

## THE CREATION OF SATANIC RITUAL ABUSE

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Fears about satanic ritual child abuse swept the nation in the 1980s and 1990s, but were probably largely unfounded. In this article, we explore sociocultural, individual, and therapy-related factors that together may be responsible for the creation of ritual abuse allegations. We conclude that there are serious problems with embracing false ritual abuse claims and call for more responsible journalistic coverage of issues relating to child abuse, more research to identify factors that contribute to false allegations, and better therapeutic practices to aid people seeking psychological help.

In the mid-1980s a new form of child abuse allegation surfaced in the United States, and eventually, worldwide. At first called satanic abuse, then satanic ritualistic abuse, and then simply ritual abuse, this form of child abuse was said by clinicians and a few researchers to be especially damaging to its victims because of its extraordinarily violent and bizarre nature (e.g., Kelley, 1989, 1996; Young, Sachs, Braun, & Watkins, 1991). Ritual abuse was said to involve large numbers of victims and perpetrators of both genders, to be so cloaked in secrecy and involve such precise concealment of evidence that almost no one knew about it, and to involve the most horribly painful and degrading practices imaginable—including sacrificing human infants to satan, gang-raping young children during satanic worship, eating human flesh and feces, and forcing

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children to spend time in graves or pits containing dead animals or snakes (Bottoms, Shaver, & Goodman, 1996). Being characterized by the most extreme violations of normal human standards of morality and dignity, it lived up to its "satanic" label.

Reports of ritual abuse initially came from a few "adult survivors," adults who claimed to have been satanically abused during their childhoods. The first was probably Michelle Smith, who supposedly regained satanic abuse memories during therapy with Dr. Lawrence Pazder (whom she later married), then told her story in the influential 1980 book *Michelle Remembers* (Smith & Pazder, 1980). But fairly quickly, similar reports emerged in the context of complicated child abuse cases at daycare centers such as McMartin Day Care in California (Waterman, Kelly, Oliveri, & McCord, 1993). The seeming cross-corroboration of children's and adult survivors' claims at first led many open-minded professionals, including clinicians and journalists, to believe that abusive satanic cults actually existed and were a serious threat to society.

More recently, however, these beliefs have been effectively attacked by skeptics, and ritual abuse is now viewed by many professionals to be part of a more general tendency of certain individuals, especially clients of certain psychotherapists, to manufacture memories of abuse that never occurred (Lindsay & Read, 1995; Loftus, 1993; Pendergrast, 1995). If satanic ritual abuse does not really occur, what could possibly explain hundreds of people earnestly claiming to be survivors of it? In this article, we provide an integrative overview of many factors that together contributed to the creation of false ritual abuse allegations. Up front, we want to state clearly what should be, needless to say: Questioning the existence of highly networked, intergenerational, international, child-abusing satanic cults, and asking why their existence was widely accepted, in no way amounts to questioning the existence and prevalence of actual child abuse. The evidence for child abuse—medical, forensic, and historical evidence—is overwhelming and is just as troubling now as ever (e.g., Browne & Finkelhor, 1986; Finkelhor, 1986). But family members are the main perpetrators of child abuse (U.S. Department of Health and Human Services, 1996), and they do not seem to need the help of satanists to inflict serious damage. Furthermore, we do not mean to imply that there has never been a case of child abuse involving satanic elements. Pedophiles are not rare; neither are people who practice satanic religions. Occasional overlap of the two groups should not be surprising. It *would* be surprising, however, if they overlapped with any great frequency, or if the overlap resulted in the formation of large clandestine organizations.

## EVIDENCE AGAINST SATANIC RITUAL ABUSE

What led us to believe that satanic ritual abuse is rare? Our primary source of evidence is data collected in the early 1990s during large-scale survey research conducted by the first author in collaboration with Gail S. Goodman and Phillip R. Shaver. Our surveys were designed to answer many questions about the nature of ritual abuse allegations in the United States. Briefly stated, we targeted nearly 40,000 professionals and agencies with our surveys: psychologists, psychiatrists, social workers, and legal and social service agencies. In the present article, we draw conclusions mainly from the results of our survey of clinical psychologists who were all members of the American Psychological Association. (The responses of different professionals were similar in important ways; see Goodman, Qin, Bottoms, & Shaver, 1994.) The research was conducted in three phases: (a) a postcard survey to identify clinicians who had encountered relevant cases (total targeted  $N = 6,000$ ), (b) a detailed survey to obtain more complete information about specific cases reported by those clinicians (targeted  $N = 803$ ), and (c) a final detailed survey to gather information about the beliefs and practices of both clinicians who had and clinicians who had not encountered cases of ritual abuse; also, to gather information about therapists' general experiences with cases involving claims of repressed memories of any kind (targeted  $N = 760$ ). Response rates at each stage ranged from 42% to 47%. (For more detailed information about these surveys, see Bottoms et al., 1996; Bottoms, Diviak, Goodman, & Shaver, 1996; Bottoms, Diviak, Goodman, Tyda, & Shaver, 1995; Bottoms, Shaver, Goodman, & Qin, 1995.)

Our results convinced us that the threat of satanic conspiracies was greatly exaggerated. First, relatively few therapists ever directly encountered a single case of alleged satanic abuse. Approximately 11% had seen a case reported by an adult survivor, 13% had seen a case reported by a child. An even smaller number of clinicians accounted for the vast majority of ritual abuse cases reported; for example, 2% of our sample claimed to have encountered hundreds of cases each. Second, as we detail later, therapists who reported cases were especially likely to have attended special workshops dealing with ways to identify and treat ritual abuse, to believe in the reality of satanic ritual abuse and repressed memories, to use suggestive "memory recovery" techniques such as hypnotic age regression which can produce false memories and iatrogenic symptoms in clients, and to diagnose their clients as suffering from controversial maladies such as multiple personality disorder (MPD, now known as dissociative identity disorder). Third, nearly all therapists believed their clients' claims about satanic practices even though there was little or no corroborative evidence for them. Finally, nearly all of the

claims about satanic abuse arose in the context of psychotherapy. In general, it seems that only after the phenomenon was well known (after seminal public accounts such as *Michelle Remembers*) did many individuals outside of therapy decide that they too suffered from it.

What we learned from our surveys is largely supported by the research of others interested in ritual abuse and in the larger controversy over the reality of recovered, formerly repressed memories of childhood abuse (e.g., Lindsay & Read, 1995; Poole, Lindsay, Memon, & Bull, 1995). (Many claims of childhood ritual abuse initially emerged as adult survivors' recovered memories; see Qin, Goodman, Bottoms, & Shaver, in press.) Combining these converging findings with the fact that police and FBI agents have never been able to find evidence of child-abusing satanic cults (Lanning, 1992), and adding in the fact that many alleged victims of such cults have now been discredited (Corwin, 1996) or have recanted their stories (Passantino, Passantino, & Trott, 1990), one has to conclude that there probably never were any highly organized, intergenerational, child-abusing satanic cults.

## OVERVIEW

We now attempt to explain how thousands of cases of satanic ritual abuse were honestly reported when perhaps no abusive satanic cults existed. We focus on adult survivor cases, because our research indicates that they were the most extreme and bizarre in various ways, and historical evidence suggests that they influenced the well-publicized child cases.<sup>1</sup>

We will show that understanding adults' false reports of satanic ritual abuse requires examining a complex web of social and psychological forces. For clarity, we divide our discussion of those forces into three sections: Sociocultural Factors, Individual Factors, and Therapist and Therapy Factors. We draw support where possible from our own data, but also from others' research aimed at concerns about false claims of childhood sexual abuse, and from basic social, clinical, and cognitive psychological literatures.

## SOCIOCULTURAL FACTORS

A number of complex sociocultural factors collectively set the stage for the rise of satanic fears in America, and in turn, the emergence of ritual

1. That is, suggestive questioning during forensic interviews and therapy with alleged child victims was probably shaped by investigators' knowledge of adult survivors' stories of satanic abuse.

abuse claims in the offices of psychotherapists. As sociologists and others have pointed out (Pendergrast, 1995), Americans have recently faced rapid social change, exposure to diverse and threatening lifestyles, economic insecurity, and family instability. People often seek simplistic explanations for their troubling experiences, leading to the kind of conspiratorial thinking and scapegoating that was the basis for satanic scares during the past decade (Richardson, Best, & Bromley, 1991; Victor, 1993). What better scapegoat or object of fear than satanic cults? Folklorists (e.g., Victor, 1993) have produced case studies of satanic rumors in economically depressed rural areas to support their contentions that panics about satan are most likely to surface in areas hit hard by cultural change and economic downturns. In our research, however, we found no evidence that reports of ritual abuse are more a rural than an urban phenomenon, leading us to conclude that sociocultural precursors to ritual abuse beliefs are widespread in our society. Similar factors instigate other types of fearful thinking, such as the paranoia about government that characterizes American "militia groups."

Another important factor is the public's increasing reliance on the media in struggles to understand personal experiences and difficulties. This has supported the growing popularity of psychology in our culture, which has brought about widespread exposure to and belief in unscientific "psychobabble." Bookstores are filled with popular self-help books that sell the public on concepts such as codependency, inner child, memory recovery, alter personalities, and the value of embracing a victim persona. Increasing numbers of people seek therapy that is supportive of the beliefs they have been exposed to through these sources. Not surprisingly, this has been paralleled by an explosion in the number of people calling themselves therapists without receiving adequate training, supervision, or continuing education. As noted recently in *Newsweek*, therapy has become "as accessible as your friendly talk-show shrink" (Solomon, 1996, p. 22).

The media is at no loss for material dealing specifically with satanism and ritual abuse. A recent visit to a popular urban bookstore turned up a dozen books detailing the supposed horrors of ritual abuse and how to treat its survivors (e.g., Feldman, 1993; Lockwood, 1993; Ross, 1995; Ryder, 1992; Sakheim & Devine, 1992; Sinason, 1994; Smith, 1993), and more dealing with satanism. Popular television dramas such as *The X Files* regularly include supernatural story lines (Carter, 1993), soap operas feature characters suffering from demonic possession, and talk shows showcase families ravaged by satanic ritual abuse. In fact, Geraldo Rivera can probably be credited with educating the largest section of the public at one time about ritual abuse with his 1988 show on the topic. It was the most widely watched show of its kind. (One of our survey respondents noted that a client made ritual

allegations after being questioned by a relative who had watched Rivera's show. Coons [1994] has also noted the direct relation between media accounts and clients' allegations.) Thus, against the background of the media's message that nearly anything evil is possible, ritual abuse became plausible to America.

Ironically, the long overdue recognition of child abuse as a major societal concern also probably nurtured the unchecked rise of ritual allegations. In the 1970s, documentation of child abuse brought about publicity and mandatory reporting laws that, thankfully, have protected thousands of children from horrible abuse (e.g., Finkelhor, 1986). But the hard-fought battle to gain recognition for real child abuse left child advocates sensitive to the historical denial and betrayal of child abuse (Lindsay & Read, 1995), and in turn, perhaps more accepting of ritual abuse claims and intolerant of skeptics who would question any form of child abuse. Unfortunately, skepticism about ritual claims incorrectly became equated with denial of child abuse generally (and even with a pro-child abuse stance). This raised emotions and politicized the issues in ways that have hampered the scientific study of ritual abuse and false memory.<sup>2</sup>

Because of its efforts to end the historical denial of child abuse, feminism has also been blamed for the rise of false allegations of child abuse (Tavris, 1993; Wakefield & Underwager, 1994). The women's movement swept the abuse of women and children into the public eye, enabling real victims to gain deserved public belief and recognition (Herman, 1981; Rush, 1980). At the same time, it may have paved the way for belief in ritual abuse as well, although the centrality of its role is difficult to specify. As Lindsay and Read (1995) point out in an insightful article about recovered memory therapy, "In our view, the controversy regarding memory work does not reduce to a debate between feminists and nonfeminists" (p. 849). In our view, widespread belief in ritual abuse does not reduce to feminist beliefs and practices either; however, feminist support of a culture in which questioning adult survivors' stories is anathema must be placed on the list of factors contributing to the spread of belief in ritual abuse.

Finally, organized religion, particularly fundamentalism, has been an important catalyst for panic about ritual abuse. After all, religion created satan in the first place, and in general, religious groups have missed no

2. Child advocates are not completely unreasonable in connecting skepticism about ritual abuse and repressed memory with denial of child sexual abuse. Some skeptics have indeed minimized the well-evidenced negative effects of child sexual abuse, even characterizing the anti-child sexual abuse movement as "a pervasive and pernicious antisexuality" (e.g., Wakefield & Underwager, 1994, p. 47). There is unscientific bias on both sides of this controversy.

opportunities to ascribe every hint of societal breakdown to satan—threats to lifestyles, loss of parental control of children, divorce, disease, etc. It fits with religion's prime objectives to find a satanic explanation for child abuse as well. The first voices bringing stories of ritual abuse to the religious community, such as Lauren Stratford (1988), stirred religious listeners with tales of satanic terrors requiring supernatural deliverance (e.g., Michelle Smith wrote that the Virgin Mary literally descended from heaven and rescued her from her satanic persecutors). Even though such stories were eventually exposed as fiction (Passantino et al., 1990), ritual abuse claims were still embraced by the church. In religious discourse laced with psychobabble, pastors, lay leaders, and religious counselors spread the word about the powers of satan and his danger to children. The church provided adolescents with information about satanic practices and actively encouraged disclosure of ritual abuse (Weir & Wheatcroft, 1995). Perhaps the best illustration of the role religion can play in creating a false ritual claim is the infamous ritual abuse case involving Washington State Sheriff Paul Ingram. Ritual allegations that were almost certainly false were first made against Ingram by his daughter, who supposedly recovered ritual abuse memories during a feverish, revival-style religious camp meeting (Wright, 1994). After vehemently denying the allegations, Ingram finally confessed to the satanic deeds after long sessions of trance-like prayer with his pastor (he later also confessed to details confabulated by a skeptical social scientist; see Ofshe, 1992).

## INDIVIDUAL FACTORS

Individual variables must also be counted as contributors to false ritual abuse claims, but research has yet to reveal exactly how. General life stressors may leave people predisposed to adopt a false history of abuse, or may at least push them into closer contact with cultural or clinical suggestions of abuse. Job loss or uncertainty, geographical moves, divorce, and other stressors may bring about any number of common forms of malaise: depression, anxiety, family problems, feelings of powerlessness, low self-esteem. People suffering from any of these problems can turn to a variety of sources for help, including the readily-available psychobabble previously mentioned or survivors' groups that foster acceptance of one's identity as a "healing survivor." Such groups can become alternative families, creating a powerful social setting that can dramatically influence behavior and beliefs. And, as discussed below, troubled people may enter therapy with a clinician who focuses insistently on child sexual abuse, recovery of repressed memories of abuse,

belief in satanic cults, and so on—all of which may promote satanic revelations.

Psychological disturbance resulting from a history of real, but non-satanic childhood abuse may also leave some persons vulnerable to the belief that they were satanically victimized. For example, beliefs about ritual abuse may be built from fragmented memories of actual abuse that are distorted by exposure to suggestive media or therapy (Ganaway, 1989; Spence, 1994). In addition, dissociative disorders such as MPD or posttraumatic stress disorder (PTSD), which are thought to result from childhood abuse (Kluft, 1985), may leave some people particularly vulnerable to false memories. Ganaway (1989) has suggested that the heightened suggestibility of clients with dissociative disorders makes them particularly prone to incorporate stories of ritual abuse into their own life histories, just as they sometimes embrace equally unlikely stories of UFO abduction (for discussion, see Newman, this issue; Newman & Baumeister, 1996). In fact, fully half of the adult survivors encountered by clinicians in our surveys were diagnosed as suffering from MPD, and a quarter from PTSD. This might be taken as evidence that childhood satanic ritual abuse leads to dissociation; but in light of converging evidence that ritual abuse is exaggerated, we think it is more likely that individuals with dissociative disorders (which may originate from real, non-satanic abuse) are highly susceptible to suggestions of any kind of sensational abuse, whether it be perpetrated by satan or space aliens. Or, perhaps the same exceptionally suggestible people can be led to believe both that they have been satanically abused and that they have multiple personalities (Ofshe & Watters, 1994). Thus, inherent suggestibility, hypnotizability, and proneness to dissociation, all of which are highly intercorrelated (e.g., Spiegel, 1993), may make the creation of satanic abuse memories possible.

Gender has begun to emerge as another individual difference factor of importance. Across our surveys, the vast majority of self-designated survivors of ritual abuse were women, as were clients who allegedly recovered formerly repressed memories of any kind. Media and other accounts of the adult-survivor phenomenon concur; for example, 90% of the child sexual abuse claims reported by accused parents to the False Memory Syndrome Foundation are made by females (Wakefield & Underwager, 1992). Compared to men, women are more likely to be victimized and probably more likely to report victimization (e.g., Finkelhor, 1986), and more likely to seek therapy—but not as much as nine times more likely. More research is needed to fully explain this intriguing gender difference.

Finally, personal religious beliefs may be one factor among many that can predispose a person to adopt a false history of ritual abuse. Individu-

als who share culturally sanctioned beliefs in supernatural religious forces may find it plausible that satanic groups focus their evil efforts on destroying children, and perhaps that they themselves were abused by satanists.

### THERAPIST AND THERAPY FACTORS

How does an individual move from general vulnerability to the specific belief that he or she was satanically abused? Some people may come to this conclusion after extensive exposure to suggestive media influences or support groups. But others may recover their history of satanic abuse after extended periods of therapy (Dawes, 1994). In 95% of ritual abuse cases reported to us, the allegations were first disclosed in therapy; further, therapy was the most often reported trigger of the recovery of supposedly repressed memories of all kinds. Some clinical professionals argue that a supportive therapeutic environment is necessary to foster the recovery of real traumatic memories (Herman, 1992; Terr, 1994). But in the case of ritual abuse, we think it is more likely that therapy facilitates the recovery of false memories. Thus, some kinds of therapy, and some therapists—but *not all or even most*—have helped to create the phenomenon of imagined satanic ritual abuse. How?

Therapy is a unique social situation in which normal social psychological processes become intensified in ways that may lead to clients' and therapists' co-creation of false beliefs. Whether or not false memories of ritual abuse are created depends to a large extent on therapists' pre-existing beliefs and their actions during the therapy process. For example, assumptions about the long-term effects of child sexual abuse are central. Now that the media are saturated with material that gives laypeople reasons to suspect that they have been abused even if they cannot remember it, some clients may enter therapy with a belief that they were abused and a desire to seek memories of the abuse (or some may enter therapy with already fully sculpted false memories). Others, however, may first seek therapy with no notion that they were previously abused, then be told by a therapist that their troubles are symptomatic of unresolved childhood abuse and that they must search for relevant memories. Unfortunately, the symptoms believed by therapists to indicate a history of sexual abuse are nearly as varied as the reasons people seek therapy. In Poole et al.'s (1995) survey, there was little agreement among therapists about long-term sequelae of sexual abuse, but frequently chosen symptoms included sexual dysfunction, poor relationships, and low self-esteem. Other symptoms noted in the literature include depression and motivational problems (Bass & Davis, 1988), perfectionism (Blume, 1990), emotionality and distress (Courtois, 1992), and "body

memories" or somatic symptoms (Courtois, 1992). Even a client's initial denial of childhood abuse is sometimes considered to be evidence of past abuse (Bass & Davis, 1988; Blume, 1990). Obviously, many people who seek therapy (and many people who do not) experience such symptoms, and the possible causes range beyond sexual abuse. Even so, some therapists may wrongly take any number of such symptoms as hints that forgotten childhood abuse lurks in a client's history, and begin a long saga of probing that may itself create the memories (Loftus, 1993).

Beliefs about the way human memory works are also important in shaping therapists' approaches to clients and therapy. Even though modern cognitive models of memory do not support a Freudian repression mechanism (Holmes, 1990), many therapists believe that repression is a special defense mechanism for blocking out memories of emotionally stressful past events (Freud, 1915/1957). For example, in Yapko's survey of therapists (1994b), 43% agreed "If one does not remember much about his or her childhood, it is most likely because it was somehow traumatic" (p. 53). In 87% of repressed memory cases (of all kinds) reported to us, respondents indicated that psychological pain caused clients to forget or repress traumatic memories. Further, our sample generally believed in repressed memory and memory recovery, as measured by a specially constructed multi-item "Belief in Repressed Memory" scale. Many clinicians also believe that amnesia for child sexual abuse in particular is common (Claridge, 1992; Fredrickson, 1992). For example, Blume (1990) suggests that as many as half of all incest survivors do not remember their childhood abuse. Finally, even though there are many studies illustrating the malleable nature of memory (e.g., Hyman, Husband, & Billings, 1995; Loftus, 1993; Nelson & Roediger, 1996), about a third of Yapko's (1994b) respondents agreed that "The mind is like a computer, accurately recording events as they occur" (p. 51). Therapists endorsing such beliefs are likely to suspect that many clients have histories of abuse that they do not remember and to accept as accurate nearly all memories clients "recover" during therapy. Further, they may believe in the largely untested psychoanalytic notion that troubling symptoms can be resolved only after recovery and abreaction of repressed traumas, and that recovery and abreaction necessitate lengthy therapy during which clients get much worse before getting better.

To uncover hidden memories and bring about client healing, clinicians may use suggestive "memory work" and special memory recovery techniques. At worst, such controversial techniques include hypnotic age regression; past lives regression; sodium amytal interviews; guided imagery exercises; or bibliotherapy, in which clients are encouraged to read books on memory recovery and ritual abuse (for a full discussion

see, e.g., Lindsay & Read, 1994, 1995; Poole et al., 1995).<sup>3</sup> In our latest detailed survey of clinicians, we found that among respondents who believe that ritual abuse can be accurately diagnosed, popular techniques for diagnosis include journal/diary therapy, the use of dubious published ritual abuse symptom checklists (Gould, 1987), dream interpretation, hypnotic inquiry, and hypnotic age regression. Hypnotherapy in particular is something many critics of recovered memory are quite concerned about because it is known to contribute to misinformation effects in recall and generally heightened suggestibility (e.g., Bowers & Hilgard, 1988; Spanos, Burgess, & Burgess, 1994), but is widely regarded as a useful recovered memory tool (Yapko, 1994a, 1994b; Poole et al., 1995). Empirical studies of the effectiveness of memory recovery techniques are badly needed. In their absence, we can speculate that their use has contributed to the creation of false memories of satanic ritual abuse.

Once a therapist suspects that a client has been ritually abused and feels it necessary to search for relevant memories, common social psychological processes may increase the likelihood that therapists' suspicions lead to firm beliefs—on the parts of both therapist and client. For example, initial suspicions of child abuse will be tested by the therapist, and research suggests that this testing may be biased. Specifically, the therapist may be more likely to seek and obtain information that fits with his or her suspicions than information that does not—a process known as confirmatory hypothesis testing (e.g., Snyder & Swann, 1978; Zuckerman, Knee, Hodgins, & Miyake, 1995). In laboratory settings, although therapists can and sometimes do use unbiased strategies (Dallas & Baron, 1985; Strohmer & Chiodo, 1984; Strohmer & Newman, 1983), they also fall prey to confirmatory strategies (Dallas & Baron, 1985; Haverkamp, 1993; Strohmer, Shivy, & Chiodo, 1990). Confirmatory strategies are probably quite likely to be used when therapists pursue suspicions of abuse. Therapists may be invested in their diagnosis of past abuse for all of the reasons discussed earlier. Further, because clinicians are prone to accept a wide range of symptoms as indicators of abuse, it is easy for them to gain what they consider to be independent confirma-

3. Highly suggestive tools and techniques are also used in therapy with children to encourage disclosure of ritual abuse. For example, *Don't make me go back, Mommy: A child's book about satanic ritual abuse* is a bedtime storybook about a little girl who was satanically abused at a daycare center (Sanford, 1990). Northwest Psychological Publishers (no date) markets a series of "Projective Storytelling Cards" that depict graphic scenes of ritual abuse, such as hooded figures sacrificing an infant over a fire in a graveyard. To their credit, when nonabused 3- to 16-year-old children are asked to tell a story about these cards in a laboratory situation, they do not make up stories of ritual abuse (Goodman et al., in press). This is not to say the cards will not stimulate false accusations when used in conjunction with coercive, repeated questioning.

tion of their suspicions. Finally, in laboratory settings, there are obvious alternate hypotheses for the subject/clinician to pursue; but in actual therapy settings, alternate hypotheses such as "the client's memory is false" or "the client was not abused" may not be considered therapeutically appropriate. Why? For one thing, our research reveals that nearly all clinicians believe their clients, even though their claims involve unspeakable horrors for which there is virtually no evidence. They base their belief on clients' intense displays of emotion, psychological symptoms, and detailed stories—the same evidence used to argue for the reality of UFO abductions. But it is really not surprising that these are perceived to be markers of veracity: Appropriate knowledge and affect, perceptual detail (Johnson & Suengas, 1989), and confidence (Penrod & Cutler, 1995) are indicators of truth for all of us in everyday life. We are prone to believe what others tell us (Gilbert, 1991), and in the case of ritual abuse, it is hard to comprehend why someone would fabricate such a horrendous story if it were not true (Loftus & Ketcham, 1994). Unfortunately, none of these markers is necessarily indicative of truth. Thus, the alternative null hypothesis ("client is mistaken") is not as convincing as the hypothesis that the client has been abused.

There is another important reason why therapists may not pursue an alternative hypothesis, even if they doubt the historical truth of clients' claims: They may believe that the truth doesn't matter in therapy, that objective reality doesn't matter, that what matters is empathizing with and validating client's experiences. This reasoning is surprisingly widespread: In our research, although most clinicians attached some importance to verifying clients' claims before personally believing them, 22% believed that "It is important to accept clients' reports as true regardless of verification," and three-quarters of our sample agreed that "the literal truth of clients' reports should not be of primary concern; clients should be treated for what they believe they have suffered." Similarly, Nash (1994) has argued that historical truth is not always clinically useful, and Waterman et al. (1993) encouraged therapists and parents of suspected child victims to seek out emerging memories, but "not to get sidetracked by the need to uncover the absolute truthfulness of these events" (p. 253). Thus, testing alternative hypotheses is believed to be therapeutically contraindicated. Such suspension of disbelief illustrates a conceptual divide between legal and clinical standards of proof, a chasm that should perhaps be narrowed. As we have argued before (Bottoms et al., 1996), the historical truth of clients' claims definitely does matter, because clinical encouragement of false beliefs is potentially quite harmful. Clients may live the rest of their lives with a false, painful belief, a belief they may act on, making specific accusations of sexual abuse against innocent people.

Several other therapist factors deserve mention. For example, therapists who believe in satanic conspiracies and the reality of ritual abuse are probably more likely than others to encourage and/or accept clients' disclosures of ritual abuse. There was little skepticism about satanic ritual abuse among the clinicians we surveyed. In fact, some were exceptionally concerned about satanic cult activity; for example, one lamented the fact that "so many people in high places like doctors and lawyers" were satanists, and another told us he was convinced that our results would be used by cult members. One of many people who telephoned us while we were collecting our data warned us that the entire public school system had been infiltrated by satanists and that one of our consultants from the FBI was a high priest in a satanic cult. Equally unlikely sentiments are expressed in ritual abuse seminars, books, and papers; for example, satanic cults are conceived of as more sophisticated than the mafia or CIA, and skeptics are suspected of being cult members (see Pendergrast, 1995, for discussion). These kinds of beliefs are nothing short of paranoid and would seem to be dangerous guides for professional therapy.

Belief in ritual abuse may be intensified by therapists' personal religious convictions. As discussed earlier, mixing of religious beliefs with therapy has almost certainly helped to create some ritual abuse claims. In fact, Christian psychologists are more likely than non-Christians to diagnose ritual abuse among their clients (McMinn & Wade, 1995). The influence of clinicians' religious beliefs on the therapy they practice may be subtle, or not: We have encountered the writings of some who even use exorcism and religious healing rituals in therapy and believe that clients' alter personalities are really demons (Friesen, 1991, 1992). Such extreme beliefs may not be so rare among religious counselors. In our latest survey, 7% of our APA-member respondents thought exorcism might be helpful in treating ritual abuse survivors—arguably 7% too many.

Research on therapists' beliefs and practices indicates that gender may also be a relevant therapist factor. Although Poole et al. (1995) found no differences between men and women therapists' use of suggestive memory recovery techniques, our research reveals that women therapists are somewhat more likely than men to believe in repressed memory and in the reality of ritualistic abuse, and to have more faith in controversial diagnoses such as MPD. This is consistent with research findings that men and women have different ideas about a variety of issues related to child sexual abuse. For example, compared to men, women are generally more likely to believe children and to react more negatively toward child sexual abuse (Bottoms, 1993), and to vote guilty in the context of mock trials involving adult or child sexual assault (Borgida & Brekke, 1985; Bottoms & Goodman, 1994; Duggan

et al., 1989; Gabora, Spanos, & Joab, 1993). Determinants of these differences are not yet clearly understood, but factors responsible surely include differences in gender-role socialization, contact with children, rates of personal victimization, and perhaps even differences in personal fears of being falsely accused (Bottoms, 1993).

Finally, and importantly, our research reveals that many of the therapist factors we have reviewed are all part of the same large constellation of controversial attitudes and therapeutic practices. For example, we found a striking tendency for practitioners who believe in the reality of repressed memories also to believe that ritualistic abuse exists and is not a product of suggestion from therapists or media. Further, compared to others, therapists who believe in satanic ritual abuse have encountered more ritual cases in their practices and are more likely to (a) think that therapeutic practices such as hypnotic age regression are useful in identifying ritual abuse, (b) fail to realize that hypnosis can lead to client suggestibility, (c) believe in the existence of other controversial phenomena such as multiple personality disorder, (d) suspend disbelief when encountering ritual allegations, and (e) fail to seek corroboration for clients' claims before believing them. Research is needed to identify the common underlying construct. The search may lead to individual differences in critical thinking and appreciation for science.

What results from a combination of all the factors we have outlined? What effect does lengthy therapy involving confirmatory search strategies have on a vulnerable client? In experimental settings, participants have been found to behaviorally confirm interviewers' hypotheses (e.g., Dallas & Baron, 1985; Snyder & Swann, 1978, Experiment 3; Zuckerman et al., 1995). In much the same way that innocent suspects in a crime make false confessions after repeated questioning by investigators convinced of their guilt (e.g., Gudjonsson, 1992; Kassin & Wrightsman, 1985), vulnerable clients undergoing subtly persuasive therapy may come to doubt their own memories and accept suggestions of ritual abuse. If people can come to accept a belief that is quite undesirable (that they committed a crime), they certainly must be capable of accepting the belief that they have been abused when there are powerful "rewards" for the belief. Specifically, the ritual abuse "confession" is a co-creation of a mutually flattering and exciting story according to which the client has endured horrible torture but is now achieving catharsis, heroically confronting evil oppressors, being accepted unconditionally by a sympathetic therapist and a loving community of fellow survivors, and in some cases even reuniting with God. At the same time, the therapist, unable to see his or her contribution to the creation of the story, is able to view him or herself as a great therapist, a liberator of the oppressed, a spiritual guide, and a clever detective.

## PROBLEMS AND PROSPECTS

There are a number of serious problems with the outcome of people believing they have been victims of satanic ritual abuse. In many cases, troubled individuals get worse than they were before seeking explanations for their symptoms (Ganaway, 1989). Many are hospitalized. Some who enter therapy with jobs that supported the cost of therapy later "decompensate," lose their jobs, and have to rely on disability and workers' compensation (Pendergrast, 1995). Social support networks are sometimes permanently destroyed, especially if legal action is taken against family members presumed to be abusive cult members. Although the courts are an appropriate place for securing justice in real child abuse cases, many misguided lawsuits have been brought against uncomprehending parents (Nathan & Snedeker, 1995; Spiegel & Schefflin, 1994). In at least a few cases, parents were jailed for horrendous crimes they surely did not commit (Wright, 1994). Even when former therapy clients recant and reunite with parents, sometimes suing former therapists (Bowman & Mertz, 1996), trust in family relationships is difficult to reestablish (Pendergrast, 1995).

The legal system has reacted to ritual abuse claims in ways that will only encourage the public's unnecessary worries about satanic cults, worries that eventually help foster the growth of new false allegations. Several state legislatures have passed special laws that make child abuse a more serious offense if it is committed in the name of satan (e.g., Illinois Public Act #87-1167). Many have changed statutes of limitation on child abuse to accommodate criminal charges of abuse based on memories recovered years after the events (Bowman & Mertz, 1996). Loftus (1993) has argued that such laws allow for charges that are impossible to defend against after so many years.

Within psychology, controversy over false allegations of childhood abuse has contributed in large part to the growing void between empirical and applied contingents. Emotional, ad hominem insults are hurled between believers and skeptics at conferences, over the internet, and in the media. Writings from both sides of the controversy suffer from bias and exaggeration. This very public debate is eroding lay confidence in our discipline, and even driving researchers from empirically examining the issues for fear of personal reprisals.

Perhaps worst of all, publicity surrounding false satanic ritual abuse claims has undermined the believability of actual victims of child abuse and created a backlash against the prosecution of legitimate child abuse claims. The journalistic, legal, and empirical pendulum has swung away from child advocacy and toward skepticism about virtually all claims of

child sexual abuse (Bowman & Mertz, 1996). This is unwarranted and, in the long run, dangerous.

What can be done to improve this situation? The solutions are perhaps as diverse and complicated as the causes. Some answers lie outside the realm of psychology; for example, the media should recognize its role in creating unsubstantiated panics and take care not to sensationalize (and in turn help to create) questionable phenomena. But many of the answers must come from within psychology. We need to find better ways to help genuinely troubled clients improve, without discrediting real victims or embracing false claims and encouraging injustice in the process. Of course, to the extent that wider cultural and socioeconomic forces brought us to the present juncture, it may be difficult to change our ways. Even so, we should work on our own views and practices rather than viewing ourselves—researchers and therapists—as helpless victims of history.

One thing we can do is increase the rigor of therapist training and continuing education. But this will not be as easy as ferreting out bad programs and instituting new standards. Our latest survey of clinical psychologists found no relation between the prestige of clinical doctoral programs and their graduates' beliefs about and experiences with repressed memory, satanic ritual abuse, and suggestive therapeutic practices. Even programs considered to be among the best are capable of producing unscientific practitioners. This is perhaps because good programs often contract out their students' supervision to less trained people in applied settings. Further, once trained, therapists seek continuing education from sources that vary dramatically in quality and kind. Over half (60%) of our respondents who had encountered satanic abuse cases had attended one or more professional development workshops dealing with ritual abuse. The more they had attended, the more ritual abuse cases they had seen in their practices, and the more likely they were to believe in the reality of satanic abuse. Mulhern (1991) argues that once therapists learn about ritual abuse in these settings, they are more likely to believe in, search for, and inadvertently create, memories of satanic abuse in their clients.

We can conduct more and better research on therapeutic practices and client disorders. Our surveys identified clinicians who claim to have treated scores or even hundreds of ritual abuse cases. Granting agencies should fund studies of such therapists' treatment sessions. Thus far, the scientific community and the general public have had to rely on hidden cameras smuggled into therapy sessions by a handful of disguised journalists as well as reports of a few disgruntled clients, to learn what happens in recovered memory therapy. Given the centrality of psycho-

therapy to present-day American society, psychological researchers should know more than they currently do about how therapy is actually being practiced—and so should the American public. Is it true that clients need to recover lost memories in order to get better? Do clients need to get worse before they can improve? Is it always valuable to believe, or appear to believe, whatever a client says? We also need more research on client factors that contribute to the overall problem. What factors increase hypnotizability, dissociative tendencies, acceptance of misleading media reports, and therapeutic suggestibility? Given that the same general issues were on the table during Freud's era, it is frustrating that we still do not have much insight into them, especially when we have the research techniques and technology to do better.

Finally, perhaps we need a new and clearer conception of the goals of therapy, a conception that stresses enhanced personal strength, interpersonal competence, coherence of mind, reality orientation, critical thinking, resilience, humor, and affection rather than memory recovery (or memory creation), multiplicity of personalities, being a perpetual inner child or victim, and so on.

In conclusion, there is no one simple way to fix the many conditions that led to the unfounded panic over satanic ritual abuse. Although we have focused somewhat on troubling therapeutic practices, many factors have contributed to the problem. It is our hope that the sociopolitical climate within our discipline will become more supportive of aggressive empirical pursuit of them all.

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