

FMS Foundation Newsletter

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March 8, 1994

Dear Friends,

"What do you think of Cook?" "How will this affect the work of the Foundation?" These were some of the many questions we were asked this past week as a result of the dismissal of the ten million dollar lawsuit against Cardinal Bernardin. We replied:

"We think that Cook has shown a great deal of courage. It is difficult to say, 'I made a mistake.'

"Cook stated that if he had known at the time what he knows now, he would not have brought the charges. That is dramatic evidence for the desperate need to bring accurate information about the nature of memory and the use of memory enhancement techniques to the public and to the profession."

Many people acted upon the best information that they had at the time in this FMS phenomenon. Many of us have made mistakes. As more accurate information about the reconstructive and reinterpretative nature of memory has become better known, we can change our minds. Will we show the courage of the hundreds of retractors?

"Some memories are surely true, some are a mixture of fact and fantasy and some are false." Can we step back and question our assumptions? Can we see the circular thinking in which we become mired when we believe that the proof that something happened is that we forgot it?

We are facing both an immediate crisis and a long term issue. The short term crisis is to help the thousands of people who have had their families torn apart and to reexamine the cases of those who have been put in prison solely on the basis of recovered memories. The long term issue is to do the things that are necessary so that this particular mistake doesn't happen again. That will likely mean institutional change in education, better licensing and monitoring of mental health workers.

What can be done immediately to relieve the crisis? The professional organizations must state the "standard of practice" to be followed when memories of sexual abuse arise in therapy. Given the serious criminal nature of the accusations, it is fundamental that caution and care dictate that all parties, including the accused, the accuser, and perhaps the therapists, be required to have complete medical and psychiatric evaluations by independent professionals with experience in forensic issues of child sexual abuse. The accused are asking for this kind of evaluation, but the accusers and their therapists refuse.

Why do they refuse?

"These are not political matters. These are criminal matters. Science can go on debating about repressed memories. The lives of the poor women who fall into the hands of therapists and friendly lawyers are not part of the scientific game. These lives are unique. These are our children."
A Dad

The rate of growth in the number of families contacting the Foundation has continued. The staff has not grown. We have been able to answer calls, respond to mail, and send out information only because of the help of volunteers in the office and across the country. Have so many doctors, lawyers, professors, or executives ever stuffed so many envelopes? Thank you for your help.

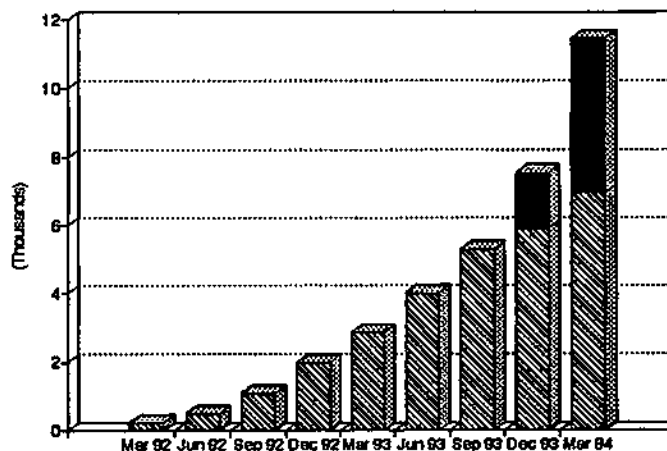
The chart below shows the number of families who have contacted us. It is a conservative accounting. The striped bars indicate that we have details about the family situation. The solid bar indicates that callers or writers have said that they had a family problem, but we do not yet have details. We repeat what we have stated many times: we do not know the truth or falsity of any of the reports that we receive. It has been the patterns that have emerged that have caused the alarm. Those patterns include:

- use of memory enhancement techniques, (hypnosis, sodium amytal, dream interpretation, guided imagery, participation in survivor groups, body massages, etc)
- refusal to discuss the issue, ("For us to have any further relationship, I require that you admit to what you did." - Australian Dad),
- cutting off of contact with the family ("My daughter told me that in order for her to heal, she must remain separate so that she can work through her problems unhindered and therefore she was establishing 'boundaries' and we were not to write, call or visit until further notice." - A Dad).

The number of articles in newspapers and magazines and the number of reports on television has also been great. Indeed, it seems that the time has arrived for us to say that FMS is no longer an emerging crisis. The crisis is recognized by the media and most professionals as such. It is now time to solve the crisis.

We are going to postpone the announced national conference so that we can refocus our direction. There will be a continuing education program for professionals sponsored

by the University of Kansas on October 7-8 entitled, *Childhood Sexual Abuse and Memory: An Exploration of Current Controversies*. There will be an FMSF national conference for parents and professionals at Johns Hopkins University in late October or early November. Continuing education credits will be available. The program will be *Memory and Reality: Reconciliation*. We will keep you informed of these events.



Number of Cases Documented
Mar 92 - Mar 94

Pamela

SCIENCE OR BELIEF SYSTEMS?:

LEARNING FROM FACILITATED COMMUNICATION

This past month, CBS's *60 Minutes* produced a documentary about Facilitated Communication (FC), the system by which therapists hold the hands of autistic children over a keyboard in the belief that the children will point to the keys in order to communicate. Children who have never written anything are claimed to be able to write stories and express their feelings. Many of the reported stories include accusations of sexual abuse. Children have been removed from their homes and legal actions taken on the basis of reports of abuse arising in FC.

The *60 Minutes* program supports another documentary on this topic by PBS's *Frontline*. The evidence is solid, clear, and dramatic. The claims of Facilitated Communication come from "belief" and not from science.

These two documentaries are extremely important in the insight they bring to the FMS phenomenon. The therapists are good caring people who want to help children. They are not trying to plant memories. Because their own belief is so strong, however, they cannot see the influence that they themselves have in the creation of the reports. These two documentaries are dramatic evidence why clinical reports by themselves are not sufficient, and why scientific methodology is also necessary to confirm theories.

In addition to video documentation of the eyes of the therapists focused on the keyboard while the eyes of children wandered, a simple experiment was used that demonstrated unequivocally that the reports (including abuse reports) were coming from the therapists. Children were shown one set of pictures and facilitators were shown another. If the reports were coming from the children, then the pictures that the children saw would be the ones described. In test after test, however, it was the therapists' pictures that were written about.

The reports, including those of sexual abuse, came from the therapists, but they believed adamantly that the reports came completely from the children. When shown the video of the experiments, some people still clung to their original belief. For example, one person said that the program just wouldn't work in a testing situation. One parent acknowledged that he simply needed to 'believe.' Others revised their opinion about Facilitated Communication. One therapist said that he cried because he felt that he had misled so many parents.

The example of Facilitated Communication is stunning. To move from "belief" to evidence of a theory, there must be both clinical and scientific methodology.

What do therapists say about memory?

What do memory researchers say about memory?

There is a gulf between what memory researchers and therapists say about memory. Note the following comments

that appeared in, "Abuse memories trigger double-edged debate" by Michael O'Brien, *The Hour*, Norwalk CT, Feb. 5, 1994:

Ronald Salafia, a psychology professor at Fairfield University specializing in memory, said any memories from infancy are highly suspect at best. "Normally, no one has memories until at least 2 or 3, and sometimes 3 or 4. Before that, memories are not stored in a fashion that's retrievable.

Salafia also refuted the so-called 'videotape' theory of memory espoused by many therapists who claim that patients under hypnosis can play back a tape of their past. "That's just utter nonsense," he said.

"Not so," said Mignon Lawless of Norwalk, who is Ursula's therapist.

"It generally starts with focusing, clearing the mind and dropping into your body," Lawless said. "Then you ask your body to give a word, phrase or image, then you pull out the videotape and watch it."

Lawless said people's memories are in a storage room with access to videotapes, books or filing cabinets, "depending on what modality works best. Usually, we work with videotape." Other memory retrieval methods Lawless advocates include past-life regression, and certain kinds of touch "that can bring back memories of sexual abuse. It's all out there," she said. "You can't quantify it, and you can't prove it, but when a person has a traumatic experience, the body remembers and stores it." Lawless, who said 70 percent of her patients are incest survivors, said she can tell if someone has a history of abuse the minute they walk into her office. "I'm very interested in (skeptics), because I'm not so sure those on the questioning bandwagon aren't survivors themselves, and don't want to touch it with a 10-foot pole."

Why is there such a difference?

What are therapists taught in continuing education programs? Perhaps an answer to this question will explain the gulf. Families have been collecting course descriptions and attending continuing education programs for mental health professionals in their area. This is enlightening.

What emerges is that the majority of programs that discuss FMS bash the Foundation and assume that the people who have contacted the Foundation are guilty. For example, families from across the country have sent us brochures of the programs of Charles Whitfield, M.D., author of *Healing the Child Within*. This is

what Dr. Whitfield writes: "The 'false memory syndrome' is a term coined by a group of adults who have been accused of having sexually abused their children. This term may help them deny the possibility or the reality of the abuse, and it attempts to remove their responsibility for having abused their child and tries to invalidate the child's experience of having been abused."

"Survivors who have memories don't want them; those who don't have memories are desperate to get them until they do get them, and then they don't want them anymore."

Christine Courtois, Ph.D.

*The SAIN Voice, Newsletter of the Sexual Assault Information Network of Michigan, Inc., Vol 8, No 4
December, 1993*

How does someone know that he or she is a "survivor" (and desperate to get memories) if there are no memories? — Unless the proof is that he/she forgot it.

Dr. Whitfield has not responded to our request to document his printed statement that "The FMSF has several claims that it promotes, perhaps the most prominent being that 'all delayed or repressed memories of child sexual abuse are false'." We have stated again and again that "some memories are true, some a mixture of fact and fantasy and some are false." We trust that Dr. Whitfield is less creative in his diagnoses than in his quotes.

Dr. Whitfield feels that the media has not presented the FMS issue in a balanced manner. In an article for the IAODAPCA News, January 1994, he offers his explanation for this unbalanced coverage:

We know that the media is composed of workers who come from the general population, probably 80 to 95% of whom are unrecovered adult children of dysfunctional families. It is no surprise, then, that the media would show some manifestations of being dysfunctional itself, and these presentations appear to be another example of that dysfunctional behavior.

We are quite taken with the term *unrecovered adult children*. Indeed, we rank it with the gem *alleged innocent people* (used by Renee Fredrickson on CNN's *Crossfire* to describe all those who contact FMSF).

Families in British Columbia wrote to say that they are upset about a conference to be held on March 18-29 that is sponsored by the University of Victoria. The title is "Dissociation, Denial and Defensiveness in Victims and Offenders." Families were concerned about the credentials of those leading many of the sessions. They felt that the plenary session: *Mock Trial on False Memory Syndrome* presented by members of the Victoria Bar Association, and faculty and students of the Faculty of Law, University of Victoria, is an inappropriate and callous response to a mental health crisis. They will send a description.

Reporter describes professional workshop:

Celeste McGovern, a reporter for *Alberta Report*, attended a professional workshop given by Laura Bass and described it in a February 14 article:

Two-hundred helping professionals (social workers, psychologists, prisoners' advocates and teachers) met at the Mayfield Inn in Edmonton, Alberta at a conference sponsored by Athabasca University... The speaker "lulled her audience into a 'mini visualization' trip." With their eyes closed and minds focused on their feelings they were told, "As you approach the place where your inner child lives, I want you to take a look around you... Maybe your child is

inside or outside...she might be in a tunnel...go there...Now I want you to spend a little time with your inner child, just being with her...in whatever way is right for you."

Then the helping professionals used crayons and drew pictures of their inner-child journeys.

Video Training

Video training is another way in which therapists gain their information. Cavalcade Productions in Torrance, California is one company that makes training videos. Brochures describe a landmark video that presents eight clinicians discussing ritual child abuse. The discussion in these tapes covers the "current epidemic of day care cases, as well as transgenerational abuse disclosed by adult survivors who grew up in satanic cult families." The flyer notes that the audience for this training video are professionals whose work may bring them into contact with ritual abuse cases.

The professionals featured are: Bennett Braun, M.D. (Rush Presbyterian-St Luke's Medical Center); Jean Goodwin, M.D. (Medical College of Wisconsin), Catherine Gould, Ph.D. (Clinical Psychologist), Corydon Hammond, Ph.D. (University of Utah), Richard Kluff, M.D. (Institute of Pennsylvania Hospital), Roberta Sachs, Ph.D. (Rush-Presbyterian-St Luke's Medical Center), Roland Summit, M.D. (UCLA Medical Center) and Walter Young, M.D. (Columbia Psychiatric Center). The advertisement notes that these people are clinicians who are directly involved in treatment

"When everyone is a victim—in need of healing—no one is a victim. We have come to the *reductio ad absurdum* of the "root cause" explanation for crime. Once, the root causes were said to be poverty, joblessness, poor housing, discrimination—the usual excuses you hear thrown around after an inner city riot.

"But how are the middle classes to get away with murder? Easy. The "root causes" turn out now to go far deeper than the social and the economic. They are psychological. And since there is not a living soul who has not suffered some psychological trauma—and criminals are certainly less likely to have sailed through life untraumatized—it becomes harder and harder to hold anyone responsible for anything."

Detroit News
February 4, 1994
Charles Krauthammer

of ritually abused children and adult survivors. Titles of videos include *Coming Home: Recovery from Satanic Ritual Abuse*; *Children at Risk: Ritual Abuse in America*; *Sessions and Sand Trays (a tool in the diagnosis and treatment of MPD survivors of satanic ritual abuse)*.

A recent addition to the Cavalcade videos features Bessel van der Kolk, M.D. (Harvard University) lecturing on *Trauma and Memory*.

There are many training videos available from many companies. They are fascinating documentation of what therapists are being taught.

Enemy?

Some professionals actually consider FMSF "the enemy." In a statement entitled, *Know Thy Enemy* distributed to professional colleagues, Kenneth Nakdimen, M.D. says that FMSF is a "threat to us in the MPD field." To his credit, Dr. Nakdimen points out that there are therapists who are providing FMSF with ammunition. He suggests that professionals subscribe to the FMSF newsletter to know what we are thinking and doing.

To describe FMSF as "the enemy" belies an understanding of the current crisis and the responsibility of men-

tal health professionals. We are asking for the scientific evidence that supports a theory. Families are being torn apart and lives destroyed because of the claims of a theory. If those who question are deemed "the enemy," if continuing education credits are given for FMSF bashing rather than solid information about memory, we are dealing with a belief system and witch hunt, not with science.

When did this phenomenon begin?

Unfortunately, we don't have the answers. Out of the thousands of families we have spoken to, we are aware of two accusations as long ago as twelve years. Most are much more recent. Our informal impression from is that the majority of people contacting us now were first accused two or three years ago. "I thought I was the only one," they write.

We went back to the family surveys to check. (FMSF has asked many families to complete a questionnaire.) Of the 700 completed surveys the data from approximately 500 has been entered into the computer. The following information is reported from 267 surveys with a cut off date of January 1993.

<u>Year Accused</u>	<u>Number of Families</u>	
1992	43	(16.0%)
1991	74	(28.0%)
1990	66	(25.0%)
1989	40	(15.0%)
1988	22	(8.0%)
1987	10	(4.0%)
1986	12	(4.5%)

What does this data mean? Does it represent a trend or is it associated with other factors? We don't know, for example, if families who were accused six years earlier might be less likely than those accused more recently to contact the Foundation. When resources permit, we will look into these questions in greater depth.

Amnesia

We received a request from Dorothy Cantor, Ph.D. that we print the full interview from Good Morning America, from which we quoted her in the February newsletter. Unfortunately, we received this request after the February newsletter was printed. We hope that we did not misrepresent Dr. Cantor in any way. The interview is printed below as it was heard in Philadelphia. Indeed, the full interview raises interesting issues about the comparisons with amnesia in veterans, Holocaust survivors and children who have been in an earthquake.

From ABC's *Good Morning America*, January 27, 1994.
An interview with Dorothy Cantor, American Psychological Association Board Member

Hostess: Our capacity to remember as adults what happened when we were children is at the center of an angry debate between adults who claim they were abused years ago and the people they say committed the abuse. Caught in the middle are therapists who diagnose people with repressed memory. Joining us is Dorothy Cantor. She's on the board of the America Psychological Association and is a practicing psychologist. Thanks for being with us this morning.

Cantor: Pleasure to be here.

H: If we think about this as just amnesia, isn't it easier to explain?

C: I think it's easier to *accept* when we think of it as amnesia. Certainly we

accept the concept of amnesia in Vietnam War Veterans, in Holocaust survivors, perhaps even in children who went through the earthquake last week, but it's hard for us to conceptualize that we can have amnesia of sexual trauma.

H: But, we talk about this with Vietnam Vets, we know that kids can hide memories from very traumatic things, so why would psychologists be split on this?

C: I think that is not quite the case. We're not split. The majority of responsible and well-trained licensed psychologists understand that both phenomena exist.

H: You're saying *well trained psychologist*. I assume that's the crux of the problem here.

C: To me it is. I think those of us who have had sufficient education, doctoral level psychologists who have come into our therapy sessions with a kind of neutral stance, we don't come in with the notion that this must have happened or could not have possibly happened. And we listen to our patients and we try to understand what they are going through.

We understand that there is such a thing as suggestibility, but we also understand that amnesia occurs. And we see both in our offices.

H: So if you're looking for therapy and you are really troubled and you don't know what the problems are, if a therapist in the first session or two starts to suggest that perhaps you were abused you should have some warning lights going off.

C: Absolutely. I'm concerned about the therapist that was described in your tape who said as soon as the

patient came through the door, "You must have been abused," or the therapist who might say "Well, if you have those set of symptoms, I'm sure you were sexually abused." There is no direct correlation.

H: Are there any symptoms in adults, though, that would lead one to think that perhaps a child had been abused?

C: There are many, many symptoms that can be caused by a variety of different reasons and one must wait and see how the material emerges.

Magical Molestation.

"While regular child abuse occurs in all races, magical child molestation has skipped the black communities and surfaced among the white. Thus we see white accusers, white parents, white lawyers, and so on. In fact, magical molestation is whiter than Ivory soap."

Margaret Leong,
"Magical Child Molestation Trials:
Edenton's Children Accuse."

"When the war ended, Tec tried not to think about her experiences during the Holocaust. It was not until 1975, when she wrote her autobiography titled, 'Dry Tears,' that she began to face the past after 30 years of silence. 'I never spoke about it. I never went to a movie, never read anything on it,' she said."

Westbury CT *Republican*, Jan. 28, 1994

by John Gillispie

"Professor researches similar struggle"

H: Very briefly, you have said that it should not be played out in public but in academic circles.

C: Professional and academic circles. The American Psychological Association, of which I am a member of the board of directors, has appointed a working group to investigate memories of childhood sexual abuse.

H: To try to look for some scientific foundation.

C: Scientific and practice..

We agree with Dr. Cantor's statement that "the majority of responsible and well-trained licensed psychologists understand that both phenomena exist" (i.e., memories of abuse that are historically accurate and memories of abuse that are confabulated).

The issue on which there is confusion is in the statement that, "Certainly we accept the concept of amnesia in Vietnam War Veterans, in Holocaust survivors, perhaps even in children who went through the earthquake last week, but it's hard for us to conceptualize that we can have amnesia of sexual trauma."

The issue here is not that people have forgotten details of their experiences of battles, of the war, of an earthquake, or of sexual abuse. There is plenty of clinical evidence and scientific evidence that this happens.

At issue is the scientific evidence that many people have had total amnesia for the fact that they had served in Vietnam, that they had lived through the Holocaust, that they had experienced an earthquake, or that they had been mistreated as children. (Obviously, we are looking for evidence of situations in which the amnesia is psychologically rather than physically caused.)

WHERE DO FAMILIES LIVE ? MARCH 7, '94

Families for whom we have details of the reports

AK (13)	AL (23)	AR (26)	AZ (195)	CA (1005)
CO (124)	CT (73)	DE (20)	FL (298)	GA (75)
HI (11)	IA (54)	ID (35)	IL (259)	IN (88)
KS (59)	KY (26)	LA (29)	MA (151)	MD (107)
ME (33)	MI (207)	MN (173)	MO (115)	MS (10)
MT (33)	NC (80)	ND (9)	NE (37)	NH (27)
NJ (147)	NM (43)	NV (25)	NY (295)	OH (238)
OK (66)	OR (155)	PA (324)	RI (22)	SC (31)
SD (16)	TN (49)	TX (263)	UT (179)	VA (108)
VT (26)	WA (276)	WI (174)	WV (13)	WY (12)
DC (11)	VI (3)	PR (1)	Canada :	AB (23)
BC (70)	MB (42)	NB (10)	NF (1)	NS (11)
ON (178)	PE (2)	PQ (10)	SK (7)	Australia (12)
UK (265)	France (2)	Germany (2)	Ireland (2)	Israel (2)
Netherlands (1)	NZ (4)	S. Africa (1)	Scotland (1)	

Each family represents many people.

**Memories May be Recovered;
Good Names Can't**

"No victim can justify the moral arrogance of victimizing someone else without solid proof, armed only with self-righteousness and that most fallible of instruments, memory."

Editorial, *Newsday*, March 2, 1994

Questions and Answers

"TRUTH SERUM" AND "WHAT REALLY HAPPENED"
by August Piper Jr., M.D.

Pontius Pilate once asked, "What is truth?"

Two thousand years later, plaintiff and defendant, accuser and accused, unfold their versions of truth. In our courtrooms, Pilate's question echoes.

* * *

A reader of this newsletter inquires:

I have heard that sodium Amytal is a truth drug. What does that mean? My lawyer says that taking the drug might help my lawsuit, by helping me and my doctor decide what really happened to me when I was a child.

The Amytal interview has been known to American physicians for about half a century. Amytal is the trade name of a drug belonging to the same family as Nembutal, Seconal, and Pentothal. Its generic name is amobarbital (generic names are not capitalized). It is a barbiturate, which means that sufficiently-large doses cause drowsiness and sleep.

During an Amytal interview, the physician administers small amounts of the drug, by vein, every few minutes. The procedure usually takes about an hour. The patient is drowsy and slurred of speech, but awake—the so-called "twilight state"—for the duration of the interview. Intravenous Amytal causes a feeling of relaxation, warmth, and closeness to the interviewer, while in this state, the patient is questioned. Other intravenous drugs, like Valium or Ativan, are sometimes used in this kind of procedure. For our purposes, these medicines should be considered essentially identical to IV Amytal, because they produce these same effects on the patient.

The amobarbital interview was very popular during the 1930's and 1940's, though at that time it was not usually performed to verify or recover forgotten memories. Rather, doctors employed the procedure to examine the unconscious, or to do psychotherapy (for example, to treat "shell shock"). The dominant theory then, held by many physicians, was that people under Amytal could not possibly lie. This theory was reflected in the colorful name—"truth serum"—given to the drug.

One characteristic of good science is a sincere attempt to disprove its own theories. This principle was applied to the belief that people always tell the truth under Amytal—that is, patients were tested to see if they could tell falsehoods during Amytal interviews. They could. During such interviews, could people deliberately attempt to deceive an interviewer? They could. Could they report false or exaggerated symptoms of psychological disorders? Again, they could. Withhold information? Yes.

In time, other studies revealed more information. They showed that during Amytal administration, patients often demonstrate a distorted sense of time, show memory disturbances, and have difficulty evaluating and selecting

thoughts. In addition, under Amytal, patients' claims about details of their histories—events, places, names, dates—are untrustworthy. Further, these investigations noted that the drug also makes patients vulnerable to either accidental or deliberate suggestions from the interviewer. Finally, and most importantly, patients under Amytal fail to reliably discriminate between reality and fantasy.

Now, I bet some readers are thinking: "Hmm. Slurred speech, drowsiness, a feeling of warmth, distorted memory, altered time-sense. Sounds familiar." Cynics would say that those things happen after someone has had "a few too many." And in this case, they would be exactly right: intravenous Amytal creates a state similar to acute alcohol intoxication.

So. Having said all that, will I finally answer the reader's question?

Courts have long been intensely skeptical of any efforts to "enhance" or "refresh" the memories of participants in trials. The above discussion shows why. The judiciary worries about interviewers contaminating the memories of those they interview, and about the ability of people to misrepresent truth while under Amytal. Then there is the matter of reliability of information obtained from someone who is acutely intoxicated. Thoughtful clinicians, supporting these concerns of the courts, have warned that memories retrieved in an Amytal-induced trance are likely to contain a combination of fact and fantasy, in a mixture that cannot be accurately determined without external verification. This point about external verification is important. It means that statements made under Amytal must be reliably confirmed. If they are not, they cannot be considered more truthful than any other statements.

In summary, there's no such thing as "truth serum," and the Amytal interview won't help anybody decide what really happened in your childhood. Waste not your money, dear reader!

For more details about Amytal interviews, the reader is invited to consult a forthcoming paper by Dr. Piper entitled "Truth serum" and "recovered memories" of sexual abuse: A review of the evidence." It will appear in the summer 1994 issue of The Journal of Psychiatry and Law.

August Piper Jr. M.D. is a psychiatrist in private practice in Seattle, Washington. He is a member of the FMSF Scientific and Professional Advisory Board. He has written a chapter in a forthcoming book (Multiple Personality Disorder: Critical Issues and Controversies), as well as several articles on MPD.

VAGARIES OF MEMORY

Corydon Hammond, Ph.D. published an article in the *Fall 1993 Bulletin of the Psychological Hypnosis Division of the American Psychological Association*. In the article, he complained that he had been "misrepresented in the media (e.g., *Prime Time Live*) by producers apparently wishing to promulgate an FMS point of view, as well as by a radical FMS spokesman." Hammond proceeded to explain that he holds a balanced middle ground when it comes to belief in satanic ritual abuse memories. "Where there is so much smoke, may there not be some fire?" he wrote.

Dr. Hammond's complaint that he has been misrepresented by an FMSF spokesperson (unnamed) is a very serious one. We checked our records. The following comments by Corydon Hammond were transcribed from a videotape of a hypnosis workshop at Parkwood Hospital, Atlanta Georgia, March 2, 1991:

"...I will suggest to you that those people [deniers of satanic cults] are either, one naive and of limited clinical experience; number two have a kind of naive that people have of the holocaust; or number two they're just such intellectualizers and skeptics that they'll doubt everything; or number three they're cult people themselves and I can assure that there are people who are in that position...There are people who are physicians, who are mental health professionals who are in the cults, who are raising trans-generational cults...I'll tell you why I think more of it has come out. I think more of it has come out because for the first time about six years ago professionals who treat severe trauma cases started getting together for the first time at the international MPD meetings and comparing notes...[I had a patient whose] grandfather had been sent out from Nazi Ger-

"Rapists and murderers get a lot more protection under our laws than anybody who has a wrongful claim of child abuse attached to their name." said Rep Cathy Cox, Georgia House of Representatives in a discussion of a proposed law to make it tougher to place names of suspected child abusers on a statewide registry. Of the 30,000 names on the list last year, just more than half were confirmed as true abuse cases according to Department of Human Resources. The state stands to lose \$1 million in federal money dedicated to gathering statistics on child abuse if it changes the registry rules.

The Augusta Chronicle
February 13, 1994

many in the mid 1930's to New York expressly to help spread the cult to America. They were involved in kidnapping children...There are trans-generational cults passed down from parent to child through the generations...I think the research is real clear: we got three studies, one found 25%, one found 20% of outpatient multiples appear to be cult-abuse victims, and another on a specialized inpatient unit found 50%. I believe that we'll probably end up finding about a fourth of outpatient multiples are cult-abuse and if you're in a specialized unit it may go as high as 50% and they're usually some of the more severe difficult cases. But I also believe that we're treating too many of them. That's a cruel terrible thing to say. But I believe that quite a few of them that we're treating are still involved in cults and that we should not be treating them if they are. And it is a danger to them and a danger to us...And I know of patients where I've consulted on cases—I only treat four cult victims myself but I consult in cases all around the country and I know of cases where people have revealed things in thera-

py...at one point a part [i.e. an alternate personality] revealed something she shouldn't and she was severely tortured because of that, to teach her not to do that in the future...Some of it is in very organized groups with interstate communication and who use a very very systematic brainwashing that comes out of experimentation from Nazi doctors and experimentation in the intelligence community with mind-control research and involves medical technology and is very very sophisticated. And is systematically done from early early childhood to produce multiples and continues through and into adulthood with periodic reinforcement truly trying to produce Manchurian Candidates...In fact, I know of cases where this has occurred where the Mafia likes to use cult people as hit people because they can have one personality who will come out and do it, go to another city and perform a cult blood-cleaning and have no emotion about it, come back and everybody has amnesia for it. And it's the perfect ideal situation...They're drugged up. They're already entrained in a certain state of consciousness and then if they don't agree and go along with something and say 'Yes,' like 'if you get angry at anyone in the cult you will hurt yourself. Do you understand?' And one patient said, 'Yes, but I don't want to.' And they then violently shocked her with electrodes to her head and her inner vagina. Then they repeated it. 'Do you understand?' Phrase good: she understood. 'Yes.' Then go over it again. 'And you will hurt yourself by cutting yourself with a knife. Do you understand?' 'Yes.' 'I don't believe you.' Zap! Go over it again. 'Yes!' Then they go onto something else. Then having these repetitive conditioning sessions. Now you picture that happening to a five-year-old, a sweet little five-year-old kid. And a six-year-old, a seven-year-old, an eight-year-old, a nine-year-old. You know, when you got total control of them, they're highly dissociative person, you've got them a whole lot longer than anyone has a prisoner of war and you're using all that kind of mind-control technology from intelligence research that isn't even available to the public and other kinds of things, you can have a powerful influence on people...I haven't had to be involved with reporting to the police. But, yeah, I think you have to be careful, because, I have a situation where a cult-victim who I had seen and then somebody else had seen, basically because somebody prominent in the cult works in the medical center where I work and she had bumped into him and didn't want to keep coming to the medical center so she starting seeing somebody else. She finally fled Salt Lake and we put her in treatment with somebody in Southern California. And she had come back on one occasion to identify people for her previous therapist and I. And identified some names that were part of a larger body of information that we gave to three investigative agencies. And one of the people I trust that we gave it to. The other two should be very legitimate investigative agencies, police agencies, in the state. Three weeks later—she had a part, or parts rather, that were still cult-involvement with cult allegiance, that would call and tell them where she was and her address and phone number after she left. And so they had already picked her up several times. And they came by and basically kidnaped and picked her up for a few hours and tortured her. And told her—before they said we're going to kill you. This time they said, 'We should kill

you but we'll let you do that to yourself.' And then they said, 'We know that you've been giving information to Cory,' and they named me by name in Southern California and revealed information that had only been passed on to three police agencies. So I think you have to be careful with the police agencies..."

Corydon Hammond, Ph.D. is immediate past president of the American Society for Clinical Hypnosis. The current president is Dabney Ewin who has just published a piece in which he tells how he was able to recover memories of the 14th day of his life.

American Society of Clinical Hypnosis

The American Society for Clinical Hypnosis has formed a task force to study issues related to the forensic use of hypnosis and to inform their members. The members of the ASCH Ad Hoc Committee for Hypnosis and Memory are: Co-Chair: Richard B. Gaver, Ed.D., Charles B. Mutter, M.D.; Members: Harold B. Crasilneck, Ph.D., Edward Frischholz, Ph.D., Melvin Gravitz, Ph.D., Corydon Hammond, Ph.D., Neil Hibler, Ph.D., Jean Olson, MSN, RNCs, Alan W. Schefflin, JDLLM, Herbert Spiegel, M.D., William C. Wester, II, Ed.D., Ex Officia Member: Dabney Ewin, M.D.

More Vagaries of Memory

Many families have written that trying to defend themselves is especially difficult because the charges keep changing. "It's like fighting fog," one father wrote.

The statements of some repressed memory therapists also seem like fog. Some professionals who seem so certain of the accuracy of the memories of their clients, seem to forget what they themselves have said or written. For example, Renee Fredrickson, Ph.D., appearing on the television program Crossfire on March 2, 1994 said:

I have certainly never encouraged any of my clients to make charges.

Yet in her book, *Repressed Memories: A journey to recovery from sexual abuse*, she wrote on page 203

Too many survivors never get past their fear of their family to let themselves have an honest decision. They say to themselves, 'I could never tell my family!' Work toward saying, 'I really could tell my family! Now, do I want to?'

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. Now you are finally free to speak the truth....

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. Doubts that you have should be fairly resolved before you disclose to your family.

You cannot wait until you are doubt-free to disclose to your family. This may never happen, and, if it does, it will happen after you disclose to

your family, not before.”

And during the same program, Dr. Fredrickson also noted:

My first two survivors with repressed trauma memories were first of all a holocaust survivor and second of all a prisoner of war.”

Yet in her book, Dr. Fredrickson does not mention this, and the reader is led to believe there was a different path to her interest in repressed memories. On page 13 she writes:

Once my practice was established, I received hundreds of referrals of sexually abused children, as well as adults. I was saddened to discover that many of these child victims were as young as one or two years old. Working with these little ones sparked my interest in repressed memories...Seeing these children enhance my work with adult survivors who were abused at an early age, and I got my first glimmer of awareness about repressed memories.”

Page 14: I first became interested in the healing of repressed memories several years ago when I was doing marathon therapy workshops in Dallas. It seemed as if client after client was suddenly having memories of being sexually abused by their father, mother, grandfather, or neighbor.”

Hale: Proctor, if she is innocent, the court...
Proctor: If she is innocent! Why do you never wonder if Parris be innocent, or Abigail? Is the accuser always holy now? Were they born this morning as clean as God's fingers? I'll tell you what's walking Salem -- vengeance is walking Salem. We are what we always were in Salem, but now the little crazy children are jangling the keys of the kingdom, and common vengeance writes the law! This warrant's vengeance! I'll not give my wife to vengeance!

The Crucible (1953)
Arthur Miller

FROM OUR READERS

“February 23. I have just finished volunteering at 3401 Market Street, Philadelphia. You all recognize that address, the home of the False Memory Syndrome Foundation, the fastest growing business in the U.S.A.

“Can you conceive of an organization that grew from 250 families in March 1992 to 11,000 in February, 1994? Pamela and her office staff have met each new challenge with innovation and dedication. Such dedication!

“A fellow volunteer told me as we stuffed packages, ‘We are dedicated because we have been falsely accused of the worst crime known to man, we are dedicated to save ourselves and others like us. Our dedication rubs off on the staff who see truth where it lies and there's always so much to be done.’

“Indeed there's an unspoken rule in this office: no one does one job at a time. If you are talking on the telephone, you are expected to be stamping envelopes or folding mailings. A ‘policy meeting’ means ten or twelve people sitting around a long table in the mailing room, folding and stuffing and licking, the next mailing, yes and discussing policy too.

“The weekend of the Ann Landers column and the

following week, over 2,100 starter packages were sent out. That meant everybody working long hours and most of the weekend. That's dedication. Thank you Pamela, Zipora, Lisa, Nick, Nancy, Ric, Janet, Mika, Karen, Allen, Toby, Valerie, Anita and Merci for allowing me to spend some time with you and allowing me to get to know you all just a little. I love you. I will miss you.

Marjorie

“I called my daughter and said that since Protestants and Catholics and Democrats and Republicans and a whole host of other people who disagree could get along with each other, so could we. We are now talking to each other on the phone weekly. We try when talking to have only good feelings which is not hard because we love her very much and we are happy to keep the lines of communication open. Neither of us speak of the conflict we have gone through. When my husband and I talk it over later we know, of course, that nothing has really been solved, but I do not

expect it to change, at least in the near future...I realize that this may not work for some of the other families but in our case it is the only thing we feel that we can do.”

A Mom

“My daughter wrote me a note asking to meet and to try to be friends. I'm not holding my breath. After being hit by a truck, I'm a little afraid to go in the street.”

A Mom

“One daughter of two has resumed contact but it is not the same. The destruction of our family surely has taken twenty years off our lives.”

A Mom and Dad

“Things are much improved in our family, with the girls especially. They (all but one) have been much like they used to be. However, I tread lightly. They have not mentioned that they were really duped, but I suspect they know. So the saga continues.”

A Mom

“We found some solace in knowing that our plight was part of a wide-spread phenomenon and that there were others with whom we could share our grief. We began educating ourselves about this insidious disease. Our story, which is so similar to hundreds of others, took an abrupt turn in November just ten months after receiving the initial letter. Our daughter started making tentative phone calls. At Christmas, she flew here with her two-year-old son and spent a week with us. She acted as if nothing had ever happened. There was never any discussion of her accusations, and perhaps she still believes them, but she was the same warm, good-natured person we had known before so her visit with us was very enjoyable and quite

remarkable.

Although I don't understand the inner workings of her mind, I think these facts are important clues to her altered behavior since the accusation: She stopped seeing her psychologist and she divorced her husband who has claimed for years to be a victim of sexual and Satanic abuse."

Five-Years Later: A Visit with My Accusing Daughter

"It's finally over! The drama played out in my mind hundreds of times. The anxiety and frustration of my daughter, her husband and therapist sitting in my living room telling us how she discovered in her age-regression hypnosis that we had molested her. She ended this Mother's Day visit with, "Here is my shame. I give it back to you. confess! You Liars!" She left screaming. A year later, we heard she had also accused us of satanic ritual abuse.

"We explored every resource to convince her of our innocence. We heard she wanted to contact us but her group wouldn't let her. We read books and papers, attended conferences and meetings and kept hoping that our child would "see the light." Many diverse opinions were offered: "Give her love and constant communication... do not allow the closed door policy.. do not accept the de-tox period, etc." Then "Don't ever go there. She will call the police. Don't write. Be patient." As other parents have done, we exchanged ideas and looked for solutions. Still, the nagging pain of not hearing her voice... not seeing her face became overwhelming.

"The morning of the visit, I felt a strange calm, a kind of numbness. I worried about how I could win her over without making her feel that she had been crazy for having an "iatrogenic illness." I had a Walter Mitty fantasy that when she saw us she would come running out from the house and throw her arms around us.

"We parked the car several houses away. Friends had cautioned us. My son-in-law has a permit for his gun and I recall a panic button installed many years ago. I prepared an answer for the police if they should come.

"I rang the bell and peered through the glass panels. My six year old granddaughter looked back at me. "Mommy," she called, "There are people out there."

"My daughter, in her bathrobe, stared sleepily out of the window. It was 8:00 A.M. Her six and eleven year old children were home for the holidays. My daughter now had her glasses on and looked at us in horror. "We love you, Lynn," I called out. She opened the door. "What are you doing here and at such an hour?" she barked. I answered simply, "We knew that we could find you home at this time."

"Somehow with all the rehearsal of practicing what I would say when I finally saw my daughter...I found myself like a Moses psychosomatically paralyzed.. No speech. An inner antagonist sabotaging me. My insides ached. I found my voice.

"That is what she said -- not in narrative form, for she was not able to remember any of the details without having them called to her mind one after the other; but the commission did that, for they knew just what questions to ask, they being all written down for the use of witch-commissioners two centuries before. They asked, "Did you do so and so?" and she always said yes, and looked weary and tired, and took no interest in it. And so when the other ten heard that this one confessed, they confessed, too, and answered yes to the questions."

Mark Twain
The Mysterious Stranger

"Lynn, please let's talk...let's go to an impartial therapist. You have been misled by your therapy." I went through the entire litany also telling her about the recanters, the family reunited.

"Where have you been for five years?" she asked coldly. She stood with one foot in the door, the other holding it open. I looked at my very beautiful child..cold eyes.. her lips snarled in a contemptuous manner.

"My God," I said. "We tried to reach you in every possible way. No, we didn't come here. We heard you hated us. Perhaps we made a mistake not coming."

"Ha, a mistake," she repeated. "You only rejected us or threatened."

"Recovered memories are being investigated," I continued. "It's

unscientific. Your accusations are metaphors for old anger. You are part of cult thinking."

"Don't tell me that. FMSF is a cult."

"Oh no," I said. "We are only trying to save our children."

"I know there are some bad therapists and suggestible women but that is not my case. Look at you standing there exactly in the same place you were five years ago. You have not healed yourselves and you are still in denial."

"Lynn," I said. "We have been to therapists. They know we have never harmed you.

"Bullshit," she retorted. "At least I have healed. I am well. Get on with your life and leave me alone."

I stared at this robot...this Stepford Wife.. as if she had a cartridge removed and had replaced it with another.

"No healing can be based on hatred," I said.

"Stop having strangers send me letters. It won't do you any good."

I softened. "Lynn, we loved you so much."

"Yes, I will always love my Mom and Dad."

I thought, "Oh my God. My sick child. How can I keep this conversation just going?" She opened the door a little and said, "Maybe... no... never mind."

"A crime has been committed by your therapy... not by us. We never touched you and you know it." She laughed in disgust. "I want to see my grandson," I bravely threw in. "No you can't.

"You are not my Lynn. She was a loving person. You are cruel and uncaring." She closed the door. In Special Education, this is called closure. In music, resolve. In any language, I knew it was over. But I would do it again.

A Mom

"I have worked as a professional helping victims of child sexual abuse, and I must admit that I was once one of those professionals who was suspicious of your organization -- until I learned about your work, in the context of being falsely accused myself."

A Professional and A Dad

"I was so happy to hear about the lawsuit against Cardinal Bernardin being dropped. Since my husband and I are also falsely accused (He is accused of incest over a fifteen-year period, and I am accused of condoning it.), I could understand what the Cardinal must have been going through. We are also involved in litigation.

"I have to question the lawyers' roles in both our situations. How could Stephen Cook's lawyer have initiated a lawsuit against Cardinal Bernardin based on information from a therapist with questionable qualifications using questionable therapy, without any outside corroboration? And how could our daughter's lawyer have done the same thing?

"Both reputations have been tarnished, and that can't be undone, no matter what the outcome in the courts. I don't understand how lawyers can proceed with such frivolous lawsuits. Can someone explain this to me?"

Also Falsely Accused

 "In February I attended a meeting of the Board of Licensed Professional Counselors and Therapists in my state. Much of the discussion by the board, which is made up of volunteers, was about qualifications of candidates, questions to ask them and what to look for in applications. The Board is setting higher educational standards. I very briefly told my story and how the FMSF had helped me to understand what had been done to my family. I emphasized the exploding growth of this problem and showed the exponential growth in calls from my state. They claimed they were already familiar with FMS and had no questions. Unfortunately, I got the feeling they were not very interested in FMS and did not see this as a problem. They presently have only three complaints against therapists and counselors. This is probably why they do not recognize the existence of a problem."

A Mom

 "Thank you so very much for the material your organization sent to me. I have also read one of the recommended books, True Stories of False Memories, and am waiting for an ordered copy of Confabulations. I found the book to be horrifically true to life. On page after page, I saw actual sentences my therapist said to me. Yes, she even recommended The Courage to Heal and many others and assigned homework from them. Also my problem for entering therapy had nothing to do with my childhood. I would like to offer my assistance in any way I can to stop this practice. I realize it cannot be done on a one by one therapist basis. I thank God I was saved finally by my husband instead of almost losing him and my children. My therapist went even beyond the tragedy of convincing me I was an incest survivor. Once she accomplished that, she moved in to alienate me from my husband and even my 15 year old daughter!! That is when I was finally willing to hear the pleas that had been constantly fed to me by my family. Luckily, my recanting has gone well with everyone but myself. The guilt I feel is so much a part of me. I am sending you a letter I gave to my mom and dad."

January 1994

Dear Ma and Dad,

I cannot seem to let go of my so heavy guilt for everything. Nothing was true except that I was very ill and being controlled by drugs and doctors. I have looked over copies of letters I sent and received. A horrible nightmare of which I beg your forgiveness. It may sound like a cop-out although it is true, but there is so much I do not remember, and I ask your forgiveness for those things too. Never again will I allow myself to lose control of me. I thank you for being here at my "awakening" and I look forward to returning to the rich, wonderful family life we enjoy, although I question my worthiness. I am proud to be a part of you. I hope someday soon you can feel the same way about me.

The best way I can communicate is through my writing. This letter does not even touch the depths of my pain, nor does it erase even an inch of the pain that I caused you. But I want it all to go away.

Please read this with an open mind and give me a chance. Believe I am off the medications, believe I am now me. And most of all, please believe that monster was NOT me. That monster is dead.

All My Love

 "Judging from the suffering these adult children have caused their now aging and elderly parents, one thing is clear. Nothing that the parents ever did can compare to the psychological and emotional torture that these adult children are now delivering to the parents and to the families involved. It is as if these adult children have literally excoriated their parents and then poured acid all over them and left them to suffer. When the parents, now writing with pain, ask for a hearing or for mercy, the adult children simply laugh and walk away feeling that this is the least their parents deserve. If this isn't sadistic madness, what is?"

"Yes, the adult children have been betrayed by a movement and by therapists who subscribe to and believe in that movement. However, that betrayal pales or evaporated when one considers the betrayal of the family by the adult child. It is a betrayal not only of persons by the flesh of our own flesh, the blood of our blood, but it is a betrayal of all we as parents have ever tried to be or ever were. It is a betrayal of our historic and proven integrity. It is a betrayal of our historic love, concern, and caring. It is a betrayal of our loyalty and our devotion. It is a betrayal of the year after year primary focus of our very lives -- the protection and development of our children.

"While parents go through many stages including anger, rage, frustration, fear for ourselves and for our adult children, our principal feeling and emotion most often returns to profound and unmitigating grief. We cannot comprehend their self-chosen severance from us and from other family members and we weep because of that. But, perhaps most of all, we weep daily in our hearts and in our minds for what has happened to them -- what these adult children have become as human beings. They have become paranoid, delusional, and hysterical people who appear to thrive on hatred, vengeance, and persecution of their parents and family members. In effect, they have lost their True Self and we wonder if that Self can ever be recovered."

Bibliography of the American Psychiatric Association.

Last month, we printed a statement from the American Psychiatric Association. In paragraph 10, the statement says, "Many individuals who recover memories of abuse have been able to find corroborating information about their memories." Many families wrote to the APA to ask if corroboration means independent corroboration (scientific evidence)? The APA has sent a list of selected references that they used in the development of their Statement on Memories on Sexual Abuse. They suggest that a review of the articles should clarify the answers to the questions. Does it? Following is the APA list:

Appelbaum PS: Memories and murder *Hosp Community Psychiatry*. 1992 Jul; 43(7): 679-80.

Benedek, Elissa P.; Schetky, Diane H: Problems in validating allegations of sexual abuse: I. Factors affecting perception and recall of events. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1987 Nov Vol 26(6) 912-915 ABSTRACT: Discusses developmental and emotional factors that influence a child's perception of events in allegations of sexual abuse. Factors that may lead to a false memory or report of such events (e.g., primary process thinking, sexual immaturity, language, memory, time sense) are explored. It is suggested that persons doing evaluations of children in these circumstances should possess the requisite skills and experience.

Benedek, Elissa P.; Schetky, Diane H: Problems in validating allegations of sexual abuse: II. Clinical evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1987 Nov Vol 26(6) 916-921 ABSTRACT: Discusses factors that enhance or detract from validating a child's allegations of sexual abuse (e.g., language, motives, credibility history, spontaneous play/drawings, cognitive development, relationship with parents). Guidelines for conducting the clinical evaluation of sexual abuse are suggested. Situations in which unfounded allegations by parents, children, or third parties may arise and the sequelae of false or unsubstantiated allegations are reviewed.

Bower, Bruce: Sudden recall. *Science News* 144:184-6 Sep 18 '93 ABSTRACT: Mental health experts disagree over the validity of claims that many childhood sexual abuse survivors repress memories of their experiences and recall them years later. Both sides agree that child molestation is widespread and that reports of it, often by adults who claim to have retrieved repressed memories, have mushroomed in recent years. Therapists and researchers who accept most such claims assert that early traumatic memories form in an altered state of consciousness in which the child dissociates herself from the experience. This, they say, may lead to amnesia or multiple personality disorder. Skeptics contend that even ordinary memories may be influenced by later events and that there is no firm evidence that repression exists. The writer compares the memories of sexual abuse survivors to those of combat

veterans with post-traumatic stress disorder and discusses the biochemistry of traumatic memory formation.

Berliner, Lucy.; Loftus, Elizabeth: Sexual abuse accusations: Desperately seeking reconciliation. *Journal of Interpersonal Violence*. 1992 Dec Vol 7(4) 570-578 ABSTRACT: Argues that while those who work with victims of child sexual abuse (CSA) may come in contact with mostly genuine cases of CSA, they must acknowledge that false accusations are always a possibility; similarly, those who work with accused individuals must acknowledge that some who are accused may well be guilty. It is argued that discourse about the clinical and scientific issues associated with the truthfulness of accounts of CSA can only occur when removed from individual situations. When discussions by professionals revolve around specific cases, there is a risk of ignoring the consequences of being wrong. The actual prevalence of CSA, profiles of victim and offender, disclosure, memory, the percentage of true reports, causes of fictitious reports, and sources of belief/disbelief are discussed.

CORRECTION

To obtain the full News Release of the American Psychiatric Association statement on Memories of Sexual abuse, write to:

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005

Briere, John.; Conte, Jon: Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress*. 1993 Jan Vol 6(1) 21-31 ABSTRACT: Studied 450 adult clinical Ss reporting sexual abuse histories regarding their repression of sexual abuse incidents. 267 Ss identified some period in their lives, before 18 yrs of age, when they had no memory of their abuse. Variables most predictive of abuse-related amnesia (ARA) were greater

current psychological symptoms, molestation at an early age, extended abuse, and variables reflecting especially violent abuse (e.g., victimization by multiple perpetrators, having been physically injured as a result of the abuse, victim fears of death if she or he disclosed the abuse to others). In contrast, abuse characteristics more likely to produce physiological conflict were not associated with ARA. Results are interpreted as supporting Freud's (1954, 1966) initial "seduction hypothesis."

Ceci, Stephen J.; Bruck, Maggie: Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin*. 1993 May Vol 113(3) 403-439 ABSTRACT: The field of children's testimony is in turmoil, but a resolution to seemingly intractable debates now appears attainable. In this review, the authors place the current disagreement in historical context and describe psychological and legal views of child witnesses held by scholars since the turn of the 20th century. Although there has been consistent interest in children's suggestibility over the past century, the past 15 yrs have been the most active in terms of the number of published studies and novel theorizing about the causal mechanisms that underpin the observed findings. A synthesis of this research posits 3 "families" of factors (cognitive, social, and biological) that must be considered if one is to understand seemingly contradictory interpretations of the findings. It is concluded that there are reliable age differences in suggestibility but that even very young children are capable of recalling much that is forensically relevant. Findings are discussed in terms of the role of expert witnesses.

Ceci S, Bruck M: Child Witnesses: Translating Research into Policy. *Social Policy Report* 7:1-31, 1993

Clyman, Robert B: The procedural organization of emotions: A contribution from cognitive science to the psychoanalytic theory of therapeutic action. *Journal of the American Psychoanalytic Association*. 1991 Vol(Suppl) 349-382 ABSTRACT: Discusses 2 kinds of memory processes and their influence on psychoanalysis. Declarative memory refers to memories for facts or events that can be recalled, and procedural memories underlie skills, yet encode information that cannot be recalled. This distinction is extended to the nature of emotions and emotional memories. Implications for psychoanalytic theory are examined, providing new views of transference, defense, and treatment. Infantile amnesia is found to result partially from the immaturity of the declarative memory system, yet procedural memories encode transference expectations and provide continuity in emotional functioning from early childhood onward. In this light, psychoanalytic treatment is conceptualized as the modification of emotional procedures. Two general methods for modifying procedures are described that provide a new model for understanding therapeutic change.

Council on Scientific Affairs, American Medical Assn, Chicago, IL: Scientific status of refreshing recollection by the use of hypnosis. *International Journal of Clinical & Experimental Hypnosis*. 1986 Jan Vol 34(1) 1-11 ABSTRACT: Reports that in 1985, the Council of Scientific Affairs of the American Medical Association conducted a study of recollections obtained during hypnosis and found that such recollections appear to be less reliable than nonhypnotic recall. It is concluded that use of hypnosis with witnesses and victims may have serious consequences for the legal process when testimony is based on material that is elicited from an S who has been hypnotized. (40 ref)

Council on Scientific Affairs Repressed Memories (CSA Report A-94).

Dawes, RM: Biases of Retrospection. *Issues in Child Abuse Accusations* 1:25-28, 1991

Fivush, R: Developmental Perspectives on Autobiographical Recal. In Goodman GS, Bottoms BL (eds): *Child Victims, Child Witnesses: Understanding and Improving Testimony*. New York, NY. Guilford Publications, 1993

Freyd, JJ: Theoretical and Personal Perspectives. Ann Arbor Michigan. Presentation for the Center for Mental Health at Foote Hospital's Continuing Education Conference, 1993.

Frankel, FH: Adult Reconstruction of Childhood Events in the Multiple Personality Literature *American Journal of Psychiatry* V0150 N6 Jun 1993 pp. 954-958. ABSTRACT: The author reviews the dependability of adult reports of childhood abuse and trauma, which are emerging in therapy with increasing frequency. He reviews the literature on multiple personality disorder to explore the extent to which corroboration of adult reports of childhood events is recorded. He also summarizes the relevant studies of memory both with and without the aid of hypnosis. He finds that there is minimal corroboration in the literature of the adults' reports of childhood abuse. Memories brought forth with the aid of hypnosis are undependable because of the large number of inaccuracies introduced by hypnotized subjects. Memories brought forth without hypnosis have been shown to be prone to distortion

by intentional as well as by unwitting cues. The author concludes that the recent enthusiasm for the adult discovery of childhood abuse has been accompanied by little attention to factors that potentially affect recall of childhood abuse, including the bias of therapy. The use of hypnosis might well be an aggravating factor in distorted recollections of childhood abuse. Validation without corroboration by the therapist of the patient's memories has serious ethical and possibly legal consequences.

Herman, Judith L.; Schatzow, Emily: Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology*. 1987 Win Vol 4(1) 1-14 ABSTRACT: 53 women outpatients (aged 15-53 yrs) participated in short-term therapy groups for incest survivors. This treatment modality proved to be a powerful stimulus for recovery of previously repressed traumatic memories. A relationship was observed between the age of onset, duration, and degree of violence of the abuse and the extent to which memory of the abuse had been repressed. 74% of Ss were able to validate their memories by obtaining corroborating evidence from other sources. The therapeutic function of recovering and validating traumatic memories is explored in relation to case material.

Hornstein, Nancy L.; Putnam, Frank W.: Clinical phenomenology of child and adolescent dissociative disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1992 Nov Vol 31(6) 1077-10 ABSTRACT: A comparison of 2 separately diagnosed samples of children and adolescents with dissociative disorders demonstrated good construct validity for these diagnoses in childhood. One sample (mean age 9.55 yrs) consisted of 22 children with multiple personality disorder (MPD) and 8 with dissociative disorder not otherwise specified (DDNOS); the other sample (mean age 10.84 yrs) consisted of 22 children with MPD and 12 with DDNOS. Descriptive analyses of the total sample reveal a clinical profile characterized by a plethora of affective, anxiety, conduct, posttraumatic, and dissociative symptoms. Children with MPD differed from those with DDNOS in having more amnesias, identity disturbances, and hallucinations. Adolescents were more symptomatic than children age 11 yrs or younger and more likely to receive a diagnosis of MPD.

Lief, HI: PsychiatryUs Challenge: Defining an Appropriate Therapeutic Role When Child Abuse is Suspected. *Psychiatric News* August 21, 1992

Loftus, Elizabeth F.: The reality of repressed memories. *American Psychologist*. 1993 May Vol 48(5) 518-537 ABSTRACT: Repression is one of the most haunting concepts in psychology. Something shocking happens, and the mind pushes it into some inaccessible corner of the unconscious. Later, the memory may emerge into consciousness. Repression is one of the foundation stones on which the structure of psychoanalysis rests. Recently there has been a rise in reported memories of childhood sexual abuse that were allegedly repressed for many years. With recent changes in legislation, people with recently unearthed memories are suing alleged perpetrators for events that happened 20, 30, even 40 or more years earlier. These new developments give rise to a number of questions: (1) How common is it for memories of child abuse to be repressed? (2) How are jurors and judges likely to react to these repressed memory claims? (3) When the memo-

ries surface, what are they like? and (4) How authentic are the memories?

McHugh, Paul R.: Psychiatric misadventures. *The American Scholar* 61:497-510 Autumn '92 ABSTRACT: In the past 3 decades, cultural fashions have led psychiatry in false and disastrous directions. In the 1960s, it was fashionable to believe that mental hospitals were useless and that mental patients deserved "freedom." This led to the dismissal of patients with severe mental disorders such as schizophrenia, only to end up destitute, imprisoned, or homeless. In the 1970s, fashionable ideas of diversity and "doing your own thing" led psychiatrists to sanction sex change surgery, but they should have tried instead to find out what had gone wrong mentally for patients who said that they felt trapped in the wrong bodies. In the 1980s, sexual politics influenced psychiatrists to a flight of pure invention: diagnosing common hysteria as multiple personality disorder, caused by sexual abuse. To challenge such misdirections is difficult, but doing so would be of great help to patients.

Nelson, Katherine: The psychological and social origins of autobiographical memory. *Psychological Science*. 1993 Jan Vol 4(1) 7-14 ABSTRACT: Discusses the development of autobiographical memory and its provision of new insights into the phenomenon of infantile amnesia, first identified by Freud. Research shows that children learn to share memories with others and that they acquire the narrative forms of memory recounting. Such recounts are effective in reinstating experienced memories only after the children can use another person's representation of an experience in language as a reinstatement of their own experience. This competence requires a level of mastery of the representational function of language that appears at the earliest in the mid to late preschool years.

Siegel, DJ: Childhood Memory. San Antonio, TX, *American Academy of Child and Adolescent Psychiatry Institute*, 1993

Squire, Larry R.: Declarative and nondeclarative memory: Multiple brain systems supporting learning and memory. Special Issue: Memory systems. *Journal of Cognitive Neuroscience*. 1992 Sum Vol 4(3) 232-243 ABSTRACT: The topic of multiple forms of memory is considered from a biological point of view. Fact-and-event (declarative, explicit) memory is contrasted with a collection of nonconscious (nondeclarative, implicit) memory abilities, including skills and habits, priming, and simple conditioning. Recent evidence is reviewed indicating that declarative and nondeclarative forms of memory have different operating characteristics and depend on separate brain systems. A brain-systems framework for understanding memory phenomena is developed in light of lesion studies involving rats, monkeys, and humans, as well as recent studies with normal humans using the divided visual field technique, event-related potentials, and positron emission tomography.

"The presumption of innocence is not part of the United States Constitution nor the Bill of Rights. It is totally inapplicable in any kind of civil proceeding, even if millions of dollars or important legal rights are at stake. Even in criminal proceedings, the presumption of innocence is not a rule of law, but a rule of evidence -- and the distinction between the two is this: A rule of evidence is only applicable once a trial begins -- it's a principle the jury (or judge when there is no jury) must apply in making a decisions."

Bernard Raizner
former Bronx assistant district
attorney
Letter to NY Times, Feb 16, 1994

Terr, Lenore C.: Childhood traumas: An outline and overview. 140th Annual Meeting of the American Psychiatric Association (1987, Chicago, Illinois). *American Journal of Psychiatry*. 1991 Jan Vol 148(1) 10-20 ABSTRACT: Suggests 4 characteristics common to most cases of childhood trauma: visualized or otherwise repeatedly perceived memories of the traumatic event; repetitive behaviors; trauma-specific fears; and changed attitudes about people, life, and the future. Childhood trauma is divided into 2 basic types. Type I trauma includes full, detailed memories, "omens," and misperceptions while Type II trauma includes denial and numbing, self-hypnosis and dissociation, and rage. Characteristics of both types of childhood trauma can exist side by side. Such crossover Type I-Type II traumatic conditions of childhood are characterized by perceptual mourning and depression and childhood disfigurement, disability, and pain. Case examples are provided.

Terr, Lenore: What happens to early memories of trauma? A study of twenty children under age five at the time of documented traumatic events. Annual Meeting of the American Psychiatry Association (1986, Washington, DC) *Journal of the American Academy of Child & Adolescent Psychiatry*. 1988 Jan Vol 27(1) 96-104 ABSTRACT: Compared the verbal and behavioral remembrances of 11 girls and 9 boys who suffered psychic trauma before age 5 yrs with documentations of the same events. Traumas included sexual abuse, injuries, and kidnapping. It was found that the age range 28-36 mo at the time of the trauma served as an approximate cut-off point separating those children who could fully verbalize their past experiences from those who could do so in part or not at all. Girls appeared better able than boys to verbalize parts of traumas from before ages 28-36 mo. Short, single traumas were more likely to be remembered in words. At any age, however, behavioral memories of

trauma remained quite accurate and true to the events that stimulated them.

Terr, Lenore: Too scared to cry : psychic trauma in childhood *Harper & Row*, c1990.

White, Sue.; Quinn, Kathleen M.: Investigatory independence in child sexual abuse evaluations: Conceptual considerations. *Bulletin of the American Academy of Psychiatry & the Law*. 1988 Vol 16(3) 269-278 ABSTRACT: Presents a conceptual framework with which to analyze the degree of contamination during investigations of child sexual abuse, focusing on the degree of independence maintained by the evaluator. Specific concepts addressed include leading questions (e.g., "yes-no," multiple choice), disconfirmation (a technique frequently used by adults to influence children's decisions), and coercion (e.g., truth-lie paradigm, repetitive questioning). Maintenance of investigatory independence is also discussed.

FMSF MEETINGS

**FAMILIES & PROFESSIONALS
WORKING TOGETHER**

FUTURE MEETINGS

MIDWEST REGIONAL MEETING

May 21-22, 1994

Michigan State University

LANSING, MI

American Psychiatric Association

ANNUAL MEETING

PHILADELPHIA, PA

Wednesday, May 25, 1994

2-5:00 pm Seminar Speakers:

Drs. Green, Lief, McHugh, Singer

UNITED STATES

Call the contact person listed for time and location of meeting. **key: (MO) = monthly**

ARKANSAS

LITTLE ROCK

Al & Lela (501) 363-4368

Spring Meeting - Saturday, March 26

CALIFORNIA

CENTRAL COAST

Carole (805) 967-8058

NORTH COUNTY ESCONDIDO

Joe & Marlene (619)745-5518

RANCHO CUCAMONGA GROUP

Marilyn (909) 985-7890

1st Monday, (MO) - 7:30 pm

SAN JOSE-SAN FRANCISCO BAY AREA

Jack & Pat (408) 425-1430

Last Saturday, Bi-Monthly,

VALENCIA

Jane & Mark (805) 947-4376

4th Saturday (MO)10:00 am

COLORADO

DENVER

Roy (303) 221-4816

4th Saturday, (MO)1:00 pm

CONNECTICUT

NEW HAVEN AREA

George (203) 243-2740

3rd Sunday (MO)1:00 pm

FLORIDA

DADE-BROWARD AREA

Madeline (305) 966-4FMS

DELRAY BEACH

Esther (407) 364-8290

2nd & 4th Thursday [MO]1 PM

Contact for subscription information:

The Florida Newsletter Update Report

P O Box 6826, Hollywood, FL 33081

Note: April Florida State Meeting cancelled

INDIANA

INDIANAPOLIS AREA (150 mile radius)

Gene (317) 861-4720 or 861-5832

Nickie (317) 471-0922 (phone & fax)

Bernice (219) 753-2779

IOWA

DES MOINES

Call for location & reservations:

Betty/Gayle (515) 270-8976

Saturday, April 16, 9am -3pm

Speaker: Dr. Gary Wells, Iowa State U

KANSAS

KANSAS CITY

Pat (913) 238-2447 or Jan (816) 276-8964

2nd Sunday (MO)

KENTUCKY

LEXINGTON

Dixie (606) 356-8309

LOUISVILLE

Bob (502) 957-2378

Last Sunday (MO) 2pm

MAINE

FREEMPORT

Wally (207) 865-4044

MARYLAND

ANNAPOLIS AREA

Carol (410) 647-6339

1st Sunday, bi-monthly

MICHIGAN

GRAND RAPIDS AREA - JENISON

Catharine (806) 363-1354

2nd Monday (MO)

Michigan Information Newsletter

P O Box 15044, Ann Arbor, MI 48106

(313) 461-6213

meeting notices & state topics

MINNESOTA

ST. PAUL

Terry & Collette (507) 642-3630

Saturday, March 19, 9 am - 3 pm

NEW YORK & VICINITY

MANHATTAN

Sunday, April 10, 1-4 pm

West Side Jewish Center, 347 W 34St

Speakers: Eleanor Goldstein, author

Bernard Seidler, J.D., Ph.D.

\$10 contribution (includes refreshments)

For information & to RSVP, please

phone: Eileen (516) 379-5285

Barbara (914)761-3627

Merwin (212) 595-1556

NEW YORK, (UPSTATE)

BURLINGTON, VT

Elaine (518) 399-5749

Tuesday, March 8, 1994 - 7 pm

NEW ENGLAND

CHELMSFORD, MASSACHUSETTS

Jean (508) 250-1055

2nd Sunday (MO) 1:00 pm

NEW JERSEY (South) - See PENNSYLVANIA**OHIO**

CINCINNATI

Bob (513) 541-5272 for meeting info &

2-day workshop featuring FMS Debate

PENNSYLVANIA

WAYNE, PA

Jim & Joanne (610) 783-0396

TEXAS

CENTRAL TEXAS

Nancy & Jim (512) 478-8395

Saturday, March 26, 1:30 pm

Speaker: Dr. Caren Phelan, Psychologist

HOUSTON

Jo or Beverly (713) 464-8970

Saturday, March 19, 1-5 pm

VERMONT (& UPSTATE NEW YORK)

BURLINGTON

Elaine (518) 399-5749

Tuesday, March 8, 1994 - 7 pm

WISCONSIN

Katie & Leo (414) 476-0285

To participate in a phone tree.

CANADA**BRITISH COLUMBIA**

VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

MANITOBA

WINNIPEG

Joan (204) 257-9444

1st Sunday (MO)

ONTARIO

OTTAWA

Eileen (613) 592-4714

TORONTO

Pat (416) 445-1995

GENERAL MEETING

FMS VOLUNTEER CENTER

Sunday, April 17, 1:00 pm

Holiday Inn, 22 Metropolitan Rd.,

(Warden, S. & 401) Scarborough

AUSTRALIA

Ken Goodwin 08-296-6695

NEW ZEALAND

Dr. Goodyear-Smith

tel 0-9-415-8095

fax 0-9-415-8471

UNITED KINGDOM

Affiliated Group

Adult Children Accusing Parents

Roger Scotford (0) 225-868682

To list a meeting: Mail or fax information to Nancy two (2) months in advance of meeting date, i.e., for May newsletter, send by Mar 25th. Standing meetings will continue to be listed unless notified otherwise by contact.

Do you have access to e-mail? Send a message to pjf@cis.upenn.edu if you want to receive notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential). The list is not a "bulletin board". Its only use is to send occasional notices of broadcasts.

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

RE: INFORMATION UPDATE

Thank you for completing the Information Update Survey in the February Newsletter. If you have not returned the survey as yet, please take a few minutes to do so. It will help update our files and better document this phenomenon

If any other medical product had more than 11,000 complaints, it would be taken off the market. The product or procedure would be recalled and examined. In the case of families who have contacted the FMS Foundation, it has taken two years to even get the profession's attention. There are still no procedures for examining the product.

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. 1994 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
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Pamela Freyd, Ph.D., Executive Director

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March 8, 1993

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