

Satanic Ritual Abuse: A Question of Memory

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In spite of reports by thousands of adults who describe satanic ritual abuse in their backgrounds, the Special Issue of the *Journal of Psychology and Theology* reveals obdurate skepticism regarding their credibility on the part of several contributors. Some of these disbelievers currently are citing experiments demonstrating extreme malleability for human memory as evidence that survivor accounts, especially those involving delayed memory, are fantasies implanted by incompetent clinicians. However, leading memory researchers such as Dr. Bessel van der Kolk of Harvard Medical School maintain that traumatic memories, which typically are engraved in the sensorimotor processes, are not subject to the same kinds of contamination that can affect normal memory. Traumatic amnesia, described in the DSM-III-R as psychogenic amnesia, is a phenomenon which has been known to mental health professionals for more than 100 years. The clinically observed characteristics of traumatic memory formation and retrieval match precisely the patterns of memory recovery exhibited by SRA survivors, and strongly confirm the reality of their cult abuse.

At the core of the conflicting claims regarding satanic ritual abuse (SRA) in the Fall, 1992, Special Issue of the *Journal of Psychology and Theology* is the question of memory, and in particular memories which have been occluded and subsequently retrieved. In her introduction Guest

Editor Martha Rogers (1992) implies her skepticism of such recall by referring in quotes to "recovered memory." She goes further by suggesting that those who identify themselves as SRA survivors may be deliberately confabulating: "Some patients claiming abuse or SRA are most accurately viewed as having other goals besides healing, falling into diagnostic classifications of Munchausen syndrome, Factitious Disorder or other kinds of pseudovictims, or victims of folie à deux or delusional systems. Some are consciously exaggerating, fabricating, and malingering" (p. 184).

Another contributor, George Ganaway (1992), challenges papers by Friesen, Shaffer, Cozolino, and Gould by declaring that "The basic premise upon which all of these authors found their observations and hypotheses represents purely a leap of faith rather than a scientific inquiry" (pp. 202-203). This stance echoes earlier statements by Ganaway, such as his 1989 essay on historical versus narrative truth, listed in the Journal File of the Special Issue, in which he maintains that "The question is, rather, to what degree do these vividly reenacted experiences represent purely factual accounts of multigenerational cult activities with actual human sacrifices as described, versus fantasy and/or illusion borrowing its core material from literature, movies, TV, other patients' accounts or unintentional therapist suggestion" (p. 211)?

Ralph Underwager and Hollida Wakefield (1992) state that the only data that can be offered for the reality of a worldwide satanic conspiracy are "unsubstantiated verbal reports by people who claim to have had personal experience, often through recovered memories in the course of therapy, and some claims elicited from children in multi-victim and multi-perpetrator sexual abuse allegations" (p. 281). Wakefield and Underwager (1992) also attack recov-

ered memory in their paper entitled "Magic, Mischief, and Memories: Remembering Repressed Abuse," which is also listed in the Journal File of the Special Issue of the *Journal of Psychology and Theology*. More recently Underwager (1992) flatly stated, "To have recovered repressed memories, to have flashbacks to events that they never knew about before, and had no memories of before, that, I say yes, indubitably, is a false memory, and that those events never occurred" (videotape). Passentino and Passentino (1992) evince a similar level of discredence when they note that "... the fact that more and more people are 'recovering repressed memories' of SRA doesn't necessarily lead to a conclusion that SRA sensationalism is true" (p. 303). The term "sensationalism" is, of course, pejorative.

Perhaps the most convoluted argument in the Special Issue is provided by Virginia M. Doland (1992) in her response to Bill Ellis' (1992) legend ostension essay. She blithely overleaps the question of memory to speculate about the sinister impact of accepting the reality of accounts of SRA. For example, she states that "By interpreting reality in a fashion which implicitly assumes the ascendancy of Satan's strength even among believers and seriously questions the goodness and power of God, we have given the powers of darkness more than their due" (p. 279). Many SRA survivors, wrestling with their grim legacies of horror, would beg to differ. In a final triumph of questionable logic, Professor Doland applies Matthew 18:6 (NASB) to the SRA issue: "... we are told that for the man who has offended one of these little ones 'it is better for him that a heavy millstone be hanged around his neck, and that he be drowned in the depth of the sea'" (p. 279). The NIV translation resonates more authentically for survivors whose childhood episodes of coerced perpetration have included torture and ritual sacrifice of both animals and children. In the NIV this verse refers to the person who "causes one of these little ones who believe in me to sin."

This pervasive skepticism about memory lies at the heart of the many sterile abstractions employed to somehow explain away the remarkably convergent SRA reports from thousands of adult survivors, matched in painful detail by the disclosures of young children from preschool cases (McCulley & McCulley, 1991). These data alone, one would think, should be sufficient to authenticate the phenomenon of satanic ritual abuse. That the reality of SRA is still at issue in many quarters is testimony to

society's reluctance to accept unpleasant truths, and to deny the most monstrous atrocities with the greatest fervor (Summit, 1985).

It seems more than coincidental, then, that four of the doubters in the Special Issue are past or present members of the advisory board of the False Memory Syndrome Foundation (FMSF), which was formed shortly before the *JPT* issue was published, and which has been vigorously propounding the proposition that many memories of childhood abuse have been implanted in the minds of suggestible clients by incompetent or malign therapists. Dr. Underwager, who played a leading role in the formation of the False Memory Syndrome Foundation, has since resigned following the publication of an interview with him and his wife, Hollida Wakefield, in the *Journal of Paedophilia* (Underwager & Wakefield, 1993). Underwager takes a remarkably sanguine attitude toward paedophilia stating, "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'" (p. 4). He later affirms that "With boldness they can say, 'I believe this in fact part of God's will'" (Underwager & Wakefield, 1993, p. 4).

FMSF advisory board members have continued the assault on the credibility of survivors of sexual and ritual abuse, and upon the clinicians who treat them. For example, Dr. Richard Ofshe (1993) declares, "... these perpetrators, and they are the therapists who are living off the pseudomemory business, they are perpetrators. They are a new kind of sexual predator" (videotape of presentation). However, it is noteworthy that none of the some 11,000 "documented cases" cited by Executive Director Pamela Freyd has ever been investigated to attempt to determine the relevant facts. What percentage involve false accusations of familial abuse, and which are merely the self-serving protestations of paedophiles and ritual abusers remains unknown.

Even the frequent appearances on TV talk shows of recanters—young adults who now say that their accusations against their parents are false—give us no basis in fact for evaluating these cases. Blaming the therapist is a seductive escape hatch for these clients, whose recollections have forced them to choose between believing that horrible things were done to them by their family, or that they are crazy. To then be offered a happy alternative, to be told that nothing bad happened to them, and that their

therapist superimposed these ghastly images on the pastel canvas of their childhood, that is a deliverance which must seem well-nigh irresistible. To be sure, there are, in all categories of crime, false accusations. Likewise, there are therapists and counselors who mishandle their clients. But to postulate that legions of mental health professionals of all types are systematically implanting detailed memories of childhood abuse in the minds of vulnerable and suggestible patients stretches credulity far beyond all reasonable limits.

A significant body of work on traumatic memory has been done by Bessel van der Kolk, M.D., Chief of the Trauma Clinic at Harvard Medical School/Massachusetts General Hospital (e.g., van der Kolk, 1987, 1988; van der Kolk, Blitz, Burr, & Hartman, 1984; van der Kolk, Dreyfuss, Michaels, Saxe, & Berkowitz, in press; van der Kolk & Ducey, 1989; van der Kolk, Greenberg, Boyd, & Krystal, 1985; van der Kolk, Perry, & Herman, 1991; van der Kolk, Roth, & Pelcovitz, 1992; van der Kolk & van der Hart, 1989). Dr. van der Kolk (1993a) seems unimpressed by FMSF attempts to throw the cloak of science around their efforts, and finds the term syndrome itself misleading: "There is no such thing. . . . I don't know what people are talking about when they talk about a False Memory Syndrome" (videotape of interview). In April of 1993, more than a year after the FMSF was formed, Pamela Freyd (1993), one of the founders as well as executive director, declined to try to list any symptoms for the False Memory Syndrome.

Further, all of the research cited by FMS proponents, such as the experiments of Elizabeth Loftus, deals not with traumatic memory but with normal, or explicit memory. What studies of normal memory demonstrate is a high degree of malleability and potential distortion over time. These memories are sorted by category in the hippocampus of the brain, and later information of the same kind may contaminate the earlier material.

But when we speak of the ritual abuse of children, we are not talking about normal events. Reports by both children and adult survivors commonly deal with rape—vaginal, anal, and oral; with the penetration of body orifices by lighted candles and sharp instruments; with every type of torture, including protracted electric shock; with animal and human sacrifice; with ritual cannibalism.

Such experiences represent the ultimate in trauma, with concomitant impact on memory. Two

disparate responses to trauma have been noted by researchers. In some instances the memory is hyper-potentiated, and the event remains unforgettably vivid. With severe, repeated trauma, especially when that trauma occurs early in life, the stress of the experience may overload the circuitry of the brain's limbic system, preventing the information from reaching the hippocampus. Instead, the trauma is engraved in the sensorimotor processes, and is dissociated from the victim's conscious awareness (van der Kolk, 1993b).

Only when triggering circumstance breaks through the amnesic barrier does the person retrieve, often in bits and pieces, the memory of the traumatic event. What comes back is not an intact narrative, but flashbacks, affects, and bodily sensations. A Viet Nam veteran viewing *Platoon*, for example, may find himself back in a rice paddy trying to evade enemy fire. A mother looking at her five-year-old daughter may be propelled back a quarter century to a traumatic event that happened when she was the same age. The quality of these retrievals is described by Ivor Browne (1990a): "When the suspended encounter is triggered, the threatening event is experienced as happening now, in full present time" (p. 29). These memories, according to van der Kolk (1993b), are to be trusted since " . . . the core issue is that the body cannot lie. If you feel terrified, or if you see a flashback, in response to a particular phenomenon, then what you see at that particular moment—certainly the first time, before you've had the chance to talk about it much—that's to be trusted" (videotape).

It is precisely this kind of re-experienced trauma that characterizes the memory recall of an overwhelming majority of SRA survivors. They hear again the Enochian chant, punctuated by the screams of victims, rising in the night air. They glimpse the flickering candles and the fearsome circle of hooded, black-robed cultists. Their bodies feel the thrusting knife and searing flame. Blisters and scars sometimes reappear, and fresh blood may flow from tissues ravaged long ago. Clinicians who witness these abreactive episodes are not likely to challenge van der Kolk's dictum that the body cannot lie.

It is clear, then, that applying the research on normal memory to the experience of trauma victims is grossly inappropriate, and that the position of the adherents of the false memory hypothesis has no viable theoretical base. No scientific studies support their claims, and statements by their highly creden-

tialed spokespersons must be regarded as unsubstantiated opinions.

By contrast, research on the sequelae of trauma dates back more than a hundred years. Ivor Browne (1990b) credits Briquet with making an early causal connection between hysterical symptomatology and a history of trauma in 1859. This also was the birth year of Pierre Janet (1904), who wrote extensively about the differences between narrative memory and traumatic memory, drawing heavily on the case history of a patient, Irene, who was amnesic regarding her mother's death. She even attended the funeral with no apparent recognition of the significance of the event. Janet observed that Irene, who had been deeply devoted to her mother, repeatedly replicated the trauma of her mother's final hours before there was any cognitive recall. These reenactments took as long—three or four hours—as her former futile attempts to revive her mother's corpse. They demonstrated that traumatic memory is, in van der Kolk's phrase, "inflexible and invariable" (van der Kolk & van der Hart, 1991, p. 431).

This early research is buttressed by current clinical observation, particularly in a recent study by Linda Meyer Williams (1993) of the University of New Hampshire. In this carefully designed survey, 129 women with documented histories of childhood sexual assault participated in extensive individual interviews. Much time was spent in establishing rapport and in securing general family histories, before attempting to discuss the specific incident which had prompted a hospital admission some 17 years earlier.

The most significant finding was that 38% of the women in the sample reported no recollection of the index event, even though it was firmly documented by hospital records. In response to the concern that some women simply were too embarrassed to disclose the assault, Dr. Williams points out that of the women who did not recall the abusive incident, 68% told the interviewer about other sexual assaults.

Equally significant is the fact that in a subsample of 23 women who had recorded medical evidence of genital trauma, and who also received the highest credibility rating by the interviewer, 52% did not recall the abuse. Age of victimization also was not a significant determinant. Women who were four to six years of age at the time of the abuse were just as likely to have forgotten the incident as were those three years and younger. One important finding that emerged from the study was that children who had

a close relationship with the perpetrator were more likely to develop psychogenic amnesia than were those abused by strangers.

Another study, cited by Lenore Terr (1994), was conducted in Holland by Nel Draijer, who interviewed a random sample of more than a thousand Dutch women. One in six reported coerced sex with household members in childhood, and many had experienced years of psychogenic amnesia, until the memories were retrieved in adulthood.

A number of recent studies shed additional light on the relationship between trauma and memory. Philip Coons (1993) led a 1989 study which showed that 82% of a psychogenic amnesia sample had suffered some type of abuse in childhood. Briere and Conte (in press) found that 60% of a research group of clinical sexual abuse survivors reported having had partial or total amnesia for the abuse during some period of their lives. A study of a similar population by Herman and Schatzow (1987) produced an amnesia finding of 64%.

Causal connections between trauma and dissociative disorders also are being discovered. David Spiegel (1993) of Stanford University points out that "... a history of trauma has been found to be an almost universal etiology of such extreme chronic dissociative disorders as multiple personality disorder" (p. 132). Richard Loewenstein (1993) refers to studies by Richard Kluft, Frank Putnam, and Colin Ross in concluding that "Virtually all patients with MPD, a group generally reporting the most extreme levels of childhood sexual, physical, and emotional abuse, report amnesia ..." (p. 57).

If satanic ritual abuse is a question of memory, the data redound to the credibility of those thousands of individuals who identify themselves as SRA survivors. All the scientific studies of memory under trauma indicate that the bimodal response described by van der Kolk (1994), whether hyperpotentiated or dissociative, heightens the reliability of recall. The phenomenon of recovered memory is not a new therapeutic fad created by irresponsible clinical experimentation, but a well established aspect of trauma. The connection between trauma and memory disturbance is made clear by the definition of psychogenic amnesia in the DSM-III-R (1987) which states that "The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness" (p. 273).

Further, there often is corroboration for these retrieved memories. Judith Herman and Emily Schatzow (1992) found that in a sample of 53 women who disclosed memories of abuse for which they had been amnesic, 74% of the subjects were able to find independent confirmation from family members, pornographic photos, or diaries. Ivor Browne (1990a) found the "internal consistency of the traumatic account" persuasive, and also discovered that in the sizeable minority of cases where there was an available witness that "in every instance, the traumatic events ... turn out to be true" (p. 30).

There is no longer room for denial and disbelief—for evading the grim reality of SRA—by recourse to memory research which simply does not apply. Solid scientific inquiry does not allow us that luxury; neither should Christian conscience.

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