

A CONVERSATION WITH PAMELA FREYD, Ph.D. CO-FOUNDER AND EXECUTIVE DIRECTOR, FALSE MEMORY SYNDROME FOUNDATION, INC., PART I

by David L. Calof

A great deal of the present national furor over false memory may be traced to a robust and adroit public relations effort by the recently-formed False Memory Syndrome Foundation, Inc. Incorporated less than two years ago, this advocacy group is for parents, usually in their 50s, 60s, 70s, and 80s, who claim they have been falsely accused by their adult children of often severe and sadistic childhood sexual abuse. Typically, they cite the psychotherapy process as generating the unexpected recovery of previously "forgotten" traumatic memories.

According to its 1992 *Mission and Purpose* statement, the Foundation was created "to aid the victims, both primary and secondary, of False Memory Syndrome; to seek reasons for the spread of the False Memory Syndrome; and to work for the prevention of new cases of false memory syndrome." They promise to pursue these ends in the following ways:

■ "By publicizing the nature and prevalence of False Memory Syndrome, the conditions and practices causing and sustaining it, and the steps that affected individuals can take to bring truth and well-being back into their lives;

■ By providing access to counseling



PAMELA FREYD, Ph.D

and guidance to those who are injured and hurt;

■ By promoting and sponsoring scientific and medical research into the existence and causes of False Memory Syndrome, and disseminating the resulting information and knowledge to psychiatrists, psychologists, social workers, counselors, lawyers and the general public; and

■ By helping the secondary victims (those falsely accused) to establish through polygraph and other methods of ascertaining the truth of such

issues, the falsity of such incest and abuse charges, and the psychological and other reasons they are made, including the intentional or unwitting suggestion of therapists and therapeutic programs."

The FMSE, Inc. organization asserts that there is a new, national epidemic of false memories destroying thousands of families. The 1992 book *Confabulations: Creating False Memories — Destroying Families* (Eleanor Goldstein with Kevin Farmer, Boca Raton, FL: Social Issues Resources Series, Inc. [SIRS]), which has become the de facto "bible" of the false memory movement, purports to "recount the stories of twenty families, out of more than 550 documented cases, ravaged by this epidemic." In the book's introduction, the authors write:

"The final result is that hundreds, more likely, tens of thousands of parents have been falsely accused of the most horrendous crimes of sexual abuse against the people they love the most in the world — their children."

False memory advocates are especially skeptical of claims of satanic ritual abuse. In a February 20, 1992 letter sent to supporters less than a month before the incorporation of the False Memory Syndrome Foundation, Pamela Freyd summarized a position regarding ritual abuse that has become the *de facto* position of the

Foundation to this day:

"We have been assured in several conversations that evidence of satanic activity of the sort that has become a popular myth in our country simply does not exist. It must be obvious to rational people that accusations based on memories that include satanic ritual are delusions of some sort. For those of us who are only accused of 'run-of-the-mill incest,' this should turn out to be some help. If 'memories' of satanic abuse can be induced in therapy, then so can 'memories' of incest or anything else" (p. 1, "Dear Friends" letter, February 20, 1992).

The extent of the Foundation's cultural influence may be seen in the state of Utah. For its large size and sparse population (1,770,000), Utah has a disproportionate number of FMS "member families." Of the total 3,681 member families reported in the May 3, 1993 *FMS Newsletter*, 146 live in Utah. The only states with higher numbers of FMS members in residence are the highly populous states of Pennsylvania (home to the FMS Foundation) (212), Florida (153), New York (162), California (679) and Washington (186) — home to FMS Scientific Advisory Board Member, false memory activist, and renowned defense witness, Elizabeth Loftus, Ph.D. So great has been the concern over "false memory syndrome" in Utah that the Latter Day Saints Church has officially addressed it. At the LDS Church's semiannual conference in early 1992, Elder Richard G. Scott, a member of the Church's Quorum of Twelve Apostles, remarked:

"Detailed, leading questions that probe your past may unwittingly trigger thoughts that are more imagination or fantasy than reality. They could lead to condemnation of another for acts that were not committed" (in Morris, M., "Psychologists decry 'hokey' therapy," *Utah County Journal*, April 24, 1992, p. A-1)

To combat what they claim is an

out of control public health crisis that is destroying families, false memory advocates identify two culprits. The first is bad therapy by bad or careless therapists. This is therapy in which the therapists' incautious, inappropriate and/or unwitting use of suggestion or leading, in concert with other factors, creates false memories of childhood incest or sexual abuse in the hapless, if not seriously disturbed, patient. The false accusations that follow result in horrible, untoward pain to their families. Ralph Underwager, Ph.D., the controversial FMS co-founder and former member of the FMSF Scientific Advisory Board, sometimes credited with coining the term "false memory syndrome," claims:

"There is an awful lot of bad psychotherapy out there. When you have a situation where a person has no recollection, no recall, but had some kind of trouble or problem or unhappiness, and they go to a therapist and recover a memory, it's common sense to realize that the therapy caused the memory" (in Morris, 1992, p. A-3).

Factors frequently cited to support this hypothesis include patients' *psychodynamic distortions*; the *demand character* for clients to probe and make productions for the therapist; various forms of *countertransference and counter-dependence*; and *cultural expectations or demands* that reward "victimhood." According to defense expert Underwager, "Being victims is the most popular sport in America today" (in Morris, 1992, p. A-1). Misguided "do-goodism," "radical feminism" and "New Age" are frequently mentioned as cultural driving forces. Therapists' financial motives are not overlooked, either. In the conclusion to *Confabulations*, the authors ask:

"What is going on? The Recovery Movement is a billion dollar enterprise. Hundreds of thousands of people are making lots of money in this growth industry. . . . As soon as a victim

accepts that she has been abused, she is told "recovery" will take two to six years, maybe a lifetime. The therapist has hooked a long-term patient. . . ." (p. 328-330).

False memory advocates argue that the combination of the above factors, along with the careless or exploitative use of techniques such as hypnosis and imagery, other projective techniques, and narcohypnosis (sodium amytal), creates a *folie à deux* of false recollections of abuse in patient and therapist, often as a rationalization for therapy that is failing. Advocates claim that books, tapes, groups and seminars influence, reinforce and program individuals to develop false memories of sexual abuse.

The second culprit is bad science. This is the position that decades-buried memories of massive childhood trauma are impossible or very rare. They argue that the concept of recovered memory of massive trauma is a grievous error in-the-making in psychology at present. Perhaps the most cynical of these voices is award-winning Berkeley sociologist and FMS Scientific Advisory Board member, Richard Ofshe, Ph.D., who has called recovered memory therapy one of the "centuries most intriguing quackeries," which "no human society since the dawn of time has ever recorded except a bunch of wacked-out psychologists in America" (Robinson, K. (1993). "Memories of Abuse," *The Seattle Weekly*, August 11, 1993, p. 27).

Advocates to this position argue that trauma is not forgotten, but remains intrusive and problematic. They argue that it would be near impossible for a child to forget multiple events of abuse over long periods. They assert that long term repression has never been proven. Again, Ofshe (1993):

"Recovered memory therapy seems to have been produced by a series of mistakes. . . . [Practitioners of recovered memory therapy] refuse to acknowledge

that three generations of researchers have tried and failed to confirm the existence of the repression phenomenon, in even its most conservative form. They ignore the fact that no evidence suggests the human mind is capable of hiding from itself the numbers of traumatic events elicited from clients of recovered memory therapy" (1993, *Society*, March/April).

Adherents to the bad science argument typically are non-clinicians with little or no experience in diagnosing, assessing or treating known traumatic stress reactions including dissociation and traumatic memory disturbance. While they are very loud in their opposition to the concept of long-term repression, they are mainly silent regarding traumatic dissociation and amnesia or the literature in which these reactions have been reported as posttraumatic sequelae in traumatic contexts other than child abuse, such as war, political torture and indoctrination, concentration camps, and cults. Underwager acknowledges traumatic amnesia but only to dismiss it as a sequelae for anything but "one single, highly traumatic experience." He explains:

"There are some people who do have [traumatic] amnesia for that [single] event and for things that occurred immediately before it. It is not repression, and it is not for acts that are repeated" (Morris, 1992, p. A-3).

The national discussion regarding the veridical truth of memories of childhood abuse will have a beneficial effect. Therapists will be reminded that dire consequences can ensue from poor practice, careless technique, and unchecked countertransference and parallel process. Hopefully, it will also stimulate legitimate research into the nature of traumatic memory.

Unfortunately, the polemic often has been hysterical, scapegoating, accusatory, speculative, rumor driven, biased and anti-empirical. Since many members of the FMSE, Inc. Scientific Advisory Board are frequent professional witnesses for the defense in

cases of alleged sexual abuse, we questioned whether the organization was acting more as an advocate for a previously determined position or whether it was truly taking a scientific approach to determining the veridical truth of recollections of child abuse.

With these concerns in mind and with a strong desire to explore the claims of the False Memory Syndrome Foundation, Inc. first hand, we decided to interview Pamela Freyd, Ph.D., its founder and first Executive Director.

As a founder of this advocacy group, Pamela Freyd is perhaps the most visible of those who claim their adult children have had "false memories" of childhood abuse. When we decided to approach Freyd, we had already seen her autobiographical account, "How Could This Happen? Coping with a False Accusation of Incest and Rape," by "Jane Doe" which appeared in Ralph Underwager and his colleague and wife, Hollida Wakefield's publication, *Issues in Child Abuse Accusations* [3(3), 154-165]. In the Jane Doe article, (which Freyd later acknowledges authorship for in the February 29, 1992 *FMS Newsletter*) she chronicles "the effects of a false accusation of childhood abuse and rape by a grown daughter against her father" (p. 154).

In addition to offering her view of the chronicle of events in her own family, Freyd offers a psychological analysis to support her contention that her daughter suffers from false memory syndrome. There is no data presented about the daughter's memories and no information as to how they occurred to her, only Pamela Freyd's arguments. Freyd contends that her daughter's "false" memories were brought on by a zealous, young therapist (age 32), "slop articles and books" such as Ellen Bass and Laura Davis' *Courage to Heal* [1988, New York, NY: Harper & Row] and "muddled thinking on the part of therapists" over the signs and symp-

toms commonly associated with sexual abuse (p. 160). Freyd's analysis and explanation of her daughter's alleged false memories of incest with her father fall into four general categories:

1) Pamela Freyd and her husband's "faults as parents." These were not specified except as "a million things that I would do better a second time round if life let me sign on again" (p. 161);

2) A possible "physical" or "chemical" problem (p. 161-162);

3) Various "stresses" on her daughter and son-in-law. Here the speculation went to her daughter's "feelings of inadequacy," possible marital conflict over a career decision, and conflict and exhaustion from being a mother with a demanding career. Freyd also speculates that her daughter may have felt "additional stress and inadequacy" because of the mother's own recent "tremendous professional success" and how this "might have been a trigger for the timing of [her daughter's] revelation" (p. 162);

4) Contributing factors from the current "cultural context." Freyd wrote:

"Research is full of examples of how people are influenced by the expectations of the people they are with and by the way that questions are posed. To be against child sexual abuse is a 'politically correct' position, especially for activist women. To be a 'victim' of something is almost a social necessity on college campuses. So much support and so much zeal abound for such accusations that more and more unjust ones, such as in our case, are being made" (p. 163).

When *Treating Abuse Today* interviewed Pamela Freyd during the month of April, 1993, we did not know then that she had reprinted her "Jane Doe" article in the *Confabulations* book. We add this because when we criticized this book in the interview, Freyd stated that the book does

not speak for the Foundation and that she did not write it.

As we approached the interview, we gave considerable thought to how we would deal with Pamela Freyd's personal and family involvement with allegations of incest. We realized that we could not accept prima facie Pamela Freyd's account that her husband was "falsely accused" as we had not heard the daughter's story nor, to our knowledge, was there an official inquiry pending or concluded in the matter. In fact, we have been a little horrified each time Pamela Freyd has been introduced in the media as the wife of a falsely accused husband. For the most part, these news stories have not strenuously challenged the parents' claims nor have they reported how the daughter's accusations were made, their specific nature, or how they were proven false, if indeed they were.

While we realize that Pamela Freyd's family situation is integral to her stance in this self-styled advocacy group, we thought we might still have a productive interview on the broad issues in the event she declined to discuss her personal situation. We decided we would proceed with the interview whether or not Dr. Freyd agreed to discuss her family situation. When she did decline very early in the interview, we chose to avoid any further probing of the nature of the matter in Pamela Freyd's immediate family. We used the opportunity instead to focus for the most part on the claims and tactics of the False Memory Syndrome Foundation, Inc. We believe this led to a fruitful dialogue.

This is a fast breaking story. Since our interview, two important developments have occurred that deserve reporting. In our background investigation prior to the interview, we found some very disturbing reports regarding Ralph Underwager, Ph.D., the controversial former member of the FMSF Scientific Advisory Board and seminal figure in the early devel-

opment of the Foundation. Among other reports, we had seen an investigative story shown on the Australian *60 Minutes* television show that found that many investigators, child advocates and courts in the United States and Australia had questioned Underwager's expertise, impartiality, and accuracy as a professional witness for the defense in cases of alleged child abuse. He has been frequently criticized for entering cases as a direct advocate for the defense rather than the objective, scientific observer he purports to be.

At the time of our interview, Underwager was still a member of the FMSF, Inc. Scientific Advisory Board. When we broached the subject of Underwager in our interview, Freyd volunteered, "I know that he is considered a very controversial figure within the child advocate community." When we asked her if she had seen the *60 Minutes* report, she said that she had not but that her husband had and that videotaped copies of it had been sent anonymously to FMSF Scientific Advisory Board members. When asked the Board's reaction to the report, Freyd replied, "Two people said it was disturbing." Freyd also told us that she had seen an information packet critical of Underwager put together and distributed by a child prosecutor that "frankly disturbed" her.

We asked whether the Foundation was contemplating its own investigation of the situation, Freyd responded, "Not at this time . . . I believe a lawsuit for slander pertaining the accusations you're citing is in process and I think we'll wait and see how that comes out." When we pressed our concern that by not internally investigating the matter the organization was conveying an attitude of "as long as he toes the party line, we'll let him in," Freyd replied, "No one has asked us for any kind of official response. If you would like to give me something in writing, I will make an official response."

Before we were able to do so, we learned that Underwager had resigned the FMSF, Inc. Scientific Advisory Board. His resignation came as pressure mounted following the discovery and wide dissemination of an interview he and his wife and colleague, Hollida Wakefield, gave in the Netherlands publication, *Paidika: The Journal of Paedophilia* (Winter, 1993, Volume 3, Number 1). In this startling passage from that interview, Underwager clearly advocates for paedophilia:

P: "Is choosing paedophilia for you a responsible choice for the individual?"

RU: "Certainly it is responsible. What I have been struck by as I have come to know more about and understand people who choose paedophilia is that they let themselves be too much defined by other people. That is usually an essentially negative definition. Paedophiles spend a lot of time and energy defending their choice. I don't think that a paedophile needs to do that. Paedophiles can boldly and courageously affirm what they choose. They can say what they want is to find the best way to love. I am also a theologian and as a theologian I believe it is God's will that there be closeness and unity of the flesh, between people. A paedophile can say: 'This closeness is possible for me within the choices that I've made.'

"Paedophiles are too defensive. They go around saying, 'You people out there are saying that what I choose is bad, that it's no good. You're putting me in prison, you're doing all these terrible things to me. I have to define my love as being in some way or other illicit.' What I think is that paedophiles can make the assertion that the pursuit of intimacy and love is what they choose. With boldness they can say, 'I believe this is in fact part of God's will.' They have the right to make these statements for themselves as personal choices. Now whether or not they can persuade other people they are right is another matter (laughs)" (p. 3-4).

While Pamela Freyd was speaking to us on the record about her organization, another development was in the making in the Freyd family. Since Pamela and her husband, Peter Freyd, started the Foundation and its massive public relations effort in which they present as a “falsely accused” couple, their daughter, Jennifer Freyd, Ph.D., remained publicly silent regarding her parents’ claims and the activities of the FMS Foundation. She only wished to preserve her privacy. But, as the Foundation’s publicity efforts gained a national foothold, Dr. Jennifer Freyd decided that her continued anonymity amounted to complicity. She began to feel that her silence was beginning to have unwitting effects. She saw that she was giving the appearance of agreeing with her parents’ public claims and decided she had to speak out.

Jennifer Freyd, Ph.D., is a tenured Professor of Psychology at the University of Oregon. Along with George K. Ganaway, M.D. (a member of the FMS Foundation Scientific Advisory Board), Lawrence R. Klein, Ph.D., and Stephen H. Landman, Ph.D., she was an invited presenter for The Center for Mental Health at Foote Hospital’s Continuing Education Conference: *Controversies Around Recovered Memories of Incest and Ritualistic Abuse*, held on August 7, 1993 in Ann Arbor, Michigan. Dr. Jennifer Freyd’s presentation, “Theoretical and Personal Perspectives on the Delayed Memory Debate,” included professional remarks on the conference topic, along with a personal section in which she, for the first time, publicly gave her side of the Freyd family story.

In her statement, she alleges a pattern of boundary and privacy violations by her parents, some of which have occurred under the auspices of the Foundation; a pattern of inappropriate and unwanted sexualization by her father and denial by her mother, and a pattern of intimidation and manipulation by her parents since the

inception of the Foundation. She also recounts that several members of the original FMS Foundation Scientific Advisory Board had dual professional relationships with the Freyd family.

We will be publishing the full, unedited text of Dr. Jennifer Freyd’s public remarks in the issue (*Treating Abuse Today*, Volume 3, Number 5) following the conclusion to our interview with Dr. Pamela Freyd.

Our aim is not to pruriently broadcast one family’s painful dispute. Rather, we believe that because of the public identity of this family, the nature of the issues involved and the terrific public image Pamela Freyd and her husband have cultivated as “falsely accused” parents, an in-depth understanding of the FMS Foundation is impossible without an exploration of the dynamics of one of the central founding families. As clinicians, we are mindful of the ever-present possibility of parallel process. This is an archetypal example of how family members are capable of living in parallel worlds. The two statements are a study in contrasts. We will offer no more comment except to say that in our opinion these two pieces clearly speak for themselves.

In the first installment of this wide-ranging and often spirited discussion, Pamela Freyd and David Calof discuss the genesis of the FMSF, Inc. organization; charges that it has fostered an accusatory and adversarial climate; the basis by which FMSF considers itself to be a scientific effort and the controversial use of the term “syndrome.” They also explore the definition of “false memory syndrome,” the criteria the organization proposes to use in judging the probable truth of memories of childhood abuse and the question of whether the organization is representing sexual offenders in its ranks. The entire interview was conducted over seven hours of telephone conversations during the month of April, 1993. We hope this spirited exchange will help to shed

light on this controversial organization, its tactics and purposes. We encourage our readers to comment on this interview and on the issue of the credibility of alleged traumatic memory in general. We appreciate Dr. Pamela Freyd’s availability and willingness to submit to comprehensive inquiry by a member of the trauma recovery clinical community.

TAT: Can you tell us a little about how you got interested in this area? Was this an academic interest of yours? Did it intersect personally? How did you get involved with the false memory movement?

Freyd: As a matter of fact, it intersected both personally and professionally. My background is in education. I am not a clinical person or a psychologist. In recent years I have been involved in some aspects of science education—looking at children’s learning of concepts in science. I became aware of how certain misconceptions can cloud or prevent understanding in other areas. When some of the issues as I have begun to see them in this particular phenomenon came about, it seemed that there were some misunderstandings about the nature of memory that were clouding peoples’ understanding of what might really be going on.

TAT: And you said this intersected personally.

Freyd: It was something that happened in our family also.

TAT: Is that something you are at liberty to talk about?

Freyd: It is something that I do not talk about.

TAT: We’ll consider that off-limits for now. From a social point of view then, why is this issue suddenly hitting the national scene? In the mid-

1980's tens of thousands of people came forward claiming that their parents had been alcohol abusers, but no one raised the question of false memory—even when the parents steadfastly denied the charges. Why has this issue of false memory come up regarding memories of sexual abuse but not memories of alcohol abuse?

Freyd: I think it is because of the severity of the accusation. When you are talking about sexual abuse, you are talking about criminal actions and criminal charges and police reports and investigations, so the level is significantly more serious.

TAT: Are you saying that the forensic arena stimulated this movement?

Freyd: Partially. Some of the cases that have been written about certainly have called public attention to the forensic issues, but it is more than that. At least from the people we have spoken to, it has to do with a tremendous blow to the very foundations of everything they had, at least, *stated* they had worked for and cared about in terms of their children.

TAT: Can you tell us a little about how the False Memory Syndrome Foundation, Inc. came together, its founding members, the organization's mission?

Freyd: The Foundation was formally started on March 14, 1992. That is when the real aspects of it were taken care of. It was formed by a group of professionals and families coming together to try to document what at that time was a rumor, that there were many people in their 60s, 70s and 80s who were telling therapists that they had been accused by their children of doing horrible things to them. The people calling therapists were adamant that the accusations were false, while those who were making them were equally adamant they were true. In the process, families were being destroyed. We wanted to find out if

this was just a few disgruntled people or if it was a larger problem.

TAT: How did this original group get together?

Freyd: Actually, some therapists told me they were getting calls from people and I said I would like to talk to the people.

TAT: You are quoted in the newsletter of the National Center for the Prosecution for Child Abuse that the initial membership of the Foundation was drawn from 202 families who had contacted therapist and expert defense witness Dr. Ralph Underwager. Was this the genesis of the

“When people call to tell us their stories, the first question we are apt to be asked is, ‘Can we sue the therapist?’ ”

Foundation? [Ed. Note: In the February 29, 1992 *FMS Newsletter*, under a column-heading, “. . . How Many Families Are We?” Dr. Pamela Freyd wrote: “A listing by state was compiled from 202 families who have made direct contact either with IPT or with me and consequently are on the FMS Foundation mailing list as of 2/29/92” (p. 2). The IPT is Ralph Underwager and Hollida Wakefield's Institute for Psychological Therapies.]

Freyd: Well, no. Underwager was one of the people who referred families to us when we first got together and began to compare notes in a group of about ten families. We shared our observations with therapists and found you could take letters from one family and interchange them with letters from another family. The patterns of behavior were so

formulaic: the way in which the memories developed and the way the accusations were made. It seemed that it couldn't possibly just be chance that something might be going on.

At the same time a writer for the *Philadelphia Inquirer* named Darrell Sifford did a column in which he presented an alternative view, or questioned, actually, that just because an accusation of abuse is made, doesn't mean it's necessarily true [“When Tales of Sex Abuse Aren't True,” *Philadelphia Inquirer*, November 21, 1991].

That column received such an outpouring of response. So many people called him and Dr. Harold Lief [M.D.], who was mentioned in the column, that Sifford said that, though he wanted to, he couldn't do another column unless there was some kind of place or number to which people could turn to get help. So we pooled our pennies, if you will, and decided we would have a 1-800 number. We asked Ralph Underwager if he and his wife Holly [Hollida Wakefield] would answer the telephones since they had a staff [at their Institute for Psychological Therapies in Northfield, Minnesota] and we did not have any kind of facilities. They did that for several months until we got an office in May, 1992.

TAT: How is the Foundation funded now? You said that you “pooled your pennies” to begin with.

Freyd: The Foundation is funded primarily through people that contact the Foundation — both professionals and families. To date we also have one small grant from the Curry Foundation.

TAT: Why was there such secrecy surrounding the organization when it was first formed?

Freyd: I didn't know there was.

TAT: In your first newsletter you

remained anonymous, asking readers to understand that you “couldn’t” give your name. Then there was the “Jane Doe” piece. Why was that?

Freyd: Oh, things have changed a great deal from then, haven’t they?

TAT: But I am curious, why? If you’re going to try to be out front as an organization, that gave a funny impression —

Freyd: — Because people lose their jobs when they are accused. People lose lots of things.

TAT: Are you implying it had something to do with the stuff we said we weren’t going to talk about in your personal life?

Freyd: Partially.

TAT: Okay, you needn’t go further with it then. Now, you’ve had a tremendous public relations effort in the last year. I have noted the topic of false memory syndrome discussed on numerous national TV and radio shows and in numerous printed news stories. I am also aware of a developing form of grass roots movement where there are local “false memory” chapters springing up. I don’t know if there are official chapters but there are certainly local meetings on the subject.

Freyd: There are meetings. We have not yet reached the point where we have resolved or even had in-depth discussion on what kind of relationship there ought to be. I think in the hearts and minds of most people that are connected with the Foundation is the hope that some of these issues can be resolved very quickly so that we can go out of business.

TAT: I’ll ask you later on to tell us what the world might look like that would indicate to you it was time to pack up your tent. Did you hire a public relations firm?

Freyd: NO.

TAT: You don’t employ a public relations firm to deal with the national media?

Freyd: No, we don’t have that kind of funding. What we do have is a group of people who are articulate, intelligent, who are caring, who have initiative. I want to put it in focus. We have been told by many people who call the Foundation that the literature we have provided has taken, what was to them, a very baffling personal problem — something that they just couldn’t understand and had no conceptual framework for — and provided a conceptual framework for viewing it as a social phenomenon. It becomes something that they can do something about. So, if for any reason we have been effective, that is the reason.

TAT: I understand you have a group of recanters: people who claim they have resolved their “false memory syndrome” by rejecting their false memories of abuse. I understand that you have only about 60 such cases despite more than a year of national publicity. Tell me something about your reaction to these numbers. To me they seem small, perhaps an important problem, but very rare according to those kinds of numbers. Would you have expected more?

Freyd: It’s only a trickle. I couldn’t agree with you more. It’s a tiny number. I think that’s because this phenomenon is fairly recent. As time goes on, there will probably be a larger number. Will it ever be 100%? I’m afraid not. Is that what you’re looking for? The questioning we’ve done is terribly threatening to everybody.

TAT: Let’s talk a little about the scientific basis for the Foundation’s claims. Your literature professes that you take a strict scientific approach. You have taken a strong tone against what you see as sloppy or unscientifically-based therapy work —

Freyd: — I just want to interject a couple things here just so the ground rules and understanding are the same. We work very closely with therapists and they are wonderful therapists. Most of the therapeutic community is. We find them concerned and supportive and nobody wants to hurt anybody unnecessarily and perhaps some of what has taken place has been without anybody noticing it — on all sides. Second, we are fully aware at the seriousness of abuse and the extent of it and that it is a shame that in a society such as ours, children are treated so poorly — not just in terms of sexual abuse, but in terms of all aspects of abuse.

TAT: Unfortunately, people who purport to represent your organization’s point of view do set a very strong adversarial tone. A colleague of mine attended a local “FMS meeting” recently and found there wasn’t any talk about bridging common concerns but rather she found sarcasm, character assassination and ad hominem remarks maligning the motives of therapists and patients.

Freyd: David, David, you know, I have to agree that the people are hugely angry. I should tell you that when people call, something profound is going on. Even if we assume for the moment that ALL the parents have dissociated and forgotten what happened and have an unreal image of life, imagine how they could feel that somebody has come into their lives and stolen or harmed their children. And maybe they are foolish and they don’t really love them, but if somebody comes into your house and harms your child or someone in your family — I mean, people shoot people for that.

The families feel that their homes and their families have been invaded in some way. When people call to tell us their stories, the first question we are apt to be asked is, “Can we sue the

therapist?” I mean that is what people ask when they call us. And we certainly can only tell them what we know and that is, that’s probably not the route that one wants to go for a number of reasons.

TAT: Yes, but I’m not talking about those callers. Obviously, you can’t control them completely. I’m talking about the tone set at the national level by people on your advisory board, your leadership.

Freyd: I don’t think we’re going to get anywhere in terms of solving these things if the issues are framed in a way that’s adversarial. That’s not our nature and that’s not what we want to do. We are in touch with clinicians on our advisory board, who write to us and talk to us.

TAT: Here’s an example. In the 1992 book, *Confabulations: Creating False Memories — Destroying Families*, Eleanor Goldstein [with Kevin Farmer, Boca Raton, FL: SIRS] suggests that abuse is *always* remembered and concludes that the increasing reports of delayed-memories of childhood abuse are shams. She includes incendiary language suggesting that a false memory syndrome epidemic exists because of “hundreds of thousands of people . . . making lots of money” in a “growth industry.” This cannot help this situation or unite the factions in this debate.

Freyd: First of all that book does not speak for the Foundation. I am the only one who speaks for the Foundation. And let me say one more thing. I didn’t write the *Confabulations* book, and there are going to be many people writing other kinds of books.

TAT: I take issue, however, with the fact that it seems to have a kind of tacit approval by omission. It seems to me that the leadership of your organization needs to address how the field is polarized in part because of these tactics. Crying fire and maligning motives will not improve our art or

science.

There’s such an obvious ax to grind against therapists in *Confabulations*. There’s no talk there of truth on both sides, there’s no talk about coming together in collaboration, only talk about coming after therapists. I am curious what the Foundation’s attitude is about such an adversarial book as *Confabulations*, a book that’s written by someone who will chair one of the panels at your first scientific meeting this weekend [*Memory and Reality: Emerging Crisis*, Valley Forge, PA, April 16-18, 1993].

“In false memory syndrome, we recognize a constellation of emotions, behaviors, and responses to the environment that are remarkably similar from one patient to another and derived from an imagined event, i.e., false memory abuse, alien abduction, past lives.”

Freyd: I will pass these criticisms on. These are people who are looking for the truth, or the evidence. People in psychology don’t have uniform agreement on this issue. I could throw back the question. In the same way we could talk about the value judgments that are made by the choice of the terms “survivor” and “perpetrator” as opposed to the terms “allegations” or “accused person.”

TAT: I appreciate that, but what is the rationalization for making new scapegoats? We in the therapeutic

community hear in your message that this is a basically a question about therapists’ hidden motives.

Freyd: Uh huh. You probably have seen the [FMSE, Inc.] newsletter so you are probably aware of these figures as much as I am. In a study of the crime victims’ compensation fund in the State of Washington, that had nothing whatsoever to do with the Foundation, they found that from 1987-1992 the percentage of money that went to victims of sexual assault crimes went from 25% to 50%, which is fine. I don’t have any problems with that. They also found that of the money that goes to victims of sexual assault crimes, as opposed to other kinds of crimes, 90 percent of it goes to therapists. I also don’t have any problems with that, as that’s probably the kind of help people need. But here’s where a problem arises and maybe you can give me an explanation. The original data we received for 1992 — and I will give you an update when I get it — indicated that for victims of sexual assault outside the home, the average payment was something like \$1,552. For sexual assault victims inside the home it was around \$1,970. But for a repressed memory case, it was \$9,100. Now you look at that and you have to ask, what’s going on?

TAT: I am not aware of those figures. But if they are true the explanation may be that the more severe, prolonged and sadistic the abuse, the more likely it will be repressed. So these cases may represent relatively more severe cases than the less severe [presumed] single incident cases. That would be my guess.

But, if I may, I’d like to move us back to the question of scientific objectivity and validity. How do you respond to the argument that the Foundation is anti-empirical, anti-scientific, and really has no data to support its claims of a national epidemic except anecdotal, second and third-hand stories

that have been recycled from news story to news story? My colleagues wonder what makes this “science.” How do you respond to that?

Freyd: The efforts we are making to try to get accurate information about memory to the public and to try to encourage understanding of some of the scientific issues involved is a beginning. When the Foundation started a little more than a year ago, the common response to this situation was that if somebody was accused of abuse and they confessed, then they were obviously considered guilty and if they denied it — if they said it didn’t happen — they were said to be “in denial” with the implication that they were also guilty. There was no method, no standards in place to begin to discuss or determine what might have gone on. That was the situation at that time. If an accusation was made, then it must be true and the first thing that —

TAT: — Who held this position? That’s not something I really identify with and I’m curious who you are thinking about when you think about that position.

Freyd: For the people who have contacted the Foundation, that is what has happened in virtually every single story. Let me throw the question the other way.

TAT: Go ahead.

Freyd: This is the question we are wanting to ask the therapeutic community. When accusations of decades-forgotten abuse such as this arise, what would be the appropriate steps to take?

TAT: Are you speaking forensically or therapeutically?

Freyd: Both.

TAT: Well, I can tell you something of my practice. I discourage confrontation with the family. Perhaps, when the client is done with their therapy,

we can determine if they still have the need to confront. Clients may take on their families in immature or dependent ways midway through their therapies. By the end of the therapy, often they decide they don’t want to pursue a legal or forensic solution after all. My emphasis in the clinical situation is to leave it somewhat insulated and —

Freyd: — How do you, how do you —

TAT: — in fact, I have discouraged my clients from suing.

Freyd: Yeah, how do you respond to clients who recover memories of space alien abduction?

TAT: Haven’t had any of those.

Freyd: Why is it that some therapists have clients who do?

TAT: Well, I don’t know. I think that’s a little beyond the pale here.

Freyd: But I think that it’s a fair question for a lay person to ask. Why do some therapists have clients who recover memories of satanic ritual abuse and others who don’t? These are the kinds of questions that can have scientific answers. And these are the questions we want to try to find the answers to.

TAT: I see the agenda. But let’s go back: one of the contentions the therapeutic community has about the Foundation’s professed scientific credibility is your use of the term “syndrome.” It seems to us that what’s happening here is that based solely on anecdotal, unverified reports, the Foundation has started a public relations campaign rather than a bonafide research effort and simply announced to the world that an epidemic of this syndrome exists. The established scientific and clinical organizations are taking you on about this and it’s that kind of thing that makes us feel like this effort is not really based on science. Do you have a response to that?

Freyd: The response I would make

regarding the name of the Foundation is that it will certainly be one of the issues brought up during our scientific meeting this weekend. But let me add that the term, “syndrome,” in terms of it being a psychological syndrome, parallels, say, the rape trauma syndrome. Given that and the fact that there are seldom complaints over the use of the term “syndrome” for that, I think that it isn’t “syndrome” that’s bothering people as much as the term “false.”

TAT: No. Frankly it’s not. It is the term “syndrome.” The term false memory is almost 100 years old. It’s nothing new, but false memory *syndrome* is newly coined. Here’s our issue with your use of the word “syndrome.” The rape trauma syndrome is a good example because it has a very well defined list of signs and symptoms. Having read your literature, we are still at a loss to know what the signs and symptoms of “false memory syndrome” are. Can you tell us succinctly?

Freyd: The person with whom I would like to have you discuss that to quote is Dr. Paul McHugh on our advisory board, because he is a clinician.

TAT: I would be happy to do that. But if I may, let me take you on a little bit further about this.

Freyd: Sure, sure that’s fair.

TAT: You’re the Executive Director of the *False Memory Syndrome* Foundation — a foundation that says it wants to disseminate scientific information to the community regarding this syndrome but you can’t, or won’t, give me its signs and symptoms. That is confusing to me. I don’t understand why there isn’t a list.

Freyd: Okay, let me just talk about what happens or what is common in the behaviors we are seeing. A person who is disturbed, a distressed individual, enters therapy for that distress,

not necessarily with an individual therapist—it could be with some kind of self-help group or in another therapeutic setting—to deal with whatever their problems are at the time. Then, in some way the notion becomes embedded that the reason for their distress isn't anything having to do with their present life but that it's the result of some kind of past trauma, except that nobody knows just what that trauma was.

TAT: Uh huh.

Freyd: So there begins a search to find memories of the trauma. During this time there is a breaking off from the family of origin. Several techniques are reported over and over again in the stories we have. These include hypnosis, sodium amytal, interpretation of dreams, and others. These are methods that to my understanding do not produce memories that are any more or less reliable than any other memories — some of which are probably true, some of which are probably embellished or confused, and some of which may be false. Then, an “obsession” takes place. That is the word the parents virtually use. The descriptions given by the parents is that the language becomes almost mechanical, robotic. As I mentioned earlier, the letters from one case to another are almost interchangeable. They are so patterned, um —

TAT: That feels like a partial answer. But what I am mainly hearing is a description of therapists' behaviors — much of which seems to me to be pretty bad therapy. Maybe there is a *therapists'* syndrome we ought to coin, but I think you claim that FMS is a syndrome of the *patient*.

Freyd: Let me read a few passages from a letter that I ran in the [FMS Foundation] newsletter to Paul Ekman, who was one of the people who signed a letter published in the American Psychological Society *Observer*

that expressed concern about our use of the term “syndrome.”

TAT: Okay.

Freyd: “We understand all too well the problems that can be tied to the name of the Foundation, but we think that the word ‘syndrome’ is appropriate for several reasons. Syndrome means a collection of reproducible features that derive from some common cause. In false memory syndrome, we recognize a constellation of emotions, behaviors, and responses

“ . . . the notion becomes embedded that the reason for their distress isn't anything having to do with their present life but that it's the result of some kind of past trauma, except that nobody knows just what that trauma was.”

to the environment that are remarkably similar from one patient to another and derived from an imagined event, i.e., false memory of abuse, alien abduction, past lives. It tends to run a particular course both in its development and its dissolution. We wish to emphasize the existence of a condition that needs to be confirmed or rejected when further information emerges. For that aim, the ‘false memory syndrome’ is satisfactory. Many psychological syndromes are not pathological but psychologically generated from normal, even though distressing, life circumstances — as with anxiety syndrome or depressive syndrome. Regarding your term, ‘disputed memory problem,’ the ‘dispute’ is a

problem of an involved group, not just the patients. The false memory syndrome on the other hand, describes the *patient's* condition, the constellation of symptoms and their course.” Does that help you?

TAT: Well, a bit. But one of the problems about your description is that it proceeds a priori from the assumption that the disputed memories are false.

Freyd: I have stated again and again and that's why I tried to bring it up earlier. When people use the terms “survivors” and “perpetrators,” these are as value-laden as the term “false.”

TAT: Alright. But the signs and symptoms of the clients you describe often sound like those of legitimate survivors of sexual abuse. This leads me to another criticism I hear —

Freyd: — Alright, very good.

TAT: The cases you describe are basically word against word. Your basis for saying they're false memories is that the parents dispute them. The problem with that is we don't see how you have gone about verifying that these are actually “false memories.” Have you ruled out sociopathy, dissociative process or false memory syndrome among the parents who are members of the Foundation? How do you rule out the possibility that some may have committed abusive acts while in alcoholic blackouts and not remembered?

Freyd: I have said from the beginning, we don't know the truth or the falsity of any story. We have asked on many occasions, how does a therapist begin to verify the truth of what a client remembers? I think those are equally fair questions. I think the example that was very disturbing to many people was Dr. Corydon Hammond on the *Prime Time Live* show where he offered no empirical evidence for his claims regarding the widespread existence of satanic ritual

abuse.

TAT: We are still mixing the forensic with the therapeutic. I'd like to go back to my question. If we don't formally know if the several thousand members of False Memory Syndrome Foundation are telling the truth or not, how can we say their accusers have *false memories*?

Freyd: People can ask just as clearly, how does one know they are not? That's why we kind of need to put some brakes on what's going on. It gets back to forensic issues. When these memories are of criminal actions, when they result in the destruction of families, and when therapists do not validate or make any effort to check the historical records . . .

TAT: I'd like to go back to my question concerning the signs and symptoms of false memory syndrome. I have a document here that came from the Foundation titled, "Criteria for Judging an Allegation." Do you know this?

Freyd: I am aware of a two-page paper that was done as an early draft outline where I quoted a list of criteria from a newspaper article by Hollida Wakefield.

TAT: Yes, I think that's the outline I have here. It begins, "Despite the lack of empirical research on this, from our experience, we suggest that the following criteria for assessing the probability or improbability of an allegation of recently remembered abuse." It goes on to list twelve criteria. I'd like to get your reactions to the first four, okay?

Freyd: Uh huh.

TAT: Item number one says, "When there is no corroborating evidence and the alleged behaviors are highly improbable, it is unlikely the abuse actually happened." First of all, what does that mean to you?

Freyd: When people recover memories of space alien abduction —

TAT: — Well, we're not talking —

Freyd: — But *that's* improbable to me.

TAT: Fair enough, but our readers —

Freyd: Some people recover memories of satanic ritual abuse and *that's* improbable to me.

TAT: Okay, but you have already admitted you're not a clinician. I hear verifiable stories in a given day that would raise hair on a cue ball.

Freyd: I didn't write the criteria but it seems to make sense. If one hears a story that seems improbable one is more apt to be a little more skeptical.

TAT: What does "improbable" mean, though?

Freyd: I have given you some examples.

TAT: But little of that has anything to do with the kind of stuff clinicians see on a daily basis in our offices.

Freyd: It has to do with the stuff the Foundation is concerned about. We are just as concerned about people and situations where people recover memories of space alien abduction.

TAT: Well, obviously that's not as much an interest of ours —

Freyd: —You don't have those clients, but we have talked to some people who have.

TAT: I believe you, but what I'm getting at is that this criterion could be greatly misused because it is so very subjective. Do you have any more comment on this one?

Freyd: I don't have the list in front of me, could you read this one again?

TAT: Sure. "When there is no corroborating evidence and the alleged behaviors are highly improbable, it is

unlikely that the abuse actually happened."

Freyd: And you disagree with that?

TAT: Well, I don't actually know, since I don't know what "improbable" means.

Freyd: And I have given you two examples, but you don't seem to want to hear them. Another is past-life therapy.

TAT: Our readers work in the field of sexual abuse recovery. They don't regularly work with people who claim past lives necessarily or alien abductions as their presenting problem. Would you be concerned to know that this criterion has been used, *prima facie*, to discredit reports of extreme and severe abuse merely *because* they were extreme and severe?

Freyd: I don't believe that it has. I would be very suspicious of anybody who ruled out abuse on the basis of just one piece of evidence or the lack of one piece of evidence.

TAT: Alright. The next criterion reads, "When an accusing adult is claiming 'repression' or 'amnesia' and has only recently 'remembered' the abuse, it is less likely to be true than if she maintains that she has always remembered the abuse but is only now disclosing." This basically says that if someone claims to have forgotten, their memory is less likely to be true. Why do you hold to that position?

Freyd: That's not a position of the Foundation.

TAT: This list came from the Foundation.

Freyd: That was something that was thrown out as a first attempt to draw something together. I'm just going to take an aside here and say that the American Psychological Association, the National Association of Social Workers, and the American Psychiat-

ric Association are the appropriate forums for developing the kinds of criteria I think you are asking for. We are delighted that the American Psychological Association has put together a task force to deal with this particular issue. That's on one hand. But to jump right into the fire here, on the other hand, my understanding is that most traumatic events unfortunately are remembered, rather than forgotten.

TAT: You seem to be taking a position that goes against a body of literature that documents dissociation and traumatic amnesia in war and in other kinds of verifiable traumatic circumstances. People do repress and forget trauma and then have delayed memories of it. You seem to be saying that if it was forgotten it cannot be true.

Freyd: Absolutely not. People forget things. Horrible things. Here at the Foundation someone had a repressed memory, or what would be called a repressed memory, that she had been sexually abused.

TAT: That is confusing to me as I now hear you saying that you believe in the possibility of repressed memories and perhaps dissociated memories.

Freyd: I don't even want to use the term "repression" if I can avoid it. It is such a loaded term that I think anything we can do that will calm or cool the heat would be an appropriate thing to do. I have tried to move away from using the term "repression" and look instead for evidence of types of memories.

TAT: Let me move us to the next area which is a somewhat troubling one for us. The next criterion reads, "If there are allegations of a series of abusive incidents across time in different places and situations, the abuse is less likely to be true than if it is for a single incident." What's the rationale for that?

Freyd: I think it approaches the probability issue again. What is the probability that one is going to dissociate events from the age of 3 to the age of 27 — that's one story. When the reports include repeated events over long periods, it becomes a little bit more difficult to understand how such a thing could happen.

TAT: Don't take this personally but it may in fact be hard to understand for somebody who doesn't work in the field of sexual abuse. Stories of multiple perpetrators are not rare. Why should it be that just simply because someone is reporting multiple perpetrators in multiple venues that they should be doubted anymore than someone who says there was a single incident or perpetrator?

“ . . . when people use the terms ‘survivor’ and ‘perpetrator,’ these are as value-laden as the term ‘false’ ”

Freyd: Well, it's here that we would want to discuss some of these things with people who represent a variety of perspectives and a variety of techniques for studying memory and issues of repression and it's my understanding that, uh —

TAT: — But this criterion doesn't mention *repression*. It just says that if the allegations include incidents of abuse from different times and situations, they are less likely to be true. I just don't understand.

Freyd: I'm going to give you a layman-in-the-street's response. That is, whatever might cause a young child to dissociate or not remember something, happens in a frame of reference and with an understanding of the world and life experiences that are

very different than someone in her teens or twenties. When claims are made of repeated events over decades and decades, it becomes much more difficult to understand.

TAT: Why is that? I don't understand why it is difficult for you to understand that Uncle Harold visits once a year and molests the kids each time. Why is that hard to understand?

Freyd: Let's just take it period by period here. What would be going on for a young child to dissociate and why would it be the same for somebody whose world experience and understanding is very different decades later?

TAT: First of all, I'm not so sure that their world of understanding *is* necessarily different years later, without intervention. There is plenty of evidence to show that thinking styles become arrested and don't change over time. The purpose of dissociation is to get away from the painful realities whether they be physical or emotional.

Freyd: Are you saying this is intentional?

TAT: Do you mean consciously determined? No, I don't believe it is consciously determined at all. I believe it is a selection the *organism* makes at a deep level in its self-interest. Why does a soldier dissociate in the middle of a battle? Once, when I was white water rafting I fell out and injured myself on the rocks. I got back in and finished out the run and only at the end of it did I realize I had been bleeding. I hadn't even felt it —

Freyd: — That happened to me white water rafting!

TAT: That's dissociation —

Freyd: — I got hit by a stick on the forehead.

TAT: You see, we didn't have to think about dissociating, *it just happened*.

It's the organism's way of getting away from feeling or thinking.

Freyd: I see. I didn't understand how you were using the term.

TAT: Yes, to describe the *function* of dissociation. But let me go back to something that I alluded to before, if I may. It seems that the position of the FMSF is that we should be very careful to determine the objective, forensic truth of allegations our patients make, whether in or out of the forensic field. Yet, it also seems that the Foundation is saying that it doesn't need to do this with it's own membership. I was very alarmed and concerned about something you wrote in one of the Foundation newsletters about the question of whether you are representing pedophiles —

Freyd: — That was one of the very first —

TAT: — I'm sure you regret it. I want to remind you of what you wrote in that article ["How Do We Know We are Not Representing Pedophiles?," February 29, 1992 *FMS Foundation Newsletter*]. This is an important question.

Freyd: It's a tremendous question, and I would like to think that we've carried it further since then.

TAT: I would like to know how you've done that, because what you said in your article was disturbing. You talked about the issue in terms of its importance to your image and the ability of the Foundation to get things done. There was less indication that it would be a terrible fact if true.

Freyd: It would be horrible if that's what we're doing. We have stated — I don't know how many times — that there is no way we can know the truth or the falsity of events to which we're not a party. I don't know how therapists know that either.

TAT: But if that is true we must also

accept the premise that without outside corroboration, it is just as impossible to prove that a memory is false. You are saying that there's a false memory epidemic across the country that is tearing families apart, but you really don't know for sure if the memories involved are, in fact, false.

The way you wrote about the possibility the Foundation is representing pedophiles really disturbed me. You wrote, "The first way of addressing this issue has to do with who we are. We are a good-looking bunch of people, graying hair, well dressed, healthy, smiling; just about every person who has attended is someone you would surely find interesting and want to count as a friend." That wouldn't rule out Ted Bundy, Pamela. That's not scientific!

Freyd: Not scientific at all. You are absolutely right, there's no claim that it's scientific. Not everything written in the newsletter is scientific. I wrote that, I think, remembering a remark that was made frequently when people first got together to discuss what was going on.

TAT: I could say the same thing about some of the survivors. They are people you would want to have as friends, but that wouldn't do much to inform us whether their stories are true.

Freyd: When you use the term "survivor" you're making a value judgment just as much as when you use the term "false."

TAT: Okay, I will restrict myself to describing them as "survivors" only in those cases where I know there has been corroboration.

Freyd: If that kind of concern and work toward corroboration had taken place, I don't think the Foundation would exist.

TAT: I have to get back to the question again of how do you know the thousands of couples you claim are

falsely accused aren't lying?

Freyd: How do you assume they are?

TAT: I don't assume it, but the operating assumption of the Foundation seems to be that they are all, in fact, falsely accused when that has not been proven.

Freyd: The claims of the people who have called the Foundation are that they have been falsely accused and to the same extent — to the same way of thinking — the people who have made the accusations say that they are true.

TAT: So it's word against word.

Freyd: How do you know?

TAT: That's the point. That's what I'm asking you.

Freyd: And that's why dialog and getting together and supporting the kind of work that the APA task force has got to do is vitally important.

TAT: I guess what we're responding to is what we think of as sloppy thinking. You talk about the inflammatory use of the term "survivor" yet your literature is full of references to "falsely accused people" even when there isn't a shred of evidence to prove that they are false accusations — even in your recanters, I believe. It is still just word against word in perhaps every case. You happen to believe one side, other people happen to believe another, but all you and I have determined so far is that we cannot know the truth in these cases without independent corroboration.

Freyd: Okay, David. Now let's just pause for a minute and could you tell me how or when you stopped beating your grandmother?

TAT: What?

Freyd: How can you prove a negative?

TAT: How do you prove that it didn't happen?

Freyd: That's right. That's the situation people are in: how to prove it didn't happen.

TAT: I believe the Foundation should be more responsible when automatically asserting that memories are false. Your literature abounds with references to a national "epidemic" of falsely accused couples.

Freyd: There's an epidemic of people who are saying that they have been falsely accused and have been unable to meet with the people who have made these accusations to try to discuss them or to do whatever a human being can do in a rational, calm and reasoned fashion.

TAT: How does one become a member of the False Memory Syndrome Foundation, Inc.? What are the criteria for membership?

Freyd: We have a membership form. People send in the membership form and state they would like to join us. The members are a different set from the families that are kept in the count.

TAT: This 2000+ count of "false memory families?"

Freyd: Yes. We have many professional members.

TAT: The 2000+ group you talk about is kept anonymous, is that correct?

Freyd: Yes.

TAT: Is there going to be an attempt to determine and rule out sociopathy, dissociative disorder, or alcohol-related abuse among the group of 2000+?

Freyd: We are trying to keep records as scrupulous as possible so, at the first opportunity, independent researchers can come in and begin to check things that really ought to be checked out.

TAT: You are talking about researchers *outside* the Foundation?

Freyd: Absolutely.

TAT: But at this point you really cannot tell us with any degree of certainty whether or not any of those individuals on your anonymous list are perpetrators or not?

Freyd: I don't like to use that term.

TAT: How about whether they have committed sexual offenses? You apparently cannot tell us that.

Freyd: Not without some validation.

TAT: Precisely. So you don't know for sure at this time.

Freyd: I'm going to ask you: how do you know that? Or, how am I to know if you have stopped beating your grandmother? How do you prove or show negatives?

TAT: I'm not talking about negatives, I'm talking about testing for the possible existence of alcoholic blackouts, dissociative disorders, sociopathy. Those aren't negatives.

Freyd: Absolutely. You're right.

TAT: Alright. I notice that Martin Orne's and David Dinges' Experimental Psychiatry Research Foundation is throwing a reception at your scientific meeting to honor these families. If you don't know whether any of these individuals are guilty or not, why are you having a reception to honor them?

Freyd: Everybody who comes to the conference — attendees, speakers, and staff — will go to the reception and be honored in the same way.

TAT: But again, I'm talking again about a kind of tone that produces an adversarial climate. You don't know scientifically if some of the people who will be honored are guilty of crimes they've been accused of. The signal that sends to the rest of us is, "We don't care about objectivity here, we've got an ax to grind and we're going to grind it."

Freyd: We have people who are

begging to have their situations investigated.

TAT: I have had offenders tell me the same thing. That alone doesn't prove anything.

Freyd: What would you have us do besides go out of business, David?

TAT: I would have you truly do what you say you're trying to do. That is, have a dialogue that is both objective and scientific and not inflammatory and I would have you tell people who —

Freyd: — Then how can we begin to have this dialogue?

TAT: Tell people who have written books like *Confabulations* that their tone doesn't help. Tell your advisory board members to conceal their disdain when they speak of people who report delayed-memories. You can start there. You can start by not having receptions to honor people without knowing if they are sex offenders. You can say, "We don't know." You can turn your data over.

Freyd: But what about people who, in a sense, honor survivors without validating their stories? I mean —

TAT: — Two wrongs don't make a right.

Freyd: No they don't.

TAT: I find I'm still left wanting to know how to tell if my patient has false memory syndrome. What's the test? How do I determine if my patient is suffering from this syndrome?

Freyd: What are the tests if somebody is suffering from "repressed memory syndrome?"

TAT: Well, I can give you several symptom clusters — dissociative, cognitive, affective, somatic effects — they're well documented. But, *I'm* asking you the question. You're telling me, David, as a clinician: you must be aware of the possibility your patients

may have false memory syndrome. Okay, how should I be aware of that? How am I going to know? How do I test for it?

Freyd: David, I'm going to ask Dr. Paul McHugh to talk to you because he is a clinician and I have stated from the beginning that I am not.

TAT: I appreciate that, Pamela. But here's my issue with you not knowing. If I was talking to the Executive Director of the Muscular Dystrophy Association, who presumably is also not a clinician, I'll bet he or she could give me the signs and symptoms of muscular dystrophy. But in the case of false memory *syndrome*, so far no one seems to be able to say.

Freyd: Gotcha. I'm in agreement with you. I will discuss this with Dr. McHugh. There are some soft areas here that need to be clarified and clearly formulated to answer exactly what you have questioned here: how

to test for this, specific signs and symptoms. I think it's important that you have that.

TAT: Not having that is one of the main reasons we have so strenuously objected to your using the term "syndrome."

Freyd: Fine, let's call it something else. So let me talk to Dr. Paul McHugh and a couple of the other people who have felt very comfortable with using it and let's see if we can't pull something together that will be helpful to you.

TAT: Thank you. I'll look forward to our next discussion.

Freyd: You're welcome.

In the next issue's concluding installment, Pamela Freyd and David Calof continue their discussion of the current issues regarding delayed-memories of childhood sexual abuse. They further

explore the distinguishing signs and symptoms of "false memory syndrome;" discuss dissociation, multiple personality disorder and PTSD symptomology in patients with alleged false memory syndrome. They conclude with a dialogue over harassment of therapists by patient families, and family intrusiveness and insinuation into the therapy relationship.

David L. Calof is a working clinician who also frequently consults and lectures internationally on the treatment of sexual abuse, posttraumatic stress, and the dissociative disorders. He is editor of *Treating Abuse Today* and co-author (with Mary LeLoo) of *Multiple Personality and Dissociation: Understanding Incest, Abuse, and MPD*. (1993). Park Ridge, IL: Parkside Publishing Corp. His most recent article, "Facing the Truth About False Memory," appeared in the September/October 1993 issue of *The Family Therapy Networker*.

COALITION ESTABLISHED

Last May 50 professionals gathered in Dallas, TX to establish a coalition to provide accuracy and advocacy on abuse issues. Founders Renee Frederickson, Ph.D., and Ellen Bass see the coalition's mission as guiding by four central principles: 1) that child abuse and resulting violence impact every human being, 2) recognizing and responding to the link between child abuse and violence is vital to every person's survival and quality of life, 3) accuracy and advocacy are vital to the prevention of future abuse and 4) people must value principles over personalities and power issues.

Currently, the coalition has set up a central committee to provide interim leadership and organization while the coalition's other six branches (legal, research, media, survivor networks, clinical, funding and resources) solidify. For more information, write **The Coalition for Accuracy and Advocacy of Sexual Abuse, Theresa Pirthe Bullard, 1310 Clinic Drive, Tyler, TX 75701.**

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A CONVERSATION WITH PAMELA FREYD, Ph.D.

CO-FOUNDER AND EXECUTIVE DIRECTOR, FALSE MEMORY SYNDROME FOUNDATION, INC., PART II

by David L. Calof

In our first installment, David L. Calof and Pamela Freyd discussed the genesis of the FMSE, Inc., charges that it has fostered an adversarial climate, the basis by which FMSE, Inc., considers itself to be a scientific effort and the controversial use of the term "syndrome." In this conclusion, they continue their discussion of the current issues regarding delayed-memories of childhood sexual abuse. They further explore the distinguishing signs and symptoms of "false memory syndrome;" discuss dissociation, multiple personality disorder and PTSD symptomology in patients with alleged "false memory syndrome." They finish with a dialogue over harassment of therapists by patient families and family intrusiveness and insinuation into the therapy relationship.



PAMELA FREYD, Ph.D

TAT: Since we last spoke, you had your first scientific conference.

Freyd: Yes. As I had hoped, I was able to spend some time with Dr. Paul McHugh. Dr. McHugh addressed some of your questions having to do with the issue of diagnosis in his presentation. I'd like to tell you some of what he said in his remarks and in a private conversation between him and me.

TAT: Alright.

Freyd: He said a careful diagnostic procedure is critical in cases when incest accusations arise in the context of the recovery of memory since these accusations may eventually involve

criminal charges. The first step is to find out the nature of the accusation in as much detail as possible. Then he brings in the marital pair and examines each spouse separately. In the process he asks intimate details of their sexual congress. He then compares their responses and notes the level of agreement. His third step is to obtain the names of any physicians and hospitals to which the accuser may have been admitted during the time of the alleged accusations. He calls them and inquires about the nature of any illnesses and asks if there was any evidence of any other sorts of injury. Then he obtains school reports and reviews them for any unexplained absences. In

the process, he inquires as to whether the accuser's therapist or the accuser has also asked for information from these sources. Then, if there has been no report of injury and no unusual absences--and if there is congruence in the parents' stories, he recommends a polygraph examination.

Using all this information he then makes a judgment as to the probability of the truth or falsity of the accusations. At this point he will try to see the other therapist and share information that might prove helpful to all parties involved. He said, "We naturally expect cooperation in these types of cases since it is what we usually have in all other types of cases. When such cooperation is not forthcoming, the issue of good faith efforts from the others is raised."

TAT: Help me understand in what setting this doctrine is to be applied. I'm not quite sure I'm understanding correctly. Is this in a clinical setting?

Freyd: Yes. This is a clinical setting. These are the procedures that he follows in working with people who have been accused.

TAT: So this happens when the case moves into the forensic arena?

Freyd: This happens when anybody comes in who says they've been accused and asks what can they do.

TAT: Now I'm getting it.

Freyd: You were also looking for some operational criteria for false memory

syndrome: what a clinician could look for or test for, and so on. I spoke with several of our scientific advisory board members and I have some information for you that isn't really in writing at this point but I think it's a direction you want us to go in. So if I can read some of these notes . . .

TAT: Please do.

Freyd: One would look for false memory syndrome:

1. If a patient reports having been sexually abused by a parent, relative or someone in very early childhood, but then claims that she or he had complete amnesia about it for a decade or more;
2. If the patient attributes his or her current reason for being in therapy to delayed-memories. And this is where one would want to look for evidence suggesting that the abuse did not occur as demonstrated by a list of things, including firm, confident denials by the alleged perpetrators;
3. If there is denial by the entire family;
4. In the absence of evidence of familial disturbances or psychiatric illnesses. For example, if there's no evidence that the perpetrator had alcohol dependency or bipolar disorder or tendencies to pedophilia;
5. If some of the accusations are preposterous or impossible or they contain impossible or implausible elements such as a person being made pregnant prior to menarche, being forced to engage in sex with animals, or participating in the ritual killing of animals, and;
6. In the absence of evidence of distress surrounding the putative abuse. That is, despite alleged abuse going from age two to 27 or from three to 16, the child displayed normal social and academic functioning and that there was no evidence of any kind of psychopathology.

Are these the kind of things you were

asking for?

TAT: Yeah, it's a little bit more specific. I take issue with several, but at least it gives us more of a sense of what you all mean when you say "false memory syndrome."

Freyd: Right. Well, you know I think that things are moving in that direction since that seems to be what people are requesting. Nobody's denying that people are abused and there's no one denying that someone who was abused a decade ago or two decades ago probably would not have talked about it to anybody. I think I mentioned to you that somebody who works in this office had that very experience of having been abused when she was a young teenager—not extremely abused, but made very uncomfortable by an uncle who was older—and she dealt with it for about three days at the time and then it got pushed to the back of her mind and she completely forgot about it until she was in therapy.

TAT: There you go. That's how dissociation works!

Freyd: That's how it worked. And after this came up and she had discussed and dealt with it in therapy, she could again put it to one side and go on with her life. Certainly confronting her uncle and doing all these other things was not a part of what she had to do. Interestingly, though, at the same time, she has a daughter who went into therapy and came up with memories of having been abused by her parents. This daughter ran away and is cutoff from the family—hasn't spoken to anyone for three years. And there has never been any meeting between the therapist and the whole family to try to find out what was involved.

TAT: If we take the first example—that of her own abuse—and follow the criteria you gave, we would have a very strong disbelief in the truth of what she told.

Freyd: I see what you're saying but people in psychology don't have a uni-

form agreement on this issue of the depth of—I guess the term that was used at the conference was—"robust repression."

TAT: Well, Pamela, there's a whole lot of evidence that people dissociate traumatic things. What's interesting to me is how the concept of "dissociation" is side-stepped in favor of "repression." I don't think it's as much about repression as it is about traumatic amnesia and dissociation. That has been documented in a variety of trauma survivors. Army psychiatrists in the Second World War, for instance, documented that following battles, many soldiers had amnesia for the battles. Often, the memories wouldn't break through until much later when they were in psychotherapy.

Freyd: But I think I mentioned Dr. Loren Pankratz. He is a psychologist who was studying veterans for post-traumatic stress in a Veterans Administration Hospital in Portland. They found some people who were admitted to Veteran's hospitals for posttraumatic stress in Vietnam who didn't serve in Vietnam. They found at least one patient who was being treated who wasn't even a veteran. Without external validation, we just can't know—

TAT: —Well, we have external validation in some of our cases.

Freyd: In this field you're going to find people who have all levels of belief, understanding, experience with the area of repression. As I said before it's not an area in which there's any kind of uniform agreement in the field. The full notion of repression has a meaning within a psychoanalytic framework and it's got a meaning to people in everyday use and everyday language. What there is evidence for is that any kind of memory is reconstructed and reinterpreted. It has not been shown to be anything else. Memories are reconstructed and reinterpreted from fragments. Some memories are true and some memories are confabulated and some are downright false.

TAT: It is certainly possible for an offender to dissociate a memory. It's possible that some of the people who call you could have done or witnessed some of the things they've been accused of—maybe in an alcoholic blackout or in a dissociative state—and truly not remember. I think that's very possible.

Freyd: I would say that virtually anything is possible. But when the stories include murdering babies and breeding babies and some of the rather bizarre things that come up, it's mighty puzzling.

TAT: I've treated adults with dissociative disorders who were both victimized and victimizers. I've seen previously repressed memories of my clients' earlier sexual offenses coming back to them in therapy. You guys seem to be saying, *be skeptical if the person claims to have forgotten previously, especially if it is about something horrible*. Should we be equally skeptical if someone says "I'm remembering that I perpetrated and I didn't remember before. It's been repressed for years and now it's surfacing because of therapy." I ask you, should we have the same degree of skepticism for this type of delayed-memory that you have for the other kind?

Freyd: Does that happen?

TAT: Oh, yes. A lot.

Freyd: In those cases, what do you do?

TAT: You treat it like you treat any kind of memory or at least the potential of a memory. You just listen to it, you ask them what it means to them and you listen—

Freyd:—Do you report them to the authorities?

TAT: If it's reportable. Often times, it's not. But yes, if it's reportable, we do. If you know that it's ongoing, for example. I mean if it's from 30 years ago, or there's an anonymous victim, there's not much the authorities can do. But yes, if warranted, we absolutely

do report it. My hope is the client will report it.

But my question is still, should we be skeptical about this kind of delayed-memory report? I mean, would Elizabeth Loftus, for example, say, "Because there's no such thing as long-term repressed memory, they must be making it up?"

Freyd: I think people should be skeptical about all things that pertain to the accuracy of memory. Because whether memories are thought to be

"Memories are reconstructed and reinterpreted from fragments. Some memories are true and some memories are confabulated and some are downright false."

repressed, forgotten or whatever, remembered events are reconstructed and re-created.

TAT: That's scary stuff to me, Pamela, because you're opening up the possibility of a criminal defense for criminals. They will say, "Well yes, I did say I did all that horrible stuff, but you know, now I think it's just false memory syndrome. I didn't really do all that."

Freyd: I think the paper by John Myers on syndromes ["Expert Testimony Describing Psychological Services," *Pacific Law Journal*, Volume 24] covers some of that fairly well.

TAT: I see. Let's look at a different area. What about these patients' other symptomatology beyond their memories? Why doesn't your criteria include, for example, "If the person doesn't manifest PTSD or significant dissocia-

tive symptomatology, a delayed-memory of sadistic abuse is less likely to be true, but if they do manifest these, it is more likely to be true?"

Freyd: Some of these are issues that are most properly brought up with clinicians, but Paul McHugh's point is that in the cases that he's aware of, posttraumatic stress comes *after* the revelation of the memories, not before.

TAT: I don't know where he gets that data but when we take histories on these people [with delayed-memories] we may find years and years of nightmares, sleep disturbance, flashbacks and—

Freyd:— But nightmares, sleep disturbances, urinary infections and so on can have many different causes.

TAT: Well, no one—

Freyd:— The extreme example is an advertising piece I have from a Southern California hospital. On the front it reads, "We can help you find your memories and begin healing" and up at the top they include a wide list of symptoms which—if anybody stops to look at it—covers virtually everything there could be.

TAT: But, Pamela, I want you to see what we're doing here, because we're doing it again. We're talking again about bad therapy practices though you claim your syndrome is about certain *patients*. Now, if you were from the Foundation for the Prevention of Bad Therapy, we probably wouldn't be having a dispute. But you aren't from the Foundation for the Prevention of Bad Therapy. You are from a Foundation that tells us there are certain clients we shouldn't believe because they are especially prone to distortions of memory. We're mixing apples and oranges again. A hospital placing an irresponsible ad has nothing to do with the patient I'm going to see at 4:00 o'clock today.

Freyd: So then I guess we're saying the same thing. I told you in the beginning that we would probably

agree on more things than we don't. What is problematic for us is that these lists of symptoms are so widely used.

TAT: I'm not sure that I agree with that completely. When we look at the whole symptom picture in some of these patients—which often includes signs and symptoms of PTSD and major dissociative disorder such as demonstrable switching, development of spontaneous amnesias, flashbacks, triggering, major sleep disturbances—no one from your movement has been able provide an alternative explanation for these symptom clusters other than traumatic stress.

Freyd: Again, I'm not a clinician, but it strikes me that there is quite a gap within the professional community on issues of dissociation. Some members of the community say that it's iatrogenic. Not that it doesn't exist, but that when you have a diagnosis that up until 1970 there are only 200 cases of—and some of those questionable—and during the 1980's alone there were 20,000 such cases . . .

TAT: How many cases of alcoholism were "on the books" prior to the 70's? Just because something has had a mushrooming recognition, doesn't mean it's not true. How many rapes were "on the books" prior to the 1970's? How much incest?

Freyd: But the things you mention manifest themselves *outside* the therapy situation, but it seems to be the case that a dissociative disorder—something like multiple personality—only comes to light within therapy, whereas alcoholism comes to light, you know—

TAT: That's not true, Pamela. That's not true. That is just *not true*. It may be just that you don't have the clinical experience, but people behave as multiples long before we ever diagnose them.

Freyd: But a lay person can recognize somebody who's an alcoholic.

TAT: And they can recognize multiples. Many partners of women who

were eventually diagnosed, treated and improved under an MPD diagnosis finally told the therapist, "Oh, *that's* what all that meant. Now I understand it. Sometimes she looked at me like she didn't know me. I thought she was kidding with me. Now I get it." They've seen it, they just didn't have a label for it before it was diagnosed.

Freyd: The term "multiple personality" itself assumes that there is "single personality" and there is evidence that no one ever displays a single personality.

TAT: The issue here is the extent of dissociation and amnesia and the extent to which these fragmentary aspects of personality can take executive control and control function. Sure, you and I have different parts to our mind, there's no doubt about that, but I don't lose time to mine—they can't come out in the middle of a lecture and start acting 7 years old. I'm very much in the camp that says that we all are multi-minds, but the difference between you and me and a multiple is pretty tangible.

Freyd: Those are clearly interesting questions, but that area and the clinical aspects of dissociation and multiple personalities is beyond anything the Foundation is actively . . .

TAT: That's a real problem. Let me tell you why that's a problem. Many of the people that have been alleged to have "false memory syndrome" have diagnosed dissociative disorders. It seems to me the fact that you don't talk about dissociative disorders is a little dishonest, since many people whose lives have been impacted by this movement are MPD or have a dissociative disorder. To say, "Well, we *ONLY* know about repression but not about dissociation or multiple personalities" seems irresponsible.

Freyd: Be that as it may, some of the scientific issues with memory are clear. So if we can just stick with some things for a moment; one is that memories are

reconstructed and reinterpreted no matter how long ago or recent.

TAT: You weigh the recollected testimony of an alleged perpetrator more than the alleged victim's. You're saying, basically, if the parents deny it, that's another notch for disbelief.

Freyd: If it's denied, certainly one would want to check things. It would have to be one of many factors that are weighed—and that's the problem with these issues—they are not black and white, they're very complicated issues.

TAT: I just want to be sure that I understand something you said earlier. You told me that at some point the Foundation would be willing to have an independent investigation of the so-called FMS families.

Freyd: Yes, that's true. While not 100 percent, pretty close to all the people who call are virtually begging to have an investigation done of their case. Just this morning, I spoke to a woman who was distraught because she had filed a complaint with one of the state agencies and gotten back the same kind of letter that virtually everybody has gotten back who has filed a complaint: "Sorry, but you're not the patient, so there's nothing we can do."

TAT: This is a person who claims to be falsely accused?

Freyd: That's right.

TAT: And what are they writing to the licensing board?

Freyd: That they have a complaint and they would like to have an investigation of their particular situation.

TAT: And that "situation" is that their daughter or son is seeing a therapist who they believe is giving them bad therapy?

Freyd: That has resulted in a terrible accusation and destroyed the family.

TAT: I know of a case where a therapist was treating an adult patient who was working through memories of childhood abuse. The patient had been

estranged from his family for a long time at that point. He had not made any accusations, legally or otherwise, and wanted merely to be left alone. His family found out he was in therapy, though, and a close relative went to the state licensing board alleging that the patient was being unduly influenced by his therapist claiming the therapist was using hypnosis to make the patient remember bizarre, but untrue memories of abuse and the patient was dangerously decompensating as a result.

A state investigator demanded to speak with the therapist, threatening his certification if he did not share his records. What's worse is that they refused to interview the patient for many months even though he repeatedly asked to be interviewed. The patient's position was, "Look, leave me alone. I'm an adult in my 40's, doing therapy that's helping me, and it's none of my family's business and it's none of your business. I'm being well served and the content of my discussion with my therapist is nobody's business but my own." Despite this, the investigators refused to take his statement for many months while they reviewed the therapist's reluctant statements to the investigator. The therapist refused to hand over his notes on principle, though the action cost him thousands of dollars in legal fees. The patient hadn't even made public charges of abuse! I think this is an absolutely outrageous incident. What do you think about it?

Freyd: I think that these are unbelievably complicated issues that need to be resolved by people discussing them.

TAT: What I'm asking, Pamela, is what would you tell that family member? Would you tell them that what they're doing makes sense, or you would tell them that the adult's therapy is none of their business as none of it had been made public?

Freyd: Had the family member been able to meet with the therapist?

TAT: No, the man was estranged from his family. He wanted nothing to

do with his family. He was gravely concerned that the family even knew who his therapist was.

Freyd: I don't know. What do you think about it?

TAT: I think it's none of the family members' business.

Freyd: But what if accusations had been made?

TAT: But they hadn't been in this particular case. The therapist is bound

“. . . somebody who works in this office had that very experience of having been abused when she was a young teenager . . . and she completely forgot about it until she was in therapy.”

to confidentiality and can't talk to the family. What would you tell the family member to do? Would you tell them to back off?

Freyd: I wouldn't tell them to do anything. I would encourage people to try to have some kind of meeting if possible, simply because the world isn't one-sided.

TAT: But shouldn't it be an adult's prerogative either to be estranged or in a relationship with his or her family?

Freyd: It's an adult's prerogative to join a cult, but it's also a parent's prerogative, if they feel that their child is in a cult, to try to get information when they feel that something isn't healthy or good. I think you're just going to have situations where people see things differently. People don't stop being parents just because their children are grown up.

TAT: What about the issues of boundaries and confidentiality and the right to privacy?

Freyd: I would think that the son's therapist in that case would try to find a colleague to work with the family member to understand these issues.

TAT: I think that would break confidentiality.

Freyd: How would it break confidentiality if these people were referred to someone else in the same clinical setting who could inform them about the nature of the therapy and the issues involved?

TAT: If a parent calls me and says, "I understand you're seeing my adult daughter, Susie," I can't even acknowledge if it's true, much less discuss any clinical situation with them or refer them to someone who could. As I understand it, I am bound to that kind of conduct as a clinician. But clinicians are being harassed by people who refuse to acknowledge our legal position and who think they ought to be included in others' therapy because they have issues with how it's conducted.

What if your son or daughter calls you and says "Listen, mother, you're in therapy that I disagree with. Your therapist is telling you that you were a good mom, but I don't think you were, so I want to come to your therapy."

Freyd: I would welcome it. But you know, I may not be typical.

TAT: I don't think you are in that regard.

Freyd: I see family structures as—I guess I just come from a background where family structures—maybe I'm old and old people like families.

TAT: I'm talking about cases where adult children for whatever reason have decided to be estranged from their families and their families become intrusive in their therapy. That's the context I'm talking about. As a clinician, I believe in family reconciliation if it is appropriate and possible, but it

isn't always. I have seen people who feared for life and limb from their families and, frankly, felt terribly unsafe having anything at all to do with them.

Freyd: Instead of guessing about what's going on, the first thing I would encourage people, as reasonable rational human beings, to do is to seek out the data that we just don't get from our guesstimates. David, what we're saying is, "Please investigate these cases. Please, won't somebody investigate these cases?"

TAT: But, who? And how can we know the data, when you've kept your membership secret? How can we even know what these cases are about?

Freyd: All you have to do is have someone who will investigate the cases.

TAT: And how would that happen?

Freyd: Are you going to make an offer? Will you sit down with parents and children?—

TAT: — I will put this out in our—

Freyd: — would you do that? Is this an offer?

TAT: Now, again, would I what?

Freyd: Would you take it upon yourself to serve as a kind of mediator in these cases—to talk with the parents and children?

TAT: I would not want to insert myself in any case in which an adult wanted to be estranged from his or her family—that's their choice—no more than I would want to insert myself in a case where the parents want to be estranged from their adult children. That's their choice as well.

Freyd: Yeah, but there's more than just being estranged. We're talking here of accusations—

TAT: —We're not just talking about—

Freyd: — of horrible things that are criminal.

TAT: We're NOT just talking about

cases where there are legal proceedings. We're also talking about clients who say to their families, "I don't want to talk with you, just leave me alone and keep your distance." That's a reasonable position to take.

Freyd: It's very unilateral. How would you feel if parents disowned their children? Suppose you had a client who came to you and said, "I'm lost, I feel terrible. My parents have disowned me, they said I did something but I didn't do it."

TAT: Then my task with that person would be to help them learn to live with it—to live with the reality.

Freyd: Basically then your position is that the family should learn to live with it.

TAT: No.

Freyd: Bottom line.

TAT: No.

Freyd: Bottom line.

TAT: No, I'm not saying that.

Freyd: Then what would your bottom line be?

TAT: I had a case where the woman said to her family, "I only want to talk with you again if you will talk about my memories." The only response back she ever got from her parents was, "We don't have any idea of what you're talking about, so there's nothing to talk about. You're being led away from the Lord by your therapist and we refuse to talk about anything except that." What's to talk about there, Pamela? What can you do there?

Freyd: I'm hearing you say you know these people are guilty.

TAT: No. I don't know anymore than you know they're not. But, I'm talking about boundaries and privacy here. As a therapist working with survivors, I have been harassed by people who claim to be affiliated with the false memory movement. Parents and other family members have called or written me insisting on talking with me about

my patients' cases, despite my clearly indicating I can't because of professional confidentiality. I have had other parents and family members investigate me—look into my professional background—hoping to find something to discredit me to the patients I was seeing at the time because they disputed their memories. This isn't the kind of sober, scientific discourse you all claim you want.

Freyd: I don't know anything about those particular situations. Harassment is not the proper way to deal with these issues.

TAT: What do you tell your membership to do?

Freyd: If they can, they ought to be able to know who the therapist is, what their qualifications are, that they're licensed. These things are public knowledge. You can call an office and ask to have a resume sent. That's one way you can determine who the therapist is, if the therapist refuses or doesn't want to meet with you.

TAT: What do you say to those members who continue to call therapists or even picket their offices in an attempt to get them to talk, when the therapists cannot legally do so? What would you say to those people?

Freyd: I'd say we have a very difficult situation in our society if there is a segment of the population who are accused and there is no forum in which all sides can be represented. Several therapists have suggested the development of "safe houses"—places where both sides could meet to begin to resolve the problems.

TAT: I appreciate that. But I don't think you have answered the question. I wanted you to address the people in this country who, for lack of a better term, are harassing therapists by continuing to call, write and threaten them when they refuse to discuss their clients' cases because they cannot do so legally. Will you say something to them that will get them to stop? They

will listen to you—

Freyd:—You mean in my newsletter?

TAT: I mean here in this interview.

Freyd: Harassing people will only turn into more alienation. The way we have to proceed is to work to provide forums where there can be dialogue. I have to say that one of the greatest sources of frustration of the people who contact the Foundation—and a common characteristic of these stories—is the fact that there has been no opportunity for any kind of dialogue.

TAT: You have to recognize the primacy of the therapeutic relationship and the need for privacy.

Freyd: I have to recognize the primacy of the therapeutic relationship, but I am also aware that the code of ethics of psychologists says that people will not do harm when they are in the process.

TAT: You're talking a little away from the issue. The issue is that I know of therapists across the country who are treating adults in therapy—not in the forensic arena—whose parents continue to call, picket, and harass them in the name of “false memory syndrome.” Do you want to say anything about that? Do you want to address that? Do you want to indicate that that's NOT what you stand for?

Freyd: We don't support picketing.

TAT: So if I was being picketed or had someone calling me insisting that I break confidentiality, could I say I spoke to an official of the False Memory Syndrome Foundation who said this is not a tactic they endorse?

Freyd: That's correct.

TAT: I want to move back to an area that I'm not real comfortable asking you about, but I'm going to, because I think it's germane to this discussion. When we began our discussion [see “A Conversation with Pamela Freyd, Ph.D, Part I”, *Treating Abuse Today*, 3(3), p. 25-39] we spoke a bit about how your interest in this issue inter-

sected your own family situation. You have admitted writing about it in your widely disseminated “Jane Doe” article. I think we've been able to cover legitimate ground in our discussion without talking about that, but I am going to return to it briefly because there lingers an important issue there. I want to know how you react to people who say that the Foundation is basically an outgrowth of an unresolved family matter in your own family and that some of the initial members of your Scientific Advisory Board have had dual professional relationships with you and your family, and are not simply scientifically attached to the Foundation and its founders.

Freyd: People can say whatever they want to say. The fact of the matter is, day after day, people are calling to say that something very wrong has taken

“I would not deny that my interest and my perspective has been colored by personal involvement.”

place. They're telling us that somebody they know and love very much, has acquired memories in some kind of situation, that they're sure are false, but that there has been no way to even try to resolve the issues—now, it's 3,600 families.

TAT: That's kind of side-stepping the question. My question—

Freyd:—People can say whatever they want. But you know—

TAT:—But, isn't it true that some of the people on your scientific advisory have a professional reputation that is to some extent now dependent upon some findings in your own family?

Freyd: Oh, I don't think so. A professional reputation dependent upon findings in my family?

TAT: In the sense that they may have been consulted professionally first about a matter in your own family. Is that not true?

Freyd: What difference does that make?

TAT: It would bring into question their objectivity. It would also bring into question the possibility of this being a folie à deux—

Freyd:—If you want to question the professionals on our advisory board, you may talk with them.

TAT: Let me go a little bit further with this. I'm not trying to be a muckraker here. What I'm trying to get to is, how do you respond to a claim that says it's going to be hard for you to be objective about this because of your—

Freyd:—Who's objective? Are the therapists? Are therapists objective? Our advisory board I would hope is objective.

TAT: That's where I have to come back at you. There are reports that there's been dual relationships here that may cloud some members' objectivity—

Freyd:—If you would like to tear apart our advisory board on those grounds I think they're big people and they can take it, if that's what you would like to do.

TAT: That's not where I'm coming from. Where I'm coming from is this: because you're embroiled in issues in your own family that parallel the kind of issues we are discussing, and because there are suggestions that some of your scientific advisory board members were professionally involved with those family matters, there's a natural question of how objective or credible the involved parties can be.

Freyd: If you are questioning the objectivity of the members of our

advisory board, then question the objectivity of the members of our advisory board. I suggested you talk with some of them. Go ahead, talk with them—

TAT: —I'm not going to ask them to divulge a confidentiality. If I did that I would be doing the same thing I told you guys not to do. I more want you to look inside and tell me whether or not there's a possibility here that some of this is colored by your own experience. That's all I'm really saying.

Freyd: I can't speak for any board members.

TAT: I'm talking about you.

Freyd: I can't speak for any other person—

TAT: —Of course you can't, I'm talking about you.

Freyd: I would not deny that my interest and my perspective has been colored by personal involvement.

TAT: Alright.

Freyd: I wouldn't deny that of course it has. That's why I've been up front about my personal involvement and, frankly, I would be more than happy to have a complete and full investigation of every step and procedure from beginning to now. I'm asking for that. Would you do it? People are not talking to each other. Let me ask you, where do we begin?

TAT: That leads me actually to my last question. You told me earlier that basically you hoped someday you could close up shop.

Freyd: Absolutely.

TAT: What will be the evidence required for you to make the decision to do that?

Freyd: When people stop calling the Foundation and when we are told that the issues that have divided families have been satisfactorily resolved.

TAT: That's going to take a long time, don't you think?

Freyd: Oh, I hope not. We are getting a trickle of people who are beginning to communicate with their families.

TAT: I don't think we live in a world where anytime in the near future people who in fact are guilty—who are trying to get out of responsibility—are going to suddenly embrace their responsibilities, do you?

Freyd: When people can sit down and talk, there will be no reason for the Foundation. One characteristic that people relate when they call is the fact that they have been unable to meet with the people making the accusations or with the therapist involved to discuss the issues.

TAT: Would you be concerned if you knew that the activities of the Foundation had made it less safe for true survivors to come forward?

Freyd: Yes. I'm very concerned. We want your help in doing what needs to

be done to bring calmness and a degree of fairness to the issues we're dealing with.

TAT: That's why we've been talking. Thank you very much for your time.

Freyd: You're welcome. Thank you for this opportunity to dialogue. There's a lot of misinformation, so I'm really glad we had this chance to talk.

David L. Calof is a working clinician who also frequently consults and lectures internationally on the treatment of sexual abuse, posttraumatic stress, and the dissociative disorders. He is editor of *Treating Abuse Today* and author (with Mary LeLoo) of *Multiple Personality and Dissociation: Understanding Incest, Abuse, and MPD*. (1993). Park Ridge, IL: Parkside Publishing Corp. His most recent article, "Facing the Truth About False Memory," appeared in the September/October 1993 issue of *The Family Therapy Networker*.

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