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University of Northern Colorado

Greeley, Colorado

Satanic Ritual Abuse From Then to Now: The Impact of the Controversies of the 1980s and  
1990s on the Treatment for Survivors of Extreme Abuse

A Thesis Submitted in Partial  
Fulfillment for Graduation with Honors Distinction and  
the Degree of Bachelor of Arts

Mary Catherine York

College of Education and Behavioral Sciences

May 5, 2021

Satanic Ritual Abuse From Then to Now: The Impact of the Controversies of the 1980s and  
1990s on the Treatment for Survivors of Extreme Abuse

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## Abstract

In 2016, The United Nations International Labor Organization published a study estimating that 3.8 million adults and 1 million children were victims of forced sexual exploitation worldwide, 99% of them were women and children. A 2014 study from the same organization estimated the profits from sex trafficking and forced sexual exploitation to be 99 billion dollars annually. In 2018, the founder of NXIVM and others within the organization were arrested and then later imprisoned for running a sex trafficking cult that masqueraded as an organization for motivational leadership training. Colin Batley and three females associated with him were arrested in Kidwelly, Wales in 2010 for raping children and had been doing so for decades. They coerced vulnerable children into the cult through occult practices and brainwashing techniques. Tim Ballard of OUrRescue.org, an organization that in conjunction with government agencies infiltrates child sex trafficking rings to arrest perpetrators and rescue the children, has repeatedly informed the public that these organizations are also involved in harvesting the organs of these children for profit in the black market, (Ballard, T., 2021). Although these high profile organizations have shed light on the darker elements within our society and there have been some known, high profile cases involving ritual abuse, much of the research on the needs and treatment for survivors of ritual abuse has taken a backseat to controversy. This paper attempts to explore how the controversies of the 1980s and 1990s surrounding ritual abuse impacts treatments for survivors today.

In 1990, Truddi Chase sat across from Oprah Winfrey on the Oprah Winfrey Show to tell the world about the abuse she suffered as a child from her mother and her stepfather. Openly discussing the physical and sexual abuse was shocking for television at the time as the topic of child abuse was just beginning to be recognized and acknowledged openly, and the prevalence of child abuse was just beginning to be understood. Truddi Chase's story stood out for a different reason; she disclosed she had multiple personality disorder. The disclosure of multiple personality disorder was novel at the time, and with that novelty, came a lot of public fascination and curiosity. Truddi Chase's story of how she overcame multiple personality disorder coincided with another sensational topic in the public consciousness, in what has been called an "explosion" by almost every article written about it, and that is Satanic ritual abuse. Indeed, the number of published autobiographical stories about multiplicity and ritual abuse narratives skyrocketed in the 1980s and 1990s from two books about multiplicity (*The Bird's Nest* and *Three Faces of Eve*) in the 1950s to one book on multiplicity in the 1970s (*Sybil*) to four autobiographical sketches of multiplicity often combined with Satanic ritual abuse themes in the 1980s (*Michelle Remembers*, *When Rabbit Howls*, *Through Divided Minds*, *Switching Time*) and four in the 1990s (*Satan's Underground*, *The Flock*, *Satan's Children*, *Silencing the Voices*). With the "explosion" of disclosure on this topic also came critics of both multiple personality disorder, which encompasses the recovered memory and false memory controversies, and Satanic ritual abuse. Critics questioned the veracity of the narratives themselves, the origins of multiplicity in psychiatric clients, and doubted the claims of recovered memory. Studying the topic of Satanic ritual abuse has embedded within it many other topics that are relevant and just as thorny as the topic of ritual abuse itself, and they must be dealt with in order to understand the complexities that make up the controversies surrounding Satanic ritual abuse. Many survivors of

ritual abuse claim to have amnesia for the abuse they experienced as children with the memories of the abuse not coming to light for the survivor until sometime in their adulthood. Although not the only way this extreme abuse comes to light, a repeated pattern seems to be that the survivor, after experiencing a present day trauma or series of traumas, seeks support via a therapist or counselor within the mental health community because of trouble coping, depression, or anxiety, (Brewin, C. R., McNally, R. J., & Taylor, S., 2004). During the course of treatment, the client experiences flashbacks, images, and/ or hallucinations of ritual abuse, not previously “remembered” or known or by the client. Many times, although not always, the client experiences dissociative identity disorder, the most recent diagnostic nomenclature for multiple personality disorder. Many survivors claim alters or other personalities hold trauma memories previously kept out of conscious memory in an effort to protect the survivor, or “host” personality, so they could function in the world. The client and therapist would embark on a prolonged, dramatic therapeutic journey bringing dark and darker material up to the surface. The client would process the material in the hopes that by bringing together the memories and the emotion felt when the memory occurred the client would heal and would no longer be plagued with flashbacks, body memories, or depression.

This repeated pattern during the treatment of people claiming Satanic ritual abuse in the 1980s and 1990s brought into public discourse the topics of dissociation and its possible effects on memory and also the possibility that an individual’s mind could become so fractured that it would seem multiple personalities were contained within one individual. However, when the survivors in the 1980s and 1990s began to take legal action against their alleged perpetrators, a backlash against the concepts of multiple personality disorder (dissociative identity disorder), of repressed memory, and against the clinical practices used by therapists ensued. “Satanic ritual

abuse” became “Satanic moral panic” and “repressed memories” became “false memories”. Therapists stopped treating clients, or at the very least, stopped advocating openly for the survivors of ritual abuse and the mental illness of dissociative identity disorder came under enough suspicion that while the diagnosis exists on paper in the DSM-5, research on the topic all but stopped, treatment strategies remain underdeveloped, and the education of the topic is relegated to the perpetuation of myths of DID and a few paragraphs in textbooks talking about the controversies surrounding the topic, (Hooley, J. M., 2020; Matthew, L., & Barron, I. G., 2015). The difficulty becomes how to write about these topics in a clear and organized way. This paper, as much as it is possible, attempts to handle them separately in an attempt to unknot some of the complexities involved in the topic of Satanic ritual abuse and separate what is connected to the controversies and what is not.

Initially, this paper will focus on an historical overview of Satanic ritual abuse so the events in the 1980s and 1990s can be contextually understood. Next, the discussion will focus on the events surrounding the rise of Satanic ritual abuse in the public discourse and how ritual abuse links with dissociative identity disorder and the recovered versus false memory controversy. Third, this paper will investigate the arguments on both sides of the debate throughout time, understand the concerns of the arguments, and attempt to find a workable middle ground. The conclusion of this paper will focus on how the 1980s and 1990s have impacted understanding and treatment of people who claim to have ritual or extreme abuse backgrounds and of people who may meet criteria for dissociative identity disorder.

### **What is Satanic Ritual Abuse?**

When discussing Satanic ritual abuse, precisely defining what is Satanic ritual abuse can be difficult. Often when alluding to it or describing it, references to infanticide, sexual orgies, sexual torture of young children, blood baptisms, black robed figures, and confinement in coffins is what is described. The horrific nature of the images often becomes the definition of what “Satanic ritual abuse” is. The reality of the existence of this type of abuse is often ridiculed as fantastical, too gruesome, or bizarre by detractors and because of that it does not exist, (Andrade, G., & Camp Redondo, M., 2009; Matthew, L., & Barron, I. G., 2015). Therefore, the few vocal advocates of ritual abuse survivors conclude that using horrific imagery to define a type of abuse is imprecise, fails to capture the obstacles a survivor may face in recovery, and fails to lead toward effective treatment for individuals claiming “Satanic ritual abuse” as their background, (Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011). In addition, some researchers of Satanic ritual abuse decry the use of the word, “Satanic”, citing this type of abuse can be found in every denomination and in organizations with no religious context and that using the word, “Satanic”, induces discrimination against those who practice Satanism as their religion, (Andrade, G., & Camp Redondo, M., 2009).

In defining more precisely what constitutes ritual abuse, some proponents of the reality of this type of abuse focus on the manipulation of attachment needs, which is the abuse of someone’s capacity for love and concern, as a defining characteristic, (Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011). Researchers have recently suggested that the “S” in SRA be dropped in recognition that ritual abuse happens with various groups and in a variety of settings, (Andrade, G., & Camp Redondo, M., 2009; Ross, 2017). They further demonstrate the differences between ritual abuse as a whole and groups that practice specifically Satanic ritual abuse is that the practitioners of Satanic rituals have ceremonies that involve altars,



robes, goblets, ritual chanting, invocation of Satan, ritual sex with children, torture of children, and sacrifice of children, (Ross, 2017). Satanism can be practiced without the abusive methods imposed on women and children used in ritually abusive groups, (Andrade, G., & Camp Redondo, M., 2009). The defining characteristics of ritual abuse are both more specific to the techniques employed, the destructiveness of the abuse, and can also be generalized to groups of any ideology, (Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011; Ross, 2017; In Ross's (2017) view what defines ritual abuse is that it is abuse that takes place in a destructive cult with a charismatic leader. There is a hierarchy of initiates with an inner circle of participants at the top, and there is extensive control over an individual's life. If the individual is not born into the cult, extensive recruitment strategies are used, (Ross, 2017). A hallmark aspect of ritual abuse groups is that the questioning of doctrine in any form is synonymous with the individual lacking faith or commitment, (Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011; Ross, 2017). When this happens, specific techniques of control and influence are employed such as: sensory isolation and deprivation, good cop/ bad cop strategies, hypnosis, drugs, forced memorization of cult materials, the threat of death, sexual abuse, and ceremonies to enforce submission and compliance, (Ross, 2017;Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011). Finally, the groups define outsiders as evil, ignorant, and unenlightened, (Ross, 2017).

Although Colin Ross and other advocates of ritual abuse survivors use the word "cult", other researchers say that using the word "cult" further complicates establishing a precise definition of ritual abuse. While many researchers in this field do use the word, "cult", there is a steady trend to not use this word in conjunction with ritual abuse because not all cults are destructive, but all ritual abuse cults are destructive and abusive, (Dunn, S. E., Kaslow, N. J.,

Cucco, D., & Schwartz, A. C. (2017); Woody, W.D., 2009). Therefore, the term, “abusive groups”, is gaining ground as a more precise term with which to refer to these types of groups, (Woody, W.D., 2009).

A definition of ritual abuse which gives special attention to the manipulation of attachment needs is given by Valerie Sinason (2011) of the Bowlby Center. This definition attempts to give a more precise definition of ritual abuse and also avoids using the word “cult”:

A significant amount of abuse involves ritualistic behaviour, such as a specific date, time, position, repeated sequence of actions. Ritual abuse, however, is the involvement of children, who cannot give consent, in physical, psychological, emotional, sexual and spiritual abuse which claim to relate the abuse to beliefs and settings of a religious, magical or supernatural kind. Total unquestioning obedience in thought, word or action is demanded of such a child, adolescent or adult under threat of punishment in this life and in the afterlife for themselves, their families, helpers, or others. (p. 11)

It is ironic that the calls for a more precise definition of ritual abuse come from the therapists who believe in and treat alleged survivors of ritual abuse. They claim that in order to formulate better treatments, the exact nature of ritual abuse must be understood, (Badouk Epstein, O., Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011). There seems to be agreement among the different groups of therapists supportive of the ritual abuse narrative that the religious and mystical symbols such as robes, altars, and goblets are less relevant and that what is important to understand is the damage incurred from what was forced upon the victims in the name of unquestioning obedience and loyalty to the abusive group, (Badouk Epstein, O.,

Schwartz, J., & Wingfield Schwartz, R. (Eds.), 2011; Ross 2017). In general, for the purposes of this paper, the term ritual abuse will be used unless it is more historically accurate to use “Satanic ritual abuse” or the reference of the abuse is specifically Satanic in nature.

### **Satanic Ritual Abuse: Historical Context**

Is ritual abuse a new phenomenon? Some supporters of the existence of ritual abuse believe that it existed long before 1980. Indeed, Satanic ritual abuse is discussed in the Old Testament. While the Old Testament is considered a book of scripture for Christians, Jews, and Muslims, it is also rendered a book of historical record by many scholars. One of the first references to ritual abuse is found in Leviticus when the Lord makes it clear that the Israelites just coming out of Egypt are to turn to the Lord and not to familiar spirits or wizards who practice sorcery and necromancy, (King James Version, 1979, Leviticus 19:31). Necromancy, in particular, holds significance when discussing Satanic ritual abuse because it was known to the Israelites as a practice of black magic or witchcraft involving making marks upon dead bodies and also the calling upon dead relatives in a ritual to seek for information, knowledge, or to divine the future, (Elwell, 1997). The punishment for practising necromancy according to Mosaic law was excommunication, and the practice for being a necromancer was the death penalty, (King James Version, 1979, Leviticus 20:6; Leviticus 20:27).

Once the Israelites were out of Egypt and as they developed into their own independent nation, the pagan religions that practiced these dark rituals and even darker rituals surrounded them on every side in such countries as Moab, Phoenicia, Mesopotamia, Canaan, Syria, Assyria, and others. The worship involving these rituals also involved many gods such as Baal, Baalim, Molech, Milcom, Ashtoreth, and Asherim. From the frequent admonitions and warnings from

God about abstaining from these practices it would seem Israel could not keep away from them.

The following are some examples:

There shall not be found among you anyone that maketh his son or daughter to pass through the fire, or that useth divination, or is an observer of the times, or an enchanter, or a witch, or a charmer, or a consulter with familiar spirits, or a wizard, or a necromancer, (King James Version, 1979, Deuteronomy 18: 9-12).

And when they shall say unto you, Seek unto them that have familiar spirits, and unto wizards that peep, and that mutter: should not a people seek unto their God? For the living to the dead, (King James Version, 1979, Isaiah 8:19)?

And he (Manasseh) did evil in the sight of the Lord, after the abominations of the heathen, whom the Lord cast out before the children of Israel. For he built up the high places which Hezekiah his father had destroyed; and he reared up alters for Baal, and made a grove... And he made his son pass through the fire, and observed the times, and used enchantments, and dealt with familiar spirits and wizards... , (King James Version, 1979, 2 Kings 20: 2, 3, and 6).

In 2 Kings 23, in describing how Josiah got rid of all the supports and items of “idol worship” and how he also tore down the places in which those ceremonies and rituals took place, the writers reference the practices of sacrificing their children by fire, of ritual sodomy of men, boys, and children, and of eating the blood, (King Kames Version, 1979, 2 Kings 23). Although

the groups practicing these rituals were seen as influences from the countries surrounding the Israelites at the time, it was made clear to the Israelites that God considered the religions and pagan practices of the Moabites, the Phoenicians, and other countries to be not only an abomination, but also originating from the “evil one” himself and were, therefore, Satanic rituals. The concepts and doctrine found in the Old Testament become relevant to the explosion of events that happened in the 1980s because much of the fear and panic generated from the news stories and the autobiographical accounts of this extreme form of abuse was attributed to Christian groups who saw these events as purely Satanic and emphatically labeled the extreme abuse as “Satanic ritual abuse”, (King James Version, 1979; Andrade & Redondo, 2019).

Were stories of historical ritual abuse confined to ancient biblical times? Many supporters of the existence of ritual abuse say it was found throughout the ages, located everywhere, and found in a variety of religions and cultures, (Noblitt, J. R., & Noblitt, P. P., 2014). David Frankfurter, a world religion and history researcher, gave compelling evidence of a consistent thread of ritual abuse narratives throughout history in his book *Evil Incarnate Rumors of Demonic Conspiracy and Satanic Abuse in History*, (Frankfurter, 2008) While he documents the consistent thread of ritual abuse through time, he attributes the narrative to anthropological constructs of “otherness” in cultures and scapegoating minority cultures within a larger society instead of these narratives pointing toward actual events, (Frankfurter, 2008). The elements of ritual abuse such as cannibalism, sexual perversion, sexual abuse and eating of children, blood sacrifices, the drinking and eating of blood are found in second century accounts from Christian, Jewish, and Zoroastrian sources, (Frankfurter, 2008). An example from a 17th century patient’s recollections of evil rites is remarkably similar to the autobiographies published in the 1980s and 1990s:

[The Christians, it is said,] actually reverence the genitalia of their director and high priest, and adore his organs as parent of their being.... Details of the initiation of the neophytes are revolting as they are notorious. An infant, cased in dough to deceive the unsuspecting, is placed beside the person to be initiated. The novice is thereupon induced to inflict what seem to be harmless blows upon the dough, and unintentionally the infant is killed by his unsuspecting blows; the blood -- oh, horrible-- they lap up greedily; the limbs they tear to pieces eagerly; and over the victim they make league and covenant, and by complicity in guilt pledge themselves to mutual silence. Such sacred rites are more foul than any sacrilege.

After [the priest of the witches' Sabbat] has renounced his Creator, after having denied Him and having watched a host of others follow his example, after having frolicked, dancing obscenely and impudently, after having eaten at their festivities the heart of some unbaptised baby stewed in violence, after a hundred thousand impudent, sodomitic, and devilish copulations, ... after having flayed a mass of toads to make and sell poison and infected powders to destroy both men and harvests, he then added as the final act of abomination the mockery of the most revered and precious Sacrament that God gave to men to gain salvation.

The ceremonies had a congregation area facing a stage with an altar. There was a procession down the main aisle from the back of the arena to the stage area. This procession included the leaders of the cult, several adult women and children all dressed in a variety of robes depending on their level of command. Once all were on stage, the

ceremony began, There was a service with chanting, the playing of drums in a beat of changing rhythms, and the chief leader speaking and chanting. There was a door on the back right side of the stone structure where children entered the stage. During the ceremony children were to drink a drug-induced [sic] liquid from a large cup as part of the service. The service continued to increase in intensity always resulting in the sexual molestation of children on the altar and during some ceremonies the killing of those children. .... During the services that were held outdoors in isolated mountain camps the cult used torches and large bonfires to light the area. Fire was considered a special expression of their religion and used to frighten the children by human sacrifices, burning adults and children on large crosses, (Frankfurter, 2008).

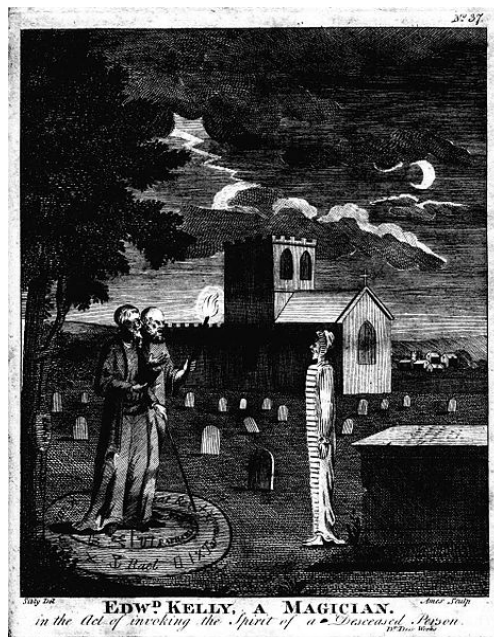


In addition to storied accounts, artworks throughout the ages depict, in detail, similar rites and ceremonies of cannibalism, orgies, and other grotesque rituals. Some artistic examples include Theodor de Bry's engravings from the 1600s such as scene of Tupinamba cannibals and scene of sacrifice of a first-born child while women dance (Frankfurt, 2008). De Goya's "Black Paintings" depict disturbing

images of Black Sabbath rituals involving demonic dancing, erotic poses of naked men and women, and the eating of human flesh. Another



pictorial demonstration involves the theme of necromancy in which a person by the name of



Edward Kelly is depicted communing with the dead in a cemetery, (Sedgwick, 2020).

Ritual abuse themes are also not isolated to western European nations; they also occur in Asian and African populations, (Pietkiewicz & Lecoq-Baboche, 2017).

Quite often in many of these cultures, the majority of the religious practices are innocuous, but for a minority of priests and certain practitioners of the religions the ceremonies become less innocuous and more violent,

(Noblitt & Noblitt, 2014). The beliefs associated with these darker, more violent practices often have themes of power, healing, knowledge, and superiority, (Noblitt & Noblitt, 2014; Oksana, 2001; Pietkiewicz & Lecoq-Baboche, 2017). For instance, a South African group believes that amputated body parts possess spiritual power, (Noblitt & Noblitt, 2014). In the Democratic Republic of Congo witchdoctors are known to convey to some of their petitioners that raping a virgin and gathering the defilement-related blood can strengthen the protection rituals given by the witchdoctor, (Pietkiewicz & Lecoq-Baboche, 2017). The modern twist on this practice found in the DRC is that raping a virgin can heal HIV/AIDS and other sexually transmitted diseases, (Pietkiewicz & Lecoq-Baboche, 2017). Finally, raping a virgin can provide the practitioner with financial and economic power, (Pietkiewicz & Lecoq-Baboche, 2017).

Themes of attaining power and enlightenment through violence and sex is not only a belief that is held today, but can be found historically. The most famous example is Aleister Crowley who brought his brand of sex magick to the United States from Europe in the late



1800s, (Booth, 2000). Aleister Crowley believed there were three forms of sex magick; autoerotic, heterosexual, and homosexual, (Drury, 2012). He claimed that by performing specific sexual rituals, including sado masochistic sex rituals on young boys, one could achieve financial gains and personal success, (Drury, 2012). For Crowley, the sex rituals were a sacrament and ingesting the fluids from sex and certain biological functions, such as using menstrual blood in rituals, would imbue him with knowledge, power, and success, (Drury, 2012). Certainly, in creating a cult of personality with a devoted following and in being an influencer through many generations, he can be considered successful.

One of those followers, possibly influenced by Crowley, is Paschal Beverly Randolph, a mixed race medical doctor in Philadelphia in the 1800s. He is credited with introducing erotic alchemy to the United States. Randolph considered himself a trance medium and he blended many beliefs of the occult together for his own brand of sex magic which involved heterosexual and homosexual sex rituals.

Although Randolph is credited with establishing the first order of Rosicrucianism in the United States, Johannes Kepler and his band of occultist Christians settled in Berks County, Pennsylvania in the late 1600s were the first Rosicrucian sect in America. Rosicrucianism is a secretive society with ties to ancient Egyptian and Arabic occult practices which were blended into Christianity in the 1500s and 1600s in Germany. The Berks County Rosicrucian monks were mostly isolated and would dress in red and black robes at specific times of the year such as the summer solstice. They would chant and meditate and believed that meditation could bring about healing for the body. While they mostly adhered to the teachings contained in the Bible, they also believed they had secret knowledge of mystical importance and power and would practice many gnostic traditions and rituals as well. While the Rosicrucian monks of Berks County,

Pennsylvania were thought to be a mostly peaceful band of people, they were mysterious and secretive with their occult beliefs forming a major part of their religious practice. Paschal Beverly Randolph chose to incorporate many of their beliefs and practices into his own sex magic practices and when establishing the first Rosicrucian order in the United States.

As Aleister Crowley's cult of personality began to die off in the 1940s, another in the 1960s took its place. Anton LaVey, born in 1930, not only considered himself a Satanist, but established The Church of Satan as a religion in the 1960s. (Crowley, though often accused of being a Satanist, did not consider himself to be one.) Anton LaVey wrote the Satanic Bible in 1966, The Satanic Rituals in 1972, and The Satanic Witch in 1989. It is unclear which of the stories about his life are true or fabricated because, much like his predecessor, his greatest personal asset was his charisma and his ability to create a cult of personality. He was, at least on the surface, committed to the religion he created as demonstrated by naming one of his children, Satan, and when he died he was given a private Satanic funeral before his cremation.

Many of the followers within the Church of Satan practice Satanism mixing in Ayn Rand and Nietzschean philosophies with the more benign rituals found within the Satanic Bible. There are other groups who practice the Satanic rituals found in LaVey's works in a less benign way, or even along darker and more violent methods of ritualistic abuse.

The consistent narrative of ritual abuse throughout the ages, beginning with the Old Testament labeling it as evil and of Satan, the rise of The Church of Satan in the 1960s and LaVey's works circulating throughout the world, combined with the feminist psychology of the 1970s, which brought into the public discussion child abuse within the home including the molestation of children, provided a perfect contextual backdrop for the explosion of Satanic ritual abuse into the public discussion in the 1980s.

## **The History of What is Called the Satanic Panic 1980 - 1999**

Although books and memoirs were written about multiple personality disorder prior to 1980, none had attributed the development of the disorder specifically to Satanic ritual abuse. That changed in 1980 with the publication of *Michelle Remembers*, a memoir co-written by Michelle Smith and her therapist, Lawrence Pazder. Nearly every news article and researched journal article cites the book, *Michelle Remembers*, as the catalyst for the events following the book, (Enns, C., 2002, & Gerson, J., 2020 & Andrade, G. & Camp Redondo, M., 2019). The narrative starts out innocently enough. Michelle Smith had done extensive psychoanalysis work with Lawrence Pazder finding healing for a difficult childhood, (Smith, M & Pazder, L., 1981). The therapeutic relationship terminated appropriately and Michelle Smith moved on with her life, (Smith, M & Pazder, L., 1981). She married her husband, built a home in the wooded mountains of British Columbia, and she and her husband felt ready to bring children into their family, (Smith, M. & Pazder, L., 1981). Michelle did get pregnant, but met with some complications causing the baby to miscarry, (Smith, M & Pazder, L., 1981). Michelle, who was very afraid of hospitals, had considerable difficulties mentally and emotionally recovering from the experience of the miscarriage, (Smith, M & Pazder, L., 1981). Her doctor called in Lawrence Pazder for therapy consultation in the hospital, (Smith, M & Pazder, L., 1981).

Eventually Michelle was discharged from the hospital, but Michelle still felt she needed therapy, (Smith, M & Pazder, L., 1981). In one of the first sessions in his office after the miscarriage, Michelle told Pazder that there was something she needed to tell him, that it was scary and big, but she felt blocked, (Smith, M & Pazder, L., 1981). Pazder allowed his patient to free associate, a Freudian technique that had been in use for over 40 years, (Smith, M & Pazder,

L., 1981). Michelle relaxed and little by little, over a period of years, a horrific story of ritualistic sexual abuse unfolded, (Smith, M & Pazder, L., 1981). Michelle, for her part, never called it Satanic ritual abuse as her family of origin was not particularly religious, (Smith, M & Pazder, L., 1981). Pazder, however, was Catholic and as Michelle's story unfolded, sought consultation with a Catholic priest to make sense of Michelle's story, (Smith, M & Pazder, L., 1981). Pazder had Michelle meet with a Catholic priest on several occasions so the priest could confirm with Michelle that what she was experiencing was a real thing and did exist, (Smith, M & Pazder, L., 1981). The priest told Pazder and Michelle that this was Satanic ritual abuse, that it was widespread and had to be denounced, (Smith, M & Pazder, L., 1981). After a conclusion to therapy some years later, Pazder and Smith did just that by writing the memoir, *Michelle Remembers*, (Smith, M & Pazder, L., 1981). Following the publication of the book, they went on speaking tours to raise the alarm of the existence of Satanic ritual abuse with Pazder portraying himself an expert in the healing of ritual abuse, (Smith, M & Pazder, L., 1981).

However, Pazder and Smith's story was a bit more complicated. During the second course of therapy with Michelle, Pazder relaxed professional boundaries by meeting with Michelle outside of office hours for extended periods of time, (Smith, M & Pazder, L., 1981). Michelle became solely focused on therapy to the detriment of her friendships and which strained her marriage, (Smith, M & Pazder, L., 1981). Pazder began limiting patients to accommodate Michelle's extensive appointment schedule and hours in his office, (Smith, M & Pazder, L., 1981). Pazder also related in the book that he never allowed touch between himself and clients, but as Michelle seemed to need comfort, he made an exception for her, (Smith, M & Pazder, L., 1981). Many of their extensive sessions were spent inches apart and touch, such as holding hands and Pazder comforting Michelle with touches on the shoulder and back, became

commonplace in their sessions, (Smith, M & Pazder, L., 1981). At this time, in the 1970s, when these sessions were taking place, there were no guidelines or rules about touch between client and therapist, however, the prevailing wisdom, even in that time, was that it was a bad idea and had the potential for blurring boundaries between therapist and patient, (Fragar, R., & Fadiman, J., 2013). Eventually, Pazder would leave his wife and Smith would leave her husband so they could marry, (Smith, M & Pazder, L., 1981). They stayed married until his death in 2004.

Within the climate of a new openness to discussing child abuse even sexual molestation in the 1980s, Pazder and Smith were extremely effective in raising the watchcry against Satanic ritual abuse. The influence of Pazder and Smith was not found immediately in the number of ritual abuse memoirs published, but in daycare centers.

Prior to the late 1800s, mothers and fathers found informal ways of watching their children while they performed their work such as creating a wooden bin that hung off the plough to keep the baby confined while they turned the soil, white mothers would watch the black slave children playing in the yard while their mothers toiled in the cotton fields, and farmers tethered children onto a short rope line on the edge of the fields or near the house to keep them safe while they worked, (Michel, S., 2021 & Shdaimah, C & Palley, E, 2020). It was not until the agrarian life elided into factory work in the late 1800s that people had to find more formal solutions for childcare, (Shdaimah, C & Palley, E, 2020). The first daycare centers began as a charity enterprise in Jane Hull's settlement houses which included nurseries so factory workers could work and their children would stay safe from harm, (Shdaimah, C & Palley, E, 2020). The first government sponsored child care centers would be a temporary solution during WWII when the women were encouraged to work while the men fought in the war, (Shdaimah, C & Palley, E, 2020). Money allocated for these child care centers through the Lanham Act ended in 1946 when

the men came back from war and women went back into the home, (Shdaimah, C & Palley, E, 2020). Then, in the 1970s, the Women's Liberation Movement brought the problem of what to do with the children to the forefront again when many women demanded the opportunity to work, (Michel, S., 2021). Commercial daycare centers began to pop up all over America from the mid to late 1970s and became a new way of life for many parents and children by the 1980s.

Perhaps the insecurity of a new institution in the American way of life contributed to what is known as "The Satanic Panic", but the idea that ritual abuse was a widespread phenomenon that must be eradicated swept the nation via the ensuing controversies surrounding daycare centers and mass media. It is difficult to find definitive numbers for how many daycare centers had ritual abuse allegations lodged against them in the 1980s, but in a six-part investigative series of newspaper articles written for The Commercial Appeal newspaper out of Memphis, reported that more than 100 communities were affected by investigations into alleged widespread ritual abuse on children, (Charlier, T & Downing, S., 1988). The investigative series went on to detail 36 of those cases across the country and in the end determined that between overzealous and untrained social workers and therapists in the techniques of child interviews for sexual abuse, inappropriate techniques used by police in gathering information, and parents concerned for their children and swept up in a "moral panic", a modern day "witch-hunt" took place and innocent daycare providers were wrongly convicted and imprisoned as a result, (Charlier, T & Downing, S., 1988). The other outcome was that the plausibility of the existence of ritual abuse was called into question. With a more historical perspective available after 30 years, it may be useful to take a look at a few of the 1980s and 1990s daycare cases to understand the impact they had on the ritual abuse narrative.

### **The McMartin Preschool: The spark for a moral panic**

The McMartin Preschool case is considered to be the spark which ignited an explosion of hysteria regarding allegations of sexual abuse by daycare workers and daycare centers being accused of ritual abuse on children across the United States, (Charlier, T., 1988 & Downing, S.,1988 & Cheit, R. E., 2016). In August of 1983, a mother of a two and a half year old boy called the police saying that she believed her son had been abused by Ray Buckey,(Charlier, T., 1988 & Downing, S.,1988). Ray was arrested by police. The mother of the boy continued to lodge allegations against Ray Buckey citing her son's anus was red and sore. The police then wrote letters to over 200 parents of current and former students of the McMartin Preschool requesting that the parents question their children about possible abuse that may have occurred and the children started talking, (Charlier, T., 1988 & Downing, S.,1988). The children came out with stories about being touched wrongfully, pictures taken of them naked, being forced to engage in anal and oral sex, and that they played a game called "Naked Movie Star", (Charlier, T., 1988 & Downing, S.,1988). Therapists were brought in to interview the children about their experiences, (Charlier, T., 1988 & Downing, S.,1988). Apparently after the interviews, sometimes repeated interviews, the children's stories became more bizarre and more aligned with ritual abuse themes, (Charlier, T., 1988 & Downing, S.,1988). Peggy Ann Buckey, the owner of the McMartin Preschool and other teachers were accused and arrested, (Charlier, T., 1988 & Downing, S.,1988). The first trial of Peggy Ann Buckey and Ray Buckey was a deadlocked jury because the jury felt that some of the children had been abused but their testimonies had been coerced by the therapists interviewing them, (Charlier, T., 1988 & Downing, S.,1988). The second trial also deadlocked and the district attorneys involved after the acquittals decided not to retry the cases, (Charlier, T., 1988 & Downing, S.,1988).

The legacy of the McMartin Preschool trial looms large. Many newspaper articles, research journal articles in psychology, forensic psychology and law, and even books have been written about this one case. It is generally thought that the therapists, who had recently attended a seminar on Satanic ritual abuse, were overzealous in their interviews of the children and were looking for ritual abuse when there wasn't any, (Charlier, T., 1988 & Downing, S.,1988). The techniques they used, such as using anatomically correct naked dolls, to interview the children, although standard practice in that time period, are no longer used today because of the suggestibility of the techniques employed is thought to incite inaccurate testimony from children, (Cheit, R.E., 2016). Another criticism levied against therapists is the length of time the children spent in interviews with the therapists and that the children were called in for repeated interviews which was thought to perpetuate false or exaggerated testimony from the children, (Charlier, T., 1988 & Downing, S.,1988).

### **Country Walk Daycare: nuance omitted yet nuance is necessary**

Following the McMartin preschool case other daycare centers came under scrutiny for child abuse. Another case in Florida in 1985 began when a 3 year old boy was given a bath by his mother. The boy asked his mother to kiss his body all over because Ileana, the owner at the daycare, kisses all the babies bodies, (Charlier, T., 1988 & Downing, S.,1988). The mother reported child abuse to the police, (Charlier, T., 1988 & Downing, S.,1988). The police quickly suspected 35 year old Frank Fuster, a daycare worker at the Country Walk daycare center, because of his previous convictions of manslaughter and for fondling a 9 year old boy, (Charlier, T., 1988 & Downing, S.,1988). Janet Reno was the district attorney, and she brought in Joseph and Laura Braga who were considered specialists in child development and investigative



interviewing of children, (Charlier, T., 1988 & Downing, S.,1988). At first none of the children would say anything, but after repeated interviewing the children told stories about enduring anal and oral sex, making child porn movies, being given drugs, being threatened with a knife not to talk, and being made to participate in SRA rituals, (Charlier, T., 1988 & Downing, S.,1988). The prosecuting attorneys chose to split Ileana's case and Frank Fuster's case apart and were thus able to offer Ileana a plea bargain in exchange for a confession, (Charlier, T., 1988 & Downing, S.,1988). Ileana confessed that she and Frank Fuster abused the children, (Charlier, T., 1988 & Downing, S.,1988).

Based on the children's testimonies, Ileana's testimony, and one medical test, Frank Fuster was sentenced to prison. However, each of these pieces of evidence came under scrutiny. It was thought that the children were asked leading questions by the interviewers, the medical test which said that Frank's son had gonorrhea of the throat was destroyed by the lab, and Ileana recanted her testimony, (Charlier, T., 1988 & Downing, S.,1988). Ileana also retracted her recantation after seeing it published, (Charlier, T., 1988 & Downing, S.,1988). While many detractors of the reality of ritual abuse use the Country Walk daycare as evidence that ritual abuse does not exist, but is a social construction of a "moral panic", Ross E. Cheit, a professor at Brown University who researched these daycare cases for 15 years, says the truth is not so black and white, but is more nuanced, (Cheit, R.E., 2016). In the case of the Country Walk daycare, what garnered the use of the label, ritual abuse, was one oblique reference to "riding a shark" in a child's testimony, (Cheit, R.E. 2016 & Charlier, T., 1988 & Downing, S.,1988). So, was this ritual abuse? Probably not. However, Cheit believes that Frank Fuster did abuse the children, (Cheit, R.E., 2016). Regarding the interviewers asking leading questions of the children, Cheit argues that using the daycare cases as case studies, even in scholarly works, can be an ethically

questionable, (Cheit, R.E., 2016). In the Country Walk daycare case, Cheit illustrates this point by pointing out that the children's interview transcripts were edited in such a way that it appears that the therapists asked leading questions, but if you read the whole transcript from the original sources, it appears the children were interviewed appropriately, (Cheit, R.E., 2016).

### **Reverend Nathaniel Grady and The Bronx Five: Overzealous law enforcement?**

The climate at this time surrounding sexual abuse was that it needed to be brought out into the open, tried in court, and justice served to the perpetrators of sexual abuse on children, sometimes with a vigilante zeal. This was certainly the case with Reverend Nathaniel Grady and The Bronx Five. Five men, in addition to Reverend Grady, were accused of abusing children in daycare centers across the Bronx, (Charlier, T., 1988 & Downing, S.,1988). Grady was accused of sexually molesting six 3 year olds at naptime at the Westchester-Tremont Day Care Center in which the primary witness was a 3 year old boy, (Charlier, T., 1988 & Downing, S.,1988). No notes were written down and no video was taken of the interviews of the children, (Charlier, T., 1988 & Downing, S.,1988). Twenty-six character witnesses testified on behalf of Reverend Grady including the police commissioner, a judge, and a bishop, (Charlier, T., 1988 & Downing, S.,1988). Character witnesses from high places notwithstanding, all five of the suspects were convicted and so was Reverend Grady, (Charlier, T., 1988 & Downing, S.,1988). On appeal, the defense blamed an over zealous prosecutor, Mario Martola, as the reason they were convicted. The defense seemed to work as all five of the accused and Reverend Grady were eventually freed on appeal, (Charlier, T., 1988 & Downing, S.,1988). In the minds of many, this case demonstrates the fervor of convicting sexual offenders took precedence over the lack of evidence.

**Fells Acres Day School: SRA stories follow town meeting and unusual courtroom seating leads to successful appeal.**

In the Fells Acres Day School case of 1986 - 1987, a 5 year old boy told his uncle that Gerald Amirault, the son of the daycare owner, Violet Amirault, touched his private parts, (Charlier, T., 1988 & Downing, S.,1988). The story that came out was that the boy had peed his pants and Gerald, helping out the busy teachers, took the boy into the bathroom and helped him change into dry clothes, (Charlier, T., 1988 & Downing, S.,1988). The mother said that soon after this incident the boy started exhibiting symptoms of sexual abuse such as wetting the bed at nights and acting out sexually with his brother, (Charlier, T., 1988 & Downing, S.,1988). The mother started asking the son questions when picking her son up from daycare in the afternoons, (Charlier, T., 1988 & Downing, S.,1988). The boy told his mom that there was a secret room where Gerald would fondle him, or sometimes they would go to the park and he would fondle him, (Charlier, T., 1988 & Downing, S.,1988). The boy's mother called the child abuse hotline and Gerald was arrested a few days later, (Charlier, T., 1988 & Downing, S.,1988). Three days after Gerald's arrest, the school closed, (Charlier, T., 1988 & Downing, S.,1988).

Soon after those events, the police held a town meeting at the police headquarters in which they told the parents to question their children about being sexually abused, (Charlier, T., 1988 & Downing, S.,1988). Many children came forward and described to their parents that there was a magic room where sex abuse would take place, there was a clown involved, and other equally fantastical stories were given as testimony, (Charlier, T., 1988 & Downing, S.,1988). 41 children, aged 3 years - 6 years at the time of the alleged abuse, accused the Amiraults of perpetrating that abuse, (Charlier, T., 1988 & Downing, S.,1988). Gerald was

accused by 19 children, Violet by 10 children and Cheryl, Violet's daughter who worked at the daycare, was also accused by 10 children of sexual abuse, (Charlier, T., 1988 & Downing, S.,1988). There were two trials; one for Gerald in 1986 and one for Violet and Cheryl in 1987, (Charlier, T., 1988 & Downing, S.,1988). The judge in these cases decided to have all the children in the courtroom, and the arrangement of the children in the courtroom was considered unusual, (Charlier, T., 1988 & Downing, S.,1988). The jury convicted all three of the accused largely based on the testimony of the children, as the physical evidence consisted of vulvitis and vaginitis experienced by some of the girls in the daycare, a small scar on one girl's hymen, and well healed anal fissures on some of the children, (Charlier, T., 1988 & Downing, S.,1988). After the Amiraults' conviction, they were released on appeal because of the unusual staging of the children in the courtroom, and like the other cases, the district attorney decided not to retry the Amiraults, (Charlier, T., 1988 & Downing, S.,1988).

### **Believe the Children**

In 1986, another catalyst to the daycare hysteria emerged. A group of parents who thought their children were victims of Satanic ritual abuse while attending daycare were frustrated with the convictions being overturned on appeal and started a campaign called, "Believe the Children", (Charlier, T., 1988 & Downing, S.,1988 & Andrade, G. & Camp Redondo, M., 2019). The assumption of this group was that children are pure and do not lie, (Charlier, T., 1988 & Downing, S.,1988 & Andrade, G. & Camp Redondo, M., 2019). They contended that children have no voice and were unprotected in society, therefore, when it came to allegations of sexual abuse, society owed it to the children to believe them unconditionally and without question, (Charlier, T., 1988 & Downing, S.,1988). The "Believe the Children" group

campaigned and put pressure on police and social service institutions to prosecute for Satanic ritual abuse until the mid 1990s, (Charlier, T., 1988 & Downing, S.,1988 & Andrade, G. & Camp Redondo, M., 2019).

### **Wee Care Nursery School: Controversies obtaining information from interviews with children**

In 1988, Kelly Michaels, a 23 year old daycare worker at the Wee Care Nursery School was convicted of 115 counts of sexual abuse involving 20 children, (Charlier, T., 1988 & Downing, S.,1988). It all began in April of 1985 when a 4 year old boy at the pediatrician's office was having his temperature taken rectally, (Charlier, T., 1988 & Downing, S.,1988). The nurse rubbed his back and inserted the thermometer when the 4 year old boy remarked that is what his teacher at preschool did, (Charlier, T., 1988 & Downing, S.,1988). The nurse reported the boy's statement to the police. In May of 1985, the police and social workers questioned all the children at the preschool, (Charlier, T., 1988 & Downing, S.,1988). It was determined from the children's testimony that she abused all 51 children at the preschool, (Charlier, T., 1988 & Downing, S.,1988). The children reported that Kelly forced them to have sex with her, had them lick peanut butter off her genitals, put plastic knives and forks in their rectum, and forced them to eat feces and urine, (Charlier, T., 1988 & Downing, S.,1988). The use of plastic utensils is what garnered this case the label of ritual abuse, (Charlier, T., 1988 & Downing, S.,1988 & Cheit, R. E., 2016).

When brought in for questioning by the police, Kelly waived her Miranda rights and was interrogated for 9 hours, (Charlier, T., 1988 & Downing, S.,1988). Although Kelly denied all charges and passed a polygraph, she was convicted after an 11 month trial and sentenced to 47

years in prison, (Charlier, T., 1988 & Downing, S.,1988). Kelly was released from prison when she successfully won her appeal in 1993 after it was decided that she did not have a fair trial because the children were questioned in the judge's chambers with the jury witnessing via closed circuit television, (Charlier, T., 1988 & Downing, S.,1988). Criticisms were also lodged against the police and the social workers for repeated and extensive interviewing of the children, (Charlier, T., 1988 & Downing, S.,1988). However, Cheit found in his research that 24 of the children were interviewed only once, 23 of them were interviewed twice, and only five children were interviewed more than twice, (Cheit, R. E., 2016). Cheit goes on to say that when the media reported these stories they would neglect to give those details, and without that information, the daycare stories were used to sway public opinion too far in the opposite direction. The general public, via the information from the mass media, led them to conclude that all of the daycare cases were a moral panic and none of the allegations were real when, in fact, many of the cases did have actual child abuse and many of those who were released from prison on appeal were released due to technicalities within the case and not because the alleged perpetrators were exonerated from guilt by any evidence, (Cheit, R. E., 2016).

### **The Tide Turns: The Dale Akiki Case**

The Dale Akiki case in 1993 is considered the turning point in the "Satanic Panic". Dale Akiki and his wife volunteered to babysit for a church called the Faith Chapel in Spring Valley, California, (Charlier, T., 1988 & Downing, S.,1988). They watched the children on Sundays while the parents attended service, (Charlier, T., 1988 & Downing, S.,1988). Dale Akiki had a rare genetic disorder called Noonan's syndrome which causes droopy eyelids, club feet, a concave chest, and wide, sagging ears, (Charlier, T., 1988 & Downing, S.,1988). The kids

were afraid of him and the parents complained to the church leaders that they felt he was not a good choice for a babysitter for their kids, (Charlier, T., 1988 & Downing, S.,1988). One of the children complained to their parents that Akiki put her in time out and when he did that he showed her his penis, (Charlier, T., 1988 & Downing, S.,1988). After the children were interviewed, 9 children came forward with allegations which escalated to ritual abuse, (Charlier, T., 1988 & Downing, S.,1988). At one point there was a meeting with all the parents of the church and one parent handed out a pamphlet about Satanic ritual abuse to the rest of the parents, (Charlier, T., 1988 & Downing, S.,1988).

Eleven children testified at the Akiki trial in 1993, (Charlier, T., 1988 & Downing, S.,1988). There was no physical evidence, (Charlier, T., 1988 & Downing, S.,1988). The pastor of the church listened to the testimony and pulled his son from testifying because he was skeptical of the children's testimony, (Charlier, T., 1988 & Downing, S.,1988). The pastor's skepticism was also reflected in the skepticism of the media. As the jury deliberated, a candlelight vigil was held outside the courtroom in sympathy of Akiki, (Charlier, T., 1988 & Downing, S.,1988). The jury debated for less than seven hours and acquitted Akiki on all charges citing the children's testimony was flimsy and that there was no physical evidence, (Charlier, T., 1988 & Downing, S.,1988).

After the trial, an investigation was made into the district attorney's staff, (Charlier, T., 1988 & Downing, S.,1988). The conclusion of this investigation was that holding the group meeting of all the parents fueled speculation and the hysteria which influenced the children's testimonies, (Charlier, T., 1988 & Downing, S.,1988). It was also noted that the therapy sessions with the children needed to have been videotaped or documented in some fashion, which did not happen, (Charlier, T., 1988 & Downing, S.,1988). Akiki sued the prosecutors, the

therapists, and the church and received a settlement of two million dollars, (Charlier, T., 1988 & Downing, S.,1988). After this case, suing law enforcement and therapists became much more commonplace. Therapists began to not treat clients who claimed ritual abuse memories or repressed memories of any childhood sexual abuse and law enforcement abandoned developing protocols or practices to handle ritual abuse, but instead began to deny its existence or fail to distinguish ritual abuse from any other type of murder or sexual abuse, (Lanning, K.V., 1992 & Appelbaum, P.S., 2001 & Schroder, J., Nick, S., Richter-Appelt, H., Briken P., 2020, & Matthew, L., & Barron I. G., 2015).

### **Wenatchee, Washington: The last large scale case**

What became the last large scale case in the daycare hysteria on child sexual abuse actually did not involve a daycare but the entire town of Wenatchee, Washington. In 1995 a nine year old girl was placed into foster care, (Charlier, T., 1988 & Downing, S.,1988). Her foster dad happened to be the lead detective on the sex crimes unit and was working on what he thought were several unrelated cases, (Charlier, T., 1988 & Downing, S.,1988). After living with her foster family for a while, the then 13 year old girl told her foster dad, Perez, that she was being sexually abused at the house in which the church bible study group was held by Pastor Robert Roberson, (Charlier, T., 1988 & Downing, S.,1988). Perez ran the investigation, (Charlier, T., 1988 & Downing, S.,1988). Forty-three adults were arrested on 29,726 charges of child sex abuse, involving 60 children, yet no physical evidence was found, (Charlier, T., 1988 & Downing, S.,1988). The trials against the pastor, his wife, and many townspeople involved with the bible study group only had the testimony of Perez's foster daughter and himself as the sex crime investigator, (Charlier, T., 1988 & Downing, S.,1988). Of the 19 people sent to prison, 14



of them gave an Alford plea which means they plead guilty because the evidence would likely sway a jury but the defendants maintained they were innocent, (Charlier, T., 1988 & Downing, S.,1988). The other five people plead guilty and were convicted, (Charlier, T., 1988 & Downing, S.,1988).

Later, Perez's foster daughter ran away from Perez's home and recanted her testimony on live tv, profusely apologizing to Pastor Robert Roberson, (Charlier, T., 1988 & Downing, S.,1988). Some of the people who were acquitted, including Pastor Roberson, filed civil suits against Perez and other police officials and therapists handling the case, (Charlier, T., 1988 & Downing, S.,1988). Both the judges who heard the cases of Roberson and the other defendants had complaints filed against them by a citizen legal accountability group for the way the cases were heard in court, and a new law was enacted called the "Perez Law" which states that investigators cannot investigate cases involving their own family members and all interviews with possible suspects must be recorded or have documented notes of the interview, (Charlier, T., 1988 & Downing, S.,1988).

### **The False Memory Foundation**

While the "Satanic Panic" played out in courts and in mass media across the United States and other countries; a second battle commenced in academia in what has been called, "The Memory Wars". In 1984, a group of physicians and psychologists formed the International Society for the Study of Multiple Personality Disorder and Dissociation, (Middleton, W., 2018 & Authors, V., 2021). In 1994, they dropped the "Multiple Personality Disorder" part of their name and changed it to the International Society for the Study of Dissociation, and, finally, today they are called the International Society for the Study of Trauma and Dissociation, (Middleton, W.,

2018 & Authors, V., 2021). The changes of name to the organization may reflect its turbulent history battling in the “Memory Wars”, the changes in attitude toward “multiple personality disorder”, and the changes in understanding of the condition of dissociation and its connection to trauma, (Middleton, W., 2018). The focus of the ISSTD in the beginning was the study of multiple personality disorder, specifically the effects of Satanic ritual abuse and severe trauma on a person’s personality and memory, and how to treat the needs of these clients effectively, (Middleton, W., 2018). The founding members; Myron Boar, Bennett Braun, David Coal, Jane Dubrow, George Greaves, Richard Kluft, Frank Putnam, and Roberta Sachs each fervently believed in and pursued the study of multiple personality disorder and its connection to Satanic ritual abuse, (Middleton, W., 2018 & Authors V., 2021). Myron Boar and George Greaves wrote journal articles compiling cases of people with multiple personality disorder in an attempt to describe the disorder and to understand it. Bennett Braun, George Greaves, Richard Kluft and other founding members were practicing psychologists and psychiatrists who were considered specialists in the treatment of multiple personality disorder, (Middleton, W., 2018). Richard Kluft, in particular, was an incredibly prolific writer on these topics with over 200 books, journal articles, and guest chapters in books written by him, (Middleton, W., 2018). Intertwined with all of the research and treatment was also the topic of Satanic ritual abuse with some of the psychiatrists even insisting that if a person endured Satanic ritual abuse then they must also have multiple personality disorder, (Middleton, W., 2018).

It was not all book writing and research articles with banal, academic defenses of criticism from other social research scientists in a slow progression of enlightened understanding of dissociation and its relationship to trauma. There was controversy. The ideas about Satanic ritual abuse with its claims of cannibalism and baby breeding teenagers and infanticide,

transgenerational transmission of and participation in Satanic ritual abuse, explicit and calculated mind control, and the intentional creation of multiple personalities within victims were just too bizarre, (Brewin, McNally, & Taylor, 2004, Andrade & Camp Redondo, 2019). The backlash within academia was as fierce, perhaps more fierce, than the backlash in the mainstream media. The situation was made more controversial when several members of the society were sued by former clients in the 1990s claiming they had false memories which were created or induced by their therapists and that they were coerced to believe they were victims of Satanic ritual abuse that never actually happened, (Authors, 2021). Damages were awarded to these clients in the amounts of 7.5 million to 10.6 million dollar settlements, and in the case of Bennett Braun, a temporary suspension of his license to practice. From 1993 - 1998 the organization lost half of its membership, (Authors, 2021).

Much of the academic backlash was set in motion and generated by the establishment of the False Memory Syndrome Foundation founded in 1992, (McMaugh, 2020). The foundation had three main tenets: adults who claimed to have resurfaced memories of childhood abuse were victims of therapists, the therapists caused false memories of child abuse, and dissociative identity disorder and Satanic ritual abuse were not real, (McMaugh, 2020; Brewin, McNally, & Taylor, 2004; Andrade & Camp Redondo, 2019).

The False Memory Syndrome Foundation was founded by Peter and Pamela Freyd, both academics in subjects other than psychology, along with Ralph Underwager and his wife, Hollinda Wakefield, (McMaugh, 2020). The FMSF had an incredible impact on the field of psychology and forensic psychology, however, the beginnings of the foundation began from very personal circumstances.

In November of 1990, the Freyd family was planning their Thanksgiving celebrations, (McMaugh, 2020; Authors, 2021). Typically they would meet in Oregon at the home of Jennifer Freyd, the daughter of Peter and Pamela Freyd, (McMaugh, 2020; Heaney, 2021). However, in November of 1990, Jennifer's sister decided to stay home because she couldn't handle the family dynamics and exclaimed to Jennifer that their family was really messed up, (McMaugh, 2020; Heaney, 2021). Jennifer Freyd, herself, was in therapy at this time discussing childhood issues, (Heaney, 2021). A few days into the visit with her parents, Jennifer Freyd had increasing difficulties with anxiety because of her parents' stay at her home, (Heaney, 2021). The husband of Jennifer Freyd told Jennifer's parents that they could no longer stay at their house and that it would be better for them to stay in a hotel during their visit because Jennifer was not handling their visit well, (McMaugh, 2020; Heaney, 2021). When Pamela Freyd demanded to know exactly why Jennifer was not handling their company well, Jennifer's husband told them that it was because of the sexual abuse Jennifer endured by Peter Freyd, her father, (McMaugh, 2020; Heaney, 2021). Although some accounts of this confrontation claim Peter Freyd's attitude was pretty nonplussed by the accusations and that it was Pamela Freyd who vehemently took exception with Jennifer's version of her childhood, it was both Peter and Pamela Freyd who accused Jennifer of making up memories, or of having false memories implanted due to the therapy treatment she was receiving from her therapist, (McMaugh, 2020; Heaney, 2021). After that Thanksgiving, Jennifer and her mother, Pamela, exchanged a few emails, (Heaney 2021). Jennifer insisted she just needed space to work out her issues, but her mother became more and more convinced that Jennifer was going to take them to court and ruin their academic careers, (Heaney, 2021).

With that assumption motivating their actions, Peter and Pamela Freyd set about gathering and assembling people from academia to establish the False Memory Syndrome Foundation, (McMaugh, 2020; Heaney, 2021). They put together a scientific and professional advisory board consisting of such members as Aaron T Beck, a renowned therapist and researcher in Cognitive Behavioral Therapy; Elizabeth Loftus, a graduate of Stanford University and professor in the Department of Criminology at the University of California - Irvine; and James Randi, a stage magician and self-claimed scientific skeptic of paranormal scientific claims, (McMaugh, 2020). Of those three, Elizabeth Loftus, who, interestingly, testified on the behalf of Ted Bundy in his 1976 trial, would be the most vociferous and relentless voice against recovered memory, DID, and SRA, (McMaugh, 2020).

The founding member, James Underwager, who was a psychologist and Lutheran minister, was already well known for his testimonies for the defense in hundreds of child abuse cases in the United States, Canada, Great Britain, New Zealand, and Australia, (McMaugh, 2020; Heaney, 2021). He was also the founder of VOCAL, Victims of Child Abuse Laws, a support group for parents falsely accused of child abuse, (McMaugh, 2020; Heaney, 2021). However, he was quietly taken off the board of directors of the False Memory Syndrome Foundation after giving the following quote to a Dutch magazine regarding paedophilia:

*“Paedophiles can boldly and courageously affirm what they choose. They can say that what they want is to find the best way to love. I am also a theologian and as a theologian, I believe it is God’s will that there be closeness and intimacy, unity of the flesh, between people. A paedophile can say: ‘This closeness is possible for me within the choices that I’ve made.’”*

The False Memory Foundation’s goals were to comfort and defend parents who were accused of sexual abuse by their adult children, (Authors, 2021, McMaugh, 2021). The second

goal of the FMSF was to sway public opinion that ritual abuse, or when referring to it in this time period, Satanic ritual abuse is not real and does not happen, (Authors, 2021, McMaugh, 2021).

The third tenet of the FMSF was that multiple personality disorder was not a real disorder, but was created by therapists while in session with their clients, (Authors, 2021, McMaugh, 2021).

The False Memory Foundation was incredibly effective at turning public opinion against the possibility of the existence of ritual abuse and repressed or resurfaced memory. In a study conducted by sociologist researcher, Kathleen Beckett, in 1996, 7% of the news stories on childhood sex abuse in four leading magazines focused on false accusations of abuse, (Beckett, 1996). Yet in 1994, 85% of the news articles in those four leading magazines focused on false memories of childhood sex abuse, (Beckett, 1996). Beckett attributed some of the change of direction in the media coverage to the formation of VOCAL (Victims of Child Abuse Laws) in 1984, but mostly to the False Memory Syndrome Foundation formed in 1992, (Beckett, 1996).

The False Memory Foundation appeared to the public as an academic research institution, but the tactics they employed functioned as a political lobby, (McMaugh, 2020; Beckett 1996). The members of the board at the FMSF would watch for cases involving allegations of child sex abuse, especially if the cases involved repressed memories, and they would call the local newspaper media reporting on the story, (Beckett, 1996). Soon the story would be filled with FMSF theories about false memory, incompetent therapists, and false accusations of abuse in contradiction to the initial articles on the same story reporting the abuse as an event that actually happened, (Beckett, 1996). In pamphlets distributed to parents, the FMSF encouraged accused parents to hire detectives to investigate their child's therapist so the therapist could be discredited in court, (Beckett, 1996). In another pamphlet, *Becoming Informed*, the FMSF told parents that they should infiltrate a child abuse survivor's group, (Beckett, 1996). Parents were encouraged to

seek custody of their “incompetant” adult children who were being unduly manipulated by their therapists into believing their parents abused them and they were encouraged to seek court injunctions to get the adult child’s therapist to stop treating their child, (Beckett, 1996).

The climate became incredibly hostile for therapists treating people with extensive trauma from abusive groups. The licenses of therapists who claimed their clients experienced Satanic ritual abuse or had repressed memories of abuse resurface were jeopardized in many cases, (Kendall, 2021). The lawsuits instigated by the False Memory Syndrome Foundation against therapists treating trauma survivors were expensive and had serious ramifications. For example, the False Memory Syndrome Foundation initiated a series of lawsuits against Bennet Braun, a therapist working out of Presbyterian St. Luke's Hospital in Chicago, (Kendall, 2021). One of the lawsuits ended up settling for 10.5 million dollars, (Kendall, 2021). The lawsuits against the therapists treating trauma survivors with recovered memories of abuse were extremely effective in silencing those therapists and discouraging therapists from engaging in that kind of work or taking on those clients, (Kendall, 2021; McMaugh, 2020). Research and treatment centers focused on trauma survivors closed as a direct result of the FMSF attacks, (Kendall 2021).

Another development from this backlash was that “evidenced based therapy” became not only the word of the day, but the code in which to practice psychotherapy. Cognitive behavior therapies, dialectical behavior therapies, and other cognitive or behavioral based approaches were deemed acceptable treatments, (Middleton, W, 2018). Hypnosis was tolerated in specific cases; while art therapies and animal assisted therapies, and any treatment whose efficacy was difficult to assess in an experiment became taboo to practice or sidelined to the “fringes”, (Middleton, W, 2018). Research on ritual abuse, dissociative identity disorder, and repressed

memory all but stopped, (Middleton, W, 2018). The energy and resources of these embattled researchers was consumed on defense of ritual abuse as a reality and that memories of trauma can be repressed or forgotten and then resurface at a later time; almost none of their resources was spent on understanding those issues or developing effective treatment methods for survivors, (Middleton, W, 2018; Brewin, McNally, & Taylor, 2004; Richardson, 2015; Matthew & Barron, 2015).

The False Memory Foundation's focus on making sure that repressed or recovered memory was discredited also extended to the content published in college textbooks, (Enns, 2002; Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2013; Brewin, Li, Ntarantana, Unsworth, & McNeilis, 2019). In an article collaborated by several prominent researchers connected to the False Memory Syndrome Foundation, they state that "A potentially more fruitful long-term approach may be to focus the education of students and trainees on the science of memory, including repressed memory," and that it is important to "broadly" disseminate the information that repressed memory is a false construct through the education of undergraduate students, (Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2013). In this way they may have an effective way to eradicate this idea and practice of recovered or delayed memory from practicing clinicians, (Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2013). In the same article they also identified "alternative therapists" using neuro linguistic programming, Internal Family Systems therapy, and hypnotherapy as being a problematic group who continue to believe that memory of trauma can be forgotten and then recovered in therapy, (Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2013).

What happens if false memory researchers could have that kind of influence with undergraduate psychology textbooks? Undergraduate textbooks would dismiss recovered memory or traumatic amnesia and relegate it to a "controversial topics" sidebar with the data on



the research science done in this area not getting disseminated down to undergrad students. Cohorts of graduate students would be skeptical of a client's trauma narrative if it includes recovered memory before they even come in contact with clients. What are the consequences of the false memory point of view if it is wrong but accepted? Graduate students would not be taught treatment protocols for extreme abuse, or not taught skills for dealing with the frequently accompanying dissociative disorders. Clients with these issues would go without proper diagnosis and without proper treatment and finding a therapist who can handle these issues becomes difficult to impossible. Indeed, Introduction to Psychology textbooks do relegate these topics to sidebars and data on dissociative amnesia research, trauma memories that were repressed and then remembered later, is not even alluded to, and, interestingly, Scott O. Lilienfeld, one of the false memory proponents in the aforementioned article discussing the need to focus their efforts on undergraduate education is the lead author on a much lauded textbook for the introduction to psychology, (Lilienfeld et al., 2017).

However, in December of 2019 The False Memory Foundation posted a blurb on their website stating they were discontinuing their efforts and disbanding the foundation, (Authors, 2021; McMaugh, 2020). The contributing factors to the disbanding of The False Memory Foundation have been widely speculated. Some authors claim the unrelenting pressure from the feminist movement to acknowledge sexual abuse as a real and valid problem needing to be addressed was a catalyst, while other factors considered are the widespread institutional sexual abuse that was largely ignored or denied until it became openly acknowledged and also verified from scouting programs, churches, and schools, internet paedophile rings, and sex trafficking, (McMaugh, 2020). Then there is the increasing focus on the intergenerational transmission of abuse and the long term effects trauma has on mental and physical health, (Middleton, 2013;

Stansfeld et al., 2016; Jewkes, Dunkle, Nduna, Jama, & Puren, 2010). Other authors pointed out that the Freyd's were now into their 80s and many of those on the board of directors for the False Memory Foundation have died, (Heany, 2021). Although these personal and societal pressures are real and may have contributed, it is perhaps the scientific research in neuroscience which led to discoveries relating to the mechanisms of dissociation and its effects on memory that has been most problematic for the False Memory Foundation, (Dalenberg, 2006). Whatever the reason for the False Memory Foundation discontinuing their operations, those most vocal, such as Richard J. McNally, Scott O. Lilienfeld, and Elizabeth Loftus, will continue in their efforts in arguing the "false memory" side of the controversy.

### **The Scientific Research and the Arguments made During the "Memory Wars" 1980 - 1999**

#### **The researchers:**

In 1980, multiple personality disorder, while not new, was the cause celebre. Much of the research done by Richard Kluft, Colin Ross, Catherine G. Fine, Walter C. Young, and Bennett Braun was focused on multiple personality disorder and on Satanic ritual abuse. Each researcher had their own area of focus and this beginning research very much looked like how practitioner-scientists would study a new phenomenon. Richard Kluft wrote 65 journal articles on MPD/ DID compared to the five papers he wrote on aspects of hypnosis, four on miscellaneous topics not related to dissociative identity disorder, and eight debating and defending the concept of repressed memories. His articles on dissociative identity disorder spanned his entire career, while his journal articles on the defense of repressed memories were focused over a relatively short duration between the years of 1990 through 1997, not coincidentally corresponding to the establishment of the False Memory Syndrome Foundation.

Richard Kluft's articles on MPD/ DID focused on various aspects important to the understanding of the disorder such as the diagnosing of the disorder and the varying aspects of treatment for the disorder. Kluft explored how DID presented in old age, what the initial stages of DID would look like in a clinical setting, the successes and failures in treatments for DID, the prevalence of the disorder, the possible cross-cultural occurrences, and which types of therapy may be more effective than others. Much of his treatment research on DID focused on the application of hypnosis for the treatment of DID. Because of the newness of this disorder, much of the research being done was experimental, not evidenced based, and truly a trial and error of different treatment methods already known in the field, much the same way medical researchers attack a new disease or virus.

Bennett Braun's research focused on which tools could be used in the diagnosing and treatment of MPD/ DID. He did research on the use of the DES (Dissociative Experiences Scale), the BASK model of dissociation, and the possible uses of the Rorschach test as a measurement in the treatment of DID. Bennett Braun also wanted to know what, if any, pharmacological treatments may be effective for patients with MPD/ DID. He studied noradrenergic agents in 1990, fluoxetine for the use in treatment of depersonalization disorder, and also researched EEG abnormalities in a large population of dissociative patients in 1997.

Elizabeth S. Bowman was also concerned with treatments and performed research on the use of restraints with dissociative patients and the effectiveness of using ECT with dissociative disorders. While she wrote a few articles on multiple personality disorder in addition to dissociative disorders in the early 1990s, her research has recently moved in the direction of pseudo seizures. She, like other researchers interested in DID, also wrote articles regarding

repressed memory in the years 1996 - 1997 with her research providing an overview of research on remembering and forgetting of trauma.

Walter C. Young focused his treatment research on the use of EMDR to resolve trauma and sought to understand the effectiveness of EMDR in patients who are dissociative. However, Young also wrote several articles about the treatment issues that arise for patients with a sadistic or ritual abuse background.

James A Chu, along with the more seasoned researchers, moved the research of dissociative disorders into the 21st Century. The bulk of his research interests lay in the correlation of childhood abuse and dissociation; he also linked dissociation to the diagnosis of PTSD in much of his research. However, he also was pulled into the repressed memory discussion in the years of 1991 - 1999 with articles such as *Memories of Childhood Abuse: Dissociation, Amnesia, and Corroboration* published in 1999.

Many of the psychotherapist researchers who studied dissociative disorders, multiple personality disorder, and the effects of sadistic or ritual abuse on the psychological health of survivors did not enjoy glory from their research. They were seen as “fringe”, controversial, and even characterized as well-meaning but dangerous, or just plain irresponsible by the proponents for The False Memory Foundation, (McMaugh, 2021; Middleton, 2018). They were called pseudo scientists and were in general, disparaged, ridiculed, and made fun of, (Middleton, 2018).

That is not the case for researchers in the false memory syndrome camp. Elizabeth Loftus, perhaps the most relentless voice against the concept of repressed memories, was recently lauded for her contributions to science, law, and academic freedom by the American Psychology-Law Society in 2009 and the Gold Medal Award for Life Achievement in the Science of Psychology from the American Psychological Foundation in 2013, (Cherry 2020).

She is a prolific writer and researcher with an almost singular focus on false memories, particularly on the issue of the use of “false memories” in courtroom testimony. Her research, especially her collaborative research with other social science researchers, demonstrated the malleability and unreliability of memory.

Another prolific researcher on the side of false memory is Richard J. McNally. Richard J. McNally has written and collaborated on 400 - 500 journal articles, books, and back and forth comments on published research. McNally worked with Loftus on several journal articles and he greatly respects her work and her perspective on memory. However, while McNally’s research on “false memory” is influential, it is not the focus of his research. Richard McNally has varied research interests including PTSD with a focus on war veterans, network analyses of psychopathology, cognitive biases in social anxiety disorder, and cognitive biases in obsessive-compulsive disorder.

Other researchers who frequently weigh in on the topic of “false memories” are Lawrence Patihis, Scott O. Lilienfeld, Martin Orne, Lavina Y. Ho, and Cara Laney. As stated previously, Scott Lillienfield is a vociferous voice against recovered memory and an energetic advocate for focusing the false memory efforts on undergraduate education.

Elizabeth Loftus’s goals were, and still are, in the area of forensic psychology. She argued that repressed memory did not exist and the memories plaintiffs took into the courtroom were false memories created by therapists using questionable techniques. While this premise sounds similar to the FMSF argument, the goal was different. Loftus believed that no person should be tried or convicted based on childhood memories that resurface in adulthood because those are false memories and not to be trusted. The tactic used by Loftus and defense lawyers was to discredit therapists who treated the plaintiff or witness when they testified on behalf of

their client. Loftus would testify as an expert witness for the defense using her own research on memory and marketing herself as an expert in the matter of false memories.

Social science researchers like McNally, Ho, and Orne would dive into the particulars of memory, fully believing that psychotherapists who claimed to care for ritual abuse clients or clients with multiple personality disorder, could encourage the creation of false memories during session. Although their arguments were more nuanced, they also vociferously defended the position that plaintiffs or witnesses claiming resurfaced memories, should not be allowed in court because there was no way to prove or disprove whether the memory was real or false unless their was corroborating evidence, and even then their testimony was tainted by the likelihood of false and inaccurate memories.

### **The arguments for and against repressed/ recovered/ false memories:**

#### 1. False memories are easily created: The misinformation effect

The misinformation effect is a term coined by Elizabeth Loftus and it defines the impairment in memory for the past that arises after exposure to misleading information. The premise is that memory is fallible and malleable and can be manipulated easily into a false memory. The last 30 years of research has shown that people are prone to “remember” false misinformation when the misinformation is introduced after a long passage of time between the real event and the misinformation. People can be more resistant to misinformation if they are warned that they may be confronted with misinformation when they are also participating in a real event. However, resistance to

misinformation is greatly reduced if the person has already experienced the misinformation before being warned that they may have experienced misinformation.

The people who are more prone to misinformation are young children, elderly adults, and when someone is experiencing limited attentional resources. Young adults seem to be the most resistant. The personality traits most prone to the misinformation effect are people who exhibit high empathy, absorption, and self monitoring. Also, the more a person self reports lapses in memory the more prone the person is to misinformation creating a false memory.

Experiments dealing with misinformation, especially in the 1980s, tended to work with superficial types of misinformation. However, when experimenting to see if a memory could be planted that never happened, the term, rich false memory, came into existence. Researchers would attempt to plant false memories such as being lost for an extended period of time, that as a child they were the victim of a vicious animal attack, or that they had been in an accident. The subjects would start off with little memory or doubting the event took place. A significant number of subjects remembered events that never took place with vivid detail after the third subjective interview. The phenomenon is technically called familial informant false narrative procedure, it is also often referred to as the “lost-in-the-mall” procedure after Elizabeth Loftus’s 1st attempt at proving how easy it is to implant false memories with her “Lost-in-the-mall” study.

The Lost in the Mall study took approximately 24 participants and gave them short narratives from their past given to the researchers by a supposed older, trusted relative to recall. However, one of the narratives was false. The false narrative allegedly took place when the participant was five or six years old. They were told they had been

lost in a mall for an extended period of time and then found by a trusted relative. Many of the participants said they could recall being lost in the mall when they were five or six years old.

Elizabeth Loftus made an entire career based on this study and even referred to it on the stand when she was a witness for the defendant, Harvey Weinstein. The Lost in the Mall study is considered *the* foundational study proving false memories can easily be implanted. However, many criticisms have been made against this study, especially with regard to its use in the courtroom because it does not fulfill the Daubert or Frye criteria.

The Daubert Criteria is five different criteria which need to be met in order for a scientific study to be allowed to be cited or to have expert witnesses use the study when giving testimony in the courtroom, (Dalenberg, C., 2006). The Daubert Criteria is used at the federal level and some state level courts. Most states and local courts use some variation of the Daubert Criteria and Frye criteria to set a standard on what scientific studies can be used to base expert testimony, (Dalenberg, C., 2006). The five criteria to establish that a study is methodologically sound and reliable under the Daubert criteria is:

1. A study must be capable of being tested and replicated
2. The study must be subjected to peer review and published in a peer reviewed Journal.
3. The error rate or potential error rate within the study must be known.
4. The study must show how they maintained the standards and controls of the study; this also means that standards and controls must exist within the study.
5. The expert witness must demonstrate the degree to which the study has been accepted by the scientific community.



Critics of the Lost in the Mall study say that while the study is capable of being tested, it has never been replicated, (Dalenberg, C., 2006). In order for a study to be replicated, it must use the exact same methodology as the original study. There have been similar studies to the Lost in the Mall study done, but they did not use the exact methodology as the Lost in the Mall study, ( (Dalenberg, C., 2006). For instance, one of the similar studies used a different scenario such as taking a hot air balloon ride as the false narrative instead of being lost in the mall. Also, critics point out that the studies that are similar to the Lost in the Mall study have had widely varied results, (Dalenberg, C., 2006). These factors demonstrate a lack of reliability within the study.

It is often pointed out that the Lost in the Mall study does not report an actual error rate. Critics imply this is usually an attempt to avoid publishing unwanted results. Loftus herself tries to get around this by stating that the Lost in the Mall has a “clarity” rating and then tries to define what a “clarity” rating is. However Loftus attempts to get around it, critics say that because her study does not report an actual error rate, it does not meet the Daubert Criteria and a “clarity” rating is meaningless against the Daubert Criteria. Researchers attempt to glean an error rate for the Lost in the Mall study by using data that Loftus reported in two subsequent journal articles citing the study. In a 1994 article, Loftus stated that 2 of the 24 subjects reported the false memory as an actual memory, and in another article written in 1995 she said that 6 out of the 24 participants reported the false narrative to be true. Using these numbers it would seem the study has an error rate of either 9.09% or 33.33%, well above the 5% error rate commonly used as the benchmark to prove significance.

Another argument lobbed against the Lost in the Mall study is that it does not meet the Daubert Criteria's standard because the sample size is small, (Dalenberg, C., 2006). With the small sample size and the high error rate, the results are thought to be not statistically significant. The study also demonstrated a lack of sufficient standards and controls when Loftus failed to use a control group for the study, (Dalenberg, C., 2006).

Critics also point out that the lack of uniformity in ages of the subjects (18 - 53) also fails to meet the condition within the Daubert Criteria of uniformity within the sample, (Dalenberg, C., 2006). The lack of uniformity within the sample becomes problematic when the researcher attempts to compare the results of an 18 year old subject whose frontal lobe has not fully developed with a young adult of 29 years old, or against an older adult of 53 who may have different memory functioning issues than both the 18 year old and the 29 year old subject. Besides the lack of uniformity within the sample, other problems with the sample not being representative of the population also occur. For example, there was an over representation of females in the sample with inclusion of only 3 males in the study, (Dalenberg, C., 2006).

Researchers also point out that the study's inherent reliability was compromised when instructions for the study participants were provided by the same two researchers, Loftus and one of her students, who also coded the data. Because the study lacked a separate researcher to code the data, there was no way to calculate (r squared) or the inter rater of reliability. Critics say this demonstrates a failure of having sound methodology or controls within the experiment and, therefore, fails to meet the Daubert Criteria.

Finally, while critics of the Lost in the Mall study say the study is not widely accepted, that is arguable. Certainly a good deal of follow up research has been done to

demonstrate the credibility of the misinformation principle on memory. Within memory research it is generally accepted that memory is fallible and that false memories can be created under certain conditions. Another generally accepted belief within memory research is that memory when recalled is actually recreated and can therefore be unreliable in some details. Also, no one can deny that the study has been used in the courtroom to discredit many plaintiffs and therapists for the plaintiffs in the courtroom. However, the use of the Lost in the Mall study in court is problematic and questionable due to the myriad of problems within the study. Despite its consistent use in court, there is a strong argument that the Lost in the Mall study does not meet the minimum standards within the Daubert Criteria and should not be admissible in court to discredit eyewitness testimony or plaintiff testimony of sexual abuse in court.

2. Memories of abuse are remembered more clearly and are not forgotten or repressed.

Proponents of false memory syndrome claim memories of trauma are more clearly remembered than mundane memories of everyday events. (Patihis, L., Ho, L. Y., Tingen, I. W., Lilienfeld, S. O., & Loftus, E. F., 2013). It is easier to forget one went to the dentist on Tuesday than to forget being sexually assaulted. The details of the assault, because it is not within the normal routine and the fact that the event is traumatic, would make the event more clearly remembered, not forgotten, (Brewin, C. R., McNally, R. J., & Taylor, S., 2004). They claim that for many, the memories of a trauma tend to replay in one's mind via unwanted and intrusive

thoughts as proof that memories of trauma, especially sexual abuse or sexual assault, would not be forgotten but more clearly remembered, (Brewin, C. R., McNally, R. J., & Taylor, S., 2004).

While this may be true for one off traumatic events in older childhood and into adulthood, is this also true of very young children who have not yet lost “magical thinking” or have not yet established a stable sense of self? Researchers say this would not be the case for the very young or for whom sexual abuse is a nearly every day or repeated event throughout childhood, (Brewin, C. R., McNally, R. J., & Taylor, S., 2004). Jennifer Freyd, a researcher (as well as daughter of Peter and Pamela Freyd) with the University of Oregon, says that in the case of betrayal trauma, which would be the situation with sexual abuse by parents, caregivers, or other trusted adults, a child develops strategies of forgetting in order to survive on a day to day basis. Freyd also said that with institutional betrayal such as in a family unit, all members play a role whether it is to turn a blind eye or outright deny a child’s reality by pretending nothing is amiss when a parent or another trusted family adult abuses a child. It becomes imperative for the child to survive in school the next day and the child does this by denying it to themselves or compartmentalizing those experiences within the mind.

It is interesting to note that the main researcher purporting the theory that the abuse would more likely be remembered than the dentist appointment on a Tuesday is Richard McNally whose research interests are mainly in the area of anxiety and PTSD. It is certainly true that with high levels of anxiety, attention is directed to one memory, usually emotionally charged and also to perceived negative memories, rather than a mundane memory. It is also true that with PTSD, when a client experiences flashbacks, the trauma being re-lived is intrusive and tends to replay in one’s mind. McNally has also published several papers on repressed memory equating a person’s resurfaced recollection of abuse with alien abduction stories and in a 2018 journal

article stated that a client claiming recovered memory may be malingering or being deceptive. However, critics of McNally state that the motivations of a very few number of malingering clients does not negate what clinicians frequently see with survivors of childhood sexual trauma or even with some adult traumas, that what they put out of their mind or was forgotten resurfaced and needs to be processed or worked through for the client to experience better mental health.

3. The false memories that develop through therapy are delusions or the result of brain disorders.

While this was put forward in a couple of journal articles, I can find no research either for or against this argument.

4. Ritual abuse memories are iatrogenic.

This argument is similar to the false memories are easily created, however it zeros in on the practices that therapists use which critics of the reality of ritual abuse posit is what creates memories of ritual abuse. The claim is that therapists cause clients to develop ritual abuse memories that never happened by using techniques such as the use of hypnosis, regression therapies, rebirthing, visualization and imagery techniques, or suggesting to the client they may have been sexually abused.

### Age regression hypnosis therapy

The goal of regression therapy is to resolve past conflicts in a person's life by having them relive or re-experience the event which is causing an issue in their life, (Team, 2016). Those who developed regression therapy believe that regression therapy can help relieve the client of distress caused by depression, intimacy issues, or other issues because the past events which cause the client's distress are in some way causing distress in the present, (Team, 2016). This type of technique developed out of a combination of hypnotherapy and psychoanalysis, (Team, 2016). The contribution from psychoanalysis is more theoretical and stems from the belief of Freud that unconscious material that is repressed by the client causes distress for the client in the present day. The unconscious material must be brought into consciousness in order for the client to gain greater insight and healing. Hypnotherapy provides the technique by the use of a type of hypnosis to relax the conscious mind therefore allowing the unconscious material one is holding onto to be brought up to the surface, (Team, 2016). Regression therapy divides into two different types of regression therapy; age regression therapy and past lives regression therapy.

An abundance of research studies exist for the use of hypnosis in psychotherapy in the 1950s, 1960s, and 1970s, including a lot of exploration into age regression hypnosis; however, the focus of the research was on its applications, uses, efficacy, and reactions to hypnosis. There is a paucity of research on the subject of age regression hypnosis in the 1980s onward and there is no research available in regards to false memory creation due to age regression hypnosis. Although sparse, what is available comes in the form of research on the benefits of age regression hypnosis, the relief clients experience from phobias, depression, and other clinical issues, as well as the efficacy of the treatment over time from a small contingent of alternative

medicine research publications. Articles published by Loftus and other like minded researchers argue with absolute surety that age regression hypnosis creates false memories. In those few studies, conclusions are drawn about age regression hypnosis, however, the experiments in the studies involve creating false memory in the lab using very specific, controlled techniques such as doctoring photographs to change the details of a genuine memory or to create a false memory, or experiments of repeated interviewing to see if study participants create false memories from the repetition of interviewing. Despite concrete conclusions drawn about age regression's role in creating false memories. none of these experiments specifically control for age regression hypnosis or even hypnosis generally. Yet repeatedly, Loftus, McNally, and other researchers state that age regression hypnosis creates false memories.

Perhaps age regression can create a false memory, but the research is not there to make a conclusive statement about it and important questions still remain. Why didn't false memory with age regression hypnosis become an issue in the 1950s, 60s, or 70s? If Freud's theories about memory repression have been around since the late 1800s and age regression hypnosis was used in psychotherapy and researched since the 1950s, why didn't Satanic ritual abuse explode until the 1980s and 1990s? Do the alternative therapists on the "fringes" still employing the use of age regression hypnosis have higher rates of recovered memory or higher rates of false memory than do clinicians using other techniques? These questions remain unanswered because the research is not there to prove or disprove conclusively that it is specifically age regression hypnosis which causes recovered memories to resurface into the consciousness or that false memories are created during therapy sessions as a direct result of using age regression hypnosis.

Rebirthing:

The technique of rebirthing was originally designed by Leonard Orr in the 1960s as a breathwork meditation practice. Rebirthing involves a circular breathing technique which involves inhaling quick, shallow breaths while not taking a break on the exhale. The theory of this technique is that through the practice of this particular type of breathwork the client can experience a release of emotion, usually negative emotion, or trigger subconscious material or even conscious material to the surface for processing. Proponents of this form of rebirthing technique say that it is effective for the treatment of ADHD, addiction issues, PTSD, depression and/ or anxiety, chronic pain, and self destructive behaviors or patterns.

There are other forms of the rebirthing technique. One involves submerging oneself in a bathtub or some other tub of hot water while using a snorkel for breathing. The client stays submerged under the water in a simulation of womb, birth, or infancy stages of development. It is meant to be a metaphorical re-do on negative experiences from that developmental period in a person's life. The therapeutic value of this exercise is mostly found in the processing of the metaphorical re-birth facilitated by the therapist and based on the client's own conclusions.

Another form of the rebirthing technique wraps a client in blankets or pillows to simulate the womb and rebirth into the world. It was thought to be effective for children experiencing reactive attachment disorder. The technique was often a last resort for parents experiencing children with this disorder. This form of rebirthing technique is no longer practiced due to the tragic death of Candace Newmaker.

Candace Newmaker, a 10 year old girl adopted into a family from Georgia. Her behavior was problematic and the severity of her tantrums continued to escalate despite the many interventions her adoptive mother tried. In desperation, her mother reached out to a company in Colorado who advertised rebirthing as an effective strategy for children who experienced



reactive affective disorder. Candace and her mother flew out to Colorado from Georgia just for this therapeutic intervention. However, hope turned to tragedy when Candace Newman died during the rebirthing treatment due to a lack of oxygen. Candace Newmaker, wrapped tightly in a blanket from head to toe, was held down for 70 minutes by three therapists performing this rebirthing technique. The therapists were demeaning and abusive in their interactions with Candace who protested repeatedly that she could not breathe and she made urgent requests for air. The therapists refused and then shamed Candace for making the request. Candace stopped making sounds and died from the lack of oxygen. The therapists were practicing as registered unlicensed therapists. They were charged, convicted, and imprisoned for murder and the mother received a suspended sentence for child abuse resulting in death. Because of the horrific nature of Candace's death, this practice of rebirthing was banned in Colorado and in North Carolina, and is up for consideration to be banned in Florida, California, Vermont, and New Jersey.

There is no research to support the efficacy of any of these rebirthing strategies. Nor is there any research to show that the technique brings about false memories, or if it even recovers memories. However, there are many articles written by Scott O. Lilienfield, Elizabeth Loftus, and other researchers working in conjunction with them which explicitly state that rebirthing strategies cause false memories. In a journal article which reviewed the book, *New Age Therapies*, written by authors Singer, Lynn, and Lohr in collaboration with Scott Lillienfield, rebirthing therapy techniques were lumped in with recovered memory therapy when those authors argued to discredit both recovered memory and Satanic ritual abuse. That claim would be difficult to make in light of the fact there is no research to support rebirthing as a therapy option, or to denounce it as inducing false memories since the research is also not there to support that argument.

There is no denying the rebirthing technique which employed the use of blankets and pillows is unsafe, especially in the hands of therapists who were abusive toward their client. Yet there is also no evidence that any of the rebirthing strategies have any efficacy, if it facilitates the remembering of forgotten memories, or if those techniques produce false memories. Despite the lack of any research, vocal and powerful critics of these methods have relegated these techniques to the fringes without honest, scientific scrutiny.

Visualization and guided imagery techniques:

Visualization and guided imagery are used in a variety of ways and in a variety of settings from hypnobirthing to relaxation techniques for the treatment of anxiety. Guided imagery and visualization is also used to lower blood pressure, reduce stress, and to reduce and manage pain. In the 1980s and 1990s, guided imagery and visualization techniques were also used to encourage memories of sexual abuse to come up to the surface so a client could process those memories. Again it was thought that the client would be relieved of their burden which would alleviate the client's initial presenting problem, usually depression, anxiety, or a relationship problem. At this time in clinical practice, therapists were coached as to what "symptoms" to look for which could indicate childhood trauma, especially sexual abuse trauma. Those symptoms ranged from depression to unexplained anxiety, gynecologic problems, chronic and diffuse pain, being physically inactive, having an eating disorder, nightmares, and flashbacks. In the 1980s and 1990s the therapist was more likely to directly ask the client or even tell the client they suspected childhood sexual abuse if they exhibited those symptoms. The client was then encouraged to reflect back and try to remember any childhood situations of sexual abuse. Guided imagery and visualization was used if the client was anxious about the topic or as a

purposeful approach to bring those memories to the surface. Since the 1980s and 1990s, copious research indicates this technique does lead to the creation of false memories of sexual abuse. As a direct result of the false memory debates and the myriad of research studies indicating the likelihood of false memories using guided imagery and visualization techniques, it is no longer used in psychotherapy for the purposes of recollecting childhood memories.

Suggestion/ leading the client :

Many of the research studies performed by Loftus, McNally, Lillienfeld, and other false memory researchers, are constructed and controlled for the situation of suggestion, leading the client, and repeated interviewing. [List of studies here] It is clear that under these conditions, false memories can be created.

One of the positive developments from the “memory wars” is that many of the attitudes and techniques employed in clinical practice for therapy have changed since the 1980s and 1990s. Therapists are trained to not ask the client about childhood sexual abuse even if they suspect that history may be there. The impetus is placed on the client to either bring that information into the therapy room or to not bring it in. The positive side of employing this tactic for clinical practice is that the therapist is not likely to iatrogenically create memories of childhood abuse. However, it also means that clients with a childhood sexual abuse history whether due to shame, guilt, fear, or dissociated memory may not bring the material into therapy sessions. Just as a medical patient going to their doctor is not able to say they have stage III brain cancer with the tumor located in the frontal lobe and is only able complain of headaches, disturbances in their vision, excessive sweating, and a chronic cold that will not go away, a client who enters therapy is usually concerned with the strained relationships with family members or

co-workers or with their struggles with anxiety and depression. A possible negative consequence of the impetus placed solely on the client is that the relationship between the issues they experience in the present and the experiences from the past are only explored if the therapist has created a safe place for the client and the client has the strength and the resilience to bring them in. And this is only if every person who has experienced trauma always remembers the trauma they experienced and did not use directed forgetting or dissociation as a coping mechanism when they were a child.

### **The Scientific Research from 2000 - 2020**

The debate between researchers focused on false memory creation and researchers focused on the possible reality of repressed trauma memories is still divisive and hotly contested. While much still remains unclear in memory research, developments in the field of neuroscience and cognitive neuroscience have shed new light on amnesia experienced after trauma. Notwithstanding the new research, researchers on false memory continue to raise cautionary arguments about how the research evidence coming out are not conclusive and also to warn researchers that the forensic issues with memory still exist, (Manzanero & Palomo, 2020). However, there seems to be a tentative middle ground forming in this debate.

James A Chu's 1999 study on recovered memory openly addressed the reality that pseudomemories can and do happen, (Chu & Frey, 1999). He and his team discussed Jean Piaget's very clear, visual pseudo-memory of someone attempting to kidnap him when he was two years old and his nanny saving the day by chasing the potential kidnapper away. However,

when Piaget was 15 the nanny confessed to making up that story so she could elevate her status within the family,(Chu & Frey, 1999). Chu and team also acknowledged the false memory research which suggests support for the creation of induced pseudomemories through repeated suggestion, rehearsal, and the use of imagery. They also highlighted the fact that 75% to 94% of participants appeared resistant to the development of pseudomemories, (Chu & Frey, 1999). In the discussion between Andrew Brewin and Richard J McNally on memory in 2004, both researchers were able to acknowledge research from the different camps of thought as valid even while maintaining their disparate perspectives on the subject of memory and trauma, (Brewin, McNally, & Taylor, 2004).

Although the consequences of false memory and creation of pseudomemories is still vociferously argued, the data coming in seems to support the existence of recovered memory or dissociative amnesia. This new data has slightly shifted the debate toward an acknowledgement that a person who experiences overwhelming trauma, especially when young, can have amnesia over the event and that the event can be remembered at a later time. In the 1980s and 1990s it seemed that clinician's believed that anyone who walked into their office could be a candidate for repressed memories of childhood sexual abuse. In the last twenty years, clinical research through surveys, self reports, and other methods have shown that most people recover from trauma perfectly well after a period of time, that children who experienced one or more sporadic traumatic events tend to remember them vividly and in detail, (Chu & Frey, 1999). However, it appears there is a subset of people who experienced severe or chronic abuse in childhood who seem to have higher rates of amnesia, (Chu & Frey, 1999). There is also some indication that the age of the person when they experienced severe and chronic abuse may have a role in the development of traumatic amnesia, (Chu & Frey, 1999). Even within populations who

experience severe, chronic abuse as children, there seems to be people who remember all of it and people who are highly dissociative. The current theories involved with what is now called, dissociative amnesia, is that there are people who have a large capacity to dissociate with trauma and people who do not, (Chu & Frey, 1999). Researchers are now trying to determine the mechanisms of dissociative amnesia within the brain in the processing and storing of information, (Chu & Frey, 1999).

The neuroscience research on dissociative amnesia is exciting. The past 20 years has demonstrated through MRI studies that patients with PTSD with dissociative amnesia exhibit reduced activity in the amygdala and increased activity in the prefrontal cortex, (Kendall, 2021). However, PTSD patients who had no lapse in their memories showed increased activity in the amygdala and reduced activity in the prefrontal cortex, (Kendall, 2021). Milissa Kaufman, director of the dissociative and trauma research program at McLean hospital, says the significance of the most recent study, in conjunction with the last 20 years of research, is that the most recent MRI studies show there is a neurological basis for dissociative symptoms, (Kendall, 2021). In this most recent study they used a model of the brain networks utilizing artificial intelligence technology in conjunction with the information from an MRI study of 65 women with histories of childhood abuse and diagnosed with PTSD, (Kendall, 2021). A key finding from this study is that severe dissociative symptoms likely involve the connections between two specific brain networks that are active at the same time: the default mode network and the frontoparietal control network, (Kendall, 2021). In another study performed in the UK, 75 women had MRI scans performed on their brain; 32 with dissociative identity disorder in which dissociative amnesia is a key feature and 43 matched controls. A machine learning computer was able to distinguish between people with or without the disorder nearly 75% of the time,

(Kendall, 2021). While the 75% number is statistically significant evidence for dissociative amnesia and differences in brain functioning between people with and without dissociative amnesia, it will be a long time before MRI is used to diagnose these conditions.

Several theoretical frameworks have been put forth as to the cause and the maintenance of dissociative amnesia. One is the role of stressful and posttraumatic events on the development of dissociative amnesia, (Staniloiu & Markowitsch, 2012). A second theoretical framework emphasizes the role of executive and attentional dysfunctions which could lead to “motivated or directed forgetting”,(Staniloiu & Markowitsch, 2012). A third focuses on social cognitive changes, and a fourth model, proposed by Hans Markowitsch, suggests that memory impairment occurs in the episodic-autobiographical domain in dissociative amnesia, (Staniloiu & Markowitsch, 2012). Markowitsch believes dissociative amnesia could be triggered by stress hormones and mediated memory blockade which is caused by an underlying desynchronization between the frontal lobe system and temporo-amygdalar system, (Staniloiu & Markowitsch, 2012). Some of the proposed mitigating factors to someone developing dissociative amnesia are genes, personality characteristics, medical and psychiatric comorbidities, familial, ecological and cultural environment and epigenetic mechanisms, (Staniloiu & Markowitsch, 2012). Support for Marwitsch’s model has come from various neurobiological and neuroimaging studies, (Staniloiu & Markowitsch, 2012). The research in most recent years is fascinating, hopeful to patients who claim recovered memories, problematic and worrisome to researchers focused on the creation of pseudomemories, and more technical than can be summed up in an undergraduate paper.

One study which elucidated evidence of the reality of dissociative amnesia or recovered memory and also addressed the argument that recovered memories are always iatrogenically created began as a study addressing treatment of patients with fibromyalgia with hyperbaric

oxygen. The patients in the study with Fibromyalgia Syndrome experienced 60 daily sessions, 5 days a week, 90 minutes each session, breathing 100% oxygen at 2.0 absolute atmospheres with 5 minute air breaks every 30 minutes, (Efrati et al., 2018). There were approximately 200 patients who received this treatment for this study, (Efrati et al., 2018). Of those 200 patients, 9 of the patients reported experiencing the emergence of traumatic memories during the course of the study,(Efrati et al., 2018). Six of those patients did not give consent for participation in the study addressing the resurfacing of traumatic memories, so the researchers did not use their data or information for this study, (Efrati et al., 2018). The disclosure of resurfaced memories was unexpected for both patients and medical staff, however, the patients were assigned to a physician for further assistance and investigation after participants disclosed the recovered memories to a nurse, (Efrati et al., 2018). The research study put forth the information in the form of case studies.

In the first case study, the 21 year old patient was diagnosed with severe FMS when she was 17, (Efrati et al., 2018) Between the 17 and 34 HBOT sessions, the patient complained of low energy and fatigue, (Efrati et al., 2018). She told the staff she felt sadder and more anxious than prior to HBOT, (Efrati et al., 2018). During that time she started to experience flashbacks in which somatic symptoms were experienced followed by memory fragments of being raped by multiple classmates at the age of fourteen, (Efrati et al., 2018). (When she was fourteen, she changed schools because she wanted to go to a “better” school.) This patient had still excelled in school and in dancing, and she remembered that she did avoid peer gatherings saying to her parents she was uninterested and wanted to excel, (Efrati et al., 2018). After the repressed memories emerged, the study participant reported having more energy, better sleep, and almost no pain, (Efrati et al., 2018).



The second case study was a 56 year old business woman, married with four children, the eldest daughter in her family of origin,(Efrati et al., 2018). Her childhood story consisted of being parentified by her mother, especially with her mother disclosing details of her affairs with various extramarital lovers, (Efrati et al., 2018). When she was seven years old, the study participant visited with an 18 year old male neighbor three times a week, (Efrati et al., 2018). He gave her gifts, and after the first visit with this neighbor the participant cut off her long, blond hair saying she wanted to be ugly, (Efrati et al., 2018). About a year later, after the Six Days War, the family moved for a week to the grandmother's home which was a place of calm for the participant, (Efrati et al., 2018). When she returned home, she refused the neighbor's invitations and forgot his name, (Efrati et al., 2018). She married shortly after graduation, (Efrati et al., 2018). In 2011 she was in an automobile accident and referred for treatment at the Sagol HBOT institute because of her recent diagnosis of FMS, (Efrati et al., 2018). The client experienced flashbacks of sexual molestation between the 37th and 44th HBOT sessions, (Efrati et al., 2018). In addition to flashbacks, the study participant also experienced unbearable sexual arousal concurrent with panic attacks, (Efrati et al., 2018). The flashbacks happened outside of HBOT sessions as well as during sessions, (Efrati et al., 2018). The study participant returned to her old neighborhood and confronted the male neighbor, (Efrati et al., 2018). He confirmed that this had happened as she remembered it, (Efrati et al., 2018). This case is interesting not only because of the occurrence of recovered memories, but also in the corroboration of her story.

In the third case study, the study participant, a 36 year old female who was the youngest of the three siblings in her family of origin, did report sexual abuse by an uncle in her intake history for the study, (Efrati et al., 2018). However, during the course of the HBOT treatments memories of sexual abuse perpetrated by her mother resurfaced, (Efrati et al., 2018). This study

participant had psychotherapy treatment previous to this study and returned to psychotherapy after the study was over, (Efrati et al., 2018).

The researchers of this study put forward a hypothesis that the oxygen treatments were the mechanism for the resurfacing of childhood trauma memories, but the interesting conclusion of this study is that memories can be repressed or dissociated with an inability to be recalled, and then can resurface at a later time. The resurfacing of the memories happened without treatment from a psychotherapist. This suggests that resurfaced memories can and do happen, and it cannot be assumed they were necessarily iatrogenically created.

If pseudo memories or false memories can be created through suggestion or repeated interviewing AND people can experience dissociative amnesia of traumatic memory which can resurface at a later time, then just what is the middle ground for the therapist and the client engaged in treatment? Does graduate level education in psychology have an obligation to prepare students for the possibility that this type of client can walk through their door? Do graduate programs prepare students for clients with extreme trauma to process their explicit memories, implicit memories, remembered memories, and possible recovered memories without creating false memories or by reducing the amount of false memories experienced during the course of treatment? Does the agenda driven by false memory researchers that therapists who believe recovered memories are real are reckless, recovered memories is not real and therefore recovered memory work in therapy is dangerous, and that extreme and/ or ritual abuse does not exist do a disservice to a small subset of the therapeutic population who does or did experience these things? If a client experiences resurfacing memories during the course of treatment, will the therapists educated in an environment where these topics are relegated to sidebars that perpetuate the mythology of these topics have the skills necessary to treat those clients without

invalidating them or doing further damage to the client? According to a participatory action research study facilitated by Laurie Matthew and Ian G. Barron, the answer is no.

Twelve researchers performed a mixed methods approach collecting qualitative and quantitative data on the experiences of the study participants in regards to treatment for extreme/ritual abuse, (Matthew & Barron, 2015). They utilized an online survey followed up with an open ended interview. Of the 68 participants in the study, 85% of the participants identified themselves as ritual abuse survivors, (Matthew & Barron, 2015). The participants were asked what their needs were, what their experiences were like when seeking help, and to rate the quality of services, (Matthew & Barron, 2015). Following the online survey, 22 participants were interviewed either face to face or via email or message board, (Matthew & Barron, 2015).

The results of the online survey identified the needs of the study participants who experienced ritual abuse were support, increased awareness, and being believed, (Matthew & Barron, 2015). An open ended question on the survey asked about the participants' experience when seeking help, (Matthew & Barron, 2015). The main themes to this question were that participants experienced disbelief by therapists and other social service workers. The participants related a lack of awareness and prejudice when seeking help, (Matthew & Barron, 2015). In rating the quality of services, 62% of the participants rated police, education, rape, and domestic abuse services as being "poor", and 87% of participants rated health and social services as "particularly poor", (Matthew & Barron, 2015).

In the interviews most participants regarded the backlash of the 1980s and the 1990s as responsible for discrediting ritual abuse survivors, (Matthew & Barron, 2015). Many of the participants were reluctant to reveal to agencies that they were survivors of ritual abuse. Other participants experienced rejection from services when their ritual abuse background was found

out, (Matthew & Barron, 2015). Because the interviews were open ended, actual statements from the participants from their perspective are known. Regarding the disbelief they experienced, one participant said, “We face denial and disbelief that beggars belief. They can’t handle our abuse at all but they don’t have to, they just have to listen, but they don’t,” (Matthew & Barron, 2015). One of the participants was diagnosed with False Memory Syndrome at the age of 16 by a psychotherapist despite the fact that False Memory Syndrome is not a real diagnosis and has never been in the DSM, (Matthew & Barron, 2015).

The lack of awareness of ritual abuse seemed to affect the participants by experiencing a rejection of services, an inability to find services or help, and the services that they did find were inadequate to the issues they were dealing with as a result of the abuse they survived. One participant is quoted as saying “They didn’t know what to do with me,” or “Lots of workers get scared when they hear about it, but workers are also scared of the media and what might happen if they hear,” (Matthew & Barron, 2015). Remarking on the prejudice experienced when seeking help, one participant said, “There is so much fear around this. Workers fear for their jobs, professionals for their reputation, and me for my life,” (Matthew & Barron, 2015).

One of the conclusions of the study was that survivors appeared to suffer because of the polarized argument surrounding beliefs about ritual abuse, memory, and mental illness, (Matthew & Barron, 2015). Another conclusion of the study was that the lack of awareness of ritual abuse issues among professionals resulted in services perceived as poor by survivors, and survivors became very reluctant to reveal their experiences because of the negative reactions they experienced when seeking help, (Matthew & Barron, 2015).

### **The Arguments made about the Existence or Reality of “Satanic” Ritual Abuse**

Of course, the previous study, as well as the entire previous discussion of this paper, hinges on whether or not ritual abuse actually does happen. Critics who claim that ritual abuse does not exist often ask, “where are the robes?” Critics claim there are no corroborated cases of ritual abuse. There are no robes, no dead bodies, no dead babies, in short, no evidence. Even Christopher Brewin in the Point- Counterpoint interview acknowledged that corroborating the existence of ritual abuse has been difficult. The assumption is that for something as bizarre and fantastical as what survivors claim they have experienced there must be some evidence somewhere. When researchers embroiled in these debates make their arguments, they tend to debate the finer and finer points of the same cases, memoirs, and past research. Indeed, the memoirs Michelle Remembers, When Rabbit Howls, and many other memoirs are uncorroborated. In addition, many of the daycare cases do point to a “Satanic Moral Panic”. However, narrative of ritual abuse is a consistent thread throughout time mythologically, in memoirs throughout history; not just in the 1980s and 1990s, and continued widespread presence of data of clinicians experiencing a client with recovered memory of childhood abuse or other traumatic events in their practice, and the continued publications of ritual abuse memoirs makes it impossible to dismiss the possibility of its existence. Is there even one memoir written in which the ritual abuse was corroborated? The answer is, yes.

In 2008, Anne Johnson Davis published her memoir called, *Hell Minus One*, (Davis Johnson & Jacobson, 2008). For Anne Johnson Davis things came to a head in her early thirties while raising her two sons with her husband, Bruce, (Davis Johnson & Jacobson, 2008). She erupted with anger at her husband with increasing frequency and with smaller and smaller triggers, (Davis Johnson & Jacobson, 2008). She began therapy with Sterling G. Ellsworth in August of 1992, and at first neither Anne nor Dr. Ellsworth understood why she needed

treatment, (Davis Johnson & Jacobson, 2008). He did suggest to her that her rage and anxiety may be coming from unresolved terror, (Davis Johnson & Jacobson, 2008). He taught Anne relaxation exercises and how to give herself permission to allow whatever wanted to come to come up to come up to the surface, (Davis Johnson & Jacobson, 2008). Gradually memories began to resurface, and in her words, she began to experience profound emotional, physical, and spiritual pain, (Davis Johnson & Jacobson, 2008). So far, this sounds like a playbook for the creation of false memories, except that Dr. Ellsworth had Anne do this work only in her own home and not at his office, (Davis Johnson & Jacobson, 2008). He did not want to influence the process in any way, to the point that Anne had to discover that her memories had all the elements of ritual abuse on her own, (Davis Johnson & Jacobson, 2008). The other difference is that when the Satanic ritual abuse memories began to resurface, Anne confronted her parents. Her parents not only confirmed what she remembered, but added details to her memories, (Davis Johnson & Jacobson, 2008). Her parents also wrote letters to leaders of her church with detailed descriptions of the ritual abuse and the torture they committed with other adults and other children in addition to Anne, (Davis Johnson & Jacobson, 2008).

In 1994, the state of Utah ran an investigation into the myriad of cases claiming Satanic ritual abuse. Anne Johnson Davis's case was also investigated by the State Attorney General's office, (Davis Johnson & Jacobson, 2008). Lt. Jacobson and Lt Detective Mike King interviewed Anne asking her to relay the events of her childhood in excruciating detail, (Davis Johnson & Jacobson, 2008). Then they went to Anne's parents who confessed to the detectives that everything Anne had relayed to them was true, (Davis Johnson & Jacobson, 2008). Although her story had been corroborated, Anne did not write about her experiences or her therapy journey because as she ended therapy the False Memory Foundation had already

achieved a lot of traction in claiming that Satanic ritual abuse did not happen and that recovered memory was iatrogenically created by well-meaning, but dangerous therapists. Even though she knew the events happened and she had letters from her parents corroborating her recovered memories of Satanic ritual abuse as well as a signed confession from the interviews with the detectives, she did not want to endure the ridicule, mocking, and publicity that would have been generated by the False Memory Foundation, (Davis Johnson & Jacobson, 2008). However, her husband throughout the years had encouraged her to write her story, and after his death she found the courage to do so, (Davis Johnson & Jacobson, 2008).

A full confession and detailed corroboration rarely happens, and even in Anne Johnson Davis's case there was no physical evidence of corpses or robes. If corroboration of ritual abuse does happen for a survivor, it is usually less detailed and can sometimes leave more questions for the survivor. Such is the case of Chrystyne Oksana, author of *Safe Passage To Healing*. In her narrative, ritual abuse memories came to the surface and as she received therapeutic help, she felt a need to go back to her childhood home, (Oksana, 2001). She thought she remembered who abused her in the old apartment building where she lived as a child, but she did not trust her recovered memories, (Oksana, 2001). However, after interviewing some of the people who lived there, particularly an older woman, they corroborated aspects of her story and the identity of her perpetrator. Oksana was careful not to divulge any of the details of her recovered memory so she could be sure that if someone did corroborate her story she could be sure that she did not lead her former neighbor to her own conclusions, (Oksana, 2001). This type of corroboration is not enough to take to court, but it is enough to validate for the survivor that their recovered memories of ritual abuse did happen to them.

Another corroborated case of cult abuse (throughout the trial the word “cult” was avoided altogether but the characteristics of cults were outlined explicitly and in great detail to describe the functionality of this group), including ritual sexual abuse was a case in Jerusalem, (Dayan, 2018). The leader of a subgroup of the Breslover Hasidic sect known as Nachman Meuman was brought to trial, (Dayan, 2018). The leader of this group was convicted in the Jerusalem District Court for sexual assault and sexual abuse of children, (Dayan, 2018). The women and children in the group were encouraged to confess to the leader all of their impure and sinful thoughts and actions to him, (Dayan, 2018). He imposed judgements upon them. Some of the judgements entailed physical violence, others involved mental or emotional abuse, and many revolved around sex, with many of the acts being described as humiliating or degrading, (Dayan, 2018). Some of the “judgements” included eating feces, licking feces off the anuses of others, inserting broomsticks into anuses, and sticks into the vaginas of the young female children and women, and other humiliating acts which were performed in front of others including the children, , (Dayan, 2018). The “judgements” were enforced with physical force, (Dayan, 2018). Although recovered memory was not involved, what is interesting about this case is that the women testified to all of these acts and of the accusations against the defendant, but insisted they were doing these under his direction in order to purify themselves, their children, and the people of Israel, (Dayan, 2018). Despite the fact that the women testifying were defending the defendant with their confessions, the court ruled that the leader of this subgroup was guilty, and that consent for these acts was compromised because of the control the charismatic leader had over this group, (Dayan, 2018). Regardless of the issues involved with consent, ritual abuse was a hallmark feature of this case.



In addition to Anne Johnson Davis's corroborated account and the aforementioned articles of extreme abuse, research from other areas of the globe such as the Democratic Republic of the Congo also point to corroborated ritual abuse (Pietkiewicz & Lecoq-Bamboche, 2017). In the year 2021, we know that child pornography rings exist, that global sex trafficking of children including the harvesting of organs is a reality, and that high powered people with a lot of political power have ties with secret and sexually abusive groups, (Ballard, 2021; Hallemann, 2020; Grieshaber, 2021).

With what we know about the reality of ritual and extreme abuse, it is imperative the therapeutic environment be safe for clients to heal from these types of traumas and that the needs of these clients are clearly understood. Productive and safe treatment strategies need to exist for these clients, and therapists need to be supported when they encounter clients experiencing resurfacing memories, or clients who may have a ritual abuse history. Despite this, research suggests that the backlash of the 1980s and the 1990s created an environment for these clients where help is hard to find and that those serving in the social services helping fields do not have the skills or adequate background knowledge to help those people through their healing process. The research also indicates there is a lot of work that needs to be done to provide a healing environment that is open to learning about the issues related to ritual abuse survivors, and that researchers need to create a more cooperative scientific environment motivated by curiosity rather than dogma. In this way, the small subset of people who experience extreme abuse can experience treatment that recognizes both the validity of recovered memory and also the understanding of the susceptibility of the creation of false memories in order to develop treatment strategies that can be safer and more effective for these clients. Research has clearly shown that clients who have experienced ritual abuse through abusive groups need to be

believed, and that they are suffering as result of both the trauma they experienced and the climate of disbelief, suspicion, and prejudice which lingers in the field of psychotherapy due to the backlash of the 1980s and 1990s. Finally, in the era in which the international sex trafficking of children is a known problem, in which child pornography websites are daily monitored by Google employees in attempt to take them down as fast as they are put up, and in light of the knowledge of corroborated cases of ritual abuse, we must work on balancing the needs in the courtroom while also acknowledging the realities that ritual abuse does happen so that survivors can heal and not rate their social services as “extremely poor”.

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