



Dear Friends,

We are delighted to let you know that Robin Mewes, who has been missing for 15 years, has been found safe and sound by the Illinois police. (See p. 3) A terrified Robin disappeared in 1990 after a therapist convinced her that her family was part of an intergenerational satanic cult. Readers can imagine the family's joy to know that she is alive. No one knows when Robin might feel safe enough to contact her family. Her mom said that it is up to Robin but that "Our hearts and door are always open."

False memories and belief in intergenerational satanic ritual abuse cults have brought widespread heartbreak and devastation, but it is unlikely that the therapist in Robin's case will ever face charges; nor will most of the professionals who caused so much harm ever face charges. It is also especially galling that so few of the clinicians who had nothing to do with the disastrous therapy practices have even spoken out, either about the dangerous therapy practices or the unreliability of recovered memories.

Certainly, there have been many individuals who have made their views known, most notably the members of the FMSF Scientific Advisory Board; but in June, for the first time others have taken a stand: approximately 50 individual scientists and clinicians signed a statement that includes their understanding of the science of recovered memories. It said:

"Painted in broad strokes, the manner in which people remember and report past traumatic events is one of the most controversial issues confronting the mental health field today. While extreme distress may sometimes impair encoding of memory of specific aspects of traumatic events, this is by no means amnesia. Rather, some details are extremely well remembered and others are not. Thus as scientists and practitioners, it is our clear understanding of the scientific literature that traumatic events are typically remembered well by those who experience them and that emotional and physiological arousal tends to enhance memory for these events—it does not, as some recovered memory theorists suggest, lead to trauma-related amnesia for entire events. Adults and children who develop PTSD almost always suffer from intrusive

memories of the traumatic events that gave rise to the disorder. This is a critical symptom of PTSD.

"In other words, there is no convincing empirical evidence for the theory that trauma survivors truly "repress" and then later "recover" memories of events that were experienced as traumatic at the time. In our collective opinion, this unsupported theory has caused incalculable harm to the fields of psychology and psychiatry, the credibility of mental health professionals, affected individuals and their families, and society in general through the insidious legal implications this theory has introduced."

The letter that included this statement was written to the justices of the California Supreme Court urging them to review the lawsuit filed against Elizabeth Loftus, Mel Guyer, *Skeptical Inquirer*, and others in 2002 (Taus v. Loftus).^[1] The signers of the letter were clinicians and scientists who said that they have been watching developments closely because the issues in the case are relevant to their own work.

Readers may recall that Elizabeth Loftus and Mel Guyer conducted an investigation into the 1997 "Jane Doe" case study published by Corwin and Olafson^[2] after widespread claims were circulated that the study proved that people could repress and then recover accurate memories of abuse. Loftus and Guyer arrived at a very different conclusion, but before they could publish their results, an ethical complaint was filed against Loftus at the University of Washington in connection with the research. Although she was exonerated, her records were confiscated for almost two years. In 2002, Loftus and Guyer published "Who Abused Jane Doe? The Hazards of the Single Case History."^[3]

Soon after publication, "Jane Doe" filed a lawsuit

In this issue...

<i>Bobgan</i>	3
<i>Pendergrast</i>	5
<i>Legal Corner</i>	9
<i>From Our Readers</i>	11
<i>Powers</i>	11
<i>Bulletin Board</i>	14

against the authors, the *Skeptical Inquirer*, and a number of others. There were many charges, such as the article caused Jane Doe's real name to be known, even though it was Jane Doe's own lawsuit that first made her name public. The defendants filed an appeal to have the case dismissed. This year, a California Appeals Court dismissed most of the charges. Loftus then asked the California Supreme Court to look at the Appeals Court decision and the remaining charges. The letter written by the group of scientists was one of several, including one from the FMSF, asking the court to review the case. [4] On June 22, the California Supreme Court agreed to review the case. The Court's decision will resolve some very important issues about privacy for subjects in situations in which academic researchers and journalists are examining their lives. We will write about this case in greater detail in future newsletter issues. As the group of scientists noted:

"if allowed to proceed, this lawsuit represents a pernicious legal strategy that we fear will be used again—quite possibly against individuals whose research is scientifically or socially controversial."

Although the scientific evidence about memory is clear, many families are still nagged by the question of how any intelligent person could succumb to bizarre beliefs. Mark Pendergrast's outstanding chapter from *Victims of Memory* is one of the most comprehensive explanations. (See p. 5 for final installment.) This month, a former believer in SRA also offers her insights about what led to her vulnerability to believe in satanic rituals. (See p. 11) We hope that this brings Newsletter readers closer to an understanding.

Another nagging question is how very bizarre beliefs could have overtaken such a large part of our culture. Last month, Martin and Deidre Bobgan sent us a newsletter that they had written in 1989 about adult offspring accusing their parents of past abuse. We asked them how they came to be aware of the phenomenon so early, and they sent an article that traces their experiences preceding publication of *The Courage to Heal*. (See p. 3)

We found additional seeds of the FMS phenomenon last month when we happened on a review of a new book by Alice Miller. [5] Swiss psychoanalyst Miller is the author of the bestselling *The Drama of the Gifted Child*, a book that was almost certainly a determining influence in the spread of ideas that nurtured the FMS phenomenon. The first paragraph of the review notes that "Alice Miller is to family psychology as Andrea Dworkin was to feminism. If the crude characterization of Dworkin's position was that 'all men are rapists,' then the equivalent caricature of Miller's psychoanalytic view would be that 'all children are abused by their parents.'"

The review credits Miller with putting "people in touch with their 'inner child,' [and] encouraging them to own

'their own truth' by which she meant the truth of their abuse." The title *The Drama of the Gifted Child* [6] was a brilliant choice, for who would not want to consider themselves gifted? Miller continued to write more books on the same theme. Children of middle class and professional families were able to identify with the sorts of behavior that Miller considered abusive, namely everything. Parents are bad and guilty while children are good and innocent.

Quoted in the review, psychologist Lynne Segal said that Alice Miller is "one of the inaugurators of the trauma narrative" and the victim culture that has seen publication of hundreds of memoirs describing the authors' terrible childhoods. Indeed, Segal credits Miller as influencing the spread of regression therapy, rebirthing and recovered memory syndrome. Miller had herself apparently undergone "primal therapy," although she distanced herself from it later.

The ideas that had been germinating for at least a decade, seemingly exploded with the 1988 publication of *The Courage to Heal*. [7] In many ways, *The Courage to Heal* restated and spread the ideas in *The Drama of the Gifted Child*. For example, Miller writes in chapter 1: "The internalization of the original drama has been so complete that their illusion of a good childhood can be maintained with ease." (p.6) The Bobgan newsletter and the review are timely reminders that the FMS problem did not begin in 1992 when the Foundation was formed.

Pamela

1. Taus v. Loftus. No FCS 021557, Sup. Ct. of Cal., Solano County. See *FMSF Newsletter* 12(3).
2. Corwin, D.L. & Olafson, E. (1997). Videotaped discovery of a reportedly unrecalable memory of child sexual abuse: Comparison with a childhood interview videotaped 11 years before. *Child Maltreatment* 2, 91-112.
3. Loftus, E.F. & Guyer, M.J. (2002, May/June, July/August). Who abused Jane Doe? The hazards of the single case history. *Skeptical Inquirer*, Part 1, 24-32. Part 2, 37-40. Article available at: [faculty.washington.edu/eloftus/Articles/Jane Doe.htm](http://faculty.washington.edu/eloftus/Articles/Jane%20Doe.htm).
4. A letter from the Leadership Council asked the court *not* to review the case.
5. If you have come across the work of Alice Miller, you will know that she is one... (2005, April 20). Guardian Features Pages. *The Guardian* (UK), 12.
6. Miller, A. (1981). *The Drama of the Gifted Child: The Search for the True Self*. New York: Basic Books. Originally published in German in 1979 as *Prisoners of Childhood*. Suhrkamp Verlag.
7. Bass, E. & Davis, L. (1988). *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. New York: Harper & Row.

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support*: Janet Fetkewicz, Howard Fishman, Peter Freyd, Members of the FMSF Scientific Advisory Board and Members who wish to remain anonymous. *Letters and information*: Our Readers.

Robin Mewes Found After 15 Years

On June 16, Illinois State Police confirmed that they had located Robin Mewes who has been missing for 15 years. Robin, who completely changed her identity, is well and living in another state. She has earned a masters degree and has married. It remains to be seen if Robin will want to contact her mother. Her father died in 2002.

In 1990, then 19 and a college freshman, Robin began seeing Deborah Jean Rudolph, a counselor at the Human Resource Center in Paris, IL. Rudolph convinced Robin that her parents belonged to an intergenerational satanic cult and had abused her and her brother. Robin's parents believed that she ran away in terror because she feared that they would harm her.

Long-time members of the FMSF may recall past FMSF Newsletter articles about Robin, or they may remember seeing her parents, Bob and Mary, on television programs. Mary and Bob never stopped speaking out or trying to find Robin. They followed every lead they could find. Last November, when Robin's mother tried to get a copy of her daughter's birth certificate, she was told it did not exist and that could be the result of changed identity. With the help of a state legislator, Mewes then persuaded the State Police to investigate.

Therapist Rudolph also disappeared soon after Robin did, and she took her files with her. The state of Illinois did not start regulating mental health counselors until 1997, seven years after Robin's disappearance.

Two years after Robin disappeared, the Mewes family filed a complaint with the state of Illinois and learned that Jean Rudolph had received therapy credentials in Indiana. In 1994, Rudolph changed her name to Shizeege. She worked in Indiana for almost a decade even though she was arrested in 1997 for falsely accusing a family that she lived with of abusing

her. Rudolph had a history of false abuse reports and besides the Mewes, she had accused a former roommate and her minister.

According to a 2002 TV news investigation in Indiana, "you can check counselors and other professionals online, but complaints are only made public if there has been some sort of discipline. Despite the Mewes case, despite a history of false complaints, despite an arrest...Shizeege has never been disciplined by the agencies that oversee her." The police do not expect any criminal charges will be pursued since Robin was not actually kidnapped.

About seeing her daughter, Mary Mewes said, "It's just not my decision to make." She asked police to give contact information to Robin and to let her know how hard the family tried to reach her. She said "Our hearts and door are always open."

Grunden, K. (2005, June 15). Missing Paris girl found after 15 years. *Paris Beacon News*.

Grunden, K (2005, June 16). Police confirm missing Paris woman alive. *Tribune-Star* [Terre-Haute]. Retrieved from www.tribstar.com on June 16, 2005.

Brown, C. (2002, November 29). Without a Trace. Retrieved from <http://www.wthitv.com/newsdet.asp?id=1269§ion=2> on June 16, 2005.

□

False Memories and Inner Healing

Martin and Deidre Bobgan

[Martin and Deidre Bobgan head a Christian ministry in Santa Barbara, California and have coauthored books for a number of Christian publishers.]

Our concern about recovered memory therapy and the resulting false memories began about 30 years ago when people started asking us about inner healing. Inner healing began to be very popular in certain Christian circles during the mid-seventies. Ruth Carter Stapleton (Jimmy Carter's sister) practiced inner healing and wrote a book titled *The Gift of Inner Healing* (1976). We became concerned and wrote a critique of her book, but no one

wanted to publish it. We continued looking into the inner healing movement during the early eighties because we were concerned about the whole idea of people attempting to return to the past to fix the present. There were certain psychological ideas involved, such as psychic determinism, repression, and catharsis. Also, it was very clear that a great deal of imagination, visualization, and hypnotic suggestion were major components of inner healing.

After the publication of our first book in 1979, we were on various radio and television programs, so people were somewhat familiar with our concerns about psychological counseling. Therefore, Christians began calling us and described how they were being accused by adult children who were in psychotherapy. We also were called by people who had been in inner healing or regressive therapy, who described how they were encouraged to regress, to remember early life experiences, and to imagine Jesus being with them in their "early life traumas." As the years went on, more and more Christians were being regressed by "Christian psychologists," as well as by inner healers. Later, when people called us for help, we were grateful to be able to refer them to the False Memory Syndrome Foundation (FMSF).

Having researched and written a book on hypnosis, we were very well acquainted with how memory can be enhanced. The inner healer, through various techniques, encourages the person to remember past events and to connect them with present problems or pain. He may use hypnosis or he may simply make suggestions about what might have happened. Such suggestions often act in the same way as hypnosis for people who are susceptible to suggestion and who have strong imaginations. The healer may guide the person back through past events, which may or may not have happened,

through helping the person visualize these events.

The healer helps the person not only to “relive” the actual or created past, but also to feel the pain and agony. This highly emotional part of inner healing is similar to Freud’s abreaction. Either prior to or at this point of emotional intensity, a Jesus figure is brought into the scene to bring healing. Some inner healers do this through guided imagery, others make suggestions about what Jesus may be doing or saying, and still others let the person, who has already been led to this point of intensity, to wait expectantly for Jesus to speak or act. This is all highly suggestive and, because of the use of occult-type visualization, the Jesus being visualized, having been created by the healer or the client, cannot be the Jesus of the Bible.

Inner healing beliefs and techniques continue to deceive many Christians. A central belief is that we are the way we are because of past hurts that need to be healed through reliving the past and bringing Jesus into past events. The inner healer believes and teaches that present problems are expressions of past wounds that must be healed before the person can overcome problems of living and get on with life. When these beliefs are mixed in with the Christian faith, they can become part of a person’s overall belief system. When this happens, people will hold onto these false ideas as tenaciously as their beliefs about God and how He works in their lives. Right now one of the most influential and dangerous combinations of psychological counseling and inner healing is what is called “Theophostic Prayer Ministry.” Information about this presently popular methodology of regressive therapy, inner healing, and false memories may be found on the following web site: <www.lyingspirits.com>.

Over the years our warnings about

inner healing and false memories have largely been ignored. The media and many Christian counselors continue to promote the whole idea of repressed memories and how forgotten but later “remembered” abuse causes all kinds of problems. But, at least some people have it straight, such as the FMSF and Robert Epstein in his article “Loose Screw Awards” in the January 2005 issue of *Psychology Today* in the section titled:

“The Idea that Launched a Thousand Suits: Recovered Memories.”

□

When Asked, Molested Children Usually Disclose

London, K., Bruck, M., Ceci, S.J., Shuman, D.W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?

Psychology, Public Policy, and Law, 11(1), 194-226.

www.apa.org/journals/features/law111194.pdf

The research reported in “Disclosure of child sexual abuse” examines the common claim that sexually abused children tend to deny that they have been abused or if they admitted abuse, to falsely recant later. In 1983, psychiatrist Roland Summit published a description of how sexually abused children disclose their abuse. Called “The Child Sexual Abuse Accommodation Syndrome” [1] (CSAAS), Summit’s article became one of the most influential papers in the area of child sexual abuse. The syndrome has five components: 1. secrecy; 2. helplessness; 3. entrapment and accommodation; 4. delayed, conflicted, and unconvincing disclosures; and 5. retraction of disclosure. The notion was that in order to survive sexual abuse by a family member, children accommodated and accepted the abuse by keeping it a secret.

The authors note that the beliefs in CSAAS remain influential and are found in many guidelines for assessing child sexual abuse. They note that belief in CSAAS influences many

legal trials because judges and lawyers assume that it is based on an empirical foundation. In fact, even though Summit claimed his paper was based on scientific evidence, it contained little data and relied mainly on his clinical intuition.

London et al. reviewed both retrospective studies of adults and 17 studies of children who were interviewed in a formal setting. They found that in the retrospective studies, most adults with histories of CSA said that they had never told anyone about being abused while they were still children. From the review of the 17 studies of children who were formally interviewed, however, the authors note “there is little evidence to suggest that denials, recantations, and re-disclosures are typical when abused children are directly asked about abuse.” Most children disclosed the abuse during the first or second interview. Only a small minority of these children recanted and only a small number of children denied that they had been abused.

The authors feel that the evidence shows that there is no advantage to using suggestive strategies when interviewing children. They note that for legal purposes “there is no convincing evidence that CSAAS testimony on denial or recantations provides relevant or reliable assistance to the fact finder to assess allegations of CSA.”

1. Summit, R.C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7, 177-193.

□

Government Study Says Half of Americans Will Develop Mental Illness During Lives

A new government survey says that half of Americans will develop mental illness sometime during their lives. Costing \$20 million, the report appears in the June 2005 issue of *The Archives of General Psychiatry*. The study is sure to renew the debate about where to make a distinction between mental illness and the ordinary emo-

tional struggles faced by all people.

“Fifty percent of Americans mentally impaired—are you kidding me?...The problem is that the diagnostic manual we are using in psychiatry is like a field guide and it just keeps expanding and expanding. Pretty soon we’ll have a syndrome for short, fat Irish guys with a Boston accent, and I’ll be mentally ill.”

Paul McHugh quoted in Carey, B. (2005, June 7). Most will be mentally ill at some point, study says. *New York Times*, A18.

□

The following is excerpted, with permission, from:

***Victims of Memory: Sex Abuse
Accusations and Shattered Lives*
Mark Pendergrast**

(640 pages, \$24.95, Upper Access Books, Hinesburg, VT). Copyright 1996, all rights reserved. The book can be ordered: <http://www.upperaccess.com/books.htm#226v2>, or by calling 1-800-310-8320.

**HOW TO BELIEVE
THE UNBELIEVABLE**

Continued

Chapter 3, pp. 119-149

Drugs

In conjunction with suggestive therapy, drugs can significantly increase the likelihood of illusory incest memories. Even without such overt suggestion, physicians and therapists have long recognized that strong sedative compounds can lead to false accusations. “When my father went to medical school in the early 1930s,” psychiatrist Harrison Pope says, “he was admonished never to administer nitrous oxide or other anesthetic agent without a chaperone in the room because of the risk a female patient might wake up and claim that she had been sexually abused.” Recently, a number of British doctors have been accused of abuse by women given midazolam (Versed), even though there were several witnesses in the room who saw no such behavior. ^[90] Considering the substantial doses of mind- and mood-altering drugs that

many depressed people are given nowadays, it is not surprising that they are more suggestible. Many women I interviewed reported that they were “walking zombies” because of the multiple drugs they were taking while in therapy or on a psychiatric ward.

The most widely used “memory aid” drugs intentionally used by recovered memory therapists are barbiturates, notably sodium Amytal. American psychiatrist Eric Lindemann introduced sodium pentothal and other barbiturates into psychology in the 1930s. Because Lindemann considered his patients *unable* to refuse to answer questions while drugged, he believed they could not lie. Hence, the drugs became known as “truth serum,” and the popular press spread this misinformation quickly. “Narco-synthesis” and “narco-analysis” were the new pseudo-scientific buzzwords for abreactive sessions using the drugs. ^[91]

In fact, Amytal interviews are even *more* likely than simple hypnosis to produce confabulations. The barbiturates do not magically enhance memory. Like hypnosis, they simply render the subject more relaxed and suggestible. According to psychiatrist August Piper, Jr., Amytal produces “slurred speech, drowsiness, a feeling of warmth, distorted memory, and an altered time-sense.” In other words, it created a state “similar to alcohol intoxication.” Many therapists continue to tell their clients that the drugs actually do promote only true memories, however. As a consequence, a 1991 Ohio jury convicted a psychiatrist of malpractice for injecting a patient over 140 times with “truth serum” to help uncover her repressed memories. ^[92]

**Cognitive Dissonance and
Group Contagion**

All of the methods discussed thus far can contribute to false belief in sexual abuse, but all of them are reinforced and amplified by the general

social context. As Jerome Frank writes in the introduction to *Persuasion and Healing*, “man is a domestic creature, with infinite social and cultural involvements. He is continually and crucially influencing others and being influenced by others.”^[93] A full understanding of the memory manipulation process requires examination of such interpersonal pressures.

In 1957, Leon Festinger published *A Theory of Cognitive Dissonance*, which offered an intriguing explanation of how and why people can radically change their opinions. Normally, we maintain an internally consistent world-view. When we experience some kind of disequilibrium—when one of our central beliefs is somehow challenged—it results in an internal conflict that Festinger termed “cognitive dissonance.” The more important and dramatic the conflict, the greater the magnitude of the dissonance. When we suffer such massive internal tension, we must come down on one side or the other, or go insane.

Certainly, there could be no greater cognitive dissonance than that produced by the Incest Survivor Movement. A woman is suddenly asked to believe that her father, previously regarded as someone who loved and protected her, raped her throughout her childhood. In *The Courage to Heal*, Ellen Bass and Laura Davis document the intolerable confusion and upheaval this causes. “The hardest thing was accepting the fact that someone I loved and cherished—my father—could have violated me so deeply,” one woman told them. Another said, “It’s like you’re dissolving and there’s nothing to hold on to.” A third confessed that “trying to fit the new reality into the shattered framework of the old was enough to catapult me into total crisis. I felt my whole foundation had been stolen from me.” Recall the story of Emily, already recounted in chapter 1. “Every time Emily spoke to her parents she became

ill—the conflict between what she knew inside and what they presented was too great.” Her solution was to cut off all contact with her parents and seek reassurance from her therapist. [94]

In order to produce the initial dissonance, of course, one has to accept the idea that has been seeded in one’s mind. Festinger points out that if the seed-bearer is “seen as expert or very knowledgeable about such matters, the dissonance between knowledge of his contrary opinion and one’s own opinion will be greater.” Once a situation of intolerable internal conflict exists, the sufferer is under intense pressure to choose one side or the other. Something has to give.

“When dissonance is present,” Festinger adds, “in addition to trying to reduce it, the person will actively avoid situation and information which would likely increase the dissonance.” Simultaneously, she will seek out those who reinforce her new belief system. This insight helps to explain why people with newly found memories cut off all old friends who express even the mildest doubts. Festinger points out a paradoxical truth—the greater the underlying dissonance, the more confidence a person must feel in the decision to opt for a new world view, and the less likely she will be to reverse that decision. [95] Once you become an Incest Survivor, in other words, it becomes unbearable to consider that you might be wrong. You are stuck with your new identity. To turn back would renew the confusion.

In his classic 1984 text, *Influence*, social psychologist Robert Cialdini makes a similar point. “Once we have made a choice or taken a stand, we will encounter personal and interpersonal pressures to behave consistently with that commitment. Those pressures will cause us to respond in ways that justify our earlier decision.” [96] One retractor’s revealing comment in a letter to her father illustrates this principle. “Right after I brought the lie [the accu-

sation] into the open, I began to doubt its truth. But I couldn’t believe that I would do such a thing. I couldn’t believe I was capable of making up such a lie, believing it, and then taking it to the lengths I did.” [97]

“The social group is at once a major source of cognitive dissonance for the individual,” Festinger wrote, “and a major vehicle for eliminating and reducing the dissonance.” Bass and Davis repeatedly emphasize how important such groups are. “Being in a group with other survivors can be a powerful way to vanquish shame. When you hear other women talk about their abuse and are not disgusted, and when you see those same women listen to your story with respect, you begin to see yourself as a proud survivor.” [98] This social reinforcement is key to the Incest Survivor Movement. “Social support is particularly easy to obtain when a rather large number of persons who associate together are all in the same situation,” Festinger notes. “If everyone believes it, it most certainly must be true.” [99]

In *Motel Nirvana*, her 1995 exploration of American New Age beliefs, British author Melanie McGrath makes an incisive observation of how *anyone* could be swayed within a restricted group setting:

I don’t think anyone is immune to implausible beliefs, however rational and willful they think themselves to be. It is an easy matter to deny everything you thought you knew and to believe its contradiction rather than to live out your days in bottomless isolation. Only the most rare of individuals will stand up for a belief when all around are declaring its opposite, for most of us feel more anxious to be at ease with each other than we do with ourselves. [100]

It is truly remarkable how suggestible people become in groups, as Solomon Asch demonstrated in a series of 1956 experiments. Eight college students, assembled in a group were shown a simple line, then asked to

specify which of three alternative lines were the same length. Although the answer was obvious, seven of the students, who were coached ahead of time, answered incorrectly. The real subject of the experiment always reported next to last. Seventy-five percent of these subjects gave an incorrect answer at least once, although when they performed the test alone, they *always* chose the correct response. “At first I thought I had the wrong instructions,” one student said, “then that something was wrong with my eyes and my head.” [101]

Near the end of his rather dry book, Festinger relates a fascinating story about a small sect of people who believed that alien “Guardians” from outer space would arrive at a specific time to whisk them off to another planet just before a huge flood. Prior to this predicted cataclysm, the sect members avoided publicity while quietly preparing for their departure. After the flying saucer and flood repeatedly failed to appear, they reacted in an unexpected manner.

“A message arrived from God which, in effect, said that he had saved the world and stayed the flood because of this group and the light and strength they had spread throughout the world that night.” As a result they now became avid publicity seekers, announcing their epiphany. Festinger explains this illogical behavior as a predictable reaction to increased cognitive dissonance. To preserve their threatened belief system, the sect members became even more dogmatic and sought to proselytize. [102]

This insight may help to explain why women who have recovered repressed “memories” feel compelled to tell the world about them, while real incest victims, who have always remembered their abuse, generally do not. It also predicts that, in the fact of increased skepticism, the Survivor Movement will become more vocal and strident.

Frederic Bartlett made similar observations in 1932. "The organized group functions in a unique and unitary manner in determining and directing the lives of its individual members," he wrote, then quoted a bemused British statesman: "I may seem to know a man through and through, and still I would not dare to say the first thing about what he will do in a group." Moreover, Bartlett observed that when a social movement feels itself threatened, "social remembering is very apt to take on a constructive and inventive character, either wittingly or unwittingly. Its manner then tends to become assertive, rather dogmatic and confident, and recall will probably be accompanied by excitement and emotion."^[103]

Not surprisingly, many people have their first flashbacks and abreactions in the stimulating atmosphere of the group. When one woman suddenly cries out, falls to the floor, and acts as if she is being attacked, she provides not only a role model, but a powerful stimulus to others. In many groups, members either consciously or unconsciously strive to outdo one another. The emotion is contagious, something like the atmosphere of an old-time revival meeting. Rather than crying out "Praise the Lord!" however, these women are more likely to scream "Keep away from me! I hate you! I hate you!"

The Contexts of Insanity

In conclusion: A vicious cycle of social influence, combined with a widespread belief in massive repression of sexual abuse memories, has produced an epidemic of Survivors. In the current situation, it is sometimes difficult to ascertain *who* is fulfilling *whose* expectations. A woman enters therapy, already afraid that her problems may stem from repressed memories. Her therapist plays into those fears, and between the two of them, they find "evidence in the form of

dreams, flashbacks, body memories, or eating disorders. They see dysfunction everywhere, and when the client sinks into a hypnotic trance, she pictures horrifying events from her childhood.

Once even the smallest image is visualized, the process of *memory rehearsal* commences, piecing the puzzle bits into a coherent narrative. As Robert Cialdini points out in *Influence*, getting someone to commit new beliefs to writing can be a powerful reinforcement. "As a commitment device, a written declaration has some great advantages." After all, "there it was in his own handwriting, an irrevocably documented act driving him to make his beliefs and his self-image consistent with what he had undeniably done."^[104]

As we have seen, some therapists encourage clients to run mental videotapes of their new-found "memories" until they seem real. Sometimes this process can become quite literal. In one remarkable article that appeared in *Child Abuse & Neglect* in 1992, several therapists explained how, in 27 cases, they had made a "videotaped disclosure" of their clients who had recovered memories, to act as a reinforcement. "Several viewings of the tape may be required before the patient is able to accept the tape as accurate," they explain.^[105]

Recovered-memory therapists usually cite two reasons for their belief in the process: overwhelming affect and convincingly detailed accounts. Unfortunately, powerful emotions are not a guarantee of accurate memories. Anyone who has ever become engrossed in a thriller or dramatic movie knows how easily our emotions can be aroused, even when we *know* intellectually that it is fiction. Similarly, detailed narratives do not necessarily translate to verity. Indeed, some memory experts doubt the accuracy of 20-year-old memories that are recalled in such detail, since they are *more* likely to be confabulations.^[106]

The extent to which *expectation* and *context* can determine how professionals view someone was made manifest in a classic experiment conducted by Stanford psychology and law professor D L. Rosenhan, published in 1973 in *Science* with the compelling title "On Being Sane in Insane Places."^[107] Rosenhan sent eight subjects to 12 in-patient psychiatric wards around the United States, where, during admission, they complained of hearing voices that said "empty," "hollow," and "thud." In reality, the subjects were a graduate student in psychology, a pediatrician, a psychiatrist, a painter, a housewife, and three psychologists. Aside from making up their voices and giving false names and occupations, the subjects did not change their actual personal histories or circumstances. As soon as they were admitted, they ceased simulating any symptoms whatsoever.

"The pseudopatient spoke to patients and staff as he might ordinarily," Rosenhan noted. "Because there is uncommonly little to do on a psychiatric ward, he attempted to engage others in conversation. When asked by staff how he was feeling, he indicated that he was fine." All the subjects also wrote down their observations of the ward, patients, and staff.

None of the pseudopatients was detected. Eventually, each was released with a diagnosis of "schizophrenia in remission," having been kept anywhere from a week to nearly two months. Many of their fellow patients detected the ruse. "You're not crazy," they would say. "You're a journalist or a professor. You're checking up on the hospital." The staff, however, was not so astute. "Patient engages in writing behavior" was the repeated comment on one patient's chart. Another subject accurately recounted his life history, in which, during early childhood, he had a close relationship with his mother, but felt remote from his father. As a teenager, he had

become good friends with his father, while his relationship with his mother cooled somewhat. The hospital case summary for him read, "This white 39-year-old male . . . manifests a long history of considerable ambivalence in close relationships."

As Rosenhan observed, "having once been labeled schizophrenic, there is nothing the pseudopatient can do to overcome the tag. The tag profoundly colors others' perceptions of him and his behavior . . . A psychiatric label has a life and an influence of its own." As readers will see in the following chapter, Rosenhan's subjects were lucky they did not enter a dissociative disorders unit at a private psychiatric hospital 20 years later. They would have been diagnosed as possessing multiple personalities and kept on the ward indefinitely, not just for two months.

Even in the milder cases of "recovered memory," however, Rosenhan's experiment offers an instructive example. A CNN television reporter—presumably free of childhood sexual abuse—took a hidden camera into a 1993 counseling session with a therapist known to have convinced at least six other women that they were Survivors. The reporter said that she had been "kind of depressed" for a few months, and that her marital sex life had worsened. At the end of the *first session*, the therapist suggested that she might have been sexually abused as a child. When the reporter said she had no such memories, the therapist stated that *many* women completely forget incest. "*They have no idea, in fact. I mean, what you've presented to me, Lee-Anne, is so classic that I'm just sitting here blown away, actually.*" [108] * [109] Once a therapist labels someone as an Incest Survivor, everything the client says is perceived as evidence to validate the diagnosis. And the client, having accepted the possibility that the label might be accurate, quickly falls into the trap of seeing the same life problems as symptoms of a child-

hood full of sexual abuse. Once that belief system is in place, "memories" are usually not far behind.

90. Pope, "Recovered Memories," p. 10-11.
 91. Kihlstrom, "Recovery of Memory," p. 5-6.
 92. Piper, "Truth Serum"; Loftus, "Therapeutic Recollection," p. 9.
 93. Frank, *Persuasion*, p. xii.
 94. Bass, *Courage*, p. 66, 90, 146-147.
 95. Festinger, *Theory*, p. 3, 83, 180.
 96. Cialdini, *Influence*, p. 66.
 97. *FMSF Newsletter*, Nov./Dec. 1995, p. 15.
 98. Bass, *Courage*, p. 108.
 99. Festinger, *Theory*, p. 177, 192, 200.
 100. McGrath, *Motel Nirvana*, p. 52.
 101. Gray, *Psychology*, p. 545-546.
 102. Festinger, *Theory*, p. 252-259; Festinger, *When Prophecy Fails*.
 103. Bartlett, *Remembering*, p. 241, 256, 300.
 104. Cialdini, *Influence*, p. 82-83.
 105. Roesler, "Network Therapy."
 106. Ceci, *Jeopardy*, p. 208.
 107. Rosenhan, "On Being Sane."
 108. *CNN Special Assignment*, May 3, 1993.
 109. Loftus, "Remembering Dangerously," p. 24.

* One concerned younger sister hired a private investigator to make an appointment with her accusing sister's therapist. Though Ruth, the investigator, told the therapist that she had been read-ended in an auto accident, the therapist led her through guided imagery to believe she had been sexually abused and repressed the memories. At one point, Ruth asked, "How do we know, when the memories come . . . that it's not our imagination or something?" The therapist answered, "Why would you image this, of all things? If it were your imagination, you'd be imaging how warm and loving he was. . . . I have a therapist friend who says that the only proof she needs to know that something happened is if you think it might have."...

CONCLUSION OF CHAPTER 3



BOOK OF INTEREST
*The Day Care Ritual Abuse
 Moral Panic*

Mary de Young
 McFarland & Co., 2004

This sociologically based analysis of the day care ritual abuse cases uses the symbols of the "vulnerable child," the "menacing devil," and the "psychological trauma model" to examine the social stresses that fueled the phenomenon during the 1980s. The author notes ways in which this moral panic has been unlike those of the past. Although the book is concerned about

the theory of moral panics, for *FMSF Newsletter* readers it offers some fresh insights and new perspectives on familiar issues and cases.

"The day care ritual abuse moral panic was little more than a late-modern version of a very old, and very familiar morality play about innocent children, demonic threats, heroic rescuers, and the inevitability of sexual violence. When all is said and done, society was no safer or better for having experienced it — and neither were its children."



**Practical Joke Brings Forth
 Abuse Memories**

In Washington State, dentist Robert Woo's longtime assistant had a potbellied pig as a pet and, according to court documents, was so enamored with pigs that she even rescued unwanted ones and adopted them out to new owners. Woo joked with her about potbellied pigs regularly. When the assistant needed oral surgery, he planned a practical joke: he bought a set of fake boar's tusks and took a picture of them in her mouth when she was unconscious.

After the assistant awoke and saw the pictures, she began crying, left the office, and never returned. According to a *Seattle Times* report, the boar's teeth picture caused her to recover memories of being sexually assaulted as a teen and to develop post-traumatic stress disorder.

Although Woo apologized, the woman filed a lawsuit, but Woo's insurer refused to cover him claiming that his actions were not "dental services." Woo settled with the assistant for \$250,000, sued his insurance company and received \$750,000. The insurance company appealed, and in June 2005, a state Court of Appeals ruled that the insurance company was not obligated to defend Woo.

O'Hagan, M. (2005, June 16). Appeals court rules against dentist. *Seattle Times*, B1.

When Does the Missouri Statute of Limitations Begin to Run in Child-Molestation Cases?

Powel vs. Chaminade College Preparatory, Inc., No ED94366, Mo. App., E.D.5d, May 31, 2005, Opinion Filed. 2005 Mo. App. LEXIS 826

On May 31, the Missouri Court of Appeals' Eastern District ruled that Michael Powel, who claimed to have repressed his memories of abuse for 25 years, could sue his former high school and the priests who allegedly sexually assaulted him when he was a teen. The Court ruled that the statute of limitations begins when a person remembers repressed memories. Because the decision conflicts with a previous decision in *H.R.B. vs. Rigali* [1] by the Missouri Western District Appeals Court that had previously ruled that the statute of limitations begins at 21, the case was immediately transferred to the Missouri Supreme Court.

Michael Powel was born in 1958 and attended the all-boys Chaminade College Preparatory school in the St. Louis area from the ages 15 to 17. When Powel was 41, he was treated for brain cancer and during his treatment recovered memories of being abused at the school. He told his wife in 2000. The next year he began therapy with a psychologist.

Powel filed suit against the school in June of 2002, and Chaminade filed summary judgment motions stating that Powel's claims were barred by the statute of limitations. The school argued that an affidavit from the psychologist who treated Powel was an admission that Powel had always remembered the abuse.

However, Powel argued that he did not have a conscious memory of the abuse before he was 18, that he regained his memory in 2000, and that

he filed the case within the five-year statute of limitations.

A St. Louis trial judge concluded that there was a question as to whether Powel involuntarily suppressed his memory of abuse until 2000 and that it was for a jury to decide. However, because of the previous Appellate Court decision in *H.R.B.*, the judge granted summary judgment for the school.

Powel appealed this decision. [2] In an Eastern District opinion written by Judge George W. Draper III, it was noted that whether the suit had been filed in a timely manner "depends upon when his cause of action accrues for purposes of the statute of limitations." Draper noted that there are four different events that may act as a trigger to the running of the statute of limitations: 1. The moment the defendant commits his wrong; 2. The moment the plaintiff sustains injury; 3. The moment the plaintiff's damages are capable of being ascertained; 4. The moment the plaintiff first becomes aware he has been aggrieved.

Draper wrote that Missouri applies the "capable of ascertainment" test to the exclusion of the others.

Draper stated that in 1919 the Missouri legislature had adopted the standard that time limits were not triggered until "when the wrong is done or the technical breach...occurs." He wrote that the *H.R.B.* court "erred in failing to apply the standards set forth by our legislature." He wrote that the Missouri Supreme Court in *Sheehan* [3] had held that repressed memory can prevent the ascertainment of injury and therefore forestall the running of the statute of limitations. [4]

The Eastern Appeals Court reversed the summary judgment for the school. Draper transferred the case to the Supreme Court because of the gen-

eral interest in the issue and to clarify the difference between the appellate districts. There are 16 cases involving 30 plaintiffs that will be affected by the results.

1. *H.R.B. v. Rigali*, 19 S.W.3d 440 (Mo. App. E.D. 2000). In *H.R.B.*, a former student claimed to have recovered memories of sexual abuse that occurred when he was 13. He sued the Archbishop of St. Louis for intentionally failing to supervise a priest. A jury trial resulted in a verdict for the former student. The Archbishop appealed and the Court of Appeals reversed the jury verdict. See *FMSF Newsletter 9(3)*, May/June 2000.

2. The following organizations filed amicus briefs on behalf of Powel: National Center for Victims of Crime; Victim Advocacy and Research Group; The Linkup, Inc.; Marilyn Van Derbur Institute, Inc.; Mothers Against Sexual Abuse; The Awareness Center; The Human Lactation Center, Ltd.; S.M.A.R.T.; Justice for Children; Survivor's Network of Those Abused by Priests; Leadership Council on Child Abuse and Interpersonal Violence; Survivors First; and Survivors Connection.

3. *Sheehan vs. Sheehan*, 901 S.W.2d 57, (Mo. Banc 1995).

4. A footnote in the decision provides some insight into the court's thinking. Footnote 4 states that: "It is paradoxical for our court to hold a plaintiff must remember serious, traumatic injuries at the time of occurrence when that is the specific pre-requisite leading to repressed memories. See *Doe v. Roe*, 191 Ariz. 313, 955 P.2d 951 958 (Ariz. 1998) (citing Linda Williams, Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse, 62 U. *Consulting & Clinical Psychology* 1164 (1994). Under this logic, a minor, incidental act could be repressed while the traumatic event must be remembered."

Lambe, J. (2005, June 4). Molestation cases await ruling. *Kansas City Star*, B4.

□

Criminal Conviction in Florida Based on Recovered Memories

On April 10, 2005, a Stuart, Florida jury of four women and two men found 68-year-old Billy Banks Sr. guilty of sexually molesting two girls in the 1960s. The only evidence in the trial were the recovered memories of two accusers ages 43 and 44. Banks is a former firefighter who is now 68 and uses a wheelchair. The charges against him date from the 1960s.

The accusers, Banks' daughter and another woman, described fondling, oral sex and rape. They claimed Banks assaulted them for years between the ages of 6 and 10, as often as every weekend or more. They said that he drove them to wooded areas and took turns raping each child in view of the other on the front seat of a pickup.

According to the *Palm Beach Post*, the defense attorney noted that one of the accusers made her charges after being arrested on a crack-cocaine charge and undergoing intensive drug addiction counseling. The second accuser is disabled by back problems and depression for which she takes painkillers and anti-anxiety drugs.

The defense had planned to present an expert from Michigan to testify about the fallibility of recovered memories. However, at the last minute the expert could not come, and the Circuit Judge Larry Schack refused to delay the trial. The defense lasted less than an hour.

Sentencing has been postponed because a grandson of Banks told the judge after the trial that one of the jurors did not tell anyone that she knew the Banks family and about other allegations against him. A hearing will be held about this allegation on August 1, 2005. If the juror did have the information and it influenced her decision to convict, Banks could be granted another trial.

Defense attorneys were Deborah Gowen and Mitchell Tyre of Palm City. The prosecutor was Assistant State Attorney Kathryn Nelson.

Taylor, J. (2003, September 17). Father, son face sex-abuse charges. *Palm Beach Post*, 2B.

Ash, J. (2005, April 27). Accusers testify in child sex-abuse case. *Palm Beach Post*, 1B.

Ash, J. (2005, April 28) Jury finds retired firefighter guilty of molesting girls in '60s. *Palm Beach Post*, 1B.

Taylor, J. (2005, June 7). Woman confronts father about molesting. *Palm Beach Post*, 1B.

Ash, J. (2005, June 16). Juror faces scrutiny in abuse trial. *Palm Beach Post*, 1A.

□

Statutes of Limitations

One of the consequences of the sex abuse scandal in the Roman Catholic Church and some of the other recent highly publicized child abuse cases is a renewed effort to extend the statute of limitations. For example, efforts are currently underway in California, Massachusetts, Ohio, and Oregon. California presents an example of the types of changes that can be proposed; there are currently two bills that that would extend the statutes of limitations in sex abuse cases (SB 111 and SB 261). [1]

The typical rationale for extending the limitation is that victims are deprived of justice when they come forward too late for legal remedy. The arguments that victims may be too fearful or too ashamed or may not have connected the abuse to their current problems are often given for the delay in coming forward. In addition, it is often argued that some children are so traumatized by the abuse that they "repress" their abuse.

Opponents of such proposals say that statutes of limitations provide a check against flimsy charges and false allegations and that the statutes keep pressure on police to conduct their investigations in a timely way.

The reliability and validity of claims of repressed memories have played a role in some legislative discussions about extending statutes of limitations. Commenting about extending the statutes in California, Barry Melton of the California Public Defenders Association asked whether we should be "overturning hundreds of years of common law?"

Under current California law, someone who was sexually molested when he or she was a minor has 10 years to report the crime. A few years ago that law was amended to allow victims more time after they turned 21, but required independent corroborating evidence if they filed after the statutes had expired. The law reads that "no

evidence may be used to corroborate the victims' allegations that otherwise would be inadmissible during trial. Independent evidence does not include the opinion of mental health professionals." [1]

One of the bills under consideration in California (SB 261) would stop the requirement for the "independent evidence" provision from applying until a victim is 30. The discussions and arguments that surround this bill reflect the often flawed public understanding of the scientific issues involved with recovered memories. Readers who want to watch the progress of these bills can do so on the California Senate web site. Just plug in California with the bill's name. The search engine Google will do the rest.

1. Many professionals and families who had been affected by accusations based only on claims of "repressed memories" worked for the inclusion of this safeguard in the California legislation.

Seyfer, J. (2005, June 19). Senator proposes sex abuse legislation: Young victims would have till age 30 to report crime if bill becomes state law. *San Jose Mercury News*. Retrieved from <http://www.mercurynews.com/mld/mercurynews/news/11933558.htm>.

□

[S]ome principle that assists accurate remembering under some circumstances causes false memory under others. These errors in remembering do not mean that memory cannot be trusted. Instead they mean that remembering is a fundamentally inferential and attributional function, in performing which people can only make the best sense that they can of the quality of their current experience. It appears that the most general conclusion that one can reach about remembering accuracy is: "It all depends."

Kronlund, A., Whittlesea, B.W.A. (2005, March). Seeing double: Levels of processing can cause false memory. *Canadian Journal of Experimental Psychology*, 59 (1), 11-16.

□

**A Trip Down False Memory Lane:
My experiences with making and then
disavowing satanic ritual abuse (SRA)
claims, in the hopes that this informa-
tion will be useful.**

Mary Katherine Powers, 6/10/05

In early 1992, I was a patient in a psychiatric hospital. I was 23 and had faced problems for many years, mostly with depression, including suicidal thoughts. While in the hospital, I was evaluated by a trauma expert who used hypnosis. I was startled to hear myself giggling like a little girl and responding with a different name when she asked "who are you?" I was diagnosed with multiple personality disorder (MPD).

I thought at the time that hypnosis had uncovered my hidden alters. The evaluation had been done because I suspected I had MPD. Several months earlier, I had read *Through Divided Minds* by Dr. Robert Mayer and in the middle of reading the book, I got up to use the bathroom. I looked at my face in the bathroom mirror and I did not recognize myself. After that experience, I had the persistent feeling that I had MPD.

After the hospitalization, I attended both individual and group therapy with trauma-focused therapists. I read extensively about child abuse and soon found ritual abuse narratives. Then I became convinced that I was a survivor of ritual abuse.

I started attending a support group for survivors of ritual abuse. I came to believe in the "whole enchilada": that for many years I had been taken to Black Masses; that I was a breeder for babies who were sacrificed and eaten; that I had been married to Satan at age 6, and that I was ritually abused and tortured (including being buried in the ground).

How did I come to adopt such

bizarre beliefs? I have thought deeply about the answer to this question. Certainly suggestive therapy was an important component, but I believe that there were many other factors that made me vulnerable to the therapy. Here is the list of factors that I believe contributed to my false memories of ritual abuse:

1. A long history of depression (going back to age 8 or before) which was not treated (times were different then). This led me to feel alienated from my family and also increased my attraction to gloomy, death-related subjects.

2. Bullying by the girls at school. I had unhappy memories of being treated badly by a group of people.

3. Loneliness. I was unpopular and often felt lonely as a child. I believe that it was easier for me to imagine being tortured than face the reality of being ignored.

4. My obviously erroneous belief that hypnosis (including self-hypnosis) is a royal road to memory recovery. The fact that I read many survivor accounts about SRA and attended an SRA support group. (If only I knew then what I know now!)

5. My belief that if I feel it, it *must* be true.

6. My desire for attention, being special through having survived a "hidden holocaust."

7. Seasonal affective disorder, which causes my mood to take a precipitous downturn in the fall. I attributed this to cult activity at Halloween until I knew better. Now I use a light box. It helps but I still contend with suicidal thoughts every fall.

8. Confusion of church rituals with satanic rituals.

I have not seen the last two factors discussed, but for me they were quite significant. I would be interested to know if Seasonal Affective Disorder is over-represented in persons complaining of ritual abuse. If so, the late fall depressions could be reframed as a bio-

logical problem for a significant number of people who allege ritual abuse.

I have thought a lot about the confusion of church rituals and satanic rituals and think that there were three factors involved:

1. The mystery of rituals.

As a young child being taken to church, I was mystified by the rituals of the Catholic Mass. This sense of confusion with ritual activity spilled over into my beliefs about ritual abuse. When I think about SRA and what it means to me, rather than as a real event, I have had memories of being in or near a church (for a regular service). I think that it's possible for a child raised in a religious household, as I was, to carry that sense of involvement in strange rituals over to SRA beliefs.

2. Profound disillusionment with religion.

My parents have always been very religious. They attend Mass every week and do volunteer work for the church. My father is a lector (saying the readings during the service) and taught me to lector as well. My mother has worked as the parish secretary for about 20 years.

Because of my untreated depression, however, I felt that my parents were malevolent and cruel for allowing me to suffer with no relief. I felt this despite the good things they did for me; for example, paying for Catholic school from first grade through college.

I became disillusioned with my parents and as a consequence disillusioned with what they held most dear: the Catholic church. In addition, the Church did not allow women priests, so I felt that women were subservient to men. I was very angry about this and as a young adult, I stopped going to church. I felt it was an oppressive force in my life.

3. The harsh nature of Christianity:

To some extent Christianity is based on human sacrifice (i.e. Jesus

was sent by God to die for all of our sins), and the method of death, crucifixion, was quite gory. And to some extent the Catholic church enshrines a type of symbolic cannibalism as its most sacred ritual (ordinary bread and wine which are brought to the Catholic mass are turned into the literal body and blood of Christ that are then consumed by everyone attending the Mass). I believe that ritual abuse allegations can serve as screen memories for the accuser's experience with religion.

This may sound counterintuitive because we are used to thinking of mainstream religion as "good" and Black Masses as "bad." However, disillusionment with the Church can make mainstream religion appear quite bad, even evil. It seems just a small step to confusing the mystery of Church rituals with satanic rituals.

I do not mean to denigrate organized religion, just to state that I think there is less of a separation than is commonly believed between the subjective experience of "good" religion and the subjective experience of beliefs in "bad" religion. Put this way, I believe allegations of ritual abuse become more logical than they might otherwise appear to be.

The confusion between church rituals and satanic rituals seems consistent with the fact that SRA accusers are over-represented by individuals from religious households: they took religion more seriously growing up.

I would be extremely interested in learning if my hypothesis that ritual abuse memories are screen memories of experiences with mainstream religion could be confirmed. If that is the case, dealing with the religious issues directly might forestall ritual abuse beliefs and allegations.

Disavowing my memories

Thankfully, I discovered the skeptical point of view in the mid-1990's and I disavowed the satanic ritual abuse beliefs, as well as the belief that

I had MPD. I owe a debt to Dr. Ian Hacking, Dr. August Piper, Dr. Michael Simpson, Michael Snedeker, and Debbie Nathan for publishing their points of view. They helped me see how my life had gotten pretty badly off track. I am grateful to them all.

□

No Contact

We have had absolutely no word from our son since 1989. We hear from others that he is alive, but that is all.

A dad

□

A Kind of Returner

It has been close to 20 years since our precious daughter was alienated against us. She is now a kind of returner, without apologies. There is a possibility that she still does not know what are true and what are false memories.

She came home briefly in 1993 and again in 1998. She didn't stay overnight but stayed instead at a motel. She has not been back home since. We have gone to see her three times, but met at a motel because she doesn't want us to know where she lives.

She and I have been very close in the last three years. She calls every few weeks, sometimes for as long as an hour. She's also very friendly with her siblings and writes to them and to us. In her letters to me she has written "I'm sending you a big long hug. Just imagine it. Feel my breathing and my heartbeat and my hair against your cheek as I quietly say I love you mom," She has also said, "You and I are still close mom. No amount of miles can change that."

She has been quite sick for several years. I think it is from all the stress she went through with the recovered memories. When I asked her to come to visit, she said that she could not make the trip because she is too weak and sick. I guess I really believe her, but my heart aches from being separated from her when she is sick.

My daughter says that she no

longer sees the therapists who started the recovered memories. I hope that is true. Perhaps she is too embarrassed to come home thinking everyone knows about her memory problems. I am just thankful that she is doing as well as she is.

In the last three years I have had massive surgery and my husband has had cancer. In spite of this, we still believe we will eventually be reunited with our daughter. We hold no anger against her, and we have coped with all this by our trust in the Lord.

We pray daily that all the alienated children will come home to be reunited and that family members can forgive each other unconditionally.

A mom

□

Guilt First, Then Real Desire

FMSF helped me reconcile with my family. It has been nine years since I have been back in contact, after four years of having cut them off. Without groups like yours, I may never have gotten back in touch with them. At first, what motivated me to start talking to them again was guilt, but now it has become a genuine desire to see them.

M.K.P.

□

"We like to cling to a distinction between events experienced in real life and events experienced through story, but contemporary psychologists are increasingly interested in the fact that memory often can't distinguish them clearly. Public obsession with false memory syndrome has obscured the other provocative implication of this quality of memory: we may actually experience events so acutely in our literary adventures that they become folded into our consciousness as real happenings, affecting and important.

Diehl-Jones, C. (2003, August). "Carol Shields: The arts of a writing life and dropped threads.

Border Crossings, Vol. 22 (3).

Web Sites of Interest

comp.uark.edu/~lampinen/read.html
The Lampinen Lab False Memory Reading Group,
University of Arkansas

www.exploratorium.edu/memory/
The Exploratorium Memory Exhibit

www.ctnow.com/memory
Hartford Courant memory series

www.tmdArchives.org
The Memory Debate Archives

www.francefms.com
French language website

www.StopBadTherapy.com
Contains phone numbers of professional
regulatory boards in all 50 states

www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

www.ltech.net/OHIOarmhp
Ohio Group

www.afma.asn.au
Australian False Memory Association

www.bfms.org.uk
British False Memory Society

www.geocities.com/retractor
This site is run by Laura Pasley (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

www.angelfire.com/tx/recoveredmemories/
Locate books about FMS
Recovered Memory Bookstore

www.religioustolerance.org/sra.htm
Information about Satanic Ritual Abuse

www.angryparents.net
Parents Against Cruel Therapy

www.geocities.com/newcosanz
New Zealand FMS Group

www.werkgroepwfh.nl
Netherlands FMS Group

www.falseallegation.org
National Child Abuse
Defense & Resource Center

www.nasw.org/users/markp
Excerpts from *Victims of Memory*

www.rickross.com/groups/fsm.html
Ross Institute

[www.hopkinsmedicine.org/jhhpsychiatry/
perspec1.htm](http://www.hopkinsmedicine.org/jhhpsychiatry/perspec1.htm)
Perspectives for Psychiatry
by Paul McHugh

www.enigma.se/info/FFI.htm
FMS in Scandanavia - Janet Hagbom

www.ncrj.org/
National Center for Reason & Justice

www.lyingspirits.com

Skeptical Information on Theopostic Counseling

www.ChildrenInTherapy.org/

Information about Attachment Therapy

www.traumaversterking.nl

English language web site of Dutch retractor.

www.quackwatch.org

This site is run by Stephen Barrett, M.D.

www.stopbadtherapy.org

Contains information about filing complaints.

www.FMSFonline.org

Web site of FMS Foundation.

Legal Web Sites of Interest

• www.caseassist.com

• www.findlaw.com

• www.legalengine.com

• www.accused.com

Elizabeth Loftus

we www.seweb.uci.edu/faculty/loftus/

The Rutherford Family Speaks to FMS Families

The video made by the Rutherford family is *the* most popular video of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

Available in DVD format only:

To order send request to

FMSF Video, 1955 Locust St.

Philadelphia, PA 19103

\$10.00 per DVD; Canada add \$4.00;

other countries add \$10.00

Make checks payable to FMS

Foundation

Recommended Books

Remembering Trauma

Richard McNally

Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn, J.M. Lohr (eds.)

Psychology Astray:

Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

SAVE THIS DATE

October 9, 2005

9:30 a.m. to 4 p.m.

Illinois-Wisconsin FMS Society Fall Meeting

Prairie Lakes Community Center
Des Plaines, IL

Coping: Where are you now?

Speakers: Pamela Freyd, Ph.D. and
Janet Fetkewicz, M.A. from the
FMS Foundation

Two hours in the afternoon will be devoted to general group discussion, focusing on the variety of individual coping strategies (both successful and otherwise) of the participants. Retractors will serve as resource people. After the meeting those who wish will have a cocktail hour and dinner at a local restaurant.

FOR MORE INFORMATION

E-MAIL:

president@IllinoisFMS.org

www.IllinoisFMS.org

Do You Read German?

If the answer is "yes" then you may want to check out an excellent two-part article about memory written by Harald Welzer and originally published in *Der Spiegel* (the mirror).

www.spiegel.de/wissenschaft/mensch/0,1518,355525,00.html

www.spiegel.de/wissenschaft/mensch/0,1518,355525,2,00.html

The article deals with the way in which people develop vivid visual recollections of something that never happened: survivors of the Dresden bombing in WWII who tell of fighters attacking individual people on the ground—when in fact the fire tornado raised by the bombing made low-altitude flying completely impossible; or Ronald Reagan including in his personal war memories a scene from a 1944 movie.

CONTACTS & MEETINGS - UNITED STATES

ALABAMA*See Georgia***ALASKA**

Kathleen 907-333-5248

ARIZONA*Phoenix*

Pat 480-396-9420

ARKANSAS*Little Rock*

Al & Lela 870-363-4368

CALIFORNIA*Sacramento*

Jocelyn 530-570-1862

*San Francisco & North Bay*Charles 415-984-6626 (am);
415-435-9618 (pm)*San Francisco & South Bay*

Eric 408-738-0469

East Bay Area

Judith 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

COLORADO*Colorado Springs*

Doris 719-488-9738

CONNECTICUT*S. New England*

Earl 203-329-8365 or

Paul 203-458-9173

FLORIDA*Dade/Broward*

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA*Atlanta*

Wallie & Jill 770-971-8917

ILLINOIS*Chicago & Suburbs - 1st Sun. (MO)*Eileen 847-985-7693 or
Liz & Roger 847-827-1056*Peoria*

Bryant & Lynn 309-674-2767

INDIANA*Indiana Assn. for Responsible Mental Health**Practices*

Pat 260-489-9987

Helen 574-753-2779

KANSAS*Wichita - Meeting as called*

Pat 785-738-4840

KENTUCKY*Louisville- Last Sun. (MO) @ 2pm*

Bob 502-367-1838

LOUISIANA

Sarah 337-235-7656

MAINE*Rumford*

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

MASSACHUSETTS/NEW ENGLAND*Andover - 2nd Sun. (MO) @ 1pm*

Frank 978-263-9795

MICHIGAN*Grand Rapids Area - 1st Mon. (MO)*

Bill & Marge 616-383-0382

Greater Detroit Area

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

MISSOURI*Kansas City - Meeting as called*

Pat 785-738-4840

St. Louis Area - call for meeting time

Karen 314-432-8789

*Springfield - Quarterly (4th Sat. of Apr.,**Jul., Oct., Jan.) @12:30pm*

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW HAMPSHIRE

Jean 603-772-2269

Mark 802-872-0847

NEW JERSEY

Sally 609-927-5343 (Southern)

Nancy 973-729-1433 (Northern)

NEW MEXICO*Albuquerque - 2nd Sat. (BI-MO) @1 pm**Southwest Room -Presbyterian Hospital*Maggie 505-662-7521(after 6:30pm) or Sy
505-758-0726**NEW YORK***Westchester, Rockland, etc.*

Barbara 914-761-3627

Upstate/Albany Area

Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO*Cleveland*

Bob & Carole 440-356-4544

OKLAHOMA*Oklahoma City*

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON*Portland area*

Kathy 503-655-1587

PENNSYLVANIA*Harrisburg*

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE*Nashville*

Kate 615-665-1160

TEXAS*Houston*

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-3945

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

VIRGINIA

Sue 703-273-2343

WASHINGTON*See Oregon***WISCONSIN**

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

WYOMING

Alan & Lorinda 307-322-4170

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA*Vancouver & Mainland*

Lloyd 250-741-8941

Victoria & Vancouver Island

John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA*London*

Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubushene

Paula 705-543-0318

QUEBEC, CANADA*Chertsey*

Mavis 450-882-1480

AUSTRALIA

Evelyn everei@adam.com.au

BELGIUM

werkgr.fict.herinneringen@altavista.net

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Moller FAX 48-431-217-90

UNITED KINGDOM*The British False Memory Society*

Madeline 44-1225 868-682

Deadline for the SEPTEMBER/OCTOBER Newsletter is August 15. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting.**

Copyright © 2005 by the FMS Foundation

1955 Locust Street

Philadelphia, PA 19103-5766

Phone: 215-940-1040

Fax: 215-940-1042

mail@FMSFonline.org

www.FMSFonline.org

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

July 1, 2005

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, Rutgers University, New Brunswick, NJ; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, (deceased) Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, (deceased) Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, (deceased) Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of California, Irvine, CA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, (deceased) Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, (deceased) Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, (deceased) University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

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-News". 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.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. The newsletter is mailed to anyone who contributes at least \$30.00. It is also available at no cost by email (see above) or on the FMSF website: www.FMSFonline.org

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

__ Visa: Card # & exp. date: _____

__ Discover: Card # & exp. date: _____

__ Mastercard: # & exp. date: _____

(Minimum credit card is \$25)

__ Check or Money Order: **Payable to FMS Foundation in U.S. dollars**

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.