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Frontiers in the Psychotherapy of Trauma & Dissociation

*The Official Clinical Journal of
the International Society for the
Study of Trauma and Dissociation*

**Therapeutic Neutrality, Ritual
Abuse, and Maladaptive
Daydreaming**

Alison Miller, PhD



International Society for the
Study of Trauma and Dissociation

TRAUMA AND DISSOCIATION. IT HEALS HERE.

Frontiers in the Psychotherapy of Trauma & Dissociation

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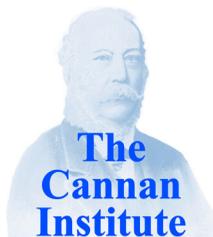
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COMMENTARY

Therapeutic Neutrality, Ritual Abuse, and Maladaptive Daydreaming

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MEMORY WARS AGAIN

The purpose of this commentary is to express my concern about the way in which Colin Ross employs “therapeutic neutrality” in his recent article in *Frontiers*. It was 1991 when I began treating survivors of ritual abuse, mind control and organized abuse (RAMCOA). I was eager to learn more about trauma and dissociation and the abuses these clients had experienced, but then the memory wars began. Leaders in the field of trauma and dissociation were harassed and sued, and the atmosphere at conferences and in online discussions moved from outrage at unspeakable abuses to fear for our own careers and professional reputations. There was endless discussion about the danger of believing our clients, and the useful term “therapeutic neutrality” entered the discourse. Discussion of what we were learning about perpetrator groups largely went underground.

Ross’s article postulates that clients who state they are Satanic Ritual Abuse (SRA) survivors with very complex personality systems and inner worlds may suffer from maladaptive daydreaming (MD), a relatively new proposed diagnosis. Although his references regarding MD are current, Ross’s conceptualization regarding organized ritual abuse is very narrow. His references about ritual abuse are inadequate and date from the 1990s,

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and (except for the Hammond article, which is actually about mind control rather than ritual abuse, and which he criticizes severely) all written by himself. He appears unaware of the more recent work that has been done in this area.

Why does Ross remain so cautious? Referencing his own 1995 book, he lists 13 factors which may contribute to SRA memories. One purpose of his article appears to be to add MD to his previous list. He omits from this list the possibility that a client could be recalling actual events, leading the reader to believe that the evidence must be overwhelmingly on the side of such memories being untrue.

The one useful item on Ross's list of alternatives to believing a client who claims to have been ritually abused is the idea that Satanism is used as a cover for organized crime, pedophilia, pornography and trafficking. Criminologist Michael Salter clearly explains in a recent article in the ISSTD News (Salter, 2018) that "virtually all survivors of ritual abuse and mind control report that their sexual abuse was photographed and videotaped," and that this observation is confirmed by contemporary digital evidence. We know, because of the online evidence, that child pornography is a very big business, involving huge numbers of children and organized networks. Salter states that underlying the renewed call for therapeutic neutrality is "a soothing agnosticism over the reality or otherwise of extreme abuse; an agnosticism that could have been justified twenty five years ago but not today."

There is clearly a link between ritual abuse and child prostitution and pornography. Warwick Middleton's research on multigenerational incest families (Middleton, 2013, 2015) points out that organized sexual abuse happens in family-based networks. According to survivors and researchers (deMause, 1994; Noblitt & Noblitt, 2014), Satanism is also a family affair, like any other religion. Therapists and researchers working in the field today speak of RAMCOA rather than simply SRA. Satanism may in many cases be a cover, with costumes and mock rituals, but it may also be genuine, and Satanist families, being incestuous, may be a source of children for pedophiles to exploit (Sinason, 2011).

There has been significant scholarship pointing to the overlap between ritual abuse and child exploitation that has developed since Ross wrote *Satanic Ritual Abuse* in 1995. In the 1990s, there were very few serious publications on the subject of ritual abuse, but that is no longer the case. The expanded evidence base challenges Ross's claim that "therapeutic neutrality" is the most appropriate stance to take on this issue. For example, we have:

- Cheit, R. (2014). *The witch-hunt narrative: Politics, psychology and the sexual abuse of children*. Oxford: Oxford University Press.

- Richardson, K. (2015). Dissecting disbelief: Possible reasons for the denial of the existence of ritual abuse in the United Kingdom. *International Journal for Crime, Justice & Social Democracy*, 4, 77–93.
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- Schwartz, H. L. (2000). *Dialogues with forgotten voices: Relational perspectives on child abuse trauma and the treatment of severe dissociative disorders*. New York: Basic Books.
- Schwartz, H. L. (2013). *The alchemy of wolves and sheep: A relational approach to internalized perpetration in complex trauma survivors*. East Sussex: Routledge.
- Scott, S. (2001). *Beyond disbelief: The politics and experience of ritual abuse*. Buckingham: Open University Press.

There are also a number of prosecuted child sexual abuse cases in which ritual abuse was substantiated, including that of Marx Dutroux in Belgium in 2001 (which included substantive evidence of widespread political involvement and corruption), the Ponchatoula church case in Louisiana in 2007 and Colin Batley's prosecution in Wales in 2011.

DID AND MD: ALTER PERSONALITIES AND INNER WORLDS

Ross's postulated link between MD and RAMCOA seems tenuous. If a client claiming a ritual abuse history also claims to have a large number of alter personalities, this may indicate, according to Ross, that his or her apparent Dissociative Identity Disorder (DID) may be instead a result of MD, or perhaps that there has been a maladaptive internal elaboration of the client's DID. Perhaps it depends on one's definition of "alter personality."

Over 25 years of specializing in the major dissociative disorders, and in particular those resulting from RAMCOA, I have observed that the majority of my clients have been polyfragmented: that is, they have many parts who are essentially fragments, each holding a tiny piece of one or more childhood memories. They are not full-fledged identities. We cannot expect

our clients to have the sophistication to distinguish between full-fledged alters and fragments, and in my experience when a client says she or he has hundreds of parts, he or she is referring primarily to such fragments. One client explained to me that during a trauma new parts “pop out like popcorn.”

The inner personae of persons with MD tend to be adults who have distinct identities in a “world” similar to the real world, with the daydreamer being one of these characters. Somer, Soffer-Dudek and Ross (2017, p. 525) state that “The person is often a character in this internal world but has skills, qualities, social success, and other attributes that are missing in the outside world. For instance, in the internal world, the person may be a famous musician, movie star, or heroic figure.” Somer, Soffer-Dudek, Ross and Halpern (2017, p. 177) say “some respondents with MD report that their daydreams involve compensatory narratives featuring idealized versions of themselves. In contrast, others report absorbing soap-opera-like plots involving alternate families or complex inner-worlds featuring sci-fi or medieval backdrops. . . . Individuals with MD report immensely gratifying fantasies involving such themes as romance, relationships with celebrities, wish fulfillments, and idealized versions of self (Bigelsen, Lehrfeld, Jopp, & Somer, 2016).” The inner life of the MD sufferer resembles what was so vividly described in *The Secret Life of Walter Mitty*, a famous 1939 *New Yorker* short story by James Thurber which has more recently been turned into a movie. The instructions given to participants in Somer et al.’s structured clinical interview include “Examples of daydreams that can be included would be hanging out with a favorite celebrity, winning the Nobel Prize, telling off your boss after winning the lottery, or having an affair with an attractive co-worker who isn’t the slightest bit interested in you, living in a parallel fantasy world, engaging in heroic or rescue actions, speaking with historical figures, etc.” (Somer, Soffer-Dudek, Ross, & Halpern, 2017, p. 181).

According to Somer (2018), “Daydreaming scenarios often are intertwined with emotionally compensatory themes involving fantasized emotional support, competency, and social recognition” (p. 2). This is a far cry from the inner life of the person with DID or an Other Specified Dissociative Disorder (OSDD) with a RAMCOA history. In my experience, the apparently normal personality does not have any role in the inner world of such persons, internal characters are rarely adults, and the inner world is not a happy place, contains highly traumatized child parts, and does not resemble an idealized version of real life. Some parts may believe themselves to be animals, demons, or other non-human entities, because perpetrators told them they were such creatures. There are no soothing compensatory fantasies. There is no coherent narrative or timeline. Ross has not clarified the connection he is suggesting may be present.

We need to also consider deliberate manipulation by perpetrators as the source of some clients’ descriptions of their internal worlds. My first

client with a very complicated inner world and ongoing internal interactions (like those who Ross hypothesizes may suffer from maladaptive daydreaming) initially believed she had invented all this with her creative imagination. Then she discovered that an organized perpetrator group (not a Satanic one) had deliberately structured her inner world and personality system to be this way (Fotheringham, 2012). Numerous survivors like this one have reported to their therapists or in their writings that organized perpetrator groups create scenarios using books, movies, and more recently video games and virtual reality, often while a child is drugged. The abusers traumatize children within these scenarios, and yes, the scenarios utilize cultural scripts. Rather than automatically attributing such internal content to a client's imagination, it is important to consider deception by perpetrators. And it is not necessary to enter into the fictional story to work effectively with the personality system; a primary purpose of such deceptions may be to make the abuse itself appear fictitious.

THE MEANING OF THERAPEUTIC NEUTRALITY

Yeomans and Caligar (2016) state that "The reason for neutrality is that if the therapist maintains an observing stance in relation to . . . conflicting forces [within the patient], the patient will be more likely to join the therapist in observing, reflecting upon, and eventually solving his or her problems. Addressing the patient's conflicts in this way will not only help the patient deal with the specific conflict at hand, but will also help him/her achieve more autonomy moving forward in dealing with internal conflicts and life challenges." This understanding of therapeutic neutrality is similar to that articulated by Van der Hart and Nijenhuis (1999) in their paper "Bearing witness to uncorroborated trauma: The clinician's development of reflective belief." Their abstract states: "Clinicians should not reflexively accept or reject as fact a client's initial report of uncorroborated abuse. However, by maintaining a neutral stance, clinicians may fall short of therapeutic honesty and transparency, may fail to promote reality testing, and may not perform the necessary step of bearing witness to the client's victimization" (p. 37).

Van der Hart and Nijenhuis (1999) emphasize the importance of creating an atmosphere of support and faith in the patient's own ability to adopt a critical attitude in separating fact from fantasy. They state that "persistent therapeutic neutrality often becomes problematic for the client, the therapist, or both. This approach ultimately may make the client feel doubted or, worse, may be experienced as actively malignant if it is felt to represent a repetition of the negation of his or her selfhood by victimizers. The failure of others to bear witness to the clients' victimization and suffering can have devastating consequences for their ability to heal" (p. 37). They quote Laub (1995, p. 75) regarding Holocaust survivors: "This loss of the capacity to be a

witness to oneself . . . is perhaps the true meaning of annihilation, for when one's history is abolished, one's identity ceases to exist as well. . . It is the encounter and the coming together between the survivor and the listener which makes possible something like a repossession of the act of witnessing. This joint responsibility is the source of the reemerging truth" (Van der Hart & Nijenhuis, 1999, pp. 67, 69). They recommend that therapists "should delay forming a belief about the validity of reported memories of trauma," but "develop a reflective belief in collaboration with their clients" (Van der Hart & Nijenhuis, 1999, p. 38). The article uses a case of DID with a specific memory to illustrate how reflective belief (or potentially, disbelief) develops gradually and is shared with the client.

ROSS'S FICTIONAL EXAMPLE OF THERAPY

The case study which Ross presents to illustrate his concept of therapeutic neutrality seems to offer a means by which MD theory can be used by the therapist as a way of holding the possibility that the client's ritual abuse did not take place. In that sense, his proposition here seems to act as a defense mechanism rather than a useful therapeutic framework. The case study seems to portray Ross as a therapist who assumes that the ritual abuse actually took place in the past, only to deny that this is his assumption at the close of the conversation.

Ross's fictional client, who claims a history of Satanic Ritual Abuse (SRA), is trying to decide whether or not to leave the hospital so that some of her child alters can attend a ritual. Ross's example is supposed to illustrate therapeutic neutrality. However, his statements in this dialogue are not neutral. He clearly appears to believe the client in regard to abuse by her father (e.g., "My dad was a perpetrator," "Right, but he was also your Dad"). This is not neutral. At the same time, he appears to communicate to her that he disbelieves her concern that she will be at risk if she leaves the hospital. This sets up a dynamic that a therapist will believe and affirm some aspects of a client's story, but not others, which may put pressure on the client regarding what to believe. This is not therapeutic neutrality.

It is not our role as therapists to endorse every claim that comes our way, but it is also not our role to pick and choose what we endorse. For many generations in Australia any child coming forward to accuse officials in religious organizations of sexual abuse was disbelieved, even punished for lying. Now a large government-funded investigation lasting over six years has now proved that religious figures were sexually abusing children. The entire dialogue does not even consider the question of whether the 1987 ritual the client's alters want to attend might be repeated in the present, as organized abuse is frequently intergenerational and ongoing, not specifically reliant on one person being alive.

Finally, the way in which Ross put in his “therapeutic neutrality” at the end of the discourse may threaten the therapeutic alliance, even though the supposed client appears to blandly accept it. After reading Ross’s article, I asked a dissociative survivor with whom I worked for many years what she would have said if I had told her “I don’t believe you and I don’t disbelieve you. I believe in therapeutic neutrality.” She responded that she would have said “Thank you for your time. Goodbye.” She would have felt disbelieved and unsupported.

Ross’s statement of his position to the client does not encourage her to work on understanding her own personality system and memories, and may not support a treatment alliance with all parts of the personality system, even though he says that he is forming a treatment alliance with the host personality and with the parts who believe the ritual abuse is real (Ross, 2018, pp. 166, 172).

When asked “Do you believe me?” I prefer to say something like “I’m a psychologist, not a detective. I wasn’t there when your traumas happened. My job is to support you in making sense of it all. It is *your* life, and it is up to *you* to decide what is real by listening to all parts of yourself.” This empowers the client in taking back control of his or her life. There is no need to make a point of my neutrality, and the only reason I can think of for making such a point is self-protection, at the expense of the therapeutic relationship.

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