

Chapter 4

The Myth of Multiple Personalities and Satanic Cults

Abstract This chapter traces the rise of the modern epidemic of multiple personality disorder (MPD), which commenced with the publication of *The Three Faces of Eve* in 1957 but really took off after the 1973 publication of *Sybil*. In 1980, the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* added MPD as a bona fide diagnosis. It has now been renamed Dissociative Identity Disorder (DID). The theory behind the modern MPD phenomenon holds that people develop alternate internal personalities to deal with severe childhood trauma, so that the “core” personality has no awareness of the trauma or the alters. MPD/DID is probably an iatrogenic illness created unwittingly by the therapist, or in some instances self-created through cultural influences. In this chapter, we see how this theory destroyed lives and created latter-day “snake pits” in dissociative disorder units, where many patients came to believe that they had killed, eaten, or borne babies in mythical satanic ritual abuse cults.

Jesus said to him, “Come out of the man, you unclean spirit!” And Jesus asked him, “What is your name?” He replied, “My name is Legion; for we are many.” And he begged him not to send them out...

—Gospel of St. Mark 5:8–10

I felt a Cleavage in my Mind—As if my Brain had split—I tried to match it—Seam by Seam—But could not make them fit.

—Emily Dickinson

One of the most intriguing and controversial products of hypnotic suggestion is a belief that some people harbor multiple internal personalities—an idea that first became popular around the turn of the twentieth century. (*For the early history of this phenomenon, see Chap. 6.*)

Just as past-life regressions yield “secondary role enactments,” a person with multiple personality disorder (MPD) can perform as an entire ensemble in *this* life. Yet many critics have persuasively argued that *the phenomenon of multiple personality is almost invariably an artifact of therapy, produced by the therapist’s expectations and the suggestible, vulnerable, attention-seeking client.*¹

¹This alleged condition has been renamed “dissociative identity disorder” (DID) to attempt to avoid the controversial designation, but I will use MPD, which is more familiar and descriptive.

This does not mean that the therapist intentionally creates the condition, nor does it mean that the client suffering from MPD is consciously acting fraudulently. Because the proliferation of multiples is so intimately connected with the hunt for repressed memories of sexual abuse, a brief review of its modern rise is in order. The diagnosis of multiple personality disorder was extremely infrequent until the cases of Eve White (a pseudonym for Christine Sizemore) and Sybil (a pseudonym for Shirley Mason), both of which spawned best-selling books and movies. These two cases have exerted enormous influence, providing models for thousands of others that have come in their wake.

Psychiatrist Corbett Thigpen, coauthor of *The Three Faces of Eve* (1957) at first found Eve White to be rather boring—a “neat, colorless young woman.” She came to him because of terrible headaches, apparently caused by intolerable tension related to her failing marriage, exacerbated by her unwillingness to raise her daughter Bonnie in her husband’s Catholic faith because she herself was a Baptist. Mrs. White’s therapy was clearly important to her, as she had to drive 100 miles to meet with Thigpen. Her husband Ralph characterized her as “too good” but possessing a “little erratic streak.”

After several sessions, Thigpen suggested hypnosis in order to help analyze a dream. Soon thereafter, Mrs. White apparently experienced amnesia following a huge fight with her husband. Thigpen suggested to her that “unacceptable events are sometimes unconsciously repressed from memory or involuntarily dissociated from awareness,” and this seemed to make her feel better. Soon afterward, during a session, Mrs. White appeared “momentarily dazed,” looked blank, then transformed her entire appearance. “There was a quick reckless smile. In a bright unfamiliar voice that sparkled, the woman said, ‘Hi, there, Doc!’” After some confusing conversation, Thigpen asked “Who *are* you?” and she answered “Eve Black,” her maiden name.²

Eve Black was everything Eve White was not. She was irrepressible, naughty, sensual, spontaneous. In many ways, she was a duplicate of Morton Prince’s “Sally Beauchamp,” the lively alternate personality (known as an “alter”) in that famous 1906 case, which is covered in Chap. 6.³ Dr. Thigpen was clearly taken with Eve Black, noting “how attractive those legs were.” Suddenly this boring patient was a lot more interesting. The idea that several entirely separate personalities could coexist inside one brain or body has always intrigued not only psychiatrists, but the general public. Soon afterward, a third alter, “Jane,” appeared as a balanced, intelligent mid-point between the two Eves.

The theory behind MPD posits that the alternative personalities appear due to a severe childhood trauma for which the “core” original personality is amnesic. Eve’s parents seemed to be fairly normal, and her major childhood traumas—seeing a drowned man at two and touching her dead grandmother’s face at five—weren’t sexual.

By the end of the therapy, the three personalities appeared to have integrated, and all was well.

²Thigpen, *Three Faces of Eve*, p. 1–22.

³See Chap. 6 for MPD’s origins in the late nineteenth and early twentieth centuries, including this Morton Prince case.

Sybil and Her Traumatized Alters

In September of 1954, a few months after Thigpen and Cleckley published “A Case of Multiple Personality” in the *Journal of Abnormal and Social Psychology*, Shirley Mason moved to New York City and commenced psychotherapy with Dr. Cornelia Wilbur.⁴ After 3 months, Wilbur met Peggy Baldwin, a disturbed child alter, and diagnosed Mason as a multiple personality. Over the next 11 years, in over 2,300 sessions, Wilbur identified 16 different alters before triumphantly integrating them all.

In 1973, Flora Rheta Schreiber, a literature professor, actress, and freelance writer, published *Sybil* in a dramatic novelized form, giving Mason the pseudonym of Sybil Dorsett. That book, along with the subsequent movie, provided a template for the modern epidemic of MPD diagnoses, including the idea that grotesque childhood sexual and physical abuse causes “dissociation” of various alters. Sybil’s tortures primarily featured enemas that she was forced to hold while her mother played piano concertos, but the sadistic parent also enjoyed pushing spoons and other items up her child’s vagina, making Sybil watch sexual intercourse, and hoisting her up to hang helplessly from a pulley.⁵

Yet investigative journalist Debbie Nathan thoroughly debunked the case in her 2012 book, *Sybil Exposed*:

Sybil’s sixteen personalities had not popped up spontaneously but were provoked over many years of rogue treatment that violated practically every ethical standard of practice for mental health practitioners. Dr. Wilbur had approached Sybil’s health problems with a predetermined diagnosis that brooked no alternative explanations. In her therapy she had made extravagant, sadistic use of habit-forming, mind-bending drugs... After years of this behavior ... the two women developed a slavish mutual dependency upon each other. Toward the end of their lives they ended up living together.⁶

Herbert Spiegel, a psychiatrist intimately familiar with Sybil’s case, had also come forward to question Shirley Mason’s MPD diagnosis. Spiegel first identified highly hypnotizable people and specialized in dissociative disorders. Schreiber thanked Spiegel in her acknowledgments, noting tersely that he called the patient “a brilliant hysteric.”⁷ Spiegel told me that Cornelia Wilbur had brought Sybil to him for consultation early in her therapy. He had diagnosed her as highly hypnotizable. Whenever Wilbur had to leave town, Spiegel served as Sybil’s temporary therapist. In addition, Sybil visited his Columbia University classes annually for a hypnosis demonstration, and she participated in his study of age regression.

“When Sybil came to therapy with me,” Spiegel said, “and we were discussing some phase of her life, she asked me, ‘Do you want me to be Peggy, or can I just tell you?’ That took me aback, and I asked her what she meant ‘Well, when I’m with Dr. Wilbur, she wants me to be Peggy.’ I told her that if it made her more comfortable

⁴Thigpen & Cleckley, “A Case.”

⁵Schreiber, *Sybil*.

⁶Nathan, *Sybil Exposed*, p. xviii; see also Rieber, *Bifurcation of the Self*, p. ix, 67–130, 205–300.

⁷Spiegel in Bain, *Control*, p. xi.

to be Peggy, that was fine, but otherwise it wasn't necessary. She seemed relieved and chose not to assume different personalities when she was with me."

Later, Flora Schreiber approached Spiegel to ask if he would coauthor the book, which initially intrigued him. But when he found that they were planning to call her a multiple personality, he objected. Schreiber explained that the publisher was interested only in this sensational approach. When Spiegel told her he wanted no part of such a venture, "she got in a huff and walked out." At subsequent psychiatric conferences, Wilbur refused to speak to him.⁸

Cornelia Wilbur was also instrumental in diagnosing Jonah, another well-known multiple. In 1970, Jonah, a 27-year-old black man, entered the University of Kentucky Medical Center after beating his wife and attacking her with a butcher knife. As he did so, he claimed to be "Usoffa Abdulla, Son of Omega." Under hypnosis with Wilbur, Jonah soon revealed that he had two other alter personalities aside from the violent Usoffa: "Sammy," a rational lawyer/mediator, and "King Young," a seductive lover. Although Jonah was characterized as a "relatively unsophisticated person from a lower socioeconomic group," he was highly imaginative and understood how to keep the attention of five psychiatrists.⁹ He apparently enjoyed frightening them as well, since he announced that he felt another alter brewing that would be "five times worse than Usoffa" and "would probably be somewhere in between dynamite, electricity, and nitroglycerin." This fourth alter failed to materialize, much to the relief of the psychiatrists.¹⁰

The fascinated doctors administered several batteries of personality tests, EEGs, and the like, claiming that these constituted a "controlled comparison" of the alters, even though their study consisted of one person. They discovered that Jonah's various alters performed differently on emotional material, but that the responses were quite similar for neutral material. This outcome should surprise no one, since role playing would produce just such a result. It should also not come as a shock that the tests identified Jonah as a paranoid schizophrenic. Nonetheless, the five psychiatrists asserted that "the internal consistency of the individual profiles is remarkable and argues against the possibility of faking."

At least, however, they recognized that the MPD role allowed Jonah to "express taboo feelings without having to assume responsibility for them." Indeed, such was the alters' appeal that they were loath to be "integrated" and agreed to join forces only on a trial basis, provided they got "equal representation" alongside Jonah, the core personality. Consequently, they compromised on a new name, "Jusky," an acronym for Jonah-Usoffa-Sammy-King-Young. The psychiatrists gave the newly constituted Jusky their battery of tests. "Unfortunately," they concluded, "some of the results indicate that this new identity may be psychiatrically 'sicker' than any of the others."

⁸Nathan, *Sybil Exposed*, p. 130–131; Schreiber, *Sybil*, p. 18; Herbert Spiegel interview, March 23, 1994.

⁹The principal author of the Jonah study, Dr. Arnold Ludwig, had long been fascinated by "altered states of consciousness." In 1966, Ludwig wrote an article on the subject in which he revealed that, while taking LSD "for experimental purposes," he had needed to relieve himself. Standing at the urinal, he read a sign, "Please Flush After Using," and realized that the words conveyed "profound meaning." (Ludwig, "Altered States," p. 229.)

¹⁰Ludwig, "Objective Study."

Ralph Allison's New Frontier

Throughout the 1970s, Cornelia Wilbur was the acknowledged authority on MPD because of her professional publications as well as the popular novel about Sybil. During the decade, a growing number of other psychotherapists became interested in multiple personalities. California psychiatrist Ralph Allison provided an early networking tool through his newsletter, *Memos in Multiplicity*.

In 1980, Allison published *Minds in Many Pieces*, the first popular professional book on multiple personalities. His account of how he first “discovered” that a patient named Janette suffered from MPD is extremely revealing.

A 29-year-old housewife, Janette was chronically depressed and unhappily married. Her mother had been “a bossy hypochondriac, always whining about imagined ailments.” Following a suicide attempt by Janette, Allison had her committed to a psychiatric ward, where he asked Katherine, a resident psychologist, to evaluate her. That night, Katherine called Allison and informed him that Janette was a “classic case” of MPD, “another *Three Faces of Eve*.”

The following day, after a sleepless night, the nervous Dr. Allison informed Janette that “the psychologist who saw you yesterday says there’s someone else here with you.” Janette looked puzzled. “What I mean is, there’s someone inside your head—someone else sharing your body.” Still no response. “I want to meet the other person. I think I can if you’ll give me a little cooperation.” He asked her to close her eyes and relax. Then, in a “commanding, forceful voice,” Allison intoned: “Now I want to talk to whoever or whatever spoke to the psychologist last night. Come out by the time I count to three. One ... Two ... Three!” And with that, Janette opened her eyes and, in a loud, grating voice, said, “Okay, doc, what do you want? And God, it’s good to get rid of that piss-ass Janette.”¹¹

Thrilled, Allison observed that “it was like something out of a movie. It was Joanne Woodward changing from Eve White to Eve Black in *The Three Faces of Eve*.” Exactly. Although it is likely that Janette, too, had seen the movie, it did not occur to Allison that he had *cued* his patient into multiplicity. From that humble beginning, he was off and running. Later, through hypnosis, he had Janette “remember” a rape by a schoolyard bully. But that was just the beginning. “We identified traumas through the use of hypnosis and other techniques. Often one memory led to another and we delved deeper and deeper into her past.”¹²

Once Allison learned how to look for multiplicity, he began to find it in more patients, including Carrie—a beautiful, tall redhead with a history of severe depression and mood disorders. “I had an odd feeling that this young woman was going to play a unique role in my life. She would influence my work,” he noted.

Allison introduced Carrie to Janette, and soon his first MPD patient was counseling his second. “Debra,” Carrie’s first alter, called Allison her “Daddy” and Janette “Mommy.”

¹¹ Allison, *Minds*, p. 31–34.

¹² Allison, *Minds*, p. 25–65.

Dr. Allison discussed the matter with a parapsychology instructor, who sensed that the spirit of an evil deceased drug addict named Bonnie had invaded Carrie's body. Allison apparently believed this assertion and subsequently carried out a formal exorcism, which he claimed was a success. This didn't prevent Carrie from developing other alters, however, and it didn't stop her from committing suicide the day after he visited her in the hospital—she had been brought there in restraints after a new “alter” violently attacked Allison, screaming “GoddamnmotherfuckingbastardIhateyou.” Even her death did not keep Allison from proclaiming his treatment to be successful. “I don't always like being a loner,” he wrote in his chapter about Carrie. “It hurts to know that I am ridiculed as a ‘fool’ by people who don't dispute my successes, but only my methods.”¹³

In *Minds in Many Pieces*, Allison asserted that he had discovered a new, exciting form of therapy. He likened his probing of the mind's inner mysteries to the space program and referred to himself as “an explorer of this second ‘frontier.’”¹⁴ Despite appearances that he was creating the very disorder he was supposed to cure, his book exerted an enormous influence, providing models for the “inner-self helper,” a kind of guardian angel alter, and the “dark alters” or demons who need to be exorcised.¹⁵

The idea of demonic possession, widely believed until the end of the seventeenth century, appears to have maintained a fairly strong hold even in modern times. With the publication of *The Exorcist* (1971) and its inevitable movie (1973), popular interest in the occult burgeoned. Before that, in the mid-1950s, Thigpen and Cleckley received several suggestions that Eve White might have been possessed by “discarnate spirits.” Other correspondents, claiming personal experience with demonic possession, volunteered to “cast out the indwelling fiend they were sure resided in the body of our patient.”¹⁶

Although Thigpen made fun of such notions, many post-Allison therapists took them seriously. *Michelle Remembers*, the recovered memories book about satanic abuse (see Chap. 1) appeared in 1980, and in its wake Satan was given his share of blame for the phenomenon of multiplicity. To lend an air of science, however, demons were often called “introjects.”¹⁷ Psychiatrist M. Scott Peck, who charmed those in search of pop spirituality with *The Road Less Traveled* (1978), followed it

¹³ Allison, *Minds*, p. 66–100. Carrie's husband sued Allison for malpractice following his wife's suicide, claiming the psychiatrist had prescribed the pills that killed her. Allison not only denied supplying the pills, but said that she was no longer officially his patient at that point. She did, however, come to visit him in his office on the day she killed herself. The lawsuit was unsuccessful (Allison, “Effects on the Therapist,” p. 15; Ralph Allison interview, July 1, 1994).

¹⁴ Allison, *Minds*, p. 4–5.

¹⁵ Nonetheless, Ralph Allison never became part of the MPD “establishment” and later took a firm stand against the hunt for satanic ritual abuse. He did not, however, change his mind about MPD (Personal correspondence with Ralph Allison, June 1994; Allison, “A Debate: Satanic Ritual Abuse.”).

¹⁶ Thigpen, *Three Faces*, p. 7.

¹⁷ Alpher, “Introject and Identity.”

with *People of the Lie* in 1983, in which he espoused a belief in pure evil and the efficacy of exorcism.¹⁸

"The diagnosis of possession is not an easy one to make," Peck asserted, because "the demonic hides within and behind the person. For the exorcism to occur, ... the demonic must be uncovered and brought into the open." To accomplish this, an exorcist must make direct contact with the demons. "When the demonic finally spoke clearly in one case," Peck wrote, "an expression appeared on the patient's face that could be described only as Satanic." That proved that the patient was possessed, even to Peck, who considered himself "a hardheaded scientist."

James Friesen's Multiple Demons

The influences of Ralph Allison and Scott Peck came together in 1991 in James Friesen's *Uncovering the Mystery of MPD*, a popular book about MPD written for a Christian audience. Friesen, a Ph.D. psychologist and minister, was already engaged in "spiritual warfare" against the invisible powers of evil when he discovered multiple personality disorder. He trained himself primarily by listening to a tape about MPD and by reading the works of Allison and Peck.

Friesen's book made it quite clear how he came to believe that most of his clients hid unrecognized alters, and why he insisted that his diagnosis was correct, even in the face of considerable resistance. "Every life experience must be stored and filed somewhere," he wrote, "and no event can be erased. The closest a brain can come to erasing a memory is to become amnesic to what just happened. That involves creating an alternate personality for the occasion." Because it is the alter who remembers the abuse, the memories seemed doubtful to most clients at first. "When dissociated memories start to surface during treatment, they *always* seem unreal. The clients have a hard time accepting the reality of the memory, because it does not seem like it happened to them."

One of Friesen's clients, whom he called Helen, told one of her friends proudly that Friesen was "fascinated with me," though she was skeptical of this MPD business. "She had not yet found out about the awful things that must have happened to her as a young child," Friesen explained. "One of the benefits of dissociation is that the dissociator grows up with healthy alters who know nothing about the abuse. Those alters are the ones who come to therapy, believing they have had a simple childhood. They go through a lot of denial when the truth breaks through the amnesia."

Indeed, "Helen's host alter fought very hard to maintain the posture that she had gone through a normal childhood, and that her family was a good one." The insightful Friesen was eventually able to overcome her resistance and convince Helen of

¹⁸ Peck came to believe in evil patients after 400 sessions with a patient named Charlene. The therapist was frustrated because "she totally failed to be affected by it." Rather than blaming himself, Peck concluded that there was a simple reason: she was evil. "Charlene's desire ... to toy with me, to utterly control our relationship, knew no bounds." (Peck, *People of the Lie*, p. 150–196.)

her multiplicity, leading to a series of suicide attempts and hospitalizations. Since “practically all MPD clients have periods of suicidality,” the therapist observed, “it may be necessary to protect the life of the client with brief hospitalization.”

It is little wonder that one of Friesen’s patients told him, “I don’t know what I’m doing here, Jim. I’ve been seeing you for more than a year, and my life is not getting easier. I didn’t come here to feel worse! I know you keep saying that all feelings are important, but I’m tired of despair.” Another said, “You didn’t tell me it would be this painful. This pain will never stop! I will never get over it. It would be better if you would just let me die.” In the face of such anguished outbursts, Friesen staunchly maintained his belief in MPD and his therapeutic approach.

Part of that approach was to encourage clients to cut off contact with accused family members and to throw away letters from them without opening them. When confused patients (“certain alters”) complained that this appeared un-Christian, Friesen quoted scripture to them, noting that Jesus had said, “Anyone who loves his father or mother more than me is not worthy of me.” Thus, he explained, “The Christian thing to do is to let go of ‘family members’ who are unsafe. After all, family is only ‘family’ in the Christian sense of the word when it adheres to Christian principles.”

Jesus proved to be quite an ally for the therapist. In conducting guided imagery sessions, Friesen encouraged clients to create a “safe place where the hurting alters can go for recovery.” Generally, he recommended a meadow with a gently flowing brook and a warm breeze. “For Christians, it is good to have Jesus waiting there to help in any way He sees fit.” Leaving the meadow, he conducted his client through an imaginary house, “with a room for each of your alters, and a conference room right by the front door.” Then they went into the “screening room,” a private mental theater where they could watch abuse memories unfold.

Soon, Friesen’s MPD patients were seeing bizarre, hooded figures on their mental screens. They began telling Friesen about satanic ritual abuse. Fran recalled being placed by her mother in a casket, lowered into the ground, and hearing dirt piled on top. “I couldn’t breathe,” she remembered. “I’ve had claustrophobia all my life and [now I know] that is why.” At various times during her therapy, she had trouble coming up with new stories. “There were times with my therapist that I just knew the enemy was trying to keep a memory from me, but we would pray and it would be broken.” Finally, she remembered being raped by a demon during a ritual. “It was an extremely violent instance of incubus,” Friesen explained.

Despite the number of babies sacrificed during the cult activities, no one could ever find any remains. Such lack of evidence didn’t faze Friesen. “The perfect way to discredit the children’s testimony is to exhume the remains later, after the children have watched them buried! Who would believe a child’s story when he says he knows exactly where the baby is buried, but no baby is found at the site?” Satanic abuse perpetrators were, he concluded, “masters at cover-up.”

Even patients who had progressed to satanic abuse memories had a hard time believing them, however. “Those memories in the church basement are crazy!” a client named Carla told Friesen. “They couldn’t have happened to me... I am willing to go through whatever it takes to get the different personalities in me to work together, but those things didn’t happen to me! My family is not like that—they

couldn't possibly have done that. Maybe my mind is just playing tricks on me. Do you think that could happen, Doctor Friesen? Am I making it all up?" Of course, Friesen assured Carla that she could *not* be making it up. It was all true.

Eventually, after reading *People of the Lie* by M. Scott Peck, Friesen realized that some of his worst MPD/SRA clients contained not just alters, but actual demons, and he began to exorcise them.¹⁹

This was a delicate matter, he cautioned, because it wouldn't do to cast out an indigenous alter. You could tell if it's a demon by the guttural tone of the voice, foaming at the mouth, and general nastiness.

As a model, Friesen related his exorcism of a demon named "Fracture" from his client, Rosie. "In the name of Jesus, all spirits are bound, mute and immobile. You cannot influence Rosie in any way. You cannot hurt her on the way out, and you will be able to respond only if spoken to in the name of Jesus." Then, after finding the name of the demon, along with how and why he entered Rosie, he simply said, "In the name of Jesus, you must leave." Just for good measure, he then did some house-cleaning and ordered any other stray demons to depart as well.

Lest anyone be concerned that his approach was a bit radical, Friesen explained that the "scientific method does not automatically deny that there is a spirit world." Following the lead of Scott Peck, he reassured the reader: "I take a 'pure' scientific approach—I want to be open to all the data, without fitting them into a narrow framework."²⁰

It isn't surprising that demonic possession should be identified with multiple-personality disorder. They are different faces of the same essential phenomenon, as Nicholas Spanos, Michael Kenny, and several other observers noted.²¹ In each case, a person is convinced that he or she possesses indwelling alternate personalities, often unaware of one another, each with a distinct name and birth date. In either case, it takes an expert—a priest or a therapist—to identify the disorder, to call out the demons or alters, and to converse with them. Finally, this same expert must "cure" the disorder, often at great personal risk, by dispensing with the demons and restoring the subject to wholeness and health. As one of Scott Peck's patients commented, "All psychotherapy is a kind of exorcism," and the reverse is true as well.²²

¹⁹ In 1995, I met Kathleen Knott, who was identified as having MPD with introject demons by her therapist at Prairie View, Inc., in Newton, Kansas. Four exorcisms failed to heal her. She was suing Prairie View and seeking an injunction to prevent the institution from allowing further exorcisms. In another case, California retractor Kimberly Mark was taken to Idaho so that "Entity Extractors" could excise the monsters supposedly inhabiting her body (http://www.fmsfonline.org/newsletters/fmsf_1995_oct_v4_n9.html; *FMSF Newsletter*, Oct. 1995, p. 9; Patrick Clancy e-mail, Dec. 9, 1995).

²⁰ Friesen, *Uncovering*, p. 42, 64–65, 82–83, 98, 108, 136, 151–153, 166, 170, 175–177, 200–201, 263–264.

²¹ Spanos, "Demonic Possession"; Kenny, "Multiple Personality."

²² Peck, *People of the Lie*, p. 185. (For the historical background on the switch from demonology to hypnotism and MPD, see Chap. 6.)

Diagnosing the Elusive Multiple

At the 1977 annual meeting of the American Psychiatric Association, Cornelia Wilbur chaired the first organized panel on MPD and invited Ralph Allison to present his views. Allison brought along Henry Hawksworth—an MPD patient who later wrote his own book—as a surprise guest. Subsequently, Allison was asked to chair the panel the following year.²³

Soon, however, the California psychiatrist was eased out of power by younger colleagues, including Bennett Braun and Richard Kluft, who were determined to lend an air of scientific credibility to the diagnosis. Allison, with his shamanistic belief in demons, proved to be an embarrassment and was effectively shut out of the movement.²⁴

By the mid-1980s, under the influence of Kluft and company, an entire MPD industry had arisen, with its own societies, authorities, specialized journals, and newsletters. Because of the case of Eve and Sybil, along with lobbying from Ralph Allison and other interested therapists, multiple personality was included in 1980 in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which meant that an MPD diagnosis could draw insurance payments. In the early 1980s, a core group of therapists—Bennett Braun, Richard Kluft, Eugene Bliss, George Greaves, David Caul, Colin Ross, and Frank Putnam—cranked out articles on MPD. Several prestigious psychological journals published special issues devoted to the topic. In 1984, the International Society for the Study of Multiple Personality & Dissociation was founded.²⁵ In the late 1980s, more popular books and professional articles on multiplicity poured forth.²⁶

In 1989, psychiatrist Frank Putnam, who worked at the National Institute of Mental Health, published *Diagnosis and Treatment of Multiple Personality Disorder*, intended as a textbook “for therapists unfamiliar with dissociative disorders.”²⁷ (His work followed *The Treatment of Multiple Personality Disorder* (1986), by Bennett Braun.) Putnam asserted that the initial diagnosis is often “difficult and anxiety-provoking for both therapist and patient.” Why this should be so soon became clear. Few of those who suffer from MPD realize that they harbor any internal personalities *until* the therapist seeks them out. To complicate things further, the alters are wily creatures. “The personality system may be actively eluding diagnosis,” Putnam wrote.

“The trick,” he continued, “is to recognize and follow up [any] manifestations of MPD.” It is important to “maintain a high index of suspicion regarding the possibility of covert switching occurring during sessions.” Any mood changes, momentary silences, physical shifts, facial tics, or inability to remember past events should be taken as clues to multiplicity. “A clinician will not find MPD if he or she is not

²³ Allison, personal correspondence, June 1994.

²⁴ Sherrill Mulhern interview, July 1994; Ralph Allison interview, July 1994.

²⁵ Ross, *Multiple Personality Disorder*, p. 44–53.

²⁶ North, *Multiple Personalities*, p. 127.

²⁷ Putnam, *Diagnosis*, p. vii. The following quotations come from pages 71–102.

willing to look for it.” But one must also be willing to wait, usually 6 months or more, before spotting MPD in a particular patient. That way, the therapist establishes trust, rapport, and knowledge of the person’s background. During this time, patients should keep diaries in which different handwriting or moods might indicate MPD.

Putnam described the crucial initial contact with an alter. “My first approach is one of indirect inquiry. I broach the subject gently, often first asking the patient whether he or she has ever felt like more than one person.” He followed up with other inquiries, such as “Do you ever feel as if you are not alone, as if there is someone else or some other part watching you?” Or, “Do you ever feel as if there is some other part of yourself that comes out and does or says things that you would not do or say?” Once the psychiatrist finally got a positive response, he latched onto it. “In particular, I am looking for either a name or an attribute, function, or description that I can use as a label to elicit this other part directly.” A proper name such as Helen was preferable, but Putnam would accept “the angry one” or “the little girl.”

Regardless of the label, at this point the therapist should inquire, “Can this other part come out and talk with me?” Quite often, Putnam cautioned, “the alter does not pop out the first time the therapist asks. It is often necessary to repeat the request several times.” Hypnotism or sodium Amytal (now called Amobarbital) are often useful. “Even if the patient is showing evidence of significant distress with this request, I would urge persistence.” Some patients, when repeatedly pushed to produce a balky alter, report “feeling smothered, having a sense of terrible internal pressure.” These are signs “highly suggestive of dissociative pathology,” Putnam asserted. Sometimes, in order to elicit an alter, an extended interview lasting 3 h or longer is useful. “It may be necessary to spend a large part of the day with some highly secretive MPD patients,” he cautioned. “During this interview, which is exhausting and stressful for both parties, it is important to continue to probe aggressively.”²⁸

By this time, I hope that the reader is as appalled as I am. No wonder the patients feel smothered! Here is Dr. Putnam—or any zealous therapist like him—acting like an interrogator during the Spanish Inquisition. He will not take “No” for an answer.²⁹ Even relatively normal people would probably buckle under such pressure and

²⁸ Putnam’s approach was mild compared to MPD specialist Richard Kluft, who often would not let patients take breaks or avert their faces during his lengthy interviews. “In one recent case of singular difficulty,” he said, “the first sign of dissociation was noted in the sixth hour, and a definitive spontaneous switching of personalities occurred in the eighth hour.” Scott Peck’s exorcisms sometimes lasted 12 hours. Another therapist pushed his thumb against a client’s forehead while demanding that an alter appear, an approach similar to Sigmund Freud’s “pressure method” (*discussed in Chap. 6*) (Kluft in Taylor, John, “The Lost Daughter,” p. 85; Peck, *People*, p. 186).

²⁹ The ego of some MPD specialists appeared to be matched only by their inability to hear their clients. Psychiatrist Eugene Bliss reported that he intentionally induced a new personality and christened it “Dr. Bliss” in hopes that the alter could help in therapy. “Unfortunately, he was not helpful but instead would complain that the region was both overcrowded and unmanageable.” The therapist did not get the message (Bliss, *Multiple*, p. 124.).

produce alters. How much more likely that a vulnerable patient, who approached a therapist in hopes of understanding his or her unhappiness, would succumb?

Putnam preferred to elicit alters without resorting to hypnosis, but often he found it necessary. He began by producing a “benign trance experience,” which turned out to be the creation of the by-now familiar “safe and pleasant place.” From there, he age-regressed patients, hoping to find traumas and the alters they produced. “It is important to identify a ‘target’ beforehand and to direct the age regression back to that point in time.” Once there, “the act of remembering will produce a florid abreaction that can cause considerable distress for both patient and therapist. Revivification, the experience of vividly reliving an event, is in some ways more traumatic than the original experience.”

Like Ellen Bass and Renee Fredrickson, Putnam encouraged his hypnotic patients to visualize their past abuse on a mental movie screen. “Events seen on this screen can be slowed down, speeded up, reversed, or frozen by suggestion as needed... The patient can also be instructed to zoom in on details, or zoom back and pan for a larger perspective.” Having gotten the hang of this internal movie-making, most MPD candidates really took to the process. “Once uncovering work has begun to open the closed doors,” Putnam wrote, “the patient will have increased difficulty in keeping painful material out of conscious awareness. This process seems to gather a momentum of its own.”³⁰

Indeed, with practice, most MPD patients no longer required hypnotic inductions. Therapists could simply say, “I’d like to talk to Sherry now,” and she would instantly appear. Specialist Richard Kluft used an economy of style when he wished to make a particularly important announcement “Everybody listen!” he demanded. His audience was likely to include some standard types: a few traumatized inner children, a suicidal depressive, a protector, a prostitute, and perhaps a demon or two. Indeed, Kluft held the dubious distinction of having identified 4,500 alters within one patient, a world record.³¹

“The alters are typically stock characters, with bizarre but completely unimaginative character traits, each one a stereotype,” wrote philosopher Ian Hacking. “Personality-switching now happens much more suddenly and instantaneously than

³⁰ Putnam, *Diagnosis*, p. 223–249. To his credit, Frank Putnam later expressed doubts about many MPD diagnoses, criticizing the vague criteria for the condition, stating that inpatient treatment often worsens the condition, and stressing that hypnosis and sodium Amytal can produce confabulations. In a personal 1994 communication to me, he wrote: “Outside corroboration is absolutely necessary before one undertakes any kind of action outside of the therapy based on such memories. When my book was written, people were not suing their parents for alleged abuse.” Putnam did not, however, retract any of the material in his 1989 textbook. Putnam’s book reflected not only his own theories, but those of other MPD gurus, particularly Richard Kluft, the acknowledged master of the “scientific” presentation of MPD, writing about the “polysymptomatic pleomorphic presentation of MPD”—by which he meant that he interpreted almost any behavior as evidence of possible MPD (Mulhern interview; *FMFS Newsletter*, June 1994, p. 6; Kluft, “Clinical Presentations,” p. 607; Frank Putnam personal correspondence, Aug. 19, 1994)

³¹ Putnam, *Diagnosis*, p. 103–130, 227; Simpson, “Gullible’s Travels, Or The Importance of Being Multiple,” in *Dissociative Identity Disorders*, p. 95.

in the past. There is no need for a trance or sleep period between alters. The model is 'zapping,' of switching channels on television."³² Another skeptic, psychiatrist Michael Simpson, complained of "flesh-creepingly embarrassing performances" he witnessed that did not appear to be genuine personalities but amounted to mere "amateur theatrics."³³

To maintain their therapists' attention, some MPDs went overboard with their alters. George Ganaway, among the few psychiatrists specializing in dissociative disorders, wrote that he personally had encountered "demons, angels, sages, lobsters, chickens, tigers, a gorilla, a unicorn, and 'God'," to name only a few. "The inscapes in which they exist," he added, "have ranged from labyrinthine tunnels and mazes to castles in enchanted forests, high-rise office buildings, and even a separate galaxy."³⁴

Once diagnosed, most MPD patients were encouraged to attend group sessions with their fellow multiples. At various inpatient units around the country, they had no choice. Here, the group process worked its wonders, with an ever-escalating level of alter-switching, trauma-reliving, attention-seeking one-upmanship. Ganaway facetiously called such dramatic displays *status abreacticus*, as the patient "'relives' for the therapist's fascination and approval an increasingly expansive repertoire of what both grow to believe are factual trauma memories."³⁵ Paul McHugh, head of psychiatry at Johns Hopkins, believed that getting MPD patients away from contagious group settings is an important part of any cure; he suggested "isolation [and] counter suggestion."³⁶

Of course, suggesting to identified patients that they were not multiples would be abhorrent to Frank Putnam. At some point, he warned, patients will "deny that the MPD is active or even that it ever existed. They may seek to disprove that they are or ever were multiples, and even say that they faked it or made it up."³⁷ The therapist must accept none of these excuses, he stated. This follows the model of Cornelia Wilbur, who ignored Sybil when her patient wrote: "I am not going to tell you there isn't anything wrong. We both know there is. But it is not what I have led you to believe. I do not have any multiple personalities. I don't even have a 'double' to help me out. I am all of them."³⁸

³² Hacking, "Two Souls," p. 857.

³³ Simpson, "Gullible's Travels," p. 121.

³⁴ Ganaway, "Historical vs. Narrative," p. 209.

³⁵ Ganaway, "Hypnosis," p. 6.

³⁶ McHugh, "History and Pitfalls," p. 13.

³⁷ Putnam, *Diagnosis*, p. 98.

³⁸ Schreiber, *Sybil*, p. 37.

Manufacturing MPD

Usually, it doesn't take all the pressure Putnam exerted to produce a multiple personality case, as psychologist Nicholas Spanos showed in a series of experiments. Spanos became intrigued with the case of Kenneth Bianchi, the "Hillside Strangler," who was diagnosed in 1979 as a multiple personality by therapist John Watkins. It wasn't Bianchi who had murdered all those women; it was his vicious alter, Steve Walker, according to Watkins. Ralph Allison, who was called in as a consultant, agreed.³⁹ Spanos read a transcript of Watkins' interview with a hypnotized Bianchi. "I've talked a bit to Ken but I think that perhaps there might be another part of Ken that I haven't talked to." He paused. "Part, would you come and lift Ken's hand to indicate to me that you are here." The hand lifted.⁴⁰ "Would you talk to me, Part, by saying, 'I'm here.'" Bianchi obliged him. Having summoned this Part, Watkins then engaged in the following dialogue:

Part, are you the same as Ken or are you different in any way?
 I'm not him.
You're not him. Who are you? Do you have a name?
 I'm not Ken.
You're not him? Okay. Who are you? Tell me about yourself. Do you have a name I can call you by?
 Steve. You can call me Steve.⁴¹

After the hypnotic session, Bianchi purportedly could not remember anything about Steve.

In 1985, Spanos decided to replicate this conversation as nearly as possible with a test group of college students, each of whom was asked to play the role of an accused murderer under hypnosis. The students were *not* told anything about multiple personalities. Yet 81% of the participants adopted different names and referred to their primary identities in the third person, and 63% displayed spontaneous amnesia for the hypnotic session after it was finished.⁴² Spanos concluded that the amnesia and MPD were an unconscious fraud, a "strategic enactment" to fulfill a role. "The displays of forgetting exhibited by these patients are selective and context dependent." Finally, he concluded, "these findings indicate that the multiple personality role was viewed by subjects as a credible vehicle for negotiating a difficult personal dilemma."

The following year, Spanos replicated his experiment, adding an age-regression component based on the Bianchi interviews. Not surprisingly, those treated like Bianchi "recalled" traumatic early childhoods that caused them to split off their

³⁹ Schwarz, *Hillside*; Coleman, *Reign*, p. 13–16. Several years later, Allison changed his mind when new evidence cast doubt on the truth of many of Bianchi's claims (Ralph Allison post, Witchhunt computer bulletin board, June 13, 1994.).

⁴⁰ Such hypnotic instruction—to raise a hand or finger to signify "yes" or "no"—was called "ideo-motor signaling" and was widely practiced, despite the obvious hazards of leading the patient.

⁴¹ Schwarz, *Hillside*, p. 138–139.

⁴² Spanos, "Multiple Personality."

alters. “My parents hate me,” one subject reported. “Sometimes they start slapping me around.” The subjects seemed to realize instinctively that this traumatic background would “explain” why they were multiples. Their psychopathology provided a means of “disavowing responsibility for past difficulties and for anticipated failures.” Spanos concluded that “people who adopt this role often become convinced by their own enactments and by the legitimization they receive from significant others. In this manner such individuals come to believe sincerely that they possess secondary identities that periodically ‘take over.’”⁴³

All MPD may involve role-enactment. After all, multiple personalities are almost entirely a product of a small cadre of North American therapists. The phenomenon does not exist at all in many cultures, although belief in demonic possession is certainly widespread. This observation led British psychologist Ray Aldridge-Morris to call MPD “an exercise in deception” in his comprehensive 1989 book on the subject. “My initial impetus to write this monograph,” he noted, “was the dramatic incidence of multiple personality syndrome in the United States relative to its virtual absence elsewhere in the world. An extensive canvass of psychologists and psychiatrists in Great Britain produced not a single, unequivocal case.”⁴⁴

The British Invasion

Since Aldridge-Morris wrote those words in 1989, MPD has indeed made inroads with British therapists and patients, thanks to help from American “experts” and the importation of books such as *Suffer the Child*, in which “Jenny developed multiple personalities in order to survive,” according to the Nightingale Books catalog.⁴⁵

The 1992 publication of *The Filthy Lie* by Hellmut Karle, a psychologist at Guy’s Hospital in London, gave a tremendous boost to recovered memory, hypnosis, and MPD in England. It tells the dramatic story of Meggie Collins, a depressed, obese middle-aged woman. At first, Karle hypnotized her in an attempt to help her lose weight. Then, after the session, she supposedly told him, “When I was a little girl, my father interfered with me.” When he asked her about this revelation later, she repeatedly denied that incest had occurred or that she had said such a thing.⁴⁶ He “persistently pressed her to say more,” and eventually she agreed. He explained that “the memories of experiences which were severely frightening to a child can become separated off from the central memory of the adult, but persist within the mind rather like an embedded foreign body—a septic splinter in your psychic finger.” Over the next 2 years, Karle helped Collins to unearth memories of gang orgies and abuse by various perpetrators. He also located two internal “alters” named Little

⁴³ Spanos, “Hypnotic Interview.”

⁴⁴ Aldridge-Morris, *Multiple Personality*, p. 107–108.

⁴⁵ Spencer, *Suffer the Child*.

⁴⁶ It is quite possible, in fact, that Karle misinterpreted what she said. Collins may have said something about her resentment over her father’s interference in her life. It is significant that at that point, Karle cut off the conversation.

Meggie, an 8-year-old, and Big Meggie, 20. To do so, he frequently hypnotized Collins, encouraging a mental video-screen projection of abuse memories.

The book offers a compelling case study of a *folie à deux* in which doctor and patient collude to produce an iatrogenic illness. Karle's approach was, by his own admission, "more like voyeurism than proper inquiry." The resultant process produced in Collins a "state of continual, unremitting and intense inner turmoil," as she became "determined to unearth all the memories that had been blocked or buried." It occurred to Karle that perhaps his approach was "encouraging her to manufacture further horrors in order to engage my continuing interest," but that did not stop the misguided process, nor prevent him from suggesting she enroll as a full-time patient so that she could "be relieved of her daily responsibilities."

The therapist's fascination with his client deepened when he diagnosed her with MPD, and he decided to write a book about her. "I found myself almost pursuing her now, almost indeed courting her." Later, when Collins did not evince sufficient hatred of her mother, Karle became exasperated with her. "The aggressive and invasive manner in which I pressed Mrs. Collins at this time," he wrote, "came very close to being an assault on her." Finally, the patient learned how to please her therapist by giving vent to "her violent and completely unrestrained rage" at her supposed abusers. "I almost hugged myself with delight," he recounted. "She was simply magnificent as she raged around the room."

The Filthy Lie is a remarkably honest book. Karle admitted that his client's dependence upon him was "quite explicit and at times felt really oppressive." He found this dependence both "rewarding and irksome." He gloried in his heroic savior role, but he also lost considerable sleep and endangered his own health. Karle also admitted that his colleagues universally pooch-pooched the MPD diagnosis. "They tended to interpret what was happening between Mrs. Collins and myself as histrionic manipulation by her," he wrote, "and considered that I was at least in part colluding with the maintenance of her condition." Such, indeed, appears to have been the case. Meggie Collins herself observed near the end of her therapy that "I've planned, I've worked, I've tried to be a good mother and wife, but nothing ever worked." The diagnosis by a consultant psychiatrist during one of her hospital stays seemed accurate. He noted that the patient was "depressed, having difficulties in coping with life, and lonely."⁴⁷

Despite these fairly obvious conclusions, the book was hailed as "proof" of repressed memories and multiple personality disorder. "In Britain," noted one reviewer, "where MPD has made slow but predictable progress, *The Filthy Lie* has been recommended as gospel for recovered memory and MPD enthusiasts—not least because it has the imprimatur of being both British and by a respected psychologist."⁴⁸

The year following publication of Karle's book, Ray Aldridge-Morris conducted a survey of British psychotherapists in an attempt to assess the prevalence of MPD diagnoses in the United Kingdom. He sent an anonymous questionnaire to 680 ther-

⁴⁷ Karle, *Filthy Lie*, p. 6–12, 21, 35, 47–48, 76, 147, 167, 210, 253, 271, 284, 291–294, 305.

⁴⁸ Jarvis, "Book Review."

apists, only 140 of whom responded. Of these, 15 (11%) had diagnosed and treated multiple personality disorder, reporting a total of 53 cases. Two respondents had seen the vast majority of the cases—one diagnosing 20 clients, the other 10, with the others seeing between one and three MPDs.⁴⁹ Thus it appears that by 1993, a disturbing number of British therapists were diagnosing MPD, with a very small minority providing the majority of the cases.

A year later, in 1994, a chapter of the American-based International Society for the Study of Dissociation was formed in Great Britain. The same year, the British book *Treating Survivors of Satanist Abuse* was filled with credulous information about MPD, including a chapter by Ashley Conway, a psychologist at Charing Cross Hospital who, ironically, warned that hypnosis should be used cautiously, since “secondary or multiple personalities may emerge at this time.” The volume also included a chapter by American psychiatrist Sandra Bloom, who found herself “profoundly shocked” when she first discovered a 5-year-old alter. Now, however, the phenomenon was old hat to her, since MPD patients comprised 25% of the inpatient population in her Philadelphia hospital, and a quarter of those were supposedly ritually abused. Bloom, whose dissociative disorders unit was known as “The Sanctuary,” had a major impact as a consultant in England. At a 1995 conference in Kensington, London, she told a British journalist, “You should have centers like this [The Sanctuary] all over Britain.” She repeated stock recovered memory beliefs about body memories and flashbacks. “They relive the original trauma, consciously and shockingly. It is a terrible thing to witness. They scream and struggle and retch. Nobody could doubt the reality of the appalling things these patients are going through.”⁵⁰

The hunt for ritual abuse cases involving young children (*documented in Chap. 5*) also indirectly spawned an interest in multiple personality cases. British evangelical Christian ex-nurse Maureen Davies, prominent in the U.K. ritual abuse scares of the 1980s, visited the United States in 1990, where she discovered the link between MPD and adult ritual abuse Survivors. “Nobody believes the children,” she announced upon her return. “[So now] we’re going on the adult survivors.” She did so through her Beacon Foundation.⁵¹

Skeptical Inquirers

Despite such spreading belief in MPD, Canadian psychiatrist Harold Merskey, who published an extensive historical review of the syndrome in 1992, concluded: “No case has been found here in which MPD, as now conceived, is proven to have emerged through unconscious processes without any shaping or preparation by

⁴⁹ Ray Aldridge-Morris email, Feb. 7, 1996.

⁵⁰ *Treating Survivors*, p. 98–99, 140–147, 178, 243, 250–260, 268, 288; Cornwell, “True Lies,” p. 26.

⁵¹ Jervis, “Recall Totalled,” p. 44; Jervis email, Jan. 14, 1996.

external factors such as physicians or the media... It is likely that MPD never occurs as a spontaneous persistent natural event in adults.” Rather, Merskey asserted, “suggestion, social encouragement, preparation by expectation, and the reward of attention can produce and sustain a second personality.”⁵²

Anthropologist Michael Kenny echoed Merskey in his book on the subject: “Multiple personality is a socially created artifact, not the natural product of some deterministic psychological process.” It is rather a useful “idiom of distress” for our times.⁵³

South African psychiatrist Michael Simpson agreed. According to Simpson, MPD is invariably produced by input from “the media, enthused therapists, amateur zealots, other marketers and profiteers, and strong cultural priming.” He noted that many MPD patients claimed supernatural or psychic powers such as ESP, clairvoyance, reincarnation, astral travel, and poltergeists. “This suggests the possibility of similar origins for all these experiences,” he noted dryly, then quoted a patient who explained: “My therapist educated me, so by the time we decided I had MPD, I knew a lot.”⁵⁴ American psychiatrist August Piper, Jr., took a similarly jaundiced view of MPD diagnosis. “Few limits exist to the number of ‘personalities’ one may unearth,” he observed. “The number is bounded only by the interviewer’s energy and zeal in searching, and by the interviewer’s subjective sense of what constitutes a ‘personality.’”⁵⁵

The World Health Organization also maintained a healthy skepticism regarding the diagnosis, noting in its 1992 classification system that “this disorder is rare, and controversy exists about the extent to which it is iatrogenic or culture-specific.”⁵⁶

Finally, Johns Hopkins psychiatrist Paul McHugh stated flatly: “MPD is an iatrogenic [doctor-induced] behavioral syndrome, promoted by suggestion and maintained by clinical attention, social consequences, and group loyalties.”⁵⁷

If that is so, how do we account for a case like Eve (Christine Costner Sizemore)? She appears to have taken Dr. Thigpen completely by surprise, and her “split”

⁵² Merskey, “Manufacture,” p. 337.

⁵³ Kenny, *Passion*, p. 14.

⁵⁴ Simpson, “Gullible’s Travels, Or the Importance of Being Multiple,” in *Dissociative Identity Disorder*, p. 88, 101, 104.

⁵⁵ Piper, “A Skeptical Look at Multiple Personality Disorder,” in *Dissociative Identity Disorder*, p. 137.

⁵⁶ World Health Organization, *ICD-10*, quoted in Simpson, “Gullible’s Travels,” p. 91.

⁵⁷ McHugh, “Multiple,” *Harvard Mental Health*. See also Piper, “Multiple”; Piper, “Treatment.” Ever since Morton Prince, MPD specialists have attempted to prove that an individual in different “alter” states displays different physiological functions, becoming, in effect, a different person. Alters within the same person are supposed to have different allergies, eyesight, and handwriting—all anecdotal reports. Frank Putnam and others conducted experiments that apparently indicated different brain wave patterns (EEGs or evoked visual potential) among alters. Although interesting, none of the experiments proved the existence of MPD, as psychiatrist Carol North pointed out in her excellent summary of the physiological studies: “No laboratory measurement has been developed that can differentiate MPD from other disorders.” (Putnam, “Recent Research”; North, *Multiple Personalities*, p. 59–64)

occurred before the current vogue. Thigpen probably cued his patient without being aware of it. He had read Morton Prince's description of Christine Beauchamp. Before "Eve Black" appeared, Thigpen had already hypnotized her at least once and had explained the concepts of repression and dissociation. We have only his retrospective account, which is highly colored by his assumption that he did *not* cue her. It is quite possible that he loaned her his copy of Prince's *Dissociation of a Personality* or told her about it, or that she was familiar with the concept of multiple personality in some other way.⁵⁸

Regardless of how Chris Sizemore initially became a multiple, she thrived on the role and made it a life-time occupation, until her death in 2016 at age 89. At the conclusion of *The Three Faces of Eve*, we are led to believe that her alters were well integrated. Far from it. In the ensuing years, at the urging of her new therapist, she developed a total of 22 personalities with names such as Purple Lady, Retrace Lady, and Strawberry Girl. She published two additional books about her dramatic experiences, in which she name-dropped mercilessly, bragged about her accomplishments, and lamented her inability ever to meet Sybil, her main competition. She had experienced, as she wrote in a revealing passage, "a lifetime of *continual expectancy*."⁵⁹

Dissociative Disorder Units: Terror in the MPD Mills

Why would a trained professional, whose goal is to help afflicted patients regain mental health, instead push them further toward the brink of complete terror and disintegration?

Sheppard Pratt, a large psychiatric hospital in a northern suburb of Baltimore, provided an example of just how this can happen. After psychiatrist Richard Loewenstein, an MPD specialist, appeared there in 1987, the number of MPD diagnoses skyrocketed—not surprising, given Loewenstein's mindset, as revealed in a 1991 paper. "Dissociation and MPD are primarily hidden phenomena," he wrote. "Patients may deny, minimize, or rationalize their presence." Experienced diagnosticians must, he asserted, be alert to "subtle facial or body shifts by the dissociating patient during the interview." He advised clinicians to search for changes from session to session in "style of clothing, hair, makeup, eyeglasses, posture, level of motor activity, jewelry, handedness, taste and habits," all of which can be "very subtle."⁶⁰

Psychiatrist Donald Ross, the training director for new residents at Sheppard Pratt, was disturbed by Loewenstein's influence, which he perceived as producing young "true believers" in the MPD diagnosis. The process began, Ross posited,

⁵⁸ Harold Merskey pointed out another interesting aspect of the case. Rather than "Eve Black," the actual name of the first "alter" was really Chris Costner, her maiden name. Since she was experiencing marital strife and couldn't allow herself to express it, it's quite possible that this role gave her an outlet. "It was an affirmation of a previous [real] single state which the patient regretted leaving," Merskey hypothesized (Merskey, "Manufacture," p. 335).

⁵⁹ Sizemore, *Mind*, p. 118, 166, 174; Sizemore, *I'm Eve*.

⁶⁰ Loewenstein, "An Office Mental Status Examination," p. 568, 570.

when patients with “insecure self-identity and permeable ego boundaries” appeared in the hospital ward. “They present us a therapeutic dilemma we find overwhelming. We want to help. We also want to diminish our anxiety.” Up until now, no adequate theory or treatment had appeared to make much difference. “The conceptual framework of trauma theory, with its emphasis on dissociation and the use of ... hypnosis, offers some promise of helping our patients and reducing our anxiety.” It seemed to work. “It gives the patients a dramatic language to express their identity diffusion and their massive internal conflicts or ‘parts.’ Besides, it engages us in a way that is exciting and reinforcing.”

With time, this new approach caught fire, as Ross noted. “A group knowledge of MPD begins to circulate among the patients and, like a contagion of sorts, it multiplies. We see dissociative phenomena more readily... The therapeutic techniques used—hypnosis, regression, and abreaction—give us a sense that we are doing something and that therapy is moving in an understandable direction.”⁶¹ Over 100 years ago, Sigmund Freud succumbed to the same kind of temptation, as he later confessed: “There was something positively seductive in working with hypnotism. For the first time there was a sense of having overcome one’s helplessness; and it was highly flattering to enjoy the reputation of being a miracle-worker.”⁶²

Unfortunately, the results of such “miracles” at Sheppard Pratt were devastating for people such as Donna Smith and her family.⁶³ She initially sought help for her bulimia. Primed by therapist Cathy Meyers, Smith had already retrieved extensive “repressed memories” of paternal incest by the time she was committed to Sheppard Pratt in February 1992 just short of her 18th birthday. The in-take psychologist spotted six alters during the initial interview. During her 19-month hospital stay, Smith was heavily drugged, frequently held in restraints, hypnotized over 60 times, and attempted suicide twice. In the process, she found 65 new personalities along with memories that her mother had inserted various objects into her vagina before she was 8 years old. When other alters claimed that Smith’s parents had also abused her two younger brothers, the police came to their home and hauled the terrified boys away in handcuffs to “protect” them.⁶⁴

Another former Sheppard Pratt patient, who preferred to remain anonymous, never completely fell for the MPD diagnosis, although he said that his therapist at Sheppard Pratt certainly tried her best to turn him into a multiple. “I was harangued by her for not having names for emotional aspects that she felt were alters,” he told me. “I kept telling her I was uncomfortable with the whole context of ‘alters’ and naming them, and she stated that in order for us to have a working relationship, we

⁶¹ Ross, “Discussion,” p. 127.

⁶² Freud, *Standard Edition*, v. 20, p. 17.

⁶³ Meyer, “Poisoned Memories”; Gowen, “Suit Stirs ‘93 Rape Recantation Case”; Taylor, “Lost Daughter”; *20/20* documentary, July 22, 1994.

⁶⁴ Fortunately, the Smith story had a relatively happy ending. After reading the *Esquire* article, Donna Smith began to question her MPD diagnosis and her memories of abuse. She reconciled with her parents, whom she no longer accused of abuse, and sued her former therapists.

needed alters with names. At times I found myself desperate to have them just to please her.”⁶⁵

Part of the problems at Sheppard Pratt, of course, is inherent to any totalistic institution in which people are cut off from any other reality. As sociologist Erving Goffman observed in his classic 1961 book, *Asylums*, “their encompassing or total character is symbolized by the barrier to social intercourse with the outside.” Typically, Goffman wrote, an inmate’s indoctrination begins with “a series of abasements, degradations, humiliations, and profanations of self. [The] self is systematically, if often unintentionally, mortified.”⁶⁶

It is not surprising, then, that Sheppard Pratt was not an isolated example. Bennett Braun’s dissociative disorders unit at Rush Presbyterian-St. Luke’s in Skokie, Illinois, was apparently also fertile ground for MPD contagion. Pat Burgus, once Braun’s prize patient, along with several other former patients, sued Braun and his colleague Roberta Sachs for abusive therapy. Her life was nearly destroyed by the process. She became convinced that she had been a high priestess in a satanic cult. Not only that, but her two sons, then four and five, were also diagnosed as MPD cult members and were hospitalized for nearly 3 years. The children were given stickers as a reward for coming up with grotesque fantasies. The Burgus family tragedy, which cost an insurance company \$3 million, is told in detail in “Therapy of a High Priestess,” a chapter in Richard Ofshe and Ethan Waters’ compelling 1994 book, *Making Monsters*, and in the 1995 *Frontline* documentary, “The Search for Satan.”⁶⁷

Braun was clearly fascinated and moved by his clients’ bizarre revelations. Sometimes he would cry along with Burgus. Other times, he apparently became sexually aroused during her lurid descriptions of sexual assaults. With the encouragement of Braun and Sachs, Burgus eventually came up with memories of lit torches being pushed inside her, being buried for days on end, and having to eat the body parts of 2,000 people a year. While they ate dinner one night in the hospital, Braun asked Burgus if the cottage cheese reminded her of anything, then wondered aloud whether she had ever opened a human brain. He believed that flowers sent to patients in his unit were really dangerous triggers. “Red roses or white baby’s breath means bloody suicide. Pink roses mean hanging,” he told other therapists in a 1992 presentation.⁶⁸

And Bennett Braun was not just any psychiatrist. He was the acknowledged leader in the diagnosis of multiple personality in the United States, the expert’s expert. Typical of the cutting edge MPD gurus, Braun prided himself on his courage and adventurous spirit, testing the frontiers of human experience. He enjoyed sky-diving, technical rock climbing, scuba diving, and horseback riding. He once tried fire walking. He appeared to get a kind of paranoid thrill from his belief in wide-

⁶⁵ Anonymous interview, June 13, 1994.

⁶⁶ Goffman, *Asylums*, p. 4, 14.

⁶⁷ Ofshe, *Making Monsters*, p. 225–251; Bikel, “Search for Satan.”

⁶⁸ Ofshe, *Making Monsters*, p. 236–237, 248.

spread satanic cults. "About 20 patients have told me they were sent to kill me," he told one reporter.⁶⁹

Another alarming example of MPD treatment in Texas was revealed in an article by Sally McDonald in the *Journal of Psychosocial Nursing*.⁷⁰ Psychiatric nurse McDonald discussed how MPD specialist Judith Peterson, called "Dr. M." in the article, came to Houston's Spring Shadows Glen Hospital in 1990 to head the new dissociative disorders unit. McDonald made startling assertions. Completely supported by new medical director Dr. Richard Seward, and by the hospital administration—because her patients brought in \$15,600 a day—Peterson instituted a virtual reign of terror on the ward, according to McDonald. Peterson subscribed to Bennett Braun's methodology, hypnotizing patients and convincing them to relive supposedly forgotten traumas. She believed that virtually every patient harbored multiple personalities formed during satanic cult abuse. "One young patient was placed in nine-point mechanical restraints for three days," McDonald wrote, "not because he was a threat to himself or others ... but because those 3 days coincided with some satanic event."⁷¹

Twelve nurses fled the unit within a year and a half, but no one dared confront Dr. Peterson directly until she diagnosed a "bright, articulate, preadolescent" girl, an honors student, as having been involved in a satanic cult. Confined to one room, the girl was denied access to her parents. In weekly staff meetings, nurses begged for a less restrictive environment, asking that the child be given "freedom of movement, peer interaction, fresh air, exercise, and a bed to sleep in," but Peterson refused. The girl became pale, thin, and dispirited. "These nurses knew they were the only advocates this girl had," McDonald wrote. "Alone she was unable to object to what her doctor and therapist thought 'best' for her."

When insurance companies began to question why it was only Peterson and Seward who ever recorded "altered states" or "violent behavior" on the patients' charts, the nurses were pressured to write up such behavior, even though they had never observed it. Nurses were intimidated, constantly written up for nonexistent violations. Peterson "threatened lawsuits so frequently that the nurses were afraid to counter her demands; they spoke in whispers in hallways because she taped their conversations." When the nurse manager sat in on "abreactive sessions," McDonald was horrified by the "coercive, leading nature of these therapy sessions."

Mothers who had hypnotic memories of cult involvement were coerced into getting divorced and giving up their children, McDonald wrote. "Nurses advised these

⁶⁹ Keenan, "The Devil and Dr. Braun," p. 10.

⁷⁰ McDonald, "An Ethical Dilemma"; Smith, "Haunted Dreams"; Bikel, "Search for Satan"; Gangelhoff, "Devilish Diagnosis." The material that follows comes from these sources, as well as August 1994 interviews with Sally McDonald and an anonymous former dissociative disorders unit nurse at Spring Shadows Glen.

⁷¹ Satanic cult "experts" identified festival days throughout the year. One inventive list from a Survivor organization provided detailed descriptions. A sampling from September: "Sept. 7: Marriage to the Beast Satan, Sacrifice/Dismemberment. Female child under the age of 21. Sept. 20: Midnight Host, Dismemberment. Hands planted. Sept. 22: Feast Day, Fall/Autumn Equinox. Orgies." ("Sabbats/Festivals," VOICES in Action, no date.)

distraught couples to seek legal counsel, especially before signing divorce papers, but the patients were too fragile to pursue outside opinions, and too frightened of incurring the wrath of their therapist, Dr. M. They believed [as she told them in sessions under hypnosis] that she was the expert, and only she could successfully cure them.”

In a 1993 *Houston Chronicle* article, journalist Mark Smith quoted several former patients who were suing Judith Peterson. Lucy Abney, 45, who sought treatment for depression, spent nearly a year (and over \$300,000) at Spring Shadows Glen and came out with more than 100 alters and vivid memories of ritual abuse. Her two daughters were in state custody. As an example of the paranoia rampant on the hospital ward, Abney described how her husband was turned away when he tried to give her a carnation. Patients were warned that items such as flowers could trigger alter personalities.⁷²

According to several former patients and nurses, Judith Peterson specialized in convincing mothers that they had abused their children, who were also supposedly cult members. Then the children would also be admitted to the hospital. In an anonymous interview, a former nurse on the dissociative disorders unit told me that five families entered the hospital in this manner. Of those, three mothers ended up divorced and losing all contact with their children.⁷³

Kathryn Schwiderski and her three children were all patients of Judith Peterson at another Houston hospital and came to believe that their entire family had taken part in a satanic cult. Their collective therapy and hospitalization cost over \$2 million. In a 1990 presentation at a national MPD conference, Peterson described a family suspiciously similar to the Schwiderskis (without using their names), including details about “human sacrifice, cannibalism, black hole, shock to create alters (other personalities), marriage to Satan, buried alive, birth of Satan’s child, internal booby traps, forced impregnation, and sacrifice of own child.” While most of the family members no longer believed in these “memories,” 22-year-old Kelly Schwiderski remained convinced that she killed three babies in a “fetus factory” in Colorado.⁷⁴

I interviewed one of Judith Peterson’s former patients, who verified much of what McDonald and Smith wrote.⁷⁵ Because she insisted on anonymity—out of fear that Peterson would sue her—I call her Angela. During her private sessions with Peterson, Angela found her “charming, even bewitching. She had an air about her of insight and caring. In my first session, she was all ears and supportive emotion. It felt good to have someone who was so attentive to every word that I spoke, every movement that I made.” Soon Peterson convinced Angela that she should enter the hospital to see her more often.

Once admitted, Angela couldn’t get out. Peterson became “a monster—harsh, hostile, interrogating, guilt-imputing, accusatory,” according to Angela. The therapist and her staff tried to convince Angela that she harbored multiple personalities and had been in a satanic cult. She was heavily drugged. “Dr. Peterson told me my

⁷² “Sabbats/Festivals,” VOICES in Action, no date; Smith, “Haunted Dreams.”

⁷³ Anonymous interview with former Spring Shadows Glen dissociative disorders nurse.

⁷⁴ Smith, “Haunted Dreams.”

⁷⁵ Anonymous interview with Judith Peterson’s former patient, June 27, 28, 1994.

anger came from a cult alter trying to come out, and that physical problems I was having were body memories.” Peterson’s patients weren’t allowed to use the telephone unmonitored, Angela told me. Their mail was censored. Only approved visitors were allowed, and those few were closely watched. “If we weren’t cooperative—revealing new alters, talking about Satanism—or were resistant to what we were told about ourselves or our families, we weren’t considered ‘safe’ and often were restricted to the central lobby.”

Angela likened the treatment to attempts to break prisoners of war. “They had a board with all the patients’ names,” she told me, “and every one had an ‘S’ after it for suicide precaution—not because we were really going to kill ourselves, but because that kept our insurance payments flowing.” Finally, Angela escaped when her insurance ran out. “At first, Dr. Peterson was like my angel from heaven, but instead she took me to hell, and I’ve been struggling to get out ever since.”

Another former patient, Mary Shanley (her real name), echoed much of Angela’s experience.⁷⁶ As a 39-year-old first grade teacher, she entered an inpatient unit under Bennett Braun’s supervision in the Chicago area early in 1990. She disliked Braun intensely. “He thinks he’s God,” she told me, “and you’d better think so, too.” But Shanley admired Roberta Sachs, her psychologist. Under Sachs’ tutelage, Shanley came to believe that her mother had been the high priestess in a satanic cult, and that she, Mary, was being groomed for the position. “I remembered going to rituals and witnessing sacrifices. I had a baby at age 13, supposedly, and that child was sacrificed. I totally believed all of this. I would have spontaneous abreactions, partly because I was so heavily medicated. I was on Inderal, Xanax, Prozac, Klonopin, Halcion, and several other drugs, all at once. No wonder I was dissociating.”

After 11 months, Shanley finally got out of the hospital for 3 months. Then Roberta Sachs called her and asked if she would consult with psychologist Corydon Hammond, who was coming to town to give a workshop. After a hypnotic session during which Hammond tried to get Shanley to name Greek letters and identify a Dr. Green, he announced that she was so highly programmed and resistant that she was not treatable. Her 9-year-old son, however, might still be saved if he was treated in time. Otherwise, the cult would kill him. Shanley’s husband believed Hammond, and a week or two later Mary Shanley was taken to the airport, not knowing her destination.

She arrived in Houston in May of 1991 to enter Spring Shadows Glen under the care of Judith Peterson. “When I first met Dr. Peterson, I thought she had this beautiful smile, and she spoke so softly and gently. She’s tall and thin, sort of like a china doll, with a porcelain complexion and bright red hair. She’s very striking.” Once inside the hospital, however, Shanley found Peterson to be precisely the opposite of her first impression. “She was known on the ward as the red-headed bitch,” Shanley told me. “She did not like me at all and made no bones about it.” After Shanley called a mental health advocacy hotline to complain, she found herself accompanied “one-on-one” for 24 h a day by a technician. “I was locked out of my room and kept in the central lobby. I wasn’t allowed to use the telephone or to go outside. That’s when I took up smoking, so that I could at least go outside briefly. I slept on the floor

⁷⁶ Mary Shanley interview, Sept. 12, 1994.

or on a couch. After I hurt my back in abreactive sessions, they let me drag my mattress out.”

Part of Shanley’s problem was her honesty. Even though she believed that she had been in a cult and possessed internal alters, she would not make them up on cue to please Dr. Peterson. When she would not perform properly during an abreactive session, she would be kept in restraints for up to 9 h until she said what Peterson wanted to hear. “A lot of the times, the tech and I would discuss what answer she might want.” Sometimes, the psychodramatist and another psychiatrist would sit on either side of Shanley during sessions. “If Dr. Peterson asked a question and I couldn’t answer, they would talk back and forth, representing my alters, literally talking over my head.”

Most of Peterson’s efforts concentrated on eliciting information regarding Shanley’s son, who was going through a similar abreactive process back in Chicago with Roberta Sachs. Peterson would fax new information to her colleague in Illinois. “It would work the other way, too,” Shanley says. “Dr. Peterson told me how my son acted out how he could cut a human heart out of a living body. I thought, there’s no way he could imagine that. And I thought, he doesn’t lie, I know he’s not a liar. So I believed it all.”

After over 2 years in Spring Shadows Glen, Mary Shanley finally got out in 1993. She had lost her husband and child, who still believed in the satanic cults. She had lost her home and her 20-year teaching career. “I have absolutely nothing. I don’t even have enough clothes to wear to my work in a department store.” She couldn’t teach or hold a federal job because she was on a list of suspected child molesters.

There was hope, however. In 1995, Shanley’s horror story was featured in a *Frontline* documentary, “The Search for Satan,” making it painfully clear that she was a victim of terrible therapy.⁷⁷ Two lawyers—Zachary Bravos of Wheaton, Illinois, and Skip Simpson of Dallas, Texas—represented Shanley and several other patients in suits against Judith Peterson, Roberta Sachs, Bennett Braun, and others. Because of their willingness to take her case, Shanley felt some hope for the future.⁷⁸

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By the end of 1992, nurse Sally McDonald had been shifted from the adolescent unit to another department in the hospital because she kept calling Peterson unethical, and the head nurse of the dissociative disorders unit had also been forced out of her position for “insubordination.” Morale on the dissociative disorders unit had sunk to an all-time low, according to McDonald. Although nurses repeatedly protested to hospital administrators, nothing happened. Then, in the last week of

⁷⁷ Bikel, “Search for Satan.”

⁷⁸ The abusive treatment of patients in dissociative disorders units was part of a larger problem documented by journalist Joe Sharkey in his 1994 book, *Bedlam: Greed, Profiteering, and Fraud in a Mental Health System Gone Crazy*. Sharkey described how private psychiatric hospitals had paid clergymen, school counselors, and other “bounty hunters” for referrals, while using hard-sell advertising tactics to attract new patients. His book included numerous horror stories, including that of one 13-year-old boy whose insurance paid for 41 group therapy sessions in 1 day. Curiously, Sharkey did not even mention multiple personality disorder, ritual abuse, or repressed memories (Sharkey, *Bedlam*, p. 55, 77–79.).

February, 1993, Medicare officials arrived for a routine hospital inspection. Within hours, they brought in Texas health authorities, and on March 19, the dissociative unit was closed. Two patients walked outside for the first time in 2 years.

After that, former patients began to talk to the media about their experiences, and at least seven sued. Judith Peterson no longer worked at Spring Shadows Glen, but *she* sued the hospital, McDonald, and another nurse for slander and libel, and she planned countersuits against several patients. Richard Seward worked with prisoners, but he remained on call at the hospital.⁷⁹

Peterson and most of her colleagues settled out of court for an undisclosed sum, while former patient Lynn Carl won a \$5.8 million judgment in 1997 against psychiatrist Gloria Keraga, her therapist at Spring Shadows Glen. A federal lawsuit sputtered, however, resulting in a 1999 mistrial when a juror was disqualified because he or she had inadvertently had contact with a prospective defense witness, leaving only 11 jurors. The prosecution decided not to pursue a new trial. Peterson was allowed to keep her license to practice as a psychotherapist.⁸⁰

The charismatic Dr. Peterson had her champions, however. I interviewed Christy Steck, then 23, an MPD patient who had been seeing Peterson for 4 years, and who spent most of 1992 in the dissociative disorders unit at Spring Shadows Glen. Steck had always had stomach problems and other vague physical complaints, which she blamed on her biological mother, since recovering memories of her mother and grandfather abusing her in a satanic cult. Her first flashback to ritual abuse occurred while she was watching the horror movie, *Friday the Thirteenth*. With her therapist's help, Steck was able to identify alters named Tyrant, Tricia, Angela, Whore, and Fucking Bitch. The last two were "real deep parts that answer to whistles, clickers, and metronomes," Steck told me. They were the ones programmed to be sex slaves in pornography and prostitution. She had spots on her body that look like "just birthmarks," she said, but in reality she thought they were tattoos and scars from electroshock torture.

"Dr. Peterson is so sincere and genuine, also strong-willed and dedicated," Steck told me. "When she first met me, she shook my hand and looked into my eyes. I saw the most caring, genuine person I've ever met. She kept holding my hand and said she'd always be there for me, no matter what I said." Peterson confirmed that Steck was not only an MPD, but a *special* kind. While in the dissociative disorders unit, Steck voluntarily entered restraints during abreactive sessions. "I have violent seizures from remembering electroshock, and I have violent alters programmed to kill whoever is hearing this. That's why they put me in restraints. Otherwise, I would try to hurt myself or Dr. Peterson."

Steck called Peterson her "savior" and insisted that she had "always given me the freedom to choose my own path." The therapist often asked her, "Okay, do you want to go back to the cult, or do you want to work? If you're not going to talk, why should I bother to work with you?" Steck called Peterson "tough but caring," and said that the therapist never really pressured her. "She gives people a choice of what

⁷⁹ McDonald, "An Ethical Dilemma."

⁸⁰ Smith, "Jury Awards \$5.8 Million"; Smith, "Jury Disqualification."

to believe. She never says, 'I believe that's what happened.' She says, 'It's up to you to figure out what happened.'"

When Steck's insurance had almost run out, Bennett Braun flew in from Rush Presbyterian in Chicago to evaluate her. Braun's 500-page report, which discussed her abuse and suicide attempts in detail, allowed the doctors to declare Steck a "catastrophic case," so that a special rider on her insurance kicked in to continue to pay for treatment. Later, Richard Loewenstein came from Sheppard Pratt to confirm the diagnosis. When I spoke to her in 1994, Christy Steck was seeing Judith Peterson two or three times a week. "I'm doing better than I ever have in my whole life," she told me. "But I can't be left alone yet. I can't really work, but I clean a couple of houses for people I know well. They stay there while I work. It's just a matter of working through this programming to where I'm not accessible to the cult. The more I see that I've been programmed and brainwashed, the more I can work with it. If I don't see it, I won't get well." She predicted that she would need another 4 years of "intensive therapy," after which she would probably need a weekly check-up. "I hope some day I'll be integrated."⁸¹

Finally, in 1994 I interviewed Judith Peterson, and I came to understand how all three of her patients were probably telling the truth. Peterson denied McDonald's accusations. "The lady spelled her own name correctly; almost everything else in that article is a lie," she told me.⁸² She denied that any phone calls were monitored, that patients were held against their will, that they were kept until their insurance ran out. She pointed out that McDonald never worked on the dissociative disorders unit, but only on the adolescent unit.⁸³

As for the preadolescent girl who concerned McDonald so much, Peterson asserted that she was a "very acute" case of MPD who tried to crash through a plate glass door in order to escape, and who repeatedly attacked Peterson, once with the broken shards of a compact mirror. "Not infrequently, I've been knocked across the room by violent alters," she told me. Yes, some patients had to be restricted to the central lobby near the nursing station, so they could be watched, but that was only to keep them from hurting themselves or others.

Peterson said that she no longer used the term "abreactive sessions," preferring to speak of "memory processing." Before each session, she asked patients to write down their new memories, which may have come through flashbacks, journaling, artwork, dreams, or body memories. Then, after placing them in a "light hypnotic

⁸¹ McDonald, "An Ethical Dilemma."; Christy Steck interview, Aug. 9, 1994.

⁸² When I told her that Peterson said she had lied, Sally McDonald laughed. "I was really careful that anything I wrote was the absolute truth and could be verified. There was much, much more that was deleted. What you read was a watered down version." She told me of an abreactive session during which Peterson asked a child questions, and one of Peterson's associates answered for her. The child never said a word. At the end, Peterson praised the child, saying "You really worked well this session." Asked why the patient had not answered for herself, Peterson allegedly said, "Her alters were mute." Another anonymous nurse told me that until a Texas "patients' rights" bill was passed in 1992, dissociative disorder patients could not use the phone, receive mail, or see their families at all. "They were not allowed off the unit. They lived totally in a closed society, dependent on the whim of the therapist and the M.D. overseeing the unit."

⁸³ Judith Peterson interview, Aug. 3, 1994.

state," she encouraged them to go through each memory to "deal with the feelings" and perform "cognitive restructuring."⁸⁴ These sessions clearly got quite intense, with patients purportedly reliving torture and electric shock treatment. "They have pseudo-grand mal seizures," Peterson told me.

She was no longer so sure that her patients were actually involved in satanic ritual abuse cults. Rather, the ritual abuse may have been used "as a screen and creator of terror. Underneath it, in terms of complex alter layers, is organized crime." In other words, she believed that criminal gangs intentionally terrified her patients, often making them mistakenly *believe* that murders had taken place. "They have ways of tricking people; they're given drugs, and they're terrified and confused." The crime groups did this in order to produce "synthetic alters" who would act in pornographic films or become prostitutes. Other patients, she thought, were thus treated by the Ku Klux Klan.

Of course, Peterson could not tell for sure whether these memories were accurate. "My patients tell me very bizarre stories." She simply listened. "I'm a guide, asking 'What happened next?' I don't lead them." Yes, she had heard stories of murdered babies. "It doesn't particularly matter if it's true or not. I wasn't there. The dilemma of true or not true is up to them." Of one thing she was certain, though: "These people don't make up the terror; that's pretty hard to do. They also don't make up the electric shocks. They have body memories of them." That accounted for the pseudo-seizures.

Judith Peterson, then 48, seemed genuinely outraged that her integrity had been impugned. She had always considered herself an altruistic, idealistic person trying to help the world. She began her career working with migrant workers and Head Start children and parents. She considered going into the Peace Corps. She had only tried to help those who came to her "depressed, anxious, overwhelmed." In her workshops, she said, she even warned against the dangers of telling patients during an initial session that they must have been sexually abused. "Yet here I am so viciously attacked," she lamented. She explained her former patients' dissatisfaction by referring to their mental condition. "Basically, these patients are sociopathic. They have their own reasons for targeting me," she said darkly.

Peterson sent me a revealing article she had published in *Treating Abuse Today*, in which she compared her plight with that of her abused patients, coping with "existential crises at a depth I never thought imaginable." She complained, "Those I tried to help sadistically turned on the very person who reached out to help." This article eloquently expressed Peterson's experiences and beliefs:

I've spent timeless moments, hours, days and years listening to those with souls that were shattered. I moved from being a therapist who thought incest was the worst thing imaginable, to hearing of abuses so unimaginable that I walked out of therapy sessions stunned... Sometimes I would just cry over the range and extent of human cruelty. There are no words to express what I have felt as I have heard people describe everything from having a broom handle stuffed up their anus to having their teeth electrically shocked. I have listened to a

⁸⁴ For a full written description, see Sachs and Peterson, *Processing Memories Retrieved by Trauma Victims and Survivors: A Primer for Therapists* (1994).

mother describe how she tied her small child to the bars of a crib before putting something in every orifice of the body—a rag already in the mouth to prevent screaming. I’ve listened to descriptions of electroshock on a baby and the baby’s seizures.⁸⁵

Despite Peterson’s willingness to share the pain of mothers’ “horror of damaging those they love,” however, some of these same mothers had turned on her. “The shame and guilt were then transferred to me, the therapist. Kill the messenger. Lie. This client relived the trauma by victimizing me. Suddenly, the therapist is the victim.”⁸⁶

Peterson was stung by allegations that she separated families and encouraged Child Protective Services (CPS) to take her patients’ children away. “I’ve found something new in our field,” she told me. “There’s a high degree of mothers who have perpetrated their children.” When she discovered this during therapy sessions, she was mandated by law to inform social services. “It’s almost impossible to persuade CPS to let children stay with their families under such circumstances. The CPS people are, unfortunately, mostly incompetent and overworked.”

I came away from my interview with Judith Peterson thinking that she was intelligent, assertive and quite possibly insane. She did not think that she was leading her patients. She completely believed that they were inhabited by violent, dangerous internal personalities, that they were a danger to themselves and their families, and that she was striving to heal the wounds of terrible past trauma. She could not admit the possibility that the terror they were experiencing might be an artifact of her therapy rather than symptoms of past abuse.

The stories about Judith Peterson told in these pages only skim the surface. As more of her clients began to speak publicly, the incredible paranoia she inspired—and the destruction of families—became clearer. In 1995, Houston journalist Bonnie Gangelhoff wrote a devastating article on Peterson called “Devilish Diagnosis.” One former Peterson client told Gangelhoff, “Every day was total chaos... You could be talking to someone and suddenly they would switch personalities. I started doing it, too. It all started to seem so normal.” The husband of a former client revealed that Peterson told him that “people could control my wife by transmitting sequences of phone tones to her over the telephone.” Peterson herself wrote to the Texas licensing board, complaining that “an alter was programmed to knife me in my office.”⁸⁷

Dissociation and the Absent-Minded Professor

While most therapists told their clients that they held *repressed* memories, MPD specialists relied on the subtler notion of *dissociation*. The concept of dissociation was invented by Pierre Janet, who, in his old age, warned: “Beware, it is only an idea that I express. It is an hypothesis for your research.” Yet precious little

⁸⁵ Peterson, “When the Therapists.”

⁸⁶ Peterson, “When the Therapists.”

⁸⁷ Gangelhoff, “Devilish Diagnosis.”

controlled scientific research would follow. Psychiatrist Fred Frankel objected to the broad, indiscriminate use of the term “dissociation,” complaining of the “large number of vague concepts” it appears to cover, and comparing it to the all-inclusive “hysteria” of the last century.⁸⁸

According to one definition of dissociation, it is “a psychophysiological process whereby information—incoming, stored, or outgoing—is actively deflected from integration with its usual or expected associations.”⁸⁹ That’s a windy way of explaining the process of daydreaming, spacing out, and losing track of normal consciousness.

If that’s what dissociation is, most of us experience it at times. “Highway hypnosis” is one widespread type of dissociation, in which a driver on a familiar stretch of road or an Interstate suddenly snaps to, arriving at a destination or landmark without remembering much of the drive at all. This is the sort of “lost time” experience that MPDs are supposed to experience frequently. There’s no question that the phenomenon exists. I have even been able to time it. I often listen to audio books while taking long trips. My thoughts sometimes drift onto other matters, and I suddenly realize that I’ve been listening without hearing. I can go back and find the exact point where my mind took off.

But is it necessary to use this concept of “dissociation,” with its assumption of a solitary, normal mind from which something splits? I don’t think so. We can think consciously about several things at once, but there is a limit. When we concentrate on one particular strand of thought, we aren’t necessarily splitting *from* anything. We are simply *paying more attention* to one thing than the other. Rather than dissociation, I would coin the term “kaleidoscope thinking.” In our constantly churning minds, different thoughts roll into view, coalesce, then disappear. Some of us are better than others at blocking out everything except what we’re thinking about. That’s the very definition of the absent-minded professor.

While taking a morning shower, I sometimes become so preoccupied with planning my day that I forget whether I already shampooed or not. I’m sure that I’ve washed my hair twice plenty of times. But it isn’t this normal type of dissociation that concerns trauma therapists. Rather, it is what they believe to be a capacity to “space out,” to numb our feelings, to enter a self-induced trance state, to split off one portion of the mind from another in order to endure otherwise unendurable abuse. Again, there is experiential validation for this phenomenon on a limited basis. We *do* tend to go numb or experience a feeling of unreality when we are threatened, frightened, or wounded. In extreme cases, people sometimes go into physical and psychological shock. They wander aimlessly in a “fugue state” and sometimes present themselves as having amnesia immediately afterward.

As I mentioned in Chap. 2, some authorities question whether true psychological amnesia actually exists. Such fugue state wanderers could be acting out in order to avoid dealing with a stressful time in their lives, and they have tended to do so during eras when such behavior was more common, acceptable, and expected. But in

⁸⁸ Janet quoted in Frankel, “Hypnotizability and Dissociation,” p. 825.

⁸⁹ West quoted in Putnam, *Diagnosis*, p. 6.

any event, there is no scientific proof of massive “dissociation” in the sense that it has been used by some trauma therapists.⁹⁰ It is a hypothesis that has been taken for granted, but, as with repression, we are left in the realm of belief rather than proof.

Certainly, people have the capacity to “take their minds away” from a horrible event, but that does not mean that they can “dissociate” memory of the event completely. As a child, I hated and dreaded having my teeth drilled on. My dentist must have known something about the value of dissociation, since he had mounted a blown-up color photo of a bucolic summer lakeside scene on the wall. I would concentrate on that picture, placing myself beneath a particular tree by the lake, taking myself away from the pain in my tooth. But I was always perfectly aware that the dentist was at work, and I never stumbled out of his office wondering where I had been.

Similarly, if a father rapes his daughter, she might concentrate on a crack in the ceiling, numb her feelings, or try to think about something. It might help her to endure the event. But she would not forget what was happening. And it seems far-fetched to assume that she would, as a consequence, invent a cast of internal personalities that rival a Tolstoy novel in their complexity.

“Most memory researchers since the early 2000s argue that while dissociation may be possible, people usually do not dissociate during emotional events, and there is no evidence to support a special fracturing process of memory in trauma situations,” wrote memory researcher Julia Shaw in *The Memory Illusion* (2016). “It is also unlikely that there is such a thing as repression, hiding emotional memories from direct access.”⁹¹

How, then, can we account for the fact that many people truly *experience* multiple personalities? In a sense, we are all MPDs. Each of us acts different roles every day, assuming radically different personalities as we do so. With a boss, we are the employee—outwardly respectful, perhaps, but sometimes frustrated. With a spouse, we might be romantic one moment, an exasperated mate the next. With a child, we may be a nurturing or frustrated authority figure. “A person might see herself or himself as *authoritative* in the role of employer, *submissive* in the role of daughter or son, *companionable* in the role of wife or husband,” writes psychologist Peter Gray.⁹² Through it all, each of us maintains a unique sense of identity, but that is often simply a social construct, an illusion.

At times of crisis in our lives, many of us become uncertain of ourselves and our identities. “There are unavoidable transitions in any life in which the content of selfhood is in flux,” writes anthropologist Michael Kenny, such as “becoming an adult, finding a place in the world, marriage, having children, facing death.”⁹³ Most societies offer formal rites of passage to ease these transitions, but in modern America, our roles and identities are more amorphous, and the transitions are more difficult. We suffer “identity crises” during which we are much more vulnerable to manipulation because we don’t really know who we are, and we desperately desire a firm identity,

⁹⁰ Tillman, “Does Trauma Cause Dissociative Pathology?”

⁹¹ Shaw, *Memory Illusion*, p. 163.

⁹² Gray, *Psychology*, p. 504.

⁹³ Kenny, *Passion*, p. 9.

an explanation for our predicament. It is just at such a crucial crossroad that the therapist comes along with his MPD diagnosis, calling out “parts” of us and labeling them.

Rather than helping a person to develop a better self-concept, the MPD specialist does the opposite. There can be no “self”-esteem without a unitary self. These therapists encouraged—indeed, commanded—their patients to shatter psychically. “When the organization of the self-concept is threatened,” one psychologist wrote in 1973, “the individual experiences anxiety, and attempts to defend himself against the threat. If the defense is unsuccessful, stress mounts and is followed ultimately by total disorganization.”⁹⁴

Grade Fives, Temporal Lobe Spikes, and Personality

Because of media saturation, the MPD role was as well known by the late twentieth century as the demoniac’s behavior was in 1600. “People can learn the components of the multiple personality role from a variety of quite different sources (e.g., movies, books, gossip),” Nicholas Spanos noted in 1986.⁹⁵ Since then, the MPD myth spread even more widely. By 1991, MPD specialist Richard Kluft could write that “many MPD patients have informed themselves about their condition from the broadcast media and lay and professional literature.” He added that a “significant minority” were such voracious readers and researchers that they developed a “broader knowledge base” than their therapists!⁹⁶

Not only that, but the role became more attractive with time. Those who harbored a hundred or more alters objected to their malady being termed a *disorder*. Rather, it was a distinction, or a miracle. While MPD may have commenced because of overwhelming trauma, it released entertaining alters to cope with it. They were interesting, creative personae who allowed the MPD Survivor to use the royal “we” and to take part in endless internal dramas. “I can’t imagine being a singleton,” one MPD Survivor told me. “How boring that would be!”⁹⁷

Perhaps she had read *When Rabbit Howls* (1987), written “by the Troops for Truddi Chase.” Chase, a commercial artist, real estate agent and sometime legal secretary in her forties, supposedly “went to sleep” at the age of two, when her stepfather raped her. The “Troops” were her 92 alters, including such personalities as Rabbit, Miss Wonderful, Elvira, Lamb Chop, Ean, Mean Joe Green, Sister Mary

⁹⁴ Epstein, “Self-Concept,” p. 407.

⁹⁵ Spanos, “Hypnotic Interview,” p. 310.

⁹⁶ Kluft, “Hospital Treatment,” p. 695–696.

⁹⁷ Those who believe they have multiple personalities have found all kinds of creative outlets through print, paint, or song. Multiples produced their own newsletter and even wrote an anthology called *Multiple Personality Disorder from the Inside Out* (1991), in which alters took turn addressing the reader. “It’s Gregory writing this for everybody inside,” a typical entry by Cindy B. commenced. But then Gregory was interrupted. “Somebody else inside wants to add that it is very confusing and scary being a multiple...” (*Multiple Personality Disorder from the Inside Out*, p. 124.)

Catherine, Nails, the Zombie, and the Interpreter.⁹⁸ Of course, Chase was completely unaware of this menagerie until she entered therapy with Robert A. Phillips, Jr., a Ph.D. clinical psychologist who wrote the introduction and epilogue to her book. Before discovering her multiplicity, Chase “had tried unsuccessfully to discover a medical reason for her temper tantrums, periodic blackouts, and a feeling of continual ‘dizziness’,” Phillips revealed. By book’s end, the Troops and Dr. Phillips came to a mutual decision to “maintain multiplicity.” As a result, “communication among the Troop members has been enhanced, and there is evidence of increased ability to cooperate and work together.”⁹⁹

The MPD role tended to attract extremely creative, suggestible clients with a craving for attention. Most were highly hypnotizable, among the 10% of the population psychiatrist Herbert Spiegel called “Grade Fives,” on a scale from one to four. These Fives had an uncanny ability to sense what behavior may intrigue a therapist, and they fulfilled all expectations. That did not mean that they were easy patients, however. Rather, they had to up the ante in order to maintain dramatic attention. As soon as one alter appeared to be integrated, another would pop out. Then, just when a whole system seemed to be settled, another whole layer was uncovered, and more alters would pour forth from the mental shrubbery.

Consequently, MPD patients rarely got better. They entered a cycle of extended abreaction and misery which sometimes ended in suicide. After I wrote *Victims of Memory*, I heard from a psychiatric social worker who knew of a local psychiatrist who was convincing many patients that they had multiple personalities. “Two young women treated and diagnosed by him and the therapists he trained set themselves on fire and burned to death.” And they were by no means the only ones with supposed MPD who killed themselves.¹⁰⁰

This may seem a paradox. Didn’t I just say that patients reveled in the attention? And isn’t this all just role-playing? Yes and no.

Take the example of Canadian Roma Hart, who, feeling overstressed in 1986, went to apply for unemployment insurance. She needed a psychiatrist to sign the requisite form and went to see psychiatrist Colin Ross, who promptly diagnosed her as having multiple personalities. Hart, whose background included extensive theatrical experience, decided to go along with it so that she could get her unemployment checks. “If I became bored, I would pretend to switch personalities just for the hell of it. No one could put any demands on me any more and sympathy was just a phone call away.”¹⁰¹

But an odd thing happened. Roma Hart began to believe her own play-acting. She became completely dependent on Ross, who put her on large doses of mind-altering drugs such as Halcion. She attempted suicide. She wound up in a locked hospital unit. When she got out, she joined an MPD support group, where

⁹⁸ Some multiples claimed to house hundreds of alters, but that’s nothing compared to a 16-year-old girl who, in 1583, was found to contain 12,652 living demons (Robbins, *Encyclopedia*, p. 395).

⁹⁹ Troops, *When Rabbit*, p. xiv–xvi; 412.

¹⁰⁰ Claudia Dabbs, Jan. 30, 2013, <https://mail.google.com/mail/u/0/?tab=wm#search/claudia+dabbs/13c7e56832647b22>; Jeanette Bartha, *Crazy, Interrupted*, unpublished manuscript.

¹⁰¹ Hart, *MPD/FMS Retractor’s Story*.

Ross told them all how special they were. “We were more creative, more sensitive, and better able to adjust in difficult situations,” Hart recalled. “Being diagnosed as an MPD was practically an honor!”

In the groups, a strange competition commenced. “One thing I can tell you about MPD patients,” Hart noted, “is that they’re competitive. If one recalls an animal personality, then the rest soon will. If one recalls a baby personality, then you better order a case of baby food.”

Eventually, by the summer of 1991, Roma Hart’s life had become so chaotic that she left Colin Ross, who informed her that she had “failed therapy,” that she would never make it. Indeed, for a long time her life continued to be a struggle. Even though she knew intellectually that all her satanic abuse memories were false, she could not completely shake them. “My parents came for my 1-year-old’s birthday,” she told me late in 1995, “and that night I had nightmares about them being in a cult and trying to hurt my baby. I woke up and thought, ‘Maybe it was true. Maybe I’m just in denial.’ But of course I know it isn’t.” Hart sued Colin Ross.

In the case of Roma Hart—and many other MPD patients—role-playing became reality, and the attention-seeking lurched into self-destructive behavior. The syndrome was no longer a game, and the wounded players, expert dramatists, enacted tragic parts. One Latin American soap opera star became so absorbed in his role that, in real life, he murdered the actress who had jilted him on TV. The same sort of thing could happen with MPD Survivors, for whom the acting became reality; only in their case, the violence was usually directed against themselves.

That is what happened to Gail Macdonald, a young Canadian mother who sought entered therapy in her small town in Ontario with a soft-spoken, good-looking American therapist whom she called Joe in her 1999 book, *Making of an Illness: My Experience with Multiple Personality Disorder*. Her father really had been an alcoholic, but that wasn’t enough for Joe, who took her in guided imagery (hypnotic) sessions to discover her various alters, some of whom ripped off her toenails. Joe inducted her into a group of his other female MPD patients, who competed with one another for his attention. “There was not a single woman in this group who would not harm herself. Often we looked like casualties from war. It wasn’t unusual to show up with burns on our bodies or cuts from knives or razor blades.”

When Macdonald and several other clients eventually left therapy, their internal voices diminished and disappeared, along with their alters, panic attacks, nightmares, self-destructive behavior, and sleep deprivation. They sued Joe, who settled out of court in 1996 and moved back to the United States to continue his practice. He had been trained to diagnose MPD by psychiatrist Margo Rivera, who is still a professor at Queen’s University in Kingston, Ontario, and head of a Personality Disorders Service. Rivera’s website advertises her book, *Fragment by Fragment: Feminist Perspectives on Memory and Child Sexual Abuse*, espousing the theory of massive dissociation.

At the end of her book, Gail Macdonald observed that “the discredited ‘multiple personality disorder’ was replaced by ‘dissociative identity disorder,’ and the ‘personalities’ by ‘fragments,’ but it is the same thing, regardless how you name it.”¹⁰²

¹⁰² Macdonald, *Making of an Illness*, p. 7–51, 83–88, 103; <http://psychiatry.queensu.ca/assets/Bios/Riverabio.pdf>.

Epileptic Hallucinations

Macdonald identified herself as highly hypnotizable but was never tested for an intriguing theory. It is possible, though unproven, that abnormally high electrical activity in the temporal lobe of the brain may have something to do with illusory memories. Experimental psychologist Michael Persinger published an intriguing series of papers on temporal lobe EEGs (electroencephalographs). He believed that there is a continuum of temporal lobe activity within the population, ranging from very low to those diagnosed as having temporal lobe epilepsy. Regardless of whether they experience real seizures, those with high electrical activity display an interesting set of phenomena, according to Persinger: “visual hallucinations, the sense of a presence, mystical (paranormal) experiences, unusual smells, anomalous voices or sounds, vestibular movements, and anxiety.” Over time, such people often display “stereotyped thinking, a sense of personal destiny or uniqueness, elaborate delusions, and excessive interests in religious or philosophical topics.” Persinger’s studies indicated that about a third of the population displays “temporal lobe signs.”¹⁰³ Because nearly 10% of the population experiences a seizure at least once, these findings aren’t surprising.¹⁰⁴

Persinger concluded that abnormal temporal lobe activity may be responsible for many mystical experiences.¹⁰⁵ While these experiences can produce a feeling of euphoria and unity with the universe, however, they can also result in intense anxiety, terror, and delusions. All of this takes us back to Wilder Penfield’s surgical probing of the temporal lobe. The “memories” he elicited from his patients were, as we have seen in Chap. 2, probably hallucinations, but the implication of the temporal lobe is nevertheless intriguing. During my research for this book, I ran into several cases in which the accusing offspring had been diagnosed with temporal lobe epilepsy. Similarly, Frank Putnam reported “a higher-than-expected apparent incidence of abnormal EEG findings in MPD patients ... and [a] disproportionately high number of case reports of MPD and concurrent epilepsy.”¹⁰⁶

Case reports of temporal lobe epileptics often bear a striking resemblance to those of repressed memory Survivors:

TF, a 29-year-old married woman, presented with a chief complaint of uncontrollable depression for which she could see no precipitating event. Her symptoms included difficulty falling asleep ... nightmares ... loss of weight, extreme tenseness, anxiety, and occasional panic attacks. She alternated between global hyposexuality [no interest in sex] and driven promiscuous hypersexuality.¹⁰⁷

¹⁰³ Makarec & Persinger, “Electroencephalographic,” p. 323–329.

¹⁰⁴ *Psychiatric Aspects of Epilepsy*, p. viii.

¹⁰⁵ Persinger, *Neuropsychological*; Rogo, “Is Religion in the Brain?”

¹⁰⁶ Putnam, *Diagnosis*, p. 258.

¹⁰⁷ *Psychiatric Aspects of Epilepsy*, p. 49, 279, 286.

This patient, as well as many others, responded well to carbamazepine (Tegretol), an anti-convulsant drug.

Epilepsy researcher David Bear suggested that a cluster of 18 personality traits identifies temporal lobe epileptics (TLEs); his findings were replicated by several other researchers. Among other things, Bear believed that TLEs are frequently irritable, angry, aggressive, depressed, and paranoid, with sudden mood shifts. They are singularly humorless and often believe they have profound personal destinies. They tend to be dependent and “clingy” upon figures of authority. They often feel compelled to write long autobiographical passages. In addition, they commonly complain of “amnesic gaps” before, during, or after seizures, along with other subtler memory disturbances. Their sex drives are often impaired, but sometimes they become oversexed instead. Just before TLE seizures, they routinely get feelings of *deja vu*, smell something odd, and sense impending doom.¹⁰⁸

There are, however, positive sides to high temporal lobe electrical activity, including creativity and charisma. An impressive array of famous historical figures were purportedly epileptics of one sort or another, including Alexander the Great, Lord Byron, Buddha, Julius Caesar, Dante, Charles Dickens, Feodor Dostoyevsky, Mohammed, Napoleon Bonaparte, Isaac Newton, Blaise Pascal, Pythagoras, Socrates, St. Paul, Ludwig von Beethoven, and Vincent van Gogh.¹⁰⁹

In some cases of supposed multiple personality, it was painfully evident that the eager clinician misdiagnosed a client with real physical ailments. One clinical psychologist, for instance, wrote of a 47-year-old Vietnam veteran who entered his office leaning on a cane. “He had a history of seizure disorders, right hemiparesis, right hemisensory loss, and right visual field defect arising from a suspected arterial venous malformation in the basal ganglia region of his brain.” Further, the patient’s memory was impaired due to a “closed head injury from 10 years previously” and a subsequent fall off a ladder. Despite these clear organic problems, the psychologist proceeded to “discover” various alter personalities and hidden traumas to explain his memory gaps. “Later in therapy, it became clear that he had suffered early childhood sexual, physical, and psychological abuse by his father and siblings. He was repeatedly tortured, thrown out of a second floor window, sodomized, and used as an object for sadistic gratification.”¹¹⁰

Such cases are disturbing, but not the norm. People need not be “Grade Fives” or exhibit high temporal lobe activity in order to be convinced that they are sex abuse Survivors or harbor multiple personalities. Such beliefs can be instilled in anyone, given the right circumstances and mindset.

¹⁰⁸Bear et al. in *Psychiatric Aspects*, p. 197–224; Orrin Devinsky in *Epilepsy and Behavior*, p. 1–21.

¹⁰⁹Devinsky in *Epilepsy*, p. 12–14.

¹¹⁰Mark R. Elin, “A Developmental Model for Trauma,” in *Dissociative Identity Disorder*, p. 230–231.

Satan's Minions

An astonishing number of repressed memories of the 1980s and 1990s involved some form of group ritual abuse, usually with an explicitly satanic component.¹¹¹ A high percentage of such ritual survivors believed that they split off internal alters as a result of this dreadful experience.

The events usually unfolded as follows. First, a young woman entered therapy for depression or some other complaint. Her therapist encouraged her to see her family as dysfunctional, and herself as the victim of "emotional incest." Soon, she read self-help recovery books and retrieved memories of physical incest by one family member. Then, as her memories flowed more easily, she named other perpetrators. Finally, she recalled ritual abuse, was diagnosed with MPD, and might wind up heavily drugged and suicidal in a psychiatric ward.

Other writers have convincingly demolished the notion that such cults actually exist.¹¹² Still, nothing can ever sway those with an invested belief in them. People who can believe that a child's heart was surgically removed and replaced with an animal's ticker during ritual abuse, and who refuse to accept physical evidence disproving such an event, are not likely to accept logical arguments either.¹¹³

After years spent trying to track down such cases, FBI investigator Kenneth Lanning concluded that "there is little or no evidence [for] large-scaled baby breeding, human sacrifice, and organized satanic conspiracies. Now it is up to mental health professionals, not law enforcement, to explain why victims are alleging things that don't seem to have happened."¹¹⁴ At least four well-researched books were published by 1993 on this "contemporary legend," and they all reached the same conclusion: this was a hoax, a fraud, a paranoid delusion fomented by the media, credulous therapists, distraught patients, pressured pre-schoolers, fearful parents, and over-excited policemen.¹¹⁵

Two major studies—one American, one British—came to the same conclusion in 1994. Funded with \$750,000 by the federal government, Gail Goodman and her

¹¹¹ *The Courage to Heal* offered a short course in ritual abuse memory, using "Annette" as a role model. "From infancy, Annette was abused in rituals that included sexual abuse, torture, murder, pornography, and systematic brainwashing through drugs and electric shock." Of course, she forgot all of this until she was 48. "I was what they called a 'breeder,' Annette explained. "I was less than 12 years old. They overpowered me and got me pregnant and then they took my babies. They killed them right in front of me." (Bass, *Courage*, p. 417–419.)

¹¹² There are three types of "satanic" or ritual activities that actually do exist: (1) Harmless organized religions led by flamboyant characters such as Anton La Vey, the former circus musician who headed the Church of Satan. (2) Teenagers and others who, as part of societal rebellion, dabble in the occult, draw pentagrams, and perhaps sacrifice a stray cat. (3) Aberrant psychopaths such as the Matamoros murderers, who act out the myths they read about or saw in movies. Folklorists call this copy-cat process "legend ostension." Given the seemingly limitless human capacity for evil, it is not surprising that someone would act out an evil myth (Ellis, "Satanic Ritual Abuse"; Nathan, *Satan's Silence*, p. 36–37; Wright, *Saints and Sinners*, p. 121–156.).

¹¹³ Ganaway, "Historical vs. Narrative," p. 210.

¹¹⁴ Lanning, "Investigator's Guide," p. 40.

¹¹⁵ The books are: *Satan Wants You*, by Arthur Lyons (1988); *In Pursuit of Satan*, by Robert D. Hicks (1991); *The Satanism Scare* (1991); and *Satanic Panic* by Jeffrey Victor (1993).

team examined thousands of purported cases of satanic ritual abuse and failed to find any evidence for stereotypical multi-generational cults that sexually abuse children. All they found were “a few ‘borderline’ cases, typically involving a lone individual or two people whose abuse of children involved satanic themes.”¹¹⁶

A similar study conducted by Jean La Fontaine in Great Britain took a close look at over 200 claims of satanic ritual abuse. Again, no evidence emerged to support the notion of widespread intergenerational sex abuse cults. La Fontaine found only three cases with any firm evidence. “The three substantiated cases are not instances of Satanism or witchcraft,” she concluded. “They are also significantly different from the other cases in the study. They show a single perpetrator of abuse claiming spiritual powers.” She explained the mythical ritual abuse cases as a sociological phenomenon. “A belief in evil cults is convincing because it draws on powerful cultural axioms.”¹¹⁷

Why did so many well-trained therapists believe in satanic cults? They would tell you that their clients couldn’t make up these gory details or display such terror if the stories weren’t true. They would say that their clients knew nothing about ritual abuse, yet they came up with the same breeding strategies, sacrificed babies, blood-letting, rape, and murder that others across the country—around the world—had reported. Witch-hunters in 1670 made much the same observation, citing “so much agreement and conformity between the different cases” as proof of witchcraft.¹¹⁸ Of course, that’s the way folklore legends work, as sociologist Jeffrey Victor masterfully documented in his book, *Satanic Panic*. The stories floated on the airwaves and bubbled in the rumor mills. Just as someone transported back to a past life doesn’t remember where she originally learned about a particular epoch, many ritual abuse survivors honestly believed that they never saw a movie, read a book, listened to a talk show, or overheard a conversation that provided the details they brought forth in a hypnotic session.

Even if they never *did* see such a movie or hear a talk show, the therapists could cue them inadvertently, particularly using the “ideomotor method” in which a hypnotized subject merely raises a finger to indicate a positive response to a leading question. “Familiarize yourself with signals and symptoms of ritualized abuse,” one psychologist advised in a handout. He went on to explain that “survivors of ritualized abuse *have many special needs*” and must be seen beyond the normal hour limit. “If you are uncomfortable with the reality of ritual abuse, then you should not

¹¹⁶Far more disturbing were the cases of “religion-related abuse” documented in the Goodman study. “My client was a 14-year-old boy whose eyeball had been plucked out of his head in an exorcism ceremony,” one therapist wrote. “The father performed an exorcism on his children by dismembering and then boiling them. Evidence? The children were dead,” wrote another. One mother who thought her 12-year-old boy was possessed by the devil first had sex with him, then decapitated him. Goodman’s conclusion seemed rather mild under the circumstances: “Religious beliefs can at times foster, encourage, and justify abusive behavior.” (Goodman, “Characteristics,” p. 5, 11; Nathan, *Satan’s Silence*, p. 1.)

¹¹⁷La Fontaine, *Extent and Nature*, p. 24–25.

¹¹⁸Robbins, *Encyclopedia*, p. 105–106.

be treating survivors of ritual abuse,” he asserted.¹¹⁹ Following this advice had a mutually reinforcing effect in which both patient and therapist felt special.

The moral panic over satanic cults produced a curious partnership between some left-wing radical feminists and selected right-wing Christian fundamentalists.¹²⁰ Members of both groups believed that there was an international conspiracy of sexual abusers who brutalized children, used them in violent child pornography, then murdered and ate them. Cult members, they assured anyone who would listen, included the pillars of society—doctors, lawyers, bankers, policemen. The perpetrators were cunning beyond belief in hiding their revolting activities. To indoctrinate children, cult leaders routinely used electric shock, isolation in closets, mind-altering drugs, and starvation. In addition, according to a pamphlet from VOICES in Action, a Chicago-based Survivor group, brainwashing included the “Black Hole” experience, in which members were “suspended head first into a dark deep pit, the pit containing human/animal parts, blood, rats, snakes, spiders, for up to 24 h.” Sometimes a child was given a “rebirthing ritual” in which he or she was inserted into a cow’s abdominal cavity for a while, then pulled out by the high priest.¹²¹

In 1988, Lauren Stratford published *Satan’s Underground*, which exerted a wide influence, despite Stratford’s story having been thoroughly discredited by journalists for the Christian publication, *Cornerstone*.¹²² In the foreword to *Satan’s Underground*, Christian author Johanna Michaelsen admitted that the story was “beyond belief,” but explained “that attitude is precisely what Satanists are counting on.” After all, “it was only a few short years ago that we had a problem believing that incest was rampant.” Michaelsen was not dismayed by the complete lack of evidence of this widespread cult activity. “If there is one thing that cult Satanists do well, it’s cover their tracks.” Thus, she reasoned, “animals are indeed killed and buried, but are later dug up and disposed elsewhere.” No satanic child pornography had surfaced because it is “carefully kept in vaults of private collectors.” And so on. There’s no question: “Satanism is on the rise.”¹²³

In the book itself, Stratford described how her sadistic mother allowed her to be raped by a group of tramps in the basement. That experience was just training for

¹¹⁹ Giandalone, “Guidelines for Therapists and Support Service Providers,” August 1990.

¹²⁰ In his classic 1972 book, *Folk Devils and Moral Panics*, sociologist Stanley Cohen defined the term “moral panic” as a period in which a group or phenomenon is regarded as “a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions.” (Cohen, *Folk Devils*, p. 9.)

¹²¹ “The Adult Survivor of Ritual Abuse,” VOICES in Action.

¹²² “Lauren Stratford” was in reality Laurel Willson, who, although she was clearly a very troubled individual, was not a victim of satanic cults. The portrait that emerged from the meticulously researched article is of a sad, manipulative, attention-seeking individual. Wilson later claimed to be “Laura Grabowski,” a Holocaust survivor. Similarly, in (1993), investigative reporters demolished the story of Mike Warnke, who claimed for years to have been a high priest in a satanic cult (Passantino, “Satan’s Sideshow.”).

¹²³ Michaelsen in Stratford, *Satan’s Underground*, unpaginated foreword.

her teenage and young adult experience in a satanic cult dominated by the evil Victor. The cult members drank a brew of blood, wine, and urine and then gang-raped her. "With each vulgar act, my will to resist lessened," she wrote. Later, she witnessed many other terrible events. "They ordered acts of sexual perversion that went far beyond the descriptions of lewd, perverse, and vile. They ordered the literal sacrifice of animals and even humans—both willing and unwilling victims." She watched "the ultimate sacrifice of a baby—skinned while still alive."

In order to break her, the cult members put Stratford into a barrel and threw dead babies on top of her. Then she became Victor's personal mistress. Only when the cult tired of her and she had a nervous breakdown did the reader learn, on page 120, that she had *entirely repressed all of these memories*, which came back with the help of guided imagery and Jesus. Eventually, she recalled how she had borne three children—Joey, Carly, and Lindy—all of whom were sacrificed to Satan. "What happened to Joey is even now happening to babies, children, and teenagers across the country," Stratford wrote. "Believe the unbelievable!" In the end, however, she was healed by meeting Johanna Michaelsen—the author of the book's foreword—who told her that while they were praying together, "I saw Jesus standing with His nail-scarred hands outstretched toward you."¹²⁴

Modern rumors of satanic cults represented nothing new, but followed a long tradition in Western culture, as Norman Cohn documented in his 1975 book, *Europe's Inner Demons*. Beginning in the second century, early Christians were accused of "holding meetings at which babies or small children were ritually slaughtered, and feasts at which the remains of these victims were ritually devoured; also of holding erotic orgies at which every form of intercourse, including incest between parents and children, was freely practiced; also of worshiping a strange divinity in the form of an animal."¹²⁵

The Christians outlived these defamations, only to use them on the Jews, who were supposed to have drunk Christian children's blood in their synagogues and carried on in other disgusting ways.¹²⁶ The Catholic hierarchy and various monarchs spread similar rumors about any splinter sects, such as the Waldensians and the Templars. Belief in organized satanic orgies flowered in the sixteenth and seventeenth centuries during the Great Witch Craze. Throughout the centuries, as Cohn described it, "the essence of the fantasy was that there existed, somewhere in the midst of the great society, another society, small and clandestine, which not only threatened the existence of the great society but was also addicted to practices which were felt to be wholly abominable, in the literal sense of anti-human." It was usually the intelligentsia who fomented these conspiracy theories and led the quest for satanic abusers.¹²⁷

¹²⁴ Stratford, *Satan's Underground*, p. 18–162.

¹²⁵ Cohn, *Europe's Inner Demons*, p. xi.

¹²⁶ Wright, *Remembering Satan*, p. 197; Hsia, *The Myth of Ritual Murder*; Moore, *Formation of a Persecuting Society*.

¹²⁷ Cohn, *Europe's Inner Demons*, p. xi–xiii.

In our own time, that generalization held true. Ph.D. clinical psychologists and psychiatrists—trained as physicians and then mind-healers—were the primary agents to spread authoritative stories of ritualistic abuse and conspiracy. Psychiatrist Bennett Braun explained that “we are working with a national-international type organization that’s got a structure somewhat similar to the communist cell structure.” He asserted that cult members were “trained to self-destruct” if they remembered too much.¹²⁸

Corydon Hammond, the former president of the American Society for Clinical Hypnosis, was widely respected by his peers and edited a scholarly 1990 volume entitled *Handbook of Hypnotic Suggestions and Metaphors*. “Dr. Hammond is a master clinician of unusual breadth and talent who has become one of the giants in the field of clinical hypnosis,” wrote a colleague in that book’s foreword.¹²⁹ Hammond traveled throughout the United States, giving workshops on ritual abuse. He dismissed those who are “such intellectualizers and skeptics that they’ll doubt everything.” Alternatively, those casting doubt might be cult members themselves, he asserted. He described “very organized groups with interstate communication and who use a very, very systematic brainwashing.”

Hammond stated that the cult members learned these brainwashing techniques from sadistic Nazi scientists secretly brought to this country by the CIA to conduct mind-control experiments. Drawing on a long tradition of anti-Semitic rumors, he also asserted that a Jewish teenager named Greenbaum learned the Nazi secrets and now, as a Dr. Green, was coaching cults in the United States. “I know of cases,” Hammond said, “where the Mafia likes to use cult people as hit people because they can have one personality who will come out and ... perform a cult blood-cleaning and have no emotions about it, come back and everybody has amnesia for it.” To train children in strict obedience, the cults might apply electrodes to a little girl’s head and inside her vagina. “Perhaps a finger might be cut off and hung around their neck on a chain as a symbol to them they had better be obedient. They may be given drugs.”¹³⁰

Psychiatrist Colin Ross, who wrote an influential 1989 textbook on MPD, agreed with Hammond. In fact, in his proposal for a book to be titled *CIA Mind Control*, Ross disclosed that the U.S. Central Intelligence Agency had been turning children

¹²⁸ Braun quote in Mulhern, “Satanism and Psychotherapy,” *The Satanism Scare*, p. 166; Braun in “Ritual Child Abuse” Cavalcade video, 1989.

¹²⁹ Harold Crasilneck in Hammond, *Handbook*, p. ix. (In the *Handbook*, Hammond recommends asking hypnotized MPD clients to raise their fingers in response to the question, “Is anyone inside afraid of...?” His list includes words that were supposedly indicative of a ritual abuse background, including *stars, fire, knives, blood, being photographed, dying, candles, feces, animals being hurt, robes, a certain color, eating certain things, digging in the dirt, Halloween, the equinox, and people in a circle.*)

¹³⁰ Hammond videotape at Parkwood Hospital, Atlanta, GA, March 2, 1991, quoted in *FMSF Newsletter*, March 1994, p. 6–7; Hammond in “Ritual Child Abuse” Cavalcade video, 1989; Hammond audiotape, no date, from Debbie Nathan.

into Manchurian candidates since the 1940s.¹³¹ “These individuals were systematically abused in laboratory and experimental settings,” he wrote. They used “drugs including hallucinogens, sensory deprivation, flotation tanks, electric shock, enforced memorization and other techniques. The programming involved the deliberate creation of multiple personality disorder with specific letter, number and other access codes for contacting alter personalities.”¹³² In 1993, Ross reiterated his claims to a television journalist, explaining that the “political strategy” to counter his revelations was to assert that “it’s all created in therapy, it’s fantasy, it’s not real.”¹³³

The paranoia over “mind control” and satanic ritual abuse took advantage of the modern fear of impersonal and seemingly all-powerful technology. Ever since the 1950s, when a con artist claimed that he could increase the consumption of popcorn and Coca-Cola by flashing “subliminal messages” on a movie screen, Americans have believed that their minds could be controlled by nefarious authorities without their knowledge.¹³⁴ Therapists such as E. Sue Blume seized on “virtual reality” technology as an explanation of alien abduction memories. They were *really* just fooled by satanic cults, according to Blume:

These groups often employ sophisticated and elaborate special effects and computer-generated “virtual reality” to make people think that they have experienced things which have not really occurred. For example, a victim will “remember” being abducted by aliens to their ships, where “medical experiments” were performed.¹³⁵

In 1993, therapist David Calof, who published a newsletter, *Treating Abuse Today*, and coauthored *Multiple Personality and Dissociation: Understanding Incest, Abuse, and MPD*, helped an audience at the prestigious Menninger Institute understand the true meaning of a postcard sent by the sister of a woman who believed she had been ritually abuse by her family:

“Dear Sis, Mom and I have been thinking about you. Can’t wait to see you again. In the meantime take care of yourself. Love, Sis.” Calof explained that his client got this postcard and began to engage in “horrible self-harming behavior.” Why? “Mom and I have been thinking about you” means that they can read her mind. What it

¹³¹ During the Cold War era of the 1950s and 1960s, the CIA did, in fact, experiment with hypnosis, Amytal, LSD and other mind-altering drugs in an attempt to create an unconscious killing machine or find a way to extract information from spies. As John Marks documented in his 1979 book, *The Search for the “Manchurian Candidate”: The CIA and Mind Control*, the unethical secret experiments were complete failures, characterized by “bumbling and pure craziness.” Therapists such as Colin Ross and Corydon Hammond took bits and pieces from Marks’ book (such as his discovery that the Nazis tried out similar unsuccessful experiments) and recycled the myth of “mind control.” *The Manchurian Candidate* was a popular 1959 book and 1962 film starring Frank Sinatra, popularizing the myth that someone could be “programmed” to become a killing machine when properly “triggered.” (Marks, *Search*, p. 3–22, and following; Condon, *Manchurian Candidate*; Thomas, *Journey Into Madness*.)

¹³² Ross, “CIA Mind Control.”

¹³³ Ross on *Fifth Estate*, Nov. 8, 1993, quoted in *FMSF Newsletter*, April 1994, p. 3.

¹³⁴ Pendergrast, *For God, Country & Coca-Cola*, p. 248.

¹³⁵ Blume, “Ownership of Truth,” p. 134.

really meant was, “No matter where you are, or what you are doing I will know if you tell.” Then, “We can’t wait to see you again.” Calof explained: “Now you have to take this in context. This is a woman, the client is a woman who’s on the lam from her family and the perpetrating group... She *knows* that if she goes back something terrible is going to happen to her.” But the “most insidious part” was: “In the meantime take care of yourself.” That was, of course, “an injunction to kill herself.” This was a trigger to a cult-implanted mind control program.¹³⁶

That same year, Calof revealed that “we’re finding a lot of undiagnosed, unrecovered multiples in nursing homes.” He warned against doing abreactive work with an 86-year-old, however. “I learned the hard way. One of my multiples had a stroke during an abreaction. Fortunately, she recovered.”¹³⁷

Despite the lack of any physical evidence that satanic cults exist, and many well-researched books debunking them, many therapists continued to tell stories about ritual abuse. An entire 1994 issue of the *Journal of Psychohistory* was devoted to the topic, with the overwhelming majority of the articles exhorting us to believe, believe. In that issue, one Albany, New York, psychiatrist explained how cult members “injected blood from a chalice into all her [his patient’s] orifices and raped her six times each. A mother cat and her kittens were shot with a pistol and were buried with my patient in a coffin-like box. She was then removed, thrown into a lake, cleaned up and brought home.”¹³⁸ And, of course, she remembered nothing about all this until she entered therapy.

Satanic Abuse in the United Kingdom

Also in 1994, in England, Tavistock Clinic consultant psychotherapist Valerie Sinason edited *Treating Survivors of Satanist Abuse*, including accounts from 38 professionals, mostly British. As in the United States, belief in ritual abuse was spread through a network of “experts,” most of whom belonged to RAINS, the Ritual Abuse Information and Network Support, founded in 1989 with five members.

Valerie Sinason became the undisputed British “expert” on satanic ritual abuse after treating Carol Felstead, her first such patient, in five-hour weekly sessions, from October 1992 until May 1993. During that time, Sinason and her colleague Robert Hale unearthed grotesque memories of abuse from Felstead, then 28, who changed her last name to Myers. The process was “tantamount to a form of psychological torture,” as the patient’s brothers, Kevin and Richard Felstead, observed in their riveting 2014 book, *Justice for Carol*.

Under Sinason’s and Hale’s care, Felstead came to “remember” sacrificial slaughter, rape, infanticide, and ritual murder. She recalled being force-fed urine

¹³⁶ Calof quoted in *FMSF Newsletter*, June 1, 1995.

¹³⁷ <http://www.stopbadtherapy.com/experts/calof/exploratorium.shtml>.

¹³⁸ Rockwell, “One Psychiatrist’s View,” p. 448.

and feces and being sewn into a dead bull's stomach to be reborn from it ritually. She claimed to have given birth to six children conceived by cult members, including her father and a brother. The babies were aborted and killed. Apparently no one bothered to examine Felstead to determine that she had never been pregnant. In Chap. 32 of the 1994 book, *Treating Survivors of Satanist Abuse*, Sinason and Hale wrote about Felstead as "Rita," without her consent.

What is even more appalling (if that is possible) is that Carol Felstead saw many different doctors and therapists who unquestionably accepted these preposterous abuse claims, including alleged molestation and murder by police, judges, undertakers, doctors, church members, and prominent politicians. Beginning in 1994, under the care of Vera Diamond, who practiced Autogenic Training, a form of hypnosis, Felstead added an MPD diagnosis. She spent most of the 1990s in various psychiatric institutions and hospitals.

When she first entered psychotherapy with physician Fleur Fisher in 1986, Carol Felstead had been a healthy, energetic young nurse who sought help for migraine headaches. It was Fisher—ironically appointed the Head of Ethics for the British Medical Association—who first practiced recovered memory therapy on her and who remained a malignant and overly-involved part of her life until Carol Felstead's death under mysterious circumstances in 2005 at the age 41, just after Carol called her family in search of reconciliation.¹³⁹

The hysteria over ritual abuse spread rapidly, particularly after three British books came out: *Dance With the Devil*, by Audrey Harper (1990), *Children for the Devil: Ritual Abuse, and Satanic Crime*, by Tim Tate (1991), and *Blasphemous Rumours*, by Andrew Boyd (1991). In February of 1992, Channel 4 aired *Beyond Belief*, a show featuring adult Survivors who had recovered ritual abuse memories, some through Christian "deliverance ministry." An 0800-number "helpline" available after the show received 191 calls, with thousands more failing to get through. Clearly, by that time, many British men and women had recalled abuse memories or were concerned about them. By the summer of 1993, RAIN claimed 150 members, all professionals working with purported ritual abuse victims.¹⁴⁰

In *Treating Survivors of Satanist Abuse*, RAIN founder and psychiatrist Joan Coleman related horrific recovered memory stories. "One survivor described being left alone, naked and cold, at the age of 4," she wrote, "for three weeks in an underground room, while her mother went abroad. Her only company was the corpse of a woman she had seen killed." Given water but no food (she was expected to dine on the cadaver), the little girl was "finally taken out by her father, who then sodomized her."¹⁴¹

In "The Impact of Evil," another chapter of the 1994 book, British consultant clinical psychologist Phil Mollon told the dreadful tales of two ritual abuse clients. During 4 years of therapy, Helen, a 40-year-old schoolteacher, recalled (among other things) witnessing a man's throat being slit, after which cult members drank his blood from a ceremonial bowl. Mollon's reaction to her stories was "shock, disbelief, horror, dread and terror—including fear for my own safety." He anticipated

¹³⁹ Felstead, *Justice for Carol*, p. 28–29, 146, 176, 188, 192–226.

¹⁴⁰ *Treating Survivors*, p. 175–178, 243.

¹⁴¹ Coleman in *Treating Survivors*, p. 250.

skeptics who might think the memories untrue. “To counter such doubts, I can say that subsequent communications have provided a full and coherent picture of the ritual context of Helen’s abuse.”

For 5 years, Mollon also saw Mary, an Irish divorcee, during which time she developed multiple personality disorder, discovering “Hazel and her gang” within her, created to “ensure that she did not remember or reveal secrets of her childhood.” Numerous traumatized child alters also waited within. Hazel did not, of course, prevail. With Mollon’s help, Mary recalled her father, dressed as Satan, raping her during a ritual abuse ceremony. As a “last resort,” he suggested that she undergo a “drug-assisted abreaction” (presumably a sodium Amytal session), during which Mary did indeed spill out more tales of abuse. “Many further scenes of horror, macabre, obscene and criminal in the extreme, have since emerged,” the therapist informed his readers. Might not Mary be hallucinating? “She does not feel to me to be paranoid,” Mollon noted. “She comes across as a warm and caring person, coherent and rational.”

“Neither patient nor therapist want to believe what is being communicated,” Mollon emphasized. “Both parties have to overcome their inner resistance in order to recover the lost experiences.” In closing, Mollon stressed that therapists must “maintain an open mind about what is real and what is phantasy,” but it was quite clear where his beliefs lay. Besides, he wrote grandly, “I would rather risk being deluded by my patients—rather risk appearing a fool—than risk abandoning the terrified traumatized child within.”¹⁴²

Scanning the MPD Brain

Back in the United States, specialists such as Bennett Braun, Corydon Hammond, Colin Ross, and David Calof received enormous support from books, articles, and conferences where the myths of satanic cults were repeated and elaborated. As skeptical Harvard psychologist Richard McNally observed wryly: “Trying to build a case for traumatic amnesia by citing numerous studies, all sharing the same fatal flaws, is a pointless endeavor.”¹⁴³

In the final analysis, such therapists believed in the cults because they wanted to believe. The sessions in which menacing, evil alters appeared provided the same thrill which exorcists experienced 100 of years ago. It was challenging, exciting, frightening work—a far cry from the humdrum existence of the routine mental health professional who listened to a boring litany of drab complaints all day long. Yes, it was difficult work—dangerous, in fact, because the cult members might even try to assassinate the therapist. But for the intrepid mind explorer, savior of souls, healer of splintered selves, it was all worthwhile.¹⁴⁴

¹⁴² Mollon, “Impact of Evil,” in *Treating Survivors*, p. 136–147.

¹⁴³ McNally, *Remembering Trauma*, p. 209.

¹⁴⁴ It is impossible to exaggerate the level of paranoia exhibited by ritual abuse believers. At the end of 1992, for instance, members of the Los Angeles Ritual Abuse Task Force claimed that Satanists were poisoning them with a toxic pesticide pumped into their offices, homes, and cars. Catherine Gould, a clinical psychologist on the task force, told a reporter that the gas had given her blurred

In 2015, Richard McNally summarized the flawed thinking of dissociative amnesia theorists, even in cases where some traumatic event may have occurred:

They have confused everyday forgetfulness following trauma for an inability to remember the trauma itself. They have confused reluctance to disclose trauma with an inability to recall it. They have confused not thinking about something for a long time with an inability to remember it. They have confused failure to encode aspects of a trauma with inability to remember trauma. They have confused childhood amnesia and organic amnesia with dissociative amnesia. Ironically, the diagnosis of dissociative amnesia remains in the *DSM-5* despite the absence of convincing evidence that the phenomenon exists.¹⁴⁵

Unsurprisingly, those eager to “prove” the reality of multiple personalities have attempted to do so with brain scans, which add an aura of indisputable scientific validity. The media credulously accepted reports that those diagnosed with MPD had internal “alters” with different characteristics. Psychologist and science writer Daniel Goleman wrote an 1988 article in the New York Times, headlined “Probing the Enigma of Multiple Personality,” which began:

When Timmy drinks orange juice he has no problem. But Timmy is just one of close to a dozen personalities who alternate control over a patient with multiple personality disorder. And if those other personalities drink orange juice, the result is a case of hives. The hives will occur even if Timmy drinks orange juice and another personality appears while the juice is still being digested.

Goleman cited MPD “experts” Bennett Braun and Frank Putnam as his authorities. “Today, using refined research techniques, scientists are bringing greater rigor to the study of multiple personalities and focusing on a search for the mechanisms that produce the varying physiological differences in each personality,” Goleman wrote. “It is almost always the case that one or several of the personalities of a given patient will be that of a child. And the differences in responses to drugs among the sub-personalities often parallel those ordinarily found when the same drug at the same dose is given to a child, rather than an adult.” How did he know this? From reading Bennett Braun’s book. Braun also explained to Goleman that different alters needed different corrective lenses for their vision. “Many patients have told me they have a drawer full of eyeglasses at home, and they never are quite sure which to bring when they go out.”¹⁴⁶

ABC’s of the Human Mind, a book published by Reader’s Digest in 1990, asserted that studies had shown “a distinctive brainwave pattern for each of a patient’s multiple personalities.... The true multiple personality also has selves with unique physical attributes, such as color blindness and allergies.”¹⁴⁷ It is alarming that such

vision and faulty memory. Gould should have gone back and read a 1945 article in the *Journal of Abnormal and Social Psychology* entitled “The ‘Phantom Anesthetist’ of Mattoon: A Field Study of Mass Hysteria,” which revealed how citizens in Mattoon, Illinois, became convinced that a mad gasser was pumping a spray gun into their homes (Curtiss, “Some on Ritual Abuse”; Johnson, “The ‘Phantom Anesthetist.’”).

¹⁴⁵ McNally, “Posttraumatic Stress Disorder and Dissociative Disorders.”

¹⁴⁶ Goleman, “Probing the Enigma.”

¹⁴⁷ *ABC’S of the Human Mind*, p. 159.

outrageous, pseudoscientific assertions were published as fact, and the attempt to “prove” the reality of alters through brain scans has continued in the 21st century.

In 2012, Simone Reinders and colleagues acknowledged that “fantasy proneness and suggestibility are highly correlated, and dissociative symptoms were found to be correlated with fantasy proneness, heightened suggestibility, and susceptibility to pseudomemories.” But they were out to prove that the alters were real, so they compared 11 Dutch women diagnosed with MPD/DID to 18 controls (ten of whom were “fantasy-prone”), who were asked to pretend that they had alternate personalities. “Brain imaging data, autonomic (systolic and diastolic blood pressure, discrete heart rate and heart rate variability (HRV) and subjective (controls’ subjective sensorimotor and emotional experiences) reactions were obtained,” Reinders wrote, as the subjects enacted a neutral as well as “trauma-related identity state.” Her article then presented an impressive array of incomprehensible charts, numbers, and brain pictures and concluded that the DID subjects reacted differently from the control simulators. This indicated, they concluded, that “DID does not have a sociocultural origin.”¹⁴⁸

That is an unwarranted conclusion. It is no surprise that someone who truly believes that they endured horrendous abuse, and who has rehearsed these “dissociated memories” repeatedly, with great emotion, should have thoughts and emotions that are different from those who are mere actors. Similarly, people who believe they have been abducted by space aliens respond with the same racing hearts and sweaty palms as combat veterans with PTSD, which “underscores the power of belief to drive a physiology consistent with actual traumatic experience,” as Richard McNally put it.¹⁴⁹

Another 2012 study conducted by Rafaele Huntjens and colleagues compared 9 people with alleged DID to 27 normal controls and 23 controls told the simulate DID. All were asked to perform various memory tests, while the DID subjects “switched” between alters. They demonstrated that the various internal alternate personalities were not in fact amnesic towards one another. “The DID patients exhibited memory transfer across identities even though they did not realize it,” they concluded. Richard McNally, one of the coauthors, later observed: “People with trauma histories may enact a DID role and simulate amnesia, but it is doubtful if they ever develop amnesia for their traumatic memories.”¹⁵⁰

As Joan Acocella concluded in 1999 in *Creating Hysteria: Women and Multiple Personality Disorder*, “The study of MPD, then, is not a science but a belief system. And like other belief systems, it has become more entrenched in the face of criticism.”¹⁵¹ Acocella was correct that true believers in MPD became even more entrenched in their convictions in response to criticism. But lawyer-psychologist Christopher Barden won multiple million-dollar judgments and settlements in the

¹⁴⁸ Reinders, “Fact or Factitious?”

¹⁴⁹ McNally, “Posttraumatic Stress Disorder and Dissociative Identity Disorders,” p. 210–211, 273.

¹⁵⁰ Huntjens, “Inter-Identify Autobiographical Amnesia”; McNally, “Posttraumatic Stress Disorder and Dissociative Identity Disorders,” p. 211.

¹⁵¹ Acocella, *Creating Hysteria*, p. 81.

late 1990s against psychiatrists and other therapists who encouraged clients to believe that they housed destructive internal alters, had been abused in satanic cults, and had completely forgotten it until they sought therapy as adults. These lawsuits had a dramatic impact, with most dissociative disorders closing down, insurance companies refusing to pay for such therapy, and many therapists losing their licenses. McNally, who wrote a comprehensive book, *Remembering Trauma* (2003) debunking repressed memories, appropriately inscribed a copy of his book to Barden, “the man who did more than anyone to stop the madness of MPD.”¹⁵²

A Warning from Thigpen and Cleckley

In 1984, just as the great MPD hunt was heating up, Corbett Thigpen and Hervey Cleckley, who started the ball rolling in 1957 with *The Three Faces of Eve*, saw what was coming and tried, in vain, to stop it. “Over the last 25 years we have had sent to us hundreds of patients, many of whom were either referred to us by therapists who had already diagnosed them as having the disorder, or who came to us for treatment based upon their desire or belief that they had the illness.” Of these, they concluded that perhaps one was genuine. One woman phoned and “went so far as to have each personality introduce itself and speak in a different voice,” while another changed her handwriting from one paragraph to the other.

“It seems that in very recent years,” the psychiatrists lamented, “there has been even a further increase in the number of persons seeking to be diagnosed as multiple personalities—some patients move from therapist to therapist until ‘achieving’ the diagnosis.” In addition, the psychiatrists noted “a competition to see who can have the greatest number of alter personalities.” They objected to Billy Milligan’s feigning MPD to get out of a rape conviction.¹⁵³ Thigpen and Cleckley added that “sexual child abuse ... can hardly be used as the core criterion for diagnosing multiple personality disorder.” Finally, they concluded: “Everyone changes nearly all the time, and extreme swings of behavior and feelings are hardly unique to multiple personality disorder.”¹⁵⁴

¹⁵²Yet the MPD madness has continued. In 2016, for instance, an Australian man and wife were found guilty of abusing their young adult daughter, who was diagnosed with MPD and who claimed to have recovered memories of grotesque physical and sexual abuse, including being threatened with a chainsaw, urinated on, locked in a storage box overnight, and held underwater, as investigative reporter Richard Guillatt documented in a July 2017 article, “The Unbelievers,” in *Weekend Australian Magazine*.

¹⁵³In 1977, police arrested 22-year-old Billy Milligan for multiple rape. He turned out to be a marvelous actor and con artist who convinced a jury and author Daniel Keyes that he possessed wonderfully diverse alter personalities, including a diffident Brit and a sinister Slav. Luckily for Keyes, who wrote the best-selling *The Minds of Billy Milligan* (1981), Milligan magically “fused” in order to tell him his story, which included allegations that his sodomizing stepfather buried him alive, leaving a pipe over the boy’s face for air, into which the sadist then urinated (Keyes, *Minds*, p. xi–xvii, 143, 148).

¹⁵⁴Thigpen & Cleckley, “On the Incidence.”

Discussion Questions

1. The idea that people can splinter into several distinct personalities who are unaware of one another is an appealing plot device for movies and television shows. Have you seen any such programs? What did you think of them?
2. The dissociative disorders units were mostly closed in the wake of million-dollar lawsuits brought by former patients. You have just read about some of the conditions in which those patients were held and treated. How do you think psychiatrists such as Judith Peterson justified such conditions to themselves? Try writing a paragraph from her point of view explaining why such “therapy” was necessary.
3. Now pretend that you are Sally McDonald, the nurse at Spring Shadows Glen who blew the whistle on conditions there. How would you respond to Judith Peterson’s self-justifications?
4. All of us play different roles in our lives. In small groups, discuss at least four different roles you take on in different circumstances. What about when you are in different moods—playful, happy, flirtatious, depressed, anxious, childish, self-pitying? How about playing a game and giving each of your “personalities” a name? Now pretend to be one of those personalities, such as “Little Walter,” or “Tough Guy,” or “Little Sadie,” and interact with others in your group. Do you see how someone might come to believe in their various internal entities?

A note from the author: I would genuinely like a report from students and professors about how these discussions go. You can email me at markp508@gmail.com.
—Mark Pendergrast