

EDITORIAL

REFLECTIONS ON ALLEGATIONS OF RITUAL ABUSE

Richard P. Kluft, M.D.

Intentional cruelty and systematic violence are no strangers to human history. Few eras, despite their pretensions to civilization and refinement, have been without their darker undertones and more repugnant aspects. Under the placid veneer of the ostensibly most highly civilized cultures, serious abuses, especially of the powerless, have remained commonplace. Across the centuries man has demonstrated a remarkable and far from admirable capacity to see but not see the mistreatment accorded to others, and to distance himself from appreciating and empathizing with the plight of those whose misfortune does not immediately affect his own private and personal circumstances (Goodwin, 1985).

In the technologically advanced but far from ideal world of the late twentieth century, the same traditional but deplorable circumstances prevail. Racial and religious persecution have not disappeared. Those who work with the victims of family violence are not in danger of obsolescence. Repugnant atrocities are committed in the course of both military and civilian struggles for power and domination. Centers have been established to treat the victims of political torture. Our great-grandparents and grandparents remember the Armenian Genocide at the hands of the Turks. We and our parents recall the Holocaust, the extermination of millions of Jews at the hands of Nazi Germany and its collaborators. We are all too familiar with news accounts of the doings of terrorists and death squads. Our daily work as mental health professionals exposes us more regularly than we would like to the impact of the deliberate and sustained brutality of one man to another.

Recently, within the span of a very few years, we have come to appreciate that incest, long thought to be uncommon in fact and most often reported when fantasy was mistaken for reality, is a rather mundane form of family violence, whose victims constitute as much as one sixth of the North American female population (Russell, 1986). Somehow incest has managed to grow and flourish in our midst, and we, as individuals, as families, as professionals, and as societies, have found ways to not see what was before our eyes, and ingeniously contrived not to organize our perceptions in a manner that allowed us to behold what was happening, and understand it for what it was. Elsewhere (Kluft, in press), I have discussed this as "the apparent invisibility of incest." Although the process has been difficult and painful, we are coming to grips with the fact and the unsettling frequency of incest and appreciating the dynamics of our longstanding blindness to it. Its reality and importance are increasingly accepted by society and by the mental health professions.

Viewed in the broad historical context of man's inhumanity to man, and coming to the attention of the mental health professions in the aftermath of the acknowledgement of incest and other forms of child abuse as all too common and appallingly real human tragedies, the more recent and increasingly common phenomenon of a patient (usually with a dissociative disorder) making allegations that she or he has been a victim of and/or an active participant in some form of ritual abuse, usually satanic ritual abuse, loses some of its immediate shock and strangeness. It nests readily with the atrocities perpetrated by the Nazis, the exploitation of children by their parents, and the systematic use of torture and murder in all too many parts of the world.

Such accounts are being reported to therapists in increasing numbers, and have been the subject of considerable media interest and exploitation. Earlier this year, while public uproar regarding satanism was at a fever pitch, and vociferous criticisms were being voiced of the 1988 Geraldo Rivera special on this subject, the skeptical backlash to this television show ran full tilt into the grisly facts of the Matamoros massacre.

Clinicians and scientific investigators in the field of the dissociative disorders have become quite concerned, often conflicted, and on occasion frankly polarized over the subject of ritual abuse. It is difficult indeed to know what to make of such accounts, because there is little hard data upon which to rely, and because, in my opinion, forceful and ostensibly authoritative but grossly irresponsible statements on the basis of inadequate information and documentation have been made in both the media and in scientific forums both by those who are firmly convinced that such accounts are credible, and by those who believe them to be confabulations and/or utter nonsense. I include clinicians, scientific investigators, and law enforcement officials in this indictment.

We are at a curious moment in the scientific study of such allegations. We are still in the process of correcting generations of misperception with regard to the pathogenic influence of real trauma. We are fresh from the experience of unearthing the secret epidemic of widespread incestuous abuse that had blighted the lives of millions while society looked the other way. Clinicians in many parts of North America and in European countries as well are hearing remarkably similar accounts of ritualistic abuse from many patients. Many of these clinicians have never used hypnotic or other intrusive inquiries. Is it not possible that we will find an even more sinister set of practices in our midst, against the discovery of which we are even more defended?

Yet we are also at a point in time when we appreciate all too keenly the vicissitudes to which human memory is vulnerable (Wells & Loftus, 1984), especially when hypnotically refreshed or hypnotically recovered memory is in question (Orne, 1979; Pettinati, 1988). The more one presses for data, the higher is the likelihood that a number of powerful forces will make it possible for some inaccurate material to be reported. These phenomena seem well established in the laboratory situation, but controversy persists as to whether such findings hold true for the material of genuine life events. Dissociative disorder patients are highly hypnotizable as a group, and show many autohypnotic features. Is it not possible that we will find that clinicians and patients alike have unwittingly induced and repeated, or have simply misinterpreted such distortions, and unknowingly contributed to a contagious misperception that is giving rise to a modern legend with potential for untold damage?

In contemporary discussions of allegations of ritualistic abuse each of these points of view has developed a momentum of its own, a momentum that at times seems to overwhelm or disregard both caution and the information and arguments offered by advocates of the alternative position. That many recovered memories can be verified (Herman & Schatzow, 1987) does not mean all recovered memories can be assumed to be accurate; that some recovered memories are inaccurate, confabulated, or contaminated (M. Orne, Soskis, Dinges, & E. Orne, 1984) does not mean that all recovered memories should be considered suspect or rejected *a priori*. Any experienced clinician has seen information that first appeared to be "solid gold" prove to be fashioned of a baser metal, and has witnessed the irrefutable proof of accounts that at first glance appeared too incredible to be given the slightest credibility (Greaves, 1989). In my own practice I have seen instances of materials that I, conscientiously and in good faith, interpreted to be incest fantasies in the mid-1970's, only to find the incest confessed by the then-alleged perpetrators a number of years later. Elsewhere I have tried to summarize my clinical experience. After acknowledging and emphasizing the importance of real trauma in the genesis of multiple personality disorder, I nonetheless noted "that material influenced by intrusive inquiry or iatrogenic dissociation may be subject to distortion. In a given patient, one may find episodes of photographic recall, confabulation, screen phenomena, confusion between dreams or fantasies and reality, irregular recollection, and willful misrepresentation. One awaits a goodness of fit among several forms of data, and often must be satisfied to remain uncertain" (1984, p. 14).

The phenomenon of allegations of ritual abuse requires serious study. On the one hand, there is too much information from too many independent sources to discard the subject peremptorily as unworthy of thoughtful consideration. On the other, the information is too anecdotal, fragmentary, and unconfirmed to embrace it as having attained the standing of established knowledge. It is crucial that responsible inquiry not yield to irrational pressures to embrace prematurely either a credulous or rejecting stance toward the phenomenon of the allegation of ritual abuse.

Granted, the clinician on the firing line would deeply appreciate a firmly rooted sense of certainty as to what is transpiring when his or her patient voices such material, but such "certainty" as has been offered up to this point in time leaves much to be desired.

Even as I advocate an open-minded but cautious circumspection as a scientific *modus operandi*, I appreciate the difficulties (and at times the ethical and practical impossibilities) involved in such a stance. Imagine the moral as well as the scientific and clinical dilemma of the caring clinician whose considered opinion is that his or her patients are revealing the existence of a hidden holocaust involving the widespread degradation and destruction of human life! Such a person is mindful of mankind's history of denying, both willfully and unconsciously, the reality and the true dimensions of wrongful behaviors that are in fact occurring, and is sensitive to the fact that other conscientious colleagues are hearing similar accounts and are genuinely concerned as to their implications. Should he or she be silent, emulating the "good Germans" who did not speak of the atrocities in their midst, and by his or her silence became a facilitator? Should such a person not speak out, even at risk of squandering his or her credibility?

What of the circumstances of the concerned professional who genuinely believes that to give credence to such reports is to participate in a mindless mass hysteria that will wound countless parties who have not in fact committed the acts that they are alleged to have perpetrated? Should he or she join in what he or she perceives to be a present-day witch-hunt, should he or she be silent, and tacitly stand by as efforts are set in place that could do irreparable harm to innocent individuals, or at least to individuals who may have behaved wrongly, but may not have committed the heinous crimes with which they could be charged? Should not such a person speak out, even at the risk of being considered a cynical and uncaring individual insensitive to the plight of the abused and prepared to inflict, by his or her disbelief, a further hurt on a victimized population?

I end this series of observations and reflections with the fervent hope that moderate and responsible voices will prevail in the further discussion and investigation of this issue. I accept the inevitability of controversy and disagreement in the matter of allegations of ritual abuse, and look forward to the time when this matter will be clarified and resolved. In the meantime, we must do our best for the patients who present with allegations of ritual abuse, and must do so in the midst of great uncertainty. Many aspects of the dilemma raised by such allegations are not within the province of the mental health professions to explore. Much of the responsibility for the resolution of the matter of ritual abuse will fall upon the law enforcement community, which must respond to numerous pressing mandates of far higher priority, and do so with unrealistically stringent budgets and manpower constraints that hamper their best-intentioned efforts. It is understandable albeit unfortunate that many years may pass before we are able to understand patients' allegations of ritual abuse as well as we understand their accounts of incest and more familiar abuses and exploitations (about which we still have much to learn).

For the moment, we must be content as scientific investigators to begin to study how to study these materials. Here George Ganaway's article in this issue joins the paper by Hill and Goodwin in the March, 1989 issue of DISSOCIATION in contributing to the establishment of such a foundation. In our clinical work, we cannot allow the strange and often unnerving nature of such materials to distract us from providing our patients with the most informed, responsive, and responsible care of which we are capable.

Richard P. Kluft, M.D.

REFERENCES

- Goodwin, J.M. (1985). Credibility problems in multiple personality disorder patients and abused children. In R.P. Kluft (Ed.), *Childhood antecedents of multiple personality*. Washington, DC: American Psychiatric Press.
- Greaves, G.B. (1989). Observations on the claim of iatrogenesis in the promulgation of MPD: A discussion. *DISSOCIATION*, 2, 99-104.
- Herman, J.L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology*, 4, 1-14.
- Hill, S., & Goodwin, J. (1989). Satanism: Similarities between patient accounts and pre-inquisition historical sources. *DISSOCIATION*, 2, 39-44.
- Kluft, R.P. (1984). Treatment of multiple personality disorder. *Psychiatric Clinics of North America*, 7, 9-29.
- Kluft, R.P. (in press). On the apparent invisibility of incest: Personal reflections on things known and forgotten. In R.P. Kluft (Ed.), *Incest-related syndromes of adult psychopathology*. Washington, DC: American Psychiatric Press.
- Orne, M.T. (1979). The use and misuse of hypnosis in court. *International Journal of Clinical and Experimental Hypnosis*, 27, 311-341.
- Orne, M.T., Soskis, D.A., Dinges, D.F., & Orne, E.C. (1984). Hypnotically induced testimony. In G.L. Wells & E.F. Loftus (Eds.), *Eyewitness testimony: Psychological perspectives*. New York: Cambridge University Press.
- Pettinati, H.M. (1988). *Hypnosis and memory*. New York: Guilford.
- Russell, D.E.H. (1986). *The secret trauma: Incest in the lives of women and girls*. New York: Basic Books.
- Wells, G.L., & Loftus, E.F. (Eds.) (1984). *Eyewitness testimony: Psychological perspectives*. New York: Cambridge University Press.