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## The Satanic Ritual Abuse Panic: Correlates and Implications for Therapists

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The Satanic Ritual Abuse Panic: Correlates and Implications for Therapists

By

Mariah Severud

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

Clinical Psychology

Minnesota State University, Mankato

Mankato, Minnesota

4, 24, 2023

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The Satanic Ritual Abuse Panic: Correlates and Implications for Therapists

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THE SATANIC RITUAL ABUSE PANIC: CORRELATES AND IMPLICATIONS FOR  
THERAPISTS

MARIAH SEVERUD

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ART IN CLINICAL PSYCHOLOGY

MINNESOTA STATE UNIVERSITY, MANKATO  
MANKATO, MINNESOTA

4, 24, 2023

ABSTRACT

The goal of the current study is to examine the belief in SRA and correlating variables among the next generation of psychologists. 26 participants completed the full questionnaire to be included in the analyses. Pre-doctoral internship sites were selected from the Association of Psychology Postdoctoral and Internship Centers' (APPIC) directory that were located in the United States, accredited by the American Psychological Association (APA), and offered training opportunities in the areas of sexual abuse, empirically-supported treatments, evidence-based practice, and/or evidence based research. Interested interns could click on the questionnaire's link, which connected them to Qualtrics, an online survey platform. Generally, participants did not highly endorse a belief in a literal Satan ( $M = 10.54$ ,  $SD = 6.96$ ). On average, participants were neutral (i.e., between "somewhat agree" and "somewhat disagree") in their belief in the accuracy of recovered repressed memories and memories of Satanic ritual abuse. Future research would benefit from broadening the sampling to include other mental health providers beyond psychology interns, such as clinical social workers, mental health counselors, and marriage and family therapists.

## **Introduction**

### **Moral Panic and Pseudoscience**

A moral panic refers to a social phenomenon in which a particular issue or group is perceived as a threat to the moral fabric of society, often leading to a disproportionate or exaggerated response by authorities, media, and public opinion (Omori, 2013; Richardson et al., 1991). A moral panic typically involves a process of amplification and exaggeration of a perceived threat, followed by a sense of urgency, fear, and outrage among the general population, and culminating in the implementation of measures aimed at containing or suppressing the perceived threat (Reichert & Richardson, 2012; Richardson et al., 1991).

Research has identified various elements that contribute to the emergence and spread of moral panics, such as the amplification of deviance by the media, the influence of interest groups and moral entrepreneurs, the role of public opinion and social norms, and the broader cultural and historical context in which the panic occurs (Hill, 2015; Young, 2009). With the rise of a perceived threat, fear and urgency are two things that can hasten the scientific process to provide answers and solutions for the perceived threat. Rushing the scientific process can, however, open the door for pseudoscientific practices. The main difference between pseudoscientific practices and evidence-based practices is the accumulation of empirical research, which takes time (Lilienfeld et al., 2015). In the haste to come up with a solution to the perceived threat, practices that seem to be harmless and effective may be implemented without sufficient attention to potential negative effects.

Pseudoscience refers to any body of knowledge or set of beliefs that claims to be scientific but lacks the rigorous methodology, empirical evidence, and theoretical foundations of genuine science (Boudry et al., 2015; Lilienfeld et al., 2015). Pseudoscientific claims often rely

on anecdotal evidence, selective use of data, flawed reasoning, or untestable hypotheses (Lawson & Brown, 2018; Lilienfeld et al., 2015). Some pseudoscientific practices seem harmless (e.g., horoscopes), but there are several reasons to be cautious of pseudoscience. First, pseudoscience can mislead people into believing false or unfounded claims, leading to poor decision-making, wasted resources, and even harm to health, safety, or well-being (Lilienfeld et al., 2015). Second, pseudoscience can erode public trust in science and scientific institutions, as it often presents itself as a viable alternative to mainstream science or as a victim of scientific censorship or bias (Lilienfeld et al., 2015; Zaloski & Therriault, 2020). This can have far-reaching consequences, such as reduced funding for scientific research, political interference in scientific policymaking, or a proliferation of pseudoscientific beliefs and practices in society (Zaloski & Therriault, 2020). Third, pseudoscience can undermine critical thinking and rational inquiry, as it often relies on emotional appeals, confirmation bias, and authoritarian or charismatic leadership (Boudry et al., 2015). Lilienfeld et al., explain confirmatory bias as the process of practitioners knowingly or unknowingly attending to information that supports their claims while disregarding information that may counter their claims (2015). This can lead people to accept unsupported claims, dismiss evidence that contradicts their beliefs, and reject legitimate scientific consensus (Piejka & Okruszek, 2020). This, in turn, can hamper scientific progress, hinder innovation and creativity, and limit our understanding of the natural world (Boudry et al., 2015; Piejka & Okruszek, 2020).

### **The Satanic Panic**

One such example of a moral panic that included pseudoscientific interventions by mental health professionals began in the United States (US) in the early 1980s over a perceived threat of Satanic cults engaging in ritualistic abuse. Accounts of repressed and recovered

memories through therapy started popping up all over the country. Adults began accusing family and friends of Satanic abuse that happened when they were children. And children were reporting stories of abuse that happened at daycare centers. Dubbed the *Satanic Panic*, the rise of this moral panic resulted from the confluence of a myriad of factors including the anti-cult movement, the “protect the children” movement, increased serial killings, and the rise of the religious right (Richardson et al., 1991). In response to the rising moral panic, mental health professionals employed pseudoscientific practices under the guise of recovered memory therapy which included hypnosis, guided imagery, dream interpretation, and journaling (Myers et al., 2017). A criticism of the techniques used in these recovered memory therapies was the high potential for harm and the lack of therapeutic benefits for the client (Myers et al., 2017). The potential harm would be the risk of false memory creation in therapy. Unfortunately, the information that was recovered or revealed in therapy was often accepted as true by therapists, ignoring the possibility that their client’s memory could be unreliable (Mulhern, 1991). Memory researchers have agreed that accurate memories before the age of 24 months is extremely rare and childhood memory reports are very vulnerable to outside influence (Lilienfeld et al., 2015). Gaps in memory is considered normal so there is danger in trying to fill it. Researchers wanted to test the ability of participants to remember earlier and earlier memories with the use of suggestive techniques that are commonly used in recovered memory therapy and what they found is that 78.2% of the participants reported a memory before 24 years old after the suggestive memory technique (Lilienfeld et al., 2015). This is over a year sooner than the initial reported early memory which the participants reported on average at 3.7 years old (Lilienfeld et al., 2015).



The activity in the mental health community sparked believers in Satanic ritual abuse (SRA) to publish articles about their therapy techniques and clients; it also fueled presentations at annual meetings and workshops/trainings about recovered memory therapy targeting SRA (deYoung, 1996). Essentially, the claims of SRA were validated as a result of the psychological community's desire to treat this new clinical syndrome (deYoung, 1996). In a commentary responding to an article validating SRA reports by other mental health professionals, Frank Putnam stated that rather than contributing the similarity of cases to the evidence that these experiences occurred, he brings up the process of social contagion and contamination that can potentially explain the similarity of stories from clients all over the country (Putnam, 1991).

As American youth became increasingly involved in religious groups outside of Christianity, the Anti-Cult Movement (ACM) was formed by Christian leaders, community members, therapists, and parents in response to the perceived threats of new religious movements and apostasy from Christianity (Richardson et al., 1991). The ACM preached about the dangers of cults and how they purportedly preyed on children and brainwashed them to remain within the cult. The fear of cult activity in the US grew as news reports of violence and kidnapping were sensationalized. The ACM fanned the flames of fear within the community about all new religious movements, but fundamentalist Christians were most concerned with the perceived rise and cultural threat of Satanism.

An increasingly politically-motivated and media savvy groups associated with the religious right warned of the influence of Satan who they claimed was destroying the youth of America. Satan and Satanic cults were to blame for the corruption of children and adolescents listening to rock music and playing games like Dungeons and Dragons. Kidnappings and violence were attributed to Satanic cults and more and more individuals were being diagnosed

with SRA despite there being no evidence supporting such assertions (Putnam, 1991; Mulhern, 1991).

The publication of *Michelle Remembers* in 1980 added to this moral panic, as it created the narrative that Satanic cults have engaged in and are currently engaging in SRA. As a result of this book, many mental health professionals came to believe that their patients had repressed the traumatic memories of SRA. As a result, recovered memory therapy grew increasingly popular in the mental health community as a means for “uncovering” memories of SRA.

The theory behind repressed memory therapy is that traumatic experiences can be locked in the unconscious mind and recovered, completely intact, years later in therapy (Otgaar et al., 2021). Traumatic experiences such as sexual violence, childhood abuse, and SRA are all experiences that were thought to be repressed in the unconscious mind such individuals are unaware that any abuse happened to them at all. Therapists began utilizing this therapy and creating workshops to train others in this therapeutic technique (Mulhern, 1991). The American Psychological Association (APA) assembled a taskforce of experts to issue a statement on the recent events related to recovered memories in therapy, but the experts were divided, and they could not agree on a single opinion piece to release (Ost et al., 2013).

### **The Memory Wars**

Investigations into the claims of SRA yielded no evidence to support the claims that Satanic cults existed, let alone kidnapped children and ritually abused them (Mulhern, 1991; Ost et al., 2013). As a result, there is debate within psychology about the validity and reliability of repressed memory and the therapeutic techniques that are used by therapists when uncovering these repressed memories (Bottoms et al., 1997; Mulhern, 1991). There are components of these therapeutic techniques that are questionable due to the suggestibility of human memory and the

potential to create false memories. In a study by Myers et al (2017), the results indicate that even if an individual recognizes the suggestibility of recovered memory therapy techniques, this did not lead to questioning the accuracy and validity of memories recovered.

Currently, techniques like hypnosis are still considered pseudoscience and yet are still practiced by licensed practitioners of mental health services. Freud's use of hypnosis with combat veterans set the stage for therapists to use hypnosis to uncover the memories of abuse that were being repressed and help their psychological trauma (Mulhern, 1991). Investigations into the memories recovered under hypnosis has uncovered problems with the validity and accuracy of these memories (Putnam, 1991). Unfortunately, this method of retrieval is not very reliable as research in a controlled laboratory has demonstrated that hypnotized individuals can create false information spontaneously and if that information is then validated by a therapist, the client is more likely to recall that memory as a real memory (Mulhern, 1991).

Research on false memory implantation demonstrated the ability to create false memories in others. A study by Scoboria et al. (2016) showed that 30% of the participants were able to be persuaded into remembering a false autobiographical event. Information uncovered in therapy was believed by the therapist and validated which is risky considering the type of memories that are being uncovered are traumatic memories. Traumatic memories have the potential to alter a person's view of their family or friends or their life and memories uncovered via pseudoscience may not even be accurate and true memories creating a dangerously high potential for harm. Recovered memory therapy goes against the working theory about traumatic memory, which is that these memories of these events are remembered even if some details are forgotten (Lilienfeld et al., 2015; Otgaar et al., 2021). Lilienfeld et al. (2015) goes on to state that these memories may be more memorable than the average day to day memories, but they are subject to

the same reconstructive processes that happen to memories over time. The reconstructive process refers to how memories change over time after being stored and recalled over and over which is a normal process that all memories undergo.

Previous research on the prevalence of repressed memories among populations of people that have experienced traumatic events found that the prevalence of self-reported repressed memories varies from 18% to 59% (Loftus, 1993). Loftus explains that some studies have found that memory repression is quite common, while others report much lower numbers; the conflicting research results add to the confusion of explaining and understanding memory repression and recovery in therapy. The variance in the reported quantity of repressed memories among various populations leads to the challenge of resolving the debate surrounding recovered memories. The notion of repressed memories sitting in the subconscious leads to questions about how memories are stored, encoded, and remembered. Human memory is not perfect and memories can be altered, forgotten, and remembered all of which is normal human memory functioning that has nothing to do with repressed/recovered memory (Loftus, 1993).

There is no harm in memories changing throughout our lifetime, but there is potential harm in creating false memories or reinterpreting memories to align with a false narrative. False memories can alter how an individual engages with their surroundings and false memories of abuse or trauma can negatively impact an individual by leading them to cut people out of their lives or avoid circumstances related to the false trauma (Muschalla & Schonborn, 2021). Due to the potential for harm, it is critical for therapists to consider the wellbeing of the client when practicing therapy relating to trauma and existence of traumatic memories.

Since the Satanic Panic of the 1980s, the question of false memory has become a focus psychological research. Research on false memory implantation has demonstrated that it is

possible to convince people to remember a false autobiographical event (Otgaar et al., 2021). Otgaar et al. reported that false negative events tend to be implanted more often than false neutral events. While it is unethical to attempt to implant false memories of abuse in research, the false memories that have been successfully implanted in a research settings share characteristics of memories of abuse such as pain, shame, and emotionally arousing (Otgaar et al., 2021). Regarding traumatic memories, there are two leading theories about how they are processed and stored. Some memory scholars debate that traumatic memories tend to be remembered better than other memories due to being tied to strong emotion, whereas others point to cases where people claim to not be able to recall details of traumatic events as evidence of the validity of repressed memories (Otgaar et al., 2021).

### **Therapist Beliefs About SRA and Repressed/Recovered Memory**

Psychologists have a responsibility to provide ethical care and consider the potential outcomes of therapeutic techniques for each of their clients. During the Satanic Panic, a period of rapid change fueled by cultural changes, new therapeutic practices emerged and were implemented without much empirical support. In the case of recovered memory therapy, the only supporting evidence for this technique was from individual case studies and anecdotes in books on trauma (Poole et al., 1995). Therefore, recovered memory therapy is considered a potentially risky therapeutic technique (Poole et al., 1995).

Despite this, Ost et al. (2013) demonstrated that there are still many professionals who hold false beliefs about repressed memories and the potential to recover them through therapy. Results of the study found that 32.4% of clinical psychologists reported having a client case of SRA (Ost et al., 2013). A positive correlation was found between respondents' belief in SRA and belief in accurate reports of childhood sexual abuse (CSA), belief in accurate MPD/DID reports,

and belief that CSA is important for predicting a client's presenting symptoms (Ost et al., 2013). The results also found a negative correlation between belief in SRA and the belief that it is possible to develop false memories of CSA (Ost et al., 2013). A participant was more likely to believe in accurate reports of CSA and MPD/DID if they reported believing in SRA. Although the study by Ost et al. (2013) was completed well after the Satanic Panic of the 80s and 90s, the results indicate the effects of the panic can still be seen within the psychological community.

In a study by Poole et al. (1995), therapists reported successfully using techniques to help clients remember repressed memories. Symptoms that indicate repressed memory seem to vary from therapist to therapist and anything from chronic joint pain to crippling depression could indicate repressed memories of trauma. The potential for inflicting harm with recovered memory therapy is high, and experts suggest that therapists that use recovered memory therapy will use it to uncover memories of abuse when the client did not report a history of abuse (Poole et al., 1995). Overall, although memory recovery techniques are designed to help clients and abuse survivors, they can also do harm by creating false memories of abuse. The result is that clients with no history of abuse and no experience with a satanic cult may come to believe that they were abused, which may exacerbate their presenting problem and slow recovery.

### **Current Study**

The goal of the current study is to examine the belief in SRA and correlating variables among the next generation of psychologists. The framework of the design of the study was a continuation and update of Ost et al.'s 2013 study. The variables assessed in the study were taken from Ost et al. (2013) with the inclusion of a new variable "belief in a literal Satan." There is speculation that one's religious beliefs in a literal Satan could be involved and create the opportunity for one to believe in SRA. This also involves creating memories of SRA in

themselves and others or unwittingly projecting their belief in Satan and SRA onto their patients. Of the Americans that believe in the devil, there are many that are likely to believe the rumors of active Satanic Cults and reports of SRA (Bottoms et al., 1997). Belief in a literal Satan could potentially be a contributing factor in believing SRA claims.

The study investigated the following questions: “Are there differences in belief in SRA between degree type (PhD vs. PsyD), area of focus (Clinical vs. Counseling), theoretical orientation, religious affiliation, and education/experience with memory?”. We hypothesized that there would be a positive correlation between belief in repressed/recovered memories and SRA, a positive correlation between belief in a literal Satan and SRA, and a negative correlation between belief in false memories and SRA.

## **Method**

### **Participants**

Of the 29 psychology pre-doctoral interns who started the survey, only 26 participants completed the full questionnaire to be included in the analyses. Among the 26 participants, the average age was 29 years, and the majority were white (69.7%), Christian (46.2%), cis women (84.6%) from clinical psychology PhD programs (42.3%) with a cognitive-behavioral theoretical orientation (69.2%). See Table 1 for complete demographic information.

### **Measures**

In addition to the demographic questions about the participants’ education and clinical training (see Appendix A), participants completed two measures created specifically for this study. First, a 4-item Traumatic Memory Beliefs scale was used to assess the participants’ beliefs in the accuracy and/or existence of repressed memory, recovered memory, false memory, and memories of Satanic ritual abuse (see Appendix B). The items were presented on a 6-point,

Likert-style scale with the response anchors *Strongly Disagree* and *Strongly Agree*. Sample items included “I believe repressed traumatic memories that are recovered in therapy are accurate” and “I believe it is possible for a therapist (whether intentional or not) to implant details of a traumatic experience that didn’t happen to a client/patient, but the client/patient recalls as true (i.e., a false memory).” Higher scores indicate greater belief in pseudoscientific claims about memory processes.

The second questionnaire created for this study, the Belief in Satan scale, is a 4-item measure that was used to assess the participants’ religious beliefs about the existence of Satan or the devil (see Appendix C). The items were presented on a 6-point, Likert-style scale with the response anchors *Strongly Disagree* and *Strongly Agree*. Sample items included “I believe in the existence of a literal Satan” and “I believe Satan tempts humans to sin against God.” Higher scores indicate a stronger belief in Satan.

## **Procedures**

Pre-doctoral internship sites were selected from the Association of Psychology Postdoctoral and Internship Centers’ (APPIC) directory that were located in the United States, accredited by the American Psychological Association (APA), and offered training opportunities in the areas of sexual abuse, empirically-supported treatments, evidence-based practice, and/or evidence based research. A total of 161 internship sites met inclusion criteria, and each site’s clinical training director was emailed an invitation to share the study’s questionnaire with their current interns.

Interested interns could click on the questionnaire’s link, which connected them to Qualtrics, an online survey platform. The survey began by presenting the participants with the



informed consent form (see Appendix D), in which selecting *yes* allowed them to proceed to the study's measures.

## Results

The purpose of the study was to examine the relationships between the underlying pseudoscientific claims about memory processes that fueled the Satanic Panic, religious beliefs about the existence of a literal Satan, and the education and training backgrounds of a sample of psychology pre-doctoral interns. However, due to a poor response rate resulting in a small sample size, hypothesis testing was not possible.

However, means and standard deviations for the two measures are presented in Table 2. Generally, participants did not highly endorse a belief in a literal Satan ( $M = 10.54$ ,  $SD = 6.96$ ). Individual items on the measure showed relative uniformity, with most participants reporting “disagreeing” to “somewhat disagreeing” on all four items pertaining to their belief in the devil. With beliefs pertaining to pseudoscientific claims about memory processes, there was greater variability among the items ( $M = 12.57$ ,  $SD = 3.16$ ). On average, participants were neutral (i.e., between “somewhat agree” and “somewhat disagree”) in their belief in the accuracy of recovered repressed memories and memories of Satanic ritual abuse. Participants reported stronger beliefs in the process of traumatic memories becoming unconsciously repressed and inaccessible for retrieval, with respondents reporting “agree” to “somewhat agree” on that one item. The item that produced the strongest response among the participants was related to the belief in false memory, with the average response between “agree” to “strongly agree,” suggesting the pre-doctoral interns held the empirically-grounded belief that therapists are capable, whether intentional or accidental, of implanting false memories into their patients.

## Discussion

The present study aimed to update and expand Ost et al. (2013) by assessing the relationships between psychologists' belief in SRA, recovered memory therapy, false memories, and a literal Satan. The means of the participants' responses indicate that there is ambiguity about trauma memories and how those are encoded, retrieved, and forgotten with most of the participants agreeing that traumatic memories can be repressed unconsciously. The mean response of the memory questions was mostly neutral. The scores for belief in therapist implanting memories was higher which indicates that most participants responded that they agree with that statement. Overall, the scores indicate that there is ambiguity around traumatic memory but most participants agree that memories can be implanted by a therapist in therapy. One interpretation of the mostly neutral mean about traumatic memories is that the participants do not know much about traumatic memory and therefore answered more modestly. The problem with ignorance is that it can cause the therapist to make judgements based on their own intuition which is subject to bias. For this reason, graduate programs in psychology would benefit by including more information about memory, Satanic ritual abuse, and repressed memory. The mean of belief in a literal Satan resulted in most of the participants reporting that they do not believe in a literal Satan. However, interestingly, of the participants that reported a Christian religious affiliation (12 participants) the average response was "Somewhat Agree" to "Agree" on all of the questions except: *I believe that Satan can be summoned or called upon by Satanists to do harm to others*. The average response for this question is only slightly above the average while each of the means of the 3 other Devil questions are at least 1 point above the overall

participant average. This question is an important addition to the continuation of Ost et al.'s study because belief in the devil and religious affiliation have been shown to correlate with belief in SRA and repressed memories (Bottoms et al., 1997). Bottoms et al., found that religious individuals were more likely than non-religious individuals to believe in SRA (1997). Even with our modest sample size, the means on the Devil questions (found in Table 3) indicate that religious individuals are more likely to believe in a literal devil.

### **Limitations and Future Research**

The correlational analyses were not conducted due to a small sample size, which is the main limitation of this study. The response rate from the APPIC site might have been low due to lack of buy in from the internship sites. Collecting data from this sample might be easier with some relationship building with the coordinators to increase the likelihood of participation. Even with an adequate sample size, another limitation is the lack of a representative sample of US psychology pre-doctoral interns. A suggestion for future studies using the term "literal Satan" might benefit from providing the participants with clarification of what this term means for this study. Ambiguity on what this term means could have confused the participants and thus would have influenced their response. Future research would benefit from broadening the sampling to include other mental health providers beyond psychology interns, such as clinical social workers, mental health counselors, and marriage and family therapists. Further, future research could focus on more seasoned US mental health providers, which would be more similar to Ost et al (2013) and could assess the therapists' experience with having clients report a history of SRA, as well as their use of recovered memory therapy.

The use of pseudoscience techniques in therapy regardless of the intent to do harm has high risks for the client to develop false or inaccurate memories. Empirically-tested therapy

techniques reduce the risk of harm because they have been tested and shown to be effective.

Lilienfeld et al. (2015) state that it is not enough to identify evidence-based treatments, but to also be aware of the treatments that have no empirical support. Pseudoscience can look like a valid therapy technique, but without research to prove effectiveness there is a danger of causing more harm than good with a client that is genuinely struggling (Lilienfeld et al., 2015).

Continuing research on memory processes, traumatic memories, and the use of pseudoscience in therapy can help reverse the damage done by the false claims made during the Satanic Panic and make therapy a safe space for everyone to seek needed help and receive effective treatment.

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## Tables

**Table 1**

*Demographic Characteristics of Participants*

Variable	<i>n</i>	%
<b><u>Race</u></b>		
White	18	69.23
Latino/a	0	0
Multi-racial	6	23.07
Asian	0	0
Black	1	3.85
Native American	0	0
Middle Eastern	1	3.85
Not Reported	0	0
<b><u>Degree Type</u></b>		
Clinical PhD	11	42.31
Counseling PhD	2	7.69
Clinical PsyD	10	38.46
Counseling PsyD	1	3.85
School PhD	1	3.85
School PsyD	1	3.85
<b><u>Gender</u></b>		
Female	22	84.62
Male	4	15.38
Gender Diverse	0	0
Not Reported	0	0
<b><u>Theoretical Orientation</u></b>		
Psychodynamic	3	11.54
Cognitive-Behavioral	18	69.23
Humanistic-Existential	3	11.54
Client-Centered	1	3.85
Biopsychosocial	1	3.85
<b><u>Religious Affiliation</u></b>		
Christian	12	46.15
Jewish	0	0
Muslim	0	0
Atheist	5	19.23
Agnostic	6	23.08
Other	3	11.54



**Table 2**

<i>Means and Standard Deviations</i>		
	Mean	SD
<b>Memory Belief Questions</b>		
I believe that traumatic memories can be unconsciously repressed (the memory is stored intact, but is inaccessible).	4.31	1.1
I believe repressed traumatic memories that are recovered in therapy are accurate.	3.38	0.84
I believe it is possible for a therapist (whether intentional or not) to implant details of a traumatic experience that didn't happen to a client/patient, but the client/patient recalls as true (i.e., a false memory).	4.81	1.11
If a client/patient discussed being a victim of Satanic ritual abuse, I would believe their memory was accurate.	3.69	1.26
Combined Memory Questions	12.57	3.16
<b>Religious Belief Questions</b>		
I believe in the existence of a literal Satan.	2.92	2.04
I believe that Satan is an actual force that can cause harm to people.	2.69	1.88
I believe that Satan tempts humans to sin against God.	2.81	2.02
I believe that Satan can be summoned or called upon by Satanists to do harm to others.	2.12	1.42
Combined Religious Questions	10.54	6.96

**Table 3**

Religious Belief Questions (Christian Participants ONLY)	Mean
I believe in the existence of a literal Satan.	4.5
I believe that Satan is an actual force that can cause harm to people.	4.08
I believe that Satan tempts humans to sin against God.	4.5
I believe that Satan can be summoned or called upon by Satanists to do harm to others.	2.91

## Appendix A

### Demographic Questions

First, we'd like to gather some demographic data from you.

#### Age

*Fill in the blank.*

**Although these are broad categories, what is the race or ethnicity that best describes you (check all that apply).**

*Black or African American*

*Hispanic or Latino/a/x*

*Asian or Asian Indian White or Caucasian*

*American Indian, Alaskan Native, First Nation, or other Indigenous North American*

*Native Hawaiian or Pacific Islander*

*Middle Eastern or North African*

*Other (Please Specify)*

**Although these are broad categories, what is the gender identity that best describes you?**

*Cis Man*

*Cis Woman*

*Trans Man*

*Trans Woman*

*Non-binary, genderqueer, or gender fluid*

*Other*

**What is your primary theoretical orientation?**

*Psychodynamic*

*Cognitive-behavioral*

*Humanistic-Existential*

*Other*

**What is your degree type?**

*Clinical Psychology PhD*

*Counseling Psychology PhD*

*Clinical Psychology PsyD*

*Counseling Psychology PsyD*

*Other*

**What is your current religious affiliation?**

*Christian*

*Jewish*

*Muslim*

*Atheist*

*Agnostic*

*Other*

**Have you taken a graduate-level psychology course that focused on human memory?**

*Yes (if yes, please specify the name of the course)*

*No*

## Appendix B

### Memory Belief Questions

Next, we'd like to ask some questions about your beliefs regarding memory.

I believe that traumatic memories can be unconsciously repressed (the memory is stored intact, but is inaccessible).

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

I believe repressed traumatic memories that are recovered in therapy are accurate.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

I believe it is possible for a therapist (whether intentional or not) to implant details of a traumatic experience that didn't happen to a client/patient, but the client/patient recalls as true (i.e., a false memory).

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

If a client/patient discussed being a victim of Satanic ritual abuse, I would believe their memory was accurate.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

## Appendix C

### Religious Belief Questions

Next, we'd like to ask some questions about your religious beliefs.

I believe in the existence of a literal Satan.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

I believe that Satan is an actual force that can cause harm to people.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

I believe that Satan tempts humans to sin against God.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

I believe that Satan can be summoned or called upon by Satanists to do harm to others.

<i>Strongly</i>	<i>Agree</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Disagree</i>	<i>Strongly</i>
<i>Agree</i>		<i>Agree</i>	<i>Disagree</i>		<i>Disagree</i>

## Appendix D

### Informed Consent

You are requested to participate in a research study supervised by Dr. Eric Sprankle from the Department of Psychology at Minnesota State University-Mankato about traumatic memory processes and religious beliefs. The survey should take approximately 10 minutes to complete. The goal of this survey is to better understand pre-doctoral interns' knowledge of traumatic memory processes, its correlates, and implications for therapy. You will be asked questions about your beliefs in various components of traumatic memories. If you have questions regarding the research, please contact Dr. Sprankle at (507) 389-5825 or [eric.sprankle@mnsu.edu](mailto:eric.sprankle@mnsu.edu) or Mariah Severud at [mariah.severud@mnsu.edu](mailto:mariah.severud@mnsu.edu).

Participation in this research is voluntary. You have the option to not respond to any of the questions. You may stop taking the survey at any time by exiting out of the survey in your web browser. The decision whether or not to participate will not affect your relationship with Minnesota State University-Mankato, and refusal to participate will not result in a penalty or loss of benefits. If you have any questions regarding participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board at (507) 389-1242.

Responses will be kept anonymous. However, there is always a risk of compromising privacy, confidentiality, and/or anonymity when engaging with online technology. If you would like more information about the specific privacy/confidentiality/anonymity risks posed by online surveys, please contact the Minnesota State University-Mankato IT Solutions Center at (507) 389-6654 and ask to speak to the Information Security Manager.

The risks of participating are no more than are experienced in daily life. There are no direct benefits for participating. Graduate schools and internship sites might benefit from an increased understanding of the beliefs of pre-doctoral interns that may have training implications.

Submitting the completed survey indicates your informed consent to participate in this study and your assurance that you are at least 18 years of age.

You can print a copy of this page for your future reference or take a screen shot of this page and then print it.

Minnesota State University-Mankato IRBNet ID # 1903489

Date of Minnesota State University-Mankato IRB approval:

Do you agree to participate in this study?

Yes

No