

The Differential Diagnosis of Ritual Abuse Allegations

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ABSTRACT: Objective: Because psychiatrists do not have a consistent way to classify and define the forms of child abuse that may be mistaken for ritual abuse, the objective of this paper is to create a comprehensive differential diagnosis of allegations of ritual abuse. Method: The authors reviewed 60 articles, chapters, and books that contained allegations of ritual abuse or behaviors that might be mistaken for ritual abuse, that were made by patients or caretakers. Results: This paper clarifies the behaviors that represent or may be mistaken for ritual abuse: Cult-based ritual abuse, pseudoritualistic abuse, activities by organized satanic groups, repetitive psychopathological abuse, sexual abuse by pedophiles, child pornography portraying ritual abuse, distorted memory, false memory, false report due to a severe mental disorder, pseudologia phantastica, adolescent behavior simulating ritual abuse, epidemic hysteria, deliberate lying, and hoaxes. Conclusions: The differential diagnosis of allegations of ritual abuse is important in both clinical and forensic psychiatry. In some cases, it will not be possible to tell whether a particular allegation is factual or what the underlying mental processes are. It is important to separate the role of the mental health professional as therapist from the role as an expert witness in court.

KEYWORDS: forensic science, forensic psychiatry, differential diagnosis, child abuse, sexual abuse, ritual abuse, satanism, false memory, pseudologia phantastica

Ritual abuse is one of the most controversial concepts in American psychiatry today. The opinions of responsible professionals range from the firm belief that ritual abuse is a common, horrible phenomenon in our society to deep skepticism regarding most allegations and descriptions of ritual abuse.

The “believers” (1–4) have articulated a growing national concern about the recent increased interest in and, apparently, the practice of satanism. Many people—including government officials, law enforcement officers, mental health professionals, religious leaders, and ordinary citizens—claim that there is a network of satanists who have organized into a national conspiracy to kidnap thousands of people, mostly children, and use them as part of satanic worship. The rituals of these satanic cults reportedly involve cannibalism, physical and sexual abuse, and the sacrificing of babies.

The “skeptics” (5–9) acknowledge that many children have been subjected to physical and sexual abuse. The abuse may have been

¹Medical director, The Psychiatric Hospital at Vanderbilt, and associate clinical professor, Department of Psychiatry, Vanderbilt University, Nashville, TN.

²Resident, Department of Psychiatry, Vanderbilt University, Nashville, TN.

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very sadistic and may have occurred over an extended period of time and it may have involved multiple perpetrators. The skeptics, however, do not think that there is a national conspiracy of satanists or that people are being sacrificed as part of religious ceremonies. There are many opinions between the extreme believers and skeptics.

This complex issue has created a diagnostic problem for mental health professionals. For example, most therapists want to believe that their patients are telling the truth about their past experiences, but it is possible that many allegations of ritual abuse are false. The purpose of this paper is not to show that satanic ritual abuse does or does not occur, nor to show whether ritual cannibalism or ritual infanticide occurs regularly in this country. Our purpose is to clarify and categorize how a therapist can study and understand allegations of ritual abuse that arise in clinical practice.

The purpose of this paper is to establish a reasonable differential diagnosis that mental health professionals should consider when they hear allegations of ritual abuse. Included in this differential diagnosis are: Cult-based ritual abuse, pseudoritualistic abuse, activities by organized satanic groups, repetitive psychopathological abuse, sexual abuse by pedophiles, child pornography portraying ritual abuse, distorted memory, false memory, false report due to a severe mental disorder, pseudologia phantastica, adolescent behavior simulating ritual abuse, epidemic hysteria, deliberate lying, and hoaxes.

This paper simply presents a differential diagnosis. We are not attempting to explain how an evaluation might be conducted to establish the diagnosis. For instance, this paper does not address how to assess the credibility of a patient who describes a history of ritual abuse.

History of the Concept

Satanism and satanic practices have been popular subjects for books since the invention of the printing press. During the 20th century, groups of people have gathered together in covens and claimed to practice the rituals of witchcraft. These individuals purported to practice the ancient pagan religion, the one that preceded Christianity in Western Europe. The history of satanism in Western civilization (10) and in this country (11) has been described. Nathan and Snedeker (12) related the history of satanic ritual abuse allegations.

A prominent 20th-century satanist was Aleister Crowley (13). His influential book, *Magick in Theory and Practice*, is a rambling, circumlocutory work that proposes to be a guide for spiritualists. Anton LaVey (14), author of *The Satanic Bible*, achieved notoriety because of his unorthodox religious views. There have been many popular books about witchcraft, sorcery, covens, and human sacrifice. Within mainstream religion, both Catholic (15) and Protestant (16) scholars have commented on the resurgence of interest in Satan.

Satanism and related ritual activities have pervaded popular culture in this country. Ira Levin's novel, "Rosemary's Baby," was made into an extremely successful movie in 1968 by Roman Polanski. In 1973, William Peter Blatty adapted his book, "The Exorcist," to an Oscar-winning movie. Many other movies depicted satanic rituals: for example, "The Devils of Darkness" (1965), "The Devil's Nightmare" (1971), and "The Devil's Rain" (1975).

Descriptions of satanic ritual abuse appeared in popular literature long before the term was used in professional journals. For example, one of the most widely sold books in this country prior to the Civil War was Maria Monk's *Awful Disclosures* (17). Monk claimed that she observed the ritual killing of newborn babies in a convent. More recently, Mark Warnke's *Satan Seller* (18) was very popular among fundamentalist religious groups. Warnke claimed that he had been a high priest in a satanic network. There were other supposedly autobiographical works (19–21).

The earliest description of satanic ritual abuse by a mental health professional, *Michelle Remembers*, was published by Michelle Smith and Lawrence Pazder in 1980 (22). Pazder, a psychiatrist in Victoria, British Columbia, later coined the term, "satanic ritual abuse." Ms. Smith reportedly had multiple personality disorder. During treatment, a child alter related in detail how she was physically and sexually abused during bizarre religious ceremonies and how she was forced to participate in killing babies. *Michelle Remembers* received intense media attention and the general public became conversant with the notion of satanic ritual abuse.

Allegations of satanic ritual abuse began to come to the attention of local police departments and, eventually, the Federal Bureau of Investigation. Lanning (23) said that the FBI started hearing "stories of bizarre cults and human sacrifice in connection with allegations of sexual victimization of children" in 1983. For instance, the McMartin Preschool case started in 1983 with the allegation that a two-year-old boy had been molested by a male teacher. As the investigation proceeded, seven teachers were accused of abusing more than 100 children with rape, sodomy, oral copulation, drugging, and nude photography. The children described many bizarre events, including satanic rituals and animal mutilation.

Apparently, the first article to describe satanic practices in a patient population was "Satanic Ritualistic Abuse," by Catherine Gould in 1987 (24). In the following year, Finkelhor et al. (25), reporting on a national survey of child abuse in daycare centers, expressed concern about the frequency of ritual abuse. Other early articles by mental health professionals were published by Bourget et al. (26), Young et al. (27), and Nurcombe and Ünützer (28). In 1991, an issue of *Child Abuse and Neglect* was devoted to ritual abuse.

Several authors have presented components of the differential diagnosis for allegations of ritual abuse. Finkelhor et al. (25) proposed three types of ritual abuse: True cult-based ritualistic abuse, with total immersion in cult rituals and beliefs; pseudoritualistic abuse; and psychopathological ritualism. Moriarty (29) studied "teenage dabblers" of satanism and provided descriptions of the different types of dabblers. Greaves (30), working with "satanic cult survivors," described five forms of satanic cults: Transgenerational cults, who practice a secret religion that involves human and animal sacrifice; neo-satanic cults, such as the Church of Satan; self-styled satanic cult leaders; adolescent dabblers; and solitary satanists. Greaves reviewed and critiqued several alternative explanations for reports of satanic abuse and concluded that "cults, in some form, do indeed exist." Lanning (23,31), from the perspective of a law-enforcement officer, also described several alternative explanations for reports of satanic abuse. This paper

pulls together all the plausible explanations that a clinician might consider when presented with allegations of ritual abuse. In an article related to this one, Bernet (32) developed the differential diagnosis of allegations of physical and sexual abuse.

Differential Diagnosis

In presenting this differential diagnosis, we are distinguishing between ritual abuse itself and various activities and behaviors that may be confused with it. The first condition (cult-based ritual abuse) is the only one that we consider ritual abuse. The other conditions that are described are not ritual abuse, but they should be considered in the differential diagnosis. Some of the conditions discussed are not ritual abuse, but do constitute other forms of abuse or maltreatment: Pseudoritualistic abuse; repetitive psychopathological abuse; sexual abuse by pedophiles; child pornography; distorted memory of ritual abuse; and maltreatment resulting from adolescent behaviors. In the remaining conditions that are described, there may be false allegations of abuse: The activities of satanic religious groups; false memories of ritual abuse; allegations derived from a severe mental disorder in the child or parent; pseudologia phantastica; epidemic hysteria; deliberating lying; and hoaxes.

For items in the differential diagnosis, three descriptors will be provided: A provisional definition; a discussion of the psychological motivation of the perpetrator or of the alleged victim; and perhaps a representative example.

Cult-based Ritual Abuse

Definition: Cult-based ritual abuse is physical, sexual, or psychological child abuse that involves bizarre or ceremonial activity that is religiously or spiritually motivated. The perpetrators intimidate their victims through fear. Typically, multiple perpetrators abuse multiple victims repeatedly over an extended period of time. "Cult-based ritual abuse," the term used by Finkelhor (25), includes satanic ritual abuse. This behavior has also been called abuse by a "transgenerational satanic cult" (30) and abuse by "multidimensional child sex rings" (23).

Motivation/mechanisms: The practitioner's motivation is to follow the belief system of the cult, as embodied in a powerful leader.

Example: One of the first reports of satanic ritual abuse in the psychiatric literature was by Young et al. (27), who described 37 individuals who were being treated for dissociative disorder. Their patients described abusive rituals during satanic worship. Although some of the details varied, many of the memories were remarkably similar. The patients recounted physical torture, animal abuse, being buried alive in coffins and graves, infanticide, murder, marriage to Satan, and forced impregnation.

DeMause (33) proposed a psychodynamic formulation of cultic torture and child sacrifice. He believed that the specific elements of cult rituals appear to represent the traumatic moments of birth. For instance, perpetrators put children in cages and boxes as symbolic wombs; hang children upside down, the position of fetuses; immerse victims in water to reenact the experience of amniotic fluid; and force children to drink urine, as fetuses do in the womb.

Estimating the prevalence of cult-based ritual abuse evokes controversy. Some mental health professionals have concluded that satanic ritual abuse is very common and results in thousands of infant sacrifices each year, although other professionals do not think that satanic ritual abuse occurs at all.

Lanning (23,31), an FBI investigator, concluded that very few allegations of satanic ritual abuse are supported by hard evidence.

This is particularly true of the allegations that tens of thousands of children are being kidnapped and abused or sacrificed or that there is a large-scale conspiracy of satanists in this country. However, Lanning did state that there is widespread sadistic abuse of children that has been labeled "ritualistic." He thought that if it occurs at all, satanic ritual abuse of children constitutes only a tiny fraction of alleged cases.

In a large-scale study conducted for the National Center on Child Abuse and Neglect, researchers surveyed psychologists, psychiatrists, and social workers regarding child abuse allegations involving ritualistic or religious practices. They collected information on 1548 cases of ritual or religion-related child abuse. Some of the ritual cases involved allegations of cannibalism and baby breeding for ritual sacrifice, but the investigators were not able to substantiate these claims. "For instance, there was no hard evidence for intergenerational satanic cults that sexually abuse children (34)." What is the explanation for all of the unsubstantiated allegations? The purpose of this differential diagnosis is to help therapists understand and categorize these cases.

The following conditions are not examples of ritual abuse, as defined in this paper. They may well be child abuse, either physical or sexual or emotional, but it creates confusion by referring to them as ritual abuse. These activities, symptoms, and syndromes should be considered in the differential diagnosis of ritual abuse.

Pseudoritualistic Abuse

Definition: Pseudoritualistic abuse is physical, sexual, or psychological child abuse that involves bizarre or ceremonial activity. The perpetrators intimidate their victims through fear. Typically, multiple perpetrators abuse multiple victims repeatedly over an extended period of time. However, pseudoritualistic abuse is not religiously or spiritually motivated. If religious symbols, terminology, or costumes are used, they are in the service of sexual pleasure and are not part of an actual religious activity.

Motivation/mechanism: These are compulsive paraphiliac behaviors by adults who are sadistic and antisocial.

Example: Finkelhor et al. (25) said that there were 36 cases of ritualistic sexual abuse out of their total sample of 270 cases of sexual abuse in day-care centers. Most of the cases involving ritualistic activity probably would be called pseudoritualistic abuse. For example, they described the case of a four-year-old girl at day-care who was subjected to multiple acts of sexual abuse and "magical surgery" which she was told had placed a grenade in her stomach that would explode if she told. She was forced to abuse other children sexually and she believed that she had participated in killing a baby.

Young (35) described an eight-year-old boy who had uncharacteristic behavior after returning from summer camp. He manifested aggressive outbursts of hitting other children, urinating on his hands, using profane language. In psychotherapy, the boy related activities at the summer camp that were consistent with pseudoritualistic abuse: He described smaller children in cages; animals killed; and people in costumes. The children were told that their parents had sent them to camp as a punishment and that they would be killed if they told anyone of the camp activities.

Satanic Religious Groups

Definition: As an example, the Church of Satan is an organized Satanic religion. The practitioners of this religion criticize the repressions and inhibitions of traditional Christianity and celebrate

the liberation of man's rational mind and the expression of carnal desires.

Motivation/mechanism: Satanists appear to be motivated by a counterculture agenda. They criticize organized religions and satirize traditional beliefs by honoring a Higher Power expressly opposed to the Christian tradition.

The Church of Satan has only a few thousand members, but it has captured the attention of the media and the imagination of the public. Its leader, Anton Szandor LaVey, wrote *The Satanic Bible* and *The Satanic Rituals*, that describe his theology and his liturgy. LaVey promoted unusual ceremonies, such as satanic baptisms and weddings. However, he emphasized that "Satanism *does not* advocate rape, child molesting, sexual defilement of animals, or any other form of sexual activity which entails the participation of those who are unwilling. . . ." (14). The activities of satanic religious groups are included in this differential diagnosis because therapists may occasionally mistake them for signs of ritual abuse.

Psychopathological Repetitive Abuse

Definition: A mentally ill parent or other adult may physically or sexually abuse a child in a methodical, repetitive manner. This form of child abuse was recognized long before ritual abuse was identified and is a separate phenomenon. Although the abuse may occur repeatedly over an extended period of time, it does not usually involve multiple perpetrators or multiple victims or ceremonies invoking spiritual powers.

Motivation/mechanism: The underlying purpose of this form of abuse is derived from the psychotic motives of the perpetrator.

Example: A vivid case study of child abuse by a psychotic parent was *Sybil*, the account of a patient who was analyzed by Cornelia Wilbur (36). *Sybil* coped with the abuse through dissociation and, ultimately, multiple personality disorder. Wilbur validated the allegations by studying medical records, arranging for a gynecological examination, and interviewing the patient's father.

Sexual Abuse by Pedophiles

Definition: A paraphilia is manifested by recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects. When the sexual activities involve children, sexual abuse occurs.

Motivation/mechanism: The purpose of paraphilic behavior is sexual gratification, the sexuality often being in the service of the perpetrator's dependency needs. Most pedophiles are not sadistic; they gradually groom the children through overtures that appear friendly and even nurturing.

Example: Lanning and Burgess (37) reported the case of Ralph, who was sexually involved with more than 50 young boys. Ralph kept meticulous records of his sexual activities with these boys, such as a chronological list of sexual acts, each act being assigned a consecutive number. Ralph also had his victims write notes stating how much they enjoyed the sexual activity.

Pedophilia is a common problem: Not only are there many pedophiles, but the typical pedophile has assaulted hundreds of children before he is apprehended. In most instances, a clinician would not confuse pedophilia with cult-based ritual abuse.

However, ritual abuse may be confused with a more elaborate form of pedophilia, when groups of children are formed into sex rings in which molestation, pornography, and prostitution occur. Burgess (38) and Lanning and Burgess (37) described three kinds of child sex rings. In the "solo sex ring," an isolated perpetrator prefers to have multiple children as sex objects in contrast to the perpetrator who seeks out one child at a time. The perpetrator often

uses his occupation to gain access to children. In the "transition sex ring," perpetrators communicate among themselves by sending letters, photographs, and videotapes back and forth through their network. Finally, a "syndicated ring" is a well-structured organization that recruits children, produces pornography, arranges for prostitution, and establishes an extensive network of customers.

Child Pornography

Definition: The perpetrators, usually pedophiles, are interested in manufacturing child pornography. They may frighten the children and abuse the children in a ritualistic manner in order to photograph or videotape the activities.

Motivation/mechanism: The motivation is financial gain or to create a library of pornography for future pleasure. Example: Nurcombe and Unützer (28) described a five-year-old girl whom they felt was victimized by a pornographic sex ring. In outpatient therapy, the girl provided graphic descriptions of the abuse: Her father put garbage in her vagina, forced her to drink blood and urine, and urinated in her mouth. Her parents and other individuals reportedly dressed as devils and witches and Disney characters. The girl said that her father photographed her while her mother performed cunnilingus on her; and that her mother photographed her while the girl urinated on her father.

Distorted Memory of Ritual Abuse

Definition: The person was abused, but not the way it is remembered.

Motivation/mechanism: Unconscious mental mechanisms might bring about a distorted memory. Distorted memory may occur commonly in the context of a dissociative disorder. It is hard to know whether any particular case, especially when reviewing it second or third hand, is an example of distorted memory.

Example: Wares (39) related how B.B., a 48-year-old woman, alleged that her mother had subjected her to ritual abuse as a child. In outpatient psychotherapy, B.B. recalled that her mother had been involved with baby killings and cannibalizing of kidnapped transients. She recalled that her mother had jolted her with electric shocks and smeared her with a rabbit's blood. B.B. sued her mother and this civil case went to trial in California. The jury apparently thought that B.B. had been maltreated, but not in the way she had reported. The jury found that B.B.'s mother had been negligent and they awarded no damages to B.B.

False Memory of Ritual Abuse

Definition: The person has a memory of ritual abuse, but had never been abused at all.

Motivation/mechanism: In certain circumstances, suggestible individuals come to believe that they had been the victims of ritual abuse, even though they had not been abused at all. This may happen in the context of psychotherapy, in which the therapist is overly invested in endorsing and validating "memories." It is likely that individuals who dissociate easily are more likely to become convinced that these false memories represent actual events.

Example: Ofshe (40) and Wright (41) related the case of Paul Ingram, who was accused of raping his daughters and engaging in satanic ritual abuse over a 17-year period. Apparently, there was a minister who manipulated Mr. Ingram's strong Catholic convictions to convince him of the holiness of retrieving "memories" of the abuse. Ofshe (40) demonstrated Ingram's extreme suggestibility and willingness to admit to behaviors he had not

done. Ofshe said that certain social trends, interrogation techniques, and improperly induced dissociative techniques caused Ingram to verbalize false confessions.

Raphling (42) reported the psychoanalysis of a woman who initially thought that her father had sexually abused her. After thorough investigation, the analyst and the patient agreed that no abuse had ever occurred. The analyst thought that the false memory of abuse served to defend her from childhood oedipal wishes and incestuous transference wishes. Other analysts (43,44) also reported that patients consulted them with claims of sexual abuse that later proved to be unfounded. Hedges (45) presented a comprehensive psychodynamic explanation of recovered memories and ritual abuse. Goldstein (46) and Goldstein and Farmer (47) described how therapists have induced patients to believe that they had been abused. According to Goldstein and Farmer, some individuals later recanted their allegations.

The psychodynamic explanations of false memory relate to proximal causation. The ultimate question, however, is why human beings have evolved in a way to promote "cognitive conformity" even when it involves false memories and beliefs. Wenegrat (48) suggested that it is more adaptive in the evolutionary sense for individuals to adopt the beliefs of a group, even if those beliefs are mistaken, than to be socially isolated by believing what is objectively correct.

Severe Mental Disorder in the Person Making the Allegation

Definition: There may be a false report of ritual abuse because of psychosis or another severe mental disorder. That is, a psychotic patient may describe a history of ritual abuse while delusional, but completely deny it after treatment. A psychotic or extremely worried caretaker may become mistakenly convinced that a child has been ritually abused.

Motivation/mechanism: The content of the psychosis is driven by the patient's delusional system. A parent or other caretaker may use projective identification and become convinced that the child has been maltreated.

Example: Siegel (49) related that a person discovered the remains of a badly burned and mutilated body of a baby girl, about 3 weeks old, in a small town in Idaho. Some people in the town believed that the baby was a victim of satanic ritual abuse. Eventually a boy named "Timothy" claimed that he had seen a baby being sacrificed. Timothy drew pictures of multiple instances of satanic ritual abuse. It was later discovered that Timothy's mother had read stories to him from the *Jehovah's Witnesses Children's Bible*, that included pictures of a baby being sacrificed and torn apart. A child forensics expert concluded that Timothy had not been present at any satanic sacrifices and that he had "jumbled" what had been read to him from the Bible stories. It was speculated that the baby was born from illegal aliens who wanted to burn her body after she had died.

Pseudologia Phantastica

Definition: Pseudologia phantastica is "telling stories without discernible or adequate motive and with such zeal that the subject may become convinced of their truth" (50). This mental mechanism is also called fantasy lying and pathological lying.

Motivation/mechanism: Deutsch (51) defined pseudology as "a daydream communicated as reality." Deutsch thought that pseudology represented "the reactivation of the unconscious memory trace of a former real experience." Fenichel (52) agreed with Deutsch and added that pseudology is "an economic measure

for the further maintenance of repression." That is, the patient's awareness that the fantasy is untrue helps him believe that the repressed memory was not true either.

Example: Bernet (32) described how Charlie, a five-year-old, told his mother that the mother of one of his friends at his day-care program had died. He said that the boy stuck his penis in the mother's blood and that Charlie saw him do it. Charlie's mother thought that he might be describing a satanic ritual. Charlie's discourse was an exuberant, expansive, elaborate account. He said that he had attended ten different schools; that he had lived in Mexico; that his teacher was up in an airplane and it blew up; that he himself saw it blow up; that another boy stuck a pencil through his penis from one side to the other. Charlie said that there were six children in the interviewer's office bathroom who were all playing sexual games and that there was a boy in the office bathroom who was dressed like a clown with a white face and a green nose and a hat. The evaluator concluded that Charlie may have been sexually stimulated in the day-care center, perhaps by playing with older boys, but that he had not been ritually abused.

Adolescent Behavior

Definition: Adolescents may use sadistic and ritualized lifestyles as a form of acting out. This is a common phenomenon.

Motivation/mechanism: Many mental health professionals have noted that troubled adolescents sometimes identify with the negative, antisocial aspects of satanism. Although they do not practice satanism as a religion, they dabble in satanic activities and borrow satanic symbolism to express angry, rebellious feelings or the desire to gain power over others.

Example: Davidowitz (53) described a 14-year-old boy who used a ritualistic life style to oppose his family. As Tommy rebelled against his parents, satanism apparently gave him a sense of power. He started listening to heavy metal rock groups glorifying Satan and talked openly with his friends about his satanic beliefs. After writing messages of his intention to kill his family, Tommy brutally murdered his mother. Tommy's father and brother survived his attempt to burn them to death while they slept. Then he killed himself. A note was found that read "Satan is my prince" and "I have killed my family."

The *New York Times* (54) reported that three teenagers, age 16 to 18, were charged with murdering three young boys in West Memphis, Arkansas. Local townspeople claimed that they had seen the three teenagers engage in satanic activities. The three defendants acknowledged meeting in the woods wearing black hoods, drawing pentagrams, skulls, and snakes on art materials, and painting black tears on their faces. These youths used satanic imagery to give them a sense of identity, but there was no evidence that they were members of a formal satanic cult.

Bourget et al. (26) described satanism in a psychiatric adolescent population. Their patients practiced satanic activities in small groups consisting of a few individuals who shared similar beliefs and attitudes. None was involved in a structured religious organization. Some of the rituals involved the abuse of drugs, satanic drawings, the celebration of black masses, and the sacrifice of small animals.

King (55) viewed this kind of self-styled satanism as a way for disturbed teenagers to organize a value system that endorses violent and antisocial behavior. He thought that the preoccupation with evil power synergizes with drug use, because each seemed to promote the other.

Moriarty (29) described four types of adolescent satanic dabbler.

The "psychopathic delinquent" has a long history of drug abuse, violence toward people and animals, and sexual acting out. The "angry misfit" blames others for his or her difficulties and satanism provides an organized system that helps him place blame on the outside world. The "pseudointellectual" pursues satanism for the sake of ideas and feels powerful by acquiring arcane knowledge. The "suicidal impulsive" is an adolescent drawn to risk-taking behavior.

Epidemic Hysteria

Definition: In epidemic hysteria, rumors proliferate as frightened people modify what they have heard in a way consistent with their own emotional needs. As the rumor is passed on, it becomes more and more convincing.

Motivation/mechanism: Victor (56) discussed the social forces that influence belief in rumors. He said that the most important factors are that the rumors are conveyed by persons of authority; that they were repeated over and over from different sources, leading to consensual validation of reality; that in stressful social situations many people more readily believe that bizarre events might happen; and the rumors are personally relevant for many people. Gehlen (57) reviewed the sociological and psychological explanations of hysterical contagion. She considered hysterical contagion a type of craze, in which the participants share the expectation "that exhibiting certain behaviors will entitle one to the secondary gains of the sick role."

Example: In a case study, Victor (56) described the rumors that spread in the area of Jamestown, New York, in 1988, that the satanists were about to kidnap and sacrifice a blond, blue-eyed virgin. The rumors "evolved to a peak of emotional extreme in a rumor-panic on Friday, the thirteenth of May." On that day fearful parents kept their children home from school and angry citizens with weapons searched the community for members of the supposed cult.

The reports of ritual abuse in Oude Pekela, a village in Holland, may be an example of epidemic hysteria. Jonker and Jonker-Baker (58) described how 98 children were interviewed by local authorities regarding "ritual crimes" that reportedly occurred during 1986 and 1987. The children recounted fantastic tales of abuse. Some authors have suggested that the events at Oude Pekela constituted hysterical contagion. Putnam (9), for example, said that a "witch hunt" had taken place at Oude Pekela.

Deliberate Lying

Definition: Deliberate lying refers to self-serving intentional fabrication.

Motivation/mechanism: A patient may fabricate or exaggerate symptoms to gain attention, sympathy, or revenge.

Example: A therapist (Blankton, personal communication, 1994) saw a woman who was suicidal, afraid to be alone, and had a pattern of living with abusive men. The therapist believed that the patient had been physically and sexually abused and that her symptoms were related to those experiences. Early in the treatment, however, the patient told the therapist that she had also been ritually abused. She said that she had been put on a table and people, who were dressed in robes and hoods, stood around her, touched her sexually, put objects into her vagina, and had intercourse with her. Using clinical judgment, the therapist chose not to pursue these "memories" of ritual abuse. The patient gradually improved and during termination, the therapist asked the patient about her memories of ritual abuse. The patient readily acknowledged that she had

made up the stories. It appeared that the patient fabricated stories of ritual abuse to elicit the interest and emotional support of the therapist.

Hoaxes

Definition: A hoax refers to the publication of a supposed first-hand account of ritual abuse that the authors and perhaps the publishers knew to be false.

Motivation/mechanism: The motivation includes financial gain and the satisfaction of being a well-known victim or former perpetrator. The author of the hoax may use these dramatic stories to promote adherence to traditional religious beliefs.

Example: A historical example was *Awful Disclosures* (17). Maria Monk, who claimed that she had been a novice in a convent, related: the older nuns tortured the novices; young nuns were kept in dark prison cells in the basement of the convent; priests came through an underground tunnel to have sex with the nuns; and the nuns' babies were baptized, killed, and thrown into a lime pit in the basement. The book was so successful that the author quickly published *Further Disclosures* (59). A controversy ensued among the Protestants and Catholics of Montreal, New York, and Boston regarding Monk's credibility. Apparently, Monk's allegations were false and the books were hoaxes (60).

Mark Warnke was an evangelical minister who purveyed his fantastic stories through books (18,61,62), records, videotapes, and an active radio ministry. He claimed that when younger, he had been a satanic high priest involved in many drug deals, sexual orgies, and satanic rituals. He made a great deal of money telling his followers about his conversion from being a friend of Satan to being a friend of God, until his story was exposed as a hoax (63).

Conclusions and Recommendations

The evaluation and treatment of patients who allege ritual abuse is a complex and disturbing issue for psychotherapists. There is so much infighting among professionals that we must appear very unprofessional to the general public. We propose several specific recommendations for therapists to consider when dealing with allegations of ritual abuse.

Keep in mind the differential diagnosis for allegations of ritual abuse. The therapist should move beyond the simplistic question of whether the ritual abuse as described did or did not actually happen. There are many alternative explanations to consider. Unless these possibilities are considered, they will never be identified.

Be aware of criteria that might be useful in validating allegations. Raskin and Esplin (64) have outlined a procedure for assessing the validity of an allegation by performing a content analysis of the child's statement of abuse. Greaves (30) suggested that the therapist use three checks of validity. "Process checks of validity" are the ways in which the therapist sees if the cognitive, affective, and behavioral observations of the patient are congruent with the content of the material. "Internal checks of validity" refer to whether the patient's story is logically possible, whether the patient contradicts himself, and whether the patient grows more consistent or less consistent with each telling of the story. "External checks of validity" refers to how the therapist compares what the patient reports with "what the therapist objectively knows about history, science, anthropology, sociology, and the general humanities."

Be humble. The therapist should accept the reality that this is a complex issue and in some cases, it will not be possible to tell whether a particular allegation is factual or what the underlying

mental processes are. According to Yapko (65), "There are no reliable means for determining whether a previously repressed memory is authentic or confabulated." As Frankel (66) said regarding adult reports of childhood abuse and trauma, "uncertainty on the part of the therapist and the patient, however burdensome, is often the only honest option."

As a therapeutic strategy, it is wise in many instances to remain neutral regarding the reality of what the patient alleges. Although patients usually want the therapist to endorse their "memories," it may be better treatment to remain neutral and help the patient explore the possible explanations. We agree with Jones (67) who said that he "does not believe or disbelieve individual accounts of ritualism and child sexual abuse at this stage in our knowledge."

Almost always it is not a good idea for therapists to testify about these matters in court. There should be a separation between the mental health professional's role as therapist and the role as an independent expert witness. Usually, it is best for the therapist to stick with the task of the treatment, i.e., to help the patient understand what has happened and learn ways of coping with his or her experiences. If the therapist cannot avoid testifying, the most truthful approach may be to report what the patient stated in therapy sessions and to add that the therapist himself has no way of knowing whether the patient's allegations or memories are factually accurate.

In recent years, the U.S. Congress and courts have loosened somewhat the criteria for admitting expert testimony. The Supreme Court clarified in *Daubert v. Merrell Dow Pharmaceuticals* (68) that the Frye standard (69) has been replaced by the Federal Rules of Evidence. This new standard is applicable in federal court and in some state courts. That means that it is up to the trial judge to ensure in each case that the expert's testimony rests on a reliable foundation and is relevant to the task at hand. Although this change may make it easier for individual therapists to base their opinions on their own personal beliefs, it is advisable for mental health expert witnesses to base their opinions on hard data and on evaluation procedures that are relevant and reliable.

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Additional information and reprint requests:
 William Bernet, M.D.
 1601 Twenty-Third Avenue South,
 Nashville TN 37212