*?

We ask—we do not know, we do not accuse—if the statistics about the frequency of childhood sexual abuse

could have possibly undergone the same process that characterized the statistics on missing children in the 1980's. Several horrendous incidents (disappearance of Etan Patz, murder of Adam Walsh) received intense media coverage and made stranger abductions a cause. Parents were advised to put together a file for identification of their children (e.g., dental records, photographs) in case he or she were abducted by a stranger. Fifty-thousand children a year were claimed to be abducted by strangers. According to Joel Best in "Missing children, misleading statistics," *The Public Interest*, (Summer 1988) in 1987 one safety guide even suggested that 400,000 children were annually abducted.

When the data were examined, the number never even approached 50,000. The best evidence is that somewhere between 550 and 1,110 stranger abductions actually took place each year. Why the astronomical difference in statistics?

Best notes that the original high estimates "reflect the typical manner in which neglected social problems gain recognition: activists call our attention to them. One feature of past neglect is the absence of official statistics—no one has been charged with keeping track of the phenomenon. Activists inevitably present themselves as knowledgeable enough about some social condition to bring it to our attention. With no official statistics available, this putative knowledge seems to give the crusaders' estimates the weight of authority. The activists seek to emphasize the problem's magnitude and importance; they have nothing to lose by providing big numbers.

"There is a rule of thumb that the more serious the crime, the less common it is. But activists are aware of the advantages of typifying a problem by drawing their examples from the most serious cases.

"Activists use statistics to persuade; but these numbers must be understood for what they are—part of the rhetoric of social problems promotion. Statistics are products of social processes and they can have social consequences. When trying to understand social problems, we need figures we can count on, but we especially need to know what it is we're counting."

We know child abuse exists. This writer has worked with children who were sexually abused; we have worked with homeless children and children who had been beaten; we have had hungry children in our classroom; we have dealt with society's current child-abuse horror: children who were partially paralyzed because they had been shot in crossfire in inner-city environments. Our concern is that inflated statistics will trivialize the issue and that we as a culture lose our perspective and our will to make

the social changes that can most readily and most effectively reduce all forms of child abuse.

We do not know the figures and ask again who does. Given that we have had a national mandate for over a decade to reduce child sexual abuse, given that every person who works with children has been given special training to be alert for signs of abuse, given that people who work

with children have been told that they will be legally punished if they do not report a "suspicion" and that there will be no punishment if they make a false accusation, we would say that the "cards have been stacked" in favor of reporting. We suggest that the statistics currently being collected should be considered and that child advocates should insist that data collection methods be made standard.

We dare to question the distribution of resources. Money that is going to therapists who are helping adults find memories of events they do not remember and which may not have happened such

as space alien abduction or satanic conspiracies or past lives—because that is the supposed cause of their unhappiness rather than the day-to-day events of their present lives—is money that is not going to children now to ensure that they have enough to eat or good medical care. That is why we question the statistics.

Souza Case

The Souza sentencing has been postponed until May 10. The Souza's are grandparents in their 60's, convicted by a judge in a criminal trial in MA of sexually abusing their grandchildren. The accusations arose after a daughter in therapy read the book *Courage to Heal*, and had a dream that her parents abused her. The daughter warned her former sister-in-law to keep her children away from the grandparents. One thing led to another and the Souza's were convicted of, among other things, keeping the grandchildren in a cage in the basement. As an example of the way the case appears to have been handled, no one ever went to the house to look for this cage.

When we read "Sibling Story" later in this issue we felt that we had a better understanding of the panic and hysteria that can occur in a "not perfect" but "normal" family after a sex abuse accusation is made.

Kelly Michaels Released

After five years in prison in NJ, 31-year old nursery school teacher Michaels was released. The appeals panel found the original trial had compromised impartiality when the judge held the children on his lap and defense could not examine them. They also took issue with testimony that Sex Abuse Syndrome was a fact rather than a theory.

WHERE DO 3,119 FAMILIES LIVE ?- APRIL 4, 93

AK(8)	AL (8)	AR (8)	AZ (100)	CA (530)
CO (49)	CT (39)	DE (7)	FL (131)	GA (36)
HI (5)	IA (20)	ID (17)	IL (114)	IN (25)
KS (34)	KY (12)	LA (12)	MA (87)	MD (46)
ME (13)	MI (95)	MN (63)	MO (67)	MS (2)
MT (17)	NC (33)	ND (3)	NE (15)	NH (9)
NJ (89)	NM (21)	NV (16)	NY (134)	OH (113)
OK (25)	OR (58)	PA (185)	RI (7)	SC (12)
SD (9)	TN (16)	TX (107)	UT (139)	VA (43)
VT (12)	WA (164)	WI (118)	WY (5)	DC (6)
VI (1)				
Canada -	AB (16)	BC (36)	MB (37)	NS (6)
ON (135)	PQ (4)	SK (7)	PE (1)	
England(6)	France (2)	Ireland (1)	Israel (2)	Germany (1)
Australia (1)				

Each family represents 4 to 10 people affected.

Questions

We are not counselors and we do not offer advice. We can, however, report what other people have told us they have found helpful in dealing with the bizarre situations in which so many people find themselves.

Q: Is it ever recommended to return the 'kids' letters as they do ours? If not, why not?

A: No one has recommended returning the children's letters as they have returned letters. Why? Because the children appear to have had cult-like type of mind control experience, and the best way out of that is a wedge into reality. Returning letters could just make it easier for children to remain in their closed system.

Q: Has anyone confessed, even though innocent, either out of desperation or to see whether in fact the forgiveness is really there?

A: Yes, we have a few stories of people who confessed either from pressure or emotional blackmail. One mother who confessed and sided with her daughter later changed her mind when the accusations grew to gigantic proportions of ritual abuse. We have been told that some parents are paying money in response to blackmail letters threatening public exposure and this could be interpreted as confession.

Q: In what ways does the professional, proper treatment of true abuse victims differ from the *Courage to Heal* route?

A: There is a task force of the American Psychological Association looking into this. Examination of standard works on the subject and personal opinions of some professionals indicate that the course of treatment recommended by the *Courage to Heal* and other books such as the one by Fredrickson from which we printed excerpts in this newsletter, are not considered standard. Since other professionals such as Dr. Ekman, Dr. Kluft, Dr. Landman, Dr. Herman and the people who signed the letter that appeared in the American Psychological Society's *Observer* complain about FMSF and not about techniques espoused by Frederickson or Bass and Davis, however, we must assume that they do are not against this course of therapy.

Q: What happens if a parent simply shows up at the door—especially if from a long distance?

A: We have had a number of instances of restraining orders being placed on parents when they just showed up at the door. On the other hand, a father came from a western state to visit his daughter in an eastern state whom he had not seen for several years. He came on her birthday unannounced. She hugged him and invited him to dinner. Her husband said that this warm reception would not have happened a few months earlier. That's all we know at this time.

Q: Is it advised to try to reach the kid-in-law via his parents, siblings, etc

A: Parents have told us that they sometimes feel that they have made contact through reaching in-laws. They usually say, "What have you got to lose?" Weigh the pros and cons. Can it do harm? Other parents told us that in-laws were afraid to get involved and to loose rights to visit grandchildren.

A Sister's Story

How can families in which all the members describe relationships as having been close simply disintegrate? The following story gives remarkable insight into the panic, the fears and the thinking processes of a sister following an accusation.

I am a sibling. My sister who is five years older than I am has a history of emotional problems. She tried to kill herself about fifteen years ago. She has been going to therapists or psychiatrists for as long as I can remember.

My first experience with a therapist was when I went with her about a year ago. This came about after she told me she was having flashbacks of being sexually molested and raped when she was a little girl. She was suicidal. I left my family for a week and traveled across the country to see her. I didn't want to later regret not having gone to try and help her. I knew that when I arrived she would drop the bombshell. She said it was our father.

At this time, she had a list in front of her of what would be helpful things I could say or do and what I shouldn't in order not to upset her any further. At this point I was going along with her and acting as if I believed what she was telling me. I wanted to reassure her that I was taking what she said very seriously and believed her. That was one of the biggest mistakes I've made in my life.

My sister gave me *The Courage to Heal* to read. During the week I was there I spent four hours with her and her therapist. In an off way, it was exciting. I had never experienced anything like this before. For every skeptical question I had, there was always an answer. I felt I was becoming a part of something. When I walked down the street, I wondered how many of the women I passed had been sexually abused as children and had or hadn't remembered yet, since the statistics were so high. When I mentioned this to the therapist she said "Welcome to the club." I started to believe it.

When I came home, my thoughts were on my five-year old daughter. If my father had done it to my sister, maybe he's been doing it to her. After all, from what I had read and heard, a person like this never changes. Even at 70 years old.

Without intentionally doing so, I questioned my daughter about her grandpop after she told me she was anxious to see him. This was two days after I got home. My radar went up and I felt I had to be careful not to close my eyes to something that may have happened. I questioned her. Why did she want to see grandpop! More questions and answers. Eventually she told me something that was shocking. I panicked and within 2 days had her at a children's therapist. My sister and her therapist had told me that this type of specialist existed. Someone that was an expert in determining whether a child had been sexually abused or not. My husband and I reluctantly took our daughter to this woman. Within 45 minutes she told us that something definitely did happen with my daughter and her grandpop. She was sure.

The sequence of events that followed was a nightmare I'd like to forget. I went to another children's thera

pist for a second opinion. I told her what my daughter had said and about my sister. She had no doubt that it was true. She said you have to believe the child. Why would she make it up. I was shocked. I now had two experts telling me the same thing. My doubts about what my father had done to my daughter came from my being in denial. A lot of mothers do that. I refused to be like them. I would be strong and protect my little girl. When I talked to my sister's therapist on the phone she said she was really proud of me. Not every mother would have moved so quickly and handled the situation as well as I had.

I was still very confused. In all this time, my daughter never really said anything concrete. Even though she changed her story and denied anything happened, her therapist reassured me this was very common. I then read in a current publication about children revealing their abuse, that many if not most say things like "I was only kidding" that confirmed it. It doesn't mean nothing happened to them. They are also in denial and want to forget the episodes.

I refused to talk to my father. I was terrified of him both verbally and physically for the first time in my life. I was completely paranoid. My mother pleaded with me to go and talk to another doctor. I consented but not very much he said meant anything to me at the time. Not until many months later would I think back on our meeting and recall something he said that made a lot of sense. He said that sometimes children can get caught up in a lie and it can have a snowball effect. It keeps on building and they can't find a way to get out of it.

About five months after my trip out west, something unexpected happened. All that time, I had very little or no communication with my parents. Before all of this, it was not uncommon for me to speak to my mother three or four times a day. We were very much a part of each others lives. She and my father both were extremely generous and loving grandparents to my children.

My daughter had been to four sessions with her therapist. Sometimes I was in the room with her. At the fourth and last session I felt very uncomfortable. She was badgering my daughter and putting words in her mouth. I didn't like it. I have this on videotape and after watching it later was sure I didn't like what I saw. The therapist told me my daughter was tough. I assumed that meant she was difficult to break her, to get her to tell exactly what happened. Later I realized this was because nothing did happen.

Then I planned a session with my mother to meet my daughter's therapist. Watching this woman try to explain to my mother about my daughter made me lose a lot of confidence in her. She was not prepared and some of the things she said sounded ridiculous to me. My mother's questions were rational; her answers were irrational. This is when my mind began to open. Shortly after that I came across one of the first newsletters FMSF had written. My mother had sent it to me four months earlier. It didn't make any sense to me at that time. When I read it again this time, I couldn't believe they were the same words. It suddenly made all the sense in the world. You are innocent until proven guilty.

The real turning point came when I said I wanted to check out an FMSF meeting. I felt strongly about getting my parents back in my life and working through this even if my father was guilty. The emotional pain I felt on a daily basis was beginning to be intolerable. My parents were out of town for this meeting. I went alone. I remember walking outside on a beautiful spring day. After being with these people and listening to them talk about their stories and concerns, I suddenly felt I had an answer. This didn't necessarily have had to have happened to my sister or my daughter. It was possible my father was just one of these unlucky men that had their lives blown apart because of a phenomenon. A tremendous feeling of relief came over me. I took the first really deep breath in five months and was filled with a sense of hope.

Looking back, I can see I was in such a state of emotional turmoil and confusion it had to be affecting my daughter. I kept reading signs into everything she said and did. It is still difficult for me to believe that what I considered to be careful non-leading questions were the source of this mess. But that is the reality. It takes an unbelievable amount of skill and experience to discuss something like this with a five year old child and get accurate results.

At this point, I believe my mother and I have our relationship back. If we were able to survive this past year and mend our emotional wounds, we can survive anything. There is hope for everyone reading this. Your relationships are not necessarily lost forever. You just both have to want it. At the end of the movie, "The Prince of Tides" there is a line that has a lot of meaning for me. "There is no crime in a family that can't be forgiven."

My father is back to seeing his grandchildren and enjoying them. The time we lost with each other will never be replaced but I can't dwell on that. Right now I'm thinking about the present and the future and how I'm going to make the best of the time we have left together.

Unfortunately my sister is more convinced than ever that her memories are accurate. It's very difficult for us to have a relationship. I will never give up hope for her but at this point I realize it is beyond my capability to lead her to recovery. Another unfortunate outcome of this tragedy has been on the relationship between my father and my brother. When my brother heard of my sister's accusations, he completely disbelieved it. But when I told him about his niece, my brother was convinced although some doubts were always in his mind. When my father was confronted by my sister and myself, my brother was present and said something very hurtful to my father. It hurt him so deeply that he has not talked to my brother since. My brother seems to still be unsure as to his guilt or innocence despite what I have told him. Their relationship seems to be over permanently and the whole family loses.

P.S. Since I finished writing this a few weeks ago, we've had a breakthrough regarding my father and brother. They met and spoke to each other and my father now agrees to be together with him at family functions and he is welcome in my father's house. It's a beginning and I'm very hopeful for their relationship to mend.

Filing Complaints

So many people have requested information about filing complaints in California that contacts there have asked us to make the information available through the newsletter.

They say, "It is very important that you report your complaints about the mental health 'professional' that you believe has harmed your family. The licensing boards are consumer boards that are designed to protect the consumer, although, of course, many of you have already been told that you are not the patient, thus, not the consumer. You should still lodge your complaints, because they need to know the **EXTENT OF THE PROBLEM**, and then, it is up to them to decide whether action should be taken. You can't lose anything by reporting legitimate complaints; you can lose by not reporting.

"In addition, you have the right to complain to the professional associations whose members may well be violating their ethics codes. There is another viable avenue you have for reporting your complaints. That is the **VICTIMS OF CRIME PROGRAM (VICTIM'S WITNESS)**. This program funds the victims and witnesses of violent crimes. The person who comes to believe that she has recovered memories of childhood abuse becomes eligible for these funds, should she have no insurance or funds to pay for treatment. In California, the amount allowed for medical and psychological treatment is \$46,000. That is quite a sum for treatment and possibly a motive for a therapist to help a client recover memories of abuse.

The more complaints agencies receive, the more likely that they will make an investigation.

Following is a list of places to report in California.

VICTIMS OF CRIME PROGRAM - LOUIS RICO -
800-777-9229 or write to him at
Victim's of Crime Program
State Board of Controls
P.O. Box 3036
Sacramento, CA 95812-3036

BOARD OF BEHAVIORAL SCIENCE EXAMINERS (BBSE) (MFCC's & Social Workers)
400 R. St. Suite 3150
Sacramento, CA 95814-6240
Attn. Kathleen Callanan, Executive Officer

MEDICAL BOARD OF CALIFORNIA (Psychiatrists)
1426 Howe Avenue. Suite 54
Sacramento, CA 95825-3236

"How careful we are to take our cars to the best mechanic and how we get two or three opinions if we need even minor surgery. But when it comes to our minds, we seem to trust anyone!"

A Parent

Attn. Lynn Thornton - Complaint Unit
Complaint Hot Line 800-633-2322

CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS
3465 Camino Del Rio South, Suite 350
San Diego, CA 92108-3939
619-280-0505

*National Organizations
(Local branches should be available in phone directories)*

AMERICAN PSYCHOLOGICAL ASSOCIATION
750 First Street NE
Washington, DC 20002
202-408-8600

NATIONAL ASSOCIATION OF SOCIAL WORKERS
750 First Street NE
Washington DC 20002
202-408-8600

AMERICAN PSYCHIATRIC ASSOCIATION
1400 K St NW
Washington, DC 20005
202-682-6085

AMERICAN ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS
1100 17th Street NW, 10th Floor
Washington, DC 20036
202-452-0109

Thank You

I am writing to say thanks for throwing a cold glass of water on me. Let me explain. You may remember me. I was the one at the meeting who asked what you were doing to inform insurance companies and corporate benefis directors of the millions they are paying out for fraud. Your response was something to the effect, "What do you mean me? It's we. It's us."

You sure shocked me off my position, somewhere between "this isn't happening to my family," "I can't deal with this anymore" and "What are the experts doing about this nightmare?" I will take responsibility now to communicate with anyone willing to listen because if I don't, I will never realize my dream of reuniting with my daughter.

Generally people believe that evidence deteriorates over time. In the FMS phenomenon, we are told that the evidence improves with time.

MEETINGS / NOTICES*Professionals and Parents in Support
of the FMS Foundation.*

To place a notice in this column in May, please be sure that we receive the information in writing by the 25th of April.

Contact your state liaison to find out about meetings in your area. Not all meetings are listed.

Arizona**May 8, 1993**

For information contact Jim 602- 860-8981.

Michigan**The Michigan PFA Information Newsletter****P.O. Box 15044****Ann Arbor, MI 48106****313-461-6213**

Notices about meetings and other state-related topics appear in this newsletter.

Philadelphia Area**Second Saturday of each month****Memory and Reality Conference****will replace regular meeting****California,****There are now 7 groups meeting in this state****San Diego area****Sunday May 2, 1993****1:00 - 4:00****Catamarran Resort Hotel****399 Mission Blvd, Mission Beach,****Call 619-745-8514 for details****Greater Los Angeles****Meets regularly every other Monday, 7:30 P.M.****Call Marilyn 909-985-7980 for details**

Special request to all Kansans and Missourians

*"We need your help to educate professionals"***Kansas City****Meetings every second Sunday of the month.**

For details call Pat at 913-238-2447 or Jan 816-276-8964

Wisconsin**May 15, 1993 9:00 am - 4:00 pm****St. Paul****Guest, Pamela Freyd****Call Terry or Colette 507-642-3630 for details****FMS FOUNDATION CONFERENCE****April 16-18, 1993**

Video and audio tapes of the Conference will be available through Aaron Video. Estimated cost \$22 per 2-hour panel. Details will be available after the conference.

The FMSF Newsletter is published 10 times each year. The Newsletter is sent to members of the FMS Foundation. Others wishing to continue to receive the newsletter may send \$20.00 for a 1993 subscription.

Pamela Freyd, Ph.D.**FMS Foundation****3401 Market Street, Suite 130****Philadelphia, PA 19104-3315****FMSF Scientific and Professional Advisory Board, April, 93**

Robyn M. Dawes, Ph.D., Professor of Social and Decision Sciences, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, Unit for Experimental Psychiatry, The Institute of Pennsylvania Hospital, Philadelphia, PA; **Fred Frankel, M.B.Ch.B., D.P.M.**, Psychiatrist-in-Chief, Beth Israel Hospital, Professor of Psychiatry, Harvard Medical School, Boston, MA; **George K. Ganaway, M.D.**, Director, Ridgeview Center for Dissociative Disorders, Clinical Asst. Prof of Psychiatry, Emory University of Medicine, Atlanta, GA; **Martin Gardner, Author**; **Rochel Gelman, Ph.D.**, Professor of Psychology, University of California Los Angeles, CA; **Henry Gleitman, Ph.D.**, Professor of Psychology, University of Pennsylvania Philadelphia, PA; **Lila Gleitman, Ph.D.**, Professor of Psychology, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Department of Psychiatry and Biobehavioral Sciences, UCLA School of Medicine, Los Angeles, CA; **Ernest Hilgard, Ph.D.**, Emeritus Professor of Psychology, Stanford University, Palo Alto, CA; **Philip S. Holzman, Ph.D.**, Rabb Professor of Psychology, and Professor of Psychiatry, Harvard University, Cambridge, MA; **Ray Hyman, Ph.D.**, Professor of Psychology, University of Oregon, Eugene, OR; **John Kihlstrom, Ph.D.**, Professor of Psychology, University of Arizona, Tucson, AZ; **Harold Lief, M.D.**, Emeritus Professor of Psychiatry, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, Professor of Psychology, Adjunct Professor of Law, University of Washington, Seattle, WA; **Paul McHugh, M.D.**, Phipps Professor of Psychiatry, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, Professor of Psychiatry, University of Western Ontario, London, CANADA; **Ulric Neisser, Ph.D.**, Woodruff Professor of Psychology, Emory University, Atlanta, GA; **Richard Ofshe, Ph.D.**, Professor of Sociology, University of California, Berkeley, CA; **Martin Orne, M.D., Ph.D.**, Professor of Psychiatry, University of Pennsylvania and, The Institute of Pennsylvania Hospital, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Professor of Psychiatry and Medical Psychology, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, Professor of Psychology, Concordia University, Montreal, CANADA; **Harrison Pope, Jr., M.D.**, Associate Professor of Psychiatry, Harvard Medical School, Cambridge, MA; **Margaret Singer, Ph.D.**, Emeritus Adjunct Professor of Psychology, University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Professor of Law and Psychiatry, Wayne State University Law School, Detroit, MI; **Ralph Underwager, Ph.D.**, Director, Institute of Psychological Therapies, Northfield, MN; **Jeffrey Victor, Ph.D.**, Professor of Sociology, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Psychologist, Institute of Psychological Therapies, Northfield, MN

Studying the Secrets Of Childhood Memory

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April 6, 1993

By DANIEL GOLEMAN

WHEN Rachel Hudson was 2, she recalled details about things she had done weeks and months before, prompted by her mother, a psychologist studying children's memories. But by the time she was 8, the only episode Rachel could recall from her first couple of years was a trip to Disneyland.

The old mystery of just why most people are unable to dredge up memories from the first years of life has a new solution, thanks to research like that of Rachel's mother, Dr. Judith Hudson of Rutgers University.

The ability to fix a childhood memory strongly enough to last into adulthood, psychologists now say, depends on the mastery of skills of attention, thought and language at the level of an average 3- or 4-year-old. People simply do not retain into adulthood memories of specific episodes that took place at 1 or 2, before these crucial abilities emerge, although research like that with Rachel shows that as young children they do, indeed, have such memories.

"Most adults have trouble remembering much, other than fragmentary impressions, before they were 3½," said Dr. Robyn Fivush, a psychologist at Emory University in Atlanta. "Yet we know that children as young as 2 can remember what happened to them even months before."

The new research, based largely on studies of the developing memories of young children, contradicts Freud's notion that "infantile amnesia," the inability of adults to remember the events of early infancy — is due to the later repression of perverse lusts and hatreds that seethe during the first years of life.

Instead, the findings suggest a more innocent end to life's early amnesia: that toddlers acquire the skills for remembering significant episodes in their lives only as they acquire the language skills necessary for later retrieval. As they have conversations with adults about past events, psychologists say, infants learn the art of shaping events into a story, the form that allows memories to be retrieved many years later.

"We have a whole new way of thinking about earliest memories, based on studies of what young kids actually remember," said Dr. Utric Neisser, a psychologist at Emory. "At 2½ or 3, kids are not very interested in the past. You don't see a bunch of 3-year-olds sitting around talking about old times."

Dr. Neisser added, "But ask a 2-year-old about what happened on a visit to grandma's months before, and she'll have some memories: 'saw a horse.' The question is why, as adults, don't we remember those very episodes from life's first few years?"

Part of the answer, psychologists say, lies in distinguishing between

three fundamentally different kinds of memory. One is a "generic" memory, in which the most general attributes of a familiar situation are stored, like what grandma always served for lunch, or what color the rooms were in a childhood house.

Such general characteristics do not pertain to any single episode but are distilled from a series of repeated episodes, which Dr. Neisser has called repisodes, episodes that blend into a generic memory. When an event has occurred in a child's life about five or more times, it tends to be stored in memory in this general form.

A second kind of memory, "episodic," is for specific events, like a visit to grandma's when a favorite, rarely seen, cousin was also there. Such memories are for a distinct event at a given time and place. But few of these specific episodes — such as what was eaten for breakfast that morning — are significant enough to warrant remembering years later.

But out of such specific episodes people select and weave together the particularly meaningful events that compose "autobiographical memory," the story of one's life. These are the specific memories that last throughout a lifetime, beginning with what people call their earliest memory. As autobiographical memory begins, infantile amnesia ends.

The Power of Story

From the time children begin to talk, around age 2, they have both generic and episodic memories, researchers say. But they do not begin to weave together autobiographical memory until around age 3½, according to research reported by Dr. Katherine Nelson, a psychologist at the City University of New York, in the January issue of *Psychological Science*.

On the basis of research with young children, Dr. Nelson, as have others, concluded that although children as young as 1 or 2 do have episodic memories, these memories almost never last into later childhood, let alone adulthood. Autobiographical memory seems to take root only as children begin to have conversations with their parents or others about what has happened to them.

"Parents implicitly model for their young children how to piece together a story with a beginning, a middle and an end about what has happened," said Dr. Fivush. "Between 3½ and 4½, children reach a critical level of language ability, where words become the medium through which you represent the events of your life to yourself rather than, say, images. And years later, when you tell a story from your earliest years, language is the medium of retrieval."

The process of autobiographical memory seems to be given a great impetus by adults who review events with a young child. In Dr. Fivush's research, young children of parents who mulled over incidents with much embellishment of detail had at 4

years better memories for things that had happened to them than did children of parents who typically simply asked, "Do you remember the time we went to the circus?"

"At around 3 or 4, you find mothers talking a lot about past events to a kid," said Dr. Neisser. "Then a kid starts to value her memories and starts to tell stories about herself. The events you can easily remember as an adult are those you had, back then, put into a narrative, at least in your own mind."

At about the same period, children learn from talking to parents and others that a given event can be seen from multiple perspectives. "Around age 4 children seem to start to understand that people see things differently," said Dr. Fivush. "I might have gone to the circus and been scared by the big animals, while someone else loved it."

Photos as Hindrance

This cognitive ability to see an event from several points of view, some psychologists contend, may add to the thoroughness with which it is remembered, as a stronger net of associations is built. The onset of that ability also marks the point at which most people have their earliest lasting memory.

Still another capacity that ripens around age 4 is the ability to perceive the structure of events more as an adult would, highlighting the most salient points. Toddlers notice mostly what to adults seem to be trivial details, psychologists say.

Oddly, seeing an event in a photo frequently or discussing it often with others does not determine how well it is remembered, either in the short term or in later autobiographical memory. Dr. Fivush had parents keep track of distinctive events in the lives of children between the ages of 2 and 6 and also had them note how often the children talked over those events or looked at photos of them. There was no apparent effect on the children's memory.

Indeed, talking over an event with a very young child may somehow interfere with its being stored in memory, according to findings by Dr. Neisser, with JoNell Adair, a graduate student, that will be published in *The Journal of Experimental Psychology* later this year.

In a study of college students, in which their memories were verified by checking with their parents, Dr. Neisser and Ms. Adair found that events from the first four years of life that became enshrined in family stories or for which there were photos were remembered less well than events that had no such memory aids.

But they also found that those students who had been hospitalized or who had had a sibling born between their second and third birthday could usually still remember the event. "For such highly memorable events, people seem to have memories, though a bit fragmentary, as early as age 2, though that may mean closer to

3," said Dr. Neisser.

Other studies of adult's earliest memories have found that most date from around 3½. A few people report no memories of their childhood at all before age 8 or so.

Revising the Autobiography

The problem with studies that rely only on adult's recollections of earliest memories, of course, is that it is almost always impossible to date such memories exactly or to be sure that they are truly memories rather than imagined episodes.

For example, when Dr. Hudson began her research on children's early memories by intermittently quizzing 2-year-old Rachel on what she remembered about recent events, she found that in response to specific queries like, "Do you remember when we went to the aquarium?" Rachel could recall many details of what had happened up to 10 months before. But over the next several years, those memories faded.

When quizzed again at 4 years, Rachel remembered almost nothing of the events she had remembered at 2 but was able to recall fresh details about a Disneyland trip as a 25-month-old — like seeing Tinkerbell appear before the evening fireworks display — that they had never discussed in the intervening years and which did not appear in any photos of the visit.

By age 8, when Dr. Hudson asked, "What is your earliest memory?" Rachel replied with conviction that it was of a time just before her younger brother was born, when she crawled into his bassinet and pretended to be a baby herself. At that time, said Dr. Hudson, Rachel was 33 months old. The Disneyland trip was actually her earliest memory, though Rachel, now 9, believed otherwise.

While the new findings contradict Freud's theory of infantile amnesia, it may support the idea of Alfred Adler, one of Freud's early disciples, that a person's earliest memory is rife with symbolic meanings. "Adler claimed that in our earliest memory can be read the key themes and conflicts of our lives," said Dr. Neisser.

Experts on autobiographical memory now believe that a person's life story is revised as the years pass, with some memories highlighted and others fading to support current views of oneself or emotional preoccupations.

"For example," Dr. Neisser said, "if your earliest memory is of getting separated from your parents on a shopping trip and crying because you are lost, there is a school of thought that would say dependency and autonomy are crucial issues for you. And it may well be that one of the things that determines which of those early inchoate memories you preserve as the first in your mind is such symbolic importance."

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