MULTIPLE PERSONALITY DISORDER AND SATANIC RITUAL ABUSE: THE ISSUE OF CREDIBILITY

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ABSTRACT

The issue of satanic ritual abuse has gained widespread public and professional attention in the past 10 years. During therapy, many adult MPD (multiple personality disorder) patients describe memories of such abuse beginning in childhood. Simultaneously, there are pre-school children reporting current incidents of sexual and physical abuse involving satanism in day care settings. Professionals specifically addressing the day care cases have attempted to delineate features which distinguish ritual abuse from traditional conceptualizations of child abuse. The characteristics of ritual abuse which they have identified are presented, as well as similarities and differences between the child and adult MPD patients' reports. Inevitable questions regarding the validity and accuracy of MPD patients' satanic abuse memories are explored. The substantiated occurrence of ritual abuse in contemporary, non-satanic, dangerous cults is discussed as a framework for considering the authenticity of MPD patients' satanic abuse accounts. It is proposed that an attitude of critical judgement concerning reports of satanic ritual abuse is necessary, to avoid either denying the issue or overgeneralizing the nature and extent of the problem.

Reports of satanic ritual abuse began emerging publicly in the early 1980s. Accounts continue to come from the television and news media, law enforcement sources, psychotherapists, clergy simultaneously involved in mental health professions, and both child and adult survivors. While professional literature on the topic of satanic ritual abuse is nearly non-existent, concern about the issue is becoming increasingly widespread among many professional groups and the public.

For example, organized lay groups are providing concerned citizens with educational material and linking survivors with professional resources. Adult survivors have begun networking and forming support groups. Published accounts alleging and describing satanic ritual abuse are beginning to emerge (e.g., Antonelli, 1988; Marron, 1989; Smith & Pazder, 1980; Spencer, 1989). Law enforcement seminars, emphasizing the recognition and proper investigation of ritualistic and occult-related crimes, are occurring nation-wide. The topic of satanic ritual abuse is being addressed at conferences sponsored by numerous psychiatric and psychological organizations, including the International Society for the Study of Multiple Personality and Dissociation, the National Coalition Against Sexual Assault, the National Conference on the Sexual Victimization of Children, the U. C. Berkeley Rape Prevention Education Program, and several regional groups in the United States studying and treating MPD. In 1989, major papers and workshops on satanic ritual abuse were presented at conferences in California, Colorado, Georgia, Illinois, North Carolina, Ohio, and Virginia.

Ritual abuse may or may not have satanic overtones. However, many of the allegations of ritual abuse which have surfaced over the present decade specifically implicate allegiance to or worship of Satan as the basis for accomplishing or justifying the ceremonial activities performed. Although the prevalence of satanic ritual abuse is not known, its involvement in a variety of social contexts and diverse belief systems has been reported. Highly secretive and rigidly structured cults have been implicated, as well as groups exploiting day care centers, groups disguised as traditional religious structures, families (including multigenerational involvement), small self-styled adolescent groups, child pornography and drug rings, and individuals acting either independently or within loosely knit groups (Brown, 1986: Gallant, 1986, 1988; Gould, 1986, 1987; Kahaner, 1988; Young, 1989).

Attitudes, values, purpose, degree of dangerousness, number of members, nature of individuals' involvement, type of organizational structure, and degree of secrecy and isolation from society are reported to vary among different satanic contexts. Additionally, those who are investigating, writing, and speaking about satanic ritual abuse differ in their assessments of the nature and magnitude of dangerous satanic activity, and the degree of organization and networking between satanic groups.

Whether satanic ritual abuse is described within a theistic or atheistic belief system, and whether spiritually, philosophically, politically, socially, or personally motivated, the atrocities being reported are profoundly similar among two survivor groups currently receiving attention from law enforcement and mental health professionals: adult survivors describing experiences of satanic ritual abuse beginning in childhood (Braun, 1989b: Braun & Gray, 1986, 1987; Braun & Sachs, 1988; Kahaner, 1988; Olson, Mayton, & Kowal-Ellis, 1987; Young, 1989), and pre-school children reporting

current incidents in day care settings (Believe the Children, 1989; Gould, 1986; Hudson, 1988; Kagy, 1986; Kahaner, 1988). The comparability of both the child and adult accounts is said to transcend geographical and relationship boundaries, with descriptions emerging from both survivor groups revealing common themes, behaviors, symbols, and paraphernalia. Assuredly, the possibility of cross-contamination of accounts exists when, for example, a group of suspected or potential victims seems to be involved in a single day care case, or when adult contemporaries are aware of the details of others' reports. However, one can not discount the similarity of accounts given spontaneously and independently by individuals who are unrelated personally, geographically, or through shared knowledge.

DEFINITIONS

Pazder first introduced the term, "ritualized abuse," in 1980 to describe the experiences of an adult survivor disclosing satanic abuse memories. He defined the phenomenon as "repeated physical, emotional, mental, and spiritual assaults combined with a systematic use of symbols, ceremonies, and machinations designed and orchestrated to attain malevolent effects" (Pazder cited in Kahaner, 1988, p. 201). Subsequent definitions have emerged primarily from professionals addressing ritual abuse in child care settings. Finkelhor, Williams, Burns, and Kalinowski (1988) elaborate Pazder's view, defining ritual abuse as "abuse that occurs in a context linked to some symbols or group activity that have a religious, magical or supernatural connotation, and where the invocation of these symbols or activities are repeated over time and used to frighten and intimidate the children" (p. 52).

Kelley (1988) refers to ritual abuse as "repetitive and systematic sexual, physical, and psychological abuse of children by adults as part of cult or satanic worship" (p. 288). Conversely, Gallant (1986, 1988), a San Francisco police investigator, contends that satanism is not necessarily a factor in child ritual abuse cases, even when reports include descriptions of symbols, paraphernalia, or activities which appear satanic. Emphasizing the highly specific nature of satanic ritual abuse, Gallant (cited in Kahaner, 1988) strongly cautions professionals against automatically or prematurely linking cases of child ritual abuse with organized satanism.

In Gallant's view (1986), three categories of individuals may be involved in crimes with satanic overtones: the traditional satanist, who is part of an organized religious group worshipping Satan as a legitimate spiritual force; dabblers, comprised of individuals using the guise of religion, in this case satanism, to justify criminal activities; and a youth subculture of teen and pre-teenage satanists, whose introduction to satanic practices may be influenced by a general interest in the occult, excessive involvement in fantasy role playing games, and fascination with destructive themes portrayed in black and heavy metal music. Drug abuse has also been linked to satanic practices of adolescents (Bourget, Gagnon, & Bradford, (1988).

Speaking more recently, Gallant (1988) adopts a different scheme when considering ritual abuse specifically involving contemporary children in day care settings. Her first category encompasses those cases which appear truly spiritually motivated, as well as other cases in which a spiritual structure is adopted, not for the purpose of worship, but to justify criminal activity. She acknowledges that spiritually motivated ritual abuse may involve, but is not limited to, some occult or satanic groups. Gallant's second category includes situations in which ritualistic activity is utilized to intentionally confuse the issue, intimidate and discredit young victims, and prevent detection and prosecution of the perpetrators. While there may be an overt emphasis on ritualism, the underlying structure in such cases may actually involve organized pornography and adult-child sex rings. Her third category includes cases of psychopathological ritualism as defined below by Finkelhor et al.(1988).

The most clear and comprehensive definitions are presented by Finkelhor et al. (1988), who propose a threefold typology distinguishing between the following forms of ritual abuse: true cult-based ritualistic abuse, pseudo-ritualistic abuse, and psychopathological ritualism. The essential features of true cult-based ritualistic abuse are "the existence of an elaborated belief system and the attempt to create a particular spiritual or social system through practices which involve physical, sexual and emotional abuse" (Finkelhor et al., 1988, p.54). Pseudo-ritualistic abuse, while sometimes appearing similar to the true cult-based activity, involves practices which are primarily directed toward the abuse of children, rather than the practice of an elaborate spiritual or social belief system espoused by the adults. Finally, in psychopathological ritualism, the authors define the ritualistic activity as part of an individual or group's obsessive or delusional system. There is neither an underlying ideological structure supporting the abuse, nor a primary intention to intimidate children in such cases.

Clearly, there are no definitions of ritual abuse and its variants which professionals currently agree upon. The inconsistent and sometimes idiosyncratic use of terms leads to confusion for those attempting to treat survivors, and to accurately identify, describe, and categorize ritual abuse cases. Furthermore, the semantic discrepancies create a multitude of problems in collecting, reporting, and interpreting patient data for greatly needed research in this area.

RITUAL CHILD ABUSE IN DAY CARE SETTINGS

While terms are defined somewhat differently, and though methodological problems with data collection and interpretation are apparent in some of the day care studies beginning to emerge, ritual abuse can be differentiated from traditional child abuse in several fundamental ways. Many professionals note that explicit features of day care ritual abuse indicate an extreme departure from previously accumulated data on child abuse (Believe the Children, 1989; Finkelhor et al., 1988; Gould, 1986; Hudson, 1988; Kagy, 1986; Summitt, 1989; Kelley, in press). These professionals cite the following characteristics of contemporary child reports which distinguish ritual abuse as a unique form of maltreatment.

Day care ritual abuse accounts usually implicate multiple non-familial perpetrators and multiple victims. Female

perpetrators are nearly always reported. Characteristically, very young children and children of both sexes are said to be involved. Extreme forms of coercion and intimidation are typically reported, including threats of death and demonstrations that perpetrators possess magical powers. Extended, severe, and bizarre types of sexual abuse are frequently described, including penetration with objects, and forced sex between children and between children and adults. Physical and emotional abuse are reported as well, for example threats with weapons and the use of various forms of bondage. Children's disclosures often cite pornography and drug use as components of the abuse. Many reports allege cruelty to animals, or the mutilation and sacrifice of animals or human beings. Practices linked to satanism are often reported. Children frequently describe chanting or singing, the presence of symbols, costumes, masks, candles, and the ceremonial use of blood, urine, and feces. Finkelhor et al. (1988) found the ritualistic cases in their national study of substantiated day care sexual abuse to be the ones "whose allegations seemed to most strain public and professional credulity. . . (and) in which the children appeared to have suffered the most serious and lasting kind of damage" (p. 32). This impression is supported by the work of Kelley (in press).

Many professionals attempting to decipher the day care cases have encountered mammoth organizational, legal, and clinical difficulties compounded by media attention and sensationalism, and by extreme reactions from colleagues and the public (for example, the Country Walk, McMartin, Fort Bragg, Presidio, and West Point cases). Frequently, the result has been a loss of credibility for the psychotherapists, protective service workers, law enforcement officials, and children involved (Crewdson, 1988; Finkelhor et al., 1988; Gallant, 1988; Hollingsworth, 1986; Kahaner, 1988).

MPD AND SATANIC RITUAL ABUSE

A large number of adult MPD patients in psychotherapy are reporting memories of explicitly satanic ritual abuse beginning in childhood. The authors of two limited surveys, conducted with a select group of MPD therapists, suggest the percentage of reported satanic ritual abuse in the MPD population to be 20% (Braun & Gray, 1986) and 28% (Braun & Gray, 1987). A survey by Kaye and Klein (1987) reveals that 20 of the 42 MPD patients in treatment with seven Ohio therapists describe a history of satanic ritual abuse. Hopponen (1987) states that 38 of the more than 70 MPD patients she has treated report memories of "satanic-type ritualized abuse" (p. 11). Two inpatient facilities specializing in the treatment of MPD report that approximately 50% of their patients disclose memories of satanic ritual abuse (Braun, 1989a; Ganaway, 1989).

Similar accounts of satanic ritual abuse are being reported by personally unrelated MPD patients from across the United States (Braun, 1989b; Braun & Sachs, 1988; Kahaner, 1988; Sachs & Braun, 1987). In addition, according to Braun (1989b), the reports of patients in this country are similar to data collected from adult survivors in England, Holland, Germany, France, Canada, and Mexico, though Braun does not reveal the number of individuals surveyed or the details of their accounts.

Brown (1986), noting many similar allegations in child and adult satanic ritual abuse accounts, suggests that reports are not only comparable across geographical and personal boundaries, but across generations as well. However, it is probably premature to conclude that day care reports and the experiences described by adult survivors represent the same phenomenon. While accounts from the two groups share some common features, there are also important differences between them. Clear distinctions include the reported duration of the abuse and the length of time between onset of abuse and disclosure, the dynamics of disclosure, the effectiveness over time of injunctions against disclosure, the setting in which the abuse is said to occur, the reported involvement of familial versus extrafamilial perpetrators, and the degree to which elaborate training, indoctrination and initiation into an intricate group belief system are described as essential aspects of the abuse. While the descrip tions given by many adult survivors appear characteristic of Finkelhor et al.'s (1988) true cult-based ritualistic abuse, often the day care cases suggest a variety of motivations, only one of which may be true cult-based activity.

THE CREDIBILITY ISSUE

The issue of credibility is the first hurdle professionals and the public must confront when dealing with MPD patients' reports of satanic ritual abuse. Survivors' accounts reveal activities which are not only criminal, but deliberately and brutally sadistic almost beyond belief. The very nature of the atrocities which survivors describe challenges their believability by the public, the legal system, the clergy, and the psychotherapeutic community. MPD patient's reports of satanic ritual abuse have yet to be substantiated, and the lack of corroborating evidence compounds the disbelief.

Goodwin (1985), in addressing therapist incredulity toward MPD and child abuse, discusses disbelief of patients' reported experiences as a countertransference issue "rooted in personal defenses against fear, guilt, and anger" (p.7). Suggesting that patients' most extreme allegations are those most likely to be defensively denied, Goodwin states that, "Physicians can be counted on to routinely disbelieve child abuse accounts that are simply too horrible to be accepted without threatening their emotional homeostasis. Stories that will be disbelieved include those involving genital mutilation, the placing of objects into the vaginal, anal, or urethral openings, incest with multiple family members, incest pregnancies, and the protracted tying down or locking up of children." (1985, p. 7-8)

MPD patients' descriptions of extraordinarily sadistic and prolonged experiences of satanic ritual abuse would seem to be particularly vulnerable to therapists' self-protective incredulity. From another prospective, Hill and Goodwin (1989) suggest that skepticism about the legitimacy of patients' satanic abuse memories may relate to therapists not having a framework "within which such frightening and often fragmentary images can be assembled, organized and understood" (p. 39).

Clinicians who believe in the legitimacy of survivors'

accounts of satanic ritual abuse point to the comparability of reports given spontaneously and independently by personally and geographically unrelated individuals. Similar intricate (and at times elaborate) descriptions of satanic ideology, purposes, ceremony, symbolism, and group structure are cited as compelling evidence for the validity of survivors' reported experiences. Belief is also fostered by "the poignancy of the historical material that often is not being just reported, but revivified in dramatic detail during abreactions" (Ganaway, 1989, p. 4). Hill and Goodwin (1989) encourage therapists to consider the possibility that satanic abuse accounts are authentic, based on explicit similarities between patients' images and pre-inquisition historical descriptions of satanic practices.

A serious problem which occurs when confronting an issue as abhorrent and, simultaneously, as difficult to believe as satanic ritual abuse, is the assumption of an extreme position in either direction. One may deny that any problem exists, or one may search for and discover it everywhere. There are obvious dangers inherent in both points of view. The most blatant and disturbing problem with denial is that the events being denied will continue unchecked; that people will continue to be abused. There is also the more subtle danger of implied complicity in the abuse, if the possibility of its occurrence can not even be considered. At the opposite end of the continuum from denial lie two somewhat different but related extreme positions, both of which invite overdetermination of the problem of satanic ritual abuse. The first position involves the absolute acceptance of survivors' accounts as completely and literally accurate, while the second involves exaggerating the prevalence of the problem. Clearly, the most pervasive danger in overdetermining the issue of satanic ritual abuse is that our capacity to believe will be stretched beyond our limits; that the problem will be discounted altogether.

Both denial and overdetermination of satanic ritual abuse are related to the highly emotional nature of the issue. Both extreme positions stem from intense feelings aroused by the inhumanity and bizarreness of what survivors are reporting. Denial protects us from the intolerable realization of man's capacity for brutality. Overdetermination protects us from becoming complacent. It is important to be aware that opponents on either of these extreme positions can quickly and easily add fuel to each other's fires. The upsurge of one extreme invites a reactive opposite response. Denial fosters overdetermination, and overdetermination invites denial.

Further complicating the entire credibility probable surrounding satanic ritual abuse is the blurring of boundaries between different groups involved in addressing the issue. Therapists, law enforcement officials, clergy, survivors, and the general public all have different and sometimes conflicting responsibilities. For example, it is the job of law enforcement to search for and document evidence which would corroborated survivors' reports. On the other hand, this clearly is not the psychotherapist's task. The assumption of an extreme position may lead to blurring of the necessary boundaries between various professionals' unique and circumscribed responsibilities. Becoming engaged in what would be considered another's responsibility (and model) for resolving the credibility problem suggests attachment to an extreme view.

In addition to the dangers mentioned regarding denial and overdetermination of satanic ritual abuse, there is another issue which applies to both extreme views equally. The process leading to the assumption of an extreme position necessarily involves the suspension of critical thinking. This process is particularly relevant when it involves professionals dealing with the problem of dangerous groups. Extremists, whether on the side of denial or overdetermination, are at risk for unwittingly mirroring or recapitulating the most basic tenet of all dangerous groups: that members must relinquish their capacity for critical evaluation in deference to the beliefs, ideas, attitudes, and interpretation of others (Clark, 1979; Clark, Langone, Schecter, & Daly, 1981; West & Langone, 1985).

The essential but difficult task facing professionals is to sustain an attitude of critical judgement. Critical judgement requires that professionals, at the very least, remain open to the possibility that satanic ritual abuse does occur, while considering the enormous credibility problems involved. The attempt to examine this difficult issue critically expresses an essential value based on high regard for the truth. To realize the danger in not taking patients' accounts of satanic abuse seriously, one only has to consider instances in which reports of atrocities were initially denied and later found to be true.

Two vivid examples from this century are the tragedy at Jonestown, Guyana, and the Holocaust. In both instances, accounts of the events unfolding were available long before they were believed. Years before the mass murder/suicide of over 900 people at Jonestown, there were numerous reports of dangerous and abusive activities occurring there. Wooden (1981) meticulously documents many explicit reports of abuses at Jonestown that were received and dismissed by officials at the highest levels of government, both in the state of California and our Nation's capitol. Likewise, the mass extermination of millions of Jewish men, women, and children was reported years before the truth was validated. Denial of even the possibility that such horrifying events could occur contributed to the tragic outcomes in both instances.

RITUAL ABUSE IN CONTEMPORARY NON-SATANIC CULTS

Ritual abuse is not without precedent in our contemporary society. Prior to the recent emergence of satanic ritual abuse accounts, allegations of abuses occurring within a variety of totalist cults nationwide became a pressing public and professional concern. (Throughout, the use of the term, totalist, to describe dangerous groups or cults, refers to the following definition of West and Langone (1985), "Cult (totalistic type): a group or movement exhibiting a great or excessive devotion or dedication to some person, idea, or thing and employing unethically manipulative techniques of persuasion and control (e.g., isolation, use of special methods to heighten suggestibility and subservience, powerful

group pressure, information management, suspension of individuality or critical judgement, promotion of total dependency on the group and fear of leaving it, etc.), designed to advance the goals of the group's leaders, to the actual or possible detriment of members, their families, or the community, (p. 3)."

Fear that members of totalistic cults, including children, were being systematically harmed in some cultic groups was expressed by former members, law enforcement agencies, child welfare organizations, psychotherapists, and the medical profession. Although initially such reports were met with denial and disbelief, the practice of deliberate abuse and neglect by many totalist groups on religious, pseudo-religious, and other ideological grounds has since been well documented (Gaines, Wilson, Redican & Baffi, 1984; Landa, 1985; Markowitz & Halperin, 1984; Rudin, 1984; Wooden, 1981).

Though the term "ritualistic" has not been used in the cult literature to describe specific forms of systematic abuse perpetrated by some totalist groups, it is an appropriate descriptor which conforms readily to the typology of Finkelhor et al. (1988). Awareness of contemporary non-satanic arenas where the occurrence of ritual abuse has been confirmed may be helpful to therapists contending with present day accounts involving satanism. The well-respected literature on dangerous cultic groups not only may provide a framework within which to consider the authenticity of satanic ritual abuse reports, but also acquaint therapists with additional professional resources.

Distinguishing between dangerous and benign cultic groups, West and Langone (1985) state that, "Totalist cults are likely to exhibit three elements to varying degrees: (1) excessively zealous, unquestioning commitment to the identity and leadership of the group by the members; (2) exploitive manipulation of members, and (3) harm or the danger of harm. Totalist cults may be distinguished . . . if not by their professed beliefs then certainly by their actual practices" (p.4).

Clark (1979) emphasizes that groups organized around totalist ideology and practices inherently are in danger, "from their techniques and from their doctrines of deviancy . . . (of becoming) destructive for the sake of destruction or intolerant beyond the capacity to negotiate. At that stage they are willing to injure other human beings without scruple" (p. 281). In 1982, West listed the following examples of activities perpetrated by dangerous cults in this country: "In the last fifteen years persons connected with various cults in the United States have murdered a government informant; harassed ex-members and investigators; attempted to extort from relatives; amassed stores of weapons; misrepresented the true purpose of their group; received illegal unemployment insurance payments; infiltrated government agencies and stolen documents; beaten, hosed down, sexually assaulted, murdered, starved to death, and tortured members, including children; forced prostitution on members and encouraged sexual play between adults and children; sent a nine year old child to isolation in the desert for several months; denied medical help for members under various conditions, including childbirth; harassed and intimidated members who tried to leave the group; created ill feelings of members toward their families; imposed improper dietary restrictions and stress on members; induced members to obtain abortions, to marry strangers, and even, of course, to commit suicide. All items on this long list have been documented" (p.11).

Many abuses in totalist cults involve ritualism indirectly, for example, the withholding of medical care by leaders who believe illness to be caused by a lack of faith, food deprivation based on the assumption that God will supply the body's needs, and depriving small children of sleep through hours of forced prayer or meditation in the middle of the night (Markowitz & Halperin, 1984). Aggressive ritual abuse by dangerous cults includes systematic beatings and other forms of torture to remove evil forces, instill faith, discipline or teach a child, gain an adult's cooperation, or prevent defection. Punishment is common in totalist groups, and frequently ritualistic. The following example is given by Markowitz and Halperin (1984): "Punishments, for children as well as adults may include solitary confinement in cellars, empty rooms, and boxes resembling coffins. In some groups underground burial in deep wells is symbolic of the death of the old sinful personality, which is left behind in the subsequent resurrection of the repentant member's rebirth as a new and submissive disciple" (p. 148).

In a well known example of cult ritual abuse, as early as 1975, Jim Jones began performing systematic suicide drills to test his plan for the eventual mass death of his followers. "First drinks were passed out, then the members were told, 'You just drank poison, and in thirty minutes we will all be dead.' Guards were stationed at the doors to insure that no one left" (Wooden, 1981, p. 174-175). Children were awakened to the late night or early morning drills by "the threatening voice of Jones talking about an attack by savage enemies who would cut and dismember their bodies" (Wooden, 1981, p.180). Wooden describes one such ritual in May, 1978, during which the assembled followers were forced to watch pigs being injected with the deadly cyanide which would ultimately take the members' own lives. Forty-two such rehearsals of the gruesome "White Night" suicide ritual preceded the cult genocide of over 900 People's Temple followers in November 1978 (Wooden, 1981).

Both indirect and actively aggressive ritualistic practices of totalist groups have resulted in physical, mental, and emotional illness, a permanent disability, and the death of cult members. Recognition of ritual abuse as a well documented phenomenon in our contemporary society challenges those who contend that the actual commitment of such atrocities is beyond the realm of possibility.

PSYCHOTHERAPY AND THE CREDIBILITY ISSUE

The struggle between belief and disbelief of the MPD survivor's bizarre and horrifying satanic experiences is a fundamental problem which clinicians must thoughtfully and personally confront and resolve. It is critical for therapists to judiciously consider the credibility issue and discover a resolution consistent with the treatment model utilized, if the problem is not to be encountered again and again in the

therapy. Without resolution of this fundamental issue, the clinician's judgement is at risk of succumbing to passion.

The danger, should the therapist be swayed by emotion rather than judgement, is that the literal truth of the survivor's disclosures either may by indiscriminately denied or uncritically accepted. Both stances present serious repercussions for the therapy. The clinician who defensively retreats from the MPD patient's painful affect and material is at risk of conducting, in Kluft's words, "an intellectualized therapy in which he [or she] plays detective, becoming a defensive skeptic or an obsessional worrier over 'what is real'" (1985, p. 7). Conversely, the clinician who adopts a position of uncritical acceptance of material as completely accurate may move "beyond empathy to counteridentification, often with excessive advocacy" (Kluft, 1985, p.7). Taking a broader view, Ganaway (1989) wisely cautions MPD therapists and investigators to maintain scrupulous standards in reporting and interpreting satanic abuse data, in the interest of protecting, not only the treatment frame, but their own and the field's credibility.

An obvious error in uncritical acceptance is that many survivors' reports include descriptions of events which could not have literally occurred. For example, Maya, a child alter in one survivor's system, described in great detail a satanic ritual in which her heart was exchanged for that of an animal. She told of her new heart being that of Satan. From the time of the ritual forward, she perceived a large black mass pulsating on her chest, and she felt permanently defiled, deformed, and evil. It is obvious that some aspects of this event are not literally true, for Maya is alive, she has no visible chest incision, and there is no mass on her chest. Many survivors' reports include equally impossible events.

Some therapists dismiss the entire phenomenon of satanic ritual abuse based on such impossible aspects of survivor's accounts. Assuredly, interpretions which are more conservative and less controversial than suggesting the validity of survivor's claims can be invoked to explain the reports. Hill and Goodwin (1989) suggest that many clinicians, lacking another conceptual scheme for comprehending and approaching the material, consider satanic abuse reports delusional. The MPD literature does, indeed, acknowledge that some alters in an MPD system may be psychotic (Bliss, Larson, & Nakashima, 1983; Coons, 1980; Solomon & solomon, 1982) and express delusions. Interestingly, however, Hill and Goodwin (1989) note fundamental differences in the content, form, and quality of schizophrenic patients' accounts of witchcraft and the satanic ritual abuse reports of MPD patients. The MPD narratives, though often fragmentary, focus on "human behaviors and upsetting interpersonal interactions" (p. 43), in contrast to the schizophrenics' narratives, which express bizarre content, disintegrated form, and emphasize "mysterious external forces" (p. 43).

Ganaway (1989) raises the possibility that MPD patients' descriptions of satanic ritual abuse may "represent dissociatively mediated distortions and fantasies created in an effort to achieve mastery and psychic restitution in the wake of genuine and factual trauma of a more prosaic (but not necessarily less heinous) nature" (p. 14). While acknowledging the traumatic origin of MPD, Ganaway (1989) and Young (1988) consider a variety of ways that fantasy elaborations may contribute to and shape the ultimate expression of MPD. As Bliss (1986) states in his discussion of self-hypnosis and MPD, " any attribute, ability, or appearance, anything imaginable can be ascribed to... [personalities], depending on the patient's needs, past experiences, and imaginative capabilities" (p. 123).

MPD patients' satanic abuse material is often revealed during hypnotic states, for example, in the context of formal hypnotic inquiry, spontaneous abreaction, and journal writing or drawing while in trance. Some therapists' reluctance to accept satanic abuse reports as literally true is based on the uncertain validity of information retrieved during hypnosis. The enhancement of recall for actual events, as well as confabulation, distortion, and elaboration of memory have been demonstrated hypnotically (American Medical Association, 1986; Bliss, 1986; Orne, 1979). The credibility issue surrounding hypnotically accessed material is complicated by the observation that literal recollections and fantasies may be equally vivid, intense, and believable to the subject (Bliss, 1986; Orne, 1979; Young, 1988).

While assuredly valid, comfortably familiar formulations such as these are not the only possibilities for explaining MPD patient's reports of satanic ritual abuse. There are additional interpretations which warrant equal consideration. A significant error in uncritical rejection of survivors' claims is that plausible explanations which are consistent with survivors' overall accounts may be disregarded. For example, illusion may be deliberately used in some satanic practices to further an intended ritual effect. The desired effect may involve the whole group, that is, the intention may be to control and intimidate members, or to increase members' sense of purpose, commitment, power, and allegiance to the leader or to Satan. The intention may be directed simultaneously (or solely) toward a specific individual. In regard to children, the ritual purpose may be to terrorize the child into submission to the group's will; to indelibly impress upon the child that he or she is an accomplice; to coerce the child into secrecy; and to destroy the child's will, hope, trust, attachments, and self-esteem.

An alternative explanation is that an event which could not have literally happened to the survivor may be something which was witnessed, but experienced as occurring to the self through suggestion or the process of identification. Ritually induced trance, defensive dissociation, drugs, malnutrition, and sleep deprivation are some of the additional factors which may contribute to a misperception such as Maya's. For the patient describing satanic ritual abuse, however, an experience is no less traumatic when it does not conform completely to literal reality. Neither can the perpetrated act be considered less brutal and inhumane, simply because the format may involve techniques such as illusion or the forced witnessing of another's abuse.

MPD patients' verbal accounts of satanic ritual abuse are approached with a number of legitimate concerns regarding their credibility. However, verbal disclosures can not be isolated from the patient's overall expressive repertoire. Indications of the particular form and features of the survivor's

abuse also may be found in the spontaneous nonverbal, behavioral expression of their traumatic experiences.

Terr (1988) studied the durability, accuracy, and form of childrens' recollections of documented trauma occurring before age five. The range of time between trauma and evaluation was five months to 12 years, with an average interval of four years five months between the occurrence of the trauma and assessment. Terr found that, while several factors may influence childrens' verbal memory of a trauma (for example, age when the trauma occurred, sex of the child, and duration of the trauma), "behavioral memories of trauma remain quite accurate and true to the events that stimulated them" (1988, p. 96).

In an earlier work Terr (1981) describes the unusual characteristics of children's play behavior following documented trauma. Explicit reenactment of the trauma in play (including talk and art) was found to be a common manifestation of childrens' traumatic anxiety. Some of the characteristics of post-traumatic play identified by Terr (1981) are compulsive repetitiveness, literal reenactment of the trauma, stereotyped behaviors, dangerousness, failure to allay anxiety, and an unconscious link to the traumatic event.

Because the subjects of Terr's studies are almost exclusively children, extrapolation of her findings to adults traumatized in childhood must be made cautiously. However, there are some rather striking parallels between the form and characteristics of children's trauma reenactments and many of the unusual and explicit spontaneous behaviors of MPD patients reporting satanic ritual abuse as children.

For example, patients may compulsively and repetitively enact ritual movements or chanting, either in overt behavior or in fantasy. Repetitive drawings of trauma-related events may contain satanic symbols, paraphernalia, or structural diagrams. External stimuli may trigger spontaneous abreactive reenactments of traumas with explicitly satanic features. Exposure to objects or symbolism associatively linked to the abuse may trigger profound reactions, for example, zealous attempts to contact alleged satanic group members around satanic holidays or a birthday. Eating disorders may occur when hallucinations or illusions cause food to be misperceived as substances reportedly consumed in satanic rituals. Bizarre forms of self-mutilation, including cutting or painting the body with satanic symbols, and burning or cutting the genitals may be seen. Self-destructive behaviors, including suicide attempts, are not uncommon following verbal disclosure of satanic abuse material. Such explicit, repetitive, and sometimes dangerous behaviors which are compulsively pursued and emotionally unrelieving, may express much about the actual nature of the traumas which engendered them.

Summit (1988) acknowledges the difficulty of the psychotherapist's process of coming to terms with adult survivors' accounts of satanic ritual abuse, "There is no right way to approach the subject of ritual abuse. There is no way to suddenly recognize the unspeakable. There is no way to brush close to something that feels evil, and then relate to it in a comfortable, prepared way. The natural history of . . . consciousness of active practice of cultic or ritual abuse is one of horror, disbelief, avoidance, reinforcement of awareness through some repetitious process, and then a more or less sudden conversion into a state of belief that carries with it an immediate concomitant sense of disillusionment, loss of security, loss of the consortium with all other human beings, [and] a sense of undefined danger as well as a primitive kind of mission to try to do something to help."

Therapists who treat survivors and acknowledge the phenomenon of satanic ritual abuse will be forced to confront some of the very complex problems their patients must also struggle with and resolve. Both must grapple with such issues as personal values; beliefs about humanity, the world and one's place in it; the meaning of life and survival; responsibility; concepts of goodness and evil; and personal spiritual beliefs. A study by Olson, Mayton, and Kowal-Ellis (1987) discusses the effects on the therapist of working with patients disclosing experiences of satanic ritual abuse. The authors state that classical post-traumatic stress responses, including anxiety, hyperarousal, nightmares, intrusive thoughts, and overwhelming emotions related to the patient's material are frequently reported by therapists treating this population of patients. Olson and her colleagues attribute these therapist reactions to the shattering (through repeated exposure to survivors' satanic abuse memories) of three basic assumptions described by Janoff-Bulman (1985): "The belief in personal invulnerability, the perception of the world as meaningful, and perception of oneself as positive" (Janoff-Bulman, 1985, p. 15).

Although believing may be difficult for the therapist, being believed is essential to the ritually abused patient who is struggling to heal. Yet, regarding the patient's need to be believed, a critical distinction must be made between objective reality and experiential truth. The MPD patient's descriptions of experiences within the satanic group can neither be accepted as literally accurate in all respects, nor unequivocally dismissed as untrue. The literal truth is intricately and inextricably woven together with threads of misperception, suggestion, illusion, dissociation, and induced trance phenomena, to form the complex web which becomes the survivor's memories. Objective reality and experiential truth simply can not be disentangled with certainty. However, what is always irrefutably true and undeniably accurate is the survivor's experience, and it is this which must be believed without question, embraced, and struggled with in the therapy. ■

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