

SECOND THOUGHTS

Understanding the Recovered Memory Controversy

I. INTRODUCTION

A. THE SCIENCE OF PSYCHOLOGY

The scientific approach to psychology involves a healthy skepticism and quest for truth

- Theories** help explain things that we observe in nature, they set the stage for scientific verification.
- Science deals with **confirmable propositions** (the question of "false positives," not proving the negative)
- Use of **empirical, verifiable research**, which is more conclusive than **anecdotal** and **case reports**.
- Scientific law** - a consistent relationship between two or more events

B. THE QUESTION OF FALSE POSITIVES

Reality of Abuse

		Abuse Happened	Abuse Didn't Happen
Remembered	<p>Remembered Abuse (abused and remembers)</p>	<p>False Alarm (no abuse but has memory)</p>	
Forget	<p>Forgotten (abused but no memory)</p>	<p>Non-abused (no abuse and no memory)</p>	

Notice that recognizing the reality of one square does not diminish the reality of another. Even if some repressed memories are real, this does not invalidate the fact that false alarms are also occurring. And vice versa, false alarms don't invalidate true claims of abuse. In understanding the False Memory Crisis we are challenged to find an important balance of recognizing the reality of abuse and acknowledging that false memories are occurring and hurting people. It isn't an "either-or" proposition, it is both.

C. GUIDING PRINCIPLES

Sexual abuse of children exists and produces suffering and long-term consequences. Victims of sexual abuse have a right to competent therapy & healing and deserve our compassion and support. Genuine victims of abuse should have access to the justice system and legal recourse.

People have a fundamental human right to be presumed innocent until proven guilty. We can never allow the weight of an accusation to supersede the preponderance of evidence. We need to apply ourselves to this fundamental principle and allow it to guide our explorations, conclusions, and interventions. Hypnotic images of trauma are suspect, and are not in-and-of-themselves evidence of actual crimes committed. Abuse of children is unacceptable, the false accusation of the innocent is equally reprehensible.

II. BASICS OF RECOVERED MEMORY THERAPY

A. THE "WHAT" OF RMT

1. Definitions:

Repression: *"Repression is the cornerstone on which the whole structure of psychoanalysis rests."* (Sigmund Freud, 1914). Repression is a theory about memory and defense mechanisms that Freud developed during the early part of his career. Current theory maintains that a person who experiences a traumatic event(s) can have a complete absence of awareness or memory of that trauma from the time of its occurrence until years, decades or even centuries later. A traumatic event is fully registered and stored, but pushed out of conscious awareness. This event can later be accessed (in contrast to dissociation). Popular during early part of the century, it faded and then re-emerged in 1950's.

Dissociation. A related theory in function and usage to repression, but poorly defined. Common usage emphasizes a splitting of emotions and a sense of detachment from a traumatic event. RMT proposes that an actual traumatic event is inadequately processed at the time of the trauma. Because the event was never completely encoded, it is not accessible at a future date. (Bowers, 1996)

Simple repression is what Freud originally had in mind and is said to occur when a patient represses only a handful of traumatic events. Modern regressionists maintain that **robust repression** also occurs on a regular basis. This is an extension of repression theory and maintains that volumes of abuse over decades or centuries can be repressed and later recovered. Robust repression includes trauma from Satanic Ritual Abuse (SRA) and previous lives. Robust repression is most often associated with the concepts of dissociation, Dissociative Personality Disorder (DID, formerly referred to as Multiple Personality Disorder) and alternate personalities.

2. Types of Recovered Images:

- Forgotten Incest**
- Ritual Abuse:** Satanic Ritual Abuse (SRA) and Ku Klux Klan themes. Eighteen percent of RMT claims include SRA themes. (FMS Foundation, 1993)
- Past lives:** Nationally 28% of therapists believe that *"hypnosis can be used to recover accurate memories of past lives."* (Yapko, 1994)
- Space Alien Abductions:** A Roper survey shows that 2 out of every 100 people have been space alien abducted but repressed the trauma, over 100 million people worldwide. (Sagan, 1993, Hopkins, 1992)
- Regressing into infancy / the womb:** Nationally, 53% of therapists believe that memories can be retrieved from infancy. (Yapko, 1994)

3. Clients involved with incest and SRA forms of RMT are describing the following:*

*(FMS Foundation, 1993 and Freyd, 1996)

- 68% of alleged abuse is supposed to have begun before the age of 4
- The most common length of repression is 30 to 40 years.
- Thirteen percent (13%) of the allegations involve one or two traumatic episodes. But 53% report multiple episodes of trauma (robust repression).
- 22% include accusations of rape
- 18% include ritual abuse themes.

B. HOW

Regression and Recovered Memory Therapy (RMT) refer to a collection of memory enhancement techniques that therapists promote as unlocking hidden memories. These phrases shouldn't be confused with *repression*, which is a theory about how memories are lost, while *regression* and *RMT* involve theories on how memories are recovered. One recent study shows that 71% of doctoral level psychologists in the United States and England have made use of regression techniques in an effort to recover repressed memories in their clients. (Poole, 1995)

1. Client has no repressed images

- a. Client comes in with a presenting issue (depression, marriage, self-esteem)
- b. Regressionist introduces list of symptoms / indicators of repressed trauma
- c. Trance techniques are started
- d. Client starts to have images / dreams
- e. Client told by regressionist and group that these can only be real
- f. Decompensation in client escalates, told this is perpetrators' fault
- g. Family and friends are confronted and / or cut off
- h. Isolation leads to further dependency and involvement

2. Client already has repressed images prior to starting therapy:

- a. Client comes in with repressed images already present
- b. Therapist doesn't question the veracity of images & reinforces them directly and indirectly as real
- c. Standard pattern follows.

3. Trance Techniques

Used in this context, regression / RMT is broadly defined as any technique used to induct a person into a trance state. Techniques include traditional hypnosis, self-hypnosis, age regression, trance-writing, body massage, dream work, guided imagery, spirit guides, and sodium amylal interviews.

C. THE WHO OF RMT

1. Social groups advocating RMT

- Feminists
- Christians
- New Age Believers

2. Client Populations in RMT

- Caucasian (97%)*
- Female (92%)**
- Young (81% are aged 20 to 39)
- Middle to upper class (92%)
- Highly educated and high achieving (59% of them have college degrees as compared to 17% in the general population).

*Washington State Department of Labor and Industries. The preliminary results are given in the *FMS Foundation Newsletter*, May 1, 1996.

**These four statistics are taken from the FMS Foundation's, "Family Survey," 1993. Also Freyd, 1996.

Consider what the above observations tell us. We know that child abuse is found in every spectrum of society. Cases through Child Protective Services involve families and victims in every socioeconomic class, from every walk of life. In sharp contrast, those claiming recovered traumatic memories are predominately white young females who are well-educated and in the middle to upper class. Why aren't we seeing minorities, older, less educated or the lower-middle class experience recovered memories?

D. RESULTS OF RMT

What are the results of RMT? Washington State allows individuals to receive treatment under the Crime Victims Act, including those who claim repressed memories of childhood abuse. Recently the Washington Department of Labor and Industries completed a preliminary study to see how effective RMT therapy has been. They randomly selected 30 cases to investigate. Of the cases reviewed:

- 97% of the patients were women
- 97% were Caucasian
- 87% received their first images of abuse while in therapy
- The average age of the first recalled abuse was 7 months of age
- 100% were still in therapy three years after the first traumatic image (60% were still in therapy five years after their first traumatic image)
- Prior to RMT 10% exhibited suicidal ideation or attempts, after therapy began this grew to 67%
- Prior to RMT 10% had been hospitalized, after therapy this expanded to 37%
- Prior to RMT only 3% had engaged in self-mutilation, after therapy this grew to 27%
- Prior to RMT 83% were employed, after therapy only 10% were still employed
- Prior to RMT 77% were married. Three years later 48% were separated or divorced.
- After RMT began 23% had lost custody of their children
- After RMT began 100% were estranged from their extended family
- The average cost for the Crime Victim Compensation Program to pay for treatment of patients that did not involve RMT was \$2,672. The average cost for RMT was dramatically higher: \$12,296 (more than 4 and a half times the normal cost)

III. ISSUES IN THE RMT CONTROVERSY

A. THE PROBLEM OF “WHAT”

1. Evidence and / or parameters of Repression / Dissociation

(Herman & Schatzow: 1987, Williams: 1992, Briere & Conte: 1989, Malmquist: 1986, Terr: 1988, Safran: 1993, Hoch: 1982, Holmes: 1990, Hornstein: 1992)

A recent study was done on preschoolers who have experienced serious trauma resulting in a visit to the emergency room. They were interviewed immediately after their accidents, 6 months later and finally 1 year later. In not one instance did a child repress their trauma. It was also found that their level of stress didn't have an interfering effect on remembering. At the one year interval, it was found they experienced normal aspects of forgetting, but none had forgotten the entire event. (Howe, 1994)

Other studies which have tracked bone fide victims of trauma yield predictable results, a few of which bear mentioning.

- One study found that children who had witnessed the murder of a parent didn't repress their memories; rather they were preoccupied with the murders and they were continually flooded with disturbing emotions. (Malmquist, 1986)
- Of the dozens of children kidnapped in Chowchilla, California in 1976, none were found to have repressed their memories of the event. (Safran, 1993)
- Paul McHugh, Director of Psychiatry at Johns Hopkins University Medical School, has worked extensively with Cambodian refugees. Based on the theories of multiple personality we would expect to find some portion of these children having developed MPD. But despite experiencing the horrors of war as children, McHugh has not found one case of repression or multiple personality disorder (MPD). (Paul McHugh, personal communication)
- In another study, researchers interviewed 78 Holocaust survivors 40 years after the end of World War II. Though each of the people had experienced normal memory decay, none had repressed memories of their prison camp experiences and all but one quickly remembered forgotten details with simple prompting. (Wagenaar, 1990)

Herein lies the regressionist's greatest dilemma. Their theories don't work in the real world. In scientific terms, they lack **predictive validity** - when we know that a traumatic event has occurred, we find victims don't repress their experiences. Instead they are plagued by recurring memories of their trauma, sometimes resulting in **Post Traumatic Stress Disorder**. The conclusion? People remember, rather than repress, traumatic events. A court ruling supports this finding:

"Research and studies of memory in general and traumatic memory in particular have indicated that in general, traumatic events are well remembered. However, studies have indicated that some degree of memory disturbance is commonly associated with traumatic experiences. Studies have indicated that hypermnesia, i.e. intrusive memories of the event, and partial amnesia of parts of the event, are common for those who have experienced a traumatic event. Studies indicate that the gist of the traumatic event is generally extremely well retained, while the details may be inaccurate."

The very best anyone can say at this time is that hypnotic images of incest, ritual tortures, alien abductions and past lives draw from one of three sources: 1) historical events, 2) pure fantasies, or 3) a bizarre mixing of historical and fantasized elements. Apart from independent, external confirmation, there is no proven way to determine the true source of a hypnotic image. A very real possibility is that some cases of repression are genuine and we simply lack the technology or precision at this time to recognize them as such.

2. The Existence of Multigenerational Satanists

In today's society, there are generally four types of Satanists identified. The first are described as **Dabblers** or **Dressers**, these are the adolescents and adults who take on the garb, speech and appearance of Satanism because they like the sense of power, group affiliation and "startle effect" it provides. The second group is the **Self-styled Satanists** who are more active, and dangerous. They do indeed kill animals and sometimes humans. But they are independent, small groups or individuals that lack ties to any major network. Rather than actual Satanists, typically this group practices variations of Senteria, a mixture of Voodoo and Christian magic popular in South America. A third group is the **Religious Satanists** - those who practice the Satanic faith, i.e., the Church of Satan in San Francisco which was founded by Anton LeVay. The key point in understanding these first three groups is that they are recognized, active, and evidence for their existence is well established. It is the fourth group, **Multigenerational Satanists**, which represent the controversy for the Christian community and law enforcement.

The US Department of Justice has shown that on average 52 to 158 children are murdered by strangers each year in the United States. (U.S. Department of Justice, 1990). The most comprehensive study on evidence for multigenerational Satanism was completed in 1994 by the *National Center on Child Abuse and Neglect*. They did a survey of over 11,000 psychiatrists, psychologists, clinical social workers, district attorneys, police departments and social service agencies and accumulated over 12,000 reported accusations of ritual abuse that had been investigated. The survey found occasional cases of lone abusers who used ritualistic trappings. There was *"convincing evidence of lone perpetrators or couples who say they are involved with Satan or use the claim to intimidate victims."* But in the thousands of cases investigated, not a single case related to well-organized satanic rings was shown to be true. (Goodman, 1994, see also Passantino: 1992, Putnam: 1991, Lanning: 1992, Norman: 1992, U.S. Department of Justice: 1990, Goodman: 1994)

B. THE PROBLEM OF "HOW"

1. Steps for Remembering

The first step for remembering events or information is called **encoding**. Most of what we remember is referred to as **explicit memory** - we are consciously aware of information that is being stored in our memory. Research also shows that we can remember information that is outside of our immediate awareness as well, something referred to as **implicit memory**. A second aspect of remembering is that we have to occasionally **repeat** a memory in order for it to be strengthened. Without mental or verbal repetition, a memory is subject to normal processes of forgetting.

A popular view of memory is that it involves a process of **recollection**, that the brain calls up a memory and "poof!" it appears perfectly intact. We just have to go to the right file and pull out a perfect recollection of an event. Memory is actually a process of **reconstruction**, meaning the brain uses fragments of a memory that are housed in different parts of the brain and reassembles them, producing a whole "memory." What's important to understand about reconstruction is that a person's mood, mental stability, age, beliefs, and events in the current environment can seriously alter how a memory is reconstructed. A specific influence is called **retrospective bias**, which occurs when we think back over past events and unknowingly change our memories with a positive "spin." We tend to focus on details that make us look particularly good and people who we don't like end up looking bad. In addition, **post-event information** (things that happen later) can distort or contaminate our recollection of the original event.

Memory is also affected by **source amnesia**, a process scientists refer to when a person forgets where they saw an event (a movie, story, fantasy, or actual event) but is able to recall the scene years later. Our mind is less than perfect and each time an event is remembered, we reshape it bit by bit. Because of reconstruction, retrospective bias, post-event information and source amnesia our memories are inaccurate to varying degrees, even though our feelings and pride tell us otherwise. (Bradburn: 1987, Dawes: 1988, Loftus: 1989 and 1991, Kihlstrom: 1982), Howe: 1992, Pillemer: 1989)

2. Forgetting versus Repressing

Decay is the oldest theory of memory loss. It's thought that memory traces in the brain gradually decay over time, like a fallen tree in a forest that is eroded by weather and natural processes. Normal metabolic processes in the body wear down a memory until it is diminished or fades completely away.

Interference theory suggests that a memory is neither lost or damaged, an event is simply misplaced among a number of other memories that interfere with being able to recall the event later on. In this process there is **retroactive inhibition** - in which new events interrupt recall of old ones. A similar influence is **proactive inhibition** - in which the process is reversed, old events interfere with newer memories.

Cue alteration is the theory that we remember events by having "cues" - sights, sounds, smells, which allow the mind to retrieve a memory. We forget because cues are altered with the passage of time (the old neighborhood is gradually rebuilt, our childhood friends look different as we grow older).

Research reveals that forgetting involves a combination of all three theories. What research does not support is the idea that everything we've ever experienced or learned is tucked perfectly away somewhere in our brain (as Freud believed).

Here's some basic rules to remember about forgetting.

- **Rule #1 - everyone forgets. Good, bad, indifferent, we all experience memory loss.**
- **Rule #2 - forgetting increases with the passage of time. The greater the interval between an event and the recalling of that event, the greater the forgetting that occurs.**
- **Rule #3 - certainty can often bear little relation to accuracy. Research shows that people can be just as confident about something that is inaccurate as they are about something accurate.**
- **Rule #4 - We tend to remember emotional and traumatic events best, holding on to the gist of an emotional event, while the details may become distorted.**

Another thing to keep in mind - forgetting and repressing are two completely different concepts. Forgetting is a demonstrated, scientific fact that occurs according to the principles we've just discussed. Meanwhile, repression is a Freudian theory that maintains the mind can instantly block out awareness of a traumatic event and recall it decades later, in complete defiance of scientific principles of remembering and forgetting.

3. Special Cases of Forgetting

Is it possible to forget a traumatic event? In theory yes, but it's not very likely. Research shows that children and adults remember emotional and traumatic events best, holding on to the **gist** of an event even if the details get fuzzy. While normal forgetting is something we all experience, there are exotic forms that occur as well. These include **motivated forgetting, anterograde and retrograde amnesia, and fugue states**.

Motivated forgetting ("Suppression"): Some research suggests a person can take anxious or unacceptable thoughts and push them outside of conscious awareness. Sometimes by doing this long enough the thought is eventually lost, although it can be readily retriggered in the future. Now, it's tempting to call this repression, but motivated forgetting involves a conscious act which takes place over a period of time and is not a very "fool-proof" method. Repression theory asserts that the blocking of a traumatic event occurs instantaneously, is involuntary and keeps a tight seal for decades or centuries. These are important distinctions.

Anterograde and Retrograde Amnesia: Head trauma is known to create two kinds of forgetting. Anterograde involves the loss of memory for events after trauma to the brain. Retrograde amnesia involves loss of memory for events that occurred before an injury to the brain. Both of these types of amnesia involve physical interruptions of the brain's functions. The head trauma is an obvious event and, unlike repression, the person is acutely aware of their lost memories.

Fugue State: (a type of Dissociative Amnesia). This is the phenomenon that is most commonly confused with Freud's notion of repression. It involves amnesia for important traumatic events which are too extensive to be explained by normal forgetting. In Fugue state, it is theorized that an over-whelming event is somehow able to disrupt the normal processes involved in memory encoding. This is similar to over-loading the brain's circuitry, resulting in large portions of memories being disrupted and fragmented. Notice that Fugue state is a very unsettling and broad experience. The person is aware that they have a period of time that they can't remember, and the forgetting constitutes large portions of information, including their name, where they live, etc. There simply is no evidence that this kind of highly selective, non-disruptive amnesia occurs. In fact scientific research tells us the opposite. The more traumatic an event the more we will remember it, as in instances of Post Traumatic Stress Disorder. (Pillemer: 1989, Winograd: 1983, Sheingold: 1982)

4. The Use of Hypnosis in RMT

The misuse of hypnosis by regressionists is by far the strongest contributor to the False Memory Crisis. The notion that hypnosis and other trance induction methods (self-induced trance, dream work, guided imagery, the use of spirit guides, etc.) are powerful tools for recovering lost memories is a popular misconception amongst therapists. Nationally 83% of therapists believe that hypnosis counteracts the defense mechanism of repression, lifting repressed material into conscious awareness. (Yapko, 1994) Another study showed that 71% of doctoral level psychologists in the United States and England have made use of regression techniques in an effort to recover repressed memories in their clients. (Poole, 1995)

In 1985 the American Medical Association (AMA) came out with a definitive review of the research on hypnosis. They concluded that hypnosis can lead to false recollections and that memories obtained through the use of hypnosis are less reliable than non-hypnotic memories. To further complicate matters, people become *more* confident about the accuracy of memories developed through hypnosis, even though this is not the case.

How Does Hypnosis Work? The regressionist uses words, activities and a quiet voice to relax a person, which induces a naturally occurring state of **trance**. Once a person begins to trance, the regressionist will suggest pictures, places, scenes, and activities in order to guide the client into deeper trance and fantasy. This same process takes place in **self-hypnosis**, where a person can guide themselves into their own trance state. Trance is a common, everyday occurrence for all of us. Simply defined for our purposes, it involves an intense focus on a mental image while becoming less aware of one's physical surroundings, allowing your mind to wander while your body is in a relaxed state (on automatic pilot). Once in trance, a person is vulnerable and responds less critically to suggestions, known as **hypersuggestibility** - in which a person is able to be influenced to change his/her beliefs and behaviors. In addition, what we experience seems very real, and can include sight, smell, touch, relationships and deep emotions.

Sleeping contains an example of daily, natural trance state. **Hypnagogic hallucinations** are the colorful images you see as you begin to drift off to sleep. When you're waking up, these images are referred to as **hypnopompic hallucinations**. These relaxed fantasy states and dreams contain high amounts of **daily residue**, that is, thoughts and events from the previous day. Interestingly, sleep states are one of the more common sources of recovered "memories." Fifty-eight percent of space alien abductees encounter their aliens as they are waking up in the middle of the night. (Spanos, 1993) In a similar fashion other types of regression believers get many of their "flashbacks" during sleep states.

Hypnosis and Fantasy It is important to understand that fantasy is a regular part of trance. As obvious and simple as this may seem, regressionists will disagree with this statement. Often they claim that traumatic scenes experienced in trance (hypnosis) are historically accurate and must be believed, for hypnotized clients don't make up visions of abuse. They fail to acknowledge to themselves or to inform their clients that fantasy is a large part of trance, and that even factual events can become distorted. That is why many courts don't allow hypnotically enhanced testimony; it just isn't reliable. Despite these facts, 43% of therapists still believe that "*hypnotically obtained memories are more accurate than simply just remembering.*" (Yapko, 1994) Fifty-seven percent (57%) of therapists report they do nothing at all to differentiate truth from fiction when working with hypnotic images of abuse. (Yapko, 1994)

Because fantasy and distortion are a part of trance, a process of confirmation and disconfirmation is necessary in order to find out if the images experienced by clients during hypnosis are accurate. There are no standard answers. Some patient's images may be fairly accurate, while others may involve complete fantasy. Others may be a combination of fact and fantasy. There is simply no way for a therapist or client to know if a hypnotic image is real without external confirming evidence.

Research is consistent in showing that trance-induction techniques create highly suggestible and delusional states in which clients have: 1) decreased ability to accurately recall historical events, 2) increased experiential fantasy, and 3) increased levels of certitude concerning the accuracy of recall.

This much is clear - it is never appropriate to use trance induction techniques as memory aids. (See the following: American Medical Association: 1985, 1993 and 1994, Barnier, 1992, Cardena: 1991, Ganaway: 1991, Kihlstrom: 1993, Orne: 1985, Putnam: 1991, Sheehan: 1991, Spanos: 1991, Spiegel: 1974, New Hampshire, State of.: 1994)

5. "Symptoms" of Repressed Memories

Regression literature contains lists of symptoms which regressionists use to confirm that someone has repressed memories of trauma. National "trauma experts" have pulled together a fantastic array of symptoms they felt were indicators of whichever particular trauma they believed was in their clients. There are over 900 "symptoms" that have been identified in regression literature that supposedly point to a history of abuse. But not a single symptom has been scientifically validated as an actual indicator of repressed memories (London, 1995). The American Psychological Association warns: "*There is no single set of symptoms which automatically means that a person was a victim of childhood abuse.*" (APAAssociation, 1994) These imaginative lists have no basis in reality, but instead are based on the conclusions that the regressionist wants the client to reach. In scientific terms, they lack **discriminate validity**, that is, they are unable to tell the difference between numerous psychological illnesses, personality disorders or simply being normal. The bottom line: there is no list of symptoms anywhere that has been scientifically shown to be reliable indicators of repressed abuse.

IV. FALSE MEMORY SYNDROME

A. THE “WHAT” OF FMS

It's been referred to as **Decade-Delayed Disclosure**, **Pseudomemories**, and **Confabulation**. But **False Memory Syndrome (FMS)** is the most popular name that has been given to the phenomenon in which a person experiences vivid fantasies of traumatic events, fantasies which they have come to believe are real. False memories (i.e., "confabulations", "pseudomemories") are an established and documented phenomenon in research literature. Common sense also points to the reality of false memories. The New Hampshire Supreme Court notes, ". . . it must be acknowledged that 'false' memories do occur. This is known by the existence of cases in which it is impossible that the events remembered occurred, such as in cases of remembered alien abductions. A further indication of the potential for false memories are the recantation of a growing number of those who once claimed recovered memories." (State of New Hampshire, 1994) As the court points out, of the thousands of reports of incest, Satanic Ritual Abuse, Space Alien abductions, and prior lives, it stands to reason that at least some portion of these hypnotic images are false. Dr. John Kihlstrom, a cognitive psychologist and professor at Yale University, provides a definition of FMS;

"False Memory Syndrome - a condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes. Note that the syndrome is not characterized by false memories as such. We all have memories that are inaccurate. Rather, the syndrome may be diagnosed when the memory is so deeply ingrained that it orients the individual's entire personality and lifestyle, in turn disrupting all sorts of other adaptive behaviors. The analogy to personality disorder is intentional. False memory syndrome is especially destructive because the person assiduously avoids confrontation with any evidence that might challenge the memory. Thus it takes on a life of its own, encapsulated and resistant to correction. The person may become so focused on the memory that he or she may be effectively distracted from coping with the real problems in his or her life." (Kihlstrom, 1993)

Dr. Kihlstrom points out several important aspects of FMS. One is that a person's identity and relationships become centered around her hypnotic images. Conversions in RMT are remarkably similar to conversion patterns for those who enter into “cults” and controlling groups - the pursuit and exploration of RMT becomes an all-consuming endeavor. Parenting of children, work, maintaining a good marriage, being active in the community or church, all of these obligations take a back seat to the new pursuit.

A second aspect that Dr. Kihlstrom points out is that the person avoids any contradictory evidence that might prove the images false. Relationships with anyone who is not completely supportive and believing are terminated. Research, books and media programs explaining the phenomenon of False Memories are seen as "propaganda" fostered by perpetrators and those who are still in “denial” about space aliens, prior lives, incest etc.

B. WHAT FMS IS NOT

In understanding what the False Memory Syndrome *is*, it is also important to understand what it is *not*. As we discussed, False Memory Syndrome occurs when a person experiences hypnotic images which are partially or completely fictional. FMS is by no means a denial of the fact that actual child abuse occurs and does not question the reality of free-standing memories of abuse. What comes into question is hypnotic images of abuse which a person claims to have remembered after a period of decades or centuries. At best, these images may reflect a real event, a complete fantasy, or some distorted combination of the two extremes. Those who are critiquing RMT maintain a healthy balance in recognizing the tragedy of childhood abuse and the reality of false memories.

C. THE “WHO” OF FMS

1. Families Impacted by RMT (Third parties)

As of June 1996, over 17,000 families have identified themselves as victims of FMS. What exactly do these families look like? A national survey showed the following:*

- 90% were middle to upper class at the time when the accusing child was growing up.
- 71% of the parents are still married and of those, 88% have been married over 30 years.
- 81% identify themselves as active Christians. (Interestingly, families who described themselves as very active in their faith are more likely to be accused of being multigenerational Satanists.)
- 51% of the time the father is the only one accused.
- 42% of the time the mother is accused of active participation in the abuse (alone and/or with her spouse)
- 67% of parents have no contact with their accusing child
- 39% have lost contact with their grandchildren.
- 66% of the parents have never met their child's treating therapist
- 41% were served a "confrontation letter" informing them that they were guilty of child abuse and other crimes.
- 71% of the siblings do not believe the accusing child's reports.

*(FMS Foundation, 1993)

D. THE “HOW” OF FMS, POSSIBLE EXTERNAL CONTRIBUTERS

1. Brief Reactive Psychosis

This is a disorder in which there is a sudden onset of psychotic symptoms, including incoherence, loose associations, delusions, inability to function, becoming a danger to one's self, and becoming dependent on others. Normally, prior to Brief Reactive Psychosis, the level of functioning is quite good. However, when an overwhelmingly stressful event occurs, it can become too much for a person's mind to absorb, and they experience a temporary "mental breakdown." Left out of control, the person is vulnerable to the influences of those around him / her. If the Brief Reactive Psychosis is maintained beyond the period of one month it becomes a full blown **Delusional Disorder**, involving false beliefs that often include paranoid fears that someone is seeking to hurt them. Fantasy becomes increasingly entangled with reality. Events, past and present, are distorted in such a way as to support the person's growing paranoia.

2. Therapists' Influence

Before the client has even stepped into her first session, the stage is already set for traumatic fantasies because the treating regressionist has a strong belief system in place which he or she imposes upon the client. A therapist's bias is a source of **iatrogenic** influence, taken from the Greek, meaning *doctor generated* disorders. Iatrogenic influences can stem from a therapist's own history, personal agendas, poor training or a mental disorder called Folie a deux.

a. Therapist's Own History: Unresolved issues in a therapist's life can lead to a contamination in the therapeutic relationship, allowing a client to be influenced by the personal problems of his/her therapist. In psychology we refer to this process as **counter-transference**. A recent national survey has shown that 70% of female therapists and 33% of male therapists report that they have been physically or sexually abused in the past. (Goleman, 1992) These occurrence rates are far higher than what is found in the general population of Americans. In another national study, it was discovered that therapists and pediatricians who reported a history of being abused were more likely to believe allegations of abuse in their clients. (Jackson, 1993) The implications of both of these studies are profound and sets the stage for "false positives" - accepting false claims of abuse as being real.

b. Biased Agendas: The feminist, Christian and New Age social agendas of regressionists fuel a dangerous "black and white" view of the world, with no room for questioning in their quest to purge the world of whichever great evil they are fighting against. Part of the problem is therapists are shaped by **confirmatory bias**, in which they see evidence for their beliefs/hunches and don't allow for disconfirming evidence. It's a human frailty common to all people.

A recent national study sought to determine what influences a therapist's beliefs about accusations of child abuse. Of all the factors studied, the strongest was race. A therapist was more likely to assume someone is guilty of abusing a child if the accused is Caucasian.. (Jackson, 1993) Therapists, well indoctrinated in the politically-correct doctrines of our times, have subtle (and not so subtle) biases, which play themselves out with deadly results.

c. Poor Diagnostic Skills: Another contributor to iatrogenic contamination includes poor diagnostic skills. There's a saying, "*When the only tool you've got is a hammer, after a while everything looks like a nail.*" Regressionists tend to be "one-trick-ponies." "*Are you depressed? It must be repressed abuse. Unhappy? Repressed abuse. Addictions? Repressed abuse. Sexual misconduct?*" Every problem, sin, conflict, or mental disorder is a result of repressed memories of abuse.

Psychologists must adhere to an important guiding rule called the **Principle of Parsimony** - when two theories can explain the same phenomenon, but one explanation is simple and the other is complex, we must first use the simpler explanation. A treating psychologist looks for the closest, most reasonable explanation for a disorder and begins from there, rather than rely on exotic, unproved theories.

d. Folie a deux: Folie a deux is one of the most serious examples of iatrogenic influence. This is a French phrase which translates as "insanity of two." This disorder occurs when two or more people have the same mental disorder, most often a paranoid delusion with persecution themes. Typically one person dominates the relationship and is driven by a paranoid view of the world. The second person tends to be more submissive and suggestible. Their relationship is so intertwined that the dominant person's delusions transfer over to the submissive partner. The good news is that, if separated, the delusions of the submissive partner will decrease. However, the dominant partner's delusions are more entrenched and usually require extensive treatment.

A 1990's survey has noted that, of the psychologists who report having been abused as children, 40% of them had repressed "memories" that they believed to be true. (Feldman - Summers, 1994) We have to ask, "*Were these psychologists really able to provide objective, caring skepticism in diagnosing repressed memories? Were they able to account for the reality of the False Memory Crisis?*"

3. Regression Literature

Each school of repression has its own authoritative works and there are common themes to be found among the different books. These include:*

a. Compelling stories: Each book discusses highly emotional and detailed stories that victims recovered after decades or centuries of forgetting. The stories typically lack independent, verified evidence, but they are told in a highly convincing fashion and are backed up by unconfirmed sources.

b. Teaching repression as fact: With impressive sounding, elaborate theories, the notion of repression is taught as fact and statements by "experts" are presented. Research studies are cited and statistics are discussed in a effort to establish credibility.

c. Epidemic proportions: People forgetting incest, survivors of Satanic ritual abuse, space alien abductions and hurts in prior lives are always shown to be in the millions. The idea is presented that there is a raging epidemic that is destroying unsuspecting victims throughout the world and it is only now that professionals are coming to terms with the crisis.

d. Special Symptoms: There is always a special group of symptoms that indicates the reader has forgotten his/her trauma. By recognizing the signs, the reader can follow the trail back to their forgotten abuse.

e. Conspiracy Theories: There is always an excuse as to why there is no direct evidence related to actual cases of repression. In fact, lack of evidence is proof of whichever trauma is being promoted. If it weren't for the suppressive white males, evil multigenerational Satanists, government cover-up, closed-minded Christians, the evidence would come to light and then the entire world would know the truth that the regressionists have already uncovered.

f. Regression Therapy as a pathway to healing: Each book reveals that there is hope. If the reader applies the techniques of regressionism, he/she too will be able to unlock forgotten traumas. Typically variations on how to self-induce into a hypnotic trance are taught.

*Acknowledgements to Loftus, 1995

4. Group Dynamics

All groups are subject to a process called **Groupthink**, a phenomenon in which a group's desire for harmony and approval leads to the loss of critical judgment. Symptoms of groupthink include a sense of invulnerability ("we could never be wrong"), an unquestioned belief in their own moral superiority, pressure on dissenters to conform, an illusion of unanimity, collective rationalizations, a stereotyping of out-groups, the institution of politically correct thoughts and individual self-censorship. The conditions which breed groupthink include high cohesiveness, isolation from outside contact and a directive leader.

If you're honest with yourself, you'll see that groupthink is something we've all experienced in varying degrees, regardless of our group's political or theological persuasions. Sociologists' concerns begin when this process becomes more extreme and a group is increasingly isolated from differing perspectives, when it loses its ability to doubt itself and to ask questions. Here's some "red flags" to watch out for:

a. Unquestioned Leadership: The leader typically is a respected person who is seen as having special powers of discernment or insight and is never to be contradicted by his or her followers.

b. Special knowledge A group believes they have secret knowledge or privileged status which the rest of the world has been deprived of. People can only become enlightened by joining their circle and thereby obtaining these “truths.”

c. Altered States of Consciousness: A definite red flag is the use of altered states of mind to obtain hidden “truths.” Toxic groups downplay the use of reasoning and normal skills of perception, and instead promote various transcendental states as pathways to truth.

d. Manipulation / Deception: Watch out for a group that uses deceptive techniques in attracting new members and keeping them within their ranks. Manipulation includes double-binding, paralogical thinking and fear tactics.

e. High dependency/lack of autonomy. Toxic groups demand absolute dependency and allegiance from members. Any family or friends who question the member's new “truths” are “heretics”, “unbelievers”, or “in denial” and must be excommunicated until they come to see the “light.” This results in the new member bonding with his/her new found family and away from old family and friends. Autonomous thinking is discouraged or forbidden, with the will of the group becoming the member's first priority.

f. Paranoia: *“Mass movements can rise and spread without belief in a God, but never without belief in a devil.”* Eric Hoffer, *The True Believer* (1951) Another red flag is an “us against them” mentality. Outsiders are viewed as desiring to harm the group members. Various “devils” are created to explain away critics, which can include family members, friends, legal institutions, and churches who dare to question the group's truths.

E. THE “HOW” OF FMS, POSSIBLE INTERNAL CONTRIBUTORS

1. Fantasy Prone Personalities and Grade Five Syndrome

In the late 1970's researchers begin to study a segment of the population they described as **Fantasy Prone Personalities** - people who have a profound ability to fantasize with great detail and emotion, often describing their fantasies as being *“as real as real.”* Importantly, they were not mentally disturbed and in fact were high functioning. They had higher educations, long standing marriages and success in their professions. The researchers estimate that fantasy prones were possibly 4% of the population, predominantly women who fantasized a large portion of the time, even up to 50% of their waking day. They could see, hear, smell, touch, and fully experience what they fantasized. In fact, 85% of the fantasizers would sometimes confuse their memories of fantasies with actual events. (Wilson: 1983, Rhue: 1987)

Fantasy Prones demonstrated superb hypnotic performance and could hallucinate voluntarily on request. Researchers found a number of interesting details concerning this population:

- They are very secretive about their intense fantasies, even spouses and best friends had no idea that the fantasy prone individual had such an intense and expansive fantasy life.
- Fantasies for these individuals often had an involuntary, self-propelling quality. Subjects would notice a person or object around them, which would trigger a long, detailed fantasy.
- They had a tendency towards involvement in psychic experiences, including mystical healings and out of body experiences.

Remember that this population is high functioning and not pathological. They simply represent the far end spectrum on the ability to imagine. It was shown that psychologists providing counseling to fantasy prones had no idea of the special abilities of their clients. In fact, the hypnotic setting provided a situation in which those with a strong, secret fantasy life could publicly demonstrate their special abilities. In hypnosis their ability to fantasize with hallucinatory intensity was not only socially permissible, it was rewarded. Interestingly, a recent study showed that people who claim to have been space alien abducted are not pathological. But of one hundred and fifty-two subjects who claimed space alien abductions and visitations, it was found that 87% of them fit the profile for fantasy prone personality. (Bartholomew, 1991)

A closely related concept to fantasy proneness is the **Grade Five Syndrome**. Herbert Spiegel, an expert in hypnosis, spent years researching different aspects of hypnotizability. He discovered 5 to 10 percent of the population was highly hypnotizable, a phenomenon he called “Grade Five Personalities” based on scores on a measure of hypnotizability, called the Hypnotic Induction Profile (HIP). Like the Fantasy Prone Personalities, the Grade Fives are considered to be “hypnotic virtuosos” who were intellectually and emotionally normal but have an uncanny ability to fantasize. They can spontaneously go into a deep hypnotic trance, even without the aid of a therapist. (Spiegel, 1974)

Jon Trott, a senior editor at *Cornerstone Magazine*, has written an excellent review of this phenomenon. *“Grade fives are particularly vulnerable to something Spiegel calls ‘the compulsive triad.’ The first point of the triad, compulsive compliance, is a fancy way of saying that in a trance state fives feel an all-but-overwhelming urge to comply with someone suggesting a new or variant viewpoint. The second leg of the triad, source amnesia, means basically that the five who comes up with certain information is unable to recall where the information actually came from. The third element, rationalization, occurs when the grade five encounters logical opposition to his or her adopted viewpoint.”* George Ganaway, a psychiatrist and director of the Atlanta-based Ridgeview Center for Dissociative Disorders, tested a group of fifty-four patients diagnosed with MPD over a 2 1/2 year period. *“virtually all of the patients . . . met Spiegel’s criteria for the Grade Five Syndrome.”*

Fantasy Prone and Grade Fives provide strong clues for how healthy people can be pulled into a delusional world of horrific fantasies. Two popular diagnoses that regressionists use with patients are Dissociative Amnesia and Dissociative Identity Disorder (formerly known as Multiple Personality Disorder). The **DSM-IV** (the psychological community’s official guide for identifying mental disorders), gives a strong warning about both of these populations. *“Individuals with Dissociative Amnesia often display high hypnotizability as measured by standardized testing. . . Care must be exercised in evaluating the accuracy of retrieved memories, because the informants are often highly suggestible. There has been considerable controversy concerning amnesia related to reported physical or sexual abuse, particularly when abuse is alleged to have occurred during early childhood. . . there may be overreporting, particularly given the unreliability of childhood memories. There is currently no method for establishing with certainty the accuracy of such retrieved memories in the absence of corroborative evidence.”* They offer a similar caution regarding Dissociative Identity Disorder; *“Controversy surrounds the accuracy of (DID abuse) reports, because childhood memories may be subject to distortion and individuals with this disorder tend to be highly hypnotizable and especially vulnerable to suggestive influences. . . Individuals with Dissociative Identity Disorder score toward the upper end of the distribution on measures of hypnotizability and dissociative capacity. . . the syndrome has been overdiagnosed in individuals who are highly suggestible.”*

Verified victims of abuse represent the entire spectrum of hypnotizability (all the way from Grade Ones to Grade Fives). So why is it that people who claim Dissociative Amnesia and DID are highly hypnotizable? Why are they Grade Fives? Here’s one possible explanation. It’s not that DID’s and repressed memory clients accidentally happen to be hypnotic virtuosos. It’s the other way around, the horse is pulling the cart. Unwitting clients who are highly hypnotizable and suggestible are coming into contact with regressionists and their hypnotic techniques, and, right on cue, are generating the fantasies being suggested to them.

2. Pathological Contributors to FMS

- a. Borderline personality:** A pervasive pattern of instability of mood, interpersonal relationships, and self-image.
- b. Histrionic Personality Disorder:** A pervasive pattern of excessive emotionality and attention-seeking.
- c. Narcissistic Personality Disorder:** A pervasive pattern of grandiosity (in fantasy or behavior), lack of empathy, and hypersensitivity to the evaluation of others.
- d. Paranoid Personality Disorder:** A pervasive and unwarranted tendency to interpret the actions of people as deliberately demeaning or threatening.
- e. Obsessive - Compulsive Disorder:** A pervasive pattern of perfectionism and inflexibility.
- f. Miscellaneous:** Thought disorders, Factitious disorders, Folie a deux, Malingering, Panic Disorder, Postpartum Psychosis, Somatization Disorder.

3. Effort After Meaning

A portion of regression believers who have serious psychological disorders - schizophrenia, clinical depression, anxiety disorders / panic attacks, or obsessive - compulsive disorders, which were clearly evident before they began their regression therapy. They came to regressionism desperate for answers to their pain, hoping for some cure, and the sure-sounding theories of the regressionist promised relief. But rather than getting better, clients’ disorders grew worse. All the while convinced that their healing was just around the corner - a few recovered memories away. But the promised healing simply was not forthcoming.

In science we talk about a process called **effort after meaning**. All of us are prone to make sense out of tragic events that befall others or ourselves. If someone we love dies or if we discover that we have a serious physical disorder, we make a strong **effort** to find **meaning** in the situation. Those with mental and emotional pain are no different - “If I can discover who caused this depression, then I’ll be cured.” “Tell me someone else is to blame, that it’s not me that is defective.” Think about this for a moment. If you were a schizophrenic, would you rather live with the reality of the diagnosis or would you prefer to be told you were a bold survivor of horrific abuses? That your mental disorder was actually a coping mechanism which had allowed you to survive your abusers’ assaults? Promised that if you could unlock the deadly secrets inside of you, then and only then could you come to know true relief from your agony. Tell me, which diagnosis would you choose?

4. The Blame Game

There's a common variation of "effort after meaning" that we all contend with. As a nation we have a demonstrated tendency to "pass the buck" when it comes to taking responsibility for our own bad choices. The recovered memory movement in modern America is an example of victim culture at its worst. The pain of being over weight, in a bad marriage, addicted to alcohol, lazy and a legion of other consequences from wrong choices are blamed on abusing Satanists, space aliens, or parents, rather than the logical result of inappropriate decisions a person has made. Each of us possess within us the free will to make wise or foolish decisions, choose life or death. They're our choices and we're responsible for the consequences, good or bad. But the recovered memory movement offers a tempting fruit that calls to one of our deepest vices - blame. It's "effort after meaning" with a twist. The recovered "meaning" absolves us of taking responsibility for our own poor choices.

V. LIABILITIES OF PRACTICING RMT

1. Misbeliefs About Hypnosis / Trance Techniques

Dr. Michael Yapko is a leader in the field of hypnosis. In *Suggestions of Abuse* he describes the results of a national survey he conducted with therapists in the United States. The results reveal common misconceptions that professionals hold in regard to hypnosis:

- 36% use hypnosis frequently or occasionally to recover memories.
- 17% admitted their knowledge of how memory works is below average.
- One third agreed: *"The mind is like a computer, accurately recording events as they actually occurred."*
- 10% believe that *"memory is not significantly influenced by suggestion."*
- Almost one quarter believed that certainty about a memory indicated validity.
- 41% believe *"early memories, even from the first year of life, are accurately stored and retrievable"*
- Almost half believe that de-derepressed images are accurate
- 43% *"if someone doesn't remember much about his or her childhood, it is most likely because it was somehow traumatic."*
- More than a quarter agree *"I trust my client such that if he or she says something happened, it must have happened, regardless of the age or context in which the event occurred."*
- 36% *"If a client believes a memory is true, I must also believe it to be true if I am to help him or her."*
- 19% *"it is necessary to recover detailed memories of traumatic events if someone is to improve in therapy."*
- 57% they do nothing at all to differentiate truth from fiction.
- 75% believe hypnosis is a tool for facilitating accurate recall whenever memories are otherwise not forthcoming.
- 83% agree hypnosis seems to counteract the defense mechanism of repression, lifting repressed material into conscious awareness"
- 47% agree *"Therapists can have greater faith in details of a traumatic event when obtained hypnotically than otherwise."*
- 43% believe that *"hypnotically obtained memories are more accurate than simply just remembering."*
- Nearly one in three agree *"when someone has a memory of a trauma while in hypnosis, it objectively must actually have occurred."*
- 54% *"hypnosis can be used to recover memories of actual events as far back as birth."*
- 28% *"hypnosis can be used to recover accurate memories of past lives."*
- 18% *"people cannot lie when in hypnosis"*
- 19% *"someone could be hypnotically age regressed and get stuck at a prior age."*
- 16% denied that *"it is possible to suggest false memories to someone who then incorporates them as true memories."*
- 27% did not think that hypnosis is capable of generating false memories.
- 20% believe *"the hypnotized individual can easily tell the difference between a true memory and a pseudomemory."*
- 71% *"hypnosis assures neither greater nor less accuracy of recall."*

2. Issues of Malpractice

Dr. Chris Bardon, who is both a psychologist and attorney, has been one of the leading figures in promoting mental health care reform and protection for consumers. He explains what were some of the common points of litigation that were being pursued in retractor's law suits against former therapists.

a. Responsibility of a professional to provide an appropriate diagnosis.

- Defendant negligently failed to follow appropriate guidelines for evaluating and treating patients with symptoms such as those manifested by the Plaintiff.
- Defendant failed to take a proper history from the Plaintiff.
- Defendant failed to perform appropriate examinations and diagnostic tests.
- Defendant failed to recognize Plaintiff's underlying psychiatric difficulties.

b. Responsibility of a professional to provide appropriate treatment.

- Defendant breached standard of reasonable care expected because of profession and claimed expertise.
- Defendant negligently failed to properly monitor Plaintiff's ongoing symptoms and the degeneration of her/his mental condition.
- Defendant negligently failed to consult with other professionals regarding the appropriate diagnosis, evaluation, treatment and care of Plaintiff.

c. Responsibility to use techniques appropriately and for understanding their limitations.

- Defendant negligently misused hypnosis techniques on Plaintiff.
- Defendant misused drugs, medications, hypnosis and/or sodium amytal which would be expected to increase Plaintiff's responsiveness to suggestion.
- Defendant uncritically accepted the existence of "repressed" memories of childhood sexual abuse in Plaintiff without making any effort to obtain independent verification for the truth or falsity of such "memories."
- Defendant misapplied the concepts of "denial" and "resistance" in the treatment of Plaintiff.
- Defendant failed to explore and/or recognize the effects of his/her own beliefs on Plaintiff.

d. Responsibility not to extend therapy unnecessarily.

- Defendant negligently undertook and sustained a course of treatment which improperly and inappropriately extended the length of the course of Plaintiff's treatment.
- Defendant failed to discharge Plaintiff from the hospital when it was apparent that conditions did not require inpatient treatment.

e. Responsibility to obtain informed consent from patients.

- Defendant negligently and carelessly failed to inform the Plaintiff of the risks of his/her chosen treatment techniques.
- Defendant failed to warn Plaintiff of the possibility of an adverse psychiatric condition.
- Defendant failed to advise Plaintiff that the techniques utilized had the capacity to produce false memories of events which never occurred but which nevertheless may seem real to the patient.
- Defendant failed to adequately advise Plaintiff of experimental nature of drug regime and of possible side-effects of the use of prescribed psychotropic drugs in combination with others.
- Defendant failed to advise Plaintiff that the diagnosis of multiple personality disorder is controversial and that there are disputes within the mental health community as to its existence.
- Defendant failed to advise Plaintiff that a person can be taught to display behaviors of "multiple personality disorder" through the use of psychotherapy (iotrogenesis).
- Defendant dissuaded Plaintiff from seeking services from other mental health professionals or from seeking a second opinion.

VI . RECOMMENDED SAFEGUARDS FOR THERAPISTS

A. EVALUATING YOUR OWN PRACTICES:

- **Watch your own agenda.** If you were abused as a child, watch out for a tendency to project your hurts onto clients and those who may be innocently accused (counter-transference). Be aware of your own political, social, and spiritual agendas that have the potential to bias your evaluations and interventions.
- **Free-standing Memories.** Remember that free-standing memories of abuse are generally reliable. Many people with free-standing memories of abuse erroneously think False Memory Syndrome applies to them.
- **Trance work.** Never trust or promote trance-induction methods for exploration of hypothesized repressed traumas. There is no trance-induction technique which has been shown to safely and accurately de-repress traumatic material. To the contrary, trance-induction techniques have been found to decrease the accuracy of memory recall and increase a false sense of certitude in the client. There is no known method for the therapist or the client to assess the reality of the hypnotic image apart from external corroborating evidence.
- **Leading or suggesting memories is highly unethical and inappropriate.** It is imperative that the psychologist avoid any leading or suggesting which may distort or contaminate the memories of the client. This can often be very subtle and unintentional on your part. If you have doubts about your ability to avoid the dangers of leading or suggesting, seek outside supervision and direction from other professionals and consider monitoring yourself by taping sessions.
- **Avoid recommending or trusting regression literature:** There are many scientific-sounding books which promote regression as a legitimate practice, yet these books lack scientific validity. Avoid "symptoms lists" of characteristics pointing towards repressed trauma, there are no symptoms which have been shown to be safe and accurate indicators of repressed traumas.
- **When a client describes a hypnotic image.** Never insist the images can only be true. Help the client to explore alternate sources of his/her images. Inform him/her of the precautions given by the American Medical Association, American Psychiatric Association and the American Psychological Association. Avoid the misuse of the notion of "denial" as applied to the client or someone accused.
- **Break out of "closed system" thinking.** The therapist needs to develop methods that allow for accusations to be true or false. Challenge your own stereotypes of people who have been accused. Our profession is currently publishing a great deal of research and discussion on this important topic and a psychologist should be well informed regarding both sides.
- **Presumption of Innocence.** Sexual abuse of children exists and produces suffering and long-term consequences. Victims of sexual abuse have a right to competent therapy & healing and deserve our compassion and support. Genuine victims of abuse should have access to the justice system and legal recourse. However, it is essential that we also remember that people have the right to be presumed innocent until proven guilty. We can never allow the weight of an accusation to supersede the preponderance of evidence. We need to apply ourselves to this fundamental principle and allow it to guide our explorations, conclusions, and interventions. Hypnotic images of trauma are suspect, and are not in-and-of-themselves evidence of actual crimes committed. Abuse of children is unacceptable, the false accusation of the innocent is equally reprehensible.
- **Professional Mediation.** When there are serious allegations brought up through hypnotic images, try to maintain a fair approach to each party involved. Whenever possible, utilize a professional mediator who is familiar with FMS, so that the best interests of all can be represented in a fair, safe environment. A professional mediator can facilitate the crucial dialogue that is needed and maximize the chances for a successful resolution to a complex situation.
- **Humility.** Psychology is a young science, many of our confident assertions in the present will be contradicted by discoveries in the future. The empirical evidence to support the notion of repression is questionable. On the other hand, there is a great deal of science and history which points to alternate explanations of hypnotic images of trauma. Psychology proceeds at it's very best when it applies itself to the standards of science, not to speculations, unproved theories, anecdotal reports, and social/political/theological agendas.

B. EVALUATING THE REALITY OF HYPNOTIC IMAGES:

There is no known technique which allows a psychologist or client to determine the authenticity of a hypnotic image. Whenever claims of recovered traumas are made you should proceed with caution. Don't automatically rule out any claim of abuse. The following are recommended precautions psychologists should take.

Evaluate your client with good diagnostic tools that are objective and scientifically validated. You should never accept a previous diagnosis as a substitute for doing your own diagnostic evaluation. Particular caution should be taken when the original diagnosing therapist specialized in Dissociative Identity Disorders, Satanic Ritual Abuse, incest, recovery of memories, prior lives, etc. Avoid projective tests and "home-made" tests that lack published validity studies. Rule out standard psychopathologies and personality disorders as contributors to hypnotic images. A good diagnostic interview, psychological testing, and reference to standard DSM IV categories can enhance your ability to do an accurate differential diagnosis. Intervention strategies and treatment plans must line up with objective and standardized criteria, otherwise gross errors of judgment about memory reports may occur.

Do a systematic real-life confirmation and external validation of the diagnosis. Hypnotic images must be supported by consistent, external corroboration to establish their validity. Such corroboration should include: (1) the nature and origin of the hypnotic image with as much detail and specificity as possible, including the timing and current stressors in your client's life; (2) the nature and history of any previous or current therapy, and (3) circumstances in which therapy was sought.

Rule out external influences. Trance-induction techniques, recovery groups, regression literature, TV, media focus, publicized cases, and friends your client has been exposed to may have impacted your client in developing hypnotic images.

Psychosocial History. Take a through family, social, and psychological history, including drug or alcohol use, sexual history, family relationships and job history. Part of real-life confirmation must come out of this material. Explore any prior relational or behavioral problems that may support or undermine the credibility of the images.

Family Systems. Corroboration of memories must be done within the context of family history and experience. This means that if hypnotic images suggest abuse events, then validation must be sought with members of the family, relatives, siblings or extended family members before the truth of the images can be entertained or suggested. This does not mean always going to the accused for validation. It does mean that to cut off the client and yourself as the therapist from members of the family as a resource for additional information is very dangerous and can do much damage. A "closed system" approach to therapy is unprofessional and lacks integrity. Encouragement to break the family bond with accused family members undermines our duty to "do no harm," and makes the possibility for healing and potential reconciliation extremely difficult.

External Documents. Consider medical and school histories as a source for confirmation / disconfirmation of hypnotic images.

Secondary Reinforcers. Consider how traumatic images might reinforce a "victim" role for the client and keep them too identified with that role or simply as a way to redefine life and why things have not gone well ("myopic blaming"). Also consider any ways these images might be used for the purpose of revenge or intent to harm someone (as in the case of a custody dispute).

Age and Extent. Traumatic images which are thought to have occurred prior to age 3 or 4 are particularly questionable. "Robust repression" in which numerous traumas are believed to have occurred over many years is also highly suspect.

VII. RESOURCES FOR DEALING WITH FMS

ORGANIZATIONS

Project Middle Ground

Dr. Paul Simpson
1200 N. El Dorado Place
Tucson, AZ 85715
(520) 298-9746

This program was formed in 1993 to provide education, professional mediation, and restoration for individuals, families, and professionals impacted by RMT.

False Memory Syndrome Foundation

Suite 130
3401 Market Street
Philadelphia, PA 19104

Info Line: (800) 568-8882

An organization for professionals and families dealing with the FMS crisis. They provide therapist and family information packets, have local support groups, and can provide information on national events.

VOCAL (Victims Of Child Abuse Laws)

VOCAL / Colorado Coordinator
7485 East Kenyon Avenue
Denver, CO 80237

Help Line: (800) 745-8778), Professional line (520) 722-1968

Ask for their 6 page brochure. They offer affordable packets to citizens on personal rights of the accused and rights to due process. Also have a 500 page packet for attorneys. Can also provide information about support groups and legal counsel in different localities.

National Association for Consumer Protection in Mental Health Practices

3 Golf Center Plaza, Suite 249
Hoffman Estates, IL 60195

Robert Koscielny (Ohio) (216) 888-7953, Herman Ohme (Texas) (210) 344-5699

This organization is developing national legislation for consumer protection from mental health fraud. They can provide information about local efforts as well.

READINGS

Addicted to Recovery: Exposing The False Gospel of Psychotherapy - Escaping the Trap of Victim Mentality

Gary Almy & Carol Tharp Almy, with Jerry Jenkins, Harvest House Publishers, 1994, ISBN: 1-56507-185-9

An excellent critique of victim culture, drawn from the Christian perspective. Recommended for the general and Christian reader.

What You Should Know about the Controversy Over Memories of Childhood Abuse

The American Psychological Association provides an informational brochure on FMS free of charge to the public. It can be obtained by sending a self-addressed, stamped envelope to:

Memories
APA Public Affairs Office
750 First Street, NE
Washington, DC 20002-4242

Hidden Memories, Voices and Visions From Within

Robert A. Baker, Prometheus Books, 1992, ISBN: 0-87975-684-5, Telephone: (716) 837-2475

Very well done, critical exploration of mystical phenomena, has alternative explanations for traumatic "memories". Recommended for professionals.

Only God Can Heal The Wounded Heart

Ed Bulkley, Harvest House Publishers, 1995, ISBN: 1-56507-323-1

A Christian critique of RMT and psychology in general. Recommended for the Christian reader.

The Memory Wars; Freud's Legacy in Dispute

Fredrick Crews, A New York Review Book, 1995; ISBN: 0-94022-04-8

A powerful, short work critiquing Freud and the recovered memory movement.

Sex Abuse Hysteria: Salem Witch Trials Revisited

Richard Gardener, Creative Therapeutics, ISBN: 0-933812-22-1, Telephone: (201) 567-8989

Gardener has published a number of books and is a psychiatrist recognized for his forensic expertise in child abuse allegations. Recommended for the general reader.

Confabulations: Creating False Memories, Destroying Families

Eleanor Goldstein, Kevin Farmer, SIRS, 1992, ISBN: 0-89777-144-3, Telephone: (407) 994-0079

One of the first books published exploring the FMS crisis. Very readable, designed for the general reader.

True Stories of False Memories

Eleanor Goldstein, Kevin Farmer, SIRS, 1993, ISBN: 0-89777-145-1, Telephone: (407) 994-0079

Relates the stories of 3 retractors. Recommended for the general reader and professionals.

Combating Cult Mind Control: The #1 Best-selling Guide to Protection, Rescue, and Recovery from Destructive Cults

Steven Hassan, Park Street Press, 1990, ISBN: 0-89281-311-3

Hassan is a former cult member who now provides "exit-counseling" for helping survivors of cults. He provides helpful insights into cult dynamics and possible interventions. Recommended for accused families and therapists seeking to understand the dynamics of the recovered memory movement.

Who Stole Feminism; How Women Have Betrayed Women

Christina Hoff-Sommers, Simon & Schuster, 1994, ISBN: 0671-79424-8

Sommers provides a powerful investigation into feminist rhetoric and "research findings," she exposes deceptive practices and exaggerated statistical figures. Recommended for the general and professional reader.

Rumors; Uses, Interpretations, and Images

Jean-Noel Kapferer, Transaction Publisher, 1990, ISBN: 0-88738-325-4

Kapferer is an expert in the phenomena of rumors, helps the reader to understand how rumors operate and their impact in society. Recommended for professionals.

Recovery From Cults: Help For Victims of Psychological and Spiritual Abuse

Michael D. Langone (ed.), W.W. Norton & Company, 1993, ISBN: 0-393-31321-2

Strongly recommended for professionals assisting retractors in recovery from RMT abuse. Helpful in understanding the coercive dynamics of RMT and essential issues to address for retractors. Recommended for professionals.

The Myth of Repressed Memory

Elizabeth Loftus & Katherine Ketcham, St. Martin's Press, 1994, ISBN: 0-312-11454-0,

Telephone: (800) 221-7945, in New York call (212) 674-5151 ext. 645

One of the world's leading memory experts, Loftus gives a thorough and scientific review of the FMS crisis. This book has a readable and personal style. Recommended reading for the general reader and professional.

Making Monsters

Richard Ofshe & Ethan Watters, Charles Scribner's Sons, 1994, ISBN: 0-684-19698-0

A powerfully worded, well-written critique of RMT. Reading style is captivating for both the professional and general reader.

Victims of Memory; Incest Accusations and Shattered Lives

Mark Pendergrast, Upper Access Books, 1995, ISBN: 0-942679-16-4, Telephone (802) 482-2988

If you're looking for one book on FMS, this is it. As an accused father, Pendergrast, an investigative writer, provides one of the most thorough explorations of FMS to date. The book structure is unique in that each chapter is designed to "stand alone," so the reader can read chapters in any order desired. Strongly recommended for the general reader as well as professionals. Be sure to ask for the second edition when ordering.

Second Thoughts: Understanding the False Memory Crisis and How It Could Effect Your Life

Paul Simpson, Thomas Nelson Publishers, 1996, Order at (800) 251-4000

Offers a personal account of a “retracting” psychologist” and exposes many of the common misconceptions promoted in RMT. Offers scientific critique and also has a chapter examining RMT from a Biblical perspective. Recommended for the general, professional and Christian reader.

A Nation of Victims; The Decay of the American Character

Charles J. Sykes, St. Martin's Press, 1992, ISBN: 0-312-08297-5/HC and 0-312-09882-0/PBK, Telephone: (800) 221-7945, in New York call (212) 674-5151 ext. 645

Excellent exploration of "Victim Culture" in America. Recommended for general readers and professionals.

Return of the Furies; An Investigation into Recovered Memory Therapy

Hollida Wakefield and Ralph Underwager, Open Court, 1994, ISBN: 0-8126-9271-3

Wakefield and Underwager are well established in the field of child abuse allegations. *Furies* provides one of the more academically challenging reviews of RMT. Recommended for professionals.

Diagnosis for Disaster; The Devastating Truth About FMS and Its Impact on Accusers and Families

Claudette Wassil-Grimm, The Overlook Press, 1995, ISBN: 0-87951-572-4

Wassil-Grimm gives a balanced presentation that emphasizes the reality of FMS, its devastating impact on individuals and families, and the tragedy of actual child abuse. Recommended for the general reader.

Suggestions of Abuse; True and False Memories of Childhood Sexual Traumas

Michael Yapko, Simon & Schuster, 1994, ISBN: 0-671-87431-4

Yapko is an expert in hypnosis and offers insightful critique of RMT practices. Its strong aspect is the revelation of a number of misconceptions held within the therapeutic community. This has an easy reading style and is particularly appropriate for professionals.

VIII . PROFESSIONAL/LEGAL STATEMENTS REGARDING FMS

A. Brief Summaries of Professional Statements

External Corroboration

"It is not known how to distinguish, with complete accuracy, memories based on true events from those derived from other sources."
(American Psychiatric Association, 1993)

"While aspects of the alleged abuse situation, as well as the context in which the memories emerge, can contribute to the assessment, there is no completely accurate way of determining the validity of reports in the absence of corroborating information."
(American Psychiatric Association, 1993)

"The AMA considered recovered memories of childhood sexual abuse to be of uncertain authenticity, which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication."
(American Medical Association, 1994)

"The available scientific and clinical evidence does not allow accurate, inaccurate, and fabricated memories to be distinguished in the absence of independent corroboration."
(Australian Psychological Society, 1994)

"At present there are no scientifically valid criteria that would generally permit the reliable differentiation of true recovered memories of sexual abuse from pseudo memories."
(Michigan Psychological Association, 1995)

"At this point it is impossible, without other corroborative evidence, to distinguish a true memory from a false one."
(American Psychological Association, 1995)

"Psychologists acknowledge that a definite conclusion that a memory is based on objective reality is not possible unless there is incontrovertible corroborating evidence."
(Canadian Psychological Association, 1996)

Hypnosis and memory recovery techniques

"The Council finds that recollections obtained during hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate, but actually appear to be less reliable than non-hypnotic recall."
(American Medical Association, 1985)

"Psychiatrists are advised to avoid engaging in any 'memory recovery techniques' which are based upon the expectation of past sexual abuse of which the patient has no memory. Such 'memory recovery techniques' may include drug-mediated interviews, hypnosis, regression therapies, guided imagery, 'body memories,' literal dream interpretation and journaling. There is no evidence that the use of consciousness-altering techniques, such as drug-mediated interviews or hypnosis can reveal or accurately elaborate factual information about any past experiences including childhood sexual abuse. Techniques of regression therapy including 'age regression' and hypnotic regression are of unproven effectiveness."
(Royal College of Psychiatrists, 1997)

Traumatic Memories

"Most people who were sexually abused as children, remember all or part of what happened to them although they may not fully understand or disclose it."
(American Psychological Association, 1996)

"While traumatic memories may be different than ordinary memories, we currently do not have conclusive scientific consensus on this issue."
(International Society for Traumatic Stress Studies, 1998)

"Because exactly what is meant by the terms 'repression' and 'dissociation' is far from clear, their use has become idiosyncratic, metaphoric, and arbitrary."
(Scientific Advisory Board of the FMS Foundation, 1998)

Caution on using a set of symptoms to diagnose child sexual abuse or a child abuser.

"There is no uniform profile" or other method to accurately distinguish those who have sexually abused children from those who have not."
(American Psychiatric Association, 1993)

"Psychologists recognize that there is no constellation of symptoms which is diagnostic of child sexual abuse."
(Canadian Psychological Association, August 1996)

"Previous sexual abuse in the absence of memories of these events cannot be diagnosed through a checklist of symptoms."
(Royal College of Psychiatrists, 1997)

STATEMENTS THAT MAY REFLECT SUBSTANDARD PRACTICES

1. *"You have the symptoms of someone who was abused."*
2. *"Studies show that (or, my experience is that) most people with [fill in the particular diagnosis or symptoms here] were sexually abused."*
3. *"If you think you were abused, then you probably were."*
4. *"Remembering is essential if you want to be healed."*
5. *"This technique (hypnosis, guided imagery, sodium amytal, etc.) is designed to help you remember."*
6. *"Suing (Forgiving, Detaching from, etc.) your family is a necessary part of healing."*
7. *"You have to get worse before you get better."*
8. *"Your body holds accurate memories of past events."*

Treating Patients with Memories of Abuse:
Legal Risk Management, Appendix B
Knapp and VandeCreek
American Psychological Association, 1998

B. Larger Excerpts of Professional Statements

In 1985, the American Medical Association produced a definitive review of the use of hypnosis for the purpose of improving recollection of traumatic events. Some excerpts from the report include:

“Controlled laboratory studies that have attempted in various ways to verify the accuracy of recall in hypnotic age regression have not supported the claims of single case reports. It is the consensus of the Panel that hypnotic age regression is the subjective reliving of earlier experiences as though they were real - which does not necessarily replicate earlier events.” (p.1919)

“ . . . hypnosis can also lead to increases in false recollection and confabulation. This also occurs with victims or witnesses of crimes who suffer from traumatic amnesia or post traumatic stress disorder. . . There is no data to support . . . that hypnosis increases remembering of only accurate information. Contrary to what is generally believed by the public, recollections obtained during hypnosis not only fail to be more accurate but actually appear to be generally less reliable than nonhypnotic recall. Furthermore, whereas in nonhypnotic memory reports there is usually positive relationship between the accuracy of recollections and the confidence that the subject places in those recollections, both the hypnotic procedure and hypnotizability may serve to distort this relationship. . . Consequently, hypnosis may increase the appearance of certitude without a concurrent increase of veracity.” (p.1921)

“When hypnosis is used for recall of meaningful past events, there is often new information reported. This may include accurate information as well as confabulations and pseudomemories. These pseudomemories may be the result of hypnosis transforming the subjects' prior beliefs into thoughts or fantasies that they come to accept as memories. Furthermore, since hypnotized subjects tend to be more suggestible, subjects become more vulnerable to incorporating any cues given during hypnosis into their recollections. The Panel found no evidence to indicate that there is an increase of only accurate memory during hypnosis and recognized that there is no way for either the subject or the hypnotist to distinguish between those recollections that may be accurate and those that may be pseudomemories.” (p.1922)

“There are no techniques based on the individual's report that can discriminate reliably between a true and false memory report in any specific case. . . hypnosis can lead to . . . increases in both accurate and false recollections. . . subjects in hypnosis are more vulnerable to the biasing effects of leading questions.” (p.1920)

“Not only is there a question about the accuracy of a subject's recollection during hypnosis, but there is also the problem that hypnosis leads to an increased vulnerability to subtle cues and implicit suggestions that may distort recollections in specific ways, depending upon what is communicated to the subject. Both the expectations of the hypnotist and the prior beliefs of the subject may determine the content of confabulations or pseudomemories during hypnosis. The manner in which a question is framed can influence the response and even produce a response when there is actually no memory. . . The Panel believes that, in order to minimize a potential miscarriage of justice, it must be communicated clearly to the authorities that neither the subject nor the hypnotist can differentiate between accurate recollections and pseudomemories obtained through hypnosis without subsequent independent verification.” (p.1922)

§§§§§§§§§§§§§§§§

Excerpts from the Report of the Counsel On Scientific Affairs (American Medical Association, June 16, 1994, CSA Report 5-A-94) include the following:

This policy was developed as part of CSA Report K (I-84), which addressed several aspects of hypnosis and memory. The report concluded that new information is often reported under hypnosis, and that while the information may be accurate, it may also include confabulations and pseudomemories. Moreover, the Council concluded that hypnosis-induced recollections actually appear to be less reliable than non-hypnotic recall. That statement remains an accurate summary of the empirical literature.”

Conclusions and Recommendations

The AMA has a long history of concern about the extent and effects of child abuse. Child abuse, particularly child sexual abuse, is under recognized and all too often its existence is denied. Its effects can be profound and long-lasting. (6) The Council on Scientific Affairs recommends that the following statements be adopted and that the remainder of this report be filed:

1. That the AMA recognize that few cases in which adults make accusations of childhood sexual abuse based on recovered memories can be proved or disproved and it is not yet known how to distinguish true memories from imagined events in these cases.
2. That the AMA encourages physicians to address the therapeutic needs of patients who report memories of childhood sexual abuse and that these needs exist quite apart from the truth or falsity of any claims.
3. That Policy 515.978 be amended by insertion and deletion to read as follows: The AMA considers recovered memories (replaces "the technique of 'memory enhancement' in the area") of childhood sexual abuse to be of uncertain authenticity, which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication.
4. That the AMA encourage physicians treating possible adult victims of childhood abuse to subscribe to the Principle of Medical Ethics when treating their patients and that psychiatrists pay particular attention to the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry.
5. That Policy 80.996, which deals with the refreshing of recollections by hypnosis, be reaffirmed.”

American Psychological Association: “APA Panel Addresses Controversy Over Adult Memories of Childhood Sexual Abuse.” They reviewed the current research literature on both trauma and memory and achieved consensus on four basic conclusions:

- Controversies regarding adult recollections should not be allowed to obscure the fact that child sexual abuse is a complex and pervasive problem in America that has historically gone unacknowledged.
- Most people who were sexually abused as children remember all or part of what happened to them.
- However, it is possible for memories of abuse that have been forgotten for a long time to be remembered. The mechanism(s) by which such delayed recall occur(s) is/are not currently well understood.
- It is also possible to construct convincing pseudomemories for events that never occurred. The mechanism(s) by which these pseudomemories occur(s) is/are not currently well understood.
- There are gaps in our knowledge about the processes that lead to accurate or inaccurate recollection of childhood sexual abuse.

In approving the release of the working group's interim statement, the APA Board of Directors offered some additional guidance for the public and the profession on this issue:

- There is no single set of symptoms which automatically means that a person was a victim of childhood abuse.
- All therapists must approach questions of childhood abuse from a neutral position.
- The public should be wary of two kinds of therapists: those who offer instant childhood abuse diagnoses, and those who dismiss claims or reports of sexual abuse without exploration.
- When seeking psychotherapy, the public is advised to see a licensed practitioner with training and experience in the issues for which treatment is sought.

A landmark court decision, *State of New Hampshire v. Joel Hungerford*, has declared repression to be scientifically unreliable. The court's comments included:

"The Court finds that the testimony of the victims as to their memory of the assaults shall not be admitted at trial because the phenomenon of memory repression, and the process of therapy used in these cases to recover the memories, have not gained general acceptance in the field of psychology; and are not scientifically reliable."

"Several recent survey studies have been cited to support the existence of the phenomenon of repressed memories for traumatic events, . . . Many of these were survey studies, not clinical studies. Attempts to interpret the results of these studies as evidence of the existence of repressed memory are severely restricted because of certain methodological and other deficiencies inherent in the studies... Few of the studies confirm or corroborate the occurrence of the alleged trauma in any way. . . In many of the survey studies, . . . the survey question was sufficiently ambiguous, that it is not possible to ascertain whether the failure to remember the experience was in fact memory repression, or merely normal forgetting or reluctance to disclose the event. . . Even the highly regarded study by Linda Meyer Williams in 1994, which did confirm the occurrence of the traumatic event, exhibits serious methodological deficiencies which impair the validity of its results. Specifically, the lack of a follow-up interview undermines confidence in the study's conclusion of the existence of repressed memory. The failure to report abuse could have resulted from reluctance to disclosure, ordinary forgetting or a myriad of other factors. Furthermore, the influence of childhood amnesia in the Williams study was not sufficiently considered. These methodological deficiencies in these recent studies have caused the field of psychology to approach the concept of repressed memory with some skepticism."

"Research and studies of memory in general and traumatic memory in particular have indicated that in general, traumatic events are well remembered. However, studies have indicated that some degree of memory disturbance is commonly associated with traumatic experiences. Studies have indicated that hypermnnesia, i.e. intrusive memories of the event, and partial amnesia of parts of the event, are common for those who have experienced a traumatic event. Studies indicate that the gist of the traumatic event is generally extremely well retained, while the details may be inaccurate."

". . . therapy is recognized to be inherently suggestive. It is universally recognized that the processes involved in interactions such as psychotherapy are highly complex and undue suggestion may result. Suggestion has been found to be multi-dimensional, and may be influenced by the "hypnotizability" of the subject, the providing of misinformation, social persuasion, and interrogation. . . Use of so-called guided imagery, a process by which a therapist directs a client's visualization is considered highly suggestive. Age regression therapy, by which a patient is encouraged to return to an appropriated time in his or her childhood and to experience an event as that child would, is considered suggestive. Furthermore, a therapy by which a therapist communicates to his or her client a belief or confirmation of the client's beliefs or memories can be highly suggestive. . . It is inappropriately suggestive for a therapist to communicate to a client his or her belief that a dream or a flashback is a representation of a real life event, that a physical pain is a 'body memory' of sexual abuse, or even that a particular memory recovered by a client is in fact a real event."

IX. ABOUT THE PRESENTER

Dr. Paul Simpson is a licensed psychologist and professional family mediator in private practice in Tucson, Arizona and is listed in the National Register of Psychologists. He is a former caseworker with Child Protective Services and has worked extensively with victims of physical and sexual abuse, as well as perpetrators of sex crimes. In 1991 and 1992, Dr. Simpson was practicing regression therapy on his clients. However, after extensive research, he came to the conclusion that regression therapy did not represent legitimate therapeutic practice. Subsequently, in 1993 he formed *Project Middle Ground* as a means of promoting dialogue between regression clients and their estranged families. This program has expanded to include education, mediation and restoration for individuals, families and professionals involved in the repressed memory/false memory crisis.

Highlights of Dr. Simpson's involvement in the FMS issue

- Conducting FMS seminars nationally with therapist, parent and church groups since 1993.
- Established Project Middle Ground in 1993, the first program in the nation designed to mediate between regression clients and accused families and to reconcile retractors with their families.
- Helping retractors in healing from their regression trauma and understanding their FMS experience.
- Author of *Second Thoughts; Understanding the False Memory Crisis*, published by Thomas Nelson Publishers (1996).
- Co-authored the first national research study examining the experiences of retractors in the United States and Canada. Titled *First Glimpse*, it is published in the Fall 1994 issue of the *Journal of Child Abuse Accusations*.
- Dr. Simpson has been interviewed on *CNN*, *The Leeza Gibbons Show*, *Frontline* (PBS), *Dateline*, *Focus On The Family* (Dr. James Dobson), *Parent Talk Radio*, *The Joan Rivers Show* and for numerous publications and news broadcasts. In addition, he has provided consultation to various media, including *The Oprah Winfrey Show*, *60 Minutes*, and *20/20*.

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