



Dear Friends,

*"When there is a cure for something, everyone knows about it. When there are 20 cures for something, it's obvious that no one knows what is going on. There are hundreds of psychotherapies."*¹

We know that from the more than 400 varieties of psychotherapies² there are only a handful of behavioral and cognitive therapies that have been demonstrated to be both safe and effective for a few specific conditions. (See *FMSF Newsletter*, October 1994)

Given the weak state of knowledge, it is unconscionable that the American Psychiatric Association and the American Psychological Association continue to remain silent about recovered memory therapy, a technique that has damaged many thousands of families and former patients. Out of the big bag of therapies, surely professionals could pull out some others that, at the very least, do no harm.

In any other area of health services, government regulatory agencies would have stepped in to protect the public. Since the Foundation was formed in 1992, we have seen several recalls of products when only one or two items were contaminated. We have read of medical-board reviews and extensive laboratory testing before new medical procedures can be applied to patients. But there is no agency to monitor the mental health industry that can recall a bad therapy or test a new one. It is an unmonitored entrepreneurial wonderland.

Repressed memory therapy is harmful. It is dangerous. It is a waste—a waste of time, of energy, of resources, of emotions, of arguments, of creativity, of words, of talent, of relationships, of minds, of health, of families and even of lives. Like any pernicious waste, repressed memory therapy should be disposed of carefully and permanently.

Only one group of professionals has had the courage to take a strong stand on this issue: the group headed by Dr. Brandon whose report for the Royal College of Psychiatry is to be published this month. Leaked versions of this report mention suspending licenses of any psychiatrists who continue to practice these dangerous memory recovery techniques.

Repressed memory therapy is not about patients. It is about a sociopolitical movement. For example, Judith Herman, M.D. writes that the advance of her work would never have been possible "without the context of a political movement."³ She writes that her book, *Trauma and Recovery*, "[O]wes its existence to the women's liberation movement." Laura Brown, Ph.D. another recovered-memory proponent and a recent candidate for president of the American Psychological Association writes that she sees "psychology as a path for social change rather than as a medical intervention." (p. 449) She has argued "that the initial and ultimate "client" of feminist therapy is the culture, with the first responsibility always to be the project of ending oppression that is at the core of feminism." (p 453)⁴ If social change and not a medical intervention is what psychology is about, what does that say about the use of public funds for those who practice recovered memory therapy?

Beth Rutherford's story is compelling evidence that repressed memory therapy is not about patients' well-being. It is not even about female liberation from the bonds of oppression. It is about the manipulation of vulnerable women and the destruction of innocent families.

Nor is repressed memory therapy about helping children. There is no evidence that children have been sacrificed on the altar of Satan, but there is abundant evidence that untold numbers of children have been sacrificed at the altar of radical ideology. They have been denied their human right to know their grandparents—to experience their cultural heritage. Some children have been in physical danger as their mothers obsessed with finding memories of abuse. In this issue, "Sacrificing Children" describes a book

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endorsed by several well-known recovered memory proponents. The author/therapist in the book observes: "I continued to see Sheila's movement toward health take place at the expense of her children's survival..."

Even though the Victim Compensation Board of Washington has stopped paying for recovered memory therapy, children of Wenatchee were subject to it. In an investigative series published in February by the *Seattle Post Intelligencer*⁵ Elizabeth Loftus, Ph.D. is quoted:

"The documents and clinical reports that I have been reviewing for the past two years present sufficient evidence to support that Cindy Andrews was diagnosing suppressed memory as an explanation for the children she was treating who had refused to disclose sexual abuse. It appears that there was not consideration given to the fact the children might not have been abused."⁶

The authors of that article note that "Numerous children say they were hurt horribly — not by rapists but by the state DSHS caseworkers and counselors and therapists hired by DSHS or its Office of Child Protective Services. Their stories are corroborated by clinical reports, CPS episode reports, and interviews."

How could all this be? How could an effort to stop child abuse become so dangerous that it now appears to be harming more people than does the danger it set out to end. In a word: *panic*. When people panic—either for reasons of physical or moral danger—they are at risk of creating more harm than that from which they flee. We have many examples from history such as the Coconut Grove fire in Boston in 1942 in which 491 people were killed because of the panic, not the fire. That is why schools have fire drills: to avoid panic.

When people panic, they forget about the insights and techniques and processes they have developed over the course of human experience to help each other live together. They allow emotion to supplant reason. Carl Sagan may have said it best:

We've arranged a global civilization in which most crucial elements profoundly depend on science and technology. We have also arranged things so that almost no one understands science and technology. This is a prescription for disaster. We might get away with it for a while, but sooner or later this combustible mixture of ignorance and power is going to blow up in our faces...⁷

I worry that, especially as the Millennium edges nearer, pseudoscience and superstition will seem year by year to be

more tempting, the siren song of unreason more sonorous and attractive...

The candle flame glitters. Its little pool of light trembles. Darkness gathers. The demons begin to stir.

Recovered memory therapy is the kind of demon about which Sagan was warning. What is so frightening about this demon is that the very mental health institutions that are supposed to train their members in science and human behavior have themselves unleashed and nourished the demons.

According to sociologist Joel Best,⁸ the False Memory Syndrome Foundation is the exception in opposing the kind of movement represented by recovered memory therapy. Many people have commented on the success that FMSF has achieved. What has been accomplished is because of you. It is because you have had the courage and determination to turn your own trouble and pain to a better good. I thank each of you. History will thank you. In time, even the lost children will thank you.

Until then, we need to continue our work.

Pamela

- (1) Robert Karlin, 2/14/98, Boca Raton, Florida luncheon comments..
- (2) *Harvard Mental Health Letter*, September 1995 Where Does Research on the Effectiveness of Psychotherapy Stand Today?
- (3) Herman, JL (1992) *Trauma and Recovery*: New York: Basic Books. (page 32)
- (4) Brown, L. The Private Practice of Subversion, Psychology as Tikkun Olam. *American Psychologist* 52, April 1997
- (5) Series is available free from : Power to Harm, Seattle Post Intelligencer P.O. Box 1909 Seattle, WA 98111 206-448-8399
- (6) Schneider & Barber, February 24, 1998 Children Hurt by the system; Society's protectors bent, broke and ignored. rules. *Seattle Post Intelligencer*.
- (7) Sagan, C. (1995) *The Demon Haunted Universe: Science as a Candle in the Dark*.
- (8) Best, J. Victimization and the victim industry. *Society*, 4 (34) May 15, 1997.

special thanks

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HAVE YOU MADE YOUR PLEDGE?

Have you made your contribution to the Foundation's annual fundraising drive? If not, please take a few minutes to think how professionals now recognize what false memory syndrome is and how it devastates families. If you are one of those families, try to imagine what it would have been like if there had been no one to call. Without your support, affected families, former patients, professionals, and the media will have no place to turn. Please be generous. Whatever you are able to contribute is deeply appreciated. To those who have already returned your pledge card, our thanks for helping to ensure that those who need the Foundation's help will continue to receive it.

SACRIFICING THE CHILDREN

by Michele Gregg, M.S.W.

Inside Scars: Incest recovery as told by a survivor and her therapist
Sheila Sisk and Charlotte Foster Hoffman,
Gainesville, FL: Pandora Press, 1987

Editor's Note: Sometimes we can learn a great deal from a book that has been around for a while. Ms. Gregg adds to our understanding of the recovered memory movement with this review.

The welfare of the children of recovered memory therapy clients is an under-researched issue in the recovered memory controversy. Grandparents consistently ask how it could be good for children to suddenly be cut off from people they love. How could it be good for children to be told that their grandparents are people to fear. And there are other concerns...

A 1987 book suggests that recovered memory therapy can be a disaster for the patients' children. *Inside Scars* is an account of "incest recovery" as told by client Sheila Sisk and her therapist, Charlotte Hoffman. Ms. Hoffman was Executive Director of a child abuse treatment program in Florida. The book is endorsed by trauma therapist Christine Courtois, Ph.D., who writes:

"The two authors are to be commended for their courage in documenting the therapy... Their account does not hide the pain associated with the incest experiences nor does it shy away from describing the pitfalls and rigors of the recovery process."

Sheila Sisk initially sought help for her parenting skills. She did this at a time when Parent Aide Programs sprang up across the country. The thrust of the Parent Aide program was: "[h]elping children by helping parents," and one goal was to avoid foster placements. Ms. Sisk acknowledged

problems with her parenting skills (p. 29) and she mustered the courage to seek help at a mental health center. The counselor inquired if she had been sexually abused and Sheila said that she remembered abuse by her stepfather. Marilyn gave her a copy of *I Never Told Anyone*¹¹ and referred her to Charlotte Foster Hoffman for therapy.

Comments by both Sisk and Hoffman indicate that Sheila Sisk's abuse of her children increased during the course of her treatment. Hoffman comments, for example, that "Sheila had already made many calls to her counselor at all hours of the day and night expressing fear that she was 'losing it' with her kids. And the children were truly in dire need of help..."

Sheila Sisk's abuse of her children increased during the course of her treatment.

But the welfare of the children was not the primary concern of Ms. Hoffman's therapy, even though that is the reason Ms. Sisk sought help in the first place. In a description of the second therapy session (p. 53), Ms. Hoffman discloses: "Our second therapy session focused on the only incident of incest Sheila had remembered up to that point. It would be another year before she would recall the more brutal and sadistic sexual abuse she had experienced."

Ms. Hoffman actually notes her fear for the safety of the children but does not change the focus of therapy from recovering memories. Ms. Hoffman writes: "Sheila had kept that secret for fifteen years and now after finally letting it out, she found she was unable to stop the flow of thoughts that came with it. She was shaking when the session ended and I feared for her safety...I was also concerned for the children's safety. With Pandora's box wrenched open and standing painfully ajar, my fears loomed large..." (p. 56)

Ms. Sisk describes her deteriorat-

ing state and the lack of energy left over for her children. "I returned to Charlotte for the next four consecutive days. I continued to make attempts at retelling, mostly reliving, my past... I was increasingly lonely, hurting and increasingly suicidal. Each day my energy would be so used up on me that I had little left over for the girls." (p. 63)

As the memory work escalated, the children had two out-of-home placements. They spent 12 days with one person and seven months in foster care with another person. Ms. Hoffman notes that: "...The children were placed out of her home and Ms. Sisk slashed her arm with broken glass." (p. 47) She acknowledges that: "[t]hings were going from bad to worse." (p. 69) After swallowing 45 tranquilizers and passing out in her therapist's office, Ms. Sisk was hospitalized on a psychiatric unit.

The focus on the past never seems to stop. Ms. Hoffman describes her therapy after Ms. Sisk was discharged from the hospital. "For the next several months Sheila's therapy sessions centered around one main theme—

regaining control of herself while recalling events and feelings from her past. Initially, she would begin talking, then feeling, then hyperventilating and finally falling out of the chair and onto the floor in a dead faint." (p. 79)

"I continued to see Sheila's movement toward health take place at the expense of her children's survival..."

Ms. Sisk states: "With each new-found, painful memory came a flash-flood of anger-laced emotions. Anger towards me and anger towards the girls...The girls loved me and I loved them, yet this fact made little difference in controlling my anger towards them. I still hit them too hard and too much. I just couldn't seem to help myself...I was really starting to be

afraid for them.” (p. 80)

Ms. Hoffman provides a chilling assessment of the progress made in this therapy: “...In fact, the therapeutic process seemed to make life as a mother to her two children much worse... But now with the memories flooding her every waking moment and invading her sleep, her reserves were even lower. Her patience and tolerance for the girls were almost non-existent.” (p. 81)

“The telling of her story had to happen. It was right. But now, it also appeared to be putting her girls’ safety in jeopardy. I continued to see Sheila’s movement toward health take place at the expense of her children’s survival...” (p. 81)

This book was endorsed by leaders of the child sexual abuse treatment field: Christine Courtois, Eliana Gil, Ellen Bass, Sandra Butler and Diana Russell. Did they mean to condone a therapeutic intervention that sacrificed the children? How prevalent is this practice of survivor therapy at the expense of children’s survival?

[1] Bass, Ellen and Thornton, Louise (Eds) 1983 *I Never Told Anyone: Writing by Women Survivors of Child Sexual Abuse*. New York: Harper and Row.

Michele Gregg is an FMS family member and a social worker in Seattle. She is a volunteer researcher for the FMSF Newsletter.



**Skeletons Without Bones:
Dragging Recovered Memories of
Sexual Abuse out of the Closet**
Donna McGraw Laurence and
Rosalyn J. Titus
Wine Press Publishing
Mukilteo, WA 98275

A story that starts in the 1970s exemplifies the devastating far-reaching effects a false accusation can have. Written from a Christian perspective, this intensely personal story should be of interest to anyone caught up in the False Memory phenomenon.

F O C U S

on

S C I E N C E

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodological limits. It is particularly important to understand what conclusions can and cannot legitimately be drawn from these studies on the basis of the data presented. As a result, we periodically present analyses of recent studies, with input from members of our Scientific Advisory Committee.

We are pleased to reprint the following editorial from the prestigious *British Medical Journal*
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For electronic version, see

<http://www.bmj.com/archive/7130/7130e2.htm>

**Recovered memories of
childhood sexual abuse**
**The Royal College of Psychiatrists
issues important precautions**
Harrison G Pope, Jr., M.D.

The Royal College of Psychiatrists has just issued a set of recommendations for good practice in treating patients with “recovered memories” of childhood sexual abuse.(1) The college advises strongly against persuasive or suggestive psychotherapeutic techniques designed to unearth sexual abuse of which the patient has no memory and encourages psychiatrists to voice any doubts which they may have about the historical accuracy of patients’ recovered memories. These recommendations will figure strongly in the widely publicised current debate on “recovered memory therapy” and the possibility that such therapy may encourage so-called false memories.

When false memories occur patients may become convinced that they were victims of long repressed childhood sexual abuse, often at the hands of their parents or other trusted figures. These memories may become a *raison d’être* for certain patients, diverting them from any other thera-

pies, alienating them from their families, and often producing devastating aftershocks in the courtroom. In a recent American case, for example, a young woman in psychotherapy recovered the memory that at the age of 13 she was raped by her schoolteacher, became pregnant, and underwent an abortion. No corroborating evidence existed. In fact, she apparently did not reach menarche until the age of 15, so the pregnancy would have been medically impossible. Nevertheless, she filed criminal charges against the teacher, who was forced to spend his life savings in a legal defence that spanned several years. His case terminated only when the New Hampshire supreme court finally ruled that repressed and recovered memory lacked sufficient scientific foundation to be admissible.(2)

In another recent case a woman and her two young children were admitted to a hospital in Illinois with diagnoses of multiple personality disorder. The woman recovered memories of having been a high priestess in a satanic cult and of having engaged in cannibalism, bestiality, and numerous bizarre sexual acts. After years of treatment, and millions of dollars in medical bills, she retracted all of her memories and sued the therapists and hospital for malpractice. The case has recently been settled for 10.6 million dollars.(3)

The recovered memory debate reduces to a central question: can someone endure a seemingly unforgettable traumatic experience, such as repeated rape, and then expel the memory completely from conscious awareness for many years? This process, variously termed repression, dissociative amnesia, or psychogenic amnesia, is sometimes discussed without question, as if everyone knew it to be true. But is it? Our forebears did not seem to think so. I have not found any clear cases of repressed memory in

classical literature, Shakespeare, or any literature before the romantic writings of the nineteenth century. Only then, in the novels of James Fenimore Cooper, in Charles Dickens's *Dr. Manette*, and in the poetry of Emily Dickinson, does repression begin to appear.(4) And it was still several decades more until Freud(5) and Janet(6) "discovered" the concept. One must ask therefore whether repression is a scientifically established phenomenon, or whether it is simply a romantic notion that has infiltrated our cultural belief system.

And indeed, on critical examination, the scientific evidence for repression crumbles. Admittedly, various published case reports and retrospective studies exist, describing individuals who currently remembered an alleged traumatic experience but reportedly had forgotten it during a previous period of their lives.(7) But asking individuals if they "remember whether they forgot" is of dubious validity.(4)(8) Furthermore, in most retrospective studies corroboration of the traumatic event was either absent or fell below reasonable scientific standards.(9) The only convincing test of the repression hypothesis would be a prospective study, in which victims of a documented trauma were systematically followed up and asked whether they remembered the event.

We have recently reviewed the available prospective studies of this type.(10) Throughout these studies, when subjects were asked directly about traumatic experiences, all reported memories. Non-reporting occurred only in those studies where subjects were never asked directly about the event, leaving open the possibility that these individuals simply did not disclose events even though they did remember them. This problem, together with several other methodological limitations, effectively invalidates the few remaining prospective studies purporting to show evi-

dence of repression (especially the oft cited study of Williams(11)) - leaving no prospective data of adequate methodology to show that individuals can actually repress memories of traumatic experiences.

Of course, some might still argue that we have not disproved the possibility that repressed memories might occur. But this objection turns logic on its head: in the 500 years since William of Ockham first propounded his principles of parsimony, scientists have acknowledged that the burden of proof rests with whomever proposes a novel theory of causation, and not the reverse. Repression may be the stuff of Victorian novels and Hollywood movies, the darling of television dramas, and an object of widespread popular belief. But popular belief in repression does not spare investigators the burden of providing a rigorous, methodologically convincing demonstration of its existence. Until such a demonstration is provided, the recommendations of the royal college seem only prudent.

Harrison G Pope, Jr., M.D. is Associate professor of psychiatry, Harvard Medical School., Boston, MA He is the author of Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma, Upton Books, 1996. Copies of this book are now available and may be obtained by writing to Social Issues Resources Series at 1100 Holland Drive, Boca Raton, Florida, 33427, or by calling 1-800-232-7477.

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CAN MISINTERPRETED DREAMS LEAD TO FALSE MEMORIES?

Allen Feld, MSW

Those of us who attended the March 1997 FMSF family conference in Baltimore were introduced by Elizabeth Loftus to research on dream interpretation and the creation of false memories. She described some of her earlier work with an Italian colleague, Giuliana A. L. Mazzoni from the University of Florence. Dr. Mazzoni is a highly-respected clinical and cognitive psychologist.

This past February Dr. Loftus updated their work at a conference on false memory creation cosponsored by The Elliot and Eleanor Goldstein Foundation and Florida Atlantic University. This research is probably among the most significant to date on the potentially powerful influence of therapists in creating false beliefs about events that did not happen. In addition, it addresses the potential harm in relying on dream interpretation to establish the accuracy of a client's memory.

Critics have complained that previous research demonstrating that a substantial number of people (depend-

ing on the design, but often 25%) will create false memories when they are given even modest suggestions about events that did not occur. The criticisms typically maintain that creating memories of being lost in a mall, or knocking over a punch bowl at a wedding, or even putting one's hand through a window do not depict "real trauma."

This criticism is disingenuous. Critics who choose this as a route to denigrate research with which they disagree know that it would be ethically and professionally wrong to design research that replicated false memories of sexual abuse.

Another criticism is that this type of research is unlike a clinical experience. The recent Mazzoni and Loftus research, however, incorporates an important clinical-like element in what is an excellent research design utilizing a control group and an experimental group. In testing drugs, for instance, an experimental group receives the treatment, a control group receives a placebo and neither group knows whether they are taking real medications or placebos. This procedure strengthens the probability that the research will only measure the effect, if any, of the drug treatment. Mazzoni and Loftus have incorporated these elements in their research.

A pool of volunteers (typically undergraduate students) at the University of Florence and University of Washington completed an instrument called the Life Events Inventory (LEI). Individuals who reported that it was unlikely that they experienced certain events, such as being lost for an extended period of time before age three, were included in the research. The LEI includes three statements that are referred to as "critical items" ("3. got lost in a public space; 19. was abandoned by parents; 32. found myself lonely and lost in an unfamiliar place"). The control group completed the 36-item instrument at

two different time intervals, 3 to 4 weeks apart, and that was their only involvement in the research project.

The experimental group, in addition to completing the LEI twice at the same intervals as the control group, was also involved in what they believed to be a different study that had no relationship to the LEI questionnaire—an experiment on dream interpretation. This 30-minute "clinical interview" was conducted approximately 10 to 15 days after the first LEI session. Regardless of the nature of the dream, suggestions were made by the interviewer, a clinical psychologist, that the dream content was a sign of unpleasant and unremembered childhood memories. The fact that the experimental group believed that the dream interpretation study was not a part of the LEI study served to minimize the confounding effect of bias on the part of research subjects.

The results were analyzed to determine if there were any changes in the LEI scores on the three critical items between the first and the second administration. Statistical analysis reveals that the group that had the dream interview had significantly higher scores on the three critical items in the second administration. The research protocol, it should be noted, included appropriate debriefing.

Although students are frequently used in research studies, critics will likely assert that there is a difference between a clinical population and student volunteers. But it can be persuasively argued that the volunteers may be less prone to influence than a clinical population.

This conclusion might be stated with even stronger conviction when the issue of relationship is considered. It is reasonable to assume that the intensity of a relationship in a 30-minute session would not be as strong as the relationship that one would expect to develop in an actual therapeutic situation. The potential influ-

ence of a dream interpretation in therapy, therefore, would likely be much more profound than a "mistaken dream interpretation" in a university study.

This research contributes significantly to our understanding of the potent effects of suggestions made by an authority figure. That this influence may be present even when the contact is as brief as a 30-minute interview should be a cautionary harbinger for therapists.

These issues are discussed in: Mazzoni, G. A. L. & Loftus, E. F. (in press) "Dreaming, believing and remembering." The article will appear in *The Narrative Construction of Reality: Imaginings, Believings, Rememberings*. J. DeRivera & T. R. Sarbin (eds.) Washington, DC: American Psychological Association.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood College in Pennsylvania.



Child Sexual Abuse and False Memory Syndrome

Edited by Robert A. Baker, Ph.D.
1998 Amherst, NY: Prometheus Books

Publishers Weekly: "While this handbook on child sexual abuse will be of primary interest to professionals and legal experts, its 32 lucid articles written by professionals will also be of value to victims, patients and their families. The compendium aims to help those involved identify instances of child sexual abuse while protecting innocent adults who may be wrongfully accused." Includes contributions from Maggie Bruck, Stephen Ceci, Gail Goodman, James Hudson, John Kihlstrom, Elizabeth Loftus, Richard Ofshe, Harrison Pope, Leonore Terr, Ralph Underwager, Hillida Wakefield, Ethan Watters, Michael Yapko, and more than 20 others. Robert Baker is the author of *Hidden Memories*.

**READ THIS
AT YOUR OWN RISK!**

August Piper Jr., M.D.

Travel is the most private of pleasures. There are no greater bores than travel bores. We do not in the least want to hear what they have seen in Hong Kong.

Vita Sackville-West

Last month, fair notice was given that Sackville-West's appeal—to avoid using travel tales to narcotize the unwary and the innocent—would be shamelessly ignored in today's column. That is, I warned of my intention to comment today on how the false-memory phenomenon has affected people in one European country—Germany—to which I traveled. Beware, all you who read on! Stupefying boredom may await you....

Careful readers of this newsletter may remember that the purpose of the trip was to learn how people of a different culture cope with the false-memory madness.

I was very surprised to learn that Europeans who encounter articles, ideas, or concepts exported from the United States tend to regard them favorably: "Made in America" automatically confers a certain cachet and prestige. However, it was good to discover that in Germany, such respect has so far not extended to one series of exports from America: recovered-memory therapy, lurid accusations against parents, "satanic ritual abuse," people spending huge sums defending against misdeeds that allegedly occurred decades ago, "repression," multiple personality disorder, "truth serum," and all the other assorted horrors of this country's repressed-memory folly.

This lack of respect means that these recovered-memory monstrosities are so far rare in Germany. But such rarity also means that organizations like the FMSF, as nearly as I could tell, are virtually nonexistent there. A

decidedly unfortunate consequence results: those few German families who have been accused tend to suffer from a lack of social support. Readers of this newsletter, I am certain, need no reminders of the importance of this kind of support in weathering the storms triggered by an accusing child.

Such families suffer isolation for other reasons, too. To the degree that any such generalization carries any weight, Germans are much more private about personal matters than Americans. This desire for privacy makes them less likely to divulge embarrassing details of their lives. Additionally, in today's Germany, a certain taint of shame and embarrassment still attaches itself to psychotherapy; to need psychological counseling is considered something of a sign of weakness. For these two reasons, it would be unusual for a German to disclose that a relative was in psychotherapy—and even more unusual to reveal that a child had leveled a sexual abuse accusation against a family member. Also, those tell-it-all, air-out-the-dirty-laundry television shows, so dearly beloved in America, only infrequently grace German airwaves. These three factors combine to reinforce accused individuals' misperception that they are among the very few to suffer the pain of a child's abuse allegation—and therefore to reinforce the perception that they must indeed be wicked, outside the circle of the human family.

For one obvious reason, the mild stigma attached to being a psychotherapy patient in Germany inhibits the dissemination of the false-memory spectacle: it tends to discourage people from publicizing their accusations. In addition, the German legal system, it seemed to me, has been extremely skeptical about allowing stale, decades-old claims into court.

And another powerful brake on dissemination exists. According to my admittedly unscientific research, the mainstream German medical establish-

ment appears to have been quite wary of embracing many of the notions fueling the American recovered-memory debacle (for example, that childhood sexual maltreatment underlies most adult psychological difficulties, that these experiences' memories need to be recovered and "processed" before true psychological improvement can occur, that evidence for "robust" repression exists, or that hypnosis and Amytal interviews provide a "royal road" to historical truth). For example, the use of Amytal is restricted, and German physicians frown on employing it as "truth serum."

All these comments about traveling remind me of the time Cassius Clay, now Muhammad Ali, the heavyweight boxing champion, was a passenger on an airliner. He was not overendowed with modesty. So, when the flight attendant asked him to fasten his seat belt, he said, "Superman don't need no seat belt." Without missing a beat or a step, the attendant replied, "Superman don't need no airplane, either." The champ buckled up.

August Piper Jr., M.D. is the author of Hoax and Reality: The Bizarre world of Multiple Personality Disorder. He is in private practice in Seattle and is a member of the FMSF Scientific Advisory Board.



**(What will they say next department)
How Do Repressed Memories Work?**

"Studies have shown that during periods of trauma, people make indelible snapshots of emotional experiences. These memories appear to be held below consciousness in the tissue of the body as a kind of protective mechanism.

"Unfortunately these repressed memories often cause psychological problems (fear, guilt, shame) and physical discomfort. The connective tissue can bunch around the old hurt, forcing the body into an unnatural position which, over years, can cause problems."

Jane Alexander, March 17, 1998
Daily Mail (London)

FMSF Staff

Minnesota Appeals Court Affirms Dismissal of Repressed Memory Claim

J.M. v. Merkl, Minnesota Court of Appeals, No. C5-97-973, unpublished, filed March 10, 1998.¹

In a March 1998 unpublished opinion, a Minnesota appeals court affirmed dismissal of a repressed memory claim. At trial a year earlier, just after the plaintiff had presented her case, the Minnesota District Court² granted a defense motion for a directed verdict,³ finding that there was no issue of fact for the jury to determine and that the claims were barred by the statute of limitations. Although plaintiff claimed that she first had a revitalized repressed memory of childhood sexual abuse in 1992 and a year later a new "memory" indicated that her father was the perpetrator of the abuse, the court noted that she also testified that she knew the abuse was wrong at the time it occurred. The district court also held that "a reasonable person should have known that what was happening was wrong," citing Blackowiak v. Kemp, 546 N.W.2d 1 (Minn. 1996). The district court concluded that the limitations period expired in the early 1980s, a decade before plaintiff filed.

The District Court also considered the admissibility of plaintiff's expert testimony. The court had allowed the plaintiff's expert testimony regarding the revitalization of repressed memories to be presented at trial, but after hearing it, found that it failed to meet the standards set forth in Daubert and in Frye.⁴ It was inadmissible under Daubert because the expert lacked the expertise to qualify as an expert on the topic of repression. In addition, the testimony did not meet the Frye standard of general acceptance because the witness himself agreed that "there are still differing opinions as to the accuracy of these revitalized memories."

While the district court ruled on both the statute of limitations and the admissibility of the plaintiff's expert testimony, on appeal plaintiff raised only the dismissal by directed verdict and did not raise the issue of the restriction of the expert testimony.

The Appeals Court affirmed the directed verdict which dismissed the case but also agreed that there was no foundation for the testimony regarding repressed memory offered at trial. "We conclude that, on this record, which lacked any admissible expert testimony on the theory of revitalized repressed memory, the district court did not err in determining there was no fact issue for the jury and in directing a verdict for respondent based on the statute of limitations," the court wrote.

References:

1 See FMSF Brief Bank #125.

2 J.M. v. Merkl, Anoka Co. Dist. Ct., Minn., No. C3952826, March 3, 1997.

3 A court may grant a directed verdict during trial after the plaintiff's evidence is presented, if the court determines that the plaintiff's evidence is insufficient as a matter of law and under the circumstances the court is left with no choice but to dismiss the case. A directed verdict is based on a consideration of law rather than the merits of the case. After a directed verdict, the defense does not need to present their case because the matter is already dismissed.

4 Daubert v. Merrell Dow Pharmaceuticals, 113 S.Ct. 1286 (1993).
Frye v. United States, 289 Fed. 1913 (D.C. Cir. 1923).



Canadian Psychiatric Malpractice Suit Settled
LeBreton, Mowery, Nickerson, et al v. Ault, Muskoka-Parry Sound Community Mental Health Service, et al,
 Ontario Court of Justice (General Division), No. 93-CQ-40015.⁵

In the Fall of 1997, a psychiatric malpractice suit was settled out of court in a confidential agreement to the satisfaction of the parties. The suit had been pending in Ontario, Canada since July 1993 when it was filed by four former patients of social worker Dale Ault. Each of the plaintiffs claims that Ault failed to address the problems for which they originally sought treatment and instead negligently told them their problems stemmed from childhood abuse. The community mental health clinic where Ault worked and two of its directors were also sued for negligent supervision, evaluation and training of Ault.

The Statement of Claims describes how Ault failed to address the problems for which each plaintiff had originally sought help. Instead, Ault focused on childhood experiences and stated that he believed at least one close family member had sexually abused each patient as a child. Though none of the patients had any independent recollection of such abuse, Ault convinced them that they had repressed or "dissociated" the sexual abuse from memory. Ault also told them that as a result of repressing this memory, each was now suffering from Multiple Personality Disorder (MPD).

According to the Statement of Claims, Ault used the improper techniques to convince each of the plaintiffs that he or she was suffering from MPD including: providing biased reading material, using hypnosis, and encouraging attendance in group therapy for childhood abuse and MPD victims. Ault told each of the patients that while under hypnosis the multiple personalities had communicated with him.

With each of the plaintiffs, Ault engaged in therapy sessions in meetings outside the office, for example: on walks, drives and in restaurants. According to the

Statement of Claims, Ault told each of the plaintiffs to sever ties with family and friends and encouraged an excessive and unhealthy dependence on him. As a result of Ault's "manipulation, indoctrination and therapy techniques," each became convinced that he or she was suffering from MPD and had been sexually abused as a child. The plaintiffs claim the extensive therapy led to severe long-lasting damages which included: hallucinations, suicidal thoughts, depression, alienation of family and friends, severe emotional distress, additional strain in relationships, and an inability to work or function daily.

As far as we know, this is the first suit of this type to be resolved in Canada. A similar malpractice suit has been filed in Canada against therapist Dale Ault. Reportedly, Ault is currently practicing in the United States.

Complainants were represented by Robert MacKinnon of Toronto, Ontario.

References:

5 See FMSF Brief Bank #186 and BBC, 5th Estate. "Multiple Personality Disorder," 1/9/93, Michele Mativieu producer. One of the plaintiffs hopes to publish a book, *The Con of the 90's*, summarizing her experience.



Editor's note: This month we learned of four investigations by state licensing agencies concerned with unprofessional conduct of therapists employing recovered memory techniques. One of the investigations was initiated by the mother of the therapist's patient. The FMSF Foundation has been tracking 25 similar investigations by state agencies.

Washington Therapist Faces New Charges of Unprofessional Conduct

In the Matter of Registration or Certification to Practice of John W. Laughlin, State of Washington, Dept. of Health, Counselor Programs, No. 98-01-B-1026MH.⁶

In January 1998 new charges of unprofessional conduct were laid against physician's assistant John Laughlin by the Washington State Department of Health.⁷ Laughlin was charged with unprofessional conduct under four sections of the Washington Code RCW 18.130.180.

The Statement of Facts issued by the investigating agency summarized Laughlin's treatment records for one of his former patients. According to these documents, Laughlin "recommended [his client] read *The Courage to Heal* and *Healing the Child Within*, books which deal with physical and sexual abuse and repressed memories. [Laughlin] made this recommendation despite [his client's] denial of an abusive history, and without adequately assessing or evaluating [his client], without reaching a supportable diagnosis indicative of repression or dissociation, and without developing an adequate treatment plan. [Laughlin] pursued repressed memory therapy without offering [his client] an explanation of this treatment, and without offering any alternative therapy for [his client's] presenting problems...Instead, [Laughlin]

focused his therapy on breaking through [his client's] 'denial' of childhood abuse using hypnosis, progressive relaxation...and visualization."

Despite the fact that psychological testing "did not support Laughlin's decision to continue repressed memory therapy, and to pursue childhood abuse as the source of [his client's] complaints, [Laughlin] ...encouraged his client to believe that visualizations, childhood nightmares, 'body memories,' and 'recovered' memories, all indicated that she had been sexually abused as a child by a relative, that the abuse had been ritualistic and satanic, and that she might still be in danger from a cult. [Laughlin] further encouraged [her] to believe that she had multiple personalities. He persisted in these suggestions even though [his client] continued to question whether the 'memories' were literally true." As his client's illness worsened, Laughlin did not reassess the treatment program or refer his client to another health care practitioner.

Laughlin is also charged with failure to observe clear professional boundaries and encouraging his client to become dependent on him. Laughlin has denied all of the allegations regarding his treatment of the client. Laughlin also denied that his license to practice was suspended by the Washington Medical Quality Assurance Commission in December 1997.

References:

6 See FMSF Brief Bank #142b. For related reports see FMSF Newsletter June 1997.

7 In December 1997, the Washington State Medical Quality Assurance Commission suspended his license to practice, placed him on probation and fined him \$5,000 following an investigation of unprofessional conduct. Three former patients have sued Laughlin for negligently inducing false memories of sexual and ritual abuse.



Washington State Board of Health Investigates Therapist

In the Matter of Registration or Certification to Practice of Regina S. Gamage, State of Washington, Dept. of Health, Counselor Programs, No. RC710, MH 30002323.⁸

In January 1998, the Washington State Counselor Program charged hypnotherapist Regina S. Gamage with unprofessional conduct. Gamage allegedly caused a patient serious emotional distress by using repressed memory treatment. Gamage also convinced the client that members of her family were in a satanic cult, and were trying to kill her. When the patient's condition worsened, Gamage did not change the course of treatment or refer her to another counselor.

References:

8 See "Washington state disciplines health care providers," *Business Wire*, Feb. 13, 1998. See also FMSF Newsletters July 1996, April 1995. The *Seattle Post-Intelligencer* (5/21/96) reported that after settling a malpractice suit in

which one of Gamage's former patients alleged her therapy caused delusions and indirectly led to a fatal auto accident, Gamage continued to practice in Vancouver, Washington.



Psychiatrist Accused of Implanting False Memories of Satanic Abuse is Under Investigation by State

Patricia Crawford v. Donald C. Garland, Jr., Investigation, Arizona Board of Medical Examiners, No. 9940.⁹

Tucson psychiatrist Donald C. Garland, Jr. is under investigation for implanting false memories of satanic abuse in a patient and destroying the patient's family ties. The Arizona Board of Medical Examiners, which has the power to discipline doctors and revoke their licenses, voted to continue the investigation and has scheduled a final hearing for March 27, 1998. The investigation is in response to a complaint filed against Garland in May 1996 by the mother of one of Garland's patients.

According to Board of Medical Examiners records, the woman sought therapy for marital problems and depression, but was soon diagnosed with MPD as a consequence of childhood abuse and satanic ritual abuse. The patient reportedly recovered memories of physical, sexual and ritual abuse by her family, including memories that she had been raped with knitting needles and a shoehorn by her mother and grandmother, and also her father to a lesser extent. All were supposedly involved in satanic cult activities. The alleged abuse purportedly began around age 2 and continued through most of the patient's childhood, according to Garland's records.

Board investigators said they were unable to find any documented evidence for these claims. They also found no evidence that Garland tried to verify the patient's claims by talking to family members or by any other means. Garland's records of the patient's therapy show numerous hospitalizations, a suicide attempt and her claim that her sister had been similarly abused. The sister denies any abuse and says that their home was a happy one.

Garland confirmed that he was still treating the patient. After seven years of therapy, he said her "hundreds" of multiple personalities are beginning to "integrate" and she no longer believes some of her initial accusations.

"Not only have I lost my daughter, but Dr. Garland has done us a terrible injustice," the mother told the board. "Without the action of the Board, there is nothing to prevent Dr. Garland from continuing to treat my daughter. The Board has already stated that she has been done harm. Will this be allowed to continue?"

Board member Dr. Pamela Powers stated at a November 1997 hearing, "I believe this patient has been harmed. I believe that she has literally become disabled...and she has lost some years of functioning...And I think that a disciplinary action is in order."

References:

⁹ See Carla McClain, "Doctor accused of implanting satanic abuse memories," *Tucson Citizen*, 2/12/98.



California Psychologist Placed on Probation for Using Unfounded Techniques

In the matter of John Daniels Lovern, California Department of Consumer Affairs' Board of Psychology, No. ___, decision Feb. 13, 1998.¹⁰

In February 1998, the California Board of Psychology placed psychologist John Daniels Lovern on probation for seven years for using unfounded techniques and theories in treating a suicidal woman. According to the complaint, psychologist Lovern was charged with applying "naive, uninformed and unproven or unprovable pseudoscientific theories of multiple personality disorder, cultism, and satanic ritual abuse to his treatment of her." The complaint stated that Lovern blamed the woman's problems and her failure to respond to treatment on cult members who he believed were controlling her. During the 2 1/2 years of treatment by Lovern, the woman attempted suicide at least three times. According to the complaint, Lovern deprived his patient of adequate reality testing, so that when the patient was hospitalized and being treated by other therapists, she was suspected of being delusional.

The Board has placed Lovern on monitored probation for seven years, during which time he must undergo psychological evaluation, complete an approved course in psychology, and reimburse the board \$14,000 for the costs of investigation and enforcement.

References:

¹⁰ See "Psychologist Probation," *City News Service (Calif)*, 2/13/98.



Child Sexual Abuse Conviction Overturned after 12 Years

Snowden v. Singletary, 1998 U.S. App. LEXIS 2624, Feb. 18, 1998.

In February 1998, the 11th U.S. Circuit Court of Appeals, in a unanimous ruling, overturned the conviction of Miami police officer Grant Snowden. Mr. Snowden had been sentenced in 1986 to five life terms on charges he had committed sexual crimes against small children. He was convicted with the help of testimony from alleged experts in child sex abuse and from young child witnesses subjected to endless hours of interrogation designed to extract accusations of molestation. Mr. Snowden had spent nearly 12 years in prison.

The 11th Circuit Court noted, pointedly, the so-called "evidence" against officer Snowden consisted only of stories told by three young children, the oldest of whom was age 6 at the time of the trial, reporting abuse that supposed-

ly occurred two years earlier, when the oldest child was 4. The judges also note in their decision, "The only physical evidence that a child might have been abused by anyone was that one of the children had been treated for an ailment that can be transmitted sexually, though it is also known to be transmitted by other means."

Given "the circumstances of the trial underlying this case," the judges wrote, and "considering the lack of other evidence of guilt," they came to their decision granting Mr. Snowden's petition for relief, and ordering his release, "unless the state affords him a speedy new trial." The prosecution has not yet decided whether to appeal the ruling.

A recent *Wall Street Journal* editorial (2/20/98) noted that in this and many other cases tried during the mid-1980s the case depended heavily on the testimony of the state's experts—experts who could, for instance, persuade juries that children who maintained under questioning that they had not been molested were not telling the truth. And that indeed, the more the children maintained they had not been molested, the more certain it was that they had been abused. A child who denied being abused was described, as a prosecution expert in the case against the Amiraults did, as "not ready to disclose."

The Wall Street Journal reminds us that one medical expert for the prosecution in the Amiraults trial testified that a four-year-old child could be penetrated anally with a butcher knife without leaving signs of injury. "The function of such expert witnesses," the editorial continues, "is to convince juries to disbelieve the evidence of their common sense experience. We are speaking here of junk science — employed in all manner of cases, not least in these now notorious child abuse prosecutions."



A Retractor Speaks - Part II Beth Rutherford

Editor's note: Part I of Beth's story, her experiences in therapy which led to memories of parental abuse, was published in the FMSF Newsletter January/February 1998.

My Journey Home and Back to Truth

At the end of 2 1/2 years of therapy, I had come to fully believe that I had been impregnated by my father twice. I "remembered" that he had performed a coat hanger abortion on me with the first pregnancy and that I performed the second coat hanger abortion on myself. I also "recalled" that he had inserted a curling iron, scissors and a meat fork inside of me, and other "horrors." I came to believe this without a doubt and could "remember" it happening detail by detail.

I was told by my therapist that I had to separate from my parents in order to break this cycle of "abuse" in my family. Otherwise, my therapist said, I would be at risk to abuse my own children some day when I became a mother. By the end of this 2 1/2 years of therapy, I had so physically deteriorated that my weight was down to 87 pounds, unable to eat because of the emotional and mental battle that was raging inside me. I was on medication and my mind was sinking deeper and deeper into blackness. With my last bit of energy and in an effort to begin to "get well," my middle sister, Lynette, and I rented a U-haul and moved away from my parents in Springfield, MO to Oklahoma City, OK. My youngest sister, Shara, went into hiding in Springfield, afraid that my father would murder her. Both of my sisters had come to believe my "memories" of abuse. We cut off all communication with my parents.

However, moving away from my parents also put me out of direct contact with my therapist. This was the best thing that could have happened to me, although I didn't realize it at the time. After four months of continual phone contact with my therapist in Missouri, I was instructed by her to try and find a new therapist to continue my "treatment." But, I decided, I had participated in all the therapy I could handle and wanted a break from the tormenting sessions that dwelt exclusively on abuse events. This crucial decision was the beginning of my journey home. When you don't have someone interpreting your parents' every move and word, you begin to think on your own.

After I left home, my father and mother were brought before the southern Missouri state leadership of our church. My father's ministerial creden-

tials were taken from him because he was charged with molesting and abusing me as a child. My mother was accused of participating in some of the molestation by restraining me so my father could carry out his sadistic acts.

Three months before these accusations were made, my father had lost his job at our denominational world headquarters, but he never knew the real reason why he was fired. Now, however, he began to realize what had really been going on behind the scenes. My parents were told that they were not to contact my two sisters or me. It was explained to them that if they didn't sign a statement of guilt, their file would be turned over to the district attorney's office and my father would be prosecuted to the fullest extent of the law, and he would face seven years to life in prison. My parents refused to admit guilt to our denominational lead-

ership for something they had not done.

All communication ceased between us. I fully believed that my parents had committed these atrocities as much as they fully knew that they had never done them. What changed my mind? What brought me to the truth?

On April 19, 1995 at 9:02 AM, a bomb went off in Oklahoma City. My mother, a nurse like me, was working at the hospital that day in Springfield, MO. As she went from patient to patient, she overheard TV reports about the shocking devastation in Oklahoma City. A lot of horrible things happened that day, but one good thing came out of it all.

My mom knew that two of her daughters were in Oklahoma City. She was worried about my sister and me, knowing we worked in the vicinity of the explosion. She also knew that she had been told that if she contacted her children it could be used in a court of law against her as harassment. But she decided, "There is no law against expressing love and concern for my children. If they want to lock me up for trying to find out if my daughters are alive, then let them." When worry overcame fear, she called. But I was not home, so she left a message on the answering machine.

My sister and I were caught in the massive traffic on the interstate that day. We missed the phone call, but it is a day I will never forget. It was our first contact from home. You see, when I came home and listened to my mom's voice, it was the most soothing and comforting thing that could have happened. As I later learned, my mom had prayed for an opportunity to be able to show her love for her daughters, and kept her mind and heart open to any circumstances that would allow it. She didn't know if it would happen in months, years or even maybe never, but she was looking and hoping. With that thought in her heart, her words

that day were ones of love and concern. She stated that if we needed anything to let her know and that they (my parents) were always there for us. She then hung up the phone. I can remember listening to that message and hearing that "past" mom that I had hidden away in my memory, and I thought of times when she would rock me at night as a little girl or hold me when I was upset. For a brief moment, good true memories crept into my thinking. I quickly shoved them back into the "closet," though, as I felt I had to keep hatred toward them alive. But, it was the next little step in my journey back home.

My youngest sister, who during this time had been living in hiding from my parents in Springfield, MO, started making contact with my parents. She was the first to go home. She called and told me that after having a nine-hour talk with our parents, she was planning to move back home. I felt so betrayed. I told her, "Shara, you and I will always be sisters and in that context I will always love you. But, you have stabbed me in the back and I feel betrayed." I hung up the phone and turned to my sister Lynette and cried. I said, "Lyn, please don't ever do to me what Shara has just done." I can remember lying in bed at night and hurting over being so betrayed.

Shara and I had very little conversation on the phone from then on. I can remember thinking that if I proved to Shara that she was wrong, she would come back and "join my side" again. I decided that the best way to do this was to show my parents how much better off I was without them in my life and Shara would perhaps see how cruel my parents were to me when I was with them. After all, my parents were horrible monsters and only mean things would come out of their mouths at me. In my desire to prove Shara wrong and to show my parents I really didn't need or want them in my life, I made another contact. In retrospect, it

was actually another giant step toward home.

I called up my mom and asked her if she wanted to go shopping with me. I told her that I would meet her halfway (in Tulsa, OK) where my aunt and uncle lived, and we could shop together if she would agree not to talk about "the situation." She agreed and off to the mall we went!! So many important things happened in that one afternoon that were so vital to my coming back home. I want to share them with you and explain why it was so helpful to me.

1. We met in a neutral place. By meeting in a neutral place there were no emotional attachments to it. If I had met my mom at their home, it would have been too emotionally threatening. If I left that day thinking good and warm thought about her, I would have later chalked it up to having been emotionally manipulated into feeling that way. It needed to be a place that had no emotional components.

2. We met in a place of activity. By meeting in a place surrounded by action and noise, the pressure was not there to talk. If we had met in a favorite restaurant, it would have been difficult for me—too much eye contact, too much quietness. It would have been very uncomfortable for me to sit across a table staring at my mother and struggling to talk about something. In fact, I probably would have gotten up and walked out because of the sheer awkwardness that would have been present. However, at the mall there was no pressure for conversation.

3. We discussed neutral topics. Since we are both nurses, we talked about work and our frustrations and enjoyments about a career in nursing. We talked about our dog, Ginger. I missed her dearly and my mother talked about the newest crazy thing she had just done. We never talked about my dad or what was occurring in our lives because of my belief in the sexual abuse. By my mother keeping her

agreement not to address the "situation," I soon came to realize that my parents would respect the boundaries that I had placed and that they could be trusted. My mom and I laughed together and for a few hours our relationship was just like what it had always been.

4. She asked my permission to do things. While at the mall, my mother asked me if she could buy me a loofah sponge. I said, "yes," and she bought it for me. I can remember standing at the counter and holding back tears as she paid for it. You see, I knew my father was unemployed and I knew that she didn't have money to be spending. Watching my mother's love in action was something I thought about after we had parted ways. Also, when my mother asked me if she could buy something for me, it left me with the consequences of my decision. If I had said "no," I couldn't have walked away thinking "See my mother doesn't even care about me. She never even offered to do something for me." If I said "yes," I couldn't walk away and say, "My mother feels guilty for what she did to me as a child, so she is buying me gifts to make up for it." By her asking me, I couldn't misinterpret her gift.

These basic elements in our meeting together for the first time made such an impact on me. How could such an evil parent be loving and warm toward an accusing daughter? I began to think for the first time that this picture wasn't lining up. However, I didn't allow myself to dwell on those thoughts for too long. You see, it would be too conflicting on the inside to do so. It was easier to just ignore thoughts of love and affection for or from my mom. Fortunately, this was a short-lived pattern. Although my mom wondered what good the shopping trip had done, little did she know that as I drove back to Oklahoma City I dwelt on every word said, every twinkle in her eye and her smile. Her objective of showing LOVE had been accom-

plished, but only I knew that.

Since my experience with my mother had gone so well, we kept in touch and I became more open to the idea of seeing my father. A short time after the shopping visit, my mom began asking me repeatedly if I would allow my father to see me. I repeatedly told her "no." I explained to my mom that I would vomit if I saw my father. I still believed that he was a monster of a human being. My mom, again, respected my answer but continued to gently prod on. I finally agreed to see my dad. It happened at my uncle and aunt's house in Tulsa, OK. I came down from upstairs and walked into the kitchen. I was a nervous wreck! Out of the corner of my eye, I saw my dad coming across the kitchen toward me. I closed my eyes and was waiting for the impact of his fist. I thought he was going to hit me, as I believed he was an evil man. Although he had never hit me with his fist before, I had come to believe through therapy that this was a common occurrence in my growing-up years.

Beside me, I heard muffled sobbing. I opened my eyes and there next to me stood my dad. I stood in disbelief. Why is he crying? He quietly whispered through his tears, "Thanks for letting me see you. . . I thought I had lost you forever. . . I didn't think I would ever see you again. . . Can I say your name?" I nodded my head quietly in a "yes" motion. He began to say my name over and over. He explained "It just hurt too much to say it before." You see, I was expecting an angry man to come at me with accusations and tones of hatred. I expected that he would demand answers and give me ultimatums or threats of permanent alienation. But he displayed the exact opposite. He showed a heart of a real dad, full of love.

I remember standing at the kitchen counter that day. It was a tender moment that my dad and I share to this day. It still brings tears to our eyes

when we talk about it together. But standing there that day, I was blown away in my thinking. How could such an ugly monster be so caring, loving, broken and tearful? I started to wonder if all those memories were true. After all, this just wasn't lining up. Let me explain some things that began to turn my thinking around that day.

1. My father avoided any kind of angry tone or hostility. Had my dad told me that I was all wrong and that if I ever wanted to see him again, I must apologize, I would have promptly gotten my keys and gone home. If he had wanted to hash out all of my accusations and go over them, I also would have left. But, by wanting nothing more than to see me and by not bringing up a single detail of the wreckage of his life, I went away thinking only of his tears and gratitude toward me for allowing him to see me.

2. My father let his emotions show through. This perhaps had the biggest impact on me, for I had never seen my dad cry like he did that day. I learned that my father did not let this devastating experience harden him. Instead, it softened and broke his heart and that softness was what won mine.

3. We were only together for a short period of time. Had my father and I spent all day together, it would have been too emotionally overwhelming for me. The short encounter allowed me to dwell on the details in a better way. It also kept him from saying the wrong things! In other words, I didn't have too much to remember from our meeting, and what I did have to remember weren't the wrong kinds of things.

Remember (parents), the therapist suggests that you are monsters. Be careful to do and act in whatever manner that keeps you from looking like and acting like a monster or someone you are not!!! That doesn't mean it is easy to do. If you were to ask my parents, they would tell you that there were times when they want-

ed to come to Oklahoma City and barge into my place. For they thought that if I would just see them, it would "snap me out of it." But, this would have been the worst thing they could have done. I would never have come home. I became a returner before I became a recanter.

Over the next few months, we began to talk on the phone. The conversations were neutral and short. Finally, I told my parents that I wanted to talk with them. They came to Oklahoma City and came to my place for the first time. My parents battled between themselves over whether or not they should address my accusations with me. But, they decided to let me bring that subject up when I was ready, and in my case it was the right thing to do.

I eventually brought up the subject, and when I did we had an eleven-hour talk. We even went to a fast-food drive-thru so that we didn't have to stop and make dinner. We talked the whole way there and the whole way back!! It was in those 11 hours that I first heard the words "false memories." Over time I came to understand what had happened to me. My parents did a lot of the right things in that first discussion of the whole situation. (Although if you were to ask my parents, they would say, "We had no idea what we were doing. We felt like we were walking on thin ice not knowing from one moment to the next if we might say the wrong thing and ruin the progress made.") These are some of the things they said that really helped me:

1. **One of the first things out of my parents' mouths when I announced I wanted to talk about what had happened in our family was, "Beth, we don't care what it was that brought you to believe these things about us. What matters most is that we have you."** My parents continually reassured me that no matter what I told them about my therapy sessions or the beliefs I once held

about them that they would always love me and want me in their lives. As the conversation progressed, so did the feeling of guilt on my part. It was their reassurance of love that kept me continuing the path back home and not shutting the door for fear I would cause them to want to desert me.

2. **My parents understood what had happened.** By my parents' understanding what happened to me even before I understood it, I found I wasn't shocking them as I unfolded details of my therapy. They were already aware and familiar with the therapy process. It made me not feel so stupid when I realized I wasn't the only one who had had this kind of therapy.

3. **My parents were non-threatening.** I never felt like "a big punishment" was going to be given to me when I walked in the front door. They accepted me just as I was, pieces and all.

In time, my parents and I sat down and talked about the whole ordeal. This included everything that my mom and dad had been through. My sisters and I have talked, too. We have asked my parents for their forgiveness and they willingly and quickly gave it.

My prayer to God shortly after we were reunited was, "God, pour so much Elmer's glue over us that we won't ever be separated again!!" And God has answered my prayer. My family and I love each other so much and we're as close as before, but I'd say even closer because we've individually and collectively survived this almost fatal nightmare. Yes, we are still a normal family with our differences of opinion and personalities, but we cherish our times together as never before, knowing we almost lost each other.

Family love is strong and resilient. Love prevails . . . It bears all things, believes through all things, hopes through all things, endures through all things. We now walk our life's journey TOGETHER. □

What happened to the therapist who treated Beth?

A telephone call to the Assemblies of God headquarters produced the information that the therapist to whom Beth turned, Donna Strand "is not one of our ministers so she would not come under our discipline." As far as we know, Donna Strand, continues to practice.

THE RUTHERFORD FAMILY SPEAKS TO FMSF FAMILIES

"It helped me realize what my daughter went through!" A Dad

Don't miss it.

Order form on last page.

"A diary aids memory. When I reread journals I wrote twenty years ago, I feel as if another person had written them. I read about old friends, and places that were once home for me, and often must read five or six pages before I can recall them clearly. Often there is little similarity between what I remember and what actually happened. But both versions have meaning for me as a writer..." page 41

The Writer's Handbook, 1990

*Edited by Sylvia K. Burack,
"Should You Keep A Diary?"*

*Pressed for rules and verities
All I recollect are these:
Feed a cold to starve a fever.
Argue with no true believer.
Think too-long is never-act.
Scratch a myth and find a fact.*

Phyllis McGinley - Times Three

Notice

From the FMSF Business Office

The FMS Foundation now accepts Discover as well as VISA and Master Charge accounts.

I Will Not Give Up

After seven years of hoping, I try to deal with the sad reality that my daughter may never come back. Sometimes I am very tired of fighting. But I know that I will not give up until this insidious movement is completely defeated.

I have seen so much harm done to people in the name of healing, so much injustice, so much heartbreaking indifference, so much incredible hypocrisy and cowardice, so much junk "research" parading as science. I no longer fight just for my daughter and my family, but for the thousands of women still trapped in their lonely world of therapy-induced delusions and for the men and women wrongfully in prison.

My family came to Canada from communist Europe 30 years ago. After living in a lawless society for most of my early years, I adored this fabulously free and secure country. In my worst nightmares I would not have been able to imagine that one day I would be corresponding with innocent men whom the corrupt justice system sent to prison on the basis of the flimsiest "evidence" imaginable: that of someone's uncorroborated "recovered memories."

Paula Tyroler



What a Difference

Recently we were visiting in my hometown and went to the church where I had grown up. The pastor was telling about his wife's experiences as a prison counselor and people not taking responsibility for their actions.

The message was that evil does not have the last word, and it was our duty as people of faith to resist evil in whatever form we find it. Evil does exist in the world whether or not you

personify it.

After the service, I told the pastor I had just the book for him. I went out to the car and got Pam and Eleanor's book, *Smiling Through Tears*. (Now I have to buy another book, but this was money well spent!) That created the opportunity to tell him more about the False Memory Syndrome and the Foundation. And being in the New York Conference, he already knew a man who had spent 10 years in prison on false allegations that arose from a church day care center.

We had the privilege of meeting that wrongfully imprisoned man, Pastor Nathaniel Grady and his charming wife at the January 1997 conference in Salem, Mass commemorating the 300th anniversary of the Day of Contrition. What a difference time (thanks to the FMSF and the professional volunteers) has made—people know about false accusations and want to hear more.

A Mom



She Must Apologize First

My wife and I feel compelled to comment on the many letters printed in your newsletter, from parents with returning but not recanting daughters. We too have lost our daughter due to false accusations of sexual abuse, the so-called memories having been recovered in therapy. We have tried through many letters, sending of educational material, seeking to work through her in-laws, etc. to convince her of her folly, all to no avail.

At her insistence, she has separated herself from the family for over six years. About two years ago she offered to forgive us with the implication that by so doing we could reestablish a relationship.

Since we are completely innocent, we have categorically refused to accept her forgiveness. Although we have repeatedly told her that we love her and want her back in the family, we

have established firm conditions for her return. We have consistently maintained that we will have no relationship or communication with her that is not related to the accusation or that is not preceded by the following:

- her complete retraction of all accusations
- her recognition of how horribly cruel and unjust these accusations were and the harm they have done
- her request for forgiveness coupled with her unconditional and sincere apology

In order to help her come back to reality, we have made one exception in our position. We will discuss her false memory problems with her, and provide for her whatever related educational materials she will accept.

We still love our daughter and are filled with compassion for her, and it is our fervent prayer that she will be restored to the family. Nonetheless, we believe that it is a necessary prerequisite, to her regaining mental health and for us to be able to trust her again, for her to recognize our innocence and for her to admit her guilt and responsibility.

We note in the many letters to the FMS Newsletter that people seem to regard their daughters as victims of their therapists. It seems to us that by doing this the parents continue to permit the daughter to consider herself a victim and avoid responsibility.

While we also lay blame upon her therapist as well as upon many others (including many so-called Christian organizations, politicians, the media, NOW, the psychology industry, etc.) we do not excuse our daughter and her husband. We hold them accountable for the terrible thing they have done.

We should all have compassion for people's weaknesses and problems, but we believe very strongly that people's weaknesses and problems do not relieve them of accountability for their actions. The false memory problem is one of the fallouts of the concept of

victimhood that permeates our whole society.

To allow our daughter back in the family without her accepting culpability for what she did is to perpetuate the evil. This, my wife and I absolutely will not do.

We do not judge the people who disagree with us and have accepted their daughters back without the conditions we have imposed. We have the support of our two sons and other family members and it may be easier for us to take a hard line than for some others. We do question, however, how anyone can ever again trust a daughter who has not recanted, apologized, and fully understood the magnitude of what she has done. A trust once violated and shattered is not easily restored.

A Father and Mother



Filing A Complaint

Several years ago I filed a well-documented complaint with the California Board of Behavioral Science Examiners charging fraud, negligence and gross injury to my family, including my accusing daughter. The Board rejected my complaint on the basis that I am a third party and the wall of confidentiality precluded their action.

I then filed a similar complaint with the therapist's professional group, the California Association of Marriage and Family Therapists. It was rejected out of hand. Why? No doubt because of internal politics.

Recently I filed a complaint with the Attorney General of the State of California as an out-of-state person. I

need the support of many accused parents in the state who are willing to file complaints that are well documented.

For those concerned about therapists in California, you may want to contact:

Mr. Daniel Lungren
State Attorney General
P.O. 944-255
Sacramento, CA 94244

I urge residents of other states also to file complaints with their attorneys general. If we don't care enough to do something, who will?

A Dad



Reflections

It is an honor to be part of FMSF. Many things have happened that have changed me — and changed people change people. Most of us do not like to change, because change can produce pain, but pain can produce growth which in turn produces love and an abundant life. You're never too old to change.

Yesterday is a cancelled check, tomorrow is a promissory note. Today is cash. Don't take it for granted. Spend it wisely. Trust in God and live an abundant life.

A Mom and Dad



Patience and Love

Neither of my girls has actually retracted, but they have eased back into my life and I feel a good measure of love and respect from them. I'm grateful for this turn of events and would just like to pass this encouragement on to other parents: We wait 9 months from conception to the birth of

our children, then we wait approximately another 20 years while they grow into adults and can be on their own. When terrible things such as FMS happen and cause rifts in our lives, if we are patient, kind and always loving, our world will probably turn around for the better.

A Mom



Thank You

I want to thank the FMSF for being there through the dark days from my daughter's first accusation. Thank God, we found you because I read letters from other parents and we did what they suggested. I wrote non-confrontational letters to her monthly. One of my two sons kept in touch with her and never fought with her about her beliefs.

That son got married in September and my daughter came to the shower, our rehearsal dinner and the wedding. She hugged her father and me and acted just like before the "memories." She has not recanted yet but we don't intend to press her. Thank you, thank you, thank you.

A Mother



Does it Have Pictures?

Our eldest son cannot apologize enough... He says it over and over.. He never accused us but he is so sorry for his absence... Again last night when we were talking on the phone he gave another expression of sorrow.

I asked him if he would like to read a book or two so that he could understand the dynamics to understand how all of this evolved... His reply was typical for him, "Does the book have pictures?" Fortunately, I can honor that request, and when he comes next I will present him with *Smiling Through Tears*.

A Mom



Notice in a church bulletin in Orlando, Florida February 8, 1998

"If you are taking counseling of any nature and "regression therapy" is being used... I encourage you to visit with me and let me share with you the dangers inherent in this type of therapy."

"'Repression' is a theory about how memories are lost, and 'regression' involves theories of how memories are recovered."

"Some 'Christian' therapists are using these techniques... but there is NO Biblical support for such!"

Your Pastor

The pastor had attended the conference for clergy at Rollins College in November.

STATE MEETINGS

Call persons listed for info & registration

MONTANA

**"Memory Retrieval Techniques:
Extended Implications"**

April 18, 1998: 9:00 AM - 4:30 P.M.

Best Western Heritage Inn Great Falls Montana

April 25, 1998: 9:00 AM - 4:30 P.M.

4B's Inn & Convention Center Missoula, Montana

For more Information call
Lee or Avone: 406-443-3189

CEU Credits Available

CONNECTICUT/SOUTHERN NEW ENGLAND

FMS GROUP MEETING

Sunday April 19, 1998 1:30 P.M.

Unitarian Church 700 Hartford Turnpike

Hamden, CT

Call Paul Thomas for details/directions: 203-458-9173

MICHIGAN

**"What Are The Courts Doing To Stop
Junk Psychotherapy?"**

May 5, 1998 7:00 P.M.

**Temple Beth Emeth, St. Clare's Episcopal Church
2309 Packard Road Ann Arbor, Michigan**

Speaker: Demosthenes Lorandos, J.D., Ph.D.

Presented by the Ann Arbor Friends of FMS Foundation

For more information call Martha:

734-439-4055 (leave a message if necessary)
or 734-439-8119

Ride-share information

Grand Rapids or Kalamazoo areas:

Marge: 616-383-0382

Troy area - Nancy: 248-642-8077

MINNESOTA MEETING

Saturday May 16, 1998 9 A.M. - 2:30 P.M.

Ft. Snelling Officers Club, St. Paul, MN

For more information call:

Dan or Joan: 612-631-2247

Terry or Colette: 507-642-3630

ESTATE PLANNING

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

INDIANA

Saturday April 18, 1998 8:30 A.M. to 4:00 P.M.

Speakers: The Rutherford Family

Continental breakfast and delicious luncheon included. The meeting will be in Indianapolis and is sponsored by the Indiana Association for Responsible Mental Health Practices. For more information call: Nickie: (317) 471-0922; Fax: 317-334-9839 or Pat: 219-482-2847

NEW MEXICO - ALBUQUERQUE

April 18, 1998 8:00 A.M. to 5:00 P.M.

Albuquerque Hilton Hotel 1901 University Blvd, NE

For more information contact: Sy at 505-758-0726

Speakers will include:

Pamela Freyd, Ph.D. Eleanor Goldstein
Don Tashjian, M.D. Paul Simpson, Ed.D.
Lee McMillian, Esq.

6 CEU Credits Approved by the
New Mexico Board of Psychologist Examiners

NEW YORK

Family Meeting Sunday May 3, 1998 2 P.M. - 5 P.M.

Shenendehowa Methodist Church

Rt. 146 Clifton Park, NY

Speakers: Pamela Freyd, Ph.D. Eleanor Goldstein

For more information call

Dorothy: 518-399-5749

Evelyn: 518-371-7661

VANCOUVER MEETING

Friday May 8, 1998 6 P.M. - 10 P.M.

Mount Pleasant Community Centre

3161 Ontario St. Vancouver, BC

Pot Luck Dinner

Speakers:

Pamela Freyd, Ph.D.

Eleanor Goldstein

For Further Information call Ruth 604-925-1539

ONTARIO

ANNUAL MEETING OF ONTARIO AND QUEBEC

FAMILIES, FRIENDS & PROFESSIONALS

Saturday May 30, 1998 10 A.M. - 4 P.M.

Edwards Gardens Centre 777 Lawrence East Toronto, Ontario

Speakers:

Pamela Freyd, Ph.D. Eleanor Goldstein

Campbell Perry Alan Gold

Donna Laframboise

For more information call Pat: 416-445-1995

CONTACTS & MEETINGS - UNITED STATES

ALASKA
 Bob (907) 556-8110

ARIZONA
 Barbara (602) 924-0975;
 854-0404 (fax)

ARKANSAS
Little Rock
 Al & Lela (501) 363-4368

CALIFORNIA
Sacramento - (quarterly)
 Joanne & Gerald (916) 933-3655
 Rudy (916) 443-4041
San Francisco & North Bay - (bi-MO)
 Gideon (415) 389-0254 or
 Charles 984-6626(am); 435-9618(pm)
East Bay Area - (bi-MO)
 Judy (510) 376-8221
South Bay Area - Last Sat. (bi-MO)
 Jack & Pat (408) 425-1430
 3rd Sat. (bi-MO) @10am
Central Coast
 Carole (805) 967-8058
Central Orange County - 1st Fri. (MO) @ 7pm
 Chris & Alan (714) 733-2925
Orange County - 3rd Sun. (MO) @6pm
 Jerry & Eileen (909) 659-9636
Covina Area - 1st Mon. (MO) @7:30pm
 Floyd & Libby (818) 330-2321
San Diego Area
 Dee (619) 941-4816

CONNECTICUT *
S. New England - (bi-MO) Sept-May
 Earl (203) 329-8365 or
 Paul (203) 458-9173

FLORIDA
Dade/Broward
 Madeline (954) 966-4FMS
Boca/Delray - 2nd & 4th Thurs (MO) @1pm
 Helen (407) 498-8684
Central Florida - Please call for mtg. time
 John & Nancy (352) 750-5446
Tampa Bay Area
 Bob & Janet (813) 856-7091

GEORGIA
Atlanta
 Wallie & Jill (770) 971-8917

HAWAII
 Carolyn (808) 261-5716

ILLINOIS
Chicago & Suburbs - 1st Sun. (MO)
 Eileen (847) 985-7693
 Liz & Roger (847) 827-1056
Joliet
 Bill & Gayle (815) 467-6041
Rest of Illinois
 Bryant & Lynn (309) 674-2767

INDIANA *
Indiana Assn. for Responsible Mental Health Practices
 Nickie (317) 471-0922; fax (317) 334-9839
 Pat (219) 482-2847

IOWA
Des Moines - 2nd Sat. (MO) @11:30am Lunch
 Betty & Gayle (515) 270-6976

KANSAS
Kansas City - 2nd Sun. (MO)
 Leslie (913) 235-0602 or
 Pat (785) 738-4840

Jan (816) 931-1340

KENTUCKY
Louisville- Last Sun. (MO) @ 2pm
 Bob (502) 361-1838

LOUISIANA
 Francine (318) 457-2022

MAINE
Bangor
 Irvine & Arlene (207) 942-8473
Freeport - 4th Sun. (MO)
 Carolyn (207) 364-8891

MARYLAND
Ellicott City Area
 Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND
Andover - 2nd Sun. (MO) @ 1pm
 Frank (508) 263-9795

MICHIGAN *
Grand Rapids Area-Jenison - 1st Mon. (MO)
 Bill & Marge (616) 383-0382
Greater Detroit Area - 3rd Sun. (MO)
 Nancy (248) 642-8077
Ann Arbor
 Martha (734) 439-8119

MINNESOTA *
 Terry & Collette (507) 642-3630
 Dan & Joan (612) 631-2247

MISSOURI
Kansas City - 2nd Sun. (MO)
 Leslie (913) 235-0602 or Pat 738-4840
 Jan (816) 931-1340
St. Louis Area - 3rd Sun. (MO)
 Karen (314) 432-8789
 Mae (314) 837-1976
Springfield - 4th Sat. (MO) @12:30pm
 Tom (417) 883-8617

MONTANA *
 Lee & Avane (406) 443-3189

NEW JERSEY (SO.)
 See Wayne, PA

NEW MEXICO *
Albuquerque - 1st Sat. (MO) @1 pm
 Southwest Room - Presbyterian Hospital
 Maggie (505) 662-7521(after 6:30pm) or
 Sy (505) 758-0726

NEW YORK *
Westchester, Rockland, etc. - (bi-MO)
 Barbara (914) 761-3627
Upstate/Albany Area - (bi-MO)
 Elaine (518) 399-5749
Western/Rochester Area - (bi-MO)
 George & Eileen (716) 586-7942

NORTH CAROLINA
 Susan (704) 481-0456

OHIO
Cleveland
 Bob & Carole (440) 888-7963

OKLAHOMA
Oklahoma City
 Dee (405) 942-0531
 HJ (405) 755-3816
 Rosemary (405) 439-2459

PENNSYLVANIA
Harrisburg
 Paul & Betty (717) 691-7660
Pittsburgh
 Rick & Renee (412) 563-5616
Montrorse
 John (717) 278-2040
Wayne (Includes S. NJ) - 2nd Sat(MO)@1pm
 Jim & Jo (610) 783-0396

TENNESSEE
Wed. (MO) @1pm
 Kate (615) 665-1160

TEXAS
Houston
 Jo or Beverly (713) 464-8970
El Paso
 Mary Lou (915) 591-0271

UTAH
 Keith (801) 467-0669

VERMONT
 (bi-MO) Judith (802) 229-5154

VIRGINIA
 Sue (703) 273-2343

WASHINGTON
 Phil & Suzi (206) 364-1643

WEST VIRGINIA
 Pat (304) 291-6448

WISCONSIN
 Katie & Leo (414) 476-0285
 Susanne & John (608) 427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA *
Vancouver & Mainland - Last Sat. (MO)
 @1- 4pm
 Ruth (604) 925-1539
Victoria & Vancouver Island - 3rd Tues. (MO)
 @7:30pm
 John (250) 721-3219

MANITOBA, CANADA
Winnipeg
 Joan (204) 284-0118

ONTARIO, CANADA *
London -2nd Sun (bi-MO)
 Adriaan (519) 471-6338
Ottawa
 Eileen (613) 836-3294
Toronto /N. York
 Pat (416) 444-9078
Warkworth
 Ethel (705) 924-2546
Burlington
 Ken & Martha (905) 637-6030
Sudbury
 Paula (705) 692-0600

QUEBEC, CANADA
Montreal
 Alain (514) 335-0863
St. André Est.
 Mavis (514) 537-8187

AUSTRALIA
 Irene (03) 9740 6930

ISRAEL
 FMS ASSOCIATION fax-(972) 2-625-9282 or
 E-mail-fms@netvision.net.il

NETHERLANDS
 Task Force FMS of Werkgroep Fictieve
 Herinneringen
 Anna (31) 20-693-5692

NEW ZEALAND
 Colleen (09) 416-7443

SWEDEN
 Ake Moller FAX (48) 431-217-90

UNITED KINGDOM
 The British False Memory Society
 Roger Scofford (44) 1225 868-682

(*) - see the State Meetings List, page 17.
 Deadline for the May Newsletter is April 15.
 Meeting notices MUST be in writing and should be
 sent no later than two months prior to meeting.

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Pamela Freyd, Ph.D., Executive Director

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April 1, 1998

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Do you have access to e-mail? Send a message to pjf@cis.upenn.edu

If you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

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.

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Professional - Includes Newsletter \$125 _____
Family - Includes Newsletter \$100 _____
Additional Contribution: \$ _____

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FOUNDATION
FALSE MEMORY SYNDROME

3401 Market Street, Suite 130
Philadelphia, Pennsylvania 19104 - 3315

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Mail Order To:
FMSF Video
Rt. 1 Box 510
Burkeville, TX 75932

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for *"When Memories Lie....."*
The Rutherford Family Speaks to Families"

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Ship To: _____

Please type or print information:

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ADDITIONAL CONTRIBUTION				
TOTAL DUE				

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If you have any questions concerning this order, call: Benton, 409-565-4480

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THANK YOU FOR YOUR INTEREST