

False Memory Syndrome Foundation Newsletter

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Report on the Johns Hopkins/False Memory Syndrome Foundation Meeting, Baltimore, December 9-11, 1994

Colin A. Ross, M.D.

Colin A. Ross, M.D., author of many books and Director of the Dissociative Unit at Charter Hospital in Dallas, Texas, has several times been the subject of disparaging comments in this Newsletter (Vol 2, Nos. 4,5,8). He is often considered to be one of the most prominent advocates of treatment for multiple personality disorder. He has contributed the following communication for the FMS Foundation Newsletter. We are delighted to print it. Responses, as usual, will be welcome._

I am submitting this report simultaneously to the Newsletters of the International Society for the Study of Dissociation (ISSD) and the False Memory Syndrome Foundation (FMSF). As immediate past president of the ISSD, I was concerned that I might receive a hostile reception at the meeting in Baltimore. In fact the response to my presence was warm and cordial, with a few exceptions, and numerous people said that they were glad to see me there, and that the two camps need to begin a conversation --the individuals who expressed this view included accused fathers, recanters who have successfully sued their therapists, wives of accused fathers, lawyers who have won false memory suits, psychologists, and psychiatrists.

The social process and dynamics of the Baltimore meeting were identical to those of the multiple personality meetings held in Chicago in the mid to late 1980's. Both meetings were in part expressions of a social cause, with the audience providing standing ovations when stirring orators espoused the group political doctrine. The audience at both meetings was a mixture of survivors, paraprofessionals, and clinicians, and at both meetings victims in the audience could be seen receiving back rubs from significant others. At both meetings the speakers were predominantly male M.D.s and Ph.D.s. There were survivor forums at both meetings, and undisguised cases were presented on stage in Baltimore. Both meetings involved a great deal of belief and insufficient empiricism.

The meetings differed demographically, with an upward age shift in Baltimore, and many more males in the audience in Baltimore. The key difference was a rotation of the victim-rescuer-perpetrator triangle--both meetings were focused on championing the cause of the victim. In Chicago in 1988 the highest-ranking victim was the female MPD patient whose perpetrator was a male Satanist and rescuer a therapist, while in Baltimore in 1994 the victim was a falsely accused father, the rescuer the lawyer, and the perpetrator the MPD therapist. The demographics of the roles had shifted but the dynamics were identical.

At both meetings the projected bad self was clearly identified--in 1994, ISSD members tend to view the FMSF as "perps incorporated" while FMSF members tend to view the ISSD as "incompetent hysterics of America." Both these perceptions are based on the sociology of rumor, the psychodynamics of

projection, and overgeneralization from biased samples. Many FMSF members, I learned, have attitudes towards me which are based on rumor--this is the inverse of the Satanic panic analyzed by Victor (1993) and Mulhern (1994).

ISSD members lend towards an equation according to which FMSF membership = perpetrator = denial, while FMSF members tend to accept the equation MPD diagnosis = hysteria = false memories = patient and family harm. Many professional FMSF members are below scholarly standard in terms of knowledge of the dissociation literature, while many ISSD members are insufficiently aware of the literatures of the imprecision of memory, demand characteristics, and coercive persuasion. The two organizations are mirror opposites of each other. Both have a lot to teach each other, although in both groups there are ideologically fixed extremists. Both groups tend to be highly critical of the other, but blind to the same logical errors made by themselves.

Many of the Baltimore talks could be given at an ISSD meeting, and be well accepted there. ISSD members need to be aware that there is a wide diversity of viewpoints among speakers at FMSF meetings, as there is in the ISSD--in Baltimore different speakers stated that there is no such thing as repression, espoused classical psychoanalytical theory, described treatment of a retractor based on classical Janetian trauma-dissociation theory, and described a variant of cult exit counseling. Much of the focus was more on standards of practice than memory issues, and I agreed with more than half of what was said.

One of my goals is to convince FMSF members that the key variable of mutual interest should be impaired professionals and bad therapies. According to substantial but not definitive data MPD/DID is a reliable and valid diagnosis according to the DSM-IV system rules. The DSM-IV diagnosis of MPD/DID does not require adherence to a theory of "robust repression," a reported history of sexual abuse, or belief in any particular mental mechanism or metaphysical construct. This is analogous to panic disorder--establishing that the diagnosis of panic disorder is reliable and valid has nothing to do with Freudian theories of signal anxiety. The DSM system is atheoretical and phenomenological thought, including in the dissociative disorders section. The belief that the validity of MPD/DID stands or falls based on theories of repression is simply wrong.

I would like to convince FMSF members that MPD/DID should be disconnected from the problem of bad therapies and impaired therapists. Until 1991 was a full-time salaried academic in Canada--I saw countless examples of wildly incompetent polypharmacy with major harm to patients, any of which would be grounds for a successful malpractice suit. I'm not convinced that the percentage of impaired clinicians is higher in dissociative disorders field than in biological psychiatry.

It is true that there are impaired therapists practicing in public dissociative disorders field. I believe, based on my clinical experience, that some patients with Satanic ritual abuse memories are suffering from DSM-IV dissociative disorder not otherwise specified resulting from exposure to coercive persuasion and indoctrination in a destructive psychotherapy cult. However, the false memories are only a minor component of the problem clinically. Why? What is really harming patients and families is generic bad clinical practice, and basic ethical and boundary violations, It is possible to have false memories in a

good therapy and no false memories in a bad therapy.

The problem is not the existence as such, it is how they are managed and handled in therapy. I think the FMSF has over-attributed the causality of the false memories to therapist variables, and over-attributed the problems in bad therapies to the memories. On the other side many ISSD members have been blind to the damaging effects of their failure to maintain therapeutic neutrality with regard to the reality of the memories.

The primary error of FMSF members is that, since someone has to be bad, the family can only achieve reconciliation if it is the therapist who caused the problems.

The primary error of ISSD members is that the FMSF crowd are only interested in protecting perpetrators. This simply isn't true. Both groups overgeneralize from subsamples within the opposing population. My motive for going to the Baltimore meeting was in part my knowledge that meeting someone face-to-face is a powerful counter to projection of badness. It is time that psychiatrists and psychologists in both camps sought a common ground, and took an empirical and scientific approach to complex problems. The mental health field suffers from MPD/DID--the ISSD and FMSF are "alters" within a larger system who are refusing to talk to each other or inhabit the same body. This does not work inside individuals, nor does it work in the mental health field.

Mulhern, S. (1994). Satanism, ritual abuse, and multiple personality disorder: a sociohistorical perspective. International Journal of Clinical and Experimental Hypnosis, 42: 265-288

Victor, J.S. (1993). Satanic Panic. The Creation of a Contemporary Legend. Chicago: Open Court.

[A note about the FMS Newsletter from the Pamela Freyd.]

"This newsletter was written for an audience of people who believe that they have been falsely accused of a terrible crime which no one will investigate and for professionals who are urged to critically examine their own assumptions, their own practice, and the ability of the mental health community to monitor itself. The newsletter is not intended to undermine people who believe that they have "recovered memories." FMSF has never questioned the wide extent nor the terrible effects of child abuse and neglect. There are many people who have been abused in the past who are only now finding their voice about it. That is a welcome improvement. Rather the concern is to separate the political issues, the scientific issues and the therapy issues that have become so entangled. We wish to inform people about scientific information on the nature of memory and influence, not to take away anyone's memories. We cannot know the truth or falsity of anyone's memories, neither accusers nor accused. We are concerned that all people, professionals, clients and others affected by the "recovered memories" reflect critically on the processes used to elicit them. Some memories are surely true, some confabulated, and some false. That is the nature of memory. Misremembering is common. Because

misremembering is so common, we urge all people to examine critically "memories" of things for which there is no empirical evidence: past lives, space alien abduction abuse, intergenerational satanic conspiracy abuse, and some claims of childhood incest."

- Pamela Freyd, Ph.D.
Executive Director, FMSF

