



Dear Friends,

“Ritual abuse may now seem an almost quaint aberration, a temporary fad that seized the popular imagination, as outdated as hula-hoops or disco fever.”

Fister, B. (2003). The devil in the details: Media representation of “ritual abuse” and evaluation of sources. *Studies in Media & Information Literacy Education*, 3(2). <http://www.utpress.utoronto.ca/journal/ejournals/simile>

(Accessed October 16, 2006.)

The observation above may seem overly optimistic when you read some of the articles in this newsletter. Amazingly, belief in satanic ritual abuse continues to thrive in far too many places. For example, British Columbian Donna Krahn has filed a lawsuit against therapists that she alleges encouraged her to believe she had been sexually abused in bizarre satanic rituals and, as a consequence, she lost custody of her children. (See p. 5) The suit names Elijah House in Canada and retired law-enforcement chaplain Steve Oglevie, a self-styled Biblical counselor in Idaho who claims to have removed “mind-control systems” from over 375 persons in the last 12 years. (Several FMSF families have written to us about Steve Oglevie.)

“How can this still be going on?” you might wonder. In September, Australian investigative journalist Richard Guillatt published an article about a “healing” center in that country that may provide a clue: Christian “healing” programs are under the radar of monitoring agencies. (See p. 8) No one has jurisdiction over the practices in such centers.

If you believe everything that you read, you would conclude that Australia has a big ritual abuse problem. Last April, the Advocates for Survivors of Child Abuse, with government funding, published “Ritual Abuse & Torture in Australia. (See p. 6) Given the fact that the report was funded by the government, endorsed by two prominent psychologists, and contains an impressive number of references, a naïve reader might assume that the report is fair and reasonable. Superficially it seems impressive, but to anyone familiar with the topic the references are a hodge-podge. Included in the stew are self-published papers posted on the web and articles by people discredited in mainstream psy-

chiatry such as Robert Rockwell and Bennett Braun.

Still, most of mainstream culture will likely shrug off the satanic ritual material as insignificant patter from an obsessed minority of believers. More disturbing are the mainstream purveyors of misinformation that foster beliefs that have so tragically harmed people. (See p. 3) In a forthcoming issue of *Consciousness and Cognition*, Kathy Pezdek and Shirley Lam write that the researchers who have studied false memories are guilty of doing bad science. That is a serious assertion. Fortunately, Kimberly Wade and colleagues provided a scholarly and powerful response.

A new paper by Constance Dalenberg, Ph.D., appeared in October (See p. 4) and was described by one naive reader as a “scholarly, thoughtful, non-defensive and non-emotional” argument that recovered-memory evidence should pass the “Daubert criteria.” Because this paper will be used in legal contexts, we think that it is important to examine it carefully. In a box in the article’s second page (275) we learn from the paper’s summary “Key Points” that a “Review of the weight of the evidence of the phenomenon of recovered memory by the fair-minded scientist” would allow it into courtrooms. Thus we also learn Dalenberg’s view of all the scientists who disagree with her: they’re not just wrong, they are not even fair-minded.

Dalenberg’s views are made even clearer by her omission of the word “alleged.” On page 277 she writes: “attacks on recovered memory began in the 1980s and 1990s, clearly in response to the need for a legal strategy to defend accused molesters.” (Which is worse—accused molesters or un-accused molesters?)

Dalenberg’s pettiness can be startling. She identifies Elizabeth Loftus—not as a member of the National Academy of Science and the American Academy of Arts

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The next e-mail newsletter will be sent in mid-January.
The next mailed newsletter will be sent in early March.

and Sciences, not as past-president of the American Psychological Society and winner of its prestigious William James Award, not as winner of the \$200,000 Grawemeyer Award, nor the American Psychological Association's 2003 Award for Distinguished Scientific Applications of Psychology, not even as the top ranked woman in the Review of General Psychology's list of 100 Most Eminent Psychologists of the 20th Century. Dalenberg's sole description of Loftus is on page 277: she is identified as one of three "professional witnesses."

Dalenberg is not a fan of the FMS Foundation, nor does she seem to know much about it. On page 277 she writes that the FMS Foundation "identifies media coverage as its most important objective." The purposes of the Foundation as stated beginning in its articles of incorporation and continuing in its brochures are:

To seek the reasons for the spread of False Memory Syndrome;

To work for the prevention of new cases of False Memory Syndrome; and

To aid the victims of False Memory Syndrome, and to bring their families into reconciliation.

Dalenberg goes beyond pettiness when she says on page 285 that the work of other FMSF Advisors "calls to mind the fight by cigarette manufacturers to ignore the evidence of smoking and cancer...[they] had a Scientific Advisory Board similar to the False Memory Syndrome Scientific Advisory Board."

After defining dissociative amnesia as "amnesia for abuse that has not been recovered" (p. 278) Dalenberg tells us: "First, the diagnosis of dissociative amnesia can be made in the absence of memory recovery, and the diagnosis is typically made before memory is recovered (if amnesia is not permanent). Second, the diagnosis of dissociative amnesia requires not only that the client be amnesic for one or more important events, but that the amnesia (not the trauma) causes significant distress." (p. 283) Thus we learn Dalenberg believes that clinicians can tell in the absence of even a recovered memory that someone has been abused and that the un-recovered memory causes significant distress—she has cast herself back to the days of checklists of "signs and symptoms" of abuse that long ago were thoroughly discredited as a means for diagnosing past sexual abuse.

Lest readers feel discouraged, the negative articles and stories we have mentioned are a minority, but it remains important to be aware of what our critics think. The good news is that memory researchers continue to publish papers that help to clarify false/recovered memory questions. For example, one argument that has been made is that survivors of childhood sexual abuse who said that they had repressed

their memories were more talented in forgetting emotional stimuli than survivors who always remembered the abuse. Elke Geraerts and her colleagues at Maastricht University studied this claim and "found no support for the hypothesis."^[1] This study replicates work of McNally, Clancy and colleagues in 2000 and 2004. The authors observe that "on the basis of the empirical literature on emotional memory, it is hard to understand how traumatic events could be dissociated or repressed." (http://www.personeel.unimaas.nl/E.Geraerts/Geraerts%20et%20al_2006a_BRAT.pdf) One more myth about recovered memories has been put to rest.

We began the newsletter with a quote from a web article called "The devil in the details: Media representation of 'ritual abuse' and evaluation of sources." The author, a director of college library instruction, analyzes how information is presented in various media using the ritual abuse phenomenon as an example. It explains how the various media either check facts—or not check—for the works that they publish. Newsletter readers may find both the short history of ritual abuse and the other information helpful.^[2] Finally, don't miss the first part of the retractor story "Lost in Therapy." (p. 8) When we received the copy, the writer had added: "Whew, it is quite something to tell that again! I hope that this type of 'therapy' is truly coming to an end as any kind of legitimate treatment." And so do we all.

Pamela

1. Geraerts, E. et al. (2006). Retrieval inhibition of trauma-related words in women reporting repressed or recovered memories of childhood sexual abuse. *Behaviour Research and Therapy*, 44(8), 1129-1136.
2. Fister, B. (2003). The devil in the details: Media representation of "ritual abuse" and evaluation of sources. *Studies in Media & Information Literacy Education*, 3(2).
<http://www.utpress.utoronto.ca/journal/ejournals/simile>

Withering Review:

The Body Never Lies: The Lingering Effects of Hurtful Parenting, by Alice Miller. Norton.

Alice Miller influenced many people toward belief in recovered memories of parental abuse in the 1980s with her first book: *The Drama of the Gifted Child*. Carol Tavris doesn't "spare the rod" in an October *Times Literary Supplement* review of Alice Miller's new book, *The Body Never Lies*. Tavris suggests that Miller "has been writing the same book for years, and its theme is simple: it is time to get rid of the Fourth commandment to honour thy father and mother....I'd say there is no excuse for what seems a wilful blindness to the advances of science in her own profession, especially one that has such a direct impact on her clients' and devoted readers' lives. but obviously there is: she was an abused child."

Times Literary Supplement, October 25, 2006. Available: <http://tls.timesonline.co.uk/article/0,,25347-2421372,00.html>

Aaron T. Beck, M.D., Receives Lasker Award

FMSF Advisor Aaron Beck, M.D. has been chosen as a 2006 recipient of the Lasker Award for Clinical Medical Research. The annual awards are given for “stunning” achievement in basic and clinical research in medicine and have often been likened to Nobel Prizes. A \$100,000 honorarium is given with the award.

Dr. Beck has transformed the treatment of depression and many other mental health conditions with the development of “Cognitive therapy.” The chairman of the Lasker jury, Dr. Joseph Goldstein said that cognitive therapy “is one of the most important advances—if not the most important advance—in the treatment of mental diseases in the last 50 years.”

When patients are treated with cognitive therapy they learn to “head off or defuse self-defeating thoughts before acting on them.” The Lasker jury said that Dr. Beck had set a new standard for determining the effectiveness of any type of psychotherapy. Cognitive therapy has been studied in clinical settings more rigorously than any other form of therapy. Many psychiatrists, however, have resisted or even rejected the findings.

Dr. Beck, 85, has been at the University of Pennsylvania for more than 40 years. He began developing cognitive therapy when he found that Freudian theories did not explain what was going on with depressed patients. When he began his research with cognitive therapy in the 1950s, he set out to prove that anger turned against the self played a central role in depression. When he tested his theories against real patients, however, Beck found that depressed patients were not angry at others but “tended to see themselves in very negative ways... as losers.”

Peter Levendusky, director of psychology at Harvard University’s McLean Hospital, commented that in mental health Beck is “only rivaled by

household names like Sigmund Freud.”

Two studies published this summer demonstrate the effectiveness of cognitive therapy in another new area: Somatization Disorder, a condition in which patients suffer from unexplained physical symptoms.^[1, 2] The problem is extremely frustrating for both patients and doctors. It is also expensive: one study found that such patients “incur medical expenses that are six to 14 times higher than the national average.”^[3]

According to Arthur Barsky, a professor of psychiatry at Harvard Medical School and an expert on this problem, most experts believe that the patients have histories of childhood physical or sexual abuse or other trauma. But Barsky questions: “Childhood experiences are presumably important, but there are no good data” about their effect. (Some patients whose doctors believe the problem stems from child abuse have been subjected to memory exhuming.) A major obstacle in treating these patients has been their lack of insight into their own problems. Cognitive therapy apparently helps patients develop this insight and gain some control over the symptoms so that they show improvement in their functioning.

Goldstein, J. (2006, September 17). Penn psychiatrist to be honored today. *Philadelphia Inquirer*, 1.

1. Allen, L.A., et al. (2006, July 24).

Cognitive-Behavioral therapy for Somatization Disorder. *Archives of Internal Medicine*, 166 (14).

2. Smith, R.C. et al. (2006, July). Primary care clinicians treat patients with medically unexplained symptoms: A randomized controlled trial. *Journal of General Internal Medicine*, 21 (7), 671.

3. Boodman, S.G. (2006, August 29). Why does it still hurt, Doc?. *Washington Post*.

Retrieved from www.washingtonpost.com/wp-dyn/content/article/2006/08/28/AR2006082800784.html on August 29, 2006.



“Memory is deceptive because it is colored by today’s events.”

Albert Einstein

New Complaint About False Memory Research

Soon to appear are a series of articles discussing the methods by which researchers have been studying false memories. Kathy Pezdek and Shirley Lam ^[1] claim that researchers have misused the term “false memory,” have used the wrong methodologies to study false memories and that they have misapplied their conclusions to real world situations. They argue that the term “false memory,” as introduced by Loftus in 1992, referred to the specific situation of planting a memory for an entirely new event. They surveyed the literature and found that most research examined flawed memories, not the implanting of a new event. The authors argue that flawed memories and false memories are not the same phenomenon, “nor are identical cognitive processes likely to underlie the two.” Listed under false memory research have been studies in source monitoring, intrusion errors, post-event suggestion and social beliefs. Pezdek and Lam claim that these are studies of flawed memories and the results should not be generalized to implanted “memories” in child sexual abuse cases.

Kimberly Wade and colleagues responded to the Pezdek and Lam paper. Wade et al. found that it is “common practice in the field of cognitive psychology to use the term ‘false memory’ to describe to a wide range of episodic memory distortions” and it has been used in that way at least since the mid-1970s. Thus, it is not reasonable to claim that researchers have not been studying the term as it was originally intended. Pezdek and Lam’s definition appears to be unique.

Wade et al. discuss the problems of distinguishing between “memory flaws” and “false memories.” They note problems in the research cited by Pezdek and Lam and suggest that although making such a distinction is a worthy goal, they provide neither crite-

ria that could be operationalized nor sound theoretical reasoning. Wade et al. argue that it seems unhelpful “to distinguish between false memories and memory flaws on the basis of how much new information they contain.”

Wade et al. also address the complaint about generalizing research such as in misinformation experiments to real world settings. The authors remark that this can be a concern with any laboratory research. They note that scientists agree: “[I]f the study has strict experimental control, that is high internal validity, and addresses basic theoretical questions, then it makes little difference whether it is conducted in the laboratory or in the field... demonstrating phenomena across a variety of settings strengthens the evidence for those phenomena.”

Pezdek has the last word. [3] She reiterates that there are two definitions of false memories. The phrase can be used for memories of an entirely new event that never occurred or it can be used for changes in details of an observed event. Pezdek says that it is bad science to use the same term for both.

We doubt anyone would argue that the term “false memories” has been used as Pezdek describes, but does that make the use “bad science”? The world is full of superordinate and subordinate categories. For example, fruit is a word that encompasses pears, apples, bananas, etc., the subordinate categories. ‘False memories’ is a superordinate category. Superordinate and subordinate categories are useful depending on the purpose. It is not uncommon to refer to things by their superordinate category, but no one has ever said that doing so is “bad science.”

1. Pezdek, K., Lam, S. (In press). What research paradigms have cognitive psychologists used to study “False memory,” and what are the implications of these choices? *Consciousness and Cognition*. (2005). doi:10.1016/j.concog.2005.06.006

2. Wade, K.A., Sharman, S.J., Garry, M., Memon, A., Mazzoni, G., Merckelbach, H., Loftus, E.F. (In

press). False claims about false memory research. *Consciousness and Cognition*. (2006), doi:10.1016/j.concog.2006.07.001.

3. Pezdek, K. (In press). It’s just not good science. *Consciousness and Cognition*. (2006), doi:10.1016/j.concog.2006.05.006

In the spirit of full disclosure: This writer’s personal experience with Kathy Pezdek suggests that she has a strong bias on the subject of recovered repressed memories. Readers can evaluate her comments from a 1993 radio interview whose transcript is available at: <http://www.vuw.ac.nz/psyc/staff/maryannegarry/index.aspx>

In the references of the Pezdek response, the following were listed as the authors of “False claims about false memory research: Wade, K.A., Sharman, S.J., Garry, M., Memon, A., Mazzoni, G., Merckelbach, H., et al. It is strange that all the authors except Elizabeth Loftus are mentioned. Loftus is the only et al.



Troubling New Paper: Purveying Beliefs that Have Harmed Others

Dalenberg, C. (2006). Recovered memory and the Daubert criteria: Recovered memory as professionally tested, peer reviewed, and accepted in the relevant scientific community. *Trauma, Violence & Abuse*, 7(4), 274-310.

Constance Dalenberg’s new paper argues that people who have recovered memories of past abuse should be allowed to testify in court. There are two major conceptual flaws in the article, however, that lead the reader astray. The first is the failure to explicitly define terms. For legal purposes, the question is whether there is scientific evidence for the hypothesis that one could experience a major traumatic event (such as childhood sexual abuse), then be unable to remember that entire event for a period of time, and then be able to “recover” the memory later. In the article, Dalenberg appears to refer to this phenomenon as “traumatic amnesia” followed by “recovered memory.” However, upon reading the article in more detail, it is clear that she is mixing together several other phenomena, including espe-

cially 1) incomplete encoding and 2) ordinary forgetfulness.

Incomplete encoding refers to the fact that under situations of stress and trauma, one may remember important parts of an event at the expense of other, less important parts. The classic example is that you can remember a man pointing a gun at you, but cannot remember what the man’s face looked like—because your attention was focused entirely on the gun. Incomplete encoding is normal, but this is not the same thing as forgetting an entire traumatic event; you will never forget that you had a gun pointed at you. In other words, there is excellent scientific consensus that incomplete encoding occurs, but no consensus that amnesia for an entire traumatic event can occur.

Dalenberg confuses these two phenomena. For example, in her second bullet point in the article, she states “a large body of research with animal and human participants has documented impairment of memory after periods of great stress and fear.” That statement of course is true—as illustrated by the example of remembering the gun but not remembering the assailant’s face. But it does not follow that any of this research has documented that someone can be unable to remember an entire traumatic event, as opposed to simply failing to encode a piece of it. Dalenberg is misleading the reader by implying that scientific consensus on the first issue is equivalent to scientific consensus on the second issue.

Now consider the issue of ordinary forgetfulness. Although not a technically defined scientific term, this refers to the fact that memories gradually fade over time, especially for events that are not perceived as profoundly important. Then, at some later point, something reminds us of the event and it comes back to mind. For example, most people have ordinary forgetfulness for their experiences in second grade—but if they stop to think about

it for a while, they can probably recall a number of details from second grade, such as the name of their teacher, various incidents that occurred, etc. They may even recall a traumatic event, where perhaps they were humiliated in front of the class because their desk was dirty, or because they couldn't answer a question. But obviously, this is not "traumatic amnesia" in which an individual is literally unable to remember an entire traumatic event; it is just ordinary forgetfulness. Once again, scientists would certainly agree that ordinary forgetfulness, with later recovery of the memory, can happen all the time; however there is no consensus that individuals can be rendered unable to remember a traumatic event and then later "recover" the memory. Once again, Dalenberg is misleading the reader by implying that scientific consensus on the first issue is equivalent to scientific consensus on the second.

By way of illustration, let us look again at one of Dalenberg's bullet points, where she states that "dozens of major psychological organizations across the country and across the globe have acknowledged the phenomenon of recovered memory." Certainly it is true that groups such as the American Psychological Association have stated that it is possible to forget childhood events, including even traumatic events, and later remember them. But of course that is not synonymous with having amnesia, where one is literally unable to remember the event for a block of time, and then later "recover" the memory.

In short, much of Dalenberg's paper is rendered almost uninterpretable because of the fact that widely accepted phenomena, such as incomplete encoding and ordinary forgetfulness, are intermingled with non-accepted phenomena, such as the theory of "traumatic amnesia" in which one would be literally unable to remember an entire traumatic event.

The second major conceptual flaw in the Dalenberg paper—and one that also misleads the reader in a subtle way—is the implication that scientific consensus on specific aspects of memory research translates into scientific consensus on "traumatic amnesia." For example, looking at yet another bullet point, Dalenberg states that "consensual acceptance of mechanisms for recovered memory are found in the experimental literature, including research on directed forgetting, forgetting after emotional constriction, and state dependent learning research." Dalenberg is of course correct that there is general acceptance of many findings in these areas—but it does not follow that a consensus on various memory mechanisms translates into a consensus that people could become unable to remember an entire traumatic event. For example, there is extensive research using imaging of the brain to see what areas "light up" when people recall traumatic events as opposed to recalling neutral events. One might speculate, on the basis of these imaging findings, how, hypothetically, some mechanism could occur whereby the brain might perhaps be able to develop amnesia for a traumatic event. These speculations may be interesting, but they do not in any sense translate as a scientific consensus that people actually can develop amnesia for traumatic events. In short, even though there is a consensus on the imaging findings per se, there is no consensus that people could actually develop amnesia for an entire traumatic event. Once again, Dalenberg is misleading the reader by implying that scientific consensus on the first issue is equivalent to scientific consensus on the second.



"The past is malleable and flexible, changing as our recollection interprets and re-explains what has happened."

Peter Berger

Woman Sues Christian-Based Pastoral Counseling Service for False Memories of Satanic Abuse

Donna Marie Krahn, 46, is suing the Elijah House in Canada, and Steve Oglevie Biblical Counseling in Idaho, alleging that counselors Brian and Della Headley and Stephen Oglevie treated her with techniques such as dream interpretation and mind-control deprogramming (i.e. hypnosis). As a result, she came to believe that she had been physically, sexually and satanically ritually abused by her husband and members of her family and others.

The complaint says that the Headleys and Oglevie encouraged Krahn to isolate herself from her family and children. Krahn claims that the treatment compromised her capacity to parent her seven children, and, as a result, she lost custody in the ensuing divorce.

Details of Donna Krahn's treatment are described in the Krahn's Divorce Judgment in 2001,^[1] written by Justice R.A. McKinnon. The Justice wrote:

"Although I am concerned about damaging the reputation of well-meaning people, it is clear on the evidence that I accept, that Mr. and Mrs. Headley and Mr. Oglevie hold unorthodox views. It is also clear that, however well meaning, they engage in "therapy" that is potentially harmful to those affected."

"It is evident from the brochures and records that neither of the therapists had any appreciable qualifications to provide counseling and certainly neither were in a position to assess or diagnose serious psychiatric illnesses such as "dissociation" or Dissociative Identity Disorder. It is evident from the outset that they in fact delved into early childhood experiences, emotional development, sexual development, and relationship issues.... Although the director of the Elijah House asserts they did not engage in "recovered memory therapy," it is certainly evident from the

sparse notes I have reviewed that indeed themes of abuse were discussed and further Donna did develop recovered memories of rather extraordinary abuse as a child. It is further evident that her sisters noted a decided change in her personality and functioning and expressed concerns to her and to the therapists as to their perceptions and concerns. These were rejected by the therapists.”

Some of the bizarre things in which Mrs. Krahn came to believe were that she had 500 alternate personalities and that both her family and her husband’s families were members of transgenerational satanic and witchcraft cults. She also believed that she had memories of prenatal wounding in her own mother’s womb where she had met her biological twin who had died at birth. Justice McKinnon noted:

“Instead of exercising prudence and caution, the counselors seem to have encouraged the elaboration of these memories and in fact encouraged her to further attend Mr. Oglevie in Idaho...”

1. *Krahn v Krahn*, 2001BCSC1186 (CanLII), (2001-08-16) Docket: E1212.

Fraser, K. (2006, October 12). B.C. woman suing over alleged false memories. *Times Colonist* (Victoria, BC), A6.



Who Are the Counselors in the Krahn Suit?

According to sources found on the Web, Brian and Della Headley are now the leaders of “The Listening Prayer Community” in Mission, BC. Previously they worked at Elijah House Canada. Elijah House is the ministry of John and Paula Sandford. In an article in the May/June 2006 *FMSF Newsletter*, Eunice Campbell explained that the Sandfords had been influenced by the “Inner Healing” of Agnes White Sanford, the major influence within the Christian counseling community for belief in the need to exhume memories. The Listening Prayer Community website lists a seminar that includes: “Discovering the family style and family baggage,

discovering your authentic self, generational healing, prenatal wounding, healing for abandonment, and healing for invalidation.”

Stephen Oglevie is a retired law-enforcement chaplain who has been obsessed with mind control programming and satanism for many years. He portrays himself as an expert in the area of satanic ritual abuse and repressed-memory syndrome. He frequently conducts week-long deprogramming sessions in Idaho for patients referred to him by other therapists. In 1992 when he had recently moved to Idaho, he was quoted extensively in a *Los Angeles Times Magazine* article about satanic beliefs.^[1] Oglevie expressed belief that satanists had gained power in many government institutions. He appears to have become a believer in the existence of satanic cults during the period of McMartin and the other day care cases. (Oglevie is not the only person

“The experts say that some of the more extravagant responses to satanism arise from the universal human fears it evokes—fears of blood rituals, murder, cannibalism, vampirism and death. But at least a few of the responses appear to arise from more calculated human impulses. ‘Some are using this for other agendas,’ is how the psychiatrist [Dr. Richard] Worst puts it. ‘I don’t believe in Satan. I believe in sociopaths. I believe in clever, manipulative sociopaths [therapists] who have found another way to get victims, to break vulnerable, inadequate people’s defenses, to manipulate them, usually for sex. There are those who do believe in Satan, though, and for them, here it is. This is a tool. This raises them up, enlarges them. This gives them a cause, a crusade.”

Siegel, B. (1992, May 17). Idaho Gothic. *Los Angeles Times Magazine*. (available at www.maryellenmark.com/text/magazines/la_times/2160.html)

in law enforcement to whom that happened, but most, such as Ken Lanning changed their minds because of the lack of evidence.)

Oglevie still gives seminars for therapists. In an announcement for a 3-day Mind Control Programming Seminar (\$480) given in July 2006 in Salt Lake City posted on the web,^[2] he states:

“I am not a ritual abuse survivor, but I am privileged to work with those who are survivors. Most of these have grown up in multi-generational cult families so their abuse and programming began very early in childhood. ... These mind-control systems are implanted in the mind while undergoing very systematic physical, medical, spiritual, and psychological abuse.

“I have discovered that there are four basic elements to ritual abuse that need to be addressed in order for recovery to take place: 1) Memories of Trauma, 2) Dissociation/Multiplicity, 3) Teaching and Training and 4) Conditioning. These can all be resolved at the cognitive level, but all four can be controlled by a fifth element, that of mind-control programming of which the client may or may not be aware. This seminar will address this fifth element.

“I have spent the last twelve years removing mind-control systems in over 375 persons...”

For additional details about the Krahn case the the therapists involved see:

<http://www.lyingspirits.com/news2006.html#lawsuit>

1. Siegel, B. (1992, May 17). Idaho Gothic. *Los Angeles Times Magazine*. (available at www.maryellenmark.com/text/magazines/la_times/2160.html).

2. <http://truthbeknown2000.tripod.com/Truthbeknown2000/id23.html>



Does Australia Have A Ritual Abuse and Torture Problem: Review of a New Report

In April 2006, the group Advocates for Survivors of Child Abuse (ASCA) published the report “Ritual Abuse & Torture in Australia”

that can be found on the web at: http://www.tfyqa.biz/images/pdfs/broc_hure_ritualabuse_2006.pdf.^[1] Funding for the report was a Victims of Violent Crimes grant from the New South Wales Department of Corrective Services. The authors identify themselves as ASCA members from around Australia and write that the purpose of the report was to review the existing research evidence and to compile personal experiences of ritual abuse and torture. The authors state that they hope that the report will “bring a new perspective on ritual abuse and torture to those professionals and policy makers whose support is crucial in exposing the full extent of ritual abuse in Australia.”

Freda Briggs, a prominent Australian expert in child development, and psychologist Marie O’Neill, wrote a foreword to the report. After congratulating ASCA “for producing this important paper,” they write: “Although there are more than six million documents on the Internet addressing the issue of ritual abuse, few take as fair and comprehensive approach as this; many of the writings deny the existence of ritual abuse despite masses of evidence to the contrary. As a consequence, some victims are persistently re-abused psychologically by having to deal with the fact that organized abusers, their defenders and even police refute their realities and dismiss their reports as fantasy or mental illness.”

Who are the “organized abusers” to whom the writers refer? Are there not mandated reporting laws in Australia? Why are these groups not named so that the police can investigate them? Can anyone truly conceive that there are “defenders” of organized abusers? Do the writers truly believe that the police are so witless? The only group in the body of the report mentioned as challenging the claims of survivors is the False Memory Syndrome Foundation. Do you suppose that

Briggs and O’Neill are intentionally making such a degrading reference to the FMSF? Or do you suppose that Briggs and O’Neill are just muddled?

Not surprisingly, the report itself is extremely muddled. It says, “Advocates of FMS generally deny that adults may forget, and then remember, traumatic events from their childhood...” Does any reader of this newsletter know any FMS proponent who makes such a claim? Indeed, advocates of FMS *do* say that people may forget and later remember an event. That is ordinary memory. People forget all kinds of things and then remember them. They forget some things that they will never remember. And they may also think that they remember some things that may have no basis in history. That is the nature of memory. The concerns of FMS proponents are the claims that there is some special mechanism of memory that operates only in some traumatic situations. The body of the report, in fact, refers heavily to the special magical qualities of traumatic memories.

The body of the report is a muddle of various types of organized ritual abuse and torture: e.g. groups responsible for the sexual trafficking of women and children, groups of pornography rings, terrorist groups, and satanic groups. It is a muddle of reality and invention. By grouping some situations about which there is no disagreement with those for which there is no evidence, the naive reader can be drawn in.

The heart of the report is about satanic ritual abuse as we have come to know it since the appearance of *Michele Remembers*. By associating the old beliefs with terrorist groups and a new name, they are meant to seem more respectable. Rather than mention the criminals and the unscrupulous greedy people who have looked the other way so that real sex trafficking can operate, this report says

that the abusers are “mothers, fathers, relatives, friends, neighbors, and professionals... The victims of ritual abuse are the sons, daughters, nieces, nephews, grandchildren, or foster children of perpetrators...The one factor [the victims] have in common is a set of traumatic symptoms so severe that they have been compared to Holocaust survivors and prisoners of war...”

A telling page in the report is titled: “Why aren’t more perpetrators caught?” The answers include the assertion that the “neuropsychology of extreme trauma” makes victims unable to provide detailed disclosures; The shame, terror and guilt of victims keeps them silent; The police are not looking for the perpetrators; and ritually abusive perpetrators have demonstrated a preference for torture techniques, such as electrocution and near-drowning, which do not leave a mark.

One can have sympathy for the writers of the report because of their naivete in understanding what qualifies as evidence and for a lack of experience in evaluating the quality of sources. The writers do not claim to be professionals. Professionals would surely understand that the following is not evidence of the existence of ritual abuse: “[T]he degree of disability associated with a history of ritual abuse is so high that it argues against any ‘confabulated’ origin.” Professionals would not rely on self-published web articles or from personal reports in non-peer reviewed books for proof of existence of ritual abuse. References need to be checked carefully. For example, the authors cited a 1994 paper by Robert Rockwell as one source that there really is ritual abuse. Obviously the writers did not know that Rockwell was forced to surrender his license to practice medicine because of ethical violations.^[2] Another example of a problem is a paper cited by Young, Sachs, Braun and Watkins. Not only have Sachs and Braun had many lawsuits filed against

them because of their practices of recovering memories, Walter Young has greatly revised his opinions on these matters. There are huge problems with the references.

The ASCA report is extremely weak. Because it was funded by the government, however, because it has the support of ASCA, because it has the endorsement of prominent researchers, and because on the surface it appears to be well documented, readers with no background in the subject may take it seriously.

1. See *Beneath the Radar* in this issue for the history of ASCA.

2. See *FMSF Newsletter*, 7(8), December.



Beneath the Radar

Perhaps recovered memory beliefs continue to flourish within large segments of the Christian counseling community because the practices take place beneath the radar of ordinary regulations. In September, Australian investigative journalist Richard Guillatt documented a situation in that country demonstrating how difficult it can be to hold unlicensed “healers” accountable for the harm they have done.^[1]

In 1993, prominent Australian show business casting agent Liz Mullinar, while under hypnosis by an “aura reader,” believed that she had recovered memories of being raped by a doctor at the age of five. She soon left the entertainment industry and formed a lobby group called Advocates For Survivors of Child Abuse (ASCA). (This is the organization that recently released the report about satanic ritual abuse in Australia.) With her many connections in the entertainment industry, Mullinar was able to raise millions of dollars through private and government funding, and she was able to obtain a great amount of publicity for her new cause of combating child abuse. ASCA became a high-profile child abuse lobbying group.^[2]

In 1999, Mullinar opened Mayumarri, a Christian healing center to help victims of abuse. Unfortunately, there have been many serious problems with the running of this center. Over the years, at least seven complaints were lodged with government authorities, many of them by former staff. Among the agencies where the complaints were filed were the police, the Health Department, and Department of Family and Community Services. The complaints alleged dangerous and bizarre practices such as drug-taking, sexual indiscretions by staff, and negligence toward the children under care. One complaint noted that exorcisms were performed on staff.

One couple employed at the Center spoke out this year: “We had relocated to dedicate our lives to helping the place, only to find it was an absolute lie. I left there saying I’d never met such un-Christian people in my life.” This couple was also disturbed because many people undergoing the Center’s healing program were ‘recovering’ memories that were very similar to Mullinar’s. No action was taken on any of the complaints because, as Guillatt observed: “Mayumarri operates in a regulatory void. Mullinar and her volunteer staff have no medical qualifications, so they work outside the jurisdiction of medical boards and healthcare regulators. It’s an issue causing increasing concern as alternative healers proliferate and religious organizations snare an increasing share of government welfare money.”

Liz Mullinar’s view of the causes of the complaints is quite different. She denied arranging for an exorcism and views the complaints as a result of disgruntled employees. A review by an independent group, however, determined that Mayumarri was working outside accepted International Society of Study of Dissociation guidelines and mandatory reporting requirements

for child sexual assault. Mayumarri received more than \$1 million between 2003 and 2005 of which half was from government grants.

At present there are no requirements for counselors or therapists or persons running ‘healing’ workshops to have qualifications. The New South Wales government intends to get tougher on alternative healers. Guillatt noted that “psychiatrists and other health professionals have been lobbying for such regulation for years, but the cost and complexity scares politicians away.”

1. Guillatt, R. (2006, September 23). The untouchables. *Australia Magazine*.

2. ASCA’s financial statements are available on its website.



LOST IN THERAPY

Part 1-How I got into therapy

In 1990, when I was in my early 20s, my brother was in treatment for alcoholism. During a Family Week visit with him, a counselor suggested that I go to Adult Children of Alcoholics (ACOA) meetings. I began attending those meetings, but only a few months later, a stranger broke into my apartment and raped me. I was overwhelmed by this crisis and joined a rape survivor’s support group. I stopped the ACOA meetings.

I attended the rape survivor’s group for several years until I felt that I had worked through the crisis of the rape. In 1990, I decided that I wanted to delve deeper into some problems that I had had before the rape, namely promiscuity and depression. I talked about this with other members of the rape survivor’s group, and one suggested going to a psychiatrist she knew at a highly regarded hospital in the city. She was being treated at the hospital for “blocked out” memories of child sexual abuse and thought maybe that her doctor could help me determine if blocked memories could be my problem. My friend told me that the doctor had used hypnosis and sodium

amytal to help find the memories, and she said that my problems of past promiscuity and relationship problems sounded like symptoms of child sexual abuse. I was open to the possibility, because I didn't understand why I had issues with promiscuity in the past, and I wanted to know if child sexual abuse that had been repressed could be my problem. I did not question the credibility of the doctor because she worked at a hospital with a good reputation. I had never been to a psychiatrist before, and I really believed it could be beneficial to me. It never occurred to me that the doctor might not be looking out for my best interests or that I could be in any danger of harm. I called the doctor and made an appointment.

Part 2: What happened in "therapy"

At the first of my three years of appointments, I told the doctor that I thought I may have blocked out some memories of child sexual abuse and that I wanted to find out through hypnosis whether or not that was true. She asked lots of questions and had me make "finger signals" as a way to answer questions. Certain movements were answers to her questions. She asked questions about whether or not I had been sexually abused as a child. I think that I answered these questions with finger signals. I did what the doctor asked, because she was the professional. I moved my fingers in a way to indicate that *maybe* I had been sexually abused. I told her that I thought perhaps my father had done something to me sexually. Then she asked me: "Have you considered that maybe all of the members of your family abused you?" I felt shocked at the question.

After the initial session, the doctor assigned me to individual therapy with a therapist under her supervision who would follow up on the blocked out memories. I began regular appointments with the therapist. The sessions

involved talking about my feelings and thoughts and then "sand box" therapy. I was supposed to make something with the sand, and the figures in the sandbox were supposed to reveal the things I had repressed.

I didn't come up with any repressed memories working in the sand. The therapists suggested I attend their therapy groups for people with Multiple Personality Disorder (MPD), since they believed I had Dissociative Disorder (a less severe but related diagnosis). I agreed, because I believed their diagnosis of me. I was now convinced that I had blocked out feelings from my past and that is what I thought my diagnosis entailed.

I was shocked at how many MPD patients were talking about their repressed memories. It really made me want to know even more if I had repressed memories. During this time, the psychiatrist told me I could be putting myself in danger if I kept contact with my family, so I cut off contact with them. I totally trusted the psychiatrist and did what she suggested.

By now, I was desperate to learn if I had repressed any memories so I asked the psychiatrist to hypnotize me. She said that I would need to be hospitalized in case I had a severe reaction. I understood that rationale as other people in the group had talked about being hospitalized for this. I was admitted to a locked unit on the psychiatric floor of the hospital. Needless to say, I was with very mentally ill people there, and it was frightening. I had never been treated or diagnosed with any mental illness prior to this. My mother, brother and sister had a history of chemical dependency, but other than that, no one very close to me had any experience with mental illness. I felt afraid and alone. My family didn't know I was in the hospital. The doctor had told me to get a second opinion if I doubted her, but at that point, I didn't understand that a doctor could be wrong. I did not get a second opinion.

The doctor and my therapist hypnotized me, but no repressed memories came out. The doctor became angry at me and accused me of being manipulative. That really frightened me. I could not understand why she would be angry unless she knew I was repressing something or she knew I was being manipulative. I trusted her judgment. After all, she was the doctor and I was the patient. It never occurred to me that she could be misleading me. I was in a reputable hospital in a big city.

The doctor threatened to send me home if I didn't recover a repressed memory during the next hypnosis session. During the next session, I told them I had a memory of my dad sexually abusing me. I think that "memory" came from confusion about trusting that my therapist and the doctor both believed I was blocking out sexual abuse from childhood and that if I had the image of the sexual abuse in my mind, then that must be the "memory." It never occurred to me that the therapist and doctor might be wrong when they said that I had been sexually abused, but didn't remember it. They believed it. I wanted to know if it was true and possibly the cause of my feelings of depression and trouble in romantic relationships. It was then that I started believing my thoughts were the memories.

During the next few years, the Dissociative Disorders groups became a Dissociative Disorders Program. Things got worse for me. The therapists suggested that I quit my job and go on Social Security Disability so that I could do more therapy without so much stress. I did what they suggested with a lot of encouragement and coaching from other group members who had done the same thing. I listened to others in the groups talk about uncovering repressed memories of being members, victims and perpetrators in satanic cults. It was terrifying. Another group member suggested my strong fears probably indicated I had

repressed memories of satanic cults as well. In my effort to rule it out, I asked for additional hypnosis treatments. I was again hospitalized and any thoughts that came to me I assumed were memories. I admitted to terrible things such as cannibalism and child molestation and child murder. I had heard others talk of these things and I read the books they suggested. My mind was swimming in these thoughts of satanic abuse and I believed that they were real memories.

My quality of life was terrible. I was filled with remorse and horror much of the time. I often felt sick to my stomach and could not eat. I lost weight because of all the stress, but the psychiatrist accused me of having an alter that was trying to starve me. The groups were verbally and emotionally abusive. One time a therapist called me a “nasty bitch”. Some of the group sessions lasted all day long. Frequently, hours were spent talking to one person about how they were not being honest with the group about what their other alters were doing. It was terrifying, because it was believed the alters were child molesters, killers, Satanists, etc. Once I panicked and started saying whatever came to my head because I was so afraid of the danger I could be putting people in. I blurted out how I wanted to hurt my boyfriend, and they called the security guards and put me in the locked unit of the hospital again. I did not have a big support system at all since I had no contact with anyone outside of the therapy. My family did not know where I was. The night I was put in the hospital, my boyfriend was frightened because he didn’t know why I had not come home. I was not allowed to call him until the next day.

I remained there, because I was terrified of hurting someone without being conscious of my other personalities and because I was afraid I was completely insane. They told me that there was no one close who could help. They were the elite. I felt I had no

choice but to stay. I often said I doubted the memories and that they didn’t feel real to me. I often told them I felt like I was making it all up. Instead of validating my concern, they became angry and insisted I was in denial or trying to manipulate them. Bottom line, I put all my trust in them.

Part 3: How I was able to leave therapy

There seemed no place else to go for help. We were in Omaha and the therapists told us the closest therapists who could help us were in Chicago. Although I had wanted to leave very much on many occasions because of the emotional pain I was experiencing, I stayed as month after month became three years. I stayed because I was terrified of having this mental illness that could not be treated successfully. The clear message was that I would remain unaware of my other alters and their behavior, and I would continue to hurt others and myself in heinous ways if I left these therapists. So I remained in Omaha. I really believed I had to stay there for treatment (unless I moved to Chicago for treatment), if I did not want to engage in criminal behavior and have a miserable life.

The irony was that I had never been so miserable in my life as I was when I was there. It finally dawned on me after about three years, that most other patients in the groups left the treatment after being frustrated with what was happening. When I had first started therapy there were about 30 people in the groups. At the end of the three years there were only about 6-10 who were there consistently. The few people who remained did not appear to be progressing in their personal lives. They were still very troubled, even if they had returned to school or work. They did not seem to be any happier than they were when I first met them. One young woman killed herself.

After three years, I realized that I was actually feeling the worst I had

ever felt in my life, and I had gone through some tough times before this. I felt really alone. I wasn’t fully understood by the therapists, and I was disconnected from almost everyone in my past. I had lost confidence in my ability to provide for myself financially because I believed I had this mental illness. The worst was believing I had other alters that I was unaware of who were hurtful. Every time I presented with an uncomfortable feeling about these concerns that I wanted to work through, I was told there must be an alter that I was not aware of. I actually was yelled at in the group setting, “‘Susan’, get out of the way!” in reference to demanding that I let my other alters “out” in the group for therapy.

I finally reached a point of trusting myself that something was terribly wrong. After three years, I saw no positive results in myself or others. Logically, it did not make sense that people would go into treatment and actually feel worse. I wasn’t 100% certain that the therapy was wrong, but I had enough doubt that I left.

I was terrified even when I left. What if I was wrong and I would go on to hurt people and not know it? Still, I left, and contacted another patient who had left before I left. She was the same person who referred me to the therapy in the beginning. We began talking about our shared concerns that the therapy was harmful. Things started to feel better, but I suffered panic attacks for the first time in my life as I tried to resume a normal life and return to work. I found another psychiatrist who validated that the treatment I had received was harmful to me, and she helped with my panic attacks and some therapy sessions. Slowly, I began to rebuild my life.

“Susan”

To be continued: **Rebuilding My Life and Reconciling With My Family**

“In memory’s telephoto lens, far objects are magnified.” John Updike

A Grandson Returns

I want to bring you up-to-date with our family. As you may recall, my daughter has been estranged from the family for many years, ever since she was in “therapy” in Eugene, Oregon. My daughter had a son who was diagnosed with Tourette Syndrome when he was 7 years old. At the time of her “therapy,” we had adopted and were raising our grandson. He is now 31 and over the years our daughter has had very little contact with him.

At the time of her therapy, my daughter’s two sons from her second marriage were very young. We did not get to know them. Just before last Christmas, however, completely out of the blue, I received a phone call from the youngest of these two grandchildren who said that since he was now 18, he could contact us. From that I assume that he had not been permitted to contact us as he was growing up. My son (his uncle) and I helped this grandson buy a plane ticket to our city. My “new” grandson spent the whole Christmas vacation with us, and we had a great time.

Sadly, it appears that our grandchild was under the impression that we were the ones who had severed relationships with his mom and family. He knew nothing of the awful things our daughter had accused us of doing. We did not go into all of that, but he did ask about something that he had been told over and over and that he thought was a true story. He said that he had been told that once when he was visiting us when he was about a year old, that I had taken him into the bedroom and turned the heat up very high. He said that his mom rushed in, grabbed him from me, and saved him by taking him outside. My grandson wanted to know if this story was true. I told him that it was not true and, in fact, could

not have happened. Our home had central heat and with our system there was no way I could have turned the heat up in a just one room. I explained to him that his mother was a “victim” of a therapist who had put false memories in her head and that she had forgotten the real events.

During his stay, our grandson phoned his father. His father and my daughter had been divorced many years ago. I took the opportunity to also speak with my ex-son-in-law. Our grandson’s dad said that at the time of the accusations that there had been a “lot of craziness” and that he had just gone along with our daughter to keep the peace. Possibly he is sorry now. He has since remarried.

My son believes that his sister will never return to us because she feels so guilty about the accusations that she levied on us. I hope that he is wrong.

A happy grandmother



Seeing the Humor

Once again it is the season to write my annual note to the Foundation. Sadly, there has been no change. My daughter is still removed from me, geographically and emotionally.

My wounded spirit has slowly caloused over and life is good. I am most grateful to the work you have done and, like you, I have started to see the humor in all of this. It is truly just bizarre.

A surviving father



Hurtful Hallucinations

We want you to know that the Foundation has given us priceless support through these horrendous events.

The daughter we lost was once the warmest, sweetest beam of light and love that a child could ever be. That changed when she came to believe that she had recovered memories of abuse.

Our daughter was your stereotypical case: 31-years-old in 1993. I understand that she feels the need to be right

or else she would seem horrible in her own eyes. She has had 13 years to reflect and during that time she has become selfish and cruel. She has rejected and hurt everyone else in the family, and she refused contact with me.

My husband and I have come to terms with our lives. At this point, we don’t want her as part of our family the way she is now. I could never, ever have imagined that I could possibly say that. But our lives are immeasurably happier without having to constantly deal with the hallucinations of which she is so certain or her current venomous attitude.

A now-resigned mother



Accept What Is

Our best wishes and thanks to all of you. We remember how you eased our pain. We do not have contact with our daughter but accept what is.

In deep appreciation and love,

A mom and dad



Forgotten Victims

The “memory wars” are not over. Just as in Vietnam there were prisoners left after our troops had been pulled out, so there may still be victims of false memory syndrome left behind in our nation’s prisons. These are people who have fallen out of public awareness.

Recently I served as a psychiatrist in temporary assignments to two prisons in one of our Midwestern states. Both prisons had inmates who were incarcerated as sexual offenders. Except for two prisoners, however, all these people were able to freely recall and discuss the offenses for which they had been convicted. Although these two could remember the accusations, arrest, trial, conviction, and incarceration, they could not remember events of sexual abuse charged by their child accusers.

Both individuals seemed to me to

be of hapless character structure, helplessly resigned to the personally tragic outcome they found in their lives. They had lost their places in their worlds—family, friends, reputation, jobs and possessions—just as severely impoverished victims of Hurricane Katrina lost family members, jobs, possessions, and residence. The two prisoners’ existential situation was an equivalent in resignation exhibited by helpless victims in a natural disaster. When I checked their backgrounds, I found that they each had faced a zealous prosecuting attorney, a righteous judge in a community where the “quality of mercy” had run dry, and had been defended by either an incompe-

tent or disinterested public defender.

In my state of Illinois (not the state where I had worked), the “Innocence Projects” staffed by law students at Northwestern University uncovered enough wrongful convictions in death sentence cases that the governor declared a moratorium on executions. It might be worthwhile for the FMS Foundation to inspire “Justice Projects” that could be undertaken by students at law schools around the country to research the court records of the convictions of sexual offenders and to cull out those who seem likely to be victims of FMS. They could then investigate and see if they are indeed forgotten victims of the “memory wars.”

Earl N. Solon, M.D.



Back in the Family

Seventeen years ago our two daughters, in their 30s, sued us claiming that we molested them from age 5 until they left home for college. Then, for the next 15 years both of them “completely forgot” all about it until they went to a family therapist. The therapist told them the reason they were having relationship problems is that they must have been sexually molested in their youth, but forgot all about it—which was good because they would not be barred by a Statute of Limitations. That therapist is now teaching knitting. Last month one

All the same, when a wave of celebrities suddenly confesses to abuses they’ve conveniently recalled just before air time, we need a megadose of skepticism. Like politicians, celebrities are forced to inhabit a world in which truth has only an instrumental meaning. If it helps you get elected or if it helps your ratings for people to think you’re vulnerable, confess to something”

Shearer, H. (1992, March 1). Getting along famously. *Los Angeles Times Magazine*, 8.

daughter contacted us and asked forgiveness, which, of course, we did. We have long chats. She wants to be back in the family.

A mom and dad



Belief in Practice of Exhuming Memories Still Holds Sway in Some Communities:

“Annie Rogers uses psychoanalysis to help abuse victims uncover buried secrets.”

“The Freudian or Lacanian analyst is as much sleuth as listener, piecing together a code that emerges from language, symptoms and actions. ... In recounting her treatment of an 11-year-old girl who suffered debilitating headaches and anxiety in the wake of being abused by a neighbor, Rogers outlines a process of listening for words or even parts of words the girl repeated during therapy, remarking how motifs from her dreams connected to her waking life, and remaining alert to any physical symptoms, in this case the headaches. After sessions, Rogers took notes, and she ruminated on what she’d heard. Like a good detective, she acted on a hunch as well as evidence when she asked the child if headaches might not be code for Ed aches, a way of ‘telling by not telling’ that the neighbor, whose name was Ed, had hurt her.”

“It isn’t everyone who can hear what we don’t allow ourselves to say.”

Harrison, K.[1] (2006, August 13). What’s left unsaid: Annie Rogers uses psychoanalysis to help abuse victims uncover buried secrets. Review of Rogers, A.G. (2006), *The Unsayable: The hidden language of Trauma*, Random House

New York Times Book Review, 11.

1. Katherine Harrison is the author of *The Kiss*, a memoir of her own sexual abuse as a child. *The New York Times Book Review* described *The Kiss* as a “ story is about the soul of a young girl and the terrible injury inflicted by the man who should have been its protector.”

Evidence for the Need for Ongoing Education About Memory and Suggestibility

Children’s Past Lives: How Past Life Memories Affect Your Child

Carol Bowman

Bantam Books: New York, 1997

The book jacket of *Children’s Past Lives* notes that author Carol Bowman’s young son “suddenly developed an inexplicable terror of loud noises.” A friend suggested that she try hypnosis to help him resolve his fear. What the son remembered under hypnosis was an experience he had as a Civil War soldier. After revealing this memory, his phobia disappeared.

Bowman then investigated other children and found her son’s experience was not unique. She collected the stories and even found that some children could remember their past lives without hypnosis. Bowman concludes that children’s memories of their past lives are powerful evidence for reincarnation.

Brian Weiss, M.D., author of *Many Lives, Many Masters*, wrote that this is an important book because “children are trying to tell us about their past lives and we must not remain deaf.”

Web Sites of Interest

<http://www.theisticsatanism.com/asp/>
Against Satanic Panics

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 DVD made by the Rutherford family is *the* most popular DVD 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 -DVD, 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

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CALIFORNIA

Sacramento

Jocelyn 530-570-1862

San Francisco & North Bay

Charles 415-435-9618

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

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Floyd & Libby 626-357-2750

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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 785-762-2825

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

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

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 609-927-4147 (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

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

WYOMING

Alan & Lorinda 307-322-4170

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Victoria & Vancouver Island

John 250-721-3219

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Roma 204-275-5723

ONTARIO, CANADA

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Ake Moller FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the Winter 2007 issue is December 15. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting.**

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