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Beliefs About the Prevalence of Dissociative Identity Disorder, Sexual Abuse, and Ritual Abuse Among Religious and Nonreligious Therapists

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Four hundred ninety-seven Christian therapists and 100 members of the American Psychological Association returned questionnaires indicating the prevalence of dissociative identity disorder (DID), sexual abuse, and ritual abuse in their clinical practices. There was a low rate of diagnosing DID and ritual abuse among all respondents. Christian psychologists were slightly more likely to diagnose ritual abuse than other psychologists, but they were no more likely to diagnose DID or sexual abuse. No differences were observed in diagnosing ritual abuse or DID between Christian psychologists, other licensed Christian therapists, nonlicensed Christian therapists, and lay counselors. Licensed Christian therapists who are not psychologists reported a greater prevalence of sexual abuse among their clients than nonlicensed Christian therapists and lay counselors. Implications for clinical practice are discussed.

A rising issue in psychotherapy and psychotherapy research is the credibility and treatment of dissociative identity disorder (DID), formerly called multiple personality disorder (MPD). For example, this increasing interest can be seen in the number of reference citations listed for MPD in PsycLIT (American Psychology Association [APA]) between 1974 and 1993. As DID is more frequently discussed and diagnosed, there has also been increased discussion about two related issues. First, DID is associated with early childhood abuse and dissociative defenses to block those memories from consciousness. Accordingly, there has been heightened interest in childhood sexual abuse (see Figure 1) and recovery of repressed memories, although the veracity of repressed memories has been vigorously challenged by some (see Loftus, 1993).

Second, ritual abuse has been proposed as one possible precursor to repressed memories and DID (Cozolino, 1989; McCulley, 1994; Young, Sachs, Braun, & Watkins, 1991). Ritual abuse is thought to be cult-related activities involving animal and infant sacrifice, cannibalism, and sexual abuse, often in the name of Satan. A recent issue of the *Journal of Psychology and Theology* was devoted to the topic of satanic ritual abuse (Rogers, 1992), and a 2-hour symposium at the 1994 Annual Convention of the American Psychological Association

focused on a case study in which ritual abuse was reported (Kirsch, 1994). In the absence of firm evidence from law enforcement agencies, there is increasing skepticism about the prevalence of cult-related ritual abuse (Schneider, 1994).

Along with this increasing interest in repressed memory, dissociation, and abuse, controversies about irresponsibly diagnosing these conditions have also emerged (Gardner, 1993; Schneider, 1994). Some therapists may be guilty of incorrectly attributing their clients' present symptoms to past abuse and then leading suggestible clients toward false memories by using hypnosis and other techniques (Yapko, 1994). Many instances of faulty scientific practices surround the knowledge of ritual abuse (MacHovec, 1991).

Given the controversies surrounding DID, sexual abuse, and ritual abuse, it is interesting to speculate on who diagnoses these symptoms and disorders most frequently. For example, Schneider (1994) attributes the discussion of cultic ritual abuse to evangelical Christian groups. Others have suggested that Christians are more susceptible to believing accounts of ritual abuse because of their belief in the supernatural (Passantino, B. & Passantino, G., 1992). The present study represents an effort to obtain empirical evidence regarding the diagnosing of disorders that have been subject to a great deal of speculation and very little scientific inquiry (Dunn, 1992). Specifically, we investigated two questions. First, do Christian psychologists diagnose DID, ritual abuse, and sexual abuse more often than psychologists randomly selected without regard to their religious faith? Second, do Christian therapists with varying professional training (i.e., psychologists, social workers, marriage and family counselors, professional counselors, nonlicensed counselors, lay counselors) report different rates of diagnosing DID, ritual abuse, and sexual abuse?

Method

Participants

Participants for the Christian counselor sample were randomly selected from the members of the American Association of Christian

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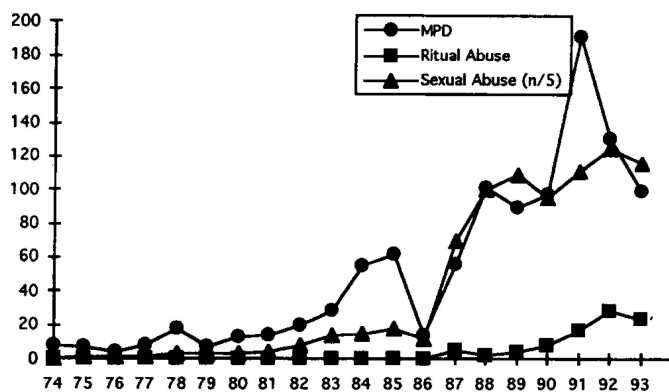


Figure 1. The number of PsycLIT (APA) matches per year for multiple personality disorder (MPD), ritual abuse, and sexual abuse from 1974 to 1993. Sexual abuse matches are five times the graphical values displayed.

Counselors (AACC). Three hundred AACC members with doctoral degrees, 300 with master's degrees, and 300 with no graduate degrees were selected. Of the 900 individuals to whom surveys were sent, 29 returned personal responses explaining why they could not complete the survey (e.g., retirement, not currently practicing), and 5 were undeliverable. Of the 866 who could have responded, 497 returned completed or partially completed surveys, resulting in a return rate of 57%. Of those who responded, 301 (61%) were men, 180 (36%) were women, and 16 (3%) did not report their sex. Most respondents (81%) were between the ages of 30 and 60 years. One hundred seventy (34%) had doctoral degrees, although only 39 (8%) reported being licensed psychologists. One hundred eighteen (24%) were licensed as social workers, marriage and family counselors, or professional counselors, 242 (41%) were nonlicensed therapists with graduate degrees, and 56 (11%) were nonlicensed therapists with no advanced degrees (i.e., lay counselors). The most common work settings were private offices (37%) and churches (30%).

Participants for the control group were randomly selected from the Counseling Psychology Division of the American Psychological Association (APA). Surveys were sent to 100 associate members (those without doctorates) and 100 members (those with doctorates). Of the 200 individuals to whom surveys were sent, 3 returned personal responses explaining why they could not complete the survey, and 23 were undeliverable. Of the 174 who could have responded, 100 returned completed surveys. The return rate for the control group was also 57%. Of those who responded, 52 (52%) were men, 44 (44%) were women, and 4 (4%) did not report their sex. Most respondents (83%) were between the ages of 30 and 60 years. Seventy (70%) had doctoral degrees, and only 16 (16%) reported having a master's as their highest degree. Thus, it seems likely that many associate members had earned their doctorates since being listed in the APA membership directory. Because of the low response rate of master's-level respondents, no effort was made to use these individuals in subsequent analyses. Seventy (70%) respondents reported being licensed as a psychologist, but only 60 provided usable data on the dependent variables. The most common work settings were private offices (34%) and universities (39%).

Materials

The Christian counseling sample was sent an ethics questionnaire based on the survey instrument used by Pope, Tabachnick, and Keith-Spiegel (1987) and was divided into three main sections. First, participants responded to a list of 88 behaviors by reporting how often they engaged in the behavior and whether or not they believed it was ethical.

Second, participants evaluated the usefulness of 14 resources for providing direction and regulation of their practice. Results from these first two sections are reported elsewhere (McMinn & Meek, in press, 1994). Third, participants reported demographic and professional information including their sex, age, primary work setting, major theoretical orientation, organizational memberships, highest degree held, and number of professional journals received. Also in this third section, they rated the prevalence of several different psychiatric categories among those for whom they provide services. Their instructions were, "Please estimate the percentage of those you treat that experience the following symptoms or disorders." Seven categories were listed: depression, MPD, sexual abuse, anxiety, personality disorders, satanic ritual abuse, and relationship conflicts. The categories of MPD, sexual abuse, and satanic ritual abuse were of primary interest for the present study. The other four categories were added to disguise the purpose of the study. For each of the seven categories, counselors estimated the percentages of their clients who reported symptoms or memories consistent with the category, and also their clinical impression of the percentages that actually fit into each category. We included this distinction because counselors might, at times, believe a client has been abused even without the client reporting such memories. Those in the control sample were sent shorter questionnaires that included only the third section of the questionnaires sent to Christian counselors.

Procedure

Surveys were sent to Christian counselors in March 1994. Participants were asked to put their completed survey in an inner envelope which, in turn, was placed in an outer, postage-paid envelope. The outer envelope was sent to a psychologist in Oregon who separated the inner and outer envelopes and then sent them to the primary investigators in Illinois. The outer envelopes had a code to identify who had returned the survey, but, because the inner envelopes had been previously separated, none of the survey responses could be traced to individual respondents. This assured confidentiality for those completing the survey. Those who had not yet returned the survey after 3 weeks were sent a reminder postcard. After 2 additional weeks, they were sent another questionnaire packet.

Those in the control group were sent questionnaires in April 1994. Completed questionnaires were returned to the same colleague in Oregon, who separated questionnaires from envelopes in which they were returned and then sent them on to Illinois. No follow-up mailings were sent.

Results

To address the first question, whether Christian psychologists differ from psychologists selected without regard to religious faith in rates of diagnosing DID, sexual abuse, and ritual abuse, several one-way analyses of variance (ANOVAs) were computed. The reported rates of presenting problems and clinicians' impressions are listed in Table 1. There were no reported differences in perceiving sexual abuse or DID between Christian psychologists and other psychologists. There were, however, a greater number of satanic ritual abuse cases presented to, $F(1, 97) = 6.2, p < .05$, and diagnosed by, $F(1, 93) = 5.3, p < .05$, Christian psychologists. Because of the skewed distributions resulting from very low rates of diagnosing MPD and ritual abuse, Kolmogorov-Smirnov 2-sample tests were computed for these variables. The same findings emerged, with Christian psychologists reporting a greater number of ritual abuse cases presented to them, $z = 1.63, p < .05$, and diagnosed by them, $z = 1.49, p < .05$. No significant differences were found for DID.

Table 1
Reported Percentage of Occurrence of Various Symptoms, Disorders, and Experiences Between Christian and Other Psychologists

Problem	Christian psychologists	Other psychologists
As reported by patients:		
Depression	48.4	41.8
MPD	2.4	1.8
Sexual abuse	22.5	18.7
Anxiety	37.2	34.1
Personality disorders	17.6	5.6
Satanic ritual abuse	1.6	0.3
Relationship conflicts	53.7	45.1
Psychologists' impressions:		
Depression	48.8	40.9
MPD	1.8	2.0
Sexual abuse	27.1	21.7
Anxiety	39.6	35.7
Personality disorders	28.3	18.6
Satanic ritual abuse	1.7	0.5
Relationship conflicts	56.8	46.2

Note. MPD = multiple personality disorder.

It is interesting to note that for both groups, the modal response for satanic ritual abuse was 0%. Fifty-six percent of Christian psychologists and 90% of other psychologists reported that none of their patients presented with self-reported ritual abuse, and 78% of Christian psychologists and 90% of other psychologists reported their impression to be that between 0% and 1% of their clients had been ritually abused.

An unexpected finding is that Christian psychologists reported seeing more clients who presented with symptoms of personality disorders, $F(1, 97) = 16.9, p < .001$. Similarly, Christian psychologists' impressions were more often consistent with a personality disorder diagnosis, $F(1, 93) = 4.9, p < .05$. There were no other significant differences between groups.

To address the second question, whether professional training among Christian therapists makes a difference in rates of diagnoses, additional ANOVAs were computed after dividing Christian therapists into four groups: psychologists, licensed therapists (social workers, marriage and family therapists, or professional counselors), nonlicensed therapists (holding a graduate degree), and lay counselors (having no graduate degree). The reported rates of presenting problems and clinicians' impressions are listed in Table 2. No differences were found for percentages of DID or ritual abuse cases. Because of the skewed distributions resulting from very low rates of diagnosing DID and ritual abuse, Kruskal-Wallis ANOVAs were computed for these variables. Again, no significant differences were found.

There were reported differences in the percentage of clients presenting with complaints of sexual abuse, $F(3, 452) = 3.0, p < .05$. Post hoc comparisons using the least significant difference method revealed that licensed therapists reported a greater percentage of clients presenting with sexual abuse than either nonlicensed therapists or lay counselors. Similar differences were not found among groups when considering the therapists' impressions of sexual abuse among their clients.

No differences were found among groups for the other diag-

noses, except for personality disorders. The reported percentages of those presenting with personality disorders, $F(3, 452) = 3.9, p < .01$, and the therapists' impressions of percentages with personality disorders, $F(3, 409) = 3.2, p < .05$, varied by religious therapist grouping. Post hoc comparisons using the least significant difference method revealed that Christian psychologists reported a greater number presenting with personality disorder symptoms than licensed or nonlicensed therapists. Also, psychologists reported diagnosing a greater percentage of clients with personality disorders than nonlicensed therapists reported. Finally, lay counselors reported a greater percentage presented with personality disorder symptoms than did nonlicensed therapists.

Discussion

There are methodological limitations to this type of survey research, including a possible selection bias of those choosing to return surveys and the likelihood that respondents' actual experience may vary from their reported experience. In addition, the survey sent to the Christian therapists was longer than the survey sent to APA members. Although the questions pertaining to this study were identical, Christian counselors were first asked to rate their beliefs and behaviors regarding 88 specific situations with ethical implications. Possibly, the longer form affected the response patterns of Christian counselors, although there is no evidence for any response style discrepancy.

Several implications for professional practice can be drawn from the present study. First, it is encouraging to see the relatively low rate of diagnosing DID and ritual abuse. Because both these conditions are often repressed until some time after therapy begins, they are often associated with false memories, making it important that mental health therapists not identify DID or ritual abuse prematurely or irresponsibly. These results suggest that most therapists are cautious about making these diagnoses. The modal response for these diagnoses was 0% for each group of therapists considered in the present study.

Second, those who assume Christian psychologists' beliefs in supernaturalism lead them to overdiagnose DID or ritual abuse (see Passantino, B. & Passantino, G., 1992) will find only partial support in these results. Christian psychologists were no more likely to diagnose DID than psychologists selected without regard to religious faith. They were, however, slightly but significantly more likely to see indications of satanic ritual abuse in their clients. There are several possible explanations for this. One possibility is that those who have experienced cult-related abuse prefer to seek help from religious therapists. They may have removed themselves from cult-related activities while still maintaining an active religious faith and belief in the supernatural. Another possibility is that Christian therapists, with their beliefs in the supernatural, are more inclined to seek and find religion-based trauma in their clients. This may either reflect greater sensitivity to actual events in a client's past or a tendency to direct clients (correctly or incorrectly) toward memories involving cults. Even if the latter explanation is correct, it is important to remember that most Christian psychologists indicated having no clients who reported ritual abuse or who had been ritually abused.

Third, those who assume Christian lay counselors and mas-

Table 2

Reported Percentage of Occurrence of Various Symptoms, Disorders, and Experiences Among Christian Psychologists, Christian Professional Counselors, Nonlicensed Christian Therapists, and Christian Lay Counselors

Problem	Psychologists	Social workers, marriage and family counselors, and professional counselors	Nonlicensed therapists	Lay counselors
As reported by patients:				
Depression	48.4	45.6	39.9	48.1
MPD	2.4	3.1	2.8	3.3
Sexual abuse	22.5	30.9	23.4	21.4
Anxiety	37.2	31.3	28.2	31.8
Personality disorders	17.6	10.8	9.7	16.0
Satanic ritual abuse	1.6	2.0	2.1	2.4
Relationship conflicts	53.7	61.9	56.6	58.9
Therapists' impressions:				
Depression	48.7	43.3	42.6	49.7
MPD	1.8	2.7	3.2	4.8
Sexual abuse	27.1	34.1	26.6	29.6
Anxiety	39.6	31.2	30.8	35.5
Personality disorders	28.3	17.4	16.9	17.2
Satanic ritual abuse	1.7	2.1	2.4	2.1
Relationship conflicts	56.8	59.5	56.6	57.6

Note. MPD = multiple personality disorder.

ter's-level therapists are more likely than Christian psychologists to diagnose DID or ritual abuse will not find support with these results. When Christian therapists were compared on the basis of their professional identity, no differences emerged with regard to the likelihood of their diagnosing DID or ritual abuse. Given the popularity of the Christian lay counseling movement (e.g., see Baldwin, 1988; Collins, 1980; Lim, I. & Lim, S., 1988; Sturkie & Bear, 1989; Tan, 1987a, 1987b, 1990, 1991, 1993, 1994; Toh, Tan, Osburn, & Faber, 1994) and recent reports suggesting paraprofessionals can be effective service providers (Christensen & Jacobsen, 1994), it is encouraging that nonlicensed Christian counselors are not diagnosing these controversial disorders significantly more often than their professional counterparts.

Fourth, it is important that clinicians find balance in diagnosing DID. Hayes and Mitchell (1994) argued that skepticism about DID leads to misdiagnosing the condition, and they called psychologists to increase training and sensitivity regarding DID. Their arguments are compelling, but it is also important to recognize that salient disorders such as DID can be overdiagnosed, leading to iatrogenic symptoms and false memories. Psychologists in general practices should note that DID was diagnosed in only 2% of the cases reported by psychologists in the present study. Those who routinely diagnose DID need to carefully consider the possibility of iatrogenic symptoms caused by their suggestions.

Fifth, licensed Christian therapists (nonpsychologists) reported seeing more clients who present with problems of childhood sexual abuse than either nonlicensed Christian therapists or Christian lay counselors. This is probably related to the specific professions that make up this category of therapists. Clinical social workers, marriage and family counselors, and licensed

professional counselors were combined into this category. These professions often focus on family conflicts, so it is not surprising to see a greater amount of child sexual abuse reported to these therapists.

Sixth, Christian psychologists reported a greater number of personality disorders than other psychologists. This is an unexpected finding that will require additional research to be understood fully. One possibility is that Christian referral sources route clients to Christian service providers, and the widespread availability of master's-level and paraprofessional Christian counselors (over two thirds of the AACC sample were nonlicensed counselors) results in the least complex cases going to pastors and master's-level therapists. Thus, the more complex dual-diagnosis cases, including those with personality disorders, may go to doctoral-level Christian therapists, including psychologists. Consistent with this explanation, Christian psychologists in our sample reported seeing more personality disorders than licensed and nonlicensed Christian therapists. Surprisingly, lay counselors also reported seeing a higher percentage of those with personality disorders than nonlicensed Christian therapists reported. One possibility is that lay counselors often see patients for long-term care after insurance benefits have expired, and thus see a higher portion of those with personality disorders. Another possibility is inaccurate diagnosing—perhaps lay counselors do not always understand the distinction between Axis I and Axis II disorders. In either case, this finding suggests that lay counselor training programs need to include ample training in recognizing personality disorders.

In conclusion, if there are abuses of diagnoses such as sexual abuse and DID, they appear to be no more problematic among Christian psychologists than among other psychologists. Although there is a slightly higher rate of diagnosing ritual abuse

among Christian psychologists, most Christian psychologists report seeing no clients who have been ritually abused, and the small differences that are observed may be related to the types of therapists abuse survivors seek.

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