



Dear Friends,

In New Hampshire, the Hungerford criteria^[1] for the admission of repressed-memory evidence remain the standard. In the November/December 2004 Newsletter we wrote about a challenge to those criteria that had been raised in the case of NH v. Bourgelais. The Legal Corner of this issue reviews the April 4 ruling of Judge Tina Nadeau:

“[T]he court determines, based on the law and the evidence, that the reliability of memory retrieval has not been sufficiently established to allow the introduction of Rhianna’s memories here.”

In the decision, Judge Nadeau reviews the testimony of several of the experts, explaining how they shaped her decision. She was particularly impressed by Peggy Ward, Ph.D., a clinician who believes in recovered-memories but who concluded that there is “no consensus regarding the mechanisms causing repression, the process of retrieval or whether repressed memories are as reliable as ordinary memories.” She considered Dr. Ward impartial.

Judge Nadeau was critical of prosecution expert Daniel Brown, Ph.D., who urged that the criteria be changed. Brown had also testified in the 1997 Hungerford hearing, presenting the results of sixteen studies that obviously did not persuade the court. This time, Brown presented eighty-five studies claiming to show repression. Judge Nadeau wrote: “the court concludes that the same or similar methodological critiques still apply.” She noted that the studies continued to rely on self-reporting and that the prospective studies did not address the reliability of the resulting recovered memory. She also wrote that Dr. Brown “improperly applied” one psychological test and that he used tests that “were designed for use clinically and not forensically.”

It is heartening that the precedent-setting Hungerford criteria have withstood several challenges. It’s an indication that the trend toward caution with recovered memory evidence continues. The Shanley decision reported in the last newsletter issue appears to be the exception. Since the Quattrocchi case in Rhode Island, courts have generally

maintained skepticism about the reliability of recovered-memories in criminal cases.

This issue of the newsletter has summaries of several articles that push the frontiers of knowledge about false memories. New articles from Richard McNally’s lab at Harvard provide insight into the cognitive processes of people who are more likely to develop false memories: many of them show poor source monitoring and many have had experiences with sleep paralysis. Mark Pendergrast described “sleep paralysis,” in the *Victims of Memory* chapter “How to Believe the Unbelievable.” The newsletter has been reprinting that chapter, and the section on sleep paralysis appeared in the last issue. (In this issue, Pendergrast writes about “flashbacks,” body memories,” and “symptom lists.”)

An article by Stephan Lewandowsky and colleagues shows that people often “believe a ‘fact’ that fits their views even if it’s clearly false.”^[2] An understanding of this phenomenon helps explain why so many accusers cling to their false memories in the face of information that shows that the events could not have happened. It also makes concrete something most families know all too well: once a person is accused of child abuse that person’s reputation is terribly harmed. Lewandowsky et al. write: “The news media would do well to keep in mind that once we report something, some people will always believe it even if we try to stuff the genie back in the bottle.”

Martha Beck’s new memoir attacks the reputation of her famous father, Hugh Nibley. Her book, *Leaving the Saints: How I Lost the Mormons and Found My Faith*, has garnered much publicity not only because of her dad’s fame but also because her 7 siblings have all stated that much of what she writes is not true. Almost all reviews of the book have been positive. Not the review in this newsletter issue.

In this issue...

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

FMSF Newsletter readers approach a book of this sort with a huge background of information, both professional and personal. For example, one reviewer wrote that Beck “organizes a meeting with her alert nonagenarian father.”^[3] FMSF readers will likely see the event as described in the book as an incredible and cruel confrontation. The reviewer does not explain that this “meeting” was planned with deception. Beck asked a cousin who visited her father frequently to suggest going for a drive. When her father was in the car, he was taken to a hotel room to meet with his daughter. He did not go to a confrontation knowingly and had no way to leave that room to return home. Beck tells us that he was dependent on the person who drove him there.

There were three women who were a part of the confrontation: Beck, the driver-cousin who hid in the closet but who later emerged and also confronted Nibley, and another woman in the next room. The reviewer mentioned above wrote that Beck’s book exposed “The theocratic patriarchy of Mormonism.” That may or may not be true. What does seem to be true is that it took three able-bodied women to confront one small frail 90-year-old man.

The presentation of recovered-memories in the media continues to be a problem, especially in local papers. We laughed at the title of one article: “Writers never forget amnesia”^[4] because it seemed so apt. Unfortunately, disturbing samples of uncritical acceptance cross our desk daily. Two recent examples:

“What Bonnie was suffering from back in 2003 were repressed memories of being sexually molested as a child nearly 40 years ago—a fact she said she didn’t realize until she met Peters at a support group in her church.”

“Peters, also a sexual abuse survivor, had just started up Angels 2 Stop Sex Abuse, a Huber Heights based group aimed at increasing awareness about sexual abuse of children within families.”

“But she kept working with me. Over the course of the last year through conversations and emails, I have begun to realize what had happened to me when I was a child.”

Srivastava, M. (2005, March 24). Sex victims give help. *Dayton Daily News*, Z5-1.

“A 52-year-old woman filed a lawsuit against Tucson convent alleging she was held captive and physically and sexually abused more than a half-century ago... [S]he became an indentured servant... She was a cleaning servant and a sex slave... She was chained and held in a hidden room... raped, sodomized, repeatedly beat, psychologically abused and deprived of food and water...[S]he recovered her memories of abuse through therapy... [M]ost of the nuns named in the lawsuit are deceased.”

Woman sues Tucson convent for half-century-old abuse.” (2005, April 7) Retrieved from *Arizona Daily Star*, <http://www.azstarnet.com> April 8

The good news is that the national media continue to present accurate information about memory. An outstanding example was a recent CNN series in March featuring many outstanding memory researchers. (See box below.)

The last decade’s gains in public and professional understanding about memory have not been lost. Indeed, the frontiers of false memory research are expanding. What is clear, however, is that there is still a great need for educational efforts, especially the education of a new generation of reporters. Please keep up your wonderful efforts.

Pamela

1. www.courts.state.nh.us/supreme/opinions/1997/hungrfrd.htm
2. Begley, S. (2005, February 4). People believe a ‘fact’ that fits their views even if it’s clearly false. *Wall Street Journal*, B1; Lewandowsky, S. et al. (2005). Memory for fact, fiction, and misinformation: The Iraq War 2003. *Psychological Science* 16 (3) 190-195.
3. Gambotto, A. (2005, April 16). Fleeing the grip of a spiritual black hole. *The Australian*, B13.
4. Oldenburg, A. (2005, February 9). Writers never forget amnesia. *USA Today*, 3D.

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“The dominant view is that the neurocircuitry underlying my memory... is widely distributed throughout the brain... So the visual memory of what things look like might be stored much closer to the visual association area of the cortex. The memory of the sounds,... would be located in the parts of the brain more closely associated with the auditory cortex. And so on...

“If memory were like a book in a library, then we could always go to that spot and pull it out. And it would always be like the book—maybe just a little worn from being used, but the words would still be there in the same order. But that’s not the way our memories ordinarily are, with the possible exceptions of things we memorize extremely well (like a social security number, phone number or spouse’s name).

“Remembering is a constructive process, in which the brain is very active in pulling out information in an attempt to integrate that information to create what we then record and recall as the memory...

“Our memories of events that are slightly or somewhat exciting are just like all our other memories, they just last longer. They are just a little stronger.”

James McGaugh (2005, March 22). McGaugh: Memory a long, remarkable process. *American Morning*. CNN (Transcript 032201CN.V74).

special thanks

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The Ultimate Confrontation

FMSF Staff

"[I]n a sense all memoirs are fiction because they are the result of selected memories."

Bartlett, K. (2005, April 1). *A glance at the April/May issue of bookforum: blurring fact and fiction. Chronicle of Higher Education.*

Beck, Martha (2005).

Leaving the Saints: How I Lost the Mormons and Found My Faith.

Crown Publishers: New York.

Leaving the Saints is a memoir by Martha Beck, who recovered memories of childhood ritual sexual abuse by her father, Hugh Nibley, a revered and celebrated Mormon scholar. The well-written book has received national attention, although Beck's seven siblings have condemned her accusations and retained attorney Christopher Barden.

Some reviews of the book have noted Beck's bravery in speaking out about her abuse. The Random House (Crown) blurb describes the book as "one woman's spiritual quest and journey toward faith." FMSF Newsletter readers, however, will likely see it from a different perspective: the book includes a description of deliberate deception and a cruel confrontation.

Beck, a life coach, is the author of *Expecting Adam* about her Downs syndrome child. She writes a monthly column for *O, The Oprah Magazine*. In fact, the Oprah web site is reported to have received more than 3,500 messages about *Leaving the Saints* as a consequence of its mention on the site.

Leaving the Saints begins in a hotel room with Beck confronting her 90-year-old frail, but alert, father about the alleged abuse, hoping that he will admit his guilt. This is not the first time Beck confronted her dad. She recovered her memories over a decade ago, at the height of the recovered-memory movement, and at that time Nibley denied the accusations. Most of the book involves Beck's reveries of her life and faith with the confrontation

interspersed.

The details of the confrontation emerge slowly. It is not until p. 192, for example, that we learn how Beck got Hugh Nibley to the hotel room.

"My father takes off his hat, allowing me to see that his eyes are angry and afraid. He doesn't know how long I'm going to keep him here, or how he's going to get home. My cousin Diane brought him to the hotel, after dropping into my parents' home and asking if he'd like to go for a drive... I wonder how he regards Diane right now. I'm sure he feels kidnapped, betrayed, shanghaied in the worst way." (p. 192)

Beck writes that she had arranged the confrontation "as a psychological laboratory." (p. 5) Although she did not tape the conversation, she had her cousin hide in the closet and another accomplice hid in the next room.

Beck describes her approach:

"Clearly, I'm not going to be able to help my father relax. The situation in the hotel room is too weirdly stressful, his position too much like that of a hostage. Seeing that I don't have a prayer of making him comfortable, I decide to make him even more uncomfortable. But in a good way. A way, I tell myself, that will later make him glad." (p. 84)

As the confrontation continues she notices that her father is tiring:

"Even in the non-Mormon world, common courtesy would dictate that I wrap up my end of the conversation. The man is old, he's tired, he's uncomfortable, and he's already shared more with me during this brief meeting than he did in my entire career as a devoted daughter, prior to the most recent decade. I'm sure any patient, high-minded, enlightened person would let him go right now. Me, I'm just getting started." (p. 111)

"I know you'd like to get going," I stammer, sounding ambivalent even to myself, "but I want ... I mean, there are a couple of things I need to ask you first... His face tenses into an expression that looks like annoyance,

but I recognize it as fear." (p. 121)

Beck tells us that she believes that her father had abused her because she concluded that his mother had abused him. (p. 127) She writes that her father had PTSD from the war and gave it to her. Beck perceives that she and her father are sparring opponents. She reports that her father says of the accusations: "It's revolting, these ridiculous allegations all over the country—and there's no truth to any of them. No evidence whatsoever. Prove one case to me, if you can. All fiction." (p. 125)

Beck is aware of her father's discomfort and at one point writes: "I grin, but my father is not amused. He looks longingly toward the hotel room door, apparently realizing I'm not about to let him leave. I'm stabbed by the pity I feel for zoo animals locked in cages that are too small for them." (p. 145)

Close to the end of the book, we learn that Diane (the driver) also confronts Hugh Nibley. (p. 225) "I have to get back to work," my father tells her, and once again I hear the struggle in his voice, half of him still in the role of the adult commanding children, the other half helplessly dependent on Diane for transportation. (p. 245) 'You've kept me from my work long enough,' he says to Diane. 'Let's end this foolishness now.'" (p. 253)

"You poor thing!" says Diane, patting my father's shoulder. "All these questions, all these memories."

"It's like a military tribunal," my father mutters, still angry..." (p. 287)

"All we're trying to do here," Diane tells my father, "is heal our family..." (p. 288)

Much of Martha Beck's reverie is devoted to discrediting the work of her father. Beck's brother-in-law, B. J. Petersen, however, has provided convincing contradictory evidence to her claims. (Petersen, 2005) Other articles have noted that Beck neglected to include many facts about her life that could be considered relevant to the

story. For example, she does not mention that she consulted with Utah psychotherapist Lynne Finney, a leading practitioner of recovered-memory therapy, including self-hypnosis, around the time she recovered her memories. (Wyatt, 2005) Beck doesn't mention that she read *The Courage to Heal* by Bass and Davis. (Stack, 2005)

Attorney Christopher Barden has asked why the published reviews of *Leaving the Saints* have omitted the details of the cruel confrontation.^[1] Is it a commentary on society's acceptance of cruelty to aged parents or an indication that anything goes if the subject is child abuse?

Sadly, Hugh Nibley died in February at the age of 94, three years after the confrontation. Commenting on his death, Martha Beck was quoted in the *Deseret News*:

"He was so beautiful, full of love and joy. I hope I can live the rest of my life to honor his memory, as paradoxical as that seems."

1. Barden, C. (2005, April 8). Personal communication.

Moore, C.A. (2005, February 25). Revered LDS scholar Hugh Nibley dies at 94. *Deseret News*. (Retrieved 2/27/05.)

Petersen, B.J. (2005). Response to "Leaving the Saints". The Foundation for Apologetic Information and Research. (www.fairlds.org/Reviews/Rvw200504.html). Retrieved 3/18/05.

Stack, P.F. (2005, February 5). Rebel Mormon's memoir ignites a furor. *Salt Lake Tribune*, A1.

Wyatt, E. (2005, February 24). A Mormon daughter's book stirs a storm. *New York Times*. E 1.

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"What is memory but the repository of things doomed to be forgotten, so you must have History. You must labor to invent History. Being faithful to all that happens to you of significance, recording days, dates, events, names, sights not relying merely upon memory which fades like a Polaroid print where you see the memory fading before your eyes like time itself retreating."

Joyce Carol Oates. (1993). *Foxfire*, p. 42.

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Recent Research Articles of Interest

Source Monitoring

McNally, R.J., Clancy, S.A., Barrett, H.M., Parker, H.A. (2005). Reality monitoring in adults reporting repressed, recovered, or continuous memories of childhood sexual abuse. *Journal of Abnormal Psychology*, 114 (1). 147-152.

Poor source monitoring has been proposed as a mechanism that might lead people to develop false memories. Source monitoring is the ability that enables people to identify the origins of the contents of their minds. (Did I learn something from television or the newspaper? Did this happen or did I imagine it?) The research reported in this paper is the first to examine whether people who believe that they harbor repressed memories of sexual abuse or who have recovered memories of childhood sexual abuse differ from other people in their ability to distinguish between products of perception and products of imagination.

The researchers showed participants a series of words on cards and also presented words on audiotape. They asked participants to compare the relative heights of the first and fourth letter of each word. In the audiotape condition, participants had to visualize the words. Later participants were asked to tell whether they had seen or imagined a particular word.

The authors found that adults reporting either repressed or recovered memories of child sexual abuse were less able to discriminate between words they had seen from words they had imagined seeing than were adults reporting either never having forgotten their CSA or adults reporting no history of CSA. Source monitoring distinguished people who believe they have repressed or recovered memories from others. The authors cautioned that the results did not reveal whether the ability to distinguish reality from fantasy might vary as a function of the emotional significance of the material.

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Betrayal Trauma

McNally, R.J., Ristuccia, C.S., Perlman, C.A. (2005). Forgetting of trauma cues in adults reporting continuous or recovered memories of childhood sexual abuse. *Psychological Science* 16 (4), 336-340.

Betrayal trauma theory predicts that adults who were sexually molested by their caretakers are especially likely to dissociate (repress) those memories. In 2004, DePrince and Freyd reported that college students who scored high on a dissociation questionnaire showed memory deficits for trauma words in an experiment in which they viewed the words under divided attention conditions.

McNally et al. replicated the DePrince and Freyd (2004) procedure to test for memory deficits for trauma words relative to neutral words in adults reporting either continuous or recovered memories of child sexual abuse (CSA) compared with adults who said they had no history of CSA. Although they expected that the recovered-memory group would show a memory deficit for trauma words, the results indicated that all three groups showed better recall for trauma words than for neutral words. The researchers concluded that their findings "suggest that DePrince and Freyd's (2004) results may not generalize to adults who report forgetting and then recovering memories of CSA"

DePrince, A.P. & Freyd, J.J. (2004). Forgetting trauma stimuli. *Psychological Science*, 15, 488-492.

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Sleep Paralysis

McNally, R.J., Clancy, S.A. (2005). Sleep paralysis in adults reporting repressed, recovered, or continuous memories of childhood sexual abuse. *Journal of Anxiety Disorders* 19, 595-602.

Richard McNally and Susan Clancy investigated the possibility that people who have reported repressed or recovered memories of childhood sexual abuse (CSA) may have misinterpreted episodes of sleep paralysis as repressed or dissociated memories of

CSA, an idea suggested by Mark Pendergrast (1996). About 30% of the general population of college students report experience with sleep paralysis, a non-pathological phenomenon that occurs when a person wakes from rapid eye movement sleep before motor paralysis has passed. About 5% of people report tactile and visual hallucinations with the sleep paralysis, frequently of visions of threatening intruders in the bedroom. (See FMSF Newsletter March/April 2005 for a reprint of Pendergrast's discussion of sleep paralysis.)

The researchers administered a sleep paralysis questionnaire to people recruited from the community who had reported either repressed or recovered memories of CSA, and also to people who had continuous memories of CSA and to a control group with no history of CSA. They analyzed the responses for prevalence of sleep paralysis and for the explanations of the experiences given by the participants. The researchers found that "people who say they were sexually abused in childhood are more likely to experience sleep paralysis than do those who deny a history of CSA." The authors note that their results seem to be consistent with those of other scholars citing Watson (2001) who wrote "People who are prone to interesting, vivid, and unusual experiences during the day also tend to have them at night."

Pendergrast, M. (1996). *Victims of Memory: Incest accusations and shattered lives* (rev. ed.). Hinesburg, VT: Upper Access.

Watson, D. (2001). Dissociations of the night: individual differences in sleep-related experiences and their relation to dissociation and schizotypy. *Journal of Abnormal Psychology*, 110, 526-535.

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Memory for Misinformation

Lewandowsky, S., Stritzke, W.G.K., Oberauer, K., Morales, M. (2005).

Memory for fact, fiction, and misinformation: The Iraq War 2003. *Psychological Science* 16 (3) 190-195.

Past research has shown that people may continue to rely on misinformation even if they remember and

understand that the misinformation was retracted. For example, mock jurors may continue to rely on inadmissible evidence even when the judge has instructed them to disregard it. However, if a judge tells the jury that the inadmissible evidence might represent a deliberate attempt to manipulate the jury, verdicts seem not to be affected by the discredited information.

Lewandowsky et al. have added to our understanding of the conditions that may influence whether or not people continue to believe misinformation. They examined the extent to which people resisted false memories and discounted misinformation by checking memory for and beliefs about war-related events in two countries that supported the 2003 Iraq War (United States and Australia) and one country that did not (Germany). The researchers questioned participants about true events, events that were first presented as facts but then retracted, and fictional events. They found people in the United States were least sensitive to correction of misinformation than were those from Australia and Germany. These results are consistent with the notion that people's readiness to discount misinformation increases if they are suspicious of the motives behind the dissemination of the information.

The authors concluded: "First, the repetition of tentative news stories, even if they are subsequently disconfirmed, can assist in the creation of false memories in a substantial proportion of people. Second, once information is published, its subsequent correction does not alter people's beliefs unless they are suspicious about the motives underlying the events the news stories are about. Third, when people ignore corrections, they do so irrespective of how certain they are that the corrections occurred."

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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

Flashbacks or Visions?

It is likely, then, that many of the so-called "flashbacks" reported as repressed memories are the result of sleep deprivation, combined with expectancy. Flashbacks themselves have been widely misunderstood. Even in the case of war veterans, these very real terrors, often triggered by the sound of an explosion, are not the reliving of actual events. Rather, they are *worst-fear* scenarios, as John MacCurdy pointed out in his classic 1918 book, *War Neuroses*.^[59] MacCurdy called such moments "visions," arguably a more accurate term than flashback. Similarly, psychiatrists treating World War II veterans found that leading patients to dramatically "relive" fictional events seemed to help them as much as recalling a real trauma. One man who had been in a tank regiment vividly visualized being trapped in a burning tank. "This had never actually happened, though it must have been a persistent fear of his throughout the campaign," his doctor noted. ^[60] Similarly, under the influence of sodium Amytal, a 35-year-old Vietnam combat veteran "lived out" a feared fantasy of having been captured and tortured by the Viet Cong, though nothing like that had actually happened to him. ^[61]

An even more interesting war-related case occurred recently. In a Vietnam veteran's support group, Ed recounted how he had watched a

buddy's head explode during a fire-fight. He had relived this and other harrowing memories in therapy. But when one of his group members called Ed's parents for help in staging a surprise birthday party, his mother said, "What? He's in a veterans' recovery group? But he was rated 4-F. He never was allowed to go to Vietnam!" Even when confronted in the group, however, Ed maintained that his story was true. He had fantasized his "flashbacks" so successfully that they had become real. [62]*[63]

Body Memories and Panic Attacks

People who are trying to recover repressed memories are often told that "the body remembers what the mind forgets," particularly in cases of abuse suffered as a pre-verbal infant. These "body memories" can take the form of virtually any form of physical ailment, from stomach aches to stiff joints. As I document in Chapter 10, psychosomatic complaints such as these have always been common in Western culture and almost invariably accompany general unhappiness and anxiety. Add to this the "expectancy effect," and it isn't surprising that during the "abreaction" or reliving of an event, a woman might feel terrible pelvic pain, or a man might experience a burning anus.

Those in search of memories often submit to massages by experienced "body workers," who can trigger feelings either by light touch or deeper muscle manipulation. "An area of your body may get hot or feel numb," Renee Fredrickson assures readers in *Repressed Memories*. "Powerful emotions may sweep over you, causing you to weep or even cry out." It is certainly

true that people can experience profound, inexplicable emotions while they are being massaged, particularly if they are tense and unhappy in general. When they let down their guards and relax, allowing intimate touch by a stranger, they often do weep. Given the admonition to be on the lookout for any stray sensation, many subjects have no difficulty locating and interpreting various body memories. Fredrickson gives two examples: "She [Sarah] was undergoing a passive form of body work involving laying on of hands when she had a slowly burgeoning sense of rage at her father for abusing her." Later on, Sarah discovered that the "exquisite sensitivity" of her toes was caused by her grandfather having shoved a wood chip under her toenail. [64]

Some "body memories" take the form of rashes or welts that fit particular memory scenarios. The mind can apparently produce remarkable and sometimes quite specific effects of the body. As I already mentioned, hypnotic suggestion can actually remove warts, while some people can consciously control their pulse rates, respiration, or blood flow.^[65] Some observers claim to have documented cases of "stigmata"—replicating the wounds of Christ—that, if true, indicate how mental concentration can even cause spontaneous bleeding. As Ian Wilson writes in *All In the Mind*, "the nail-wounds in the hands have varied from simple red spots in some to complete penetrations of the flesh in others, again taking every conceivable shape—oval, round, square, oblong." These shapes usually correspond to the wounds portrayed on the crucifix before which the stigmatic worshippers.^[66]

One such case involved Elizabeth K., who entered therapy with psychiatrist Alfred Lechler in 1928 when she was 26. Since her early teens, she had suffered from headaches, nausea, paralyses, blackouts, and bowel disor-

ders. By the time she came to see Dr. Lechler, Elizabeth suffered from insomnia and had attempted suicide. She proved to be highly suggestible, with a tendency to take on any medical symptoms she heard about. Lechler hypnotized her, getting her to produce the classic stigmata of Christ. Later, after she had returned to normal consciousness, the psychiatrist asked her to picture bloodstained tears. Within a few hours, blood welled up inside Elizabeth's eyelids and poured down her cheeks. [67]*[68] In *Michelle Remembers*, Michelle Smith evidently possessed similar powers, producing a red rash on her neck that her psychiatrist interpreted as a welt left by the devil's tail. [69]

Nothing so dramatic need account for most "body memories," however. One of the most common was recounted by A.G. Britton in her article, "The Terrible Truth." She experienced a choking sensation and interpreted that as evidence that her father had forced his penis into her mouth when she was a baby. It turns out, though, that a constricted throat is one nearly universal human reaction to fear and anxiety. In fact, the word "anxious" derives from the Latin word meaning "to strangle."^[70] This classic symptom—an inability to swallow and the feeling of being choked—is now one of the diagnostic symptoms for panic disorders. For hundreds of years it was called, among other things, *globus hystericus*, because it felt as though a ball were rising from the abdomen and lodging in the throat.

Many people who fear that they may have been abused suffer repeated

* Psychologist Michael Yapko reports a similar case in which a man convinced his wife, therapist, and apparently himself that he was experiencing excruciating flashbacks to his imprisonment in a Vietcong bamboo case. After he committed suicide, his widow tried to locate his official military record and discovered that he had never been in Vietnam.

* It is possible, however, that Elizabeth somehow faked these phenomena. As a psychologist pointed out in 1946, one hypnotic subject, eager to show his abilities, "proved" that he could raise blisters under suggestion. Secret observations through a peep-hole, however, showed him "deliberately rub the bandage with all his strength so as to irritate the skin beneath. Worse still, some subjects were seen to take a needle [and] thrust it under the bandage."

panic attacks at unexpected moments and, with their therapists' encouragement, interpret them as repressed memories surging forth from the subconscious. Yet these little-understood episodes are extremely common. As psychologist David Barlow points out in his comprehensive text, *Anxiety and Its Disorders*, "Anxiety disorders represent the single largest mental health problem in the country, far outstripping depression." In Western cultures, reports of this affliction are much more common among women than among men, although that is not so in Eastern countries. Recent surveys indicate that 35 percent of Americans report having experienced panic attacks.^[71] Unfortunately, those seeking help for severe anxiety disorders are frequently misdiagnosed, seeing an average of ten doctors or therapists before receiving appropriate help (See Chapter 13 for resources).^[72]

As listed in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, familiarly known as the *DSM-IV*, the symptoms experienced during panic attacks (four or more being sufficient by the official definition) sound like a checklist for what trauma therapists interpret as body memories:^[73]

- (1) palpitations, pounding heart, or accelerated heart rate,
- (2) sweating,
- (3) trembling or shaking,
- (4) sensations of shortness of breath or smothering,
- (5) feeling of choking,
- (6) chest pain or discomfort,
- (7) nausea or abdominal distress,
- (8) feeling dizzy, unsteady, lightheaded, or faint,
- (9) derealization (feelings of unreality) or depersonalization (being detached from oneself),
- (10) fear of losing control or going crazy,
- (11) fear of dying,
- (12) paresthesias (numbness or tingling sensations),
- (13) chills or hot flushes.^[75]

Surprisingly, Barlow reports that "the overwhelming evidence is that many phobias and the majority of fears are not learned through a traumatic experience." Instead, panic attacks

appear to stem from contemporarily stressful life situations and a fearful mindset—though biological factors and early childhood trauma may contribute to a predisposition to anxiety disorders. Psychologists Aaron Beck and Gary Emery give an example of a typical episode involving a 40-year-old man who, while on the ski slopes, began to feel shortness of breath, profuse perspiration, and faintness. He thought he was having a heart attack. In the midst of this, he had a vivid image of himself lying in a hospital bed with an oxygen mask. It transpired that this man's brother had just died of a heart attack, and he feared the same might happen to him.

Similarly, people who think they may have repressed memories fear that they may be like others they know (or have read about or seen on television). They, too, may be unknowing incest victims who will have flashbacks. For such people, panic attacks are often triggered when they become over-tired or over-stressed and spontaneously envision images of their worst fears, which, in turn, provoke even more anxiety. "Once the fear reaction has started," Beck and Emery write, "it tends to build on itself." These "autonomous" images then "persist without the patient's being able to stop them," and they seem utterly real, "as though the traumatic episode were actually occurring *in the present*."^[74]

After the first attack of this inexplicable fear, a vicious cycle can commence in which the very fear of another episode provokes it. This would be particularly likely for a woman who is extremely stressed by the idea that she might have been sexually abused and is minutely aware of every bodily and emotional twinge. As David Barlow notes, "self-focused attention greatly increases sensitivity to bodily sensations and other aspects of internal experience. Furthermore, this sensitivity . . . quickly spreads to other aspects of the self, such as self-evaluative con-

cerns." Barlow calls this process a "negative feedback cycle" which leads to a chronic feeling of helplessness, dependence, and self-absorption.^[75] As Ann Seagrave and Faison Covington—two women who have overcome their panic attacks—write in *Free from Fears*, "We can become frightened to such a degree that we learn to monitor every twitch, every ache, and it is in that way that we often scare ourselves needlessly."^[76]

One final point related to panic attacks seems quite puzzling. Attacks are often triggered by deep relaxation exercises such as those which induce hypnosis or guided imagery sessions. In one study, 67 percent of a group of panic-disorder patients experienced three or more symptoms while listening to a relaxation tape. As David Barlow notes, "relaxation is surely the strangest of panic provocation procedures." He hypothesizes that it may be caused by fear of losing control.^[77] Whatever the reason, this finding certainly relates to therapy clients who are led to a "safe place" during deep relaxation exercises. It contributes to our understanding of why they might experience panic attacks during the process.

The scope of what recovered memory therapists sometimes label "body memories" is staggering, encompassing virtually every illness or somatic complaint. If you have cancer, asthma, multiple sclerosis, or even AIDS, you may have contracted it because of your undiagnosed repressed memories of sexual abuse. The same applies to tight muscles, stuttering, facial tics, chronic headaches, or diarrhea. Some women have recovered memories (and sued for same) after being jarred in an auto accident. Or "body memories" can be extraordinarily vague, including the awkward way one moves. One woman's dance instructor diagnosed her as having repressed memories from observing her in practice.^[78]

Symptoms: Pickle Aversion and Eating Disorders

For many potential “Survivors,” neither hypnotism nor panic attacks are necessary to believe the unbelievable. *Belief* that they must have been molested as children is sometimes enough, without specific “memories.” In fact, as we have seen in Chapter 1, Ellen Bass and Laura Davis inform their readers that *symptoms* are sufficient to diagnose repressed memories, regardless of whether they are ever visualized. And herein lies an important point: *belief* always precedes *memory*, and is often sufficient unto itself. That is why the therapeutic or self-help process is largely a matter of re-education.

That is why recovered-memory therapist Charles Whitfield often spends over an hour carefully reviewing the criteria for post-traumatic stress disorder with his clients, encouraging them to identify with the symptoms. Not only does this give him a ready-made diagnosis that an insurance company will pay for, but it labels the client a victim of PTSD who *must* seek memories as an explanation. “Oh, my God, is this what it is?” they exclaim. “Oh, does this explain a lot of things to me now!” It is, as Whitfield tells his audiences, “like doing a jigsaw puzzle, and you start to put the last piece of the puzzle in there, and now you can see the big picture.”^[79] From there, it is a small, almost inevitable step to some form of abuse memory retrieval.

As a species, human beings seem to have a natural desire for explanations. As soon as they can speak, children begin pestering their parents with “Why? Why? Why?” Often, there is no simple answer, but patients seeking therapy are highly motivated to find specific reasons for their unhappiness so that they can “fix” it. When therapists tell them that they have all the “symptoms” of an incest survivor, they can easily believe it. *So that’s why my marriage is so difficult, why I yell at*

my children, why I can’t hold a job, why I have low self-esteem, why I feel uncomfortable at family reunions! Now everything falls into place.

It’s an answer that can be adapted to fit almost any question. Holly Ramona, a young California woman whose father successfully sued her therapists, doesn’t like pickles, whole bananas, mayonnaise, cream soups, melted cheese, or white sauce. According to Lenore Terr and Holly’s therapists, her eating habits are compelling evidence that her father forced oral sex on her as a child, because pickles and bananas are penis-shaped, and mayonnaise, creamy soups, and white sauce resemble semen.^[80] Of course, this logic could be used to label most of the children in the United States as incest survivors. I don’t like bananas, either, and I don’t like cooked okra because it’s so slimy, but I do not regard these personal aversions as evidence of childhood molestation.

In addition to her distaste for pickles and bananas, Holly Ramona entered therapy with a full-blown eating disorder. She was bulimic, eating large amounts of food and then vomiting in a terrible binge/purge cycle. Both bulimia and anorexia—self-starvation—have become epidemic ailments, particularly among young women, in late-20th-century America. The reasons for such eating disorders are complicated, but they clearly have a great deal to do with societal pressure on women to remain abnormally thin. For quite a while, the conventional wisdom held that women with eating disorders had over-protective, over-involved mothers. In the last few years, however, the blame has been shifted from mothers to fathers. Many therapists consider eating disorders a nearly fool-proof symptom of childhood incest. Holly Ramona’s therapist told her that 80 percent of all eating-disorder patients had been sexually abused.

Dr. William C. Rader, a self-styled expert, has written that “approximately

85% of eating disordered patients have been sexually or physically abused.”^[81] He derived this statistic by surveying patients attending his own “Rader Institute,” thirteen eating disorder units located in Alabama, California, Texas, Illinois, Michigan, Missouri, Oklahoma, Washington, and Massachusetts.^[82] When I spoke to a psychiatric nurse at a Florida unit, she told me that 90 to 95 percent of their clients found repressed memories of sexual abuse during their stay.^[83] Rader is clearly relying on a self-perpetuating set of statistics, created by his own belief system.*

Indeed, many of the inpatient eating disorder units throughout the United States—well over 200—are virtual memory mills, with incest survivor groups meeting daily.^[84] The ads for such institutions make their assumptions clear. “Shades of Hope is an all addiction treatment center, specializing in the treatment of Eating Disorders, Co-Dependency, and Survivors of Childhood Abuse,” reads one. Another promised: “At The Meadows our ‘family of origin’ therapy uncovers original childhood traumas which often are at the root of eating disorders.”^[85]

Yet there is no scientific evidence that eating disorders stem from childhood molestation, as Harvard psychiatrists Harrison Pope and James Hudson, specialists in the field, have repeatedly stressed. “Current evidence does not support the hypothesis that childhood sexual abuse is a risk factor for bulimia nervosa,” they wrote in a 1992 article in the *American Journal of Psychiatry*. There are “no differences

* Dr. Rader’s explanations for why incest survivors develop eating disorders are illuminating. “For compulsive overeaters, fatty tissue becomes a protective layer.” On the other hand, “anorexics may appear more like adolescent males than mature, sexually desirable women,” thus avoiding their sexuality. “For bulimics, vomiting can become the mechanism of release for anger and pain. At times, they will actually shout out the name of their perpetrator as they vomit.”

in the prevalence of childhood sexual abuse between bulimic patients and the general population.”^[86] Despite such findings, thousands of vulnerable women desperate for help with their eating disorders continue to search for repressed memories.

This search is particularly unfortunate, since many patients with eating disorders respond to conventional medical treatment with anti-serotonin uptake drugs such as Prozac. In a 1995 article, Susan McElroy and Paul Keck describe three case studies of women with eating or obsessive-compulsive disorders, all of whom initially believed that they harbored repressed memories. All three responded quickly to medical treatment.^[87]

I will end with a cautionary tale recounted by psychologist Kay Thompson. A female client sought therapy for help with a dental gag reflex which prevented dentists from working on her. Under hypnosis, she revealed that the gagging started soon after she received a tonsillectomy when she was seven years old. Having located the psychic root of the problem, the hypnotist suggested that it would no longer bother her and, indeed, the symptoms disappeared. When she told her family doctor about this miraculous cure, however, he told her she had never had her tonsils removed.^[88] Similarly, several young women with intact hymens have “remembered” multiple childhood rapes.^[89] The moral: it is all too easy to identify the root cause for a current symptom, even though it may be incorrect. There is no way to determine simple causality for human behavior.

59. MacCurdy, *War Neuroses*, p. 4-7.

60. Sargant, *Battle*, p. 51.

61. Kolb in *Hypnosis and Memory*, p. 268-269.

62. Yapko, “Seductions of Memory,” p. 31-32.

63. “Grade Five Syndrome,” *Cornerstone*, p. 16.

64. Fredrickson, *Repressed Memories*, p. 146-147.

65. Baker, *Hidden*, p. 150-151.

66. Wilson, *All in the Mind*, P. 142-145; “Stigmatics” interview with Ted Harrison; Harrison, *Stigmata*.

67. Wilson, *All in the Mind*, p. 143-149.

68. Estabrooks, *Hypnotism*, p. 44.

69. Smith, *Michelle Remembers*, illustrations.

70. Beck, *Anxiety*, p. 8.

71. Barlow, *Anxiety*, p. 22, 28, 102-103.

72. Foxman, *Dancing with Fear*, p. 3.

73. *Diagnostic*, p. 395.

74. Beck, *Anxiety*, p. 4-6; 90.

75. Barlow, *Anxiety*, p. 226-229, 252-259.

76. Seagrave, *Free from Fears*, p. 26.

77. Barlow, *Anxiety*, p. 78-80, 148-151.

78. *FMSF Newsletter*, March 1995, p. 7; *FMSF Newsletter*, Jan. 1996, p. 11.

79. Whitfield, *Healing...Continued*, Tape 1.

80. Lenore Terr on *Maury Povich Show*, May 25, 1994; Pope, “Recovered Memories,” p. 5.

81. Rader, “Incest and Eating Disorders.”

82. Toni Luppino interview, Rader Institute, June 14, 1994.

83. March, 1993 conversation with anonymous psychiatric nurse at Hollywood, FL, Rader Institute.

84. June Treacy interview, June 15, 1994, National Association of Anorexia Nervosa and Associated Disorders.

85. Ads for Shades of Hope and The Meadows in the 1994 Gurze Eating Disorders Bookshelf catalog, Carlsbad, CA.

86. Pope, “Is Childhood Sexual Abuse a Risk Factor?”; Pope, “Childhood Sexual Abuse.”

87. McElroy, “Misattribution.”

88. Otani, “Memory in Hypnosis.”

89. Pamela Freyd interview, May 1994.

TO BE CONTINUED



L E G A L

C O R N E R

New Hampshire Upholds Hungerford

NH v. Bourgelais, No. 02-S-2834,
Rockingham, NH Sup. Ct. April 4, 2005

On April 4, after a 6-day pre-trial evidentiary hearing that began in August of 2004, New Hampshire Justice Tina L. Nadeau denied a prosecution motion to allow repressed memories as evidence at the criminal trial of Philip Bourgelais. Bourgelais had been accused after his 15-year-old daughter Rhianna Light (now 18) recovered memories of childhood sexual abuse.^[1]

“[T]he court determines, based on the law and the evidence, that the reliability of memory retrieval has not been sufficiently established to allow the introduction of Rhianna’s memories here.”

The Bourgelais case has been of particular interest because the State prosecutors challenged the 1996 Hungerford decision in which the New Hampshire Supreme Court ruled that repressed and recovered memories are admissible only if eight criteria are met.^[2] Four of those criteria relate to the reliability of the science of recovered memories and four concern the individual circumstances of how the memories were recovered.

Judge Nadeau issued a 17-page order that provides insight into her decision process as she reviewed the Hungerford criteria. For example, Judge Nadeau wrote that “whether the court believes in the validity of the phenomenon is not the legally required standard to apply in determining whether the evidence is admissible. Instead, the court must apply the standard articulated in Hungerford. In so doing, the court cannot conclude that the phenomenon of repressed memory recovery has yet been scientifically accepted.”

Analyzing the experts’ testimony, Judge Nadeau noted that even though Dr. Daniel Brown presented eighty-five studies on repressed memories as compared with the sixteen that he presented at the original Hungerford hearing, the same or similar methodological critiques still apply.

Judge Nadeau wrote that she found Dr. Margaret Ward, a licensed clinical psychologist most persuasive because Dr. Ward has been treating sexually abused people for 25 years, believes in repressed memories, and has treated two people with delayed memories. The Judge wrote that after examining over 90 studies, Dr Ward concluded that “there is no consensus regarding

the mechanisms causing repression, the process of retrieval or whether repressed memories are as reliable as ordinary memories.” Dr. Ward also testified that there is no agreement “for the mechanism by which those [repressed] memories return to consciousness.”

Judge Nadeau noted that Dr. Brown testified that the results of the surveys showed that the phenomenon of recovered memory had gained general acceptance in the psychological community. She wrote:

“the actual data suggest otherwise. For example, the surveys asked whether the clinicians believed repressed memory was valid, was possibly valid or was invalid. Dr. Brown concluded that the clinicians who categorized repressed memory as possibly valid had generally accepted the phenomenon as scientifically proven. The court disagrees with this classification. On the contrary, a clinician who indicates that the existence of repressed memory is possible has merely stated an acceptance of an underlying hypothesis rather than a conclusion that the phenomenon is generally accepted in the field. Thus the surveys Dr. Brown relies on to prove that the phenomenon is generally accepted actually demonstrate otherwise.”

The defendants offered the testimony of Dr. David Medoff, an expert in forensic psychological testing, to rebut Brown’s testimony. Judge Nadeau wrote:

“Dr. Medoff testified persuasively that the methodology and interpretive techniques used by Dr. Brown to reach his conclusions were flawed. For example, Dr. Medoff explained that Dr. Brown improperly applied the Impact of Event Scale to this case. First, the test uses no known cut score, thus making it an unacceptable forensic tool. Second, the designers of the test intended it to assess trauma that results from a single event, such as a car accident, and not from a pattern of trauma over time, such as a prolonged

divorce or, in this court’s opinion, years of abuse. Finally, the test has never received peer review and has not been generally accepted as a forensic assessment tool.”

“Many of the other tests Dr. Brown employed were designed for use clinically and not forensically. In addition, interpretation of the particular tests was extremely subjective and some of the tests were not accompanied by governing manuals, which generally ensure the integrity of testing.”

“Finally, Dr. Medoff testified that Dr. Brown’s application of the MMPI in this case did not comport with ethical guidelines and violated the standards for appropriate MMPI interpretation. Specifically, Dr. Brown failed to provide plausible alternative explanations for the test results.”

1. Details of the accusations and descriptions of the testimony of Daniel Brown, and Peggy Ward, Ph.D. for the State, and Harrison Pope, M.D., for the defense were printed in the November/ December 2004 *FMSF Newsletter*.

2. www.courts.state.nj.us/supreme/opinions/1997/hungrfrd.htm

The criteria: (1) the level of peer review and publication on the phenomenon of repression and recovery of memories; (2) whether the phenomenon has been generally accepted in the psychological community; (3) whether the phenomenon may be and has been empirically tested; (4) the potential or known rate of recovered memories that are false; (5) the age of the witness at the time the event or events occurred; (6) the length of time between the event and the recovery of the memory; (7) the presence or absence of objective, verifiable corroborative evidence of the event; and (8) the circumstances attendant to the witness’s recovery of the memory, i.e. whether the witness was engaged in therapy or some other process seeking to recover memories or likely to result in recovered memories.

□

South Dakota Reforms License Boards

As a result of an investigation by the Sioux Falls *Argus Leader* showing that the medical board was secretive and unlikely to discipline doctors, Governor Mike Rounds signed legislation reforming the South Dakota professional and occupational licensing boards. The changes should give citizens “an opportunity to have a fair hearing, ... when they do have a grievance,” said Sen. John Koskan. The new

law:

- Sets term limits for regulatory boards.
- Ensures there will be reasonable representation by lay people—not just members of the professions being regulated—on the boards.
- Requires that regulatory boards and professional associations be separate.
- Bans the requirement that people be members of professional associations before they can be licensed.
- Lowers the burden of proof for disciplinary actions, saying they should involve misconduct or negligence, instead of gross misconduct or gross negligence—which require proof of an intent to do harm.

Editorial (2005, March 29).

Reforms warranted. *Argus Leader*, 5B.

□

Updates:

Wenatchee (Washington)

Last August, the Washington Court of Appeals ruled that Wenatchee must pay the \$718,000 in sanctions after the finding that the city had intentionally misled plaintiffs and a judge. A lawyer who represents plaintiffs in the case said: “We think it’s a great decision for a number of reasons. It restores the plaintiffs’ rights, it recognizes the city committed egregious abuses, and it sends a clear message to other municipal defendants who might want to withhold discovery.”

Barber, M (2004, August 4). Wenatchee must pay up, court rules. *Seattle PI*, B1.

Genesis Group (Pennsylvania)

Cornelia Maggio, lawyer for the Genesis Group, was disbarred on Consent from the Bar of Commonwealth of Pennsylvania on November 16, 2004^[1]. The Genesis Group was the therapy cult made infamous in the Frontline *Divided Memories* documentary

1. Pa. v. Maggio No. 977 #3. Sup Ct. of Pa. LEXIS 2861. Nov. 16. 2004 Decided.

Recovered-Memories

Newspapers, accusers, and even FMS families talk about *recovered-memories*, but many people seem confused about what constitutes a recovered-memory. I thought it might be helpful to give some examples.

I have one of the most documented recovered-memory cases: I have copies of clinical notes, letters, and government and police files from which to take examples.

The first example, my daughter's "memory," was in her own handwriting. The second example was a direct quote from the therapist's notes.

My daughter wrote:

"This memory is my latest It involves my mom. I have discussed bits of it with her, but she does not remember the incident. It had taken me almost a month to get this small amount but hopefully I will have a complete picture soon, seeing as I've dealt with the worst of it.

"I am in the family room. It seems very dark. I am on the bean bag chair with my father. I'm unclear but I think we are having intercourse and I am sitting on him. The family room door is also a sliding door. It is not locked. All of a sudden the door is open. Mom is standing there. She is wearing blue jeans and a blue and white shirt. She has an Afro hair do and I think it is relatively new. Her face is pale and she looks very sad. The door is only partially open and she closes the door. I don't think dad even cares. I don't think mom even cares."

It took my daughter a month to

Tongue in Cheek

At first I forgot your address, but my therapist helped me recover my memory just in time to send you this month's support check. Thank goodness for recovered memory science!

A dad

"remember" this small amount. Note the clear description of what her mother was wearing. That is an example of the use of family photos to help build "memories." The therapy notes show that family photos were being used in the therapy.

This "memory" of my daughter would indicate a period sometime between 1976 and 1980. It was "recovered" in 1991. One thing about having been in the military is that as a family we moved often, and, consequently, I can place the year in which an event would have happened, based on where we were living at the time and who our friends were.

The following "memory" appears to be about similar multiple events that would have to have occurred when she was 5 or 6 years old.

Therapist notes from Session 21:
January 30, 1991

"Play with Adrienne—I would do anything to keep a friend.' A always wanted & did beat up on her. A and S played Barbies & A was the only one S played this way with in that routinely the Barbies got raped—majority—it didn't matter where they went—no control over their bodies. A & S would themselves pretend to be drugged & then raped & sometimes they would try to pretend that they had forgotten they had been raped."

There are several interesting things about this "memory." For example, during this time period my daughter was not cognizant. She could not tell which shoe to put on which foot. I know because I had to place two small marks on the heels of all her shoes so that she could put the marks together to help put the right shoe on the right foot.

At this time, she frequently would be so lost in her own dream world that she would forget to get off the school bus on the way home from school. The bus went past the front of our house.

This "memory" would indicate that both my daughter and her friend played "rape" with their dolls. They

would allegedly play at being drugged and raped themselves. And then, they would pretend that they had forgotten they had been raped. To accept this "memory," one must accept that back in 1972 these five or six-year-old girls knew all about the ideology of Recovered Memories.

The therapist involved in the excavation of the above "memory" wrote a letter to the government to ask for more money. In the letter she states that my daughter's case, "is clearly in the category of severe."

I hope that some falsely accused parents will see how nonsensical a recovered memory can be. I trust that proponents of excavating memories who read these examples will begin to have some doubt, at least in this case.

Lloyd Corney

□

Beware Interpreting Dreams

Four years ago, having meaningful dreams and interpreting them became crucial to me. I had been told that I was sexually and ritually abused by my grandfather because my mother had begun to have memories of this. I spent a lot of time at my grandparents' home. I insisted that this had not happened because I had no memory of it. Then I realized that my mother did not remember until recently either and decided that my memories would come soon also. My mother's memories began with a dream, so I thought I should begin looking at my dreams. I was told that reliving my past would shed light on my life now. I hated my life and longed for this to happen.

I told myself to dream of what had happened to me. For over a year, I had dreams about being kidnapped and put into a child porn ring, of being molested, and of trying to rescue babies from

"True memories seemed like phantoms, while false memories were so convincing that they replaced reality."

Gabriel Garcia Marquez
Strange Pilgrims (1992)

being killed. My therapist and mother jumped on these dreams and said that they were my repressed memories.

After much pain, my mother realized that her "memories" were false because they had been induced. At this point, however, I was so engrossed in my dreams that I wanted to believe that the abuse had occurred. After reading a unit on dreams in school, I can now see why I was having these dreams. My days were filled with hearing and reading about sex abuse. I dreamed about the things I had been thinking about.

People should be very cautious about putting meaning into their dreams. The past four years of my life are proof of this.

Daughter of a retractor of SRA (1994)

□

Still Holding Anger

I think that the actions against recovered-memory therapists should be held in criminal courts as well as civil courts. It is truly a crime to destroy a close knit family. I must admit that I have the same contempt for such practitioners that I had for the enemy in WW2 when I saw what took place in the POW camps, especially in the Far East. I was a doctor who observed the soldiers who lived through the Bataan march. I became very angry then as I saw men who were just about skeletons and heard their stories of the horror of the march. I still have anger, even after so many years. How can man be so inhumane to other human beings? I see it again with therapists who destroy families. I doubt we will ever see our beautiful daughter again. Her mind has been taken over as far as I can tell.

A dad

□

"It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts."

Sherlock Holmes In Arthur Connan Doyle's *A Scandal in Bohemia* (1891)

Loving Support From FMS Friends

We had a blessed holiday. Our dear daughter came to the family gathering with her husband of one year and their children from previous marriages. She seemed to truly enjoy herself. It was almost 3 years since she had any communication with her father and brothers. She told her Dad that she loved him just as though nothing had happened. We met with her again a week later, and she asked that she be a part of our next Christmas holiday.

The loving support of local FMSF members has been what always kept us hoping for the miracle we just experienced. May there be a continuation of daughters and sons reconciling with those who love them.

A mom

□

Oregon and Washington Families

Families in Oregon and Washington are organizing for action. If you are interested joining them, contact

Donna Crace at 503-570-2957

□

Canadian Families and Professionals

Led by Adriaan Mak, Canadian families have been working hard on a petition requesting that the Minister of Health coordinate with federal and provincial colleagues in Justice, Health, and Social Services to establish a committee of inquiry into false allegations of childhood sexual abuse based on "memories" that were allegedly repressed and subsequently recovered through questionable psychotherapeutic techniques.

The success of the FMS groups in the Netherlands and Australian organizing investigative commissions has spurred this action. It follows Mr. Mak's presentation at the annual meeting in Toronto last October.

For more information contact
Adriaan Mak at:
adriaanjwmak@rogers.com

Attachment Therapy

Advocates for Children in Therapy is happy to announce a new website dealing with pseudoscience known as Attachment Therapy (AT) and the many abuses it inflicts on adopted and foster children.

<http://www.ChildrenInTherapy.org/>.

The site contains much information about the nature and extent of AT brutality. Look for our section, "What is AT?" for essays and summaries on these topics:

- Attachment Therapy: Child Abuse by Another Name
- Abusive Techniques
- AT versus Conventional Therapies
- Valid Evidence for AT?
- AT Parenting Techniques
- Reparenting
- Government Subsidies for AT

Contact: Linda Rosa, RN
Executive Director
Loveland, CO (970) 667-7313
rosa@ezlink.co

Trauma and Memory

"[I]f something is highly significant to you personally, you are going to be emotionally excited about it and you are going to remember it better. Not necessarily perfect: This is not making perfect memories, this is making stronger and longer lasting memories.

"We have all these degrees of excitement and remembrance, and then we can move onto severe trauma. If you're on the [battlefield] and your friend's head gets shot off, that's a little more exciting than your high school graduation. There will be a very strong memory of that and that can lead to post-traumatic stress disorder at the extreme."

James McGaugh (2005, March 22).
McGaugh: Memory a long, remarkable process. *American Morning*. CNN
(Transcript 032201CN.V74).

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 Theophostic Counseling
www.traumaversterking.nl
English language web site of Dutch retractor.

www.quackwatch.org

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

www.FMSFonline.org

False Memory Syndrome Foundation

Legal Web Sites of Interest

- www.caseassist.com
- www.findlaw.com
- www.legalengine.com
- www.accused.com
- www.abuse-excuse.com

HUNGRY FOR MONSTERS

When 15-year-old Nicole Althaus told a teacher that her father was molesting her, the quiet affluent Pittsburgh suburb of Mt. Lebanon, Pennsylvania, was turned inside out. Nicole's father, Rick, was arrested and charged with sexually abusing Nicole amidst bizarre satanic rituals. With the support of her favorite teacher, police, therapists, social workers, and officers of the court, all of whom believed her stories, Nicole began to embellish her initial accusations. As she recovered more memories of wild orgies, sacrificed babies, and murder, more people were arrested, including her mother and a pair of strangers.

A year later, all charges were dropped, and Nicole admitted that her accusations were false. After Nicole and her parents reconciled, they sued the authorities.

Ordering Information

The VHS price is \$37.00 to individuals.

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Remembering Trauma

by Richard McNally

Harvard University Press

The most comprehensive review of
research about trauma and memory

**Elizabeth Loftus has moved her
web site to:**

**UCI web: [www.seweb.uci.edu/fac-
ulty/loftus/](http://www.seweb.uci.edu/faculty/loftus/)**

Psychology Astray:

Fallacies in Studies of "Repressed Memory" and Childhood Trauma

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

Upton Books

This is an indispensable guide for any person who wants or needs to understand the research claims about recovered memories. A review by Stuart Sutherland in the prestigious *Nature* magazine (July 17, 1997) says that the book is a "model of clear thinking and clear exposition." The book is an outgrowth of the "Focus on Science" columns that have appeared in this newsletter.

To Order: 800-232-7477

Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn and

J.M. Lohr (eds.)

New York: Guilford Press (2003)

Highly recommended

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

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Pat 480-396-9420

ARKANSAS*Little Rock*

Al & Lela 870-363-4368

CALIFORNIA*Sacramento*

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San Francisco & North Bay

Charles 415-984-6626 (am);

415-435-9618 (pm)

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 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

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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

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Ann Arbor

Martha 734-439-4055

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Dan & Joan 651-631-2247

MISSOURI*Kansas City - Meeting as called*

Pat 785-738-4840

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Karen 314-432-8789

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

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Roxie 417-781-2058

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Nancy 973-729-1433 (Northern)

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Sy 505-758-0726

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The British False Memory Society

Madeline 44-1225 868-682

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

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