

THE TRUTH ABOUT

**FALSE
MEMORY
SYNDROME**

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The Truth about False Memory Syndrome

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PART I



Basic Questions

CHAPTER 1:

A Preview

As you make your way through this book, you will meet people whose lives have been thwarted. They have been falsely accused of making up memories of abuse. Some even remember being told that no one would believe them if they ever said anything about the abuse, and that is exactly what has happened. Crimes have been perpetrated against them and no one has been brought to justice. Physical injuries and emotional scars, the legacies of those abusive acts, continue to hamper their daily lives. But, they have not lost hope.

Despite brutal treatment, these people are not consumed with revenge. They only desire to live a healthy life, and to dip as deeply as they possibly can into its sweet nectar. They want to overcome a desolate past, and prepare for a prosperous future.

You will meet Gina, who has always known her mother was imprisoned for abusing her. During treatment she has uncovered memories of abuse so extreme that multiple personality disorder resulted—it was her only means of escape. In her present life she needs to hide the diagnosis. Her career would be threatened, because false memory syndrome headlines have dominated local news. Her daughter re-

Does Such a “Syndrome” Exist?

cently asked if Gina has multiple personality disorder, and she wonders whether to tell her. What a dilemma.

You will also learn about Dora's childhood family life, which was dominated by two unbreakable rules. The first was, "Don't talk, don't think, and don't feel." The second was, "Protect Daddy." He had at least eight affairs, and the whole family was needed to enforce the rules. "Don't talk about Daddy's infidelity, don't think about what it has done to Mommy, and don't feel betrayed by him." In her adult life, Dora remembered that he sexualized her, and the family rules kicked in furiously. She has received a clear message from everybody in the family, except Daddy, that she is not supposed to talk about the incest, that they do not want to think about it, and that they will try to not feel anything about it. She is invited to hang out with them, and act as if nothing happened. They all believe Daddy needs to be protected from Dora, and he is, therefore, forbidden from talking to her about the false charges. They know he sexualized others, but they do not want to think about the possibility of incest. They say her memories must be false, her therapist must not be up-to-date about false memories, and Dora's church family must be trying to take her away from them. What is Dora to do?

And, you will meet Chloe's family, which has always been a treasured resource to her. After they heard she was diagnosed with multiple personality disorder, they soundly confronted her. In the middle of the most difficult stages of therapy, she found herself spending her therapy time trying to deal with them, instead of pushing ahead with her own issues. Can she hold her head up while false memory accusations come from those she loves?

There will also be Anna, Gloria, Laura, and Alexi. Each has encountered extreme abuse, but survived. Each has been near death, but relishes life. Each has

a biography polka-dotted with pain, but each still looks forward to a time when life will be far better.

What can we say to all these people about false memory syndrome? They all deserve truthful answers, the clients and their families alike. I have been looking for an opportunity to get some answers myself. The false memory syndrome movement has seemed massive and forceful, and I had not thought of responding to it until I arrived at a seminar last summer, where I was presented with a unique chance to get the truth about false memory syndrome.

The Seminar

It was Saturday, 4 June 1994, and I was sitting near the middle of an auditorium filled with psychologists and other therapists, waiting for the high-tech video conference to begin.

About two thousand of us were gathered in twenty-one cities across the country, waiting to see the live satellite transmission of a continuing education seminar. The topic of the seminar was the recent revision of the *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV)*, the book which catalogs and explains psychological conditions. Therapists were eager to learn about the wide-ranging changes introduced since the last edition of the *DSM*, ten years earlier.

The video conference had been set up taking time zones into account, so that all locations would pick up the transmission simultaneously, which made live questions and answers possible at each location by telephone. It was a display of state-of-the-art technology. The giant screen brought us together as though we were one huge seminar, without requiring us to be in Washington, D.C., where the simulcast originated.

The American Psychological Association produced the program, and their five hand-picked experts were

ready to go. As the transmission began, it was explained that the *DSM-IV* had been more exhaustively researched than previous *DSM* editions. Every psychological condition listed had been subjected to rigorous field studies. Researchers were able to verify, on the basis of behaviors and symptoms, just what each condition looks like, how to diagnose it, and how to clarify—precisely—how each condition is found to be different from others. These five experts had covered everything available on all topics. They had read review papers, journal articles, and books, and were familiar with the best and the latest scientific studies.

We were told the program would be divided into four sections. Each would include a presentation by a panel member, followed by phoned-in questions. During presentations we could write out questions and pass them to the aisle so they could be reviewed by psychologists at each location, who would determine which questions would be phoned in.

I paged through the outline which was handed to me as I walked in, and noticed that my specialty area had only one noteworthy change—the name. Multiple personality disorder would now be called dissociative identity disorder. The symptoms which define the syndrome had not changed since the previous *DSM*: (1) The presence of two or more distinct personality states; (2) at least two of the identities or personality states recurrently take control of the person's behavior; (3) inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness; (4) the disturbance is not due to direct physiological effects of a substance or a general medical condition (*DSM-IV*, page 487).

When the panel came to this section, they explained that the new term describes the condition more accurately than multiple personality disorder. The distinctive feature of this syndrome is dissociation, a

defense mechanism which disrupts a person's identity, so the new term is dissociative identity disorder. I believe it is a good, descriptive label. As I previewed the outline of that section, I noticed that the difference between dissociated and repressed memories was not discussed, nor was the now-popular term, false memory syndrome.

I live in California, where things sometimes seem different than in other places, but I was pretty sure these experts had heard what we had heard about the controversy surrounding dissociation and "false memories." The press has devoted a lot of space to this issue out here.¹ In one recent court case a therapist was found guilty of negligently reinforcing false memories in her client, who claims there is nothing false about her memories. The father of the client won a large monetary settlement, and psychology was thoroughly discredited. The woman's memories tell her that her father sexualized her. He maintains that he did no such thing, that he loves his daughter, and that she would not accuse him unless somebody had misled her. He deduced it must be the therapist, so he sued the therapist and won.

Shivers spread through the ranks of therapists when the court decision was announced. Any of us could have been the target of that lawsuit. If a person comes into my office and says she has been abused, can I be accused of creating her story? That is the precedent set by this case. Anyone can be accused.

But, other court cases have set precedents which are more friendly to people with recovered memories. One woman remembered that her father had killed a friend of hers when she was young. She reported to the police the events she remembered, after they surfaced in her adult life, and the father was found guilty. The memories were clear enough to verify specifics.² Detective work found her memory to be consistent

with historical events. (A new trial has been set, due to technical problems with some of the testimony, so the legal precedents set by this case may not stand.) This is just one of many documented cases which suggest that dissociated memories of abuse can be accurate. For other cases which support this, see appendix A.

As an author and a lecturer on multiple personality, I have been offered spots on talk shows to join the debate about false memories, but I have not been eager to get into the media ring. Talk shows exist to generate ratings. They are not looking for thoughtful discussion—they are looking for excitement, which keeps ratings high. Ratings mean money. Perhaps the talk show hosts believe I might add some excitement.

The gambit usually goes like this: A talk show host gets me on the phone. “Dr. Friesen! Boy, I am sure glad to talk to an authority like you. Wouldn’t you like to be on my show? Wouldn’t you like to let people know about your books?”

I don’t take the gambit. “Thank you for being so complimentary. I know your talk show is big, and thanks for offering to let me explain what I have learned. However, if there will be people on the show who say my books are hoey, because repressed memories are inaccurate, I will pass. I don’t debate. I educate. If you choose me as a guest, believe me, I will give you a lot of good information. I may even be able to bring some clients with me, who would talk about their experiences. I could use an overhead projector to illustrate how memories are stored and how multiple personalities work together. We would be able to give you a memorable show, even without a debate.”

Customarily, I get a “Thanks anyway,” or an “I’ll get back to you,” but no one has gotten back to me yet. Talk shows are not interested in finding the truth

about this troubling topic. If the audience may be left feeling profoundly disturbed, talk shows are not about to carry a topic. Media people need to keep their jobs and continue to make dollars. They promote entertainment, not education. It is a matter of supply and demand. The public wants to be entertained, which is the job of talk shows. Education is supposed to come from scientists and teachers.

News is supposed to come from reporters. But, the way news organizations operate these days, there is little difference between news and entertainment. A major tragedy can be reported on the TV evening news, and we hear about it from smiling faces who, in the next breath, say we can expect wonderful weather tomorrow. The listener's attention has been drawn away from the upsetting aspects of things which happen to real people. Next, we hear a movie critic's review of a horror movie. Bloody scenes appear, and the news takes on an air of fantasy. "What is the news tonight?" we may ask the listener. "Some unusual tragedies, but they don't affect me. The sun will be out tomorrow. I know how the world is, and I expect a good night's sleep." People are getting a fantasy picture of the world. The evening news is not dedicated to pursuing the truth if that leads their audience to insomnia. The free press has been gobbled up by free enterprise. We should not expect entertainers to be reporters.

The Question Is Raised

As the video conference progressed, I became concerned because the panel was not talking about dissociated memories. I knew it would be very helpful for these experts to tell us whatever they had found about the false memory syndrome controversy. A lot of people need to know, because their only source of information to date has been the news.

The panel was systematically going through the outline, topic after topic, and I kept thinking, "We have a red-hot issue and a panel which knows everything there is to know about psychology, but no one is bringing up false memories. Someone has to ask for their comments." I wrote out a question and passed it to the aisle. Momentarily, a staff person got my attention, I was ushered to the front of the auditorium, and handed a phone. I was told what to expect on my end of the telephone, and a man on the line asked my name and how to spell it. I told him my question, and was put on hold.

The panel was already answering questions from around the country. My vantage point was near the front of the auditorium, looking up from one side of the screen. I was alone in a dimly lit corner, with a phone pressed against my ear, trying to watch the screen, large and distorted from that angle. Thinking about how I would phrase my question, I tried to ignore the 250 therapists sitting behind me.

The moderator would announce the city from which each question was coming and give the caller's name as it was being printed in large letters on the bottom of the screen. The telephone was patched, live, into the sound system. Nothing was edited or rehearsed. The questions and answers were ad lib.

I was rather surprised that I was still calm. Everything seemed just matter of fact. "Okay," I thought to myself, "somebody needs to ask the question about false memories. Fine. I am willing to do it. People need to know. It's not right for this panel to pass up a chance to share what they know." I believed it was meant to be.

As the minutes passed by, it seemed I would not have a chance to ask my question. Just before the end of the time allotted for questions, my phone line came alive and I was told I would be next. Now I was

getting anxious. I could imagine stammering, blurring out incomplete sentences, or getting off-track from what I wanted to ask. My focus narrowed. My name was announced as it was being typed onto the giant screen. It was too late to back out. I would be on the program in a few seconds. "Okay, Lord, here goes," I prayed.

"One issue that has gained the public's attention in recent months," I began, "has been 'false memory syndrome.' Are there any studies which list the symptoms of such a syndrome, or is there any research which shows how false memory syndrome is different from other syndromes?" I relaxed.

The panel members were larger than life up on the screen. Glancing back and forth, not certain which of them would answer first, everything went silent in the auditorium. Therapists all over the country knew that a lot was riding on this answer. The real question behind my stated question was this: "Can our profession still call itself scientific, or are the critics right when they say peoples' minds are so unreliable we cannot trust what they tell us?"

The Answer Is "No"

Three of the panelists stated they had read nothing scientific about false memory syndrome, and they were aware of no studies. They also said the term has only been around for a few months, and specified it is not a condition listed in the *DSM-IV*. They were cautious, but professional. They could say nothing about it. Their silence was very loud.

I thought that would be their answer, but it was profoundly reassuring for me to hear them come to that position. The field of psychology says false memory syndrome is not a syndrome until research documents it. There is no study which lists the symp-

toms, there are no field studies which document the alleged syndrome's behaviors, and there is no known way to distinguish it from other syndromes.

Two thousand therapists around the country heard what these experts said. The real question had been answered: Psychology still maintains that peoples' minds are considered reliable. We can keep our jobs as psychologists. Those who have assailed our profession because of the false memory controversy have absolutely no scientific data on which to base their cases. As Mark Twain might have put it, the rumor that psychology is dead has been greatly exaggerated. On the way back to my seat, one psychologist who is a friend of mine said to me, "No such thing! That's that."

The premise of this chapter and of this book is that the position taken by the panelists is correct. The number of studies which have subjected false memory syndrome to scientific inquiry is zero. There is nothing scientific about it. There is nothing which defines it. There is no list of symptoms which describes it, nor is there anything which helps us distinguish it from other syndromes. No studies. No such thing. That's that. We do not have to debate about something that does not exist. Until such a syndrome is identified, there is no need to even begin a debate.

But, unfortunately, that does not stop talk shows, magazines, and newspapers from drumming up interest in false memory syndrome. It boggles the mind—lots of mileage, but no fuel. There has been high-profile, public debate about something which has not even been defined. People seem to get caught up in the debate, but lose sight of real people who say they have been abused and need help.

I am concerned the debate itself is getting all the attention, and not the people. Despite the controversy, we need to take a closer look at things through their

eyes. The problem is not the debate about false memory syndrome. The problem is getting help to people who have been abused.

The Problem

Yesterday, a client became visibly upset as she told me about the plight of a four-year-old boy who was visiting at her house. He asked her to come with him to the bathroom because he does not like "ca ca." No problem. She has children too, and knows that toilet training is not always easy at his age.

"You don't like the smell?" she asked.

"I hate it when they make me eat ca ca."

She knows that is often a part of ritual abuse so she began to wonder if his troubles resulted from ritual abuse. His behavior is often out of control and his sleep is frequently interrupted by nightmares. She asked him the obvious question: Who made him eat ca ca?

His behavior changed dramatically then and he suddenly became silent. She had seen that change in him before, but had not noticed what caused it. Evidently, he has crystal clear memories of abuse, at times, but when asked to talk about it, he goes blank.

When she saw his reaction to her question, my client decided to talk things over with the boy's mother. The mother said she and her son had been abducted by cult perpetrators, and were forced to take part in rituals. "That was two years ago," she said. "I didn't think he remembered it."

That kind of experience is indelibly printed on a person's mind, no matter what their age. People do not forget extreme abuse—they just cope with it as well as they can. The mother says his nightmares have been worsening lately, as has his behavior. He may be consciously aware of the abuse only part of the time, but it appears to be a disturbing unconscious

force which has been increasing in recent weeks. Children are not equipped to cope with extreme abuse, and their behaviors and dreams are often driven by what they remember.

“Did you report it to the police?” my client asked.

“Yes,” the mother replied. “A detective came out and investigated, but since there was no firm evidence of ritual abuse, he did not make a written report.”

As she was relating this story to me, my client added there were some other unexplainable things in the story. Maybe the detective did not believe her. However, my client knows the woman well, and believes the abduction story is true. It is certainly consistent with what she observed in the child. He has become very difficult to live with, and the whole family is seriously stressed. He needs professional help, but the family lacks funds to put him in therapy. Without a police report, they do not qualify for assistance.

So what is the mother to do? She needs help and so does the child, but resources are unavailable. The detective’s report would have made a big difference. That is part of the problem. I have been testifying in public hearings and speaking openly about ritual abuse for more than six years, and have found the mother’s experience to be common. Perhaps authorities hope this issue will go away, so they do nothing. A report of the U.S. Advisory Board of Child Abuse and Neglect, dated April 1995, put it this way: “There is a broad-based ignorance of the extent of child maltreatment which is caused in part by incomplete data collection, inconsistent handling and tracking of cases, and little accountability among the law enforcement, medical, and child protection agencies.”³

I find it astounding that the detective did not make a report. Perhaps he had heard something about false memories, and, sensing the controversy, left it alone. Perhaps he hoped someone else would make the

report and face the controversy for him. He is not the only one who is leaving this alone. Many people who say they were abused find our society does not get involved. Sometimes I wonder how many such incidents go unnoticed, and I have to ask myself, "What kind of a society turns a deaf ear to suffering children?"

Today, a client brought me a report recently published in *The Chronicle of Higher Education* (23 November 1994, p. A6), which summarizes a study concerning ritual abuse. The client, Gloria, has vivid memories of ritual abuse as a child, knows it really happens, and sees denial in the report. It is a discouraging reminder of the many times her history of abuse has been met with denial. She is weary of defending herself when she tells people some of the things which happened to her. They ask if maybe her memories could be false. It breaks her heart. It breaks her husband's heart.⁴

The way the journal's summary reads, the editors appear to have joined those who want this problem to go away. In a section called "Footnotes," the study concerning ritual abuse is treated like nothing more than a footnote. It is deemed important enough for only three paragraphs, which include nothing about how the study was carried out. The study's title is even missing, so the reader cannot examine the study further, and is asked to accept the editor's summary as sufficient. Here is the report:

Researchers at the University of California at Davis and the University of Illinois at Chicago recently reported results from a large survey of clinicians and law enforcement personnel suggesting that there is little evidence to show that satanic cults are practicing ritual sexual abuse of children.

Claims of satanic ritual abuse against children have been prominent in the debate over recovered memory; a particularly bizarre case in Washington State gained national notoriety. But the federally supported study turned up no proof of organized ritualistic sexual abuse of children by members of satanic cults.

The survey did point to “the possibility of some acts of abuse that might qualify as ritualistic,” [according to one of the investigators] but nothing that could be attributed to a large-scale, organized cult.

The summary implies ritual abuse is a mirage, even though a few cases may qualify. It is shaped to convey a popular spin: The public is gently assured there is nothing to worry about, there is no need to get involved, and there is no need to listen to people who report ritual abuse.

Perhaps the public is also being asked to not think. What evidence do they expect to find of any large-scale, organized cult? A manual on how to carry out acts of abuse? A nationwide computer printout listing criminal cult leaders and their phone numbers? Written guidelines for covering up abuse more effectively? Please, federal officials, do not waste my money on research headed nowhere! Such acts are obviously illegal, so they will not be documented by perpetrators. There will be no paper trail.

The people I work with are not even interested in evidence about a large-scale, organized cult. Therapists, mothers, and husbands of victims are asking for nothing more than support for people who have been abused. If only ten people have suffered “some acts of abuse that might qualify as ritualistic,” will this study encourage friends to take the victims seriously and get them some help? I think not.

Perhaps the detective who talked with the young boy's mother had just read an article like the one above, and decided not to make a report. Law enforcement personnel will not find any evidence of ritual abuse if they do not log this kind of incident—there will be nothing for researchers to find. They can truthfully say no evidence was found, but the real truth is, no evidence was collected.

The problem is more elaborate than just finding incident rates for extreme abuse, or looking for evidence of cover-up. Nor are false memories the problem. The problem is that too many people in our country have been abused. Estimates generally run from 20 percent to 35 percent, and abuse seems to be increasing at an alarming rate. The April 1995 edition of the American Psychological Association newsletter, *The APA Monitor*, indicates current trends: A headline on page thirty-four reads, "Reported cases of child abuse and neglect are up 300 percent—a national tragedy that cries out for psychology's attention." That article quotes findings from the National Institute of Mental Health's ongoing research:

Despite the debate over false memories of child sexual abuse, the actual reported incidence of such abuse in this country is enormous. Such cases have increased 300 percent in the last fifteen years, to about 150,000 incidents per year. Newest research in the area shows that:

- Girls are four times more likely than boys to be sexually abused. But there is mounting evidence that male sexual abuse is more common than previously thought.
- Young children who are sexually abused experience more stomachaches, headaches, bedwetting, inappropriate sexual behavior, anxiety, withdrawal, and developmental delays.