

FMS Foundation Newsletter

3401 Market Street suite 130, Philadelphia, PA 19104, (215-387-1865)

Vol 2 No 5

May 3, 1993

Dear Friends,

Over 600 people attended the *Memory and Reality: Emerging Crisis* conference at Valley Forge. Approximately one quarter of the attendees were professionals. People came from afar. One man flew directly from New Zealand to tell us about the situation in that country. Three people flew from England to tell us that they represented twenty-five families there. Professionals and families came from across Canada and the United States. Researchers, clinicians, lawyers, judges, sociologists, anthropologists, doctors, law enforcement, clergy, siblings, friends, students, accused and accusers were all there.

Also present were thirty-four members of the press working on stories for ABC, CBS, Fox and NBC news, CBC TV, Blue Sky Productions, *Answers in Action Journal*, *Changes Magazine*, *Family Therapy Network*, *Insight Magazine*, *Moving Forward*, *Mother Jones*, *The New Yorker*, *The Philadelphia Inquirer*, *Psychology Today*, *The San Diego Union-Tribune*.

The talks addressed the scientific issues that have been the basis of confusion about FMS. This conference dispelled the pseudo-scientific notions that have fueled the phenomenon. Memories for events are reconstructed and reinterpreted. There is no scientific evidence for any other kind of memory for events. Some memories may be historically accurate and some confabulated or false.

A selection of the papers presented at the conference will be prepared for a book appropriate for a range of readers including students in college classes. Editors will be McHugh, Orne, Wakefield, and Freyd.

Papers from the conference will be available as soon as we have them. Included in this newsletter is a list of papers that may be ordered now from FMSF. We also enclose information for ordering video or audio tapes.

Scientific issues are clear, and it is only a matter of time before they are fully understood by the public, the mental health profession at large and the media. Elizabeth Loftus discussed research showing that false memories can be implanted. Dinges and Orne presented research evidence that hypnosis may result in inaccurate or false memories. Perry showed that "regression" may result in inaccurate or false memories, and Singer discussed the enormous potential for suggestion in the therapist-client relationship.

The historical trends in psychiatric thinking and practice that have resulted in the current phenomenon were reviewed by Lief, McHugh, Ganaway and Frankel. Clinical issues relating to FMS diagnosis and treatment were raised in this panel.

Other talks covered a range of diverse topics including Survivor Logic, Legal Issues, Satanic Conspiracy Stories, and the Franklin Case. Five case histories were presented by women who said they had experienced false memories. One even brought a sodium amytal interview tape of herself showing suggestive questioning.

Round Table discussions covered issues that dealt with immediate practical concerns of families and professionals. Lots of networking took place in these sessions.

One of the highlights was Ulric Neisser's keynote address, "Memory with a Grain of Salt." An excerpt:

"This was consistently an excellent conference. It is probably the most successful I have ever attended. . . We are indeed facing a terrible, most embarrassing crisis. . . I feel a terrible urgency about this."

Psychologist

"Extraordinary!"

Family Member

"This conference is going to be viewed as a turning point!"

Conference Speaker

"I have never been at such a high level scientific conference in which the talks were presented so that a lay audience could understand them. Remarkable."

Science Reporter

"My first emotion was positive because of the information and support for my friend. . . My second emotion was of incredible sadness. I looked around that room and saw all those lives that are being torn apart. I don't know how I would cope with losing my family. I pray I never have to find out."

A Friend

"So what is the bottom line? What are we to think of the claim that a large proportion of women (and some proportion of men) were victimized in this way and then repressed it for years or decades? That during this time the unconscious memory of the abuse has severe negative effects on the course of their lives? We cannot assert that this could never happen. There is child abuse, and there are such things as repressed memories. But there are also such things as false memories and confabulations, and they are not rare at all. Misrememberings are the rule, not the exception. They occur all the

time. They occur even in cases where the subject is absolutely confident — even when the memory is a seemingly unforgettable flashbulb, one of those metaphorical mental photographs. They are still more likely to occur in cases where suggestion is a lively possibility, where memories can be shaped and re-shaped to meet the strong interpersonal demands of a therapy session. And once a memory has been reconfigured in this way, it is very, very hard to change.

"These general principles cannot help us to decide, with certainty, where the truth lies in any individual case or claim. But on the average, across a large number of such claims, it is pretty obvious where we should place our bets. Misremembering and retrospective reworking of the past are a part of human nature; they go with the territory and they happen all the time. Claims for perfect memory, flawlessly preserved through decades of repression, should be taken with more than one grain of salt."

Professional issues relating to the FMS phenomenon still need to be addressed. Currently some professionals consider that "historical truth" is important, and they try to ascertain it. At the same time, a large proportion of professionals consider that they are responsible for dealing only with the "narrative truth" or a patient's "feelings." They believe that it is not their job to look for external documentation. They do not use scientific procedures or evidence.

The issue of historical vs. narrative truth seems have been simmering for a century in the therapeutic community. The fact that therapy and law have become so intertwined in recent years because of "repressed memories" is perhaps what brings it to the fore now. It leads to the following question:

"Does a therapist have a professional responsibility for the impact of her or his diagnosis on the relationship of the client with her or his family or for the impact on the lives of others who are not directly her or his clients?"

We note on this issue that if a medical doctor thought only of her or his particular client, she or he would not recommend vaccinations because of the risk to the individual. As it is, vaccinations are considered so important that their use has been legislated. (See box.) Do the standards of the health professions reach all the way to the mental health professions?

Pamela

The Calof Criteria

Increasingly we are being asked to *define* false memory syndrome. Therapists who specialize in developing memories of incest are challenging us to produce a list of symptoms that can be used "to establish the presence of false memory syndrome." How simple life would be if people could establish their innocence with a list of symptoms! Lawyers use the phrase "proving a negative" to describe the impossible task of proving that something did not happen. It is not clear if accused parents should accept any of the burden of proof in these cases.

Nonetheless one of our members suggests that such a list has, in fact, been provided in *Healing the Incest Wound* by Christine A. Courtois Ph.D.—the most standard of references—where it is credited to Dr. David Calof. It is a list of the sixteen traits "most often used by incestuous families to maintain the integrity and homeostasis of the family unit." No scoring method is suggested there, but if indeed the family did have a stable integrity and if these are the traits most often used by such families when they are incestuous families, then we may suppose that a low score should be taken as evidence of false

memory syndrome. *It is unclear whether the 16 criteria have emerged from documented corroborated cases of childhood incest or whether instead they are abstracted from case histories of adult reports of decade delayed memory.*

There was a basic ethical problem confronting every physician who vaccinated a child against smallpox. The safest thing for any individual would have been to vaccinate everybody he came in contact with but not to be vaccinated himself. In chapter 134 of *Harrison's Principles of Internal Medicine* we find that "The rates of adverse effect per million primarily vaccinated persons were vaccinia gangrenosum, 0.9; eczema vaccinatum, 10.4; generalized vaccinia, 23.4; vaccinal lesions resulting from accidental implantation of virus, 11.8; postvaccinal encephalitis, 2.9; other complications, 11.8." In chapter 348 we find that smallpox vaccination was "followed by an incidence of acute disseminated encephalomyelitis averaging perhaps 1 case per 5000 persons vaccinated. . . . The mortality was 20 percent, and perhaps half the survivors were left with residual deficits." If a physician's responsibility had been only to his own clients he could not have recommended routine vaccination. And smallpox would still be with us.

(1) Collective denial and shared secrets about a multitude of problems, not just the incest. These include problems such as alcoholism and other addictions, major illnesses, family illegitimacies, previous marriages, etc.

(2) Duplicity and deceit between family members. The family goes to great lengths to protect itself and develops protective myths as defense mechanisms.

(3) Social isolation, which is generally enforced by the parents.

(4) Parents who are expert at manipulating the context of a situation and shifting reality. As an example, abuse, alcoholism, or other family problems are denied while their reality is, in fact, obvious.

(5) Role confusion and boundary diffusion both within and outside of the family.

(6) A child who is triangulated into the parents' marriage, which is often characterized by a failed sexual relationship. The child is used to defuse the situation and to keep the family intact.

(7) Poor tolerance for differences from the family norm and for anger and conflict.

(8) Overly moralistic. In some families, religious beliefs are quite rigid and intolerant and are used to cover transgressions. For example, the child is often faced with strong moral injunctions about sex outside of marriage and the evils of sexual temptation even while she is being sexually used and stimulated.

(9) No touch except for bad touch. Being abused comes to be equated with love.

(10) Inadequate parenting. Children grow up too quickly by having to attend to their parents' needs. Their own needs are unmet and their development compromised.

(11) Low humor and high sarcasm. Emotional abuse may characterize the interactions in these families. Children may be consistently criticized and belittled, with little or no encouragement. Praise or reward is lacking. These families are said to be "character and initiative-assassinating."

(12) Dead, missing or part-time parent(s). The job of parenting may be abandoned in favor of other activities (work, drinking, etc.).

(13) Children may be unwanted and treated that way. Herman (1981) documented enforced pregnancies among mothers

of incest survivors. It stands to reason that children conceived under such circumstances will be emotionally neglected or worse.

(14) Unpredictability and intermittent reinforcement. Like physically abusive families, many incestuous families are inconsistent towards children, who may be loved one day and abused the next for the same behavior. The child learns to "expect the unexpected" and thus is deprived of basic security. These families may also be inconstant in other ways. Family life may be chaotic and characterized by interchangeable family members (sequential live-in lovers and their families, step-siblings, or members of the extended family who move in and out), and frequent geographic moves (as in military families or evicted families). (15)

Violence and the threat of violence. The threat of violence may be always present even if violence is not exercised. In some families, actual violence is the norm and in the most extreme cases reaches the level of being tortured.

(16) No time for recovery and no one to turn to. The child may be so isolated and the abuse so pervasive that she has no opportunity to process it. Consequently, she contains it and copes as best she can. The most extreme form of such non-integration is multiple personality disorder, where experiences are split off into various personalities.

[Calof, D. (1987). *Treating Adult Survivors of Incest and Child Abuse*. Workshop presented at the Family Network Symposium, Washington, D.C., quoted in Courtois, C.A. (1988). *Healing the Incest Wound: Adult Survivors in Therapy*. W.W.Norton & Company, N.Y., N.Y.]

Our member writes "One would hope that a therapist whose client develops memories of incest would think it routine to check this list against the record. A call to the family's physician will probably give information about (2), (5), (10), (11), (12) and (13) and certainly give information about (1), (4) and (15). Checking with teachers and childhood friends will give information about (3), (7), (8) and (11). (All sorts of people will be able to comment about (11): low humor and high sarcasm are evident to almost everyone.) Not all of, but a good part of (14) is a simple matter of record: how many people acted as biological or adoptive or step-parents? How many people came in and out of the family as step-siblings? How many homes were established during the child's upbringing? As for (16), I am at a bit of a loss to understand why it is listed as a 'family trait' but I gather that the absence of MPD should be taken as a confirmation of false memory syndrome."

Legions of mental health professionals are in effect telling clients:

"Even though you experienced it (alleged sexual abuse), you can neither remember nor understand it. And even though I did not experience it, your repressed misunderstanding allows me to comprehend it better than you."

This is the kind of logic that only the Mad Hatter could fully appreciate.

Terence W. Campbell, Ph.D., April 20, 1993

Of particular note is the following advice, not to parents, but to therapists:

Procedures in the Diagnosis of Incest in Recovered Memory Cases

Paul R. McHugh, M.D., Johns Hopkins Medical School
from talk presented at
Memory and Reality: Emerging Crisis

A careful diagnostic procedure is critical in cases of incest accusation that arise in the context of the recovery of memories. Such accusations may eventually involve criminal charges.

(1) The first step is to find out the nature of the accusation in as much detail as possible.

(2) Next, we bring in the marital pair and examine each spouse separately. In the process, we ask intimate details of their sexual congress. We can then compare the responses and see the level of agreement.

(3) The third step is to:

(a) obtain the names of the physicians and hospitals to which the accuser may have been admitted during the time of the alleged accusations. We call them and inquire about the nature of the illness and ask if there was evidence of any other sorts of injury.

(b) obtain school reports and review these for any unexplained absences. We inquire as to whether the therapist or the accuser has also asked for information from these sources.

(4) If we note that there has been no injury and no unusual absences and if, in addition, there had been congruence in the parents' stories, we recommend a polygraph. Using information from congruency of parents stories, from physicians, hospitals and school reports, from knowledge as to whether the accuser and her therapist also requested this information and from the results from the polygraph, we make a judgment as to the probability of the truth or falsity of the accusations.

(5) At this point, we try to see the other therapist and share information that might be helpful to all parties involved. We naturally expect cooperation in these types of cases since that is what we usually have in all other types of cases. When such cooperation is not forthcoming, the issue of good faith efforts from the others is raised.

Two Research Reports of Interest

"Recollections of childhood: A study of the retrospective method."

Yarrow, M., Campbell, J.D., Burton, R.

(Laboratory of Socio-environmental studies, NIMH)

Monographs of the Society for Research in Child Development # 138, Vol. 35, No 5 August 1970.

This paper reports on a longitudinal study of a cohort of families in order to study retrospective memories of events and feelings. The first step was to record events and perceptions involving 30 parents/children in a nursery school setting. This provided baseline information. Be-

cause the children were so young, the baseline perceptions were mostly from mothers. Years later, the researchers recorded the mother's later recall and they also asked the children about these things—and then they compared the responses.

Some conclusions:

"When recollection is dissonant with present perception, the memory bends in the direction of the more immediate situation."

The authors noted that many years ago, Allport and Postman (1947) pointed out that inference is likely to flourish when persons are confronted with ambiguous evidence. "The less one knows or is actually privy to the original information, the more he can paint an exciting story unrestricted by facts. In general, recollection, by its very nature, collects and organizes ambiguities and hence is a ready medium for inference."

"We saw the operation of uniformly shared ego involvements that systematically revised recollections of earlier states of affairs. We found mothers' reports conforming to child care values current at time of reporting."

"Investigators intending to obtain subjects' recall of years ago—or only yesterday—would do well to reflect on the perspectives of their informants. . . Where there are specific theories of behavior and personality in the air, it is even more likely that the same implicit theories are shared by all, and repeatedly contribute at different stages of evidence, to give coherence to the findings."

We suggest that therapists who place their total reliance on retrospective reports review this study. (Among other things, it addresses complaints about laboratory findings.)

II

"Assessment of truthfulness in accusations of child molestation,"

Richard I. Lanyon, Ph.D., *American Journal of Forensic Psychology*, 11 (2) 1993.

Although this article is about accusations by young children in "real time," some of the findings may be considered in repressed-memory cases. The author notes that there have been significant advances in knowledge of false accusations.

First is increased understanding of the circumstances under which false accusations are more or less likely to occur. "A wide range of statistics has been offered on the frequency with which accusations of molestation are false, from almost zero to nearly 50 percent. It should now be clear that these figures have little meaning in the absence of knowledge about the specific circumstances of the cases."

Second is in procedures for identifying them. "No single test or procedure is adequate to address this very complex question. . . A review of the literature on wide-ranging clinical investigations regarding accusations of molestation shows agreement on the existence of four major

areas of potential information that should be explored: the child, the accused offender, the person who is promoting the accusation, and the overall context of the accusation."

We have written ad infinitum on the issues of the "child" and the "context." The child, now adult, is in therapy because of distress and the explanation of abuse gives a reason for the distress that leaves the client free of all responsibility. The therapeutic context and the processes employed to help recover memories are highly suggestible contexts for the client.

We have written little about the "accused offenders." The points made in the Lanyon article may help to give readers some understanding of the encounters alleged abusers have had with accusers or their therapists. Lanyon notes that the "Data which are considered to relate to the likelihood of molestation include the following: evidence

of prior molestation behavior, a history of difficulty with empathy, nurturance, and caretaking roles, social isolation and lack of social skill, a history of childhood physical abuse, lack of interest in normal sex partners, clinically significant personality disorder or psychosis,

excessive involvement with alcohol, and weak masculine identification. . ." (p 38)

In the cases that have been documented by FMSF, the conclusions about the behavior of the alleged perpetrator are taken entirely from the person making the accusation. The therapists have not met and evaluated the accused nor have they consulted with therapists representing the accused. This is an issue of concern to the accused.

Lanyon continues, "Clinical evidence suggests that in denying an actual molestation, it is not uncommon for the man to vigorously denigrate and vilify the child and other accusers, to loudly proclaim his innocence, to present unsolicited evidence of a frame-up, and to actively seek to influence the examiner and others with statements about the unfairness of the accusation, the financial burden, and the amount of personal suffering that is being forced on him." (p 38).

There can be little in the behavior of an accused person to distinguish falsely from accurately accused individuals. It is also obvious from this article that the accused people are assumed to be men. It is clear from this that anything that an accused person says is going to be used as evidence that the accusation is justified. We have no base line. What does a falsely accused person do? In the absence of baseline data, can reaction to an accusation, then, legitimately be used to make any kind of determination of accuracy of accusation?

"I have said many times that hate is like an acid that does as much damage to the vessel in which it is stored as to the object on which it is poured."

Ann Landers' March 30, Rockland (NY)
Journal News.

Our apologies if we didn't return your call. On the morning of April 12th, we had a desperately needed new phone system installed. The phone company apologized to us for emptying the message boxes, but they couldn't replace the 98 messages that were lost.

From Our Readers:

I

A Mistake?

We all make mistakes. Parents make mistakes. Children make mistakes. Even therapists could make mistakes.

Several years ago, my forty year old nephew told me that my father (his grandfather) sexually molested him when he was a very small child. I was shocked, hurt and confused. I couldn't believe my father could have done such a thing. My nephew, who has been in therapy for many years, revealed that this came out during "regressive" therapy.

I shared my nephew's story with my younger sister who has struggled emotionally with this as I have. A few weeks ago, she visited our younger brother who lives in another state and shared the story with him. When she did, he shook his head and said, "No, that was not Dad, that was me." He told her that at that time, he was a teenager who was experimenting sexually and that it was he who molested my nephew.

When my sister traveled to tell our nephew the truth, she said he became very detached and she got the sense he did not want to hear it. . . I feel there are many good therapists out there, but there are also many dangerous ones.

Aunt

II

Meeting with Accusing Child's Therapist

The meeting with my daughter and the therapist was the most devastating and numbing experience I remember ever having experienced. My daughter was supported by the therapist in a very emotional and angry tirade directed at me. The therapist insisted that I had had an abused childhood, that I was either deliberately or unwittingly withholding painful episodes of abuse involving myself, relatives or family friends. The more the therapist made these statements, suggesting things that I was 'denying', the angrier and more unreasonable became my daughter's tirade. It broke my heart to sit and watch and hear my daughter, whom I love with all of my being, hurting so very deeply. And I was unable to hug her or say anything, except to very feebly express my total bewilderment. The therapist in my presence, as though I were not there, pointed out to my daughter that not only was I a person who needed to control everything and everyone, I was also a "great denier."

A Mother

III

From Someone Who Always Remembered

We received letters and calls from people who tell us that they always remembered their abuse and that they have gotten on with their lives. One such person sent us a story she titled *Not My Fault Syndrome*:

If you are over-weight, nervous, scared, unhappy, unkempt, unloved, if you have lost your job, are poor,

lonely, over sexed, undersexed, you have no doubt been abused when you were a child. Have therapy and your memories will come back, this is what you read in newspapers, magazines, and hear on talk shows. I didn't have to have therapy. I remembered. . .

There was an article in the newspaper about a group starting for sexually abused adults. I thought I'd better go. The first night I was there twenty-four women came. What a relief to realize I wasn't the only one in the world that had been abused.

We each had to tell our stories. I couldn't believe the things I heard. . . What I couldn't understand is that all of them but two other women and I had been in therapy for three years. They were sitting with their teddy bears, crying and rocking. Seventeen women had no memories! For three years they met most every Wednesday night and talked about not being able to remember. But they were sure they had been molested at some time.

I went back for three weeks. One lady after three years remembered that when she was three months old her mother told her housekeeper she didn't feel like holding her. She cried as though she was going to crack up.

My heart aches for these women that are coaxed week after week to remember things they can't. I dropped out because I was beginning to get depressed because I wasn't crying over my past.

Everything you read where someone has committed murder, robbery or cheated, they are asked about their childhood. Everyone is on a kick of blaming everything but themselves. I had no control over what Dad did. But he wasn't even in my mind when I did the things I have done wrong.

A Survivor

IV

Dear Peace and Caring

We received several responses to a letter that appeared in the March Newsletter from person who said she was interested in hearing from the alleged perpetrators (instead of just their wives).

Dear Peace and Caring,

I do not want this person to empathize with me! S/he has no idea what s/he is empathizing with! This is so typical of the feminist idea that ALL men are perpetrators and that all women are victims. . . "I" do not carry a heavy load. It's heavy all right, but it is shared by my husband, my son, my daughter-in-law, my father, my aunt, my sister — well, you get the picture, the load is shared by the entire family. . . I'm not so great with words, but at any rate, whoever wrote this letter needs to know that she is hearing from the alleged offenders. I keep thinking a better question might be, "Do the feminists realize what they are doing to the very women who fought for women's rights back in the 50s & 60s, and who have made it possible for the young ones now to go out and receive equal pay or be able to achieve anything they aspire to?" They have just thrown the average woman to the wolves.

Accused Mom

Dear Peace and Caring,

I am responding to your request to hear from "alleged perpetrators." I am a mother of three grown daughters (two lawyers and a teacher). Four years ago, my eldest child (an intellectual inspiration and a joy in our lives) sought therapy from a social worker who also happened to claim to be a specialist in using hypnosis to retrieve memories of incest and abuse. Her offices held contents such as: baby bottles, receiving blankets and Teddy bears. Within months, a daughter who loved her family became a possessed, vitriolic being intent on getting me to confess to molesting her from the age of five.

She waited six months (detox period . . . she called it) and then came to my home with her therapist to make the incest allegations. After, the initial onslaught of disgusting descriptions, I asked her if she ever remembered telling me what a prude I was during the sexual revolution in the late sixties. Her answer was, "You did those things to me so I wouldn't turn out like you." How does one answer such an explanation?

Later on in her therapy, her memories included satanic activities including killing animals and drinking blood. That is when she lost the sympathies of her sisters who claimed they never remembered such things in our home. My poor child is terribly ill.

Accused Mom

V

Reuniting—A Father's Story

"I CAN'T ACCOUNT FOR YOUR MEMORIES." This is what I told my son in a meeting with him and his therapist after two years of separation. I believe this was one of several crucial ingredients in the process which has led to our reunion and reconciliation. Since I did not thereby confront his beliefs, nor violate my own, it was possible to proceed toward reconciliation. So many couples at the Memory and Reality conference seemed bent on vindication at the expense of reunion with their children. This may be an important distinction. My son did not become a retractor in this process, however.

FORGIVE AND FORGET was the advice he received from an older mentor in a liberal religious environment. A tract on love and forgiveness was cited to me by my son as a way to return to each other and I gladly accepted. This was the second crucial ingredient because it enabled our reunion through mutual forgiveness of all past wrongs.

Perhaps of equal importance to these two ingredients was his separation from his therapist and support group through lack of finances. He was evidently limited there to friends like his church associates. Our daughter-in-law was believing and supportive of our son in the first year of his agonizing "recall" in therapy sessions. But the pic-

ture he was creating of childhood abuse in no way matched her knowledge of us. She insisted on maintaining the family connection, especially for our grandchildren. All throughout his struggle with his belief in recovered repressed memories he also wanted to preserve his place in the family circle. His older brother did not support him, but his younger sister did in a limited and ambiguous way.

Through my non-confrontational meeting with my son and his therapist, and his subsequent meeting with my wife and her therapist, we somehow cleared the way to reuniting all our family group. We all spent a week together during the Christmas holidays and more recently my wife and I spent two days at Easter with him and his

family. He seems like our loving son of old, although we dare not discuss the repressed memory issue. We do not know how or if he has resolved this issue, but suspect it may lie in the realm of believing I was a multiple personality or he lived a past life. This is only conjectural.

I never had any objective other than getting my son back. It isn't a perfect solution, but with time I think our relationship will return to normal. Our connection with our grandchildren remains intact, a blessing of monumental proportions which we owe to the determination of our daughter-in-law. Of course, we will never take the risk of being alone with the grandchildren until we are certain the confabulations have been recognized by our son.

I did not meet anyone else at the conference who had such a reconciliation. So this story may be of more than ordinary interest. I was overwhelmed by the multitude of family tragedies gathered in one room while feeling hopeful because of the uniformly excellent papers presented. May there be more reconciliations such as ours. There is hope.

A Father

San Francisco Examiner Articles

Order copies of the outstanding series of six articles by Stephanie Salter and Carol Ness directly from the San Francisco Examiner. Cost is \$2.10 Don't miss these important stories about FMS families that have created such a stir across the country.

Send \$2.10 directly to:
San Francisco Examiner
Buried Memories Reprint
1405 12th Ave
San Francisco, CA 94122

Thank You FMSF Phone Volunteers and Liaisons

Electronic mail, fax machines and telephones help us to stay in touch with outstanding volunteers across the country. We've had a busy month and added almost 600 new families to the count. We've talked to an even greater number of professionals during this period. This is only possible because of your wonderful support. Thank you.

Do you want to continue to receive
the FMSF Newsletter?
Check FMSF Membership and/or
Subscription information
in this newsletter.

Important Organizational Notice

As the number of families who have contacted the Foundation approaches 4,000, (by the most conservative estimate that would be 20,000 individuals for nuclear families and at least 40,000 individuals if extended families are included) coordination of our activities becomes essential. This process is not easy, particularly since families are deeply concerned and inclined to become proactive. We encourage the participation of all families in the best interests of all of us, and many of the families are helpful participants on a volunteer basis. It is particularly important that we have an active exchange of information and that our points of view gain national attention. On the other hand, activities of groups of families or individuals must be carried out following advice to, and consent of, the Foundation. It is entirely appropriate for groups of families of members to meet and to suggest to the Foundation actions to be taken. But, such groups should not attempt formal chapter organization nor should they or members thereof speak for the Foundation in any public manner. We are sure that you will understand the necessity for such controls. Contact the Foundation prior to taking any action of a public nature. We wish to be perceived as speaking with one voice.

A meeting is being planned for September or October 1993 for state representatives or liaisons. At that meeting we will clarify organizational plans for state level groups. The next three months should be used to lay the groundwork for that meeting and those plans. Legal issues, financial issues, insurance issues must be addressed. If we are going to do something, we must do it correctly.

Please remember that one year ago, May 1, 1992, we rented the first office space. We were aware then of 309 affected families and that seemed a great many. What has taken place during the past year in terms of opening up discussion and questions on this subject has been nothing short of phenomenal. That has happened because of your

"I know all families affected by this tragedy feel the same, but I still cannot believe it has happened to us. A year or so ago, I would have scoffed at any suggestion my beloved daughter would point a finger at me for abuse allegedly occurring 20 years ago. I still cannot believe it."
A Dad

WHERE DO 3,681 FAMILIES LIVE ? MAY 1, '93

AK(8)	AL (12)	AR (10)	AZ (117)	CA (679)
CO (61)	CT(41)	DE (13)	FL (153)	GA (41)
HI (5)	IA (30)	ID (17)	IL (131)	IN (29)
KS (38)	KY (13)	LA (14)	MA (98)	MD (53)
ME (18)	MI (119)	MN (69)	MO (78)	MS (2)
MT (19)	NC (41)	ND (4)	NE (18)	NH (14)
NJ (99)	NM (32)	NV (19)	NY (162)	OH (123)
OK (34)	OR (76)	PA (212)	RI (9)	SC (13)
SD (9)	TN (24)	TX (120)	UT (146)	VA (52)
VT (18)	WA (186)	WI (123)	WV (1)	WY (5)
DC (6)	VI (1)			
Canada -	AB (17)	BC (39)	MB (38)	NS (6)
ON (141)	PQ (4)	SK (7)	PE (1)	
England(6)	France (2)	Ireland (1)	Israel (2)	Germany (1)
Australia (1)				

Each family represents many people.

efforts and your restraint.

It is essential that we proceed in a calm, reasoned and professional manner if we are to resolve this issue with the desperate speed that we all feel. We do not want to repeat the mistakes that have allowed this phenomenon to flourish.

The telephone number that should be publicly announced on radio or TV or published in the newspaper is the number to the Philadelphia office. **800-568-8882**.

The reasons for this policy are as follows:

1) FMSF is first a research organization that is documenting the extent of this phenomenon. There is a standard procedure that is followed for phone interviews. We currently have in our files hundreds and hundreds of "Maybe's." Maybe's are names that are given to us as families that are affected by FMS but for whom we do not have the standard documentation information. Unless we have complete and standard documentation, we do not add these people to the count of affected families. (For example there are now 25 families in England but without documentation do not include them.)

2) Publicity generates a great number of calls from a wide variety of people. Only a portion of those calls are from affected families. FMSF has staff trained to answer specific types of questions.

3) There is an incredible amount of confusion about this topic. We must keep information and contact as simple and direct and focused as possible. We want to proceed in ways that will allay fears and calm anxieties.

4) Most liaisons are not set up to handle the volume or variety of calls that can result from publicity nor do they want their numbers made public.

Thank you for helping with this.



Many people have written to ask what the American Association of Retired People is doing to address the problem of FMS which directly affects AARP members. We have spoken to Teresa Varner, Director of Public Policy, who told us that she would bring up this subject with the Council that decides on priorities for AARP. If you wish to inform AARP about the FMS issue contact:

Teresa Varner
 Director of Public Policy
 American Association of Retired People
 601 E Street NW
 Washington DC 20049

**MEMORY & REALITY: EMERGING CRISIS
CONFERENCE PAPER ORDER FORM
AVAILABLE MAY, 1993**

SPEAKER PAPERS

<i>speaker.</i>	<i>title.</i>	<i>COST</i>
Freyd, P., Roth, Z., Underwager, R. Wakefield, H.	<i>FMSF Family Survey Results</i>	___\$ 4.00
Gleitman, H.	<i>Reflections on Memory</i>	___\$ 5.00
Lief H.	<i>Opening Remarks, Perspectives on Recovered Memories</i>	___\$ 1.00
Lipton, A.	<i>FMSF Legal Survey Results</i>	___\$ 2.00
Neisser, U.	<i>Memory With a Grain of Salt. , Invited Address</i>	___\$ 4.00
Perry, C.	<i>The Problem with Hypnosis ...</i>	___\$ 4.00
Slovenko, R.	<i>Memory and the Statute of Limitations</i>	___\$ 4.00
Smith, S.	<i>...Survivor Psychology</i>	___\$ 5.00

ROUNDTABLE SUMMARY SHEETS

<i>speaker.</i>	<i>title.</i>	
Althaus, R.	<i>Picking Up the Pieces</i>	___\$ 1.00
Farbes, K.	<i>Telling Others</i>	___\$ 1.00
Pietrofitta, S.	<i>The Non-Accused Parent</i>	___\$ 1.00

Also available

Loftus, E.	<i>Reality of Repressed Memories</i>	___\$ 4.00
Ofshe, R.	<i>Making Monsters</i>	___\$ 5.00
FMSF	<i>Meeting your accusing child's therapist</i>	___\$ 3.00
FMSF	<i>1992 Newsletters March through December</i>	___\$ 8.00

Total Cost \$ _____

Price includes postage and handling.
Money order or check in U.S. Dollars please
Payable to FMS Foundation

Name _____ Phone _____

Address _____

City/State/Zip Code _____

The Accusations

Who is accusing? N=281
 Female 92.2% Male 7.8%

First born=41.7% Middle children =35.8% Youngest=21.6%

Some of the accusations N=283

Accusations	Families(%)
Vague	32.1%
Don't know	12.7%
Fondling	13.8%
Molesting	7.1%
Intercourse	10.6%
Rape	21.6%
Sodomy	9.2%
Murder	4.6%
SRA **	18.0%
Oral sex	23.7%

** Based on data collected in an open question and in a closed question

The accusing child claims memories from age: N=222

Age range	Accusations(%)
0>age<=1 (greater than 0 less or equal to 1)	12.6%
1>age<=2	20.3%
2>age<=4	30.6%
4>age<=6	20.3%
6>age<=8	7.6%
8>age<=10	3.2%
10>age<=12	1.3%
12>age<=14	3.2%
14>age<=16	7%
16>age<=18	0.9%

How old was the accuser when first accusing? N=266

Age	Percent
15 to 19	3.5%
20 to 29	31.6%
30 to 39	49.2%
40 to 49	15.0%
50 to 59	0.7%

How many years repressed? N=281

Period	Percent of Families
Less than 10	1.4%
10 to 19	9.6%
20 to 29	33.1%
30 to 39	30.6%
40 to 49	7.1%
Don't know	18.1%

Who is accused? N=281

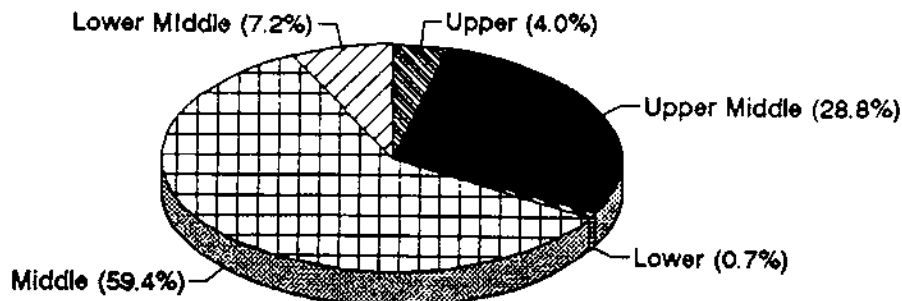
Who	Rate
Father(only)	61.6%
Mother(only)	2.1%
Both	28.5%
Siblings	10.0%
Grandparents	14.2%
Others	21.0%

History of psychiatric or psychological treatment N=273

Period	Yes	No	Don't know
Childhood	9.5	82.4%	8.1%
Adolescence	19.1%	72.5%	8.4%
College	20.1%	53.5%	26.4%
Adult	63.7%	15.7%	20.5%

Parents' Socioeconomic Status

(N = 278)



Socioeconomic status when accusing child was growing up.

Memory and Reality: Emerging Crisis
 FMS Foundation Conference
 April 16-18, 1993
Audio-Video Material Order Form

Video Tapes - \$22.00 Each	Entire Set (9 Tapes)	\$175.00
Audio Tapes - \$ 6.00 Each	Entire Set (9 Tapes)	\$ 48.00

Price includes Shipping and Handling

Make checks payable to: Aaron Video

Allow 3 - 4 weeks for delivery

Tape #	Title (Speakers)	Audio	Video
1.	A Mental Health Crisis <i>(Whybrow, Ofshe, Freyd et al, Singer, Dawes)</i>	__6.00	__22.00
2.	Invited Address: Memory with a Grain of Salt <i>(Seligman, Neisser)</i>	__6.00	__22.00
3.	Memory: The Research to Date <i>(Lief, Dinges & Orne, Perry, Loftus)</i>	__6.00	__22.00
4.	Epidemiography of FMS <i>(deRivera, Berliner, Victor, Smith, Leggett)</i>	__6.00	__22.00
5.	Perspectives on Recovered Memories <i>(Lief, McHugh, Ganaway, Frankel)</i>	__6.00	__22.00
6.	Panel of People Who Rejected False Memories <i>(Goldstein, Singer)</i>	__6.00	__22.00
7.	Legal Issues: What Do Lawyers Need? What Do Scientists Have? <i>(Richette, Lipton, Rogers, Craig, Green)</i>	__6.00	__22.00
8.	Legal Issues: Did the Crime Occur? <i>(Beck, Slovenko, Emon, Garver, MacLean)</i>	__6.00	__22.00
9.	Closing <i>(Freyd, Gleitman)</i>	__6.00	__22.00
10.	Complete set of tapes	__48.00	__175.00
TOTAL		_____	_____

NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

All orders must be prepaid.

Mail order form to:
Aaron Video
 6822 Parma Park Blvd
 Parma, OH 44130

Do you want to continue to receive the FMSF Newsletter ? If the answer is "yes" you may need to let us know.

Picking up the pieces

We have had six more "retractions" in the past month and more than a dozen families tell us that some sort of contact had been reestablished with their accusing child. Of the "reestablishment of contact," so many are starting with no talk about the accusations of abuse that we can say that this is the pattern. As these stories unfold, we will tell them.

Five of the retractors are women who had determined that their memories were false before they ever heard of FMSF. They were all situations in which the patients had been hospitalized with a diagnosis of MPD, and they all had had memories of satanic ritual abuse. All of the five are very angry about their experiences and are in some stage of legal action. What caused them to give up their memories? That's what everyone wants to know. What is the wedge that unlocks the closed confused logic system? We need to know more before we understand although it seems that insurance plays a role.

One of these five women, all of whom are in their 30's, called to tell us that she wanted to meet with her parents but that they would not see her. "They were not ready," she said. "Please send them information," she asked, and we did. We spoke to her parents on the phone and explained that their daughter's experience was not unique. A family get-together followed.

The sixth retraction was different. In this case the father had been in contact with FMSF for many months. He called recently and through the tears read us this letter:

"Dear Daddy,

I love you very much. I am writing to say that I am sorry for what I've done to you and our family. I have made a grave mistake. I finally realize how deceiving our minds can be. My life back then was in a turmoil and I was very confused.

I will not pass the blame to any other. I take full responsibility because God has given each of us a will and choices to make. I made a bad choice.

It has so saddened me to see you crushed by my actions.

And I'm sorry that all this time has gone by to get me to this place of humility and honesty.

God vindicates the innocent. He sees your innocence and I finally see it too. I love you very much.
M . .

The young woman who wrote this letter is in her 20's, was not hospitalized and never fully lost contact with her father, the one she accused. She relates that she heard a sermon made in the religious organization with which she is affiliated. The sermon made the point that

memories can be unreliable. For this woman, just hearing an alternative view seemed to be the wedge. But this family is still hard at work on reconciling. The mother had become alienated from her husband when she was told that she must validate her daughter's memories. Where does that leave the mother and father? We are appreciative to this family for keeping us informed of how they deal with these issues.

An apology and a retraction does not end the family disruption caused by unvalidated accusations, the cruel confronting, the obsessive anger and the unilateral cutting off. It's probably impossible to undo the countless divorces between parents when one is accused and the other not and between people with memories and their questioning spouses. Probably it is possible to patch up the extended family situations in which relatives have cut off the person with memories to seal off the pain or because they are disgusted by the behavior.

It is critical that we learn more about this phenomenon and how it is spread. Are therapists also victims? We have been reading and rereading course outlines, seminar descriptions, conference talks and popular survivor books. What we have found is that therapists have been given a clear "map" of what they are supposed to do. Are we in danger of "dumping on" social workers and counselors who in good faith have gone to continuing education programs to upgrade their professional skills? When nurses are offered credit courses in how to analyze handwriting to find past trauma, for example, is it appropriate to be angry at the nurses if they then use this technique?

The field of mental health is in its infancy. In the past decade it has grown unregulated and unmonitored. The FMS phenomenon brings to the fore the need for mental health professionals to critically reexamine their fundamental assumptions and practices. Such critical reflection has never been known to harm any people or any fields.

"Have patience. You never know when something or someone will cause a change in your loved ones and lead to the end of your personal tragedy"

From a family that has reconciled

"For two and one half years whenever friends asked, 'How are the children?' I've lied and said, 'They're OK.' But I can't do that any more. Now when people ask, I tell them the truth. Although I am sorry that they are shocked and saddened by the story that my daughter 'recovered memories of abuse,' I confess that I feel liberated, as though a great weight had come off my shoulders. We love our daughter and don't want to harm her or make it difficult for a potential reconciliation, but pretending to others that this did not happen really would be 'in denial.'"
A Mom

This poem hangs under our daughter's picture

A precious one from us is gone.

A voice we loved is stilled.

A place is vacant in our home

Which can never be filled

A Dad

Professional Support

The majority of the mail that we receive is remarkably supportive. Many of the letters from professionals make statements far stronger than any we have made about the current situation. This is an example.

"A new cottage industry has been spawned, between attorneys, therapists, and patients, especially very expensive inpatient units, financed by the alleged perpetrator's employers now turned benefactor via a deep pocket of insurance. Abuse does occur in children or other victims, but the proliferation of these suits, their more than coincidental similarity, and the fact that they are always the same therapists and attorneys have produced, frankly, an embarrassment to our profession when we enter the court room."

Our Critics

If there's smoke is there fire?

Is an accusation evidence of guilt? The reality of sex abuse accusations is that the accused persons are considered guilty. If an accused person confesses he or she is considered guilty and if he or she protests innocence, he or she is said to be "in denial" and thus also guilty. Even those who say that it is improbable, for example, that someone could remember being abused at age six months will say, "Something funny must have gone on in that family."

The following quote was included in a news report of the Memory and Reality: Emerging Crisis conference in the *Philadelphia Inquirer*, April 19, 1993 and is an example of the fact that an accusation is evidence of guilt in the minds of people. "Groups such as the FMS Foundation should be called 'Perpetrators Anonymous—usually it's the man who's the perpetrator, and he has gone to this (group) to get some kind of support and defense,' said D.D. Henry, co-founder with Van Derbur Adler of a major support organization for childhood abuse survivors called Survivors United Network."

Liability for Spouse's Abuse

"Mothers in two unrelated cases have been held liable, apparently for the first time, for failing to protect their children from sexually abusive spouses," according to a report by Mark Hansen in the *ABA Journal*, February 1993. In both of these cases, in which the fact that abuse occurred is not at issue, the parents did not have assets to pay multimillion dollar judgments. "But both couples have homeowners' insurance policies that, while excluding coverage for intentional wrongdoing, do cover claims for negligence. . . Lawyers for the victims said the awards show that the public is becoming far more aware of the problem of sexual abuse against children in the home and far less tolerant of those who would cover it up."

News from the States

Washington - Even more on Victims' Compensation Fund. Matt Love, a writer in Olympia, Washington, sent us the following information.

After reviewing the Washington State Institute for

Public Policy, "Findings from the Community Protection Research Project: A Chartbook" he called to speak with one of the authors. "First, the author pointed out that the figures are now lower (the \$9,000.00 has come down to \$3,500.00 due to administrative changes. Furthermore, she said they are bringing down all costs of the program, not just this aspect. . . She suggested that I call the person who administers the Crime Victims Compensation Program at Labor and Industries."

The fund administrator "acknowledged the possibility of memories being implanted, rather than recovered in the therapeutic process, but insisted that repressed memory is a real phenomena, and he 'wouldn't give the time of day to somebody who says that there is no such thing as repressed memories.' He said 'that people are admitted to the program if they meet criteria as established by law.'

"I went down to the library to locate the law. . . When I told the Archivist that I was looking for the Bill Folder for Senate Bill No 6259, she said, 'Ah, yes, The infamous one. . . We've just gotten a lot of requests for it since it passed.'

"As I went through the materials, I was dismayed by the paucity of information. . . A picture did emerge: the Bill was passed in the aftermath of the murder of a Seattle woman by a convict out on a work release program, and the sexual mutilation of a child. I remember both these stories vividly. People were up in arms. . ."

It isn't clear how the repressed memories became a part of the bill. Matt suggests that perhaps someone noted that "72 hours isn't enough time for victims to report the crime . . . it's very traumatic for the victim. We need to give them a whole year. And we've got to have a section in there about repressed memory. It's real; it happens." We don't really know what happened.

"So my take on this is that there was probably never any real scrutiny of this at all. . . Now I'm looking for new lines of inquiry; maybe to try to get a look at the guidelines Labor and Industries uses *internally* to evaluate claims . . . try to get some idea of the number of claims and the percentage of accepted and rejected. . . Everybody was quite helpful."

No one is denying that people who were victims of sexual abuse as children and who for whatever reason could or did not speak about it may deserve compensation in adulthood. Curiosity has been aroused, however, as to how or why the amount of awards for repressed memory cases at any point in time seemed so out of line with other compensation.

Texas court says therapists' mental health records are open as reported in *Psychotherapy Finances 18* (12) 224, 1992. "A Texas appeals court has ruled that the mental health records of a court-appointed therapist-witness can be subpoenaed in cases involving child welfare. Based on the ruling in *Cheatham v. Rogers* (No 12-19-00112-CV), attorneys may examine these records and question the therapist about any aspect of the material that could have an impact on the professional's testimony and opinions."

"Texas therapists have been told that:

(1) Their psychological and psychiatric records may be subpoenaed.

(2) They may have to bear the expense of an attorney to file protective orders, unless the client is willing to pay.

(3) Personal information may be explored in court if it appears in mental health records."

One Texas attorney has suggested that this ruling might potentially lead to a situation in which a therapist's expert testimony in a child custody case might be discounted as biased if records reveal that the therapist was abused as a child.

Utah parents may have their complaints considered by the state licensing board. In respect to Investigation of Unprofessional Conduct by Psychologists(s) a lawyer has informed a parent of the following:

Section 1 (of the applicable statutes in Title 58, Chapter 25 of U.C.A. 1953) explains that the purpose of licensing is to "protect the public from unprofessional conduct by persons licensed to practice psychology."

Section 13 says that the "division shall administer this chapter as described in Chapter 1."

Section 58-1-6, U.C.A. 1953 provides that "any person governed by the laws and rules administered and enforced by the division" (is subject to investigation).

The report notes that "there is no express restriction to investigations being undertaken only upon the complaint of the patient or client of a psychologist, nor can any fairly be implied . . . it is obvious that malpractice or unprofessional conduct of such mental health providers can injure many other persons than the client or patient, hence investigations should be undertaken whenever a risk of substantial harm to the public and any of its members seems likely." In Utah, the director of the division makes the decision as to whether to investigate.

If the director will not investigate, "recourse is to the board and failing that to the County Attorney, the Attorney General and the Governor, successively."

Just when you think you've heard it all!

A support group for adult children of dysfunctional affluent families will be formed by psychotherapist Jessie O'Neill as reported in the *Milwaukee Sentinel*, Nov 27, 1992. This is to help "victims of the difficult and debilitating effects of affluence."

Meetings/Notices

Professionals and Parents in Support of the FMS Foundation

To place a notice in this column for June, please be sure that we receive the information in writing by the 25th of May. Please mail or fax your notice Attn: Nancy.

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

Arizona

June 12, 1993

Contact Jim 602-860-8981

California

Greater LA area - call 909-985-7980

Notices will be sent by area for other groups

Cleveland, Ohio

June 24, 1993

Pamela Freyd, Guest Speaker

Holiday Inn - Rockside & I-77

Confirm reservations, 216-888-7963

Call before 6/21/93

6:30 Dinner \$20.00 per Person

Program 7:30 p.m. No Charge

Colorado

Meetings on the 4th Saturday of each month

May 22, 1993, 1:00 P.M.

Cherry Creek Branch, Denver Public Library

3rd and Milwaukee

Call Roy 303-221-4816

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

Michigan

The Michigan 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.

New England Area

Sunday, June 13, 1993, 1:00 P.M.

Chelmsford, MA

For details call Jean at 508-250-1055

New York - upstate

Contact the FMSF office (215-387-1865) if you wish information about meetings in upstate New York.

Philadelphia/South Jersey

Second Saturday of each month

1:00 P.M. same place

Call 215-387-1865 for details

United Kingdom Affiliated Group

Adult Children Accusing Parents

Parents with relatives in the UK can contact Roger Scotford at ACAP on (0) 225 868682

Do you want to continue to receive the FMSF Newsletter? Read on . . .

Our policy to date: Over the past year we have mailed the FMSF Newsletter to virtually everyone who has requested it. Each month, however, the circulation has increased. In April well over 5,000 copies of the Newsletter were mailed to families and professionals in the United States and Canada, as well as Europe, Australia, and Asia. Each week hundreds of new requests for information packets, which contain recent copies of the FMSF Newsletter, are filled. The rate of growth has been phenomenal. We have found it necessary, therefore, to implement a new policy, as follows.

As in the past, Newsletter subscriptions to Family and Professional Members of the False Memory Syndrome Foundation are included in the annual dues. The dues support the research and education efforts of the Foundation.

Those who are not members of FMSF, but received a complimentary subscription to the Newsletter during the past year, may purchase a 1993 subscription (10 issues annually, beginning with the January issue) for the cost of printing and mailing. (Please refer to the Subscription Rate Schedule published on the Masthead. Due to the high cost of overseas Air Mail, Canadian and foreign subscription rates are more costly.)

If you wish to subscribe to the FMSF Newsletter for the first time, back issues (to January 1993) will be mailed to you when your subscription begins. Please complete the information on the enclosed Subscription Order Form and return it with your check or money order, in U.S. dollars, to FMS Foundation.

1992 FMSF Newsletters from March, 1992, when the organization was formed, through December 1992 are available for \$8.00. See page 8.

FMSF Membership and Newsletter order form enclosed in this issue.

This is the last complimentary FMSF Newsletter that you will receive.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1993 subscription rates: USA: 1 year \$20, Student \$10; Canada: 1 year \$25; (in U.S. dollars); Foreign: 1 year \$35. Single issue price: \$3.

FMS Foundation
3401 Market Street, Suite 130
Philadelphia, PA 19104-3315
Phone 215-387-1865
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director
FMSF Scientific and Professional Advisory Board
May 1993

Terence W. Campbell, Ph.D., Sterling Heights, MI; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D. University of Pennsylvania, Institute of Pennsylvania Hospital, Philadelphia, PA; Fred Frankel, M.B.Ch.B., D.P.M., Beth Israel Hospital, Harvard Medical School, Boston, MA; George K. Ganaway, M.D., Emory University of Medicine, Atlanta, GA; Martin Gardner, Author, Hendersonville, NC; Rochel Gelman, Ph.D., University of California, Los Angeles, CA; Henry Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Lila Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Richard Green, M.D., J.D., UCLA School of Medicine, Los Angeles, CA; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; Philip S. Holzman, Ph.D., Harvard University, Cambridge, MA; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; John Kihlstrom, Ph.D., University of Arizona, Tucson, AZ; Harold Lief, M.D., University of Pennsylvania, Philadelphia, PA; Elizabeth Loftus, Ph.D., University of Washington, Seattle, WA; Paul McHugh, M.D., Johns Hopkins University, Baltimore, MD; Harold Merskey, D.M., University of Western Ontario, London, Canada; Ulric Neisser, Ph.D., Emory University, Atlanta, GA; Richard Ofshe, Ph.D., University of California, Berkeley, CA; Martin Orne, M.D., Ph.D., University of Pennsylvania, The Institute of Pennsylvania Hospital, Philadelphia, PA; Loren Pankratz, Ph.D., Oregon Health Sciences University, Portland, OR; Campbell Perry, Ph.D., Concordia University, Montreal, Canada; Harrison Pope, Jr., M.D., Harvard Medical School, Cambridge, MA; Louise Shoemaker, Ph.D. University of Pennsylvania, Philadelphia, PA; Margaret Singer, Ph.D., University of California, Berkeley, CA; Ralph Slovenko, J.D., Ph.D., Wayne State University Law School, Detroit, MI; Ralph Underwager, Ph.D., Institute of Psychological Therapies, Northfield, MN; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN.

False Memory Syndrome Foundation

The FMS Foundation has been granted tax exempt status by the IRS.

All contributions are tax deductible. The identity of donors is confidential.

Membership Dues (March 1, 1993 - Feb 28, 1994) - \$100 (family) \$125 (professional)

Membership supports the services of the Foundation and helps defray the cost of packets to new families, professionals, people questioning their memories and press; the telephone help-lines, your newsletter and other special mailings. Membership also entitles you to discounts at special events. (This is a suggested amount. We understand that the accusations and/or legal costs have devastated the finances of some families. We are also aware that many younger siblings who are just beginning their own families are the ones who have initiated contact because their accused parents are too distraught and depressed to do so. Do what you can.)

Special Contributions - \$500 \$1,000 \$5,000 \$10,000

Contributions are essential if we are to increase the support we offer families, continue the survey of families, support research into the best treatment for the restoration of the victims, encourage new research into the phenomenon, plan a conference, and write and publish materials. Foundations prefer to support an organization that can show the strong support of its members.

Mail contributions to:

FMS Foundation
Suite 130
3401 Market Street
Philadelphia, PA 19104-3315

I wish to support the work of the FMS Foundation.

(U.S. dollars or money order please)

I enclose my 1993 family membership dues of \$100.00_____ (includes newsletter)

I enclose my 1993 professional dues contribution of \$125.00_____ (includes newsletter)

I enclose/pledge additional contribution of \$_____

1993 subscription to FMSF newsletter__ \$20; Canada__ \$25; Foreign__ \$35; Student__ \$10.

Name: _____

Address: _____

Phone (h) (____) _____

Phone (w) (____) _____

Fax (____) _____

My interest is personal_____ professional_____

NON-PROFIT ORG.
U.S. POSTAGE
PA 10
PHILA., PA
PERMIT NO. 1408

FMSF Foundation
3401 Market Street - suite 130
Philadelphia, PA 19104-3315

Do you want to continue to receive the FMSF Newsletter ?

If the answer is "yes" you may need to let us know.