## AFFIDAVIT OF ANTHONY READING, Ph.D.

## I, ANTHONY READING, Ph.D, declare as follows:

- 1. I am a clinical & forensic psychologist licensed by the State of California having practiced for over 40 years. I have personal knowledge of the facts set forth herein and am able to testify thereto if called upon.
- 2. Attached hereto as Exhibit 1 is a true and correct copy of my curriculum vitae which establish my qualifications to render an expert opinion.
- 3. Attached hereto as <u>Exhibit 2</u> is a true and correct copy of my report which I prepared dated July 2, 2015 based upon my review of various records and documents regarding Aarthi Rao. I declare under penalty of perjury under the laws of the State of California and the United States of America that the report contains my true and complete professional opinions on the matters to which they refer.
- 4. Attached hereto as Exhibit 3 is a true and correct copy of the records which I received that are referenced in the aforementioned report which I have reviewed.

I declare under penalty of perjury under all the laws of the State of California and the United States of America that the foregoing is true and correct.

This declaration is signed January 20, 2016 at Beverly Hills, California.

ANTHONY READING, Ph.D.

SEE ATTACHED CERTIFICATE

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See Attached Document (Notary to cross out	
	Signature of Document Signer No. 2 (if any)  cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California County of LOS ANGELES  LISA PILLSBURY LORD Commission # 2071089 Notary Public - California Los Angeles County My Comm. Expires Jun 10, 2018	Subscribed and sworn to (or affirmed) before me on this Rom day of TANAZU, 20 16, by Date Month Year  (1) ANTHONY (ZEAD) NG  (and (2) , Name(s) of Signer(s)  proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.  Signature of Natary Public
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# Exhibit 1

#### CURRICULUM VITAE

#### ANTHONY EDWARD READING

PLACE OF BIRTH:

Hartley Wintney, England United Kingdom, U.S.

CITIZENSHIP: Unit SOCIAL SECURITY NUMBER: XXX

xxx-xx-xxxx

EDUCATION:

1969 - 1972 BSc University College of Swansea, University of Wales, Psychology

1972 - 1974 MPhil

Institute of Psychiatry, University of London, U.K,

Clinical Psychology

1975 - 1979

Ph.D. King's College Hospital Medical

School, University of London, U.K.

Psychology

#### CURRENT ACTIVITIES:

Private Practice: Clinical and Forensic Psychology

#### LICENSURE:

Charted Clinical Psychologist, British Psychological Society Associate Fellow, British Psychological Society Chartered Scientist, British Psychological Society Licensed Psychologist, State of California #Psy 7525 Qualified Medical Examiner, State of California #963348

#### PROFESSIONAL EXPERIENCE:

1992-	Clinical Professor, Dept of Psychiatry & Biobehavioral Sciences, UCLA School of Medicine
1986-92	Associate Clinical Professor, Dept of Psychiatry & Biobehavioral Sciences, UCLA School of Medicine
1989 - 92	Associate Clinical Professor, Department of Obstetrics and Gynecology, UCLA School of Medicine
1986 - 1990	Director, Psychological Studies, Department of Obstetrics and Gynecology, Cedars Sinai Medical Center
1983 - 1986	Adjunct Assistant Professor, Department of

	Psychiatry and Biobehavioral Sciences, UCLA School of Medicine
1983 - 1986	Adjunct Assistant Professor, Department of Medicine, UCLA School of Medicine
1983 - 1985	Associate Director, Mark Taper Center for Health Enhancement, Education and Research, UCLA Medical Center
1982-1985	Chief of Psychological Services, Center for Health Enhancement, Education and Research, UCLA School of Medicine
1982-	Private practice
1981 - 1982	Visiting Assistant Professor, Department of Obstetrics and Gynecology, UCLA School of Medicine
1981 - 1982	Visiting Assistant Professor, Department of Psychiatry and Biobehavioral Sciences, UCLA School of Medicine
1980 - 1981	Visiting Assistant Professor, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Southern California
1979 - 1981	Lecturer in Psychology, King's College Hospital, London, U.K
1978 - 1981	Co-Director, Psychosexual Clinic, King's College Hospital, London, U.K.
1977 - 1981	Senior Clinical Psychologist, King's College Hospital, London, U.K.
1976 - 1977	Regional Tutor in Abnormal Psychology, S.E. Thames Clinical Psychology Regional Training Scheme., London, U.K.
1974 - 1977	Clinical Psychologist, King's College Hospital, London, U.K.
1972 - 1974	Assistant Psychologist, Institute of Psychiatry and the Maudsley and Bethlem Royal Joint Hospitals, London, U.K.

#### PROFESSIONAL SOCIETIES:

U.S.A.

California State Psychological Association
Division of Health Psychology, American Psychological
Association

Division of Clinical Psychology, Amerian Psychological Asociation Division of Neuropsychology, American Psychological Association American Psychological Association Los Angeles County Psychological Association California Society of Industrial Medicine and Surgery

#### British

British Psychological Society Clinical Division of the British Psychological Society Health Psychology Special Interest Group

#### AWARDS:

1975	Research Award: Medical Research Council
1976	Research Award: World Health Organization
1977	Research Award: World Health Organization
1978	Research Award: Nuffield Foundation
1979	Associate Fellow of the British Psychological Society
1980	Fellow of the Sir Frances Galton Society
1981	Research Award: American Cancer Society
1984	Research Award: National Institutes of Health
1985	Research Award: MacArthur Foundation
1985	Research Award: Kroc Foundation

#### PROFESSIONAL ACTIVITIES:

1974 - 1981	Neuropsychologist, Dept of Neurology, King's College Hospital
1974 - 1981	Clinical Psychologist, Dept of Psychological Medicine, In Patient Professorial Psychiatric Unit, King's College Hosptial
1974 - 1981	Clinical Psychologist, Dept of Psychological Medicine, King's College Hospital
1977 - 1981	Consultant on Contraceptive Acceptability Research, Margaret Pyke Clinic for Research in Family Planning, Middlesex Hospital, University of London, England.
1977 - 1981	Member of the World Health Organization's Task Force on the Acceptability of Male Antifertility Methods in Clinical Trial.
1981 - 1982	Faculty, UCLA Dept of Psychiatry, Anxiety Disorders Clinic
1981 - 1982	Faculty and Convenor of Behavioral Medicine Research Seminar Series, Dept of Psychiatry, UCLA School of Medicine

1981 - 2013	Member of UCLA Professional Staff, Resnick Neuropsychiatric Hospital, Clinical
1982	Study Group Member on Pain Measurement, National Institute of Neurological and Communicative Disorders and Stroke.
1981 - 1982	Consultant to Los Angeles Regional Family Planning Council on Psychosocial Aspects of Fertility Awareness Methods.
1983 - 1985	Participating Scientist in MacArthur Network on the Antecedents and Consequences of Health Damaging and Health Promoting Behavior.
1984 - 1985	Consultant to Family Health International on the Acceptability of Fertility Regulating Methods.
1984 - 1986	Senior Consultant, U.S. Corporate Health Management.
1985	Member of Scientific Review Group on Pain, NIH
1986 - 1987	Committee on Membership. International Association for the Study of Pain.
1986 - 1988	Collaborating Scientist: National Center for Health Statistics, Evaluation of NCHS Pain Data.
1986	Consultant to Cedars Sini Medical Center Employee Assistance Program
1989	Member of UNESCO Task Force on Human Fetuses for Research or Therapeutic Purposes.
1990	Member of Health Professional Advisory Committee for the Southern California Chapter of the March of Dimes Birth Defects Foundation.
1990-95	Director, Insomnia Program, Cedars Sinai Medical Center Sleep Disorders Center
1995	Participating Scientist NICHHD Conference on Biopsychology of Infertility
1997-	UCLA Medical Center Psychologist Quality Assurance Subcommittee (Founding Member)
1998-98	Los Angeles County Psychological Association Victim Treatment Panel

1999-	Qualified Medical Examiner, Industrial Medical Council, State of California
2005-08	Strategic Consultant, Angels Gate Cultural Center, San Pedro.
2009	Invited Participant, Board of Psychology Supplemental Examination Item Review Workshop
2013 -	Member of UCLA Professional Staff, Administrative, Resnick Neuropsychiatric Hospital, UCLA

#### **HOSPITAL APPOINTMENTS:**

Professional Staff Member (Adminstrative):

Resnick Neuropsychiatric Hospital, UCLA Medical Center

Past Peer Review Activities:

Pain
British Journal of Clinical Psychology
Health Psychology
Journal of Psychosomatic Obstetrics and Gynecology
Ethology and Sociobiology
Psychological Bulletin
Obstetics and Gynecology
Journal of Compliance in Health Care
Journal of Reproductive and Infant Psychology
American Journal of Obstetrics and Gynecology
Fertility and Sterility
Journal of Personality and Social Psychology
Psychosomatic Medicine
Ultrasound in Obstetrics and Gynecology

Past Editorial Board:

Clinical Biomechanics
Pain (Psychology Panel)
Annals of Behavioral Medicine
Abstracts Committee - American Fertility Society
Psychological Special Interest Group

#### BOOKS (Published):

- 1. Reading, A.E. <u>Some Parameters of Self-Monitoring</u>. MPhil Thesis, University of London Library, 1974.
- Reading, A.E. <u>Psychological Preparation</u>: <u>Its Effects on Gynecological Pain</u>. <u>University of London Library</u>, 1979.
- 3. Reading, A.E. <u>Psychological Aspects of Pregnancy</u>. Longman Press, London and New York, 1983.

#### CHAPTERS IN BOOKS:

- 1. Reading, A.E. and Newton, J.R. Pain Assessment in gynaecology. In L. Carenza and L. Zichella (Eds). Emotion and Reproduction, Vol 20B, pp. 985-990, Academic Press, London 1979.
- 2. Reading, A.E. and Cox, D.N. The Measurement of Pain. In D.J. Oborne, M. Gruneberg and D.R. Eiser (Eds). Research in Psychology and Medicine, Vol 1: Physical Aspects: Pain, Stress and Organic Process. pp. 20-26. Academic Press, London, 1979.
- Reading, A.E. The management of pain in gynecology. In J. Barber and C. Adrien (Eds). <u>Psychological Management of Chronic Pain</u>, pp. 137-149. Brunner-Mazel, New York, 1982.
- 4. Reading, A.E. and Campbell, S. The psychological effects of ultrasound scanning in pregnancy, In <u>Advances in Psychosomatic Obstetrics and Gynecology</u>. Eds. H.J. Prill and M. Stauber. Springer-Verlag, New York, 371-372.
- 5. Reading, A.E. Pain and attribution theory. In C. Brewin and C. Antaki (Eds). Attribution and the management of the pain patient. In C. Antaki and C. Brewin (Eds).

  Attributions and Psychological Change Applications of Attribution Theory to Clinical and Educational Psychology. pp. 157-174. Academic Press, London, 1983.
- 6. Reading, A.E., Bonding: An evaluation of the concept and its implications for obstetric practice. In J.W. Studd (Ed.) Progress in Obstetrics and Gynecology, Vol III, pp. 128-135. Churchill Livington, Edinburgh, 1983.
- 7. Reading, A.E. The McGill Pain Questionnaire: A reappraisal. In R. Melzack (Ed.). Pain Measurement. Raven Press, New York, 55-62, 1983.
- 8. Reading. A.E. Testing pain mechanics in persons in pain. In P.D. Wall and R. Melzack (Eds.). Textbook of pain, pp. 195-204. Churchill Livingston, London, 1984.
- 9. Reading, A.E. Psychological issues arising from ultrasonography in obstetrics. In L. Dennerstein and M. Senarelens (Eds.). The Young Women: Psychosomatic Aspects of Obstetrics and Gynecology, Excerpta Medica, 1983, 370-373.
- Bragonier, J.R. and Reading, A.E. Human Sexuality. In J.E. Moore and N.F. Hacker (Eds.). <u>Essentials of Obstetrics and Gynecology</u>, W.B. Saunders, 1986, 371-376.

- 11. Reading, A.E. and Bragonier, J.R. Sexual Assault. In J.E. Moore and N.F. Hacker (Eds.). Essentials of Obstetrics and Gynecology, W.B. Saunders, 1985, 377-380.
- 12. Cohen, R.S., Ferrer-Brechner, T. Pavlov, A. and Reading, A.E. A prospective evaluation of cancer pain patients. In <u>Proceedings of the IV World Congress of Pain</u>, Ed. by J.J. Bonica, Raven Press, In Press.
- 13. Reading, A.E. Testing Pain Mechanisms in Persons in Pain. In P.D. Wall and R. Melzack. <u>Textbook of Pain</u>, 2nd Edition, 1989, pp. 269-283, Churchill-Livingston.
- 14. Reading, A.E. Psychological effects of ultrasound. In F. Chervenak, C. Lsaarson and S. Campbell (Ed) Textbook of Ultrasound in Obstetrics and Gynecology, Littlejohn, 1992 (In press).
- 15. Reading, A.E. Anxiety and Stress. In G.D. Wilson (Ed) Your Personality and Potential, Salem House, Topsfield, Mass, 1989, pp.168-173.
- 16. Reading, A.E. The Signs of Stress. In G.D. Wilson (Ed) Your Personality and Potential, Salem House, Topsfield, Mass, 1989, pp. 180-187.
- 17. Reading, A.E. Learning to Relax. In G.D. Wilson (Ed) Your Personality and Potential, Salem House, Topsfield, Mass, 1989, pp. 194-199.
- 18. Reading, A.E. The Clinical Testing of Pain. In Back Pain: An International Review. J.K. Peterson and E. Burn, Kluwer Academic Publishers, London, 1990, pp. 27-36.
- 19. Reading, A.E. Psychological Aspects of the New Reproductive Technologies. In E. van Hall and W. Everaerd (Eds)
  Proceedings of the 5th World Congress of Psychosomatic Obstetrics and Gynecology. Parthenon Press, United Kingdom, 503-512, 1989.
- 20. Reading, A.E. Pain. In Psychological Perspectives on Women's Health. Vincent J. Adesso, Diane M. Reddy & Raymond Fleming (Eds) Hemisphere Publishing Corp., 1988.
- 21. Reading, A.E. The Treatment of Infertility. In C. Dunkel-Schetter & A. Stanton. Psychological Approaches to Infertility. Pergemon Press, 1991, pp. 183-196.
- 22. Reading, A.E. Ultrasound and high risk pregnancies. In E. van Hall and W. Everaerd (Eds) Proceedings of the 5th World Congress of Psychosomatic Obstetrics and Gynecology. Parthenon Press, United Kingdom, pp.116-123, 1989.
- 23. Reading, A.E. A measure of fetal attachment. In E. Van

- Hall and W. Everaerd (Eds) Proceedings of the 5th World Congress of Psychosomatic Obstetrics and Gynecology. Parthenon Press, United Kingdom, pp. 452-461, 1989.
- 24. Reading, A.E. Pain as a subject of epidemiological enquiry. NCHS Report on Chronic Pain, 1988.
- 25. Reading, A.E. Your sex and your health. In J. Erchen & L. Wallace (Eds) The Complete Mind & Body Book, Simon and Schuster, New York, pp. 26-33.
- 26. Reading, A.E. Your sex and your health. In J. Erchen & L. Wallace (Eds) The Complete Mind & Body Book, Simon and Schuster, New York, pp. 60-65.
- 27. Reading, A.E. Psychological aspects of preterm delivery:
  Proceedings of the 10th International Congress of Psychosomatic
  Ob Gyn, Parthenon Press, 1992.
- 28. Reading, A.E. Consumer perception of infertility. In Proceedings of the 10th International Congress of Psychosomatic Ob Gyn, Parthenon Press, 1992.
- 29. Reading AE. & Bragonier, JR Human Sexuality & Sexual Assault. In J Moore & NF Hacker (Eds) Essentials of Obstetrics & Gynecology. W B Saunders, 532-543 (1998)
- 30. Rapkin AJ & Reading AE Chronic pelvic pain. In: Current roblems in Obstetrics & Gynecology & Fertility. Ed by JS Berek, Mosby-Year Book 14 (4) 1991
- 31. Reading, AE. Sexual aspects of infertility and its treatment. In Infertility and Reproductive Medicine. Clinics of North America. Ed by M P Diamond, A H DeCherney & D A Greenfield, W.B Saunders, 1993
- 32. Reading, AE Health Psychology: An Overview. The Los Angeles Psychologist, Jan/Feb 1999, 3.
- 33. Reading, AE Cognitive-behavioral approaches to psychotherapy. The Los Angeles Psychologist, 1999, Sept/Oct, 7-22

#### RESEARCH PAPERS (Published):

- 1. Reading, A.E. and Hemsley, D.R. Categorization and choice reaction time. <u>Bull Psychonom. Soc.</u>, 6: 129-130, 1975.
- 2. Reading, A.E. and Raw, M.T.D. The treatment of mandibular dysfunction pain: Possible applications of psychological methods. <u>Brit. Dent. J.</u>, 6:201-205, 1976.
- 3. Raw, M.T.D. and Reading, A.E. Psychology and dental care.

- Dental Update, 313-317, 1976.
- 4. Reading, A.E. Biofeedback Training: An evaluation. Hospital Update, 3:660-675, 1976.
- 5. Reading, A.E. and Newton, J.R. A comparison of primary dysmenorrhea and intrauterine device related pain. Pain 3:265-276, 1977.
- 6. Reading, A.E. and Newton, J.R. Psychological factors in IUD use: A review. J. Biosoc. Sci., 9:317-323, 1977.
- 7. Newton, J.R. and Reading, A.E. The effects of psychological preparation on pain at IUD insertion. <u>Contraception</u>, 16: 523-532, 1977.
- 8. Reading, A.E. and Newton, J.R. A card sort method of pain assessment. J. Psychosom. Res., 22:503-512, 1978.
- 9. Reading, A.E. Psychological preparation for medical and surgical procedures. Hospital Update, 721-725, 1978.
- 10. Reading, A.E., Reid, C. and Newton, J.R. A card sort method of pain assessment in gynaecology. Acta Obstet. et Gynaec. Scand., 58:105-113, 1979.
- 11. Reading, A.E. The role of psychological factors in IUD continuation. Soc. Sci., and Med., 13A:631-640, 1979.
- 12. Reading, A.E. The short term effects of psychological preparation for surgery. Soc. Sci and Med., 13A: 641-664, 1979.
- 13. Reading, A.E., Harris, C. and Newton, J.R. Attitudes and contraceptive choice. Psychol. Reps., 44:1243-1246, 1979.
- 14. Reading, A.E. The internal structure of the McGill Pain Questionnaire in dysmenorrhea patients. Pain, 7:353-358, 1979.
- 15. Newton, J.R. and Reading, A.E. An analysis of the intensity and quality of gynaecological pain. Acta Obstet. et Gynaecol. Scand., 59:143-148, 1980.
- 16. Reading, A.E., Sledmere, C.M., and Newton, J.R. Attitudes towards permanent contraceptive methods. J. Biosoc. Sci., 12:383-392, 1980.
- 17. Reading, A.E. Contributor to World Health Organization Psychosocial Task Force Report: Acceptability of drugs for male fertility regulation: A prospectus and some preliminary data. Contraception, 21:121-134, 1980.
- 18. Reading, A.E. A comparison of pain rating scales. J.

- Psychosom. Res., 24: 119-126, 1980.
- 19. Reading, A.E. Pain and episiotomy. MIMS Journal, Nov. 33-38, 1980.
- 20. Reading, A.E. Psychological preparation for surgery: Patient recall of information. <u>J. Psychosom. Res.</u>, 25: 57-62, 1981.
- 21. Reading, A.E. and Goldstuck, N.D. The influence of clinic factors on IUD continuation rates. Bull. Eugenics Soc., 13:117-124, 1981.
- 22. Sledmere, C.M., Reading, A.E., Young, O. and Siddle, N. The psychological response to vabra curettage in menopause clinics. Maturitas, 3:205-215, 1981.
- 23. Reading, A.E. and Goldstuck, N.D. Effect of clinic related factors on continuation rates of IUDs. <u>Contracept. Deliv. Syst.</u>, 3:1-9, 1982.
- 24. Reading, A.E., Sledmere, C., Cox, D.N. and Campbell, S. How women view postepisiotomy pain. Brit. Med. J., 284: 243-245, 1982.
- 25. Reading, A.E. and Cox, D.N. The effects of ultrasound examination on maternal anxiety levels. J. Behav. Med., 5: 237-247, 1982.
- 26. Reading, A.E. A critical analysis of psychological factors in the management and treatment of chronic pelvic pain. Int. J. Psychiat. Med., 12:129-139, 1982-1983.
- 27. Reading, A.E., Campbell, S., Cox, D.N. and Sledmere, C.M. Health beliefs and health behavior during pregnancy. Psychol. Med., 12:379-383, 1982.
- Reading, A.E. Strategic and methodological aspects of behavioral medicine. <u>Brit. J. Clin. Psychol.</u>, 21: 79-84, 1982.
- 29. Reading, A.E. The effects of psychological preparation on pain and recovery following minor gynecological surgery: A preliminary report. J. Clin. Psychol., 38:504-512, 1982.
- 30. Reading, A.E., Everitt, B.S. and Sledmere, C.M. The McGill Pain Questionnaire: A replications of its construction.

  Brit. J. Clin. Psychol., 21:339-349, 1982.
- 31. Campbell, S., Reading, A.E., Cox, D.N., Sledmere, C.M. Mooney, R., Chudleigh, P., Beedle, J. and Ruddick, H. Ultrasound scanning in pregnancy: The short-term psychological effects of early real-time scans. J. Psycholsom. Obstet. and Gynaecol., 1-2:57-61, 1982.

- 32. Reading, A.E. A comparison of the McGill Pain Questionnaire in chronic and acute pain. Pain. 134:185-192, 1982.
- 33. Reading, A.E., Sledmere, C.M. and Cox, D.N. Psychological issues arising from the development of new male contraceptives. Bull Brit. Psychol. Soc., 35:369-371, 1982.
- 34. Reading, A.E., Sledmere, C.M. and Cox, D.N. A survey of patient attitudes towards artificial insemination by donor. J. Psychosom. Res., 26:429-433, 1982.
- 35. Reading, A.E. The management of anxiety related to vaginal examination. J. Psychosom. Obstet. and Gynaecol., 1:99-102, 1982.
- 36. Reading, A.E. Contributor to World Health Organization Psychosocial Task Force Report: Hormonal fertility regulation for males: Acceptability and effects on sexuality. Stud. in Fam. Plan., 13:328-342, 1982.
- 37. Cox, D.N. and Reading, A.E. Personality profiles of somwen attending AID clinics. Pers. and Individ. Diff's., 4:213 -214, 1983.
- 38. Reading, A.E. The influence of maternal anxiety on the course and outcome of pregnancy: A review. Health Psychol., 2:187-202, 1983.
- 39. Reading, A.E., Hand, D. and Sledmere, C.M. A comparison of The McGill Pain Questionnaire and a random checklist in the evaluation of clinical pain. Pain, 16:375-383, 1983.
- 40. Reading, A.E. A comparison of the accuracy and reactivity of methods of monitoring male sexual behavior. J. Behav. Asses., 5:11-24, 1983.
- 41. Reading, A.E. Pain measurement and experience. J. Psychosom. Res., 27L415-420, 1983.
- 42. Siddle, N.D., Whitehead, M.I., Sledmere, C.M., Young, O. and Reading, A.E. A controlled trial of Naproxen sodium for relief of pain associated with vabra curettage suction curettage. Br. J. Obstet. Gynec., 90:864-869, 1983.
- 43. Reading, A.E. and Wiest, W.M. A survey of sexual behavior in a sample of normal males. <u>Arch. Sex. Behav.</u>, 13:69-83, 1984.
- 44. Reading, A.E., Campbell, S., Cox, D.N. and Sledmere, C.M. A study of psychological change over the course of pregnancy: Attitudes towards the fetus neonate. <u>Health</u> Psychol., 3:211-221, 1984.

- 45. Chapman, C.R., Casey, K.L., Dubner, R., Foley, K.M., Gracely, R.H. and Reading, A.E. Pain measurement: An overview. Pain, 22:1-31, 1985.
- 46. Reading, A.E. and Cox, D.N. Predictors of labor pain. Pain, 22:309-315, 1985.
- 47. Reading, A.E. Psychologist's role in medical setting: A continuing controversy. Bulletin of the Clinical Division of British Psychological Society, 50:47-50, 1985.
- 48. Cohen, R.S., Brechner, T.F., Pavlov, A., and Reading, A.E. Comparison of cancer pain and chronic benign pain patients on dimensions of pain, intensity, effect, approach to treatment. Clin. J. Pain, 1:205-209, 1986.
- 49. Cohen, B.S., Brechner, T.F., Pavlov, A. and Reading, A.E. Prospective evaluation of pain patients treatment outcome in patients referred to a cancer pain center. Clin. J. Pain, 1:105-109, 1986.
- 50. Reading, A.E. and Platt, L.D. A controlled evaluation of the psychological effects on women of fetal diagnostic testing in prenatal care. <u>J. Reproduc. Med.</u>, 30:907-910, 1986.
- 51. Hand, D.J. and Reading, A.E. The McGill Pain Questionnaire: Internal structure. <u>Psychol. Reports</u>, 59:763-770, 1986.
- 52. Reading, A.E. Pain assessment methods in mechanical dysfunction. Clinical Biomechanics, 1:222-227, 1986.
- 53. Rapkin, A.G., Chang, L.C. and Reading, A.E. A double blind controlled study of progesterone in the management of premenstrual syndrome. J. Obstet. Gynaecol., 7:217-220, 1987.
- 54. Rapkin, A.J., Edulmuth, E., Chang, L.C, Reading, A.E., McGuire, M.T. and Su, T. Ping. Whole blood serotonin in premenstrual syndrome. Obstet. and Gynec., 70:533-538, 1987.
- 55. Rapkin, A.J., Chang, L.C. and Reading, A.E. Comparison of retrospective and prospective assessment of premenstrual symptoms. <u>Psychol. Reports</u>, 62:55-60, 1988.
- 56. Reading, A.E., Cox, D.N. and Campbell, S. Patient acceptability of diagnostic ultrasound in prenatal care. J. Psychosom. Obstet. & Gynec., 8:191-198, 1988.
- 57. Wilson, G.D. and Reading, A.E. Pelvic Shape, Gender Role Conformity and Sexual Satisfaction. Pers. and Individ. Diff's., 10 (5):577-579, 1989.
- 58. Cox, D.N. and Reading, A.E. Fluctuations in state anxiety

- over the course of pregnancy and the relationship to outcome. J. Psychosom. Obstet. & Gynec., 10:71-78, 1989.
- 59. Rapkin, A.J., Buckman, T.D., Sutphin, M.S., Chang, L.C. and Reading, A.E. Platelet monoamine Oxidase B activity in women with premenstrual syndrome. Am J. Obstet. & Gynec., 159(6):1536-1540, 1988.
- 60. Reading, A.E., Chang, L.C. and Kerin, J.F. Psychological changes over the course of IVF-ET. J. Reproduc Infant Psychol., 7:95-103, 1989.
- 61. Reading, A.E., Chang, L.C. and Kerin, J.F. Attitudes and anxiety levels in women conceiving through IVF. Fertil Steril., 52(1):95-99, 1989.
- 62. Kerin, J.F., Quinn, P.J., Stone, B.A., Serafini, P.C., Batzofin, J., Reading, A.E., Wade, M.C., and Marrs, R.M. The Way Forward for in vitro Fertilization in Man. J. Reprod. Fertil. Steril., 36:161-172, 1988.
- 63. Reading, A.E. Decision making and in vitro fertilization. The influence of emotional stater. J. Psychosom. Obstet. and Gynecol., 10:107-112, 1989.
- 64. Kassannese, B., Kennedy, K., Forrest, K., Danzer, H., Reading, A. and Hughes, H. A study of the vaginal contraception sponge used without the fertility awareness method. Contraception, 40:701-714, 1989.
- 65. Krantz, D.S., Schneiderman, N., Chesney, M.A., McCann, B.S., Reading, A.E., Roskies, E., Stoney, C.M. and Williams, R.B. Biobehavioral research on cardiovascular disorders. Health Psychol., 8:737-746, 1989.
- 66. Reading, A.E. and Kerin, J.F. Psychological aspects of providing infertility services. J. Reproduc. Med., 34:861-871, 1989.
- 67. Rapkin, A.J., Chang, L.C. and Reading, A.E. Mood and Cognitive Style in Premenstrual Syndrome. Obstetics and Gynecology, 74:644-649, 1989.
- 68. Rapkin, A.J., Chang, L.C., McGuire, M.T. and Reading, A.E. Tryptophan loading in premenstrual syndrome. J. Obstet & Gynecol., 10:140-144, 1989.
- 69. Reading, A.E. Stress management in the workplace.

  <u>Business Insights</u>, 1:20-26, 1991.
- 70. Reading, A.E. Cognitive model of premenstrual syndrome. Clinical Obstet. and Gynecol., 1992, In press.
- 71. Reading, A.E.. Sexual aspects of infertility and its

- treatment. <u>Infertility and Reproduc. Med.</u>, Clinics of North America, 1992, In press.
- 72. Rapkin, A.J. and Reading, A.E. Management and of pelvic pain. Current Problems in Obstet, Gynecology and Fertil., 14:101-137, 1991.
- 73. Rapkin, A.J., Reading, A.E., Woo, S.R. Tryptophan and neutran amino acids in premenstrual syndrome.

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- 74. Rapkin, AJ, Shoupe, D, Reading AE, Mahesh, V. Decreased Opioid tone in PMS: LH response to naloxone. <u>J Soc Gynec Invest Mar-April 1996</u> p 93-98
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- 1. Reading, A.E. On the language of pain. Pain, 9:281, 1980.
- 2. Reading, A.E. On a comparison of pain rating scales. <u>J. Psychosom. Res.</u>, 26:463, 1982.
- 3. Reading, A.E. How women view postepisiotomy pain. Brit. Med. J., 284:1041-1042, 1982.
- 4. Reading, A.E., Cox, D.M. and Campbell, S. Ultrasound scanning in pregnancy: The therapeutic effects of feedback. Ultrasound in Med. and Biol., 8:323-324, 1982.
- 5. Reading, A.E. Measurement of male sexuality in contraceptive research. Bull. Br. Psychol. Soc., 1983.
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- 8. Reading, A.E. Informed consent and AID. <u>Fertil & Steril</u>, (In press), 1989.

9. Reading, A.E. Stress Coping Mechanisms Aid Patient Care. The Practice Consultant, 1:7-8, 1990.

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- 24. Rapkin, A.J., Reading, A.E. & Kames, L.D. Psychological aspects o women presenting for treatment for pain associated with endometriosis. American Pain Society Meeting, Phoenix, AZ Oct 1989
- 25. Rapkin, A.J., Poland, R. & Reading, A.E. Electroencephalographic sleep in women with premenstrual syndrome. Society for Gynecological Investigation meeting, St Loius, MO, March 1990
- 26. Rapkin, A.J., Reading, A.E. & Woo, S. Tryptophan and neutral amino acids in premenstrual syndrome. Society for Gynecological

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- 27. Rapkin, A.J., Shoupe, D., Reading, A.E. & Mahesh, V. Decreased opioid tone in PMS: LH response to naloxone. Society for Gynecological Investigation, Chicago, IL 1995.

# PRESENTATIONS (Since 1979) By Invitation

- Convenor of Pain Symposium at the First International Conference on Psychology and Medicine, University of Swansea, 1979.
- 2. Convenor of Symposium on Psychology in Obstetrics and Gynaecology at the Clinical Division of The British Psychological Society's Summer School, York, 1981.
- 3. Convenor of Workshop on Pelvic Pain and Dysmenorrhea at the Third World Congress on Pain, Edinburgh, 1981.
- 4. Convenor of Workshop on Psychological Approaches to the Management of Pain. Institute of Psychiatry, 1981.
- 5. Convenor of Symposium on Pelvic Pain in Women at the American Pain Society Annual Meeting, Florida, 1982.
- 6. Convenor of Workshop on New Insights to Menstrual Disability, UCLA Extension, 1982.
- 7. Convenor of Symposium on Risk Reduction and Health Enhancement in Pregnancy. American Psychological Association, Los Angeles, 1983.
- 8. Convenor of Workshop on McGill Pain Questionnaire. American Pain Society, 1985.
- Convenor of Workshop on the Management of Pain of Gynecological Origin. American Pain Society, Washington, D.C., 1986.
- 10. Convenor of Topical Seminar on Verbal Assessment Methods. World Congress on Pain, 1987.
- 11. Convenor of Symposium on Psychological Aspects of Prenatal Technology. International Congress on Psychosomatic Obstetrics and Gynecology. Amsterdam, 1989.
- 12. Convenor of Symposium on Mood and Premenstrual Syndrome. American Psychological Association Science Weekend, New Orleans, Louisiana, 1989.
- 13. Convenor of Symposium on Psychological aspects of Reproductive Medicine, Pacific Coast Fertility Society, Rancho Mirage, 1994.

#### Invited Papers:

- 1. Reading, A.E. Pain and Childbirth. The case of episiotomy. British Association for the Advancement of Science, University of Salford, 1980.
- 2. Reading, A.E. Antenatal bonding. Perinatal resources meeting of the European and North American Society of Obstetricians, University of London, 1980.
- 3. Reading, A.E. Towards an understanding of the chronic pelvic pain patient. British Psychological Society and Royal College of Obstetricians and Gynaecologists Joint Meeting on Psychology and Gynaecology, Birmingham, 1981.
- 4. Reading, A.E., Campbell, S. and Cox, D.N. Is pelvic pain ever functional? Scientific meeting of the Royal College of Obstetricians and Gynaecologists, London, 1981.
- 5. Cox, D.N., Sledmere, C.M. and Reading, A.E. Clinical psychology and prenatal care. Clinical Division of the British Psychological Society's summer school, York, 1981.
- 6. Reading, A.E. Further thoughts on the multidimensional assessment of pain. American Psychological Association Annual Meeting, Washington, D.C., 1982.
- 7. Reading, A.E. Future research objectives in the study of pelvic pain. American Pain Society Annual Meeting, Florida, 1982.
- 8. Reading, A.E. Issues in the measurement of pain. Annual Meeting of the Society of Psychosomatic Research, Royal College of Physicians, London, 1982.
- 9. Reading, A.E. Psychological effects of fetal assessment techniques. Contemporary Obstetric Practice, Institute for Perinatal Research, 1982.
- 10. Reading, A.E. Psychological change during pregnancy. Fourth Annual Meeting of the Society for Behavioral Medicine, Baltimore, 1983.
- 11. Reading, A.E. Smoking and alcohol in pregnancy: The effects of fetal feedback via ultrasound. American Psychological Association, Los Angeles, 1983.
- 12. Reading, A.E. Psychological management of the cancer pain patient. UCLA Extension Program in Pain Management, 1983.
- 13. Reading, A.E. Clinical pain measurement. California Medical Association Annual Meeting, 1983.

- 14. Reading, A.E. Changing smoking and alcohol consumption during pregnancy. American Psychological Association, Annual Conference, 1983.
- 15. Reading, A.E. Motivating patients towards lifestyle changes. California Society for Cardiac Rehabilitation, 1984.
- 16. Reading, A.E. Clinical management of pelvic pain patients. California State Psychological Association Annual Meeting, 1984.
- 17. Reading, A.E. Matching patients to treatment. Annual Meeting of the California Society for the Treatment of Alcoholism and Other Drug Dependencies, 1984.
- 18. Reading, A.E. Possible menopausal linked depressions. American Psychiatric Association Annual Meeting, 1984.
- 19. Reading, A.E. Studies with the McGill Pain Questionnaire in relation to labor and post-episiotomy pain. IV Annual Conference in Technological Approaches to Obstetrics, San Francisco, 1984.
- 20. Reading, A.E. The Type A personality and fat intake. UCLA Extension Program on dietary fat, heart disease and cancer, Los Angeles, 1985.
- Reading, A.E. Research uses of the McGill Pain Questionnaire. UCLA Pain Clinic Colloquium, 1986.
- 22. Reading, A.E. Pregnancy related technologies Psychological Implication. MacArthur Foundation workshop.
  In the effects of technology, pharmacology and other modern interventions in women's health. Florida, 1987.
- 23. Reading, A.E. Developments in verbal scaling of pain: historical perspective V World Congress on Pain, Hamburg, 1987.
- 24. Reading, A.E. Pain as a subject of epidemiological study.
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- 25. Reading, A.E. Psychological aspects of infertility. IV World Congress on Behavior Therapy, Edinburgh, 1988.
- 26. Reading, A.E. Stress and non-coital reproduction. American Association for Behavior Therapy. New York, 1988.
- 27. Reading, A.E. Psychological aspects of noncoital reproductive technologies. International Congress on Psychosomatic Obstetrics and Gynecology, Amsterdam, 1989.

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- 29. Reading, A.E. Ultrasound in high risk pregnancies. International Congress on Psychosomatic Obstetrics and Gynecology, Amsterdam, 1989.
- 30. Reading, A.E. The measurement of fetal attachment. International Congress on Psychosomatic Obstetrics and Gynecology, Amsterdam, 1989.
- 31. Reading, A.E. PMS as a psychological disorder. UCLA Extension Conference on Controversial Diseases of the 80s, San Diego, California, 1989.
- 32. Reading, A.E. Clinical testing of pain. Federation Internationale De Medecine Manvelle, London, 1989.
- 33. Reading, A.E. Cognitive Behavioral approaches to premenstrual syndrome and pelvic pain. European Association for Behavioral Therapy, Vienna, 1989.
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- 37. Reading, A.E. Psychological issues and infertility.
  American Fertility Society, Postgraduate Course, 1990.
- 38. Reading, A.E. Helping couples cope with IVF. UCLA Extension: IVF Meeting, Santa Barbara, CA, 1991.
- 39. Reading, A.E. Assessment of sexual dysfunction. American Ferility Society, Postgraduate Course, 1991.
- 40. Reading, A.E. User perception of infertility treatments. International Congress on Psychosom. Ob Gyn, Stockholm, 1992.
- 41. Reading, A.E. Prenatal diagnosis of problem delivery: Psychological aspects. International Congress on Psychosom. Ob Gyn. Stockholm, 1992.
- Reading, A E Stress Management, Dept Rehabilitation, State of California, Health & Welfare Agency Annual Regional Training Conference, December 1992
- 43. Reading, A.E. Psychological aspects of sexual harassment in the

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- 44. Reading, A.E. Psychlogical aspects of infertility. Pacifi Coast Fertility Society, Rancho Mirage, 1992
- 45. Reading A E. Stress Management. National Assistance League Annual Convention, October, 1992, Los Angeles.
- 47. Reading A E Relaxation and visualisation. Interstitial Cystitis Association Meeting, October 1992, Los Angeles.
- 48. Reading, A.E. Psychological screening of ovum donors the UCLA experience. Pacific Coast Fertility Society, Rancho Mirage, 1994
- 49. Reading, AE Stress Management. UCLA Extension program on Preventive Cardiovascular Mdicine: A Challenge for the 90's, June 1993, Los Angeles
- 50. Reading, AE Uses and Abuses of the Psychologist as expert witness. Century City Bar Association, 1996
- 51. Reading A E. Mood Disturbances and the menopause: Understanding the Controversy. UCLA Extension Conference on Menopause Management 1997: In search of a consensus, Anaheim, September 1997.
- 52. Reading A E. Current Status of Pschology and the Law in Sexual Harassment: The Intersection of Psychology and Law, California Psychological Association, Los Angeles, Nov. 1999.
- 53. Reading, A.E. Assessing the crebility of claimants in sexual harassment. UCLA in service, October, 2000
- 54. Reading, A.E. & Rosen, D. Evaluating and conveying the psychological impact of workplace trauma. Consumer Attorney Assocation of Los Angeles Annual Convention, Las Vegas, 2008
- 55. Reading, A.E. Taking the deposition of the psychological expert. Webinar, California Employment Lawyers Association, 2012

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- Psychological Association, 1986.
- 16. Cox, D.N., Wittman, B.K. and Reading, A.E. Ultrasound scanning in pregnancy: diagnostic and psychological implications. First International Conference on Mental Health and Technology, Vancouver, 1986.
- 17. An Evaluation of Three Interventions Designed to Increase Adherence Among Women with Abnormal PAP Smears. Cushner, I., Reading, A.E., Marcus, A., Berek, J., Crane, L., and Kaplan, C. Am. Soc. Public Health Annual Meeting, Las Vegas, 1986.
- 18. What Medical Practitioners Say and What Patients Hear:
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- 26. Reading, A.E., Crane, L., Kaplan, C, Cushner, I., Berek, J. and Marcus, A. Adherence behavior among women with abnormal Pap smears. Nominated as Citation Paper. The Society of Behavioral Medicine, San Francisco, California, 1989.

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- 39. Rapkin, A.J., McGuire, M.T., Chang, L.C. and Reading, A.E. Tryptophan loading test in premenstrual syndrome. Society for Gynecological Investigation, San Diego, CA, 1989.
- 40. Rapkin, A.J., Poland, R. and Reading, A.E. Electroencephalographic sleep in women with premenstrual syndrome. Society for Gynecological Investigation, St. Louis, MO, 1990.

- 41. Reading, A.E. and Hobel, C.J. Anxiety associated with antepartum testing. American Society for Psychosomatic Obstetrics and Gynecology, New York City, 1990.
- 42. Reading, A.E. and Rapkin, A.J. Information processing and premenstrual syndrome. American Society for Psychosomatic Obstetrics and Gynecology, New York City, 1990.
- 43. Waldron, S. and Reading, A.E. Information processing and infertility. American Society for Psychosomatic Obstetrics and Gynecology, New York City, 1990.

#### Miscellaneous:

Medical Teaching Film: Focus on Pain, by J.R. Newton and A.E. Reading, 1979, Distributed by Syntex, produced by Peter Isaacs Productions, London.

Stress Management Videotape Program: Morgan Fairchild and Anthony Reading, Distributed by Wood-Knapp, 1991.

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July 2, 2015

Dear Mr. Jhan:

Re: Aarthi Rao

This is a confidential report. The material contained in this report may be subject to misunderstanding or distortion by the individual addressed. For those who may be suicidal or homicidal, the results of such disclosures may be irreversible. I believe that the subject of this report should be discouraged from seeing this report.

#### **Records Reviewed:**

- Certified Medical Report From Victoria (Swamy India Medical)
- Medical Records Aarthi Rao
- Vogel MD Affidavit
- Rao NDTV 9/29
- Rao English Interview Nithyananda Latest Sex Scandal 2012
- Rao and Lenin Interview 10/3/12
- Rao Receives blessings (video)

#### **US AFFADAVITS**

- o 2012 April: CA Opposition to Motion for Terminating Sanctions
- o 2012 September: WA Declaration for Bharadwaj Motion for New Trial
- o 2013 MAR MI Motion to set aside default filed
- o 2010 NOV MI Police Report exhibit in bankruptcy
- o 2011 NOV MI Motion to Excuse Debtors Appearance
- o 2013 FEB MI Motion to set aside default filed

- CA Reply Declaration In Support to of Motion for Protective Order July 25 2011
- 2011 NOV MI Affidavit Bankruptcy Nov 10 2011

#### Statement to Indian Authorities

- o 2011 NOV MI Bankruptcy Supplemental Motion Exhibit C
- o Further statement Rao

#### Statements to US Authorities

- Nov 6 2011 Complaint Letter to AAPD
- o Lencioni email 10 08 12
- o Rao email to AAPD Detective Dec 2011

When God is My Son (Undated, estimated to be in 2005) - book

Email to Gowri Rammohan in February of 2010 (2/12/10) alerting her that she can no longer meet up with him. Husband has forbid her from seeing the Swammy. Last known communication.

#### Record Review:

The record review and timeline of alleged events are presented in Attachment A.

#### History of Involvement with the Swamy:

The records indicate Ms. Rao first visited the Ashram in Bidadi, India, in October, 2004 (Bankruptcy Motion, Exhibit C, Nov, 2011). She was accompanied by her parents. She indicated she was having difficulties in her marriage at this time. She references returning to the United States in November, 2004, believing she could save her marriage. In this same document, she claims to have totally accepted the Swamy as her "Satguru", as of December, 2004, which appears to be after having spent a month or so on the Ashram in the presence of her parents. This statement would negate her subsequent claim of being separated from her parents and family, thereby causing her to succumb to the influence (or alleged brainwashing) of the Swami. It also suggests motivational factors for her to elect to immerse herself in the culture of the Ashram in terms of having problems from her marriage at this time. Finally, Ms. Rao's account of succumbing to the influence of the Swamy within one month, while accompanied by her parents, is inconsistent with subsequent claims of being isolated from her family and subjected to mental coercion techniques. It is not feasible that the alleged influence would have been accomplished so rapidly.

As a result of her experience in India, she claims to have quit her software engineering job. She maintains the Swamy advised her to quit. She claims she then returned to the Ashram having just conceived a child with her husband. She alleges to have informed the Swamy of her pregnancy and claimed he told her to abort the pregnancy and to advise her husband she miscarried (medical records from 5/12/09 indicate she is gravida 1, parity 0, with one abortion, which would be consistent with her claim of an abortion). In her filing (Bankruptcy Motion, Exhibit C, Nov,

2011) she claimed to have been emotionally scarred by this abortion. This claim is inconsistent with medical records which fail to reference any adverse emotional effects arising from the abortion.

Thereafter in February, 2005, she claimed the Swamy called her to his room and kissed her. When she objected owing to being married, she claimed he told her it was a path to enlightenment and proceeded to have sex. She alleged sex continued to occur during a trip to St. Louis in April, 2005. Medical records (11/22/05) indicate she was travelling last month (October, 2005) and planned to travel again in December, 2005. A note in her medical records (11/30/05) indicated she was leaving for a 4 month trip to India on 12/1/05. In her Bankruptcy Motion, she alleged slapping and sex with the Swami in January, 2006. It is also noteworthy that during this visit, she was initially staying in the same hotel with her parents, once again calling into question her claim of having been isolated from her family.

In May, 2006, she alleged being taken to a Las Vegas strip club, told to use condoms and to perform for the Swami (Bankruptcy Motion, Exhibit C, Nov, 2011). This is the first reference to the use of condoms. For Ms. Rao to engage in sex without the use of condoms would be surprising given the extensive concerns recorded in the medical records regarding transmitting herpes to her sexual partner, namely her husband.

In August, 2006, against the wishes of her husband, she started a one year residency in the Ashram but did not complete her full year and returned after 6 months (which is the period claimed by her although she appears to have returned in December) due to the health of her husband. This failure to spend the full year in India as intended both undermines her claim to have been brainwashed and not able to exercise decision making as well as again challenges the claim she had, through the brainwashing performed on her, been involuntarily disconnected from her family.

She claimed in April 2007, while visiting Columbus, Ohio, the Swami shouted at her owing to others seeing the condoms in her bag. She then claimed the Swami forced sexual intercourse on her in exchange for enlightenment while at the Ashram in August, 2007. This claim of being forced to engage in sex at this time for enlightenment is puzzling, since she earlier stated that she understood sex with the Swami to have been a path to enlightenment. She also claimed to have been "tricked into intercourse", which once again would be redundant if she were "brainwashed" into seeing sex as a path to enlightenment.

She acknowledged that she stayed in her hometown (US) for most of 2008, recruiting for the Life Bliss organization. Medical records (3/25/09) indicate she told her physician (Dr. Gold), that she returned a week earlier from a 4 month trip to India.

An email exchange dated 7/30/09 with Vimalananda raised issues of sexual involvement by the Swami with many women. Ms. Rao asserted at this time that she has no direct knowledge and nothing like this has happened to her. This would be inconsistent with her later allegations of having been subjected to sexual abuse.

In November, 2009, she acknowledged to Dharmananda she has had sex with the Swami (this is after discussing with Vimalananda the possibility of a lawsuit damaging the Swami's reputation). She alleged planting a camera in the Swami's room on 12/23/09. She left the Ashram for the last time to stay with her parents on 12/25/09. Her husband told her to end her association with the Ashram in January, 2010.

#### Ms. Rao's Allegations:

She is alleging sexual abuse and psychological injury arising from her involvement with the Swami. She claimed to have only had 4 hours of sleep while at the Ashram and the lack of sleep led to brain washing. Subsequent to leaving the Ashram, Ms. Rao has continued to make allegations. Medical records from 6/3/10 confirmed she was living with her husband and had no plans for pregnancy. At this time, it was noted she had a normal mood and emotional state. There was no reference to any emotional issues which she was claiming at this time arising from her allegations of having been sexually abused. The content of the medical records contrasts with the content of a TV news interview (6/9/12), in which she claimed to have contemplated suicide when she discovered the content of the video and that her marriage was shattered as a result. She reiterated the destruction of her marriage in a NDTV interview on 9/29/12. In this broadcast, she also denied having herpes (repeated in a News interview on 10/3/12 and 10/5/12) and claimed to have forgotten her parents and friends while involved with the Ashram. Her statements to the media are inconsistent with the contemporaneous records which fail to show emotional distress, document a history of herpes and continuing contact with her husband and family.

She has also indicated that Vinay Barathwaj was falsely accused of molestation. This statement disregards the legal process in which he was found guilty and acknowledged inappropriate conduct with a minor. In a declaration in support of Mr. Bharadwaj she alleged she witnessed the Swami publicly humiliating him. She claimed she later realized she too was being abused and part of a cult. She continues to claim Mr. Bharadwaj was convicted falsely of molestation in spite of his conviction by agencies having no affiliation with the Swami and subsequent incarceration for crimes committed in the United States. She claimed she was accused of molesting a woman in California. She claimed she was not in California at the time of the alleged crime.

It is her claim that any medical records documenting a history of herpes have been doctored. She is claiming defamation surrounding these records. Given the extensive documentation of herpes in her medical records, her denial appears problematic and raises concerns about her willingness to present information in self-serving ways which may have no relationship to fact.

In a TV interview on 3/5/13, Ms. Rao stated that in 2010 she had been sucked into a dangerous cult. Ms. Rao is claiming the Swami mentally dominated her and abused her repeatedly over five years. She claimed he referred to her as both a mother and prostitute and in addition to engaging in sexual intercourse, slapped her. He asked her to perform a striptease and told her to be ready for him with lipstick and condoms. She also alleges he made her consume alcohol against her will. It would be difficult to reconcile acts of striptease and use of lipstick to her claim of having been lured into sex in order to enhance her path to enlightenment.

After the video recording, she claimed at this point she came to the realization that she was a victim. She claims to have been battling depression since this time which she is attributing to the alleged sexual abuse. Once again, her claim to have been battling depression since December, 2009 is not supported by the subsequent contemporaneous medical records.

In a complaint letter dated 11/6/11 she also invoked a death threat arising from her allegations. She denied video morphing allegations. She alleges these allegations have led to her separation from her husband. It is her contention that her husband has been dragged into it, lost his job and her marriage has been destroyed.

#### Medical Records: Ms. Rao

I have reviewed medical records of Ms. Rao which indicate a diagnosis of genital herpes as of 2/16/04 along with concerns about STDs. These records, to the extent they are authentic, confirm the diagnosis of herpes prior to her allegation of involvement with the Swami and contradict her public denials of having herpes.

In June, 2005 she was noted to have a normal mood and emotional state. In July, 2005 she was noted to have both genital and oral herpes. She was also noted to have been monogamous with her husband. This would have been after her alleged sexual involvement with the Swami. She did not disclose her alleged sexual involvement at this time to her physician but did disclose extra-marital sex that occurred in 2009 to her physician in June, 2010. This indicates the absence of barriers for Ms. Rao in terms of discussing sexual activity with her physician. As a result, if she had been sexually active outside of her marriage prior to 2009 it would be reasonable to have expected this to have appeared in the medical records.

In November, 2005 she was noted to have lesions in the perianal area with a history of similar lesions noted. She was leaving for India for a 4 month trip. A note from August, 2006 showed that she had a history of herpes lesions for 10 years. She was under increased stress from planning a 6 month trip to India. It was noted she has outbreaks more than every two months. By November, 2007, her outbreaks were noted to be monthly with involvement of the thigh, anal, buttock, genital and oral areas.

In September, 2009 her mood was noted to be good, having recently returned from India. In April, 2009, she was reported to have had a seven week rash around her mouth while traveling in India. She was noted to use condoms with her husband to prevent spread of the virus. She was noted to be living with her husband and planning to move with her husband to India to be closer to her family. She was reported to have a normal mood and emotional state. She was also diagnosed with flat warts on her chin.

From her visit in June, 2010, it was noted she had exposure to a new partner one year earlier, which would make it 2009. Although she had used condoms, she was reported to have concern whether, through oral or vaginal penetration, she was exposed to a STD. She was noted to have a normal mood and emotional state.

She was seen in October, 2010, with raised areas on her upper lip. Her mood was again noted to be normal. This is now ten months after her alleged discovery of abuse and there is no mention in the medical records of any departure from her normal mood state.

#### Comment on the Medical Records:

These records confirm the presence of herpes prior to her allegation of sexual involvement with the Swami. They also confirm her awareness of the potential for transmission. As a result, she and her husband used condoms. The records indicate she conveyed to her physician that she had an extra-marital partner in 2009 and was concerned about having contracted a sexually transmitted disease. The timing of this extra-marital affair would not comport with her claim to have been sexually involved with the Swami, since it is not clear why she would have revealed this at this time to her physician, had it been going on for four years by then, or why she would have been worried about a sexually transmitted disease if she were still under the assumption the Swami was not sexually active.

The medical records are inconsistent with her claim to have been emotionally devastated by the alleged experience with the Swami or that she was separated or disconnected from her husband and family arising from the alleged brainwashing. The records indicate the contrary, with continued contact with her family and husband.

#### Medical Records of the Swami:

I have also reviewed medical records of the Swami. Dr. Vogel found hormonal profiles strongly indicative of erectile dysfunction (ED), with inadequate and asymmetrical penile blood flow also associated with ED. His appearance in terms of his moon face and obvious gynecomastia were noted to suggest an endocrine disorder which would be a cause of impotence arising from a chronic and longstanding disorder. It was noted that he is known to have diabetes (since 2004), hypertension (since 2003), and dyslipidemia, all of which are known to cause erectile dysfunction. His self-report of an absence of sexual urges, masturbation, spontaneous erections and nocturnal emissions would be consistent with both the medical findings and his claim he is incapable of sexual acts. His compromised state would make suggest difficulties using condoms. His testosterone level at 12.50 ng/dl was noted to be low and can be compared to the normal range of between 280 to 1100ng/dl. His anti-body to herpes was negative which would be surprising given the active nature of Ms. Rao's herpes and her claim that they were engaging in sexual activity over a period of several years.

#### Discussion and conclusions:

Ms. Rao is claiming she was dominated to the point of being sexually abused by the Swami. Her allegations involve the claim of having been brainwashed. This alleged state, according to her claim, led her to be under the influence of the Swami and unable to exercise free will. In this state, she claims to have been sexually abused over five years. She is claiming that she was separated from her family and arising from brainwashing tactics employed by the Swami, came under his influence.

Medical records of the Swami, reviewed by Dr. Vogel, show him to have significant medical issues which would put in doubt his sexual function along with any sexual appetite. He also tested negative for herpes which would be surprising if he had as alleged by Ms. Rao engaged in oral and vaginal penetration repeatedly over several years, given the active status of her herpes, with monthly outbreaks affecting her mouth, genital area, anus, thighs and buttocks. Medical records from Ms. Rao show a history of poorly controlled herpes, affecting extensive areas of her body, including her genitals, buttocks, anus, thighs and mouth. She was noted to have had outbreaks every month and used condoms to prevent exposure to her husband. Medical records show her to have been diagnosed with genital herpes from at least 1996 and this to have been poorly controlled.

Over the course of her medical treatment, her mood and emotional state was noted to be normal over the course of time she claimed to have been abused by the Swami and subsequent to her allegations of abuse. There is no evidence of any change in her mood during the time she alleged abuse and subsequent to her claim to have become aware of her abuse. Similarly, there is no evidence she availed herself of any mental health treatment and medical records confirm the absence of any mental health referral.

The records note an extra-marital encounter in 2009 and her desire to be tested for STD's. An extramarital encounter would not be consistent with her claim of being brainwashed by the Swami. It also precludes the Swami as the participant since she is claiming a sexual relationship with the Swami that predated this extramarital sexual encounter by several years, since she appears to have been precise in the timeframe of the extramarital encounter. If it were the Swami, it is not clear why she would be requesting testing in 2009 if the relationship had been ongoing since 2005, unless her alleged awareness of his duplicity in being involved with other women led to her concern about sexually transmitted disease. If it were not the Swami, having sex with someone else would undermine any claim of being brainwashed and sexually controlled by the Swami. In view of her awareness of the potential to infect others and her precautions to prevent her husband becoming infected, it would be both surprising that she would engage in sex with the Swami, knowing he could become infected and presumably if he contracted herpes be then identified as the person having infected him.

Aside from the claim to have been brainwashed, the various records and public appearances reviewed raise a number of concerns regarding inconsistencies. Ms. Rao adamantly denied having herpes in her media appearances. It is not clear why she would need to address that and having done so, why she would misrepresent this, since the medical records show an extensive history affecting multiple areas of her body and active disease on a monthly basis, along with ongoing treatment. It is also noteworthy that she reported to her physician that she had been in a monogamous relationship with her husband. She asserted, apparently inaccurately, that "I have never had a relationship with anyone else", when her medical records indicate an extramarital sexual relationship. Her assertion of being monogamous is consistent with her not having been involved with the Swami. However, she has asserted both being monogamous and having had an extra-marital affair. These statements are clearly inconsistent, as is her claim she does not have herpes. She initially denied any sexual involvement with the Swami and then claimed to have been sexually abused. She has also claimed emotional injuries which are contradicted by contemporaneous medical records. These statements raise concerns about the reliability of her

report, suggesting both an ongoing license with facts and a willingness to make statements that are self-serving without substantiation and at odds with the data.

In summary, Ms. Rao is claiming an emotional injury arising from her involvement with the Swami. She is maintaining she was subject to brainwashing that caused her to engage in sex acts against her will and volition, which have led to adverse emotional consequences. Notwithstanding compelling medical evidence that suggests a lack of sexual interest and function on the part of the Swami, there is no independent confirmation of these alleged sexual acts. Her public statements are inconsistent with medical records showing her to have a history of active herpes along with her statement to her physician, reflected in contemporaneous medical records, of being in a monogamous relationship with her husband, while she was claiming to have been having sex with the Swami. She later confirmed an extramarital sexual encounter on one occasion only in 2009 and brought this to the attention of her physician owing to being concerned about disease transmission. She is attributing her marital dissolution on what she alleges happened with the Swami. Contemporaneous medical records from 6/3/10 indicate she is living with her husband. At this time her mood was found to be normal. These records indicate that six months after the alleged video she is with her husband, sexually active with her husband and shows no signs of emotional distress or emotional injury. She is claiming that subsequent to this her marriage dissolved. Subsequent to this her husband was served with a summons (September, 2011). She is claiming that her alleged involvement with the Swami led to the dissolution of her marriage, although has demonstrated that she is an unreliable historian. It is also noteworthy that she reported marital issues in 2004, which suggests marital issues preceded the claimed conduct with the Swami.

She attributes the sexual abuse to becoming helpless in the face of the teachings of the Swami, leading her to develop a state of powerlessness which disabled her ability to exercise free will. While there is a literature on the influence of cults, which attempts to explain the way in which such organizations modify values and belief systems through techniques of isolation, exposure and privation, it is simplistic and unfounded to think of a person losing complete control. The operation of such techniques requires the recipient to be motivated to embrace the values being proposed, usually for reasons of self-benefit or the avoidance of negative consequences. In this case, Ms. Rao was both educated and maintained involvement with her family both in India and in the United States during the time she claimed the abuse was occurring. She has a BA in mechanical engineering. She has a loving family with proud parents and is married to a person of her choice. At no time was she isolated from her family, exposed to protracted periods of privation or spent extended time on the Ashram separated from her family.

The timing of the alleged sexual activity is problematic. She claimed she both aborted a pregnancy and engaged in sex in January and February, 2005 after declaring herself as totally accepting the Swami by December, 2004. During the month she spent in the Ashram, she had been accompanied by her parents who appeared to have also been present when she again alleged sexual contact. It is problematic to suggest that she would have been under the influence of the Swami in such a short period of time, given the presence of her parents and her continuing connection to her Western lifestyle, since she travelled back and forth and does not appear to have spent any extended periods in the Ashram and was never isolated from her family. This would not be consistent with her claims of being isolated and brainwashed.

Medical records indicate ongoing medical care during the period of time she is claiming to have been brainwashed and under the influence of the Swami. The content of her medical records show her comfort raising sexual issues, including extra-marital sexual activity, which appears to have been portrayed as elective on her part. The medical records demonstrate her comfort and willingness to discuss sexual and personal matters with her physician and yet no mention was made of her alleged brainwashing or sexual encounters with the Swami. She did mention to her physicians her intent to travel to India but did not mention any negative issues. There is no record of any departure from her reported normal mood prior to or following the alleged discovery of sexual abuse. This is inconsistent with her claims. The only departure from her normal mood reflected in the medical records would be the note of anxious emotions on 3/25/09, which may have stemmed from the possible spread of her herpes to her face.

She is claiming to have sustained a psychiatric injury arising from the claimed involvement with the Swami. She is claiming an emotional injury arising from her alleged discovery of sexual abuse. Several elements of this claim remain problematic. These include her claim of being brainwashed. Even if it were accepted to be possible, her experience at the Ashram would not conform to the prerequisites for brainwashing. Also problematic would be her alleged apparent willingness to engage in sex in spite of her active herpes disease, the claim that she was not aware of the sexual abuse but was aware of an extramarital sexual act during this time, her willingness to engage in extramarital sex while claiming only to have sex with her husband, the Swami's apparent sexual incompetence from a medical and physiologic standpoint and the absence of any evidence from the medical records of any adverse emotional effects.

Contemporaneous medical records track her emotional state and confirm the absence of any psychiatric issues. There is also no evidence of any mental health treatment.

In summary, the records indicate significant inconsistencies with Ms. Rao's account, which show her to be an unreliable historian. Her willingness to deny having herpes and to issue conflicting statements - that she is claiming to have been monogamous when she is also disclosing an extramarital sexual relationship; that she was not sexually abused by the Swami and then alleging that she was sexually abused – raise concerns about motivational factors undermining the reliability of the data. Her claim of ongoing sex with the Swami is problematic owing to the Swami's medical history which would be consistent with his denial of sexual interest and function, along with her history of active herpes on her part, which would raise questions about her claimed willingness to have unprotected sex with anyone given the likelihood of disease transmission. While, she is claiming an emotional injury arising from the apparent discovery that she was a victim of what she is alleging to have happened and her having been brainwashed, contemporaneous medical records fail to show any distress or support her claim of her experience with the Swami setting in motion symptoms. She is claiming the onset of symptoms followed her alleged discovery of sexual relationships at the end of 2009. Contemporaneous medical records not only fail to demonstrate symptoms but confirm a normal mood and absence of emotional difficulty. It is concluded that there is no evidence to support her claim of sexual involvement. There is no evidence to support her claim of brainwashing. There is no evidence to support her claim of emotional injury arising from her involvement with the Swami.

Thank you for the opportunity to review these records.

## Yours sincerely

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