

A REPLY TO GANAWAY:
THE PROBLEM OF USING
SCREEN MEMORIES AS
AN EXPLANATORY DEVICE
IN ACCOUNTS OF
RITUAL ABUSE

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This article offers a critique of the work of George Ganaway (1989, 1990) who suggested that in considering the existence of widespread, interlocking cults that practice ritual abuse, we need to look at alternative explanations for clients who report these experiences in their background.

A summary of Ganaway's viewpoint is as follows. In Ganaway (1989), he lists four possibilities to explain accounts of satanic ritual abuse in clients with MPD:

1. The memories are factual with real or illusory human sacrificial rituals.
2. Factual memories of real ritual abuse by cultic dabblers or non-satanists wishing to create the illusion of a cult.
3. Fantasy, illusion, and hallucination-mediated screen-memories, internally derived, are part of the defensive and restitutive role of dissociated alters. A mixture of "borrowed" ideas, characters, symbols, myths, and untrue accounts of satanic activity from outside sources combine with the client's own internal belief system. This leads to the formation of a whole world of cult characters who could manufacture memories of ritual abuse.
4. The same as No. 3 above but externally derived iatrogenically from a therapist or other authority figure. Once again, alters could manufacture a pseudohistory of ritual abuse that may replace "more prosaic childhood trauma."

He further cites the idea that widespread accounts of satanism constitute an "urban legend." Ganaway also notes the publication of books such as *Michelle Remembers* and *Satan's Underground*, extensive media attention, and the networking of clients and therapists nationally who share information and cross validate each other's realities. This all has presumably fueled an explosion of factitious accounts of ritual abuse in MPDs.

In his abstract entitled "A Psychodynamic Look at Alternative Explanations for Satanic Ritual Abuse Memories in MPD Patients" (1990), Ganaway reveals where he stands on the etiology of the numerous reports of MPD/ritual abuse. He states, "The concept of screen memories will be shown to play an important defensive and restitutive role psychodynamically to cover up perhaps more prosaic, yet still less

tolerable traumatic childhood experiences."

A "screen memory" is defined as follows in the *Psychiatric Dictionary* (Campbell, 1981):

When a memory, a real thought, not a fantasized one, is used as a shield to conceal an allied memory, it is called a screen memory or cover memory, thus, when a patient recalls playing in the basement but does not remember the nature of the play, he is said to be providing a screen memory.

Ganaway describes a screen memory as not a real memory but a fantasy. This provides considerable difficulty in accepting the validity of his conceptualization; it either has to be one or the other. If it is a screen memory in the accepted sense, then it proves the existence of ritual abuse.

In an earlier paper (Smith, 1987), I looked at a chain of conditioned memories and cognitions that are used in dissociative disorders to dose dissociations (to manipulate arousal and sedation in clients who would otherwise be stultified by trauma). The third order of conditioned stimuli are everyday anxieties and worries. The second order are phobias, obsessions, dreams and taboos, and the first order are the actual memories which evoke the first order of conditioned responses of terror, rage, dread and despair.

M.K. Toomin (Toomin & Toomin, 1975) discovered that the Galvanic Skin Response (GSR), now referred to as SCR, will rise when emotionally significant material nears conscious awareness. She also found little or no reaction to well rehearsed "horror stories" that clients used as red herrings. Toomin called the psychodynamic use of biofeedback "Active Biofeedback" since the instrumentation is actively used to uncover and soothingly process stressful or traumatic material.

Biofeedback instrumentation reacts consistently with the approach of the first order of conditioned responses. Skin conductance response (SCR) rises dramatically and muscular tension increases. Smith (1987) illustrated the use of the SCR and EMG (muscle tension) in uncovering a traumatic memory in an MPD client with a history of ritual abuse. Peripheral skin temperature, which usually drops during stress, can be measured with an external temperature gauge. Changes in EEG activity can also be used to verify the significance and reality of emerging material.

Kluft (1987) reported that when he attempted to repeat efforts of other investigators to induce iatrogenic MPD, the resultant phenomena were not like clinical MPD. Because

Kluft and others could not reproduce the phenomenology of clinical MPD, it is difficult to believe that aspects of a personality, such as screen memories, could be interjected into a person already suffering from MPD. In considering adult survivors of ritual abuse, relatively new and unforced fantasy material assimilated into their cognitive system during their twenties, thirties or forties could not, according to conditioned learning theory, be inserted far enough down the chain of conditioned stimuli to serve as a cover device that could evoke the level of abreaction that is routinely reported by therapists who treat clients diagnosed as suffering from ritual abuse.

Ganaway seems to have made a glaring conceptual error in confusing manufactured fantasy material with the idea of screen memory. Because of the influence of investigators like Ganaway, Putnam, and Mulhern, errors of this type need to be recognized and evaluated and perhaps a reconceptualization needs to take place.

In the remainder of this article, I would like to comment on the tone of Ganaway's article (1989) and some thoughts it has generated.

While Ganaway does acknowledge the vastly increased study in the last decade of people suffering from the effects of childhood traumata and notes Masson's attack on Freud's fantasy theory, he does not, as seems to be true of most people in the field of psychotherapy, acknowledge that since the time of Freud until very recently, therapists have functioned as apologists for the social status quo.

People with mental disorders were considered aberrant beings in a normal culture. When they were "readjusted," they could take their place back in a reasonable society. Children with broken bones were said to be suffering from soft bone syndrome. Incest was thought to be virtually nonexistent, and MPD was a rare disorder. Only one book (Cork, 1969) considered the plight of children of alcoholics while millions of adult children of alcoholics with symptoms of PTSD passed through therapists' offices without any recognition of their traumatized states (Identity Report, Adult Children of Alcoholics, 1984; Russell, 1984; Cermak, 1985).

A number of writers have tried to point out over the years the connection between crazy making in a pathological society and its manifestation in an individual pathology. Goffman (1962, 1974) examined the systematic dehumanization and stigmatization of people institutionalized in asylums. Fromm (1955) wrote the following:

Yet many psychiatrists and psychologists refuse to entertain the idea that society as a whole may be lacking in sanity. They hold that the problem of mental health in a society is only that of the number of "unadjusted" individuals, and not that of a possible unadjustment of the culture itself. This book deals with the latter problem; not with individual pathology, but with the *pathology of normalcy*, particularly with the pathology of contemporary Western society.

Fromm also noted:

Just as there is a *folie a deux* there is *folie a millions*. The fact that millions of people share the same vices does not make these vices virtues, the fact that they share so many errors does not make the errors to be truths, and the fact that millions of people share the same forms of mental pathology does not make these people sane.

In a similar vein, Laing and Esterson (1970), place the individual in a context rather than a single maladjusted person unrelated to the social milieu. They write:

In this book we believe that we show that the experience and behavior of schizophrenics is much more socially intelligible than has come to be supposed by most psychiatrists.

We have tried in each single instance to answer the question: to what extent is the experience and behavior of that person who has already begun a career as a diagnosed 'schizophrenic' patient, intelligible in the light of the praxis and process of his or her family nexus?

We believe that the shift of point of view that these descriptions both embody and demand has an historical significance no less radical than the shift from a demonological to a clinical viewpoint three hundred years ago.

Finally, Szasz, (1973), notes the following:

No age in recorded history, including our own, has cause for self-congratulation. Indeed, as the accounts of involuntary mental hospitalization and treatment assembled in this volume show, modern man, with the aid of science and medicine, has developed an especially abhorrent method of controlling his fellow man.

The turnaround in recognizing trauma-induced dissociation, including MPD, seems to have started with the PTSD that would not go away, namely the post traumatic stress found in Viet Nam war veterans. The recognition of post traumatic stress in adult children of alcoholics further increased the interest in family-based PTSD. The work of feminist-oriented writers, (Martin, 1976; Steinmetz, 1977; Brownmiller, 1975) who looked at the issues of battering, rape, and child abuse, also added impetus to the increased perception of widespread trauma-induced dissociation.

Theorists, researchers and therapists investigating in the area of alternative explanations for ritual abuse perhaps need to add a dash of humility to their activities. Considering the less than sterling performance of the field of psychotherapy in recognizing and effectively treating clients with trauma-based disorders, this caution would seem to be warranted.

Dr. Ganaway seems to want to shove ritual abuse back into the closet, slam and lock the door, and throw away the key. Perhaps, in light of our society's desire to stay in denial about abuse of any kind, we should keep the door open a little while longer. ■

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REFERENCES

- Adult Children of Alcoholics Central Services Board, Inc. (1984). Report of Identity, Purpose and Relationship Committee: The ACA program and how it works. Los Angeles, CA: Author.
- Brownmiller, S. (1975). *Against our will: Men, women and rape*. New York, NY: Simon and Schuster.
- Campbell, R. (1981). *Psychiatric dictionary*, New York: Oxford University Press.
- Cermak, T. (1985). *A primer on adult children of alcoholics*, Pompano Beach, FL: Health Comm., Inc.
- Cork, M. (1969). *The forgotten children*. Alcoholism and Drug Addiction Research Foundation: Toronto, Canada.
- Fromm, E. (1955). *The sane society*, New York, NY: Rinehart.
- Ganaway, G. (1989). Historical truth versus narrative truth: Clarifying the role of exogenous trauma in the etiology of multiple personality disorder and its variants. *DISSOCIATION II*, (4), 205-220.
- Ganaway, G. (1990, November). *A psychodynamic look at alternative explanations for satanic ritual abuse memories in MPD patients*. Paper presented at the Proceedings of the Seventh International Conference on Multiple Personality/Dissociative States, Chicago, Illinois.
- Goffman, E. (1962). *Asylums: Essays on the social situation of mental patients and other inmates*, Garden City, NY: Doubleday Anchor.
- Goffman, E. (1962). *Stigma: Notes on the management of spoiled identity*. Eaglewood Cliffs, NJ: Prentice-Hall.
- Kluft, R. (1987). *An update on multiple personality disorder*. Hospital and Community Psychiatry, 38, 363-373.
- Laing, R.D., & Esterson, C. (1970). *Sanity, madness and the family*, (p. 13). London: Tavistock Publications.
- Martin, D. (1976). *Battered wives*. NY: Simon and Schuster.
- Russell, L. (1984). *Alcoholism and child abuse*, Rutherford, NJ: Thomas W. Perrin, Inc.
- Smith, M. (1987, November). *Post-traumatic stress and the loss of ontological security: Overcoming trauma-induced neophobia in adult children of alcoholics*. Paper presented at the Fourth International Conference on Multiple Personality Disorder/Dissociative States, Chicago, Illinois.
- Steinmetz, S. (1977). *The cycle of violence: Assertive aggressive, and abusive family interaction*. NY: Praeger.
- Szasz, T. (1973). *The age of madness*, Anchor, Garden City, NY: Doubleday Anchor.
- Toomin, M. & Toomin, H. (1975). GSR biofeedback in psychotherapy: Some clinical observations. *Psychotherapy: Theory, Research, and Practice*, 12, 33-38.