

DREAM WARS:
A CASE STUDY OF A
WOMAN WITH MULTIPLE
PERSONALITY DISORDER

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ABSTRACT

This paper is an addition to the limited literature on the use of dream work with patients having multiple personality disorder (MPD). Dreams can be used in clinical practice to: aid in the breakdown of barriers erected to block memories of childhood abuse, recognize alter personalities, control malevolent alters, and identify and reduce conflicts among personalities. An illustrative case report of the treatment of an alleged satanic ritual abuse survivor demonstrates the vitiation of a perpetrator alter through dream work. The balance of power within the host personality shifted as non-perpetrating personalities lined up to isolate the abuser.

INTRODUCTION

To date, the literature on using dream work to treat multiple personality disorder (MPD) patients consists of a smattering of single case reports (Gruenewald, 1970; Jeans, 1976; Marmer, 1980; Salley, 1988; Watkins & Watkins, 1988). This is unfortunate because these published materials suggest that this type of work can be a powerful agent of therapeutic change.

In my clinical experience, the dreams of patients suffering from multiple personality disorder are fraught with memories and conflicts between opposing personalities; they are essentially *dream wars*. By engaging in interpretive dream work, clinicians have another avenue for the excavation of repressed trauma as well as for personality integration. One study of forty-nine psychotherapists working in community mental health agencies showed that only eleven, or fewer than twenty-five percent, expressed an active interest in their clients' dreams (Dombeck, 1991). If this is an accurate reflection of the psychotherapeutic community at large, the majority of mental health professionals are failing to obtain and utilize a valuable source of clinical information.

LITERATURE ON DREAM WORK WITH MPD PATIENTS

Multiple personality is seen as the adult manifestation of child abuse (Fraser, 1990; Baldwin, 1990; Ross, 1988; Kluft, 1986; Bliss, 1985; Greaves, 1980). Putnam, Guroff, Silberman, Barban, and Post's (1986) survey of 100 patients revealed significant childhood trauma in 97% of the cases; incest was the most commonly reported trauma (68%).

While much has been written on the treatment of MPD, very little has been published dealing with dream work as a therapeutic device (Putnam, 1989). Seven references (Gruenewald, 1970; Jeans, 1976; Marmer, 1980; Putnam, 1989; Ross & Gahan, 1988; Salley, 1988; Watkins & Watkins, 1988) have been traced to date, with an eighth author (Gabel, 1989, 1990) comparing the dream to a dissociated state.

In "Hypnotic Techniques without Hypnosis in the Treatment of Multiple Personality," Gruenewald (1971) worked to enable patient "A" to recall her childhood abuse and to acknowledge her alter, "B," by having the latter contact "A" in a nocturnal dream. During a therapy session "B" told Gruenewald that "A's" guard against her would be reduced in her sleep and that she could contact her during that time. Gruenewald suggested to "B" that in a dream she tell "A" of her creation during the molestation by her stepfather and the need for integration. "Upon awakening 'A' would know she had dreamt a vivid dream and have a strong wish to tell her therapist" (Gruenewald, 1970, p. 44). That night "A" dreamt that she had a visitor, "a nice girl who looked exactly like me." The visitor told "A" what Gruenewald had suggested in therapy the previous day. "A" then reported this dream to her therapist and within a few weeks became conscious of her own dissociative process and the origins of the second personality.

Dream work is a vital part of Jeans's treatment of Gina, a woman with multiple personality disorder (Jeans, 1976). Gina recognizes and accepts her alters by attending to her dreams. The denouement occurs in a dream in which the patient was told by a personality, Mary, that she and the others were planning to strangle her to death.

Putnam (1989) notes that Marmer (1980) used dream work to help alters realize that they had all experienced traumatic events in order to build common ground among them. In "The Dream in Dissociative States," Marmer (1980) summarizes fifteen dreams of a patient, Anne B. "For a period of two weeks, the patient had a series of dreams which we finally decided dealt with different versions of a primal scene

trauma. ... When we looked at the dreams asking the question, 'Which one of these personalities dreamed this dream?' we were able to view them differently, both individually and as a series. They became a collection of dreams which expressed the different ways in which the split aspects of her ego had experienced and processed the trauma" (Marmer, 1980, p. 168). The memory of the primal scene trauma was reconstructed through work on these dreams in therapy. Marmer concludes that the same ego splits are in effect whether the patient is asleep or awake. By determining which parts dream which dreams, clinician and client are able to build an alliance between these parts. Empathy between parts is an important step in integration of the disavowed ego states.

Ross and Gahan (1988) note the importance of dismantling amnesia barriers to forge a continuity of consciousness. The breakdown of these barriers occurs in three ways: spontaneous flashbacks, in-session abreactions, and dreams.

Salley identified personalities with dreaming functions (Salley, 1988). Frank, a 37-year-old man who, subsequent to serious abuse by an alcoholic stepfather, developed a history of fugues during which he would have no memory of whom or where he was. Before it had been determined that he had multiple personality disorder, Frank had been hypnotized in an effort to help him regain memory. At this time, the personality called Self emerged as an internal self-helper who stated that Frank's seizures were the result of a power struggle between the two of them when Frank would fight against gaining consciousness after a blackout. Self predicted that he would create a nocturnal dream to help Frank understand the cause of his seizures.

"That night Frank dreamt that he was standing on a pedestal and two voices were shouting at him; one voice shouting 'Yes!' and the other 'No!' The vibrations from the shouting were so intense that the pedestals began to shake and split open, whereupon he fell on the ground shaking" (Salley, 1988, p. 133). In associating to this dream, Frank was able to connect the shaking to his seizures and recognize the conflict between himself and another personality, thereby putting the episodes of hysterical seizures into remission.

Of further note in this case is the use of dream work to manage a malevolent alter personality. There are typically both protective or rescuer alters as well as negative or hostile ones (Watkins & Watkins, 1988; Fike, 1990). One example of the hostile alter is the persecutor alter which is a composite of internalized images of the abuser(s). The persecutor, under the illusion that he resides in a separate body, may attempt to kill the others, prompting self-mutilation and suicide attempts. Ernest was Frank's persecutor alter, and he attempted to kill him to prevent further revelations of painful memories in therapy. At a time when Ernest threatened to take over control of Frank, two helper personalities reported (under hypnosis) that they were preparing nocturnal dreams to help Frank recall some of Ernest's past behavior in order to disempower him. Subsequently, Frank had a dream about being at a party in a church with twelve people. In working with the dream, he spontaneously recalled that Ernest,

as a teenager, had vandalized several churches. The result of this breakdown of amnesia was that all the other personalities, twelve in number, realized Ernest's destructiveness and aligned themselves against him, weakening the power he had over them.

Putnam (1989) briefly deals with dream work as a psychotherapeutic technique. He writes, "Dreams provide access to deeply hidden trauma that is difficult to elicit with hypnotic techniques. MPD patients seem more willing to share and work with dream material than with other forms of memory for trauma" (Putnam, 1989, p. 202).

Finally, Gabel compares dreams and dissociation theory (Gabel, 1989, 1990). He notes that the ability of the dreaming ego to monitor itself is comparable to alter personalities like the internal self-helper knowing of the host personality and enabling it to achieve its goals. The relationship between the dreaming ego and the waking ego is an example of co-consciousness.

CONTROVERSY REGARDING SATANIC RITUAL ABUSE

There is currently a sizeable population of MPD patients that is reporting memories of various forms of ritualized abuse. These are alleged, but for the most part, remain undocumented. The dreams of this population have not been studied to date.

One form of childhood trauma associated with multiple personality disorder is the affiliation of one or both parents with a cult that practices violent acts (Putnam, 1989; Baldwin, 1990; Fraser, 1990). There is currently a wide range of opinion in the treatment community regarding the veracity of reports of satanic ritual abuse. In his essay, "Alternative Hypotheses Regarding Claims of Satanic Cult Activity: A Critical Analysis" (1992), Greaves divides the community of psychiatric clinicians, law enforcement officers, and authors into four groups: nihilists, apologists, heuristics, and methodologists. The Greaves model is helpful for organizing the different aspects of what has become a very political controversy, with some professionals refusing to appear on panels or in publications with members of "the opposition."

The Nihilists

Nihilists like Ganaway (1989) see their function as explaining that the reports cannot be true. Ganaway questions the narrative truths of MPD patients. "...[I]t should be no surprise that rich imaginative involvement plays a key role in determining the form taken by the dissociative defense" (p. 209). Nihilists point to what they see as a lack of physical evidence. In the commentary, "The Satanic Ritual Abuse Controversy," Putnam states that "...there is a complete absence of independent evidence corroborating the existence of such cults or their alleged activities such as human sacrifice, cannibalism, and sex and death orgies" (1991, p. 175).

Professionals active in attempting to convict alleged perpetrators are perceived to be preoccupied with the issue and subsequently discredited. The conviction of Alan B. Hadfield on sexual abuse of a child was appealed in the *State of Utah*

v. Alan P. Hadfield (788 P. 2d 506, Utah 1990). The Supreme Court of Utah ruled that the defendant was entitled to an evidentiary hearing on a motion for a new trial. The defense successfully argued that the therapist's involvement in four different cases involving alleged satanic abuse demonstrated that she was a "crusader" (*State of Utah v. Hadfield*, 1990, pp. 507-508).

Finally, some nihilists argue that the threat of satanism is a myth perpetrated by evangelical churches. Anthropologist and minister J. Gordon Melton offered the opinion that, "Evangelical leaders need the devil as part of their authority structure. Without the devil, they don't have anybody to fight" (quoted in Howenstein, Chan, Kolrun, Villere, & Olson-Raymer, 1989-1990, p. 40).

The Apologists

Apologists believe that reports of satanic cult abuse either must or could be true. There is some evidence to support the apologists.

In 1986, the Supreme Judicial Court of Massachusetts in *Commonwealth v. Drew* (397 Mass. 65) upheld the conviction of Carl H. Drew for the murder of Karen Marsden. There was evidence that Drew conducted satanic ritual meetings and that he had killed Marsden "because she wanted to leave the cult" (*Commonwealth v. Drew*, 1986, p. 66). Marsden had gone to the police and reported a human sacrifice.

Scott Waterhouse was convicted of the murder of a twelve-year-old girl, and the conviction was upheld in the *State of Maine v. Scott Waterhouse* (513 A. 2d 862, Me. 1986). It was ruled that the trial court's introduction of the defendant's satanic beliefs was relevant in establishing motive and intent.

In a study of hundreds of day care centers, Finkelhor and Williams found that "...[c]lear-cut corroboration of ritualistic practices was available in a few cases, such as Country Walk [in Miami], where ritual objects were found by police and where the female perpetrators did admit to some of the sadistic practices alleged in the children's stories" (1988, pp. 59-60).

Greaves (1992) describes a video made by the Chicago Police Department of two sites allegedly used for satanic ceremonies. He was struck by the similarity of the material to descriptions he had heard from many of his clients.

Recent evidence emerged from the popular press. McMartin Preschool children claimed they had been taken through underground tunnels, but investigators failed to locate them. However, archeologist Gary Stickel found that they did exist and had been filled in with dirt. "Objects found inside included a plate from a child's tea set, inscribed and painted with three pentagrams arranged in a pattern known as the witch's foot — a cult symbol" (Vanderbilt, 1992, p. 68).

The Heuristics

The third group, heuristics, make no declaration regarding veracity of reports of satanic abuse, but have found that treating their patients' narratives in a confirming manner leads to positive clinical outcomes. Psychologist Mary Harvey (personal communication, February 24, 1991) believes that

clinical credibility is not so much about events as about psychological trauma that ensues from those events. In what Greaves might see as a "heuristic" posture, she suspends judgment regarding the details of the reported experience.

Sakheim also puts the question of narrative truth into a clinical perspective. "The compelling material and the intensely projected affects must not be allowed to make the therapist into an advocate for either side of the patient's ambivalence. The therapist's role is to help the patient to better understand his or her own doubts and uncertainties. It is the patient's struggle to sort out what is real" (Sakheim, 1992, xiv).

The Methodologists

The final category, methodologists, is the least developed because observation needs to precede method. Methodologists might consider investing the time and money to track cases involving satanic elements through legal research databases like Westlaw or Lexis.

Greaves cites opposite examples. On the one hand, there is Sherrill Mulhern's criticism of training courses on satanic ritual abuse that utilize group indoctrination methods to bias clinicians toward total acceptance (noted by Greaves, 1992; see also Mulhern, 1990). On the other hand, Young and his colleagues have defined a clinical syndrome based on thirty-seven patients reporting childhood satanic abuse (Young, Sachs, Braun, & Watkins, 1991). Their work represents the first published attempt to examine these self-reports as clinical data.

PERSONALITY CONFLICTS IN THE DREAM WARS OF A WOMAN WITH MPD

As part of a book project on using dreams to heal from childhood sexual abuse, the author placed advertisements in newsletters for individuals in recovery from addictions, incest, and multiple personality disorder. Forty respondents submitted a significant number of dream reports, many of which were recorded before actual memories came to consciousness. While this is clearly a biased sample and the number is not statistically significant, the dreams of the six respondents who, without being asked, alleged themselves to be survivors of satanic ritual abuse, were noteworthy in the number and intensity of negative dream experiences involving group physical and/or sexual abuse.

The author, taking a "heuristic" posture, has made no attempts to confirm whether these dream reports or their alleged antecedents in waking life were of a factitious nature. The dream reports that follow are presented as examples of clinical data that merit further investigation both in the identification and conflict resolution between personalities as well as the controversy surrounding ritualized abuse.

"Nancy" is a pseudonym for a twenty-eight year-old graduate student in counseling psychology who alleges she has survived satanic ritual abuse. She was diagnosed as having multiple personality disorder in 1989. In 1990, she began to recall three discrete periods of satanic ritual abuse occurring from the ages of one to four, again at the age of eight,

and finally from the ages of 17 to 23.

Nancy has formally studied dream theories. The interpretations that follow emerge from work with her therapist, self-analysis, and the author's perceptions with her corroboration. Her dream reports are quite rich and what follows should not, by any means, be understood to be the whole of their meaning. However, the detail of the manifest content appears to be quite telling regarding the extent of the hostility between the host personality and a malevolent alter.

A dream from 1988 precedes the surfacing of the alleged cult memories by two years. In the dream, Nancy falls off a bicycle and begins to cough, bringing up blood. Subsequently she finds herself in a hospital, thinking she is there for medical treatment when she learns that it is actually a psychiatric ward. She leaves the hospital where she meets up with a "death messenger" and is taken to Hell where she becomes the "devil's girlfriend." Being among the privileged in Hell, Nancy is invited to a party and, in turn, invites others. However, when young men who look like fraternity members arrive, the devil becomes angry, wondering why they are there. She feels guilty and confused for inviting them without permission, and awakens.

Nancy reported having had this dream shortly after discharge from a psychiatric unit. During her stay, she had recalled incest by her father and brother and confronted her family about it. It is her feeling that the second part of the dream involves deeper memories. "The truth about some of the ritual abuse begins to surface and, from what I know now, the dream content is pretty accurate as to what happened and my role in the cult." In this light, the dream can be viewed as predictive of the bloody memories yet to be coughed up. According to Nancy, at the age of 17, she entered into a relationship with an abusive man who kept her on drugs. He was the leader of a satanic cult and forced her into the role of recruiting innocent victims to be used in ceremonies. Many were homeless people, but she was told they were young college students. "I was heavily drugged and told that, in being a seductress, I was gathering power for Satan."

It would be another year before Nancy's treatment team would make the diagnosis of MPD, but the dream provided evidence of a divided consciousness. First we have a woman with a serious physical problem, frustrated by the fact that she is in a psychiatric ward, who sees herself as a victim. In the next scene, Nancy essentially becomes another person. She dies, goes to Hell, and becomes the devil's mistress, recruiting people for a special party. The victim becomes a fledgling perpetrator alter. This split becomes more evident in a subsequent dream after the conscious recollection of the alleged cult experiences.

In a 1991 dream entitled "The Deception," the perpetrating alter has another name, Sylvia. In this dream, Nancy is looking for a place to live and is invited to join "a great community with young people, all of whom were very spiritually minded and really into recovery." Although it sounded too good to be true, Nancy went with them because she was promised her own space and some peace and quiet. The woman who brought her there was named Sylvia, a dark blonde with "beautiful crystal blue eyes, the type of eyes that

can be deceiving." Nancy soon learns that Sylvia is the head of the community, and the others are expected to engage in prostitution to raise money. Sylvia further conveys to her that the community is satanic, and she must participate in a ceremony to honor Satan. After a few days, Nancy tries to break out. She tells the others that one of the group has died and that Sylvia is really a witch trying to damn all of them.

Sylvia stood in the doorway as I made my speech and just glared at me. She knew she had been exposed, and began to yell at the others not to listen to me. I was getting weak, and I told the community that I would prove to them what I was saying was true. I picked up a book and told them to watch as I hurled it against the wall, that it would shatter into a thousand encapsulated pieces of liquid silver, and that each of these pieces contain evil from our gathering... I tried to hurl the book against the wall, but I could feel Sylvia draining me, so I handed the book to a man who seemed to believe me, and told him to throw the book with all his might against the wall. He did, and it exploded into tiny liquid silver pieces, like I had said. But now there was a problem. There was no way to collect all of the pieces so that everyone would be safe. Sylvia just laughed a wicked laugh and told me that I never should have disobeyed her, and now I was responsible. Many of the others followed her out the door, but a few remained to help me try to gather the pieces. It soon became clear that this was not possible, and that I had failed in my mission. Someone suggested that we just burn the building and all the evil would be destroyed, or released. The last thing I remember before I woke up was someone putting a match to the house, and it catching on fire. And I remember hearing Sylvia's laughter at our efforts because, once the evil was released, it would contaminate everything. So, in the end, she had won, and I had lost.

Nancy interprets this dream as an example of her powerlessness to change the pattern of abuse even after she has recognized it. "I see myself as a victim in the dream, that there was no way out and no way I could win, or stop being a victim."

Another view is to see the dream characters as Nancy's personalities who line up behind either the host personality, Nancy, or the malevolent alter, Sylvia. The balance of power in this dream war is made clear: "many of the others followed Sylvia out the door, but a few remained to try to help me."

After this dream, Nancy reports having experienced "two very powerful pieces of abreactive work in therapy, in which a lot of shame and fear were released. I felt much more empowered because I got in touch with my anger around some of the ritual abuse done to me when I was a child." Perhaps Sylvia's victory in "The Deception" proved to be an instrument of her own demise as it prompted some important work in therapy.

In their paper on the management of malevolent ego states, Watkins and Watkins write that "the malevolent state must be induced to release its anger through the internal boundary *back into the primary personality*, and the primary

one must be induced to accept, and through an abreaction, release it outward to the external world." (Watkins & Watkins, 1988, p. 70). Nancy felt she lost the battle with Sylvia in "The Deception" because, in smashing the book against the wall, all the evil encapsulated in liquid was released into the world, contaminating everything. Since the dream triggered a major abreaction in therapy, releasing shame and fear, what occurred may not have been a defeat but rather a foreshadowing of the release of Sylvia back into the primary personality. The transition will not be smooth.

The battle between the personalities resumed in a dream war nine days later. "The Imposter and the Goodies" takes place in a grocery store where Nancy and some friends are picking up some picnic supplies. There is an announcement that she has won a prize and should report to the deli to collect it. However, she is unable to locate her purse which contains her identification cards.

I go to the deli anyway. When I get there, there is another woman with dirty blonde hair claiming to be me! I tell the clerk that I am really the one who has won the prize, that I am really Nancy K., and that this other woman is an imposter. The clerk asks me for some identification, and I tell her that I can't locate it at the moment, but my friends are searching for my purse as we speak. The clerk asks me to step aside unless I can prove to her who I really am. The imposter woman just glares at me and smiles an evil grin, knowing that she has outsmarted me and won, and that they are going to take me to a mental hospital because I am insane. I see one of the security guards coming down the aisle to restrain me... I am so enraged that I grab the arm of the imposter and dig my fingernails into her flesh as deep as I can and scratch her arm to shreds. I tell her I am tired of her games, but she smiles back at me, knowing she has won anyway.

The security guards don't know who is telling the truth, or who the real "me" is. I suggest they get both of our Social Security numbers, and contact the college I attended to obtain a transcript of my coursework. Then they could ask both of us questions about the subjects I had studied, and the one who is more accurate would obviously be the real Nancy K. They agree to do it.

We all wait by the deli until the transcripts can be obtained. My friends console me and tell me not to worry because they believe me, but that doesn't make me feel much better; I have to prove it to the world this time, and win. When the transcripts arrive, they decide the other woman is the imposter and haul her off to a State mental institution. I have finally won against her. They tell me her real name is Sylvia, and that she is very evil and crazy.

Nancy comments on what the dream means to her. "I see it as reflecting my strength and, with my newfound anger, my ability to choose not to be a victim again. I finally direct my anger, which had previously been pointed at myself in

the form of self-mutilation, to the original source, my perpetrator. Sylvia is an alter who is an introjection of many of my abusers, including my mother. I see this dream as giving back all my shame and anger to mother. She both physically and sexually abused me and would attempt to define who I was as a person, trying to create my identity. I didn't allow that to happen in the dream."

That Sylvia, representative of both satanic and maternal perpetrators, is clearly losing in the dream wars is demonstrated by the fact that now Nancy has a number of friends who stand by her while no one supports Sylvia, indicating that the protective alters are lining up to isolate the perpetrating alter. This is the same process we saw in the example of Frank, whose alters combined to isolate the persecutor, Ernest (Salley, 1988).

The manifest content of Nancy's dreams illustrate the internal fighting between the host personality and an alter, and how, when combined with effective therapy, a destructive alter can be defused. This is an ongoing process for Nancy as in her waking life, Sylvia is not yet integrated with the other personalities. One might say she is currently on the disabled list.

Some clinicians might view Nancy's portrayal of Sylvia as an unconscious identification with the aggressor and work with her to learn what Sylvia's needs are and integrate her with the host personality. Another approach would be to help Nancy explore the protective aspects of the perpetrator alter. Assuming for a moment the veracity of Nancy's memories, Sylvia might have been needed to behave in accordance with the cult's standards in order to avoid their wrath (Katchen & Sakheim, 1992). Perhaps she keeps Nancy safe today. Ironically, Sylvia might be the only force strong enough to ward off attempts at re-induction into a satanic cult. Whatever the analysis, the REM adventures of Nancy/Sylvia are far from over.

CONCLUSION

Very little has been written about the use of dream work as a technique in treating multiple personality disorder. This case report, combined with a review of the literature, indicates that dream work can aid in: the breakdown of barriers erected to block memories of childhood abuse, recognition of conflict among diverse personalities, control of malevolent alters, as well as personality integration. The evidence is such that it is the hope of this author to stimulate more work in this area, with a special invitation to the veteran clinicians who are providing treatment for this population to take the time to guide their findings into print. In this way, the treatment community can cooperate to overcome some of its "learning needs" (Kluft, 1989, p. 247) and further investigate allegations of bizarre forms of abuse, expediting the elimination of extreme dissociation into multiple personalities as a coping mechanism in their patients. ■

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