



Dear Friends,

We thank you greatly for your timely response to our annual appeal and for your kind words. Your help with this necessary task, in addition to the help of a loyal volunteer, means that the FMSF can continue to keep fund raising costs at approximately one percent of the budget.

Many people indicated with their responses that they would like to receive the electronic (text) version of the newsletter. This month the electronic version is being sent after the pdf version has been posted on the web. Readers can go directly to the web site to read the pdf version if they prefer. The pdf version looks exactly like the printed version and is usually available about 2 weeks before the mailed newsletter arrives.^[1] We added this option at the suggestion of one of our readers. Please let us know if this is helpful.^[2]

As we approach the end of the year with its holidays that bring families together, some of our readers will feel joy at the fact that their families are whole again. Others, however, will struggle with the emptiness that is exacerbated by the season. The Illinois-Wisconsin group recently conducted a written survey of its members to see where they were on the continuum from complete alienation to full retraction. Of the 75 families responding, 33% still had absolutely no contact with their alienated offspring; 19% had minimal contact; 48% had either a retractor or returnee (11% had a retraction).^[3]

As the years have passed, some families seem to have come to a place of acceptance about their lost children, feelings captured in "Thank You," a letter in the "From Our Readers" section. Another letter tells of a father who reached a point of being almost sure that he would never see his daughter again, but then he was pleased to be able to send us an "Afterword." It's challenging to balance "hope" with the need to go on with life. The letters from readers have offered a road map for families over the years.

It's natural for families whose children are not in contact to want to do something to change the situation. On page 8, there are comments from reconciled families listing what they believe helped in the process. But, of course, it is

first necessary to have some contact, and that is something that must change in the accuser. The 2001 FMSF survey did show that there were two factors that increased the likelihood of reconciliation: (1) the family being unanimous in its desire for this to happen, and (2) help from a mediator to bridge the gap. Mediators ranged from professionals to interested third-parties to other family members.

It seems difficult to believe that anyone could cling to discredited recovered-memory ideas when there is so much that has been written about the malleability of memory. In her new book *Abducted: How People Come to Believe They Were Kidnapped by Aliens*, Susan Clancy suggests that for abductees, their belief is a "culturally available explanation for distress." She notes that people's emotional needs have "little to do with science." (See p. 13) This very readable book may help *FMSF Newsletter* readers understand why so many accusers still cling to their sad beliefs.

Evidence of the many books about false memory syndrome is the Library of Congress list. (See p. 11) Some of the books in the list argue for the the reliability of recovered memories, but most argue for the scientific views expressed by the FMSF. Research about false memories has exploded during the past decade, with hundreds of papers now available. This must be particularly challenging for believers in the reliability of recovered memories because at the same time, scholarly interest in the dissociative disorders decreased sharply.^[4] In 2002 and 2003 there were only about a quarter as many papers published as at the peak in the mid 1990's. Harrison Pope and colleagues uses these data to argue that dissociative disorders do not presently "command widespread scientific acceptance."

What continues to fuel the belief in the reliability of

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recovered memories? Although there are still a few academics writing that memories of sexual abuse do not behave like ordinary memory (see “Old Argument in New Form” p. 7), most support comes from the popular culture and personal stories. This past month, Robert Oxnam, a 62-year-old man described as a distinguished international China scholar, published a memoir about discovering and living his life with multiple personality. (See p. 4)

Oxnam appeared on the talk show rounds. Even *60 Minutes* uncritically promoted him on his publicity circuit. Although his psychiatrist and he claim that there was no suggestion involved in his remembering abuse and discovering he was a multiple, the book, *A Fractured Mind: My Life with Multiple Personality Disorder* tells a completely different story. It is a remarkable testament to therapist suggestion. For example, psychiatrist Jeffrey Smith, M.D. writes: “After a few minutes, Bob would seem to run out of things to say. I would ask if there was anyone else who wanted to speak.” (p.268) One of Oxnam’s models for MPD was *Sybil*. One can only wish that *60 Minutes* would devote a segment to the facts that debunk *Sybil*. (See p. 6)

Canadians are taking a direct approach to the ministers of health, justice and social services in an effort to stop the therapy practices that have harmed so many. Under the leadership of Adriaan Mak and Mavis Lipman, a petition signed by well over 100 concerned mental health professionals was sent asking that the major recommendations of the Netherlands Health Council be adopted in Canada. The petition correctly notes: “The relevant professional bodies must set firm guidelines for safe practice and re-educate their members about the implications of contemporary memory and other mental health research.” We hope that the ministers respond positively.

We send you all good wishes for the holidays and the New Year. Thank you for your wonderful support.

Pamela

1. The pdf version of the newsletter is available at: <http://www.FMSFonline.org/currentnewsletter.pdf>
2. Send your email to: mail@FMSFonline.org. Be sure to put something about FMSF in the subject header so it does not get trapped in a spam catcher.
3. For more information about the Illinois-Wisconsin group survey go to: www.IllinoisFMS.org.
4. Pope, H.G., Barry, S, Bodkin, A. & Hudson, J.I. (2005). Tracking scientific interest in the dissociative disorders: A study of scientific publication output 1984-2003. To appear: *Psychotherapy and Psychosomatics*.

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.

From Our Archives - Lest We Forget

“Generally speaking, it is recommended that survivors include the following in their confrontation:

1. Exactly what the person did to them that caused them damage.
2. What effect the person’s actions (or inaction) had on them, and how their life has been affected.
3. What they would have wanted from the person at the time.
4. How they feel about the person now and what they want from them now.”

Page 40, Engel, B. (1991). *Partners in Recovery*. New York: Fawcett Columbine.

“The most common defense mechanism is a process known as dissociation, in which victims ‘blank out’ or mentally divorce themselves from their experiences. Some victims dissociate by concentrating all their awareness on something else while the abuse is occurring—for example, a part of their own body that is not being invaded, sounds outside the room, a spot on the ceiling. This intense concentration can take them completely away from the horrifying experience at hand. Although dissociation helps victims to survive the abuse, it can also cause them to either lose all memory of the experience or to have only a vague, dreamlike recall of it. This may then cause victims to end up believing that the event did not really happen.”

Page 56, Engel, B. (1991). *Partners in Recovery*. New York: Fawcett Columbine.

“If family members are clearly not willing to be supportive of the client, she will ultimately have to separate from them in order to end her victimization. This is a painful process, in which she must grieve the end of her fantasy that the family could ever function in a healthy way and her idealized vision that family members would be there for her if she needed them. It is likely that family members will try to make her feel guilty about separating, and the effects of this will have to be dealt with in therapy...”

Page 8, Dolan, Y (1991). *Resolving Sexual Abuse: Solution-Focused Therapy and Ericksonian Hypnosis for Adult Survivors*. New York: W.W. Norton & Company.

“Alternately, a symbolic confrontation might include an angry letter written to the abuser that is witnessed by the addicted survivor’s support group. The survivor might wish to select a few group members to perform a psychodrama in which he or she confronts various family members and then ‘disposes’ of them... The goal of confrontations is to detach from any symbols of hope that the abuser will ever come to love the survivor in the way he or she has fantasized.”

page 120, Trotter, C. (1995). Stages of recovery and relapse prevention for the chemically dependent adult sexual trauma survivor. In Mic Hunter (Ed.). *Adult Survivors of Sexual Abuse*. Thousand Oaks, CA: Sage Publications.

In Memoriam A Wonderful Memory

Joseph de Rivera

Imagine a person who keeps writing thought provoking papers and continually making new friends. Imagine yearly dinners at which (after a good deal of fine wine) he stands up and introduces twenty or thirty old and new friends, each with a word about their life work. Imagine him doing this at age 95 with terminal cancer. Imagine a member of the FMS Foundation's scientific and professional advisory board, a member who helped establish the credibility of the Foundation. Imagine a person that we must now say goodbye to, but who is so vital that he lives on after his death. You have imagined Ted Sarbin.

I knew his name over 50 years ago. When I was a graduate student at Stanford, he had written the chapter on role theory for the Handbook of Social Psychology. At the time I had not been impressed. People played roles; so what? It seemed clear to me that people did not always play roles; they had emotions. I was interested in emotions and although method actors clearly made use of emotions, I was interested in *real* emotions, not method acting. Emotions were important, not roles.

Time passed, I had a wonderful family and wrote about real emotions and how they transform our bodies and lives. Occasionally, I would read something from Sarbin about roles and how the narratives we tell create our lives.

Then, in 1989, I began getting disturbing letters from a grown-up daughter. They were *the* letters—the letters that suggested early sexual abuse that now will be familiar to anyone in the FMS foundation. But this was in the days when there was no one to talk with. The Freyds were just beginning to explore the problem, and the Foundation was not yet in existence (it incorporated in 1992). No one understood exactly what was happening.

Gradually, it became clear to me that my daughter was coming to believe that something awful had happened; she was *really* afraid and becoming transformed. But *I* knew that nothing had really happened. How could I account for the fact, not only that my lovely daughter had false memories, but that these memories were at the core of her identity so that her identity was changing and she was becoming a victim? That is when I remembered Ted Sarbin's writings and his belief that we construct our identities by the roles that we play and the narratives we tell. I decided that I should ask his advice and asked if we could talk about a private matter at the next meeting of the American Psychological Association. It was August, 1990.

I remember going to Ted's Boston hotel room and that he asked his wife to leave so we could talk privately. But what I had to tell bordered on the incredible. It was one thing to have an identity temporarily transformed under hypnosis, and another to have a relatively happy childhood transformed into an abuse case. Would he believe me, and could he help me understand?

After hearing my story, he did not hesitate. He immediately understood the situation. One of his first thoughts was that someone who recovers memories in therapy may have conferred Aesculapian authority on the therapist. I'd never heard of Aesculapius (the Greco-Roman god of medicine), but Ted pointed out that just as a person may place his or her life in the hands of a surgeon, a patient may grant healing authority to a therapist and trustingly comply with a prescription to search and find "repressed" memories. Ted joined the scientific board of the FMS Foundation.

As Ted worked to understand what was happening, he expanded our understanding of what occurs in FMS by pointing out that we all tell a story about who we are. We tell this story to others who may confirm or object to

our story, thereby helping us to construct our identity out of this "narrative discourse." In other terms, we all must imagine who we are and tell this story to establish our identity. To the extent that we become involved in our story and our story is supported by others, we will come to believe what we first had to imagine. In an important sense we are all involved in "believed-in imaginings," and these may or may not be supported by empirical evidence.

Believed-in imaginings became the subject for a conference at Clark University and papers from the conference became the basis for a book that we co-edited (de Rivera, J.H. & Sarbin, T.R., (Eds.) (1998). *Believed-in imaginings: The narrative construction of reality* (330 pp.). Washington, D.C.: American Psychological Associations Press.) It helped inform academics about how people can come to believe in what is imagined.

Our meeting in a hotel in Boston illustrates how Ted made new friends and how his creativity continually led to new insights into the human condition. Just as Martin Orne laid the basis for our understanding of hypnotic confabulations, and Elizabeth Loftus showed how false memories are constructed, Ted Sarbin established the basis for our understanding of how a false identity can be created.

When my own daughter returned (she finally realized that she had believed an imagining) Ted was delighted. Our final meeting was in a hotel in Washington last August. Despite his fatigue, Ted asked me what I was working on, gave me some new ideas and, best of all, hugged me goodbye.

Ted Sarbin died on August 31st. For those who would like to know a bit more about his life the following is excerpted from notes written by Karl Scheibe, one of Ted's students.

Theodore R. Sarbin, Professor Emeritus of Psychology and Criminology at the University of

California at Santa Cruz, has died at his home in Carmel after a brief period of illness....

Professor Sarbin was born on May 8, 1911 in Cleveland, Ohio. He attended Ohio State University as an undergraduate, and later obtained a Masters degree from Case Western University. He received a Ph.D. in psychology from the Ohio State University in 1941.

Professor Sarbin began his career as a research-oriented, clinical psychologist, practicing first in Illinois and later in Los Angeles. His academic career was established at the University of California at Berkeley, where he served on the faculty from 1949-1969. During his time at Berkeley, he supervised more doctoral students than anyone else in his department, even while he continued to develop his own original lines or research on problems in social psychology, with special application to problems in the domain of psychopathology. Because of his publications in the area, he came to be known as "Mr. Role Theory," defending the unorthodox position that problems conventionally thought of as "mental illness" could better be construed as moral judgments rendered by those in a position of social power about individuals whose conduct is unwanted or perceived as dangerous.

While gentle and controlled in manner, Professor Sarbin continued to challenge orthodox views in psychology throughout his professional life. He offered interpretations of hypnosis that avoided the necessity of positing a special mental state, viewing hypnotic behavior in terms of a person's ability to take the role of the hypnotic subject. Likewise, such concepts as 'hallucinations,' 'anxiety' and 'schizophrenia' were subject to Sarbin's relentless efforts to 'demythologize' psychology.

Professor Sarbin left Berkeley to join the faculty of the University of California at Santa Cruz in 1969. He continued there until his retirement in 1976. As an Emeritus Professor, he continued to present courses at Santa

Cruz for many years.... In addition, he served for varying periods on the faculty at the Naval Postgraduate School in Monterey. In 1987, he became a Research Psychologist for the Defense Personnel Security Research and Education Center (PERSEREC) a program of the U.S. Navy. He continued to work at PERSEREC until two months ago.

In the course of his academic career, Professor Sarbin received scores of honors—including both Fulbright and Guggenheim fellowships. He was a Fellow at the Center for Advanced Studies at Wesleyan University in 1968-69, and returned there for another period in 1975. He received the Morton Prince Award from the Society for Clinical and Experimental Hypnosis and the Henry Murray Award from the American Psychological Association.

Included among his more than 250 professional publications are six books and another six edited volumes. Over the past 20 years, Sarbin has concentrated on developing and promoting the practice of narrative psychology, departing from the narrow research methodologies of traditional psychology in favor of a method based on the primacy of story and dramatic unfolding as a way of understanding human experience. Here again, Sarbin is recognized as a pioneer in psychology, much as he was for his dissertation research done more than 65 years ago.

Professor Sarbin has a devoted following of former students and colleagues.... He was much admired as a scholar of rare intellect. But he was also loved as a person of wisdom and compassion.

Professor Sarbin is survived by three sons, James Allen, Ronald Allen, and Theodore Sarbin, and four grandchildren, Matthew Allen, Chelsea Allen, Park Allen, and Lincoln Allen—and two great-grandchildren.

Joseph de Rivera is a Professor of Psychology at Clark University.



Multiple Personalities: Again and Again and Again

*A Fractured Mind: My Life with
Multiple Personality Disorder*

Robert B. Oxnam
Hyperion (2005)

60 Minutes,

"Inside A Fractured Mind"

September 30, 2005. Morley Safer

Another memoir about multiple personality^[1] hit the bookstores in September. The publicity tour featured all the regular talk shows and even included a *60 Minutes* segment on September 30 with Morley Safer. The myths and misconceptions of MPD continue to be spread, even by *60 Minutes*, even in the face of the debunking of *Sybil*, perhaps the best known of the multiple personality sagas. It is a testament to the fascination with the idea of multiple personality and to the spread of "infotainment."

Robert Oxnam, who is now 62, was a distinguished international China scholar who helped political leaders understand how to work with the Chinese. His father was a college president and his mother interested in acting. Robert writes that he felt under great pressure to succeed. Unfortunately, during the 1980s, he became depressed, suffered from alcoholism, blackouts, and bulimia, flew into frequent irrational rages, and his first marriage fell apart. During this period, he sometimes woke up with burns and scratches on his body, but he had no memory of how he got them. He also heard voices telling him that he was no good.

He eventually sought therapy with psychiatrist Jeffrey Smith, M.D. and after rehabilitation treatment for alcohol abuse, saw Dr. Smith twice a week. But in 1990, he was again depressed. He had written a novel, *Cinnebar*, that got reviews that were "lukewarm to outright hostile." He writes that his book "was an embarrassing bomb,"

Therapy "seemed a predictable,

boring routine. Smith tried to keep my spirits up with comments like ‘Look, recovery is no fun and yet you are sticking with it. Right now recovery is the most important thing in your life.’ He refused to prescribe drugs in spite of my insistence that I needed antidepressants and sleeping pills. He argued that my history of addictions made many drugs too dangerous, and besides, he contended, ‘I think there’s a lot more going on that you are resisting telling me.’” (p. 45)

Oxnam decided that he would stop his therapy. During what he thought was going to be his last session, however, he seemed to transform and become someone else, according to Dr. Smith who had some experience with a previous client with MPD.

“Smith began by relating what I remembered: that I had voiced my frustrations with these therapy meetings, that I sounded ready to break off treatment, and that my eyes started to flutter. ‘Suddenly you seemed to change altogether. You huddled in the corner of the chair. Your face was tightened and your eyes were sharp and angry. Your hands tensed up like claws ready to strike out.’” (p. 48)

Dr. Smith suggested that Oxnam might have multiple personality disorder. According to an article in *Time*, Oxnam said: “It was just an utter shock as if an earthquake had just hit. My second reaction was that this was hogwash. It had to be a doctor pulling a scam.”^[2] He quickly accepted the diagnosis, however.

“I could no longer find reasons to deny Smith’s account. The multiple personality business seemed bizarre, but in one respect it made some sense. Maybe that’s what happened in the blank periods? Maybe the rages were actually mini-blank periods? Maybe the stealing thing was some kind of anger?” (p. 52)

Oxnam soon:

“found a spare hour to buy several books dealing with dissociation and multiple personality disorder, includ-

ing the classic best-seller *Sybil*, which I’d never read. ... I devoured *Sybil* in about six hours. Page after page, I found details that dovetailed perfectly with my own story. Of course I had only one “alter”... I was moving rapidly from skeptic to outright believer.” (p. 52)

At the next meeting, Dr. Smith told Oxnam that:

“In every case he knew about, MPD was caused by terrifying childhood traumatic experiences which prompted the mind to fracture, some parts absorbing the pain, other parts surviving by separating themselves from it, eventually coming to live quite separate lives with separate experiences and separate memories. He noted that everyone wants to forget what’s painful, and that MPD was ‘the ultimate survival mechanism of intelligent children faced with unbearable memories.’ In short, the therapy would probably take ‘years of work’ with initial meetings scheduled two or three times a week. Before an MPD patient can ‘come together,’ he concluded, he must revisit the original traumatic experiences and thus get to the difficult source of his predicament.” (p. 53)

Oxnam replied:

“But I don’t have bad memories of growing up. In fact, I don’t remember much. I have mainly warm memories and, oh yes, there were a few bad moments. Isn’t that usual? Are you really telling me that I’m just wrong?”

Smith noted:

“I’m not trying to tell you anything. What you find in therapy will be your own memories. I’m saying you have a

“Suggestion does not consist of making someone believe what’s not true. Suggestion consists of making something come true by making someone believe in its possibility.”

J.D. Hadfield

This quotation is the motto of the conference of the Academy for Guided Imagery—November 3-6, 2005 in Monterey, California

serious problem at the far end of dissociation. The good news is that it’s not like certain other disorders, manic depression for instance, which are related to genetic predisposition. MPD comes from the outside, from terrible things done by other people. That’s what causes someone to split into multiple parts, sometimes into lots of alters. I’ve heard of cases with over fifty alters.” (p. 53)

During continued therapy, Smith teased out 11 hidden personalities. The book is written by several of those personalities. There is an Epilogue written by Jeffrey Smith, M.D. in which he writes:

“In my view, the controversies surrounding multiple personality have the same source as the disorder itself: the very human wish to avoid acknowledging overwhelming helplessness and pain. A movement has grown up about ‘false memories,’ but how is it that we can read about dreadful things happening to children almost daily, and then be told that adult recall of the same kinds of experiences is deluded? Skeptics have tried to argue that multiple personality does not exist, based on the false logic that if one case is questionable, all others must be, too.”

According to the *60 Minutes* segment:

“Robert Oxnam is well aware that his story is a surreal one and that not everybody will believe it. The American Psychiatric Association does consider multiple personalities a true mental disorder, one now called Dissociative Identity.

“But on the issue of recovered childhood memories... the APA notes ‘some individuals with this disorder are highly hypnotizable and especially vulnerable to suggestive influences.’

“Recovered memory is still a controversial diagnosis and some think that the memories of other personalities are implanted by psychiatrists... both multiple personality and recovered memory are concepts that continue to divide the psychiatric communi-

ty. But that has not shaken the belief of Oxnam or his doctor, who swears he never planted anything in Oxnam's mind.

"I would never suggest details. And I think no sensible clinician would do it," Dr. Jeffrey Smith said."

This does raise questions about what one considers suggestion to be. Is telling a patient that "I think there's a lot more going on that you are resisting telling me," suggestion? Does saying "I think you have a case of multiple personality," constitute suggestion? Is saying "there is a significant overlap of MPD with those who have severe addiction problems with alcohol..." suggestive? Was reading *Sybil* suggestion? Further in the book, Dr. Smith asks the first alter where he lives. When the alter responds he lives in a castle, Dr. Smith asks if others live there also. Is that suggestive?

A review of *Fractured Minds* that appeared in *Time* magazine concluded:

"How could a writer of such obvious intelligence, erudition and, at least initially, seemingly serious intent, be led so absurdly astray?"^[3]

1. The term "multiple personality disorder" (MPD) was changed to "dissociative identity disorder" (DID).
2. Lemonick, M. (2005, October 10). Meet Robert. And Tommy. And Bobby and Wanda... *Time*, p. 55.
3. Nathan, R.S. (1990, March 11). The treasure in the lacquered box. *New York Times*, Section 7, p. 25.



The following appeared in the FMSF Newsletter, January/February 1999, 8(1)

Identity of Sybil Revealed

The best-selling book *Sybil* was published in 1973. That book and the 1976 movie starring Sally Field as Sybil and Joanne Woodward as Dr. Cornelia Wilbur helped to popularize multiple personality disorder.

Sybil was a patient of Dr. Cornelia Wilbur and the book was written by Flora Rheta Schreiber. Wilbur died in 1992 and Schreiber in 1987. Before

Sybil, MPD was not considered to be a result of child abuse. Before *Sybil*, MPD was considered rare—it was not even listed in the *Diagnostic and Statistical Manual* of the American Psychiatric Association. According to the December, 1998 *New Yorker*: "[Sybil, Wilbur and Schreiber] are responsible for shaping the modern notion of multiple personality disorder, and *Sybil*—whose royalties they split three ways—became the movement's bible. Before 1973, there were fewer than fifty known cases of MPD; by 1995, more than forty thousand had been diagnosed, prompting skepticism in the mental-health field."^[1]

The *Sybil* story has come under scrutiny in recent years. In April 1997, the *New York Review of Books* published an interview with Dr. Herbert Spiegel who was at one point involved with Sybil's therapy when she was a patient of Wilbur.^[2] Spiegel said that in his opinion Sybil was not a multiple personality but instead a suggestible hysteric. (See *FMSF Newsletter*, May 1997) In August, 1998 Robert R. Reiber, Ph.D—after listening to long-forgotten audiotapes of conversations between Wilbur and Schreiber—argued that the story of Sybil was a fraud. (See *FMSF Newsletter*, December 1997) "It is clear from Wilbur's own words that she was not exploring the truth but rather planting the truth as she wanted it to be," he said. (quoted in *New Yorker*) However, Reiber thinks that this was as "much self-deception as deception of others."^[3]

The most recent information about Sybil comes from Peter Swales, a literary critic who has exposed the true names of a number of Freud's patients, and Mikkel Borch-Jacobsen, a professor of literature at University of Washington. Swales and Borch-Jacobsen have identified Sybil as Shirley Ardell Mason, born in Minnesota. While the book indicated that Sybil separated from her therapist

after her eleven-year analysis, that appears to be false. When Dr. Cornelia Wilbur moved to Lexington, Kentucky to become a professor of psychiatry at the University of Kentucky, Shirley Mason followed her there from New York. Dr. Wilbur left Mason \$25,000 in her will. Mason died last February at age seventy-five. According to Mason's former neighbor in Lexington, Mason and Dr. Wilbur were very close friends. "When Dr. Wilbur wasn't there, Ms. Mason was at Dr. Wilbur's house."

Swales and Borch-Jacobsen are not the only people to have discovered the identity of Sybil. A Lexington art collector named Mark Boultinghouse bought a number of Mason's paintings after her death. Twenty-seven of these paintings were on sale at a recent New York Antiques Show.

Borch-Jacobsen is coauthoring a book about Sybil and Swales and Borch-Jacobsen are working on a documentary called "Sybil: Who's Who?"

1. Boynton, R S. (1998, Dec. 28) "Who was the real Sybil? The New York Antiques Show holds the key," *New Yorker*, p.39-40.
2. Associated Press (1998, December 22). Historian: Famous psychiatric patient might be former Minnesotan.
3. Borch-Jacobsen, M. (1997, April 24). Sybil—The Making of a Disease: An interview with Dr. Herbert Spiegel, *New York Review of Books*, p.60-64.



Are Flashbacks New to Humans?

"Psychologists call these intrusions 'flashbacks.' So do filmmakers. This is no accident of terminology. Just as traumatic memory is discrepant and nonlinear, so is film editing. No other art form can jump about in time and space as film can. As if to prove the point, there are no records of traumatized patients reporting flashbacks that pre-date cinema."

Cousins, M. (2005, July 28). *Widescreen. Prospect.*

We asked Harvard professor

Richard J. McNally for his comments on the above claim. He replied:

First, PTSD clinicians today refer to flashbacks as the sudden reinstatement of the sensory impressions present during a traumatic event. Of course, this cannot literally be true; the mind does not record impressions like a videotape machine. But the illusion of sensory reinstatement can occur. However, at least one historian of military psychiatry (Ben Shephard) has argued that flashbacks in the movies usually refer to a cutback to an entire section of the protagonist's life, one having narrative coherence and extended duration, not a brief sensory "flash."

Second, the meaning of flashback even in the PTSD field has changed, although no one seems to have noticed. In the 1980s, it referred not to the mere passive, reinstatement of sensory impressions, but behavioral acting out, such as sequences of violent behavior exhibited by war veterans who were acting "as if" they were in Vietnam.

Third, historian Edgar Jones and psychiatrist Simon Wessely studied British military medical archives from the Boer War and World War I, and they found scant references to anything like sensory flashbacks in these shell shock soldiers. Yet Abram Kardiner's book contains anecdotes of clear-cut sensory flashbacks in chronic American World War I shell shock cases. Of course, the cinematic age was already underway when Kardiner interviewed these World War I patients. The interesting question is whether there was much evidence of cinematic sensory flashbacks versus cinematic narrative flashbacks when he did his work.

Fourth, one potential problem with the archival work on flashbacks is that one can never be sure whether the veteran did not *experience* flashbacks or did not *express* them to the doctor. For example, our research group found that survivors of Pol Pot's regime living in the Boston area who have chronic PTSD are plagued with

terrifying episodes of isolated sleep paralysis accompanied by hypnopompic hallucinations of dead family members "haunting" them, various monsters, and Khmer Rouge cadres. BUT they *never* mentioned this symptom—their most disturbing symptom of all!—until we *asked* them explicitly about it. The attitude seems to have been, "If the doctor doesn't ask me, then I should not mention it."

Personal e-mail note from Richard J. McNally, Ph.D. on September 1, 2005.

□

Old Argument in New Form

"What research paradigms have cognitive psychologists used to study "False memory," and what are the implications of these choices?"

Pezdek, K. & Lam, S. (2005). To appear: *Consciousness and Cognition*.

The authors asked if the methodologies used to study false memory will constrain or facilitate scientific progress. Of the 198 articles they examined, they claim that only about 13% actually looked at the planting of a memory for an entirely new event that had never been experienced in an individual's lifetime. They argue, therefore, that the rest of the studies should not be generalized to the topic of the authenticity of memories for child sexual abuse.

The lead author has long been a zealous believer in the accuracy of recovered memories, ("There's all kinds of evidence that people do repress certain kinds of memories.") and has accused people of child sexual abuse whom she has never met or studied. [1]

This article appears to be a desperate effort to dismiss the relevancy of a huge body of rigorous research that challenges the accuracy of recovered memories of child abuse. Indeed, the authors fail to include the many studies that were done on the creation of false memories through exposure to misinformation at least a decade before there was so much publicity about false memories.

It is particularly interesting that the authors seem to apply the rule of generalizability only to the research of people skeptical about the reliability of recovered memories. For example, the lead author reported on her own laboratory research to conclude that her study supported the hypothesis that stronger memories are more likely to resist suggestibility than weaker memories. "These results are important because they articulate conditions under which children are likely to be reliable or unreliable eyewitnesses...Although there are obvious differences between the procedure and materials in this study and those involved in real world cases of child abuse, nonetheless, this study speaks to the general memory processes that underlie suggestibility and memory."^[2]

Back in the early to mid 90s, believers in the accuracy of recovered memories dismissed false memory research on the grounds that memories of child sexual abuse were special, thus, laboratory research did not apply to them. That argument has faded away in scientific circles because there is no evidence that memories of sexual abuse operate in ways that are different from normal memory. In short, this article seems to be merely an extension of an old argument that has been abandoned.

1. Kathy Pezdek in interview with Michael McConnell on WLW, Cincinnati, December 6, 1993.

2. Pezdek, K. & Roe, C. (1996). Memory for childhood events: How suggestible is it? In K. Pezdek & W. Banks (Eds.) *The recovered memory/false memory debate*. 197-210. (Quote from p. 203).

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"What is memory? Not a storehouse, not a trunk in the attic, but an instrument that constantly refines the past into a narrative, accessible and acceptable to oneself."

Measures that families believe helped in reuniting

(Comments from the FMSF Reconciliation Survey- 2001)

- Help from outside the family
 - Change in accusers situation
 - Contact by family and friends
 - United stand by family
- Family keeping door open and showing love
- Influence of books, information, media

Help from outside family

“Family meeting with therapist”
“Mediation, joint therapy”
“Family therapy”
“Support of therapist for parents, contact, open to mediation, stopped paying for daughter's therapy”
“Contact with daughter's minister”

Change in accuser's situation or perspective

“Separation from therapist”
“Accuser never really believed”
“Away from therapy”
“New husband neutral”
“Desperation of accuser”
“Went to good therapist”
“Accuser requested meeting, gradual progress”
“Accuser left therapy, husband encouraged contact”
“Daughter divorced”
“Doubt by accuser”
“Influence of new boyfriend, daughter's employment”
“New doctor”
“Father's illness and death; accuser's marriage and birth of child”
“Proper medical treatment”

Contact by family, friends

“Older sister visited accuser”
“Contact with brother”
“Constant contact without pushing”
“Cards, gifts to accuser and children”
“Friends talking to accuser, prayer”
“Kept visiting, saying accusations are false”
“Contact, objectivity, love”
“Postcards, call to answering machine”
“Contact”

“Stopped talking about problem, focused on interactions”
“Kept communication”
“Took accuser back before retraction”
“News of family, strong denial of abuse”
“Contact through sibling and mom”
“Reach out, keeps doors open, stress right to disagree”
“Constant communication”
“Kept contact”
“Contact, family support”
“Meeting for coffee, meals, phone calls”
“Wife maintaining contact”
“Gifts to grandchildren”
“Tracing location”
“Contact, low-key approach”
“Never gave up contact, no conditions on return”
“Keep informed and in contact”
“Keep in touch”
“Email, phone contact”
“Contact”
“Contact”
“Contact, love”
“Kept in contact, no confrontation”

United stand by family

“Sticking together as a family”
“Family unity”
“Family united”
“United stand”

Emotional perspective of family

“Forgiveness”
“Didn't force”
“Showing love”
“Common sense”
“Kept door open”
“Reinforced love”

“No expectations, unconditional love, patience”
“Unconditional acceptance before retraction”
“Love, no anger”
“Never gave up”
“Left door open”
“Love, kindness”
“Restrain anger, emphasize love”
“Love”
“Patience, hope, prayer”
“Forgiving”
“Love, faith in truth”
“Honesty, trust”
“Forgiveness, understanding, courage, love, never stopped trying”
“Patience, non-confrontation”
“Prayer”
“Prayer”
“Prayer, patience, love”
“Prayer, time”

Confrontation or challenge by family

“Constant pressure from accused”
“Dear John letter to daughter”
“Agreeing not to talk about accusation but doing so anyway”
“Letters pointing out absurdity”
“Factual confrontation”
“Explained by phone and mail that it never happened”

Influence of books, information, media, etc.

“FMSF materials”
“Clergy sermon”
“Getting book *Second Thoughts* to daughter”
“Accuser read Loftus book”
“Video of other retractors”
“Media”

The Foundation is frequently asked: "How many people are in prison because of claims of recovered repressed memories?" It is often only when some event puts a case in the news that we may learn of it. The Tim Smith case is an example.

Appeal Filed in Tim Smith Case

Timothy Smith v. Commonwealth of Kentucky

Commonwealth of Kentucky, Kenton Circuit Court, Case No. 00-CR-00669

According to an appeal filed this autumn by Chicago attorney Patrick J. Lamb, not one single piece of forensic or corroborating evidence was presented in the 2001 trial of Timothy Smith who was convicted of sexually abusing his daughter Katie when she was between 7 and 12 years old. Smith was sentenced to 20 years in prison based only on the recovered memory of his troubled daughter.

It was the unfortunate tragedy of his 22-year-old daughter's murder early in 2005 that recently brought Tim Smith's case to attention. The story is gruesome. A nine-months-pregnant Sarah Brady murdered Katie Smith. It appears that Smith had telephoned Brady claiming that she had mistakenly received Brady's shipment of baby supplies. Brady went to Katie Smith's apartment to get them, but when she was leaving, Smith pulled out a knife. Brady said that she thought that Smith intended to kill her and take the baby. In the struggle that followed, Katie Smith was fatally wounded.

Katie Smith seems to have been obsessed with being pregnant. She had convinced many people, including her landlord that she was nine months pregnant at the time of her death. There is no evidence that she had ever been pregnant.

In the case that sent Tim Smith to prison, Katie claimed that the memories of abuse came to her when she was having sexual relations with her boyfriend. Neither the police nor the prosecution ever talked to the "boyfriend," however. If they had, they would have learned that he denied having sexual relations with her. He also said that Katie was not his girlfriend.

Katie Smith had a long history of telling lies, and neither that nor her emotional problems were brought out during the trial.

Much of the prosecution's case was based on the testimony of "Doctor" Kimberly Wolfe who supported Katie Smith's story. Wolfe, however, is not a doctor of any kind, but is, rather, a registered nurse. Indeed, under Kentucky law, she was not entitled to use that title, and it is likely that its use during the trial by the prosecution and Wolfe

enhanced her credibility.

Although Wolfe saw Katie only five times, she testified that she believed Katie Smith's story of abuse and found her "credible and believable" and suffering from repressed memory syndrome. Wolfe said that Katie was consistent with her stories. However, if she had looked at Smith's previous interviews, she would have seen that the stories were full of inconsistencies. Wolfe claimed to have considerable training in repressed memories, but there is no evidence for that claim.

There was no Daubert hearing requested to determine the scientific status of claims of repressed memory. The Kentucky Supreme Court has acknowledged that the outcome of the trial probably would have been different if the evidence of repressed memory had been excluded.

Not long before she died, Katie had told a cousin that she claimed the abuse by her father so that she did not have to be returned to her home by a family-court judge.

Tim Smith has acknowledged that he had a problem with alcohol, but he has always claimed innocence of the sexual abuse charges. He was offered a plea bargain but did not accept because he said he did not commit the crime. If Smith had accepted the plea he would have been out of prison in three years.

The appeal was filed with Kenton County Circuit Judge Patricia Summe (Kentucky). Patrick J. Lamb, pro bono counsel, is a partner in the Chicago firm of Butler Rubin.



Wenatchee Update:

Wenatchee Plaintiffs Return \$718,000.

Three families brought a \$60 million lawsuit against the city of Wenatchee in 1998 claiming that their civil rights had been violated during the now-infamous sex-abuse investigations. Before the trial, plaintiffs Roberson, Sims, and Rodrigues requested the employment records of police Detective Bob Perez who was the head of the investigations that wrongly charged 43 people. The city refused to turn over all of the records and prevailed in the trial.

The records came to light in a separate case in 2002 and showed that Perez was suffering from a serious mental disability during the period of the investigations. In 2003, a judge ruled that the documents could have changed the outcome of the lawsuit and granted the plaintiffs a new trial. That decision was upheld in 2004 by the Washington Court of Appeals. The state Supreme Court refused to reconsider the lower court's ruling.

A \$718,000 check was sent to the plaintiffs, the penalty imposed on the city of Wenatchee. The plaintiffs returned the check because they are entitled to interest which would bring the amount to about \$1 million. According to Paul Chasco, insurance services manager for the Association of

Washington Cities Risk Management Service Agency, the plaintiffs are not entitled to interest. An attorney for the plaintiffs said that he will ask a judge to require interest to be paid.

Paul Chasco stated that he did not know if the penalty, in addition to payments to other wrongly-convicted people, will increase the city's insurance rates. The city has a \$20,000 deductible. A new trial date has not yet been set.

Altaras, S. (2005, October 14). Sex-abuse plaintiffs holding out for interest. *Wenatchee World*.

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Comments About the Johnson v. Rogers Memorial Hospital reported in the Sept/Oct '05 Newsletter.

"This opens the door to a new cause of action," said William Smoler, a Madison lawyer who represented the accused parents. He likened the ruling to a landmark 1976 decision, Tarasoff v. Regents of the University of California, in which the California Supreme Court held that a psychotherapist had a duty to warn a woman that his patient intended to kill her. (551 P.2d 334 (Cal.1976).)

"Tarasoff said you can't hide behind privilege," said Smoler. "This decision is just as important a contribution to jurisprudence."

* * *

"What's most important here is that the court recognized that it was creating a new, common law exception to privilege," said Smoler, who noted that the decision is narrowly drawn to extend only to a particular type of case. "The key legal issue is: When does the public policy right of an accused sex abuser trump privilege? This ruling recognizes how horrible those kinds of accusations are. And it says [to therapists]: You can't inflict that kind of harm and get away with it."

Sileo, C. (2005, October 1). In 'repressed memory' case, Wisconsin court sets privilege aside. *Trial*, 41 (10), 78.

F R O M O U R

— R E A D E R S

Thoughts After the Recent Daubert (Hungerford) Hearing^[1]

Rhianna Light's grandfather and I want it known that all charges against her father have been dropped after the long and costly Daubert hearing in New Hampshire revealed that there is no evidence of sexual abuse. Her aunts, uncles, cousins, and we are greatly relieved. While we have all known that there was no truth to these charges, we also know that in sex abuse cases a person is judged as guilty until he can prove innocence.

We remain deeply troubled by the therapists who fostered Rhianna's "recovered memories" and by the assistant county attorney who sent her off to "retrieve more detailed memories." We are very concerned that not one therapist addressed the "hearing of voices" which Rhianna reported at age 13—hearing voices is definitely a sign of serious mental health issues. Instead, this therapist stated "if you are hearing voices it could mean that you have been sexually abused." A second therapist responded to this same "hearing voices" concern with this statement: "I think the voice you are hearing is your father's," and gave our now 15 year old granddaughter a book on childhood sexual abuse. We are greatly disturbed to learn that when Rhianna's mother revealed her own history of sexual abuse by a family member, not one mental health professional asked if this alleged perpetrator had access to our granddaughter.

Early on, we naively thought that there would surely be interviews of teachers, pediatricians, family members, even court appointed Guardians Ad Litem. (After a heated divorce, our son had sole custody of his daughter from the age of 3 to 6, and then continued her care in joint custody. Therefore two different Guardians had been on

this case.) Of course that did not happen, and now we know better.

Our granddaughter has lost her Dad and her extended family. Her father has lost his job, his home, his reputation and his daughter. The county attorney spent thousands of dollars on "expert witnesses." Our family continues to live with this painful and devastating experience.

If there is any winner here, it can only be the "recovered memory expert" who made \$300 an hour from the time he left his driveway each morning until the time he returned in the evening. We give thanks that the Hungerford Ruling is alive and well in NH. If it weren't, there could be many innocent people in our prisons. Fortunately, this ruling does provide protection for teachers, soccer coaches, scout leaders, divorced parents, indeed anyone who could have their lives destroyed by a person who has developed false memories.

We are so grateful for the assistance, information and support of the FMSF. Because of the Foundation's work, we have some understanding of this situation and we can continue with our lives.

Jean and Jim Jackson

1. See *FMSF Newsletter 14(3)*, May June.

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Teaching Knitting

I am writing to update you on our continuing soap opera. We see our three sons. We see our five grandchildren and our four great grandchildren. We do not see the two accusing daughters whom we understand do not speak to each other anymore either. The family therapist who started this journey is now teaching knitting. Ah life!

A mom

□

Thank You

My youngest daughter told me about the FMS Foundation a year or so after my oldest daughter made accusa-

tions that I had sexually abused her when she was a child. I thought I was the only one in such a situation, and my grief and fear were driving me to my emotional limits. Your newsletter awakened me to reality.

Now more than a dozen years later, my oldest daughter is still lost to me, and I am not allowed to have any communication with her. But my family is intact, my personal and professional friendships were not affected, and—now living in retirement—my life is good. For the most part, I can accept the rupture by my daughter.

All this would not have been possible had it not been for the FMSF newsletter. It provided me with the intellectual support that made life livable during these many years.

A dad



It's Not Over Until...

A few years ago, I wrote an "Afterword" to the journal of letters and thoughts I had maintained during the long years of our daughter's alienation. It began:

This story does not have a happy ending. While hope never dies, the light of hope in my case is a very faint glimmer. It is very likely that I will spend the remaining years of my life without ever seeing my daughter or her children again. That thought fills me with despair.

I ceased keeping a record of our letters or other communications with our daughter, thinking that any meaningful relationship was at an end. Indeed, several more years went by without any resolution of our differences, and a meeting that my wife and I had with our daughter failed to bring about reconciliation. Somehow, however, without ever rationalizing what we were doing, my daughter, on her part, and my wife and I, on ours, began to repair the damage to our relationship. They were small faltering steps, but the intangible glue that keeps fam-

ilies together seemed to strengthen by the month.

During this period, our daughter did not acknowledge that her accusations were unfounded, and we did not press her to do so. We read letters in the FMSF Newsletter from parents who found themselves in our position, noting that some adamantly refused to reestablish the relationship unless and until the daughter admitted error, while others were content to resume family ties without such an admission. While we had chosen the former course at the time I wrote the "Afterword," we ultimately decided on the latter. Our daughter also reestablished contact with her brother and sister and their children, and with each visit the doubts and reservations on both sides seemed to recede. She brought her children to see us, and we visited them in their home. We were grandparents again, and our daughter was the same wonderful person we had always loved. The anger and mistrust reflected in our letters over the past six years faded gradually as does the memory of past physical pain.

Did we not wish that the ultimate issue—the truth of the accusations—be resolved? Of course. But we were so happy and relieved to have our daughter back that it became a non-issue. In fact, as time went on we found it difficult to remember, or believe, that we had been estranged for six long years.

That is not the end of the story, however. In January of 2004, our daughter became seriously ill. Shortly before she was scheduled for an operation, she spoke with her mom and me on the phone. It was obvious that we were all experiencing the deep emotions that arise in a life-threatening crisis. At the end of the conversation, she said that she had something to say. She hesitated for a moment, and then, in tears, she said in a faltering voice. "Dad, I was wrong."

I was so overcome I could hardly speak, but I finally said: "It is over

now, and we won't speak of it again." The next day I wrote to her:

Words can't express how sorry I am that you felt that you had to tell me last night that you were wrong and sorry for something that happened in the distant past. While you had not said those things expressly, some time ago I felt that you had come to the conclusion that your memories were unfounded. Ever since we have been back together I have felt your love and respect, so the fact that the words had not been spoken did not in any way affect my feelings toward you.

I have always believed that we were all victims of an aberration in society that occurred at a time when you were particularly vulnerable.... So, dearest daughter, let's banish this subject from our minds forever. We are a loving, united family as never before, and I know that will continue for the rest of our lives. With a heart full of love, respect and admiration for everything you are.

Several days after a very difficult operation with many anxious moments, our daughter was able to receive visitors. She could not speak but indicated that she wanted to write something. We gave her a pen and a pad on which she wrote in a weak scrawl: "Dad"

Our daughter recovered almost completely. And the piece of paper on which she wrote "Dad" has been framed and now rests on my dresser. It is one of my most precious possessions.

A happy dad



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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 Scandinavia - Janet Hagbom

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

www.lyingspirits.com

Skeptical Information on Theophostic 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

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.

ABDUCTED

How People Come to Believe They Were Kidnapped by Aliens

Susan A. Clancy

Harvard University Press, 2005

A very readable book recommended to all *FMSF Newsletter* readers. Chapter 3, "Why do I have memories if it didn't happen?" will be of particular interest.

In an article in the British press about her research, Clancy wrote:

"We've all been seeing aliens for more than 50 years.... Preparing this article, I showed 25 people a picture of an alien and Tony Blair: all recognized an alien, fewer than half recognized Tony Blair."

"The trick to creating false memories is to get confused between things you imagined, or read, or saw, and things that actually happened."

"For almost all abductees, the seed of their belief is a question.... 'Why did I wake up in the middle of the night terrified and unable to move?' 'Why are these odd moles on my back?' 'Why do I feel so alone?' 'Why am I different from everyone else?' 'Why are my relationships so bad?' Questions generally lead to a search for answers...and our search is limited to the set of explanations we have actually heard of."

"For better or worse, being abducted by aliens has become a culturally available explanation for distress—whether that distress comes from work, relationships or insecurity."

"Many of us have strong emotional needs that have little to do with science—the need to feel less alone in the world, the desire to be special, the longing to know that there is something out there, something bigger and more important than you watching over you."

October 22, 2005, *The Express*, p. 45.

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 914-922-1737

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

Burlington

Ken & Marina 905-637-6030

Waubaushehene

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 JANUARY/FEBRUARY Newsletter is December 15. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting.**

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1955 Locust Street
Philadelphia, PA 19103-5766
Phone: 215-940-1040 Fax: 215-940-1042
mail@FMSFonline.org www.FMSFonline.org
ISSN # 1069-0484
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November 1, 2005

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