

THE REPPRESSED MEMORY EPIDEMIC

How It Happened
and What We Need
to Learn from It

Mark Pendergrast

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Foreword

Reading this book could save your finances, your sanity, your family, and your life.

That's an unusual thing to say about a book, but in the case of Mark Pendergrast's professional academic text, it is tragically true. Unknown to many, if you seek mental health treatment in the US health care system, you are at serious risk of being harmed by reckless methods based on dangerous junk science theories and practices. If you are a young person—or older, for that matter—and you seek counseling for any problems in life, you are actually at risk of retrieving illusory memories of childhood sexual abuse that could rip your life apart, convincing you that your parents, or others who were supposed to take care of you, had instead committed unspeakable acts upon you, perhaps as part of an international abuse cult.

It all depends on what your therapist believes, and all too many therapists still believe in so-called “repressed memories” of abuse. As Professor Walter Mischel, former President of the Association for Psychological Science, recently noted: “The disconnect between much of clinical practice and the advances in psychological science is an unconscionable embarrassment.”

Over the past century, the psychotherapy industry has posed a wide variety of serious, undisclosed dangers to patients. Reckless therapists have subjected patients to many potentially dangerous fads, frauds, and quackeries. For example, if you are currently looking for counseling, you should steer clear of therapists offering primal therapy, rolfing, dream analysis, holding therapy, rebirthing therapy, abreaction therapy, internal family systems therapy, sand tray play therapy, somatic therapy, bioenergetic therapy, thought field therapy, transpersonal therapy, vegetotherapy, or a range of so-called “trauma” therapies.

To properly protect yourself, go to the nearest major university psychology department or medical school for assessment and referral for a therapeutic method *proven* to be safe and effective. Ask your therapist to provide you with copies of peer-reviewed, published, scientific research showing that a proposed treatment is superior to placebo. If they cannot provide such research, get up and leave immediately. Pay careful attention to the ongoing scientific controversies—documented by Robert Whitaker in his 2011 book, *Anatomy of an Epidemic*—regarding the undisclosed, serious dangers of psychiatric medications. This simple

quality control process will eliminate many, if not most, of the currently marketed treatments in the mental health system.

As you will learn in Mark Pendergrast's comprehensive text, over the past century the most dangerous and damaging of all forms of psychotherapy have been "repressed memory therapy" (RMT) and "multiple personality disorder" (MPD) therapy. Many patients who sought help for simple depression and anxiety were instead hypnotized, threatened, manipulated, and/or drugged into believing horrific, false memories of childhood abuse. Others came to therapy *demanding* help in retrieving abuse memories. Regardless of how false memories arose, such illusory memories ripped lives apart. Vulnerable patients became convinced that their once beloved parents, coaches, neighbors, or others had committed criminal acts upon them, perhaps even as part of an "international abuse cult." Patients were instructed that they needed to search for and find inner "multiple personalities" which stored additional hidden memories of trauma. Today it seems hard to believe that at least hundreds of thousands—Pendergrast argues *millions*—of psychotherapy patients came to accept such horrific, twisted rewrites of their own biography. Parents, spouses, children, and friends of such mistreated patients all suffered from this quackery, as millions of people around the world were dragged into a vortex of anger, hatred, blame, and suffering by these unscientific and irrational forms of psychotherapy.

The personal, familial, and social damage from RMT and MPD therapies constituted the worst epidemic of quackery in the history of the mental health system. The millions of persons harmed directly or indirectly by RMT and MPD therapies created a vast tsunami of suffering far beyond that of the estimated 50,000 victims of the cruel brain surgery known as lobotomy.

As this book documents, over a period of intense effort in more than 40 states through the 1990s, my colleagues and I were able to crush and shut down the once explosively expanding RMT and MPD industries. As a JD trial lawyer and a Ph.D. research and clinical psychologist, I worked round-the-clock for years to organize a multidisciplinary movement to halt this epidemic, using litigation (malpractice lawsuits), legislation, education (including scientific research from world renowned experts), regulation (licensing revocations), and prosecution (for health care fraud). These multidisciplinary efforts succeeded far beyond expectations, as Mark Pendergrast describes. In dozens of cases in multiple states, we effectively targeted the leaders of the RMT-MPD movement. Between 1994 and 1997, multiple coordinated lawsuits and licensing revocation actions succeeded in closing many of the movement's main clinics, and revoking or limiting the licenses of many leaders of the RMT-MPD movement. Driven by the international media exposure and tens of millions of dollars in insurance losses, hospitals, clinics, and practitioners across the United States abruptly ceased using RMT-MPD methods and procedures. Many of the "repressed memory" and "multiple personality disorder" journals, associations, and publications also collapsed.

Our multidisciplinary effort to protect vulnerable patients from the consumer frauds of the RMT-MPD industry was an extraordinary example of how complex, systemic defects in society can be reduced or eliminated by a small group of highly

trained and energetic agents of change. World-renowned scientists and clinicians, including Elizabeth Loftus, Richard McNally, Richard Ofshe, William Grove, Harrison Pope Jr., James Hudson, and Paul McHugh, testified as experts in our trials as well as publishing essential research and reviews on the nature of memory and memory contamination. They also offered many media interviews, trained new scientists who would specialize in relevant areas, and spoke at science-public conferences throughout the world.

Similarly, citizen activists alerted the nation to the threat. For example, Pamela Freyd effectively organized victimized families and scientists into a national False Memory Syndrome Foundation. The FMSF served as a vital communication and educational link between the science, media, and litigation prongs of our attack. Journalists and science writers, including Mark Pendergrast, also helped to alert and educate the public to the clear and present danger of false memories and destroyed families.

I am also grateful to the dozens of local attorneys across the United States who were willing to take on these very complex cases, join our litigation teams, and follow the newly created methods I taught them regarding our “science intensive” litigation process. Finally, very special thanks must go to the many dozens of brave patients I represented—the courageous RMT-MPD patients who survived the horrific treatments and realized the harm that had been done to them. They came forward, often reunited with parents and family, and were willing to endure the stress of many months of litigation, including international media coverage of our legal actions.

Through their willingness to seek justice and protect other patients (who were often too fragile to enter the public arena), we were able to secure multiple-million-dollar verdicts and settlements in the 1990s that collapsed the once lucrative and rapidly expanding RMT-MPD industry. Well into the twenty-first century, in state after state, we also won science-legal hearings banning the testimony of experts supporting unreliable, junk science concepts such as repressed memories and multiple personality disorder. Justice was done.

In media interviews in America, Europe, Canada, and Australia, journalists asked me similar questions about this epidemic. The first question journalists asked was almost always, “Why would a patient want to believe they had been horribly abused by their own parents?” The answer is that such patients had often been coercively instructed—actually threatened—into believing they had indeed been abused as children, could not remember the abuse because they had repressed the memories, and would *never get well* and were likely to kill themselves and their children, unless they paid the therapist to help them “recover” horrifying repressed memories of abuse.

Such patients, often suicidal and truly desperate for relief from years of depression and anxiety, submitted to weeks, months, and even years of hypnotic and group manipulations to convince them that any mental images of abuse they could possibly imagine were, in fact, actual memories of real events. The medical and therapy records we reviewed and displayed to juries clearly documented how patients were

hypnotized (or “deeply relaxed” under the therapist’s controlling suggestions) and told to “imagine” being abused by parents—over and over again.

These were the horrific cases I represented in my lawsuits, but as Pendergrast demonstrates in this book, it didn’t (and doesn’t) require coercive methods to develop false memories of childhood abuse. Particularly in the 1980s and 1990s, during the peak of the RMT/MPD epidemic, when media reports and books spread the myth of repressed memories, many people became convinced that they *must* have been abused and had forgotten it, and they arrived in therapy already expecting to retrieve such memories. Many were led to visualize false memories through guided imagery or “therapist-directed prayers” (both forms of hypnosis), dream analysis, so-called “body memories,” or misinterpretation of panic attacks as “flashbacks.” Some visualized supposedly repressed abuse memories entirely outside therapy, influenced by books, other media, or self-help groups. Others never actually “remembered” specific abuse scenarios but nonetheless came to believe that they were indeed abuse survivors.

Regardless of the level of coercion or suggestion involved, once the patient lost the ability to distinguish such manipulated mental images of abuse from real memories, the production of any “recovered memory”—no matter how horrific or bizarre—was easily generated as long as it fit the expectations of the therapist. In the hundreds of files I reviewed, patients always got worse—and often much worse—during this process. Therapists often told patients descending into suicidal despair that they “had to get worse and recover more memories of abuse before they could get better.” Gullible, desperate patients thus continued the debilitating search for ever-more “memories” as the therapist continually reminded and threatened the desperate patients that recovering more memories was the only way they could ever get well.

As hundreds of medical and therapy records proved, in RMT-MPD therapy, the content of the “memories” recovered in therapy depended entirely upon the beliefs and training materials used by the therapists. This was true regardless of whether the therapist was a psychiatrist, college counselor, clinical psychologist, social worker, psychic, or massage therapist. Therapists who believed in repressed memories and past lives trained patients to recover “memories” of being abused in what the patients came to believe were past lives. Therapists who believed in repressed memories and international abuse cults trained patients to recover “memories” of being abused by international abuse cults—a very common outcome in thousands of cases prior to our lawsuits. Finally, fringe therapists who believed in abuse by space aliens in UFOs trained patients to recover “memories” of being abused during abductions by space aliens in UFOs.

The memories recovered in therapy were remarkably consistent throughout the world because RMT-MPD therapists read the same training materials, attended the same training conferences, and used the same dangerous training materials on patients—such as the infamous book, *The Courage to Heal*. This process generated a worldwide epidemic in which patients lost their previous biography, identity, family history, traditional religious beliefs, family loyalties, relationships with parents/siblings/friends, and careers.

Consistent with the long history of fads, frauds, and quackery, and the nearly total absence of competent patient protections or licensing systems in the mental health field, many thousands of patients fell prey to these evil therapies as entire hospital units in multiple states were devoted to such harmful but lucrative practices.

Over a period of years, given the resources available from our multi-million dollar jury verdicts and settlements, I was able to spend enormous amounts of time and money carefully and meticulously investigating the accuracy of repressed memory patient reports. From the largest cities in America to rural hamlets, we obtained and reviewed medical, educational, police, pediatric, and therapeutic records—often a stack of records many feet tall for each patient. We also tracked down and interviewed neighbors, elementary school teachers, nurses, pediatricians, and friends who knew the patient in elementary and junior high school, fellow church members or athletic teammates, piano teachers, and so on. The recovered memories were all proven to be nightmarish fantasies. Disturbingly, many of the worst offending therapists were fully licensed psychiatrists, psychologists, and social workers practicing in respectable hospitals and clinics.

In my years of investigation, I never found any of the recovered memory reports to be accurate. Patients who claimed to have given birth for “cult sacrifices” had medical records proving they had never given birth. We interviewed the childhood friends of patients who recovered memories of being abused in horrific and violent ways night after night all through junior high school. These childhood friends reported that the patients had actually been happy, calm, friendly, and productive (often straight-A students) all through junior high school. Detailed pediatric and school records often debunked alleged memories of massive physical injuries—the claimed scars and injuries simply never occurred. Patients often reported being abused as children (or even infants) in houses or buildings that were, in fact, not built until many years after the alleged victim had grown up.

Once patients came to believe in this new, twisted version of their own childhood, most would cut off all contact with parents and anyone else, whether friends or family members, who expressed doubts about their newfound status as an abuse survivor. Many patients found it easier to take the complexity of life’s problems and simply blame them all on abusive parents. Many victims of RMT and MPD therapies lost jobs, marriages, and their sanity. Some even gave their children up for adoption—at the recommendation of the therapist—to save them from the “cult.” Some attempted suicide, and all too many succeeded.

The second question asked by almost all journalists was: “Why did the therapists use such damaging methods and procedures?” The answer is that most RMT-MPD therapists actually thought they were helping patients, though they were invariably poorly trained in the basic science of memory and hypnosis, and were often very troubled themselves. It should also be said the RMT-MPD business was very lucrative indeed. A 30-year-old mother with mild depression would typically require a dozen sessions of cognitive-behavioral therapy to be well. Turning such a patient into a suicidal, depressed survivor of cult abuse, with a hundred alter personalities, would require years of hospitalization and treatments costing hundreds of thousands of dollars.

Upon reviewing massive piles of records and deposing the leaders of the RMT-MPD field, I began to view this industry as a criminal enterprise, and juries agreed. We worked behind the scenes in state after state, consulting with Attorneys General and licensing boards, to revoke or restrict the licenses of RMT-MPD experts to practice psychotherapy. One leader of the RMT-MPD movement surrendered his license when he was caught hypnotizing women to have sex with him. Another leader of the movement—a psychiatrist—surrendered his license after the reckless, experimental methods he used to convince hundreds of women on his hospital unit that they were victims of parental abuse in intergenerational satanic cults were exposed. Another psychiatrist leader of the movement had her license restricted when exposed as having hoarded enormous amounts of highly addictive pain medications—a serious criminal and licensing offense.

Another leader of the movement offered false testimony to a court of law, facilitated the fabrication of research data, refused a federal court order to turn over evidence, and finally claimed that the only copy of his data burned up in a mysterious fire that was never reported to the fire department or the university. Yet another admitted in court that she had never received even one research grant and that she personally destroyed the only copy of her research data because she claimed it “took up too much space.” Several other leaders of the RMT-MPD movement were exposed in open court, using science-intensive cross-examination methods, as having misreported important research data—often in ways that JD-only, nonscientist attorneys would never have noticed or understood.

I could go on. Success in shutting down this abusive industry was thus due, in large part, to our successful efforts to sue, delicense, and publicly expose the troubled and/or criminal leadership of the RMT-MPD movement. Tragically, one of the reasons the RMT-MPD methods and ideas remain—at lower levels—in the current system is the ongoing failure of the legal profession to adopt the successful multidisciplinary methods we used to crush and collapse the RMT-MPD industry in 1994–1997 and beyond. JD-only, nonscientist attorneys should never attempt such complex science cases without multidisciplinary team consultation.

The odds of your seeking counseling with a therapist who practices repressed memory therapy or who tries to talk to your imagined internal multiple “alter” personalities are certainly far lower than they would have been had you sought therapy in the 1990s, at the height of the repressed memory epidemic that Mark Pendergrast describes so vividly in this book. Similarly, the odds of your being prosecuted and imprisoned based solely upon a repressed memory allegation are near zero, thanks to landmark criminal cases we won in the 1990s.

Nonetheless, the “meme” of repression is still very much alive in Hollywood movies, novels, fringe anti-patriarchy political ideologies, and fringe fundamentalist ideologies. According to recent surveys, many members of the general public, including college students, also believe in this hazardous meme. Although we closed down RMT-MPD clinics and hospital units, as well as bankrupted and delicensed many industry leaders in the 1990s, their dangerous ideas live on.

The repressed memory epidemic thus continues, at a reduced pace, as a wave of priest abuse cases in the early twenty-first century caused a resurgence in repressed

memory therapy when survivors of actual abuse tragically spent lots of settlement money on invalid therapies and “experts.” And in other cases, with substantial financial awards available, some attorneys litigating priest cases relied only on recovered memories. Pendergrast makes a compelling argument in this book that there have been several million cases of illusory “recovered memories” in the United States alone, and that the RMT epidemic, while diminished, is ongoing at an alarming submerged level.

Such dangerous therapy continues today and is conducted mostly by poorly trained—but often fully licensed—Psy.D. (not Ph.D.) psychologists, social worker therapists, massage therapists, and fringe religion counselors. A quick search of the Internet will find chat rooms, blogs, articles in the popular press, and allegedly professional societies still espousing beliefs in RMT-MPD. Dangerously, a nuanced version of this iatrogenic disorder (one caused by bogus treatment) is still listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The DSM is drafted in a famously unscientific procedure by “committees,” and one such group erased the MPD label and renamed it “dissociative identity disorder” (DID), but it is the same old nonsense. In carefully reviewing the life histories of many MPD patients—some believing they had hundreds of “personalities”—I never found a patient who exhibited the symptoms of, and belief in, “multiple personalities” until *after* they were under the manipulative control of an MPD therapist.

It is essential to remember that the key issues in the false memory epidemic involve far more than an ongoing academic debate over the nature of human memory. For me this has always been a crusade for human rights to protect vulnerable patients from a dangerous form of consumer fraud. For the first time, these lawsuits finally forced the mental health industry to honor patients’ rights to informed consent. Informed consent rights emerged from the Nuremberg War Crimes Trials after World War II. The international biomedical community recognized the rights of all patients to be fully and fairly informed of important risks and benefits—of suggested treatments, alternative treatments, and no treatment—so that patients can make properly informed decisions as to what treatments they will undergo and what risks they are willing to accept. The psychotherapy industries uniformly ignored this essential patient protection until our lawsuits forced psychotherapists to comply with and protect the basic human right of informed consent. Juries agreed with our unique legal-public policy theory that RMT-MPD was a form of consumer fraud and unethical experimentation on human patients without informed consent—a massive violation of fundamental human rights.

In this well-written, devastating book, the reader will learn much about the ongoing memory debates. It is a fascinating read. Science writer Mark Pendergrast explores the brain and its billions of synaptic connections, explaining how memories are formed, stored throughout the brain, subject to contamination, and reconstructed. In understandable terms, Pendergrast explains the difference between explicit and implicit memory, the phenomenon of infantile amnesia, and much more.

All memories are often “best guesses” or approximations of what happened. Under normal circumstances, they can be quite accurate, but all memories are subject to contamination, distortion, and revision. It is astonishing, but true, that science has proven that *people of all ages can indeed be led to believe they*

“remember” horrific, traumatic events that never took place. Once you have read this book, you will be far more careful and knowledgeable about the hazards of dangerous psychotherapies and memory contamination in general.

In these pages you will also learn about the dangers of leading, suggestive, and memory contaminative interviews with children. For centuries the legal system failed to properly protect children from abuse. Between the 1960s and the 1980s, the legal system finally began to prosecute child abusers. Unfortunately, overzealous prosecutors and investigators too often engaged in unethical methods including threatening, bribing, and repeatedly interviewing suggestible child witnesses. Such abusive practices resulted in day care hysteria cases and gross injustices in the 1980s and early 1990s. To protect children from abusers, while also protecting them from abusive investigations, protective requirements to video record all child interviews using proper questioning protocols were instituted, and are now in place in many (but not all) US jurisdictions and other nations.

Pendergrast’s detailed book will also help you understand a bit about the history of cults, quack medicine, pseudoscience, and pop psychology, from the Witch Craze of the sixteenth and seventeenth century up through Pierre Charcot, Sigmund Freud, and Pierre Janet. You will explore the cultural and political landscape of the 1980s and 1990s that helped—along with the failure of quality control in mental health practices—to spawn the RMT-MPD epidemic.

Mark Pendergrast has written a compelling, well-researched book about the epidemic of false memories and abuse allegations that occurred in the final part of the twentieth century and continues in a reduced—though still dangerous—form to this day, negatively impacting the lives of millions of people.

So I will end as I began: *Please read this book with care and attention. It could literally save your life or the life of a loved one.*

R. Christopher Barden, Ph.D., J.D., is a scientist-clinician-attorney-legislation and public policy expert specializing in multidisciplinary analysis and reform. He served as the President of the National Association for Consumer Protection in Mental Health Practices (1995–2005). As a practicing trial lawyer, Dr. Barden has litigated cases in dozens of states and several countries resulting in world record verdicts and settlements. As an expert witness in psychology, he has participated in civil, criminal, and licensing cases in dozens of jurisdictions. As a scientist, Dr. Barden is the recipient of two national science awards in child clinical psychology with research funding from the National Science Foundation, the National Institute of Mental Health, the Foundation for Child Development, the W.T. Grant Foundation, and other sources. Dr. Barden has published in the leading journals and texts in clinical psychology, developmental psychology, social psychology, psychiatry, pediatrics, surgery, public policy, legislation, and law.

Plymouth, MN, USA

R. Christopher Barden, Ph.D., J.D.

Preface

The Recurrence of Devastating Clinical Mistakes

As our medical schools and graduate programs fill with students who were born after 1989, we meet young mental health professionals-in-training who have no knowledge or living memory of the Satanic ritual abuse (SRA) moral panic of the 1980s and early 1990s. But perhaps they should. Cautionary tales may prevent the recurrence of pyrogenic cultural fantasies and the devastating clinical mistakes they inspire. —Richard Noll, *Psychiatric Times*, 2014¹

It has been more than two decades since I wrote *Victims of Memory*, an exploration of the debate over the accuracy of so-called repressed or recovered memories of sexual abuse. In his book review in *Scientific American*, Daniel Schacter, the Harvard psychology professor whose work on memory helped inform my own, called *Victims of Memory* “an impressive display of scholarship...a comprehensive treatment of the recovered-memories controversy.” Now it is time to revisit and update this extraordinary phenomenon. Although “repressed memories” have been widely discredited among those who study the science of memory, there appears to be a resurgence of belief in this dangerous theory. Consequently, I have updated my research on the subject. The book you hold in your hands is, in part, a social and cultural history of our recent past, documenting how this incredible juggernaut of pseudoscience and malpractice, which caused so much harm, came to be. But it also shows how these misguided theories continue to fester. They will inevitably cause another major outbreak and damage the lives of additional millions of people if we do not learn from the past. Rather than calling it a new edition, I have given it a title to indicate the drama and urgency of the subject: *The Repressed Memory Epidemic: How It Happened and What We Need to Learn from It*.

The first edition of *Victims of Memory* was published in 1995 at the height of the epidemic of false memories of childhood sexual abuse, fomented by a misguided, pseudoscientific form of psychotherapy. The theory behind this fad stemmed from Sigmund Freud’s work a century beforehand, in the 1890s. He called it his “seduction theory,” which he himself soon abandoned. (See detailed coverage in Chap. 6.) But

¹Noll, “Speak, Memory.”

the idea—that people can “repress” or “dissociate” years of traumatic childhood memories and then recall them as adults—refused to die, in part because it provides an appealing plot device for novels, movies, and sensational media coverage, and because many psychologists have imbibed the theory somewhat like mother’s milk. It has become an underlying professional assumption that people can, and do, banish traumatic memories from their consciousness. Freud himself promulgated his modified theory as “the return of the repressed”—the pseudoscientific notion that buried desires or fears return in symbolic dreams or actions.

Freud’s theory was resurrected in the 1980s by a group of self-described feminist therapists who were concerned about sexual abuse and who believed that women with “symptoms” such as depression, eating disorders, or sexual issues must have been molested as children and repressed the memories so that they had no current knowledge of a horrific childhood. Only by remembering the abuse—often incest—would they be healed. These therapists believed that they could help their clients unearth these repressed memories through methods such as hypnosis, dream analysis, interpretation of bodily pangs, induced panic attacks, or group experiences. In 1988, with the publication of *The Courage to Heal*, by Ellen Bass and Laura Davis, this movement exploded into a full-fledged epidemic in which women in therapy became convinced that they should accuse their fathers of having raped them for years during their childhood and, with the encouragement of their therapists, they cut off all contact with their families.

“Before” and “after” therapy letters such as these became all too common.

May 1987

Dear Dad,

Just a note to thank you for taking such good care of me and my friend during our much-too-short stay. My friend is impressed and a bit envious of the loving relationship and open lines of communication which you and I share....I love you and I'm glad you're my dad!

Love "D"

November 1989

I am writing this letter for two reasons: (i) to attain closure for myself regarding my relationship with you and (ii) in the hope that you will seek help before you hurt anyone else the way you hurt me. I have spent 37 years of my life denying and minimizing the torture that was my childhood and adolescence...I genuinely hope this letter causes you to seek help you are a very sick man. I do not wish to hear from you unless you are willing to admit the things you did to me and to seek help for your sickness.

"D"²

It was ironic that “feminist” therapists were the avatars of this destructive phenomenon. One retractor (someone who later realized she had developed false memories due to misguided therapy) wrote poignantly about her own recovered memory experience, in which she became convinced that she had so-called multiple

²http://www.fmsfonline.org/newsletters/fmsf_1995_june_v4_n6.html.

personality disorder. “It robs women of all power and control over themselves. If I really hated women and wanted to keep them in a completely powerless and childlike state, the best way to do that would be to remove their faith and trust in their own minds and make them dependent.”³ That is precisely what happened in this form of “therapy,” which frequently managed, quite literally, to turn women into helpless, suicidal children clutching their teddy bears and shrieking in imagined pain and horror. The repressed-memory hunt breathed new life into one of the most damaging and sexist traditions in our culture—the subtle message to women that they can gain power and attention primarily through the “victim” role.

It is difficult to convey how saturated our culture became with the repressed memory phenomenon. In her 2010 memoir, *My Lie*, retractor Meredith Maran described her quest to recall how her father must have abused her. “I drove back across San Francisco Bay [in 1989], back to Planet Incest, where the question was always incest and the answer was always incest and the explanation was always incest, and no one ever asked, ‘Are you sure?’”⁴

Many hundreds of lawsuits were filed by therapy patients with brand new abuse “memories.” Thousands of stunned parents became the first innocent people targeted by the repressed memory epidemic. In 1992 the National Organization for Women published *The Legal Resource Kit on Incest and Child Sexual Abuse*, noting that many adult victims had no idea what had happened to them until they entered therapy. “Civil legal remedies are crucial to deter these acts.” In the 1990s, more than 500 reported cases were filed in which the only evidence stemmed from recovered memories—15% were criminal, 85% civil cases.⁵ Hundreds of additional cases were quietly settled without formal filings, as many parents were embarrassed, devastated, and terrified, or they wished to avoid a lawsuit against an obviously mentally ill daughter.

In their landmark 2015 book, *Mistakes Were Made (But Not by Me)*, social psychologists Carol Tavris and Elliot Aronson offered a succinct summary of the absurdities of the repressed memory epidemic:

Under hypnosis, they said, their therapists enabled them to remember the horrifying experiences they had suffered as toddlers, as infants in the crib, and sometimes even in previous lives. One woman recalled that her mother put spiders in her vagina. Another said her father had molested her from the ages of five to twenty-three, and even raped her just days before her wedding—memories she repressed until therapy. Others said they had been burned, although their bodies bore no scars. Some said they had been impregnated and forced to have abortions, although their bodies showed no evidence. Those who went to court to sue their alleged perpetrators were able to call on expert witnesses, many with impressive credentials in clinical psychology and psychiatry, who testified that these recovered memories were valid evidence of abuse.⁶

As families were torn asunder by such recovered memory allegations, in 1992 Pamela and Peter Freyd founded the False Memory Syndrome Foundation, recruiting a stellar board of scientific advisers such as Elizabeth Loftus, Martin Orne, and Paul McHugh. The FMS Foundation began to educate psychologists, the media, and the general public about the hazards of suggestive therapy based on the unproven theory of massive repression. In return, the true believers in repressed

³Pendergrast, *Victims of Memory*, p. 16.

⁴Maran, *My Lie*, p. 126.

⁵Freyd, *Smiling Through Tears*, p. 105–106.

⁶Tavris, *Mistakes Were Made*, p. 124.

memory called the FMS Foundation a group of perpetrators in denial, rather than anguished parents who had lost their children to a delusion.

Members of the British False Memory Society, founded in 1993, were equally vilified. American psychiatric fads and social concerns spread with astonishing rapidity throughout the English-speaking world. There is a paradoxical historic symmetry involved here. Near the end of the European witch craze that spanned 200 years, the Puritans imported witch-hunting to North America. As a result, in 1692, twenty innocent people were put to death in Salem, Massachusetts. Three hundred years later, Americans returned the favor by exporting the paranoid search for mythical satanic ritual abuse cults, repressed incest memories, and child sex rings.

As this book documents, the American virus was carried by “experts” who ventured across the Atlantic to share their views with British colleagues. More than that, however, the ground was prepared by the printed word. Not since *The Malleus Maleficarum* was published a few years after Gutenberg’s invention have we seen such evidence of the power of books to affect lives. In particular, *The Courage to Heal* spread the gospel of recovered memory, but it spawned many imitators.

As the epidemic of illusory abuse memories was more widely recognized in the mid-1990s, many professional associations issued cautionary statements, such as this 1994 conclusion from the American Medical Association: “The AMA considers recovered memories of childhood sexual abuse to be of uncertain authenticity, which should be subject to external verification.”⁷ As a consequence of scientific books and articles by psychologists, sociologists, and critical thinkers such as Elizabeth Loftus, Richard Ofshe, Carol Tavris, Richard McNally, Paul McHugh, Harrison Pope Jr., Frederick Crews, John Kihlstrom, Paul Simpson, Elaine Showalter, and others, the public began to realize there were serious, controversial issues involved with recovered memory therapy and diagnoses of multiple personality disorder (MPD).

Given the powerful ideological and political movement pushing the epidemic, and the enormous financial rewards involved in turning a depressed housewife into an MPD patient needing years of expensive hospitalizations, scientific information and academic debates were insufficient to halt the burgeoning international epidemic of false memories. Instead, in the late 1990s, million-dollar lawsuits against therapists, brought by women whose lives and families had been nearly destroyed by the misguided therapy, caused a decline in the overt practice of repressed memory therapy and resulted in the closing of most dissociative disorder clinics in which alleged MPD patients had been held in a modern version of mental health snake pits. These lawsuits were mounted by lawyer-psychologist R. Christopher Barden, who used a multidisciplinary approach of litigation, prosecution, regulation (licensing revocations), education of the public through the media, and proposed legislation. Barden hammered home the point that such controversial, potentially harmful forms of psychotherapy were egregious examples of consumer fraud and the lack of informed consent. As a result, the epidemic was widely criticized and

⁷“Distinguishing True from False Memories.”

publicized by the turn of the century, and repressed memories were no longer admissible (when so identified) in most courtrooms.⁸

As Harvard psychology professor Richard McNally observed in 2005, “The notion that traumatic events can be repressed and later recovered is the most pernicious bit of folklore ever to infect psychology and psychiatry. It has provided the theoretical basis for ‘recovered memory therapy’—the worst catastrophe to befall the mental health field since the lobotomy era.”⁹

Most reputable memory scientists agree with that assessment. “There is no good scientific evidence that these unconscious forces exist,” wrote psychologist Charles Fernyough in *Pieces of Light*, his 2012 book on memory. “Traumas are remembered, and they are remembered only too painfully. They may not be thought about for a long time...but they are not forgotten.”¹⁰

In *Victims of Memory*, I included four chapters of verbatim interviews—with therapists, “Survivors,” the accused, and retractors—conducted in the early 1990s at the height of the repressed memory epidemic. These interviews, included here as a lengthy appendix to this book, offer compelling evidence that many psychotherapists were invested in a belief in repressed memories of sexual abuse, and that they helped clients (mostly women) to recall mythical abuse. The interviews document the human devastation that resulted.

It was a terrible phenomenon, and I am proud that my book, along with many other books, articles, and lawsuits, helped to alert the public, professionals, and the courts to the perils of the repressed memory epidemic. I have written many other books about an array of topics—the histories of coffee, Coca-Cola, mirrors, and disease detectives, among others—that have taken me all over the world. But *Victims of Memory* has been my most important work. I certainly don’t want this to come off as braggadocio, but when someone tells you, “Reading your book saved my life. I was going to kill myself,” it means so much. Or emails out of the blue such as this one: “After realizing my ‘recovered memories’ acquired during my ‘therapy’ were delusions, your book gave me the confidence to pursue my lawsuit and psychology board complaint.”

It was also in writing about this issue that I became a science writer. I realized that the scientific enterprise was not simply a dry intellectual pursuit. It demands hypotheses that can be proved or disproved, encourages the use of control groups, and requires studies that replicate results. Scientists are not immune to error, by any means, but when they have overreached and drawn wrong or fraudulent

⁸In his article in *Psychiatric Times* quoted at the beginning of this introduction, Richard Noll wrote that the epidemic “ended as suddenly and incomprehensibly as it started.” That is inaccurate. Repressed memory therapy was widely discredited through lawsuits and scientific and investigative publications. For a good legal summary, see R. Christopher Barden, “Memory and Reliability: Developments and Controversial Issues,” in *Witness Testimony in Sexual Cases: Evidential, Investigative and Scientific Perspectives*, NY: Oxford U. Pr., 2016. Unfortunately the epidemic did not end, but continues. Most psychiatric treatment units for multiple personality disorder were, however, abruptly shut down by the lawsuits.

⁹McNally letter, June 3, 2005, <http://www.paulshanley.org/mcnally-letter/>.

¹⁰Fernyough, *Pieces of Light*, p. 188.

conclusions—as with cold fusion, perpetual motion machines, phrenology, or thalidomide—further exploration and experimentation eventually provided correctives.¹¹ But repressed memory theory is pure pseudoscience, a matter of faith rather than anything that can be proved or disproved. I came to realize that science and accompanying informed consent can save sanity and lives.

Nonetheless, despite the furor over false memories produced by pseudoscientific theories, those who believed in recovered memory therapy did not give up their dogma or belief system—and that includes not only those in the United States, but in Canada, the United Kingdom and other English-speaking countries, the Netherlands, Denmark, and elsewhere. The repressed memory epidemic spread like a pandemic wave. Thus, in 2002, when I spent 2 months working in Bradford-on-Avon for the British False Memory Society, I found that the belief in repressed memories, multiple personalities, and satanic ritual abuse cults was thriving there. I concluded that the UK lagged the USA by a few years but had learned from Americans all too well.

Kevin Felstead, the communications director of the British False Memory Society, wrote as late as March 2017, “We have taken eight new cases in March alone, including another tragic case yesterday. We were involved in two separate Crown Court trials in January.” Far from winding down, the BFMS is, unfortunately, busier than ever. (There has been no equivalent to Christopher Barden’s multidisciplinary approach in the UK.)

Indeed, the sex abuse hysteria virus cross-pollinated from multiple directions, not just from the United States. For instance, New Zealand therapist James Bennett ventured to England in 1986 to indoctrinate disciples in his disturbing version of recovered memory therapy called “primary activation.” Rosemary Crossley’s “facilitated communication,” a kind of human Ouija board using severely handicapped children, was exported from Australia to the United States in 1989, resulting in many false accusations of sexual abuse (see Chap. 3). Swiss psychologist Alice Miller was a formative influence in the recovered memory movement. And Czech psychiatrist Stanislav Grof took his “holotropic breathwork”—a form of hyperventilation often leading to “memories,” along with violent shaking, gagging, vomiting, and speaking in tongues—to the United States in 1967, but it also found its way, along with other alarming techniques, to the Findhorn Foundation in Scotland.

In other words, no one should get too smug about “those crazy Americans.” Instead, we should examine how human beings—wherever they may live—can come to believe in destructive untruths. How can well-intentioned people cause such grievous harm? How can the past be rewritten with such ease? These are questions that transcend national borders.

During the summer of 1995, I ventured to England to conduct interviews with British recovered memory therapists, Survivors, accused parents, and retractors. The stories I heard were, unfortunately, all too familiar to me. When I took taxis in London, I learned that the cabbies had to pass a stringent series of tests before they were certified as possessing “The Knowledge.” It struck me as ironic that British

¹¹Youngson, *Scientific Blunders*.

taxi drivers were better trained than British psychotherapists. If you wanted to get from Victoria to the Strand, you were in capable hands, but *caveat emptor* to anyone who opened his or her vulnerable mind to a psychotherapist untutored in the science of human memory.

Rather than facing the overwhelming evidence that a sizable number of their profession violated the Hippocratic oath—"First, do no harm"—the professional associations reacted to the controversy mostly by looking the other way, while trying decorously to cover their behinds. They preferred to sweep this embarrassing epidemic under the rug, dismissing it as the work of a few fringe therapists, while still maintaining that the theory of repressed memory has validity. As psychologist Richard Noll observed, they would rather "move on silently and feign forgetfulness."¹²

Thus, repressed memories did not disappear. Indeed, the idea that people could completely forget years of childhood sexual abuse and then remember the abuse later has become enshrined in the popular imagination, despite its widespread scientific debunking.

Once an idea enters the cultural mainstream, it has a way of resurfacing like a bloated corpse every few years. The corpse has risen again, if it ever truly sank. As the twenty-first century dawned, repressed memories began to come back into style with the mounting hysteria over accusations of sexual abuse by priests. While most of the priest cases involved always-remembered abuse that was all too real, a subset, such as the case that sent Paul Shanley to prison in 2002, were encouraged through repressed memory therapy. In 2015, sociologists Carol Tavris and Elliot Aronson observed, "While the [repressed memory and day care sex abuse hysteria] epidemics have subsided, the assumptions that ignited them remain embedded in popular culture."¹³ They were correct that the underlying assumptions remain. Unfortunately, the repressed memory epidemic has not really "subsided." While it was slowed by scientific analysis and retractor lawsuits, the epidemic continues to this day.

Since the height of the repressed memory epidemic, media coverage has swung wildly between solid scientific reports on the malleability of memory and uncritical regurgitation of recovered memory claims. Most young journalists don't know what happened during the "Memory Wars" decade that followed the 1988 publication of *The Courage to Heal* and other similar books. Add to that the impact of the Internet, and acceptance of fake news and conspiracy theory as reality, and you have a recipe for disaster.

It is an indication of our culture's continuing credulity and fascination with allegedly hidden sexual abuse that a fake news story in late 2016 alleged that Comet Ping Pong, a pizza restaurant in northwest Washington, DC, was harboring young children as sex slaves as part of a child-abuse ring led by Hillary Clinton. A 28-year-old father went to the restaurant and opened fire with his assault rifle. Luckily, no one was hurt.¹⁴ We have not learned sufficiently from the past, and we could be

¹² Noll, "Speak, Memory."

¹³ Tavris, *Mistakes Were Made*, p. 127.

¹⁴ Kang, "In Washington Pizzeria."

condemning ourselves to repeat it. But we may call it by another name, undoubtedly a more pleasant-sounding one.

Or maybe our culture won't even need to rename it. Just as this book was about to go to press in 2017, Netflix aired *The Keepers*, a seven-part series that heavily promoted the theory of repressed memories by resurrecting and validating a previously dismissed Baltimore case from the early 1990s. The series purveys all the old stereotypes, including a psychologist who explains confidently: "Some things we experience are so unbearable and so painful that we shut them out."¹⁵ This popular series could undo years of good memory science in the public arena. See Chap. 10 for a detailed critique.

Repressed memory therapy really does warp the brain, re-enforcing a synaptic network of false memories that can come to seem as true as events that really occurred. "Warp" is a strong term for an amazing process. Who would believe that it was even possible to persuade otherwise normal people that they were raped for years in their childhood and completely forgot it? And that they would "remember" such prolonged abuse at the hands of their parents or other trusted caregivers?

But I also intend a sly pun in reference to the warp and woof of woven cloth. In Chap. 7, I explore the cultural context that spawned this late twentieth century witch hunt, and that continues to foster it and other forms of sex panic. This was not an isolated phenomenon, but part of a cultural, ongoing zeitgeist that anthropologist Roger Lancaster identified in his 2011 book, *Sex Panic and the Punitive State*, where he explored not only the repressed memory and satanic ritual abuse craze, but paranoia over child kidnapping, the ill-advised war on drugs, mass incarceration, children "playing doctor" prosecuted as sex offenders, and many other issues. "The never-ending parade of sex panics provides an important model—part metaphor and part blueprint—for the pervasive politics of fear," wrote Lancaster.¹⁶

Although the overt practice of recovered memory therapy lessened, the mindset behind it never disappeared. The majority of therapists still believe in this pseudoscience; they are just hesitant to espouse it openly. And the general public has accepted the myth. A 2014 survey by psychology professor Lawrence Patihis and colleagues found that 81% of college students agreed that "traumatic memories are often repressed," and 86% thought that if someone had emotional problems and needed therapy, that they might very well have suffered from childhood sexual abuse, even if they had no memory of the abuse; 83.9% of the general public thought that traumatic memories are often repressed. The majority of practicing psychotherapists thought so, too—60.3% of clinical psychologists, 69.1% of psychoanalysts, and, for "alternative" therapists who practiced hypnotherapy or believed in internal personalities, the consensus on repressed memory validity went up to 84%.¹⁷ "The disconnect between psychological science and clinical practice is an unconscionable embarrassment [to the profession]," Walter Mischel, then

¹⁵ *Keepers*, Episode 4.

¹⁶ Lancaster, *Sex Panic*, p. 12.

¹⁷ Patihis, "Are the 'Memory Wars' Over?"

president of the Association for Psychological Science, observed in 2009, and this disturbing data offers proof that he was correct.¹⁸

So the theory of repressed memory did not go away—it just went underground. Most therapists who specialize in trauma continue to believe in the theory of repression, and many continue to encourage clients to recall mythical abuse memories in order to get better. But in general they don't write about it or brag about it, and lawyers who call witnesses who have recalled such "memories" in court do not advertise their origins. While repressed memory excavation practices were banned from credible medical schools and hospitals, the practice continues in the offices of independent counselors, social workers, and even massage therapists.

In the process of writing this book, I contacted Professor Patihis at the University of Southern Mississippi and asked if he might conduct a survey to show how many people had come to believe they had repressed memories of abuse. He agreed, and together we worked on the first-ever such survey, conducted through Amazon Mechanical Turk. More than 2000 people completed the questions, and we will publish a detailed report in a professional journal in the near future. But I can report that the preliminary data are astonishing and alarming. I will go into more detail in the final chapter of this book, but we found that more than 5% of those surveyed (ranging from age 20 to 98) had recovered abuse memories in therapy. Adjusting the data for gender, ethnicity, and race reduces that to 4%. If that is representative of the adult US population, that means that more than nine million people in this country have come to believe that they suffered childhood abuse but completely forgot it until they sought psychotherapy.

What shocked me most about the survey results was the indication that the repressed memory epidemic still continues in an underground but robust manner. As expected, it seems to have peaked in the early 1990s, when 18% of those entering therapy retrieved abuse memories, and declined due to a widespread wave of lawsuits and licensing revocations from 1994 to 1997. But in the current decade, starting in 2010, 8% of those seeking therapy came to believe they were abused as children, without any previous memories.

Many of the anonymous comments were equally disturbing. A 26-year-old woman who took the survey wrote, for instance: "I believe I have repressed memories from trauma! I am highly suspicious of something that may have happened, but I am not sure and have no memory." If this young woman seeks out a "trauma therapist," she is likely to find her sought-after abuse memories.

In 2014, investigative journalist Ed Cara wrote about the Castlewood Treatment Center in Missouri, which specialized in eating disorders but ended up convincing a number of patients, well into the twenty-first century, that they harbored repressed memories and multiple personalities and that they had been in satanic cults. "The belief that hidden memories can be 'recovered' in therapy should have been exorcised years ago," Cara wrote. "But the mental health establishment does not always learn from its mistakes—and families are still paying the price."¹⁹

¹⁸West, "Unconscionable Embarrassment."

¹⁹Cara, "Most Dangerous Idea."

A woman in a Ph.D. program in clinical psychology at a well-known university wrote to me long after the repressed memory epidemic had subsided. She preferred to remain anonymous, so I will call her Barbara. “I have been shaken by the lack of awareness of this problem [recovered memory therapy/false memories] at the centers where I have been trained. Most of the therapists I know claim to maintain neutrality regarding memories, but they also believe that massive repression exists in some or many cases. In addition, there are still so many young women and men who continue to come to therapy looking for reasons for their pain, and my experience is that some of them will go the way of abuse memories, even if the therapist does not. In my short time as a student therapist at this university’s student health center, I was asked by clients more times than I would have ever expected if forgotten abuse might be a cause of their unhappiness. I still see copies of *The Courage to Heal* on my colleagues’ bookcases.”

Barbara didn’t learn much about this issue in grad school. “Honestly, I don’t remember much instruction about recovered memories at all, except for a brief mention during a psychopathology class that the diagnosis of DID [dissociative identity disorder, the new name for multiple personality disorder] is controversial.” A belief in multiple personalities, allegedly created to forget horrendous memories, represented a kind of lunatic fringe during the repressed memory epidemic—yet it remains enshrined in the *Diagnostic and Statistical Manual of Mental Disorders*, the psychiatric bible.

One of the social workers with whom Barbara worked still believed in recovered memories and “stressed to me that she feels it is important to remain open to what the client brings.” At another walk-in clinic, there was a social work student who “spoke openly about the memories her clients were uncovering, and spoke proudly about having helped a client realize that what she’d interpreted as a physical problem was actually a body memory.” Indeed, in 2014 Bessel van der Kolk, the chief proponent of the idea of a “body memory,” published the book *The Body Keeps the Score*, which continued to promote the dangerous idea that “the body remembers what the mind forgets.” The book received rave reviews, even in journals such as *Nature* and *New Scientist*, despite the fact that it contains two chapters espousing a pseudoscientific belief in massive repression/dissociation.

Linda Ross, whom I called “Robin Newsome” in the second edition of *Victims of Memory*, is one of the few therapists who once believed in repressed memories and has had the courage to go public to try to undo the harm, on National Public Radio’s *This American Life* program.²⁰ She told me about the first time she met parents who had lost all contact with their children because of alleged unexpressed abuse memories:

In the fall of 1993, I attended my first local FMS Foundation meeting. I wasn’t sure what to expect. These were the accused, after all. I remembered all that I had learned about how all perpetrators are in denial. I expected a room full of defensive parents. What I found instead was a group of sad and shocked parents who asked the same question their daughters asked: “How could she do this to me?” I had been so supportive of women and their repressed memories, but I had never once considered what that experience was like for the parents. Now I heard how absolutely ludicrous it sounded. One elderly couple introduced themselves,

²⁰<https://www.thisamericanlife.org/radio-archives/episode/215/transcript>.

and the wife told me that their daughter had accused her husband of murdering three people. Another woman had been accused of being in a satanic cult that had used babies for sacrifices. This woman in a pink polyester suit was supposed to be a high priestess. The pain in these parents' faces was so obvious. And the unique thread was that their daughters had gone to therapy. I didn't feel very proud of myself or my profession that day.²¹

Once Ross realized what harm she had done, she went back to find her former clients to try to undo the damage. She believes that most therapists and ministers are still afraid to cast doubt on recovered memories. "If someone came to their pastor saying that they thought they had been a horse thief in a former life," she says, "the pastor would say, 'As Christians, we don't believe in reincarnation.' And the same thing would happen if they remembered being abducted by aliens. But if they said they went to a therapist and had begun to recover abuse memories, the pastor will say, 'Really? Can we pray for you?' They would completely believe it."²²

There is a high-profile case that provides alarming (and surprising) evidence that repressed memory therapy is alive and well and continuing to do damage in our legal system. It turns out that many of the allegations against Jerry Sandusky, the ex-Penn State football defensive coach, were based on repressed memories. "That doorway that I had closed has since been reopening more," an alleged victim testified at the trial in 2012. "Through counseling and different things, I can remember a lot more detail that I had pushed aside than I did at that point." When I contacted him after the trial, he told me: "Actually both of my therapists have suggested that I have repressed memories. My therapist has suggested that I may still have more repressed memories that have yet to be revealed, and this could be a big cause of the depression that I still carry today."

There is compelling evidence that repressed memories were responsible for many of the Sandusky allegations, including Aaron Fisher, "Victim Number One." It is a complex case that involves not only repressed memories but a media blitz, police and civil lawyers scouting for alleged victims, and millions of dollars awarded to troubled young men. My book on the subject, *The Most Hated Man in America: Jerry Sandusky and the Rush to Judgement*, is due for publication late in 2017.²³

With *this* book, I am sounding an alarm and re-educating professionals and the general public about how memory actually works. *The Repressed Memory Epidemic* provides a much-needed history lesson about how, in the late twentieth century, millions of families—my educated estimate, though no one has established firm statistics (see *Chap. 9*)—were destroyed by an epidemic of false memories of sexual abuse.

Some accusing adult children retracted their repressed memory allegations, while others established uneasy contact but never apologized. In all too many cases, however, elderly parents have died without ever seeing their children again. "I am now 93 years old and having a very hard time," wrote one man in 2015. "The reason

²¹ Pendergrast, *Victims of Memory*, p. 240.

²² Linda Ross interview.

²³ Pendergrast, *Most Hated Man*; <http://thecrimereport.org/2016/09/07/why-jerry-sandusky-may-be-innocent/>; <http://thecrimereport.org/2016/11/14/the-jerry-sandusky-case-what-really-happened-in-penn-states-locker-room>.

is that my wonderful wife passed away recently. Her last words were ‘Where are my daughters?’ Then she looked at me and said ‘I love you.’ Then she closed her eyes. She was 85 years old. We have not seen or heard from our daughters for 23 years.”²⁴

For years, the False Memory Syndrome Foundation, founded by Pamela and Peter Freyd in 1992, provided a well-researched newsletter and support system for families shattered by repressed memory allegations. The *FMSF Newsletter* offered updates and information on the latest scientific papers on memory and suggestibility, and back issues remain available online.²⁵ But the Foundation is winding down, shifting primarily to a Facebook page, the False Memory Syndrome Action Network. In November 2016 Freyd wrote that she expected her organization to continue for only a few more years. “We continue to receive a small but steady stream of calls for help from families and questioning patients, and occasional calls from the media, students or attorneys.” But the massive attention to the repressed memory disaster of the late 1980s and early 1990s has clearly passed. Still, Freyd continued, “We wish we could say that the constellation of beliefs that were the foundation of the recovered memory phenomenon had disappeared, but the reality is that those beliefs linger in some segments of the population.”²⁶

Freyd’s wording implied that only a small minority still believe in repressed memories. But, as I’ve pointed out here, it is not just a fringe group that continues to support this discredited theory. In other words, critical thinkers and multi-million dollar lawsuits may have won the scientific and legal battle over false memories, but they appear to be losing the long-term “memory wars,” as Frederick Crews called them.²⁷ This book is a much-needed corrective.

And it is not only a matter of repressed memory therapy. We have been in the throes of a kind of sex abuse hysteria since 1983, when the McMartin Preschool case erupted into public consciousness, followed by more than a hundred day care cases in which young children were subjected to grossly leading interviews, resulting in false accusations of sexual abuse against caregivers, which I document in Chap. 5 of this book. This kind of memory manipulation of children predated the massive search for repressed memories in adults, but it is related, and it too has continued to occur, although not in the most obviously leading manner.

As bad as the recovered memory mess was, its close relative—the false allegations dragged out of young children—was even worse. These two phenomena—recovered memory therapy and the coercive questioning of young children—are the result of the same therapeutic mindset that simply assumes guilt and then presses toward a foregone conclusion. Poorly trained law enforcement personnel also played an important role in the widespread, abusive misinterviewing of children. The more cases of “abuse” they discovered, the more government funding their offices received. All of the children’s denials were disregarded until many finally “disclosed” under enormous pressure. Just as adults’ memories were rewritten, so

²⁴ FMS Foundation Christmas letter 2015.

²⁵ <http://www.fmsfonline.org/?newsletter=newsletterarchive>.

²⁶ Pamela Freyd fund-raising letter, November 2016.

²⁷ Crews, *Memory Wars*.

were young children's recollections molded by therapists, social workers, and police, sometimes including bribes, threats, and hours without food or water. Just as adults' memories were rewritten, so were young children's recollections molded. In such cases, the children were indeed abused—by the reckless interviewers, invasive pediatricians, and investigators.

In all too many cases, the two phenomena were directly linked, as in the Massachusetts case of Ray and Shirley Souza, documented in Chap. 5. While in recovered memory therapy, the Souzas' daughter had a dream about them abusing her, which she considered proof. She then warned her sister and sister-in-law that Mom and Dad were evil sex offenders. Thus started the intensive questioning of the grandchildren.

For years, I served on the board of the National Center for Reason and Justice (NCRJ, www.ncrj.org), an organization that supports people who are falsely accused or convicted of crimes against children. The majority of those who contact the NCRJ were accused of child sexual abuse. I helped to start a group of NCRJ volunteers (I am still one of them) to respond to the avalanche of e-mail submissions that the tiny, underfunded NCRJ could not investigate. While I cannot vouch for their innocence, these desperate people—the accused or supportive family members or friends—have told stories that are all too similar. They usually have few resources and little education. The accusations often arise in custody or divorce disputes, from students wanting to get back at a teacher, or consensual sex between those close in age where one was a minor. See Chap. 9 for some of their heartfelt pleas for help.

In such cases, the accused are usually assumed to be guilty until proven innocent. Their overworked and often incompetent public defenders pressure them into taking a plea bargain, making it virtually impossible to appeal, and they end up on sex offender registries that make it difficult to find a job or a place to live. As US District Judge Jed Rakoff wrote in 2014, “our criminal justice system is almost exclusively a system of plea bargaining, negotiated behind closed doors and with no judicial oversight. The outcome is largely determined by the prosecutor alone.” Because of draconian mandatory sentencing laws, “a significant number of defendants plead guilty to crimes they never actually committed.”²⁸

And those accused of child sexual abuse are under particularly intense pressure to take a plea. In the United States today, the new virtual scarlet letters *S. O.* might as well be branded on foreheads, for “Sex Offender.” Labeled sex offenders are, as Roger Lancaster put it, “the last pariahs.”²⁹

In short, we have learned little from the day care sex abuse hysteria, either. “Believe the Children” (but only when they say they were abused) was the mantra in those bad old days, and it continues to echo well into the twenty-first century.

So—let us rewind back to the 1980s and 1990s, a time that spawned both the repressed memory epidemic and the day care sex abuse hysteria, and see how they came about and what impact they had. In the process, we will learn how memory

²⁸Rakoff, “Why Innocent People Plead Guilty.”

²⁹Lancaster, “Sex Offenders: The Last Pariahs.”

actually works and how malleable it can be, especially when figures of authority exert influence on vulnerable people seeking help for the most urgent problems in their lives. It is important that we learn from the past and not “repress” the memories of what amounted to a modern witch hunt in the late twentieth century.

Colchester, VT
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Mark Pendergrast

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I wish I could list all of the people affected by the repressed memory epidemic with whom I corresponded. I interviewed many of you for hours. You may remain anonymous, but you know who you are, and thanks for sharing your experience with me. Among those I could not cite by name are all the desperate people who have written to the National Center for Reason and Justice (www.ncrj.org), which was begun by activists Bob Chatelle and Jim D'Entremont to call attention to the sex abuse hysteria that has imprisoned far too many innocent people.

To all those who have helped to debunk the pseudoscience of repressed memories, multiple personalities, and satanic ritual abuse cults, my eternal gratitude. Check the Bibliography and Endnotes for those who have written in depth on these issues. I won't name you all here, but experimental psychologist Elizabeth Loftus, psychologist Richard McNally, psychiatrist Paul McHugh, and psychologist-lawyer R. Christopher Barden top the list. You are my heroes.

And a final shout-out to psychology professor Lawrence Patihis, who conducted the first extensive survey, with my participation, to determine the alarming extent of the ongoing repressed memory epidemic.

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