Dear Friends,

Although this newsletter issue contains articles about an old book, *The Courage to Heal*, a new book, *Hell Minus One* (whose author claims hers is a corroborated case of satanic ritual abuse), a memoir that has been exposed as false, *Angel at the Fence*, and a new television program about multiple personality disorder, *The United States of Tara*, rest assured that the climate surrounding the recovered memory controversy is nothing like it was 18 years ago when the Foundation was formed. In addition to the great books about FMS that have been published over the years, we now have *Try to Remember* by FMSF scientific advisor Paul McHugh, M.D. We have ongoing new scientific research explaining memory and false memories. The problems that prompted the formation of the FMS Foundation have not completely gone away, but, in our estimation, there now exists a healthy level of skepticism about claims of recovered “repressed” memory that did not exist two decades ago.

For most FMSF families, just the name of the 1988 book *The Courage to Heal* by Ellen Bass and Laura Davis conjures up intense negative feelings. No other book was so flaunted before parents by their accusing children in support of their newfound abuse beliefs and their cruel behavior. A 20th Anniversary Edition of the Courage to Heal has now appeared. (See p. 3) Not surprisingly, the authors still cling to recovering repressed memories. The good news is that most, if not all, of the sections that encouraged the nurture of hate and anger are gone. The authors have greatly toned down the book, which we see as a big step in the right direction.

*Hell Minus One* by Anne Johnson Davis presents the argument that hers is a corroborated story of satanic ritual abuse. (See p. 5) Davis recovered her memories in Salt Lake City in 1992 at the height of the recovered memory and satanic abuse craze there. She specifically notes that one reason she is sure her memories are not the result of FMS is the fact that she recovered them at home alone. She doesn’t consider that her therapist’s instructions to let her mind go where it will was license to imagine. We now know that the mere fact of imagining something, can, for a susceptible portion of the population, result in false memories. Ann Davis’s strongest support for the reality of her memories, however, is a signed confession from her parents that she includes in the book. Should the confession be accepted at face value? It is a thought-provoking question and the Davis story puts the notion of corroboration on the front burner.

In December, Berkley Books withdrew the Holocaust memoir *Angel at the Fence* by Herman Rosenblat because critical portions of the appealing story were not true. (See p. 4) Just because someone says something happened and, perhaps, even truly believes it, does not make the event historically accurate. There has been a parade of memoirs that have have been withdrawn in recent years. Do publishers have a responsibility to corroborate the claims of the books they publish?

We previewed the pilot of *The United States of Tara*, a new television series featuring a woman with multiple personality, that will air on the Showtime channel on Sunday January 18 at 10 PM. A preview of this black comedy is available at [http://www.sho.com/site/tara/home.do](http://www.sho.com/site/tara/home.do). We are hesitant to say much at this point because we don’t know where the 12 episodes (1/2 hour each) will lead, but we suspect that this program is almost certainly going to inspire discussion about the diagnosis of multiple personality (dissociative identity disorder). The story involves a woman’s struggle to find a balance between her dissociative identity disorder and raising a dysfunctional family. We suspect that...

**In this issue...**

- Courage to Heal .............................................................3
- Roma Hart .................................................................12
- From Our Readers ......................................................13
- Bulletin Board .............................................................15

The next newsletter will be sent in April 2009.
newsletter readers will find that the pilot presents the problems with the MPD/DID diagnosis rather strikingly. The pilot, at least, seemed to focus on the effects of the woman’s bizarre behavior on her children and husband. From the FMSF perspective, we suspect that the pilot of The United States of Tara, the "brainchild" of Steven Spielberg, will not be likely to recruit new MPD/DID patients.

Wouldn’t it be fun if the new multiple personality program actually followed the real path of many of the retractors who have contacted the Foundation over the years. If it did, an episode could be devoted to the efforts of a former patient to have the therapists or hospitals associated with a wrongful diagnosis make an apology for their mistakes. A recent change in the law in some Canadian provinces allows an apology from a doctor, eliminating any legal consequences. Some FMSF readers may want to write letters of support for Roma Hart in her efforts to get an apology for wrongful diagnosis make an apology for their mistakes. A recent change in the law in some Canadian provinces allows an apology from a doctor, eliminating any legal consequences. Some FMSF readers may want to write letters of support for Roma Hart in her efforts to get an apology for the therapy that stole so many years of her life. (See p. 12)

We are pleased to announce that Dr. Paul McHugh, author of the new book Try to Remember, has been awarded the prestigious Rhoda and Bernard Sarnat Prize in Mental Health by the Institute of Medicine of which he is a member. From the Institute’s website:

“The Sarnat Prize was presented to McHugh in recognition of his seminal contributions to the field of psychiatry and his wide-ranging efforts to identify and treat various mental disorders. The Perspectives of Psychiatry, a treatise on practice methods and principles, has been lauded as one of the most influential psychiatry texts in the last century. By emphasizing the field's unifying concepts while identifying the different ways psychiatrists can approach mental illness, the text has given practitioners insights into how they can better understand one another and communicate more effectively. In several other books, McHugh has explored some of the most strenuously debated topics in both society and psychiatry, including assisted suicide, recovered memories, alcoholism, and sexual disorders. He also is credited with building the psychiatry department at the Johns Hopkins University into an internationally recognized program in both research and clinical care during his tenure as director.”

“He has received many professional honors, including the Paul Hoch Award of the American Psychopathological Association, Joseph Zubin Award of the American Psychopathological Association, and the William C. Menninger Award from the American College of Physicians. He has been a visiting scholar of the Phi Beta Kappa Society and was elected to the Institute of Medicine in 1992. Currently serving on the False Memory Syndrome Foundation and the President’s Council on Bioethics, he also is an adviser to the Association for Research in Nervous and Mental Disease. He served for five years on the U.S. Conference of Catholic Bishops’ National Review Board for the protection of children and youth.”

We would have added Try to Remember to the list of Dr. McHugh’s accomplishments. The book is full of important insights into the mental health field presented in a way accessible to all. (See review comments in the box below.)

As always, we thank you, kind readers, for your ongoing generous support. We ask that if you have any special memories about the FMS Foundation, please send them to us so that we can include them in a full history of the FMSF.

Pamela

Try to Remember: Psychiatry’s Clash Over Meaning, Memory, and Mind
Paul McHugh, M.D., Washington, DC: Dana Press
(Excerpts from Wall Street Journal Book Review)

“One of the most extraordinary outbreaks of popular delusion in recent years was that which attached to the possibility of ‘recovered memory’ of sexual and satanic childhood abuse, and to an illness it supposedly caused, Multiple Personality Disorder. No medieval peasant praying to a household god for the recovery of his pig could have been more credulous than scores of psychiatrists, hosts of therapists and thousands of willing victims. The whole episode would have been funny had it not been so tragic.”

“Dr. McHugh describes how he was gradually drawn into the ‘memory wars’ starting in 1990, when an acquaintance, perplexed and unsettled, asked him for help after a niece from Washington state showed up unannounced at the man’s door in Baltimore and accused him of having sexually abused her as a child. Soon enough, Dr. McHugh found himself fielding other requests from bewildered parents—and discovered time after time that depressed or anxious young women were being persuaded by therapists, often with the use of hypnosis, that their unhappiness was caused by repressed memories of childhood abuse. ‘You must remember in order to heal’ was the therapists’ mantra. Even the young women’s denials of having been abused, Dr. McHugh reports, were taken as further evidence of repressed memory.”

“...Dr. McHugh has rendered a valuable service by describing the lamentable failure of self-criticism of doctors and therapists, some of them motivated by ideological zeal and others by hope of gain—and some, of course, by both. He has also given us a timely warning that we may expect further such episodes of popular delusion and the madness of crowds unless we straighten out our thoughts about the way our minds work—or, if that is not possible, at least about how they don’t work.”

20th Anniversary Edition of The Courage to Heal

This year marks the twentieth anniversary of the publication of the book The Courage to Heal by Ellen Bass and Laura Davis.\[^{1}\]

No book did more to spread false memory syndrome. Within a few years The Courage to Heal (TCTH) became the book “most recommended by therapists.”\[^{2}\]

TCTH told its readers:

“If you are unable to remember any specific instances...but still have a feeling that something abusive happened to you, it probably did. If you think you were abused and your life shows the symptoms, then you were. Many women don’t have memories, and some never get memories. This doesn’t mean they weren’t abused. [You may] want “proof” of your abuse. This is a very natural desire, but it is not always one that can be met.”

Convincing readers that they had repressed memories of sexual abuse was not enough. TCTH told its readers’ therapists:

“Be willing to believe the unbelievable...it’s imperative that you be willing to hear and believe the worst. No one fantasizes abuse. If sexual abuse isn’t the presenting problem but your client has eating disorders, and addiction to drugs or alcohol, suicidal feelings, or sexual problems, these may be symptoms of sexual abuse...if your client says she wasn’t abused but you suspect that she was, ask again later...’No, I wasn’t’ may mean ‘No, I don’t remember yet.’...Believe the survivor. You must believe that your client was sexually abused, even if she doubts it herself...Your client needs you to stay steady in the belief that she was abused. Joining a client in doubt would be like joining a suicidal client in her belief that suicide is the best way out. If a client is unsure that she was abused but thinks she might have been, work as though she was. So far, among the hundreds of women we’ve talked to and the hundreds more we’ve heard about, not one has suspected she might have been abused, explored it, and determined that she wasn’t.”

There was a viciousness in the The Courage to Heal approach to “healing.” A parody of their style appeared in Vol 2 No. 8, August 30, 1993 FMSF Newsletter. Instead of advising children on how to treat their parents, it advised ex-patients on how to treat their therapists. It was constructed by taking selections from the three chapters starting with “ANGER—THE BACKBONE OF HEALING” and applying the following four replacement rules:

child → patient
survivor → ex-patient
abuse, victimization → therapy
abuser, father, grandfather → therapist

All other words were left untouched. The words anger, rage, fury, hate, kill were just as they appeared in TCTH.

We learned from many therapists that until that parody they had not truly understood the nature of the book they were recommending.

In 1994 the third edition of The Courage to Heal appeared with a new 70-page section devoted to complaints about the False Memory Syndrome Foundation. It was replete with factual errors about the Foundation and factual errors about the nature of memory.\[^{3}\] TCTH’S favorite expert was Mr. David Calof, a man who had no known credentials and according to PsycInfo (the index of articles on psychology and related fields from 1300 scholarly and professional journals), has never published a peer-reviewed research paper.\[^{4}\]

Bass and Davis have now published a Twentieth Anniversary Edition of The Courage to Heal.\[^{5}\] We’re happy to say that they’ve cleaned up much of their act. We haven’t read it with a fine-tooth comb, but as far as we can tell none of the outrageous features mentioned above have been retained. (The FMS Foundation does not even appear in the index.)

As before, though, HarperCollins has failed in its publisher’s duty by leaving any number of instances of sloppy scholarship. (On the very first page Judith Herman has been denied her Harvard appointment and Bessel van der Kolk has been awarded one.)

Bass and Davis are still, of course, totally committed to “recovering” memories and the reader is never warned that many scientists doubt much of what they have to say. On page 74 they write that “The fact that people can experience amnesia for traumatic events is beyond dispute” and they footnote a number of authors (including their one mention of David Calof in this edition). Of course no one disputes amnesia caused by physical trauma. What is much doubted is the ability ever to recover such memories.

From the index we learn that Judith Herman who used to be listed on six pages is now listed for only two and such recovered-memory luminaries as Richard Kluft, Karen Olio and Roland Summit have disappeared entirely. Alas, the climactic case history (page 511) is complete with lurid details of intergenerational ritual abuse with no hint, of course, that the FBI concluded years ago that there was no evidence of any such cults.\[^{6}\]

Perhaps, though, we can count it as an improvement: gone is the much more lurid story from the third edition, the one where the unnamed torturers were identified as members of the FMS Foundation. Gone, too, is the advice to “get strong by suing” with its accompanying list of lawyers to contact. And gone are these phrases (all previously cited as good things to do): visualize revenge, see them suffer, beat him to a pulp, demolished him, dream of murder or castration, be glad he is dead, spit on his grave.


FMS Foundation Newsletter  WINTER 2009 Vol. 18 No. 1

3. One of their false assertions was based, they said on something called the “FMS Foundation Newsletter” of February 29, 1992. The first newsletter with that title was not until after the Foundation was incorporated on March 12, 1992.

4. Mr. Calof insisted that we print a correction and in Vol 4 No. 2, February 1, 1995 we duly reported that he was an RMHC (Registered Mental Health Counselor) in the State of Washington and a Visiting Faculty Member of the San Francisco Family Institute. We took the occasion also to print that FMSF-member Chuck Noah, a retired construction worker in Seattle, had also received an RMHC credential. Like the other 13,000 people who had then received RMHC credentials by the State of Washington it cost him $78.50 and he was required to take a 4-hour AIDS course. Some time later the San Francisco Family Institute (which no longer exists on the web) refused to comment when asked if Mr. Calof had ever held a position.


**Witch Hunt: Documentary about John Stoll and the Bakersfield, California Prosecutions**

In September 2008, the documentary *Witch Hunt* premiered at the Toronto Film Festival to standing ovations. Sean Penn is the executive producer and narrator. Dana Nachman and Don Hardy are the filmmakers. [1]

*Witch Hunt* tells the story of eight parents in Bakersfield, California in 1984 who were falsely accused and convicted of child abuse. The lives of these families were forever damaged. Children were coerced to lie about their parents. [2] Fortunately, most of the families are now reunited. Unfortunately, that is not the case for John Stoll who was in prison for 20 years. Nachman and Hardy hope that Stoll’s son Jeb will see this movie and realize that he was not the victim of child molestation, but is a victim of a small town’s corrupt justice system. Maybe then he will reach out and make contact with his father for the first time in more than 20 years.

Nachman and Hardy used both new interviews and archival footage to construct a film that illustrates the point: *when power is allowed to exist without oversight from the press, the community or law enforcement, the rights of everyday citizens can be lost for decades*. Viewers hear child witnesses tell about how they were forced to lie on the witness stand and of their scary sessions with sheriff’s deputies in which they were *told* about the sexual experiences that happened to them. Hardy has commented: “I had always thought that only guilty people go to prison. I don’t think that anymore.” [3]

Nachman and Hardy said that *Witch Hunt* has been a passion project for everyone who worked on it. The entire crew worked basically for nothing because they were all moved and compelled by this story of justice gone awry. This even included narrator and executive producer, Sean Penn.

*Witch Hunt* will be screened in San Jose, California as part of the Cinequest Film Festival in February. In November, 2008 the file was acquired by MSNBC and is scheduled to premiere in April 2009. A DVD/digital download will be released soon after.


**Holocaust Memoir Withdrawn by Publisher (Yes, Another)**

Berkley Books has withdrawn the Holocaust memoir *Angel at the Fence* by Herman Rosenblat because the story is not true. [1]

Scheduled for February publication, the story describes the romance between Rosenblat and Roma Radzicki, now his wife. In his memoir, Rosenblat writes that he met Roma when he was in a Nazi concentration camp and a farm girl (Roma) tossed him apples over the fence that kept him alive. Twelve years later in the United States, he said that he met Roma again on a blind date. They married.

Rosenblat was, in fact, in the Schlieben concentration camp, and Roma and her family had indeed hidden as Christians, but they were several hundred miles away. The romance of the apple tossing never happened.

Rosenblat first wrote the story for a newspaper contest for best love stories. He won and the appealing story took on a life of its own. He and his wife appeared on the Oprah show twice, and the story was reprinted in various publications. Oprah called their romance “the single greatest love story” she had heard in the show’s 22 years.

Cracks in the story came when scholars noted that the construction of the concentration camp would have made it impossible for Rosenblat to have met anyone at a fence. Michigan State’s Kenneth Waltzer, interviewed other survivors who were with Rosenblat, and they said the story of the apples could not possibly be true. Rosenblat confessed that he had fabricated the tale.

A movie based on the story is still scheduled to proceed—but with the condition that Mr. Rosenblat will donate earnings to Holocaust charities. How could this happen, especially after the parade of withdrawn fabricated books over the past decade? Obviously, many publishers do not fact
check. A comment from Rosenblat’s agent gives insight into why people may come to believe in things for which there is no evidence:

“I believed the teller. He was in so many magazines and books on ‘Oprah.’ It did not seem like it would not be true.”

When an authority says something (in this case Oprah) and when something is repeated many times, people tend to believe it.


FMS Foundation Newsletter WINTER 2009 Vol. 18 No. 1
one, predominantly over a period that spanned more than two years.” (131)

“I went to therapy three times a week for months, two hours at a time.” (136)

Typical of the descriptions of what happened in the rituals:

“I was bathed in a tub of blood and forced to look at myself in a mirror. I was tied up and hung upside down and spun. I was suffocated and electrocuted to the point of being bowed and paralyzed. Sometimes they forced me and my siblings to hurt one another. They would tell me, ‘now you’re one of us. If you tell anybody, they won’t believe you and they’ll put you in a mental hospital.’ And they threatened to torture me until I was dead.”


Davis writes about her parents’ confessions and also the visit of the detectives to her parents. She said that when she accused her parents, they denied it and said that she was delusional. Her parents went to their LDS bishop “stating that their daughter was hallucinating and saying all kinds of things about them.” (146) The bishop did not know what to do and sent the parents to a “superior clergyman” referred to as a “stake president.” (Neither the bishop nor the stake president were professional counselors.) The stake president called Davis and for the next three months she wrote to him with her memories. Davis writes:

“Only one month into therapy, Dr. Ellsworth had encouraged me to confront my abusers—my mother and my stepfather.” (145)

“In October 1992, less than two months after I started therapy with Dr. Ellsworth, I sat down at my computer and began to write to the stake president about what my parents did to me.” (146)

Ann contacted her step siblings and asked them to also send letters to the stake president. The bishop and stake president, armed with these letters and Davis’s written accusations, confronted her parents.

“When asked for an explanation, my mother and stepfather insisted all of their children were, ‘Hallucinating and possessed.’ The clergymen asked, ‘All of them?’” (148)

On the third visit from the clergymen, the parents confessed to all of the accusations in the letters. They even offered to confess to more than was in the letters. The bishop and stake president told her parents that they must immediately write letters of confession. Davis includes the letters in her book and writes:

“[O]ver a period of three months, I received five individually handwritten, gruesome confession letters that validated my allegations, and detailed even more atrocities than those of which I was aware.” (149)

Ann’s parents were excommunicated during the first week of February, 1993—less than six months after I began therapy.” (154) When an attorney friend of Ann’s husband demanded that the parents pay for her therapy, they sold their home and paid “tens of thousands of dollars.” (155) Ann wrote that she felt that “also served as a major confession to what they had done to me.” (155)

When Davis went to the detectives for the Attorney General’s investigation in 1994, she brought all her letters. She wrote that she was afraid the Satanists, especially her stepfather, might murder her for telling her story. The investigators went to visit her parents and were surprised that the parents let them into their home and confessed to everything. One of the detectives told Ann that her stepfather said he was afraid that Ann’s husband would come and kill him. (161)

“Evidently, they thought they were safe from being charged and convicted of felon crimes, due to statutes of limitations. That’s the only reason any of us could imagine why they willingly confessed...It was mind-boggling.” (161)

Davis informs readers that during the course of the Attorney General’s investigation: “Hundreds of individuals came forth claiming to be victims of ritual abuse, and were interviewed as part of a multi-year investigation. Yet, none of the claims resulted in prosecutable cases in the state of Utah, purportedly due to lack of evidence.” (161-2)

Ann Davis believes that the reason the information from her case was never used in the final report of the investigation is because her parents were never Utah residents.

A question arises, however: Why did Ann Davis not attempt to prosecute her parents if she believed they had committed the terrible crimes she describes—in whatever state they lived. If they represented the danger about which she writes, why not try to protect others?

“If we prosecuted my parents, we suspected that the media would be all over it, along with FMS advocates.” (172)

At the same time, however, Ann gave many interviews to the media using the name Rachel Hopkins, obviously not bothered by the media then. She writes that she was asked many times “So why aren’t they in jail?”

Rachel blames the proponents of FMS. She writes that she was aware of news accounts of groups and individuals picketing therapist offices. She wrote: “In fact, during the 1990s some therapists were reportedly sued or settled out of court because of charges against them related to FMS.” (172) She notes that unless there was corroborative evidence, the case would be dropped. She repeats that hers is a corroborated case but:

“While waving the signed confession letters in front of everyone, I would probably still have to prove that I didn’t suffer from FMS, or even multiple personality disorder.” (172)
She wrote that she feared she and her family would lose their privacy. She admits that there were additional problems such as statutes of limitations and “acquiring additional corroborative evidence for court proceedings, such as crime scene investigations.”

“If FMS hadn’t been an issue, and had I believed that prosecution could have proceeded without hysteria, and stayed focused on having a fair trial, I would have gone through the challenges to expose and stop my mother and stepfather from possibly hurting anyone else.” (173)

Davis states early in her book:

“Though skeptics and ‘experts’ may tell you otherwise, my story is not the result of false-memory syndrome.” (6)

Is Ann Davis’s story an example of a confirmed case of satanic ritual abuse? We leave it to FMS Newsletter readers to decide.


**News From France**

Claude Amblard

I would like to summarize the FMS situation in France for Newsletter readers and share with you one of the first articles to be published in French to speak out about the problem of FMS. The problem of FMS is growing in France, as we seem to be ten years behind you. The only source of information for French-speaking families in the past has come from the FMSF and the work done by English-speaking researchers. Even today there is little academic work done on this topic in France. Unfortunately, many French families are not fluent in English and they have had difficulty getting information. The AFSI association is trying to do its best to gather the involved families but it is missing resources and scientific support to trigger research in the area. Professor Jacques Van Rillaer from Louvain University in Belgium is one of the only academics to know the subject and be able to communicate about it in French.

Professor Brigitte Axelrad [2] has recently written two well-documented articles in French on the false memory syndrome phenomenon. “The origins of false memory syndrome” and “False memories and mental manipulation” were published by the French skeptic organization “Observatoire Zététique.”

[1] A shorter version of the first article will soon be published in a French scientific newspaper. This article is one of the first attempts to speak out about the growing phenomenon of FMS in France in order to provide information to a large public.

Professor Axelrad translated her article into English for the FMSF Newsletter. I hope that American readers are interested in learning what is being published in France.

2. Professor Axelrad is now retired, but previously taught philosophy and psychosociology in Grenoble High School and at Grenoble University.

* * *

**Origins of False Memory Syndrome**

Brigitte Axelrad

In the 1980s, a phenomenon called the “false memory syndrome” developed in the United States. Parents were accused of incest by their children once they became adults, undergoing a therapy called a Recovered Memory Therapy (RMT). Ten years later, this phenomenon has grown in France.

The starting point of “false memory syndrome” is in Freud’s Seduction Theory and later its abandonment for the Oedipus Complex Theory. Both theories partly fed the feminist movement in the United States. Thus, the origins of Recovered Memory Therapies take place in a combination of these various factors. We don’t deny the truth of spontaneous testimonies of sexual abuse, which really occurred, nor their effects, but we try here to understand how false memories can emerge from RMT.

**The Seduction Theory**

Freud started from Charcot’s idea, which pointed out that hysteria originated in a trauma, and claimed that seduction was the sole cause of this disorder, as well as of obsessive-compulsive neurosis and paranoia. By “seduction”, Freud meant an infantile sexual abuse which really occurred. Any psychological problem was reduced to a single cause of possible trauma: infantile sexual abuse.

At the beginning, Freud’s therapy was, as he claimed later, not only to listen to spontaneous memories of abuse, but to encourage his patients to build scenes of which they had no recollection. According to Freud, his patients could not find such memories as long as they were not submitted to a “powerful coercive treatment.”

He insisted on the fact that only the unconscious repressed memories were, when recovered, evidence of the traumatic event. Thus, patients who could not recover memories of childhood sexual abuse were regarded as suffering from unconscious memory, and just gave the “proof” of the reality of these sexual abuses and of their pathogenic role. According to Freud, only repressed memories could be pathogenic and recalled repressed memories, cathartic. Freud was obsessed by the Seduction Theory for at least two years. He mentioned it for the first time in 1893.
The Oedipus-Complex Theory

Freud abandoned the Seduction Theory because he said it did not work. [2] It was unable to carry out a single analysis to a real conclusion. (Letter to Fleiss, September 21st, 1897). On one hand, Freud’s methods were ineffective; on the other hand, they might lead him, because of repeated accusations against fathers, to a professional disaster.

Later, he went so far as to say that he had been at least forced to recognize that these seduction scenes had never occurred and that they had been only fantasies fabricated by his patients or maybe that he had imposed them. [3]

In the Oedipus-Complex Theory, sexual assaults became children and hysterical women’s fantasies. He said that the child takes both parents, and above all one of them, as an object of his desire. Usually, children react to an impulse from their parents, whose tenderness has a clearly inhibited sexual nature. [4] The Oedipal fantasy took the place of seduction.

Finally, according to Freud, it was of no importance whether the seduction really took place, or was only a fantasy. Sociologist Richard Webster writes: “In the theory of the Oedipus-Complex Freud had, in effect, invented a perfect theoretical instrument for explaining away allegations of sexual abuse and undermining their credibility.”

Following this thinking, American psychoanalysts throughout the 20th century overwhelmingly considered real incest stories as Oedipal fantasies and not as memories. This approach intensified the reactions and the protestations from feminist currents, already very strong in the United States.

The feminist rebellion in the United States and “false memory syndrome”

The feminist movement drew part of its energy from the psychoanalysts’ rejection, of confidences from truly abused children and women. These real victims, sought help from self-trained therapists who would listen to their stories. Later, women with no incest memories who were diagnosed by their therapists as suffering from repressed incest memories joined the movement. Popular books were published such as The Courage to Heal by Ellen Bass and Laura Davis.

A growing number of “incest survivors” therapy groups appeared, tapping into the arguments and techniques in these books to “recover” memories. Women by hundreds of thousands recalled childhood sexual abuse memories. Bass and Davis exploited women’s naiveté, saying: “If you have been sexually abused, you are not alone… If you genuinely think you were abused and your life shows the symptoms, there’s a strong likelihood that you were… If you think you have been abused and if your life carries the symptoms, then you have been abused.” The list of symptoms is long and includes: fear of being alone in the dark, nightmares, poor image of one’s body, headaches, nervousness, low self-esteem, suffering from eating disorders, etc.

Expressing his doubts, Richard Webster writes: “As yet no external evidence has been produced which convincingly demonstrates that any therapeutically recovered ’memory’ of repeated and sustained sexual abuse actually corresponds to real episodes of sexual abuse.”

“Repressed memories” in the United States in the 90’s

The phenomenon of false memories recovered in psychotherapy spread in the United States: “Before very long the belief that repressed memories of child sexual abuse were the cause of most serious neuroses, especially in women, began to be embraced by particular groups and subcultures of psychotherapists and psychiatrists all over the United States. It was embraced not only by many new-wave therapists, hypnotherapists and body-workers, but by some old-wave psychoanalytically trained therapists and by a number of young psychoanalysts. It was also sometimes embraced by reputable psychiatrists and even neurologists. A number of psychiatric conditions whose aetiology remained obscure were now held by some clinicians to be the result of sexual abuse during childhood.” [7]

How is it possible that patients who previously had no recollection of childhood sexual abuse would be able to “recover” memories, twenty or thirty years later, after a few weeks or months long therapy?

Voluntary submission, condition for mental manipulation

How is a person able to give in to pressure, to suggestion, or to manipulation exerted by psychotherapists, graduate psychiatrists, recognized by their peers, or by psychoanalysts, psychologists or self declared therapists? To understand that, we must look at the need for care and healing that motivates a vulnerable patient. His wish to be better makes him susceptible to the psychotherapist’s demands. That is why the patient consulted initially. His therapist reminds him not to give up now that he is doing so well, whenever his patient’s courage weakens.

Robert Vincent Joule and Jean-Louis Beauvois demonstrated that mental manipulation is the cornerstone to an individual’s submission to authority. [8] The patient in psychotherapy submits to the authority of the therapist. First, he agrees entirely to be there as nobody can force people to start psychotherapy. Then, the therapist tries hard to make the patient feel that he discovers by himself the meaning of his ill-being and its cause in his dreams or symptoms.

In Recovered Memory Therapies, the therapist suggests that the patient must recover the sexual abuse memories to get better. Despite his doubts, his fears, his misgivings, the patient
feels involved in a submission process with a “physician of souls”, a specialist of the human psyche, a kind of abstract entity playing a role in his recovery and even in his happiness. He puts his life in his hands, giving up his critical judgement, and transferring his own responsibility.

The therapist’s influence is always present. Jacques Van Rillaer [9] states that in psychoanalysis, even if the analyst does not say much, he powerfully influences the patient. It is therefore not surprising that people undergoing a Freudian analysis speak mostly about sex, those undergoing a Lacanian one end up playing on words, and those a Jungian one, see archetypes everywhere. [10]

Joule and Beauvois believe that the psychoanalytic therapy gradually traps patients:

“[...] Like it or not, psychoanalysis has all the properties of an abstruse trap. The patient has decided to be involved in a long process of expenditure (in money, time, energy).

1) Whether the patient is aware of it or not, reaching the goal is not certain, and especially as his psychoanalyst himself may consider it as a fantasy or an “extra”.

2) The situation is such that the patient may feel that each expense brings him closer to the goal.

3) The process goes ahead unless the patient decides actively to stop it.

4) The patient did not fix a limit to his investment while starting.”

Such analysis is also applicable to Recovered Memory Therapy, aggregating the main characteristics such as free commitment, indefinite duration, cost, desire for healing, difficulty to say “stop, I stop.” [11]

The patient is assigned an additional task: recover memories, accuse perpetrators, make them pay for their crimes. Failure to find healing despite the psychotherapist’s promises puts the patient in almost complete dependence.

The victims of RMT, Recovered Memory Therapies

The first victims are RMT patients who recover repressed memories, then parents who when accused cannot in anyway prove their innocence. However some patients resume contact with their families, but refuse to talk about what happened. Nothing is as before anymore. An American mother takes the image of a Chinese priceless vase, which even repaired will never be the same. The greatest fault of recovered memory therapy is to not distinguish between true and false testimonies, thereby affecting everyone.

What to do?

In 1992, the False Memory Syndrome Foundation (FMSF) was created in the United States. [13] Many American researchers and University Professors, including Elizabeth Loftus, [13] have worked hard on this subject. In the United Kingdom, the British False Memory Society (BFMS) [14] was founded in 1993. In France, the “Alerted Faux Souvenirs Intuits Association” (AFSI) was founded in 2005. A website, Francefms was established in 2000. It changed its name in Psymfrance, in 2008. [15]

If today the phenomenon has greatly declined in the United States, it continues to develop in Europe and in France. Sigmund Freud is probably not directly responsible for False Memory Therapies, but Freudism is, as these therapies have borrowed their ideas and methods from Psychoanalysis.

So it is in the Freudian bad habits that they find their origin and strength. The history of this false memories phenomenon in the 20th century may spread widely in the 21st, if we fail to stop it by eroding its theoretical basis which is now obsolete.

We hope that French psychotherapists, who use recovered memory therapy techniques, become aware of the nonsense of their practice and of the magnitude of the human damage they are producing. In France, the MIVILUDES report (Mission Interministérielle de Vigilance et de Lutte contre les Dérives Sectaires) was published in April 2008. It denounces these fringe therapies and contributes to bringing light to this phenomenon.

(December 2008)

References

9. Psychologist, former Psychoanalyst, Professor at the University of Louvain-la-Neuve (Belgique), author of numerous works of which Psychologie de la vie quotidienne (Paris, Odile Jacob, 2003) and co-author of Livre noir de la psychanalyse; (Paris, Les Arènes, 2005).
13. Professor of Psychology at the University of Washington, then in Irvine. Her research is focused on the human memory, and more particularly on the false memory phenomenon.

“Memory is a complicated thing, a relative to truth, but not its twin.”
Barbara Kingsolver
Repeated Questioning of Children

There is the belief that repeated questioning of children leads to inaccuracy. One line of research has examined this question. Following are two of a number of studies looking at this question.

Is Consistency an Indication of Truth?

If a person is consistent in the answers he or she provides, questioners tend to think that the person is telling the truth. They tend to view inconsistencies as an indication that the person is not accurate. But is that the case? Specifically, is it the case for children? Can children maintain a coached lie about a fictitious event? There are few studies that have looked at these questions.

The authors of this article examined the ability of 7-year-old children to answer repeated questions about body touch—either honestly or dishonestly. Their purpose was to “determine how well children maintain a knowingly false report about a brief personal experience.”

The authors worked with 35 children, ages 4 to 7 years. One-third of the children were touched innocuously during a play event. Two weeks later, all the children returned. Some children who had not been touched were told to lie and to say that they had been touched during repeated questioning. These children were consistent in maintaining the lie but they did poorly on other repeated questions. The children who were not touched and who told the truth were accurate when answering repeated questions.

The children who had been touched and told the truth were the most inconsistent. The truth-tellers who had been touched were significantly less accurate and less consistent in their responses than were the liars and the children who had not been touched and told the truth. The authors note that this finding is similar to other studies that have shown that children may fail to report a body touch in a social interaction or a medical procedure. The authors do not know whether the children did not encode the event or were embarrassed by it.

Quas et al. observe that their results “call into question the common assumption that consistency is a useful indicator of veracity in children’s eyewitness accounts.”

***

When and How Are More Important than How Many Times Children Are Interviewed

Goodman et al. examined the research literature in an effort to determine the effects of repeated interviewing on children. They found that some studies of repeated questioning lead to increased accuracy. The authors observe that when and how children are interviewed is at least as important for their accuracy as how many times they are interviewed.

For example: “When exposure to highly biased interviews or questions occurs while memory for an event is still strong, young children can show substantial resistance to misleading suggestions across multiple interviews.” Interviews that take place soon after an alleged event “can serve as a buffer” reducing inaccuracies. With delay, however, even a single highly biased interview can increase errors.

The authors conclude that children’s reports should not be summarily discounted just because of repeated interviewing—even if some misleading questions have been asked.

False Beliefs May Have Long Term Behavioral Consequences for Eating

False beliefs and memories can affect people’s attitudes in the short term. Geraerts and colleagues wanted to determine if false memories and beliefs produce real changes in behavior. To test this, the researchers falsely suggested to 180 subjects that they had gotten ill after eating egg salad when they were children. Even though they had initially denied ever having such an experience, a significant minority of subjects came to believe it had actually happened to them. These subjects avoided eating egg salad both immediately after the experiment and continued to avoid it four months later.

Subjects who did not believe they had gotten ill in childhood from eating egg salad also were deterred from eating egg salad in the short term. However, after four months, nonbelievers ate more egg salad sandwiches than the believers. The authors write:

“This study shows that falsely suggesting that a person experienced a childhood event can change that person’s behavior considerably, in both the short and longer term.”

Understanding the Subjective Experience of Recovering Memories

Geraerts and colleagues observed that there seem to be two types of reports of recovered memories of child sexual abuse (CSA). One group acquires memories slowly in the con-
text of psychotherapy, often using hypnosis or other suggestive techniques. In a 2007 study, Geraerts et al. [1] showed that corroborative evidence could not be found for such memories. A second group appears to recover memories suddenly because of unexpected reminders of what happened. For example, there are case studies in which people who claim to have recovered memories had actually talked about these memories in the past, but had forgotten. In these cases, the abuse was more likely to be corroborated. The authors wondered if the members of these different groups showed different cognitive characteristics.

One hundred twenty subjects in the Netherlands were classified in the following groups: 1) spontaneously-recovered-memory group, 2) recovered-in-therapy group, 3) continuous-memory group, and 4) control group. The subjects completed a false-memory test. Then they studied word lists that contained related words such as pear, apple, banana. They were later tested and although everyone tended to recall falsely, the recovered-in-therapy people made significantly more mistakes than the others.

The researchers also had the subjects take a test that measured their tendency to forget what they had just remembered. Only the spontaneously-recovered-memory group tended to forget the in this test. Geraerts suggested that the people in this group may have forgotten that they had previously remembered abuse because the memories came in different contexts. If children are abused when they are young by someone that they trust, the abuse may be thought of as weird and confusing. When the person is an adult, the same event may be interpreted as traumatic and abusive.

Richard McNally commented: “These data show how people who were sexually abused as children may later recover their memories of abuse without the memories previously having been repressed.” [2]

The researchers conclude: “Researchers investigating recovered memories and clinicians who treat patients reporting recovered memories of CSA should take care to examine the context of recovery and to consider its implications for the mechanisms underlying such reports.”


False Memory Research Helps Memory Researchers Understand Memory Processes

Sleep Loss Produces False Memories


Students who do an “all-nighter” before a test may be doing themselves a disservice. Diekelmann and colleagues have demonstrated that a lack of sleep impairs a person’s ability to recall information efficiently.

The researchers conducted four experiments in which subjects learned lists of semantically associated words, following the Deese, Roediger, McDermott false memory format.

In one experiment, the authors compared false memory rates in three groups of subjects with a delay of 9 hours between learning and retrieval testing. Two groups learned in the evening and were tested the next morning after they had slept or stayed awake during the night. The third group learned in the morning and was tested in the evening after a day of being awake. The subjects who learned at night and were sleep deprived at the time of retrieval testing showed significantly more false memories than the other two groups.

In the last experiment two groups of subjects learned in the evening and slept the first night after learning. In the second night after learning one group stayed awake and was sleep deprived at the retrieval testing. Again sleep deprived subjects had significantly more false memories. The results were the same when one group stayed awake the first night but both groups slept the second night.

In the last experiment, sleep deprived subjects were given coffee before testing. The researchers also found that a strong cup of coffee for the sleep deprived just before the testing abolished the effect.

The experiments showed that “sleep deprivation at retrieval testing, but not sleep after learning, critically enhanced the rate of false memories.

They conclude: “Apart from other factors that can produce distortions of memory retrieval (e.g., suggestive interview procedures) our results clearly show that sleep deprivation is another critical factor that must be avoided in [situations where memory is crucial such as eyewitness testimony].”

“Nevertheless, the fact remains that the Freudian notion of repression cannot be used as a scientific psychological concept, as its empirical status precludes this possibility.”

Apologies

How many families or former FMS patients have received an apology for the indignities and cruelties they experienced because of professional ignorance about memory? A handful, at most. Over the years, many people have suggested that an “I’m sorry” could go far towards helping families or former patients move forward with their lives. A reason often given for the lack of apologies in FMS situations is that an apology would have legal consequence; it might be considered an admission of wrong doing and thus open up the professional to a lawsuit.

In November 2007, the Legislative Assembly of Manitoba, Canada enacted “The Apology Act.” The purpose of the act, as stated by Jon Gerrard, who introduced it, is to allow “an apology to be made without constituting an admission of legal liability in Manitoba courts.” An “individual would be able to apologize without facing legal liability for doing so.” Gerard believes that this act is particularly important in the medical field because: “Currently health care practitioners are scared to apologize for fear that they may be judged liable for their actions based on a simple ‘I’m sorry.’”

Roma Hart, a retractor from Manitoba, would like to obtain an apology from the hospital in which she was misdiagnosed and treated for multiple personality disorder (MPD) by Colin Ross, M.D. in 1986. At the time, Roma was given ultra high doses of various psychiatric drugs but never informed that she was getting experimental treatment. Roma came to believe she had been involved in horrible satanic rituals and her family relationships were destroyed. Following is the letter that Roma wrote:

Dear Dr. Tetreault,

I write to specifically ask for an apology for the misdiagnosis of multiple personality disorder and consequent multiple personality disorder therapy I endured at the hands of Dr. Colin Ross, the Former Director of Psychiatry at the St. Boniface Hospital McEwen Building, and his staff under his direction.

In October 1986 a University of Manitoba Student Psych. Services counselor, (also his student at the time), arranged for me to bring in an unemployment insurance medical form to get my claim extended based upon stress. After only fifteen minutes in Dr. Colin Ross’ office he diagnosed me as suffering from multiple personality disorder, he then put out his hand to welcome me to MPD therapy, I put out my hand with the unemployment insurance form in it, he signed it and my life was never the same again.

My family was destroyed from the inevitable false accusations of sexual and ritual abuse that follow a diagnosis of MPD. My parents, both teachers, took early retirement. My family disowned me. My 10 year-old daughter was placed in foster care and secluded from her entire family until she reached adulthood to “protect” her from “the Satanic cult” Dr. Colin Ross informed CFS my family was involved in.

I could not complete my university degree because of the MPD therapy. I lost my home, lost my career, lost all of my friends, and nearly lost my life several times.

Today I am faced with this misdiagnosis every time I go to a hospital for any type of medical test so I am also asking for my hospital records to be sealed. I told my family doctor, Dr. Erhard that I was going to include in my request for an apology an additional request for my hospital records to be sealed and he emphatically agreed with me.

I am attaching medical assessments written by two of the world’s most highly respected experts regarding their own opinions that I do not have MPD, nor should I ever have been diagnosed with or treated for MPD.

I believe I am owed an apology from the St. Boniface Hospital because this misdiagnosis and the subsequent therapy based on this misdiagnosis has ruined not only my life but has had a devastating affect on every member of my family, particularly my daughter who suffered terribly in foster care for eight years.

I thank you for your time and look forward to your response.

Sincerely,
Ms. Roma Hart

Roma is concerned that the current administrator of the hospital does not fully understand the magnitude of the FMSF debacle. Perhaps FMSF Newsletter readers could send notes to the address in support of Roma Hart’s request for an apology for the misdiagnosis of MPD. Such letters could help explain the seriousness of the consequences of the recovered memory/MPD treatments—treatments for which there was never scientific evidence.

1. The act can be retrieved from: http://web2.gov.mb.ca/laws/statutes/ccsm/a098e.php


3. This is the same Dr. Ross who was featured in the Fall 2008 FMSF Newsletter because of his claim that he could make a computer play a tune by using beams of energy coming out of his eyes. In the past, Ross has published articles about CIA involvement in Manchurian-candidate type multiple personalities and other conspiracy theories.

4. That Roma was misdiagnosed is supported by affidavits and statements from other professionals such as psychiatrists Alec Bodkin, M.D. and Harold Merskey, D.M. that were submitted in various legal challenges.


FROM OUR READERS

Children of the 60s

Another year! I turned 80 this past June. Every day is a gift.

Our daughter is doing much better, I think. She has lost weight and acts more confident. Because she and I share some medical problems, we have had something to keep us talking together. Sometimes, however, she does seem a bit tough to get through to, but I suspect that she feels the same way about me also. Occasionally I wonder if the children of the 60s are a difficult to get along with. Maybe it’s me.

We are happy to be with our daughter and wish this could be possible for everyone. It takes lots of love and patience.

A mom and dad

Don’t Ask - Don’t Tell

There has been no change with our 49-year-old daughter. Her daughter, our granddaughter, is now 18 years old, but we have not seen her since she was nine months.

There has been no change in our 41-year-old daughter either. She has two children who are now five and seven, but we have never seen them or her husband.

Our 43-year-old daughter, however, has allowed us to see our four-year-old grandson. He is a joy to us. We have been to their house and they have been to ours. Visits are “OK” as long as we don’t ask about our other two daughters.

A mom and dad

FMS Continues to Devastate Families

I continue to hope that my daughter will find her way out of the darkness. It has been two years since November 2006, the last time I spoke to my daughter (now 23). That was the day she reported her “repressed memory” to the police. Fortunately, no charges have ever been filed, but the legal and emotional expense has been devastating.

My husband, my family, I, and I believe my daughter, have been forever scarred. I continue to try to reach out to my daughter, but she refuses to talk to anyone who does not support her delusion, including me, any family member, or any longtime family friend.

My daughter has now recruited the support of her once estranged paternal family, and her new, uninformed, eager enabling friends. I continue to fight to educate all of her new believers, finding that most do accept and sympathize with our tragedy, once they are presented with all of the facts…..the truth. But then again, if these newly educated friends discuss their understanding with her, she ends all communication with them for not supporting her belief.

My daughter has accepted this new identity, and my fear with this acceptance as a victim, is that she will ultimately be a real victim. I miss my daughter. I have had to move on with my life, but I will never, ever give up the hope that she will find her way back to the family who loved her and loves her still.

This Foundation has helped my family understand this horrible, devastating syndrome. Sadly it also reminds us that we are not alone in our tragedy, but that there is help and support for families afflicted by this syndrome’s fallout.

Although this phenomenon has decreased over time, I am of the strong opinion that it is in a rebirth. And we, the new families suffering need support groups to discuss our delicate topic, which I have not been able to find. If there are groups, cyber space or real space, please forward this information to my email address. If no groups are available, I would like to begin a cyber support group. If you are interested, please contacts me at michigannmom2006@gmail.com

A mom

Perhaps There’s Still Hope

It is now approaching 16 years since my daughter first accused me. The Church that facilitated and encouraged her allegations through negligent and criminal counseling remains contented in its original judgment. Sadly, my daughter’s true needs were never addressed even though they were known to the counselor.

I find encouragement from the FMSF newsletter records of retractions and reconciliations. Perhaps there is still hope for me. Keep up the great work.

A dad
Hungry for Monsters

A limited supply of the VHS version of the remarkable documentary Hungry for Monsters is available through the FMSF at the reduced price of $15.00 (includes postage). (Foreign price is $20.00)

Hungry for Monsters is the account of one family’s ordeal with memory-focused psychotherapy, the cultivation of memories, and accusations of sexual abuse. It is an excellent resource for showing others how someone can come to believe in abuse that never happened and the tragic consequences that inevitably follow.

DVD version is available at full price on Amazon. For full description of the video see: http://www.zalafilms.com/films/hfmonster2.pdf

To order VHS send check for $15.

Tidbit from the Blogosphere

Witness with Repressed Memory Has Photographic Memory

In a trial in which an alleged victim of child molestation claimed to have repressed and then recovered memory of sexual molestation, the following allegedly occurred.

During the initial trial, the trial counsel asked B. how he could remember the television program he was watching at the cabin in Lake Arrowhead. B. replied that the program was “Fox Family because, like I said I’m very intelligent. I have a photographic memory.”

When trial counsel said, “You do?” B. replied, “Somewhat photographic.”

The case was People v. Bradley, Cal.App. 2 Dist., November 06, 2008 (NO. B198577).


Web Sites of Interest

www.seweab.uci.edu/faculty/loftus/
Eliznet Loftus
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.tmd Archives.org
The Memory Debate Archives
http://www.psyfm france.fr
French False Memory Group
www.psychoheresy-aware.org/ministry.html
The Bobgans question Christian counseling
www.IllinoisFMS.org
Illinois-Wisconsin FMS Society
www.itech.net/OHIOarmhp
Ohio Group
www.afma.asn.au
Australian False Memory Association
www.bfms.org.uk
British False Memory Society
www.religious tolerance.org/sra.htm
Information about Satanic Ritual Abuse
www.angryparents.net
Parents Against Cruel Therapy
www.geocities.com/newcosanz
New Zealand FMS Group
www.peterelllis.org.nz
Site run by Brian Robinson contains information about Christchurch Creche and other cases.
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.enigma.se/info/FFI.htm
FMS in Scandinavia - Janet Hagbom
www.ncrj.org/
National Center for Reason & Justice
www.traumaversterking.nl
English language web site of Dutch retractor.
www.quackwatch.org
This site is run by Stephen Barrett, M.D.
www.stopbadtherapy.com
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.acused.com
•www.abuse-excuse.com

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

Don’t Miss It!

Try to Remember: Psychiatry’s Clash
Over Meaning, Memory, and Mind

Paul McHugh, M.D., Washington,
DC: Dana Press

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.
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)
Bobby 207-878-9812
MARYLAND
Carol 410-465-6555
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 733-729-1433 (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
De 405-942-0531
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 915-595-2966
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

 wildfires

Deadline for the SPRING 2009 issue is March 10. Meeting notices MUST be in writing and should be sent no later than two months before meeting.
Copyright © 2009 by the FMS Foundation
1955 Locust Street
Philadelphia, PA 19103-5766
Phone: 215-940-1040 Fax: 215-940-1042
mail@FMSFonline.org www.FMSFonline.org
ISSN # 1069-0484
Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board
January 1, 2009
Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; Terence W. Campbell, Ph.D., Clinical and Forensic Psychology, Sterling Heights, MI; Rosalind Cartwright, Ph.D., Rush Presbyterian St. Luke's Medical Center, Chicago, IL; Jean Chapman, Ph.D., University of Wisconsin, Madison, WI; Loren Chapman, Ph.D., University of Wisconsin, Madison, WI; Frederick C. Crews, Ph.D., University of California, Berkeley, CA; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D., University of Pennsylvania, Philadelphia, PA; Henry C. Ellis, Ph.D., University of New Mexico, Albuquerque, NM; Fred H. Frankel, MBChB, DPM, Harvard University Medical School; George K. Ganaway, M.D., Emory University of Medicine, Atlanta, GA; Martin Gardner, Author, Hendersonville, NC; Rochel Gelman, Ph.D., Rutgers University, New Brunswick, NJ; Henry Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Lila Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Richard Green, M.D., J.D., Charing Cross Hospital, London; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; David S. Holmes, Ph.D., University of Kansas, Lawrence, KS; MA; Robert A. Karlin, Ph.D., Rutgers University, New Brunswick, NJ; Elizabeth Loftus, Ph.D., University of California, Irvine, CA; Susan L. McElroy, M.D., University of Cincinnati, Cincinnati, OH; Paul McHugh, M.D., Johns Hopkins University, Baltimore, MD; Harold Merskey, D.M., University of Western Ontario, London, Canada; Spencer Harris Morfit, Author, Westminster, MA; Ulric Neisser, Ph.D., Cornell University, Ithaca, NY; Richard Ofshe, Ph.D., University of California, Berkeley, CA; Emily Carota Orne, B.A., University of Pennsylvania, Philadelphia, PA; Michael A. Persinger, Ph.D., Laurentian University, Ontario, Canada; August T. Piper, Jr., M.D., Seattle, WA; Harrison Pope, Jr., M.D., Harvard Medical School, Boston, MA; James Randi, Author and Magician, Plantation, FL; Henry L. Roediger, III, Ph.D., Washington University, St. Louis, MO; Carolyn Saari, Ph.D., Loyola University, Chicago, IL; Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M., Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; Ralph Slovenko, J.D., Ph.D., Wayne State University Law School, Detroit, MI; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN; Charles A. Weaver, III, Ph.D. Baylor University, Waco, TX.

Advisors to whom we are grateful who are now deceased.
David A. Halperin, M.D., Mount Sinai School of Medicine, New York, NY; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; Philip S. Holzman, Ph.D., Harvard University, Cambridge; Harold Lief, M.D., University of Pennsylvania, Philadelphia; Martin Orne, M.D., Ph.D., University of Pennsylvania, Philadelphia; Campbell Perry, Ph.D., Concordia University, Montreal, Canada; Theodore Sarbin, Ph.D., University of California, Santa Cruz, CA; Thomas A. Sebeok, Ph.D., Indiana University, Bloomington, IN; Margaret Singer, Ph.D., University of California, Berkeley, CA; Donald Spence, Ph.D., Robert Wood Johnson Medical Center, Piscataway, NJ.

Do you have access to e-mail? Send a message to pjf@cis.upenn.edu if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is “add to the FMS-News”. It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter will be published 4 times in 2008 by the False Memory Syndrome Foundation. The newsletter is delivered electronically and it is also available on the FMSF website: www.FMSFonline.org Those without access to the Internet should contact the Foundation.

Your Contribution Will Help

Please fill out all information please print

Visa: Card # & exp. date: ______________________________________
Discover: Card # & exp. date: ___________________________________
Mastercard: # & exp. date: ____________________________________
(Minimum credit card is $25)
Check or Money Order: Payable to FMS Foundation in U.S. dollars

Signature:______________________________________________________
Name:_________________________________________________________
Address:_______________________________________________________
State, ZIP (+4) _________________________________________________
Country: _______________________________________________________
Phone: (________)________________________
Fax: (________)________________________

Thank you for your generosity.
Usually, though, the person who has committed the crime will have left some evidence of their identity at the scene such as a footprint, blood, or fibres from clothing. This evidence often forms the basis of any case against a suspect who the police may take to court. 1. of/about; 2. for; 3. with; 4. in; 5. about; 6. with. 1. A. Although you may believe that discussing sensitive issues won’t do any good for your relationship, that’s actually not true. Fighting allows you to focus on your problems and to solve them before they become too large. That’s why couples who argue together, stay together for a long period of time. 2. Fighting reveals your passion. © Revolutionary Road / BBC Films. Some couples really enjoy intense arguments because they increase their hormone levels. Subconsciously, those people know that fighting is just a sign of their passion, and their disagreement will end up being an even more passionate