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(with suggested additions from
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- A Proposed Diagnosis in DSM Format

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Cult and Ritual Trauma Disorder: A Proposed Diagnosis in DSM Format

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[*with suggested additions from Thorsten Becker & Bettina Overkamp*]

Diagnostic Features

The essential feature of Cult and Ritual Trauma Disorder is clinically significant distress or functional impairment with either: (1) disturbing or intrusive recollections of abuse, or (2) the presence of involuntary dissociated mental states, either or both of which are the result of ritual (circumscribed or ceremonial) abuse. Dissociated mental states may take the form of unwanted or intrusive dissociated alter identities, trance states, automatisms, catalepsy, stupor, or coma or coma-like states. These dissociated mental states may appear in a spontaneous manner or they may be triggered by particular stimuli or cues or by an individual's experience of distress.

Ritual abuse consists of traumatizing procedures which are conducted in a circumscribed or ceremonial manner. such abuse may include the actual or simulated killing of an animal, the actual or simulated killing or mutilation of a person, forced ingestion of real or simulated human body fluids, excrement or flesh, forced sexual activity, as well as acts involving severe physical pain or humiliation. Frequently, these abusive experiences employ real or staged features of deviant occult or religious practices, but this not always the case. [*Typically the victim is not able to decide at first whether it is a staged or real ceremonial practice. The intentional created confusion is supporting a later indoctrination towards the immanent and transcendent beliefs belonging to this ritual practices.*] Some reports of this phenomenon indicate that the abuse may occur outdoors, in a residence, day care, laboratory or hospital setting as well as other locations. Ritual abuse may occur in a group setting, but occasionally it is perpetrated by an individual.

Associated Features and Disorders

Associated descriptive features and mental disorders. Evidence of psychological trauma is usually present and many individuals with Cult and Ritual Trauma Disorder als exhibit some symptoms of Post-traumatic Stress Disorder, if not actually meeting the criteria for this diagnosis as well. Intrusive and often fragmentary memories of abuse, alternating terror andemotional numbing, nightmares, amnesia, anxiety panic, flashbacks, phobic avoidance, and signs of increased arousal are often present. These individuals typically report chronic depression, often with cyclical characteristics.

Dissociation of identity is a feature of Cult and Ritual Trauma Disorder, and Dissociative Identity Disorder or Dissociative Disorder not other specified, are frequently concurrently diagnosed.

Feature of Borderline Personality Disorder are also often exhibited and occasionally individuals with Cult and Ritual Trauma Disorder will also experience brief psychotic episodes, sometimes with auditory or visual hallucinations. More commonly these individuals experience or act out strong self-destructive urges including attempted or actual suicide and self-mutilation. Frequently there is a strong desire to injure the self in a manner which produces blood (e.g., "I have to see blood"). Sometimes the individual will report a desire to taste, touch and smell their own blood. Chronic and unmodulated anger and sometimes rage alternate with other mood states to create the impression that the individual is unpredictable in mood and unable to manage anger. Strong feelings of dependency alternate with social aloofness. Narcissism and self-hatred are frequently experienced seperately and together.

[Most frequently persons with Cult and Ritual Trauma Disorder feel heavily attracted towards religious and spiritual practices and their groundlaying beliefsystem, occasionally experiencing alternating deep aversion against these and other religious and spiritual theories and practices. Along to this fact a questioning of religious and sprituals values can be observed, caused by traumtizing experiences of violence connected to beliefs or incarnated formerly outside spiritual ghosts or beings.

In rare cases an alternating appearance of dissociated mental states with changing identities including a driving spiritual force (Ghosts of dead persons, superficial beings, gods, Demons) as a possession AGENS can be observed, leading to diagnostic similarities of Dissociative Identity Disorder as well as Dissociaitive Trance Disorder.]

In children (in addition to the above) motoric hyperactivity, impulsivity and problems in attention and concentration are seen at a rate which exceeds the baseline for children without psychiatric disorders.

Associted laboratory findings. Individuals with Cult and Ritual Trauma Disorder typically show evidence of psychological trauma and dissociaition on psychological testing.

Associated physical examination findings and general miedical conditions. There may be many scars from self-inflicted injuries or physical abuse. Somatic symptoms with or without objective medicalfindings typically include headaches, gastrointestinal, genito-urinary complaints, but other reports of physical pain may be present. In some cases, physical pain will not reflect on a current injury but will be a psychological component of implicit memories (e.g., "body memories") associated with previous abuse. These individuals also frequently show evidence of mild neuropsychological impairment which in some cases may result from a history of head trauma. Others have argued that the psychological trauma in childhood may cause mild neuropsychological deficits in some individuals (e.g., van der Kolk (ed.), Psycholgical Trauma, 1987) but further research is needed to clarify this question.

Prevalence

The prevalence of Cult and Ritual Trauma Disorder is unknown due to a lack of reliable information. The alleged secrecy associated with ritual abuse may make the accurate tabulation of such statistics difficult or impossible.

Course

The clinical course of these incividuals is typically chronic with periodic exacerbations and sometimes partial remission of symptoms. *[Although there can be observed increased arousal and specific, recurrent dates, which are connected to the (alleged) ritual practices and are describebed as so-called "holidays" most frequently.]* Some of these individuals report that they continue to participate in ritual abuse either as a victim, a perpetrator or both, typically while in a dissociated state.

Family Pattern

A history of sexual or ritual abuse is frequently reported amaong family members. In particular, trans-generational vitimization is a commonly indicated pattern, consistent with the familiar trends associated with non-ritual sexual abuse of children. Howewer the extent to which ritual abuse is a trans-generational phenomenon is presently unknown. Features of dissociation are also frequently seen in family members.

Differential Diagnosis

Cult and Ritual Trauma Disorder must be distinguished from **Delusional Disorder** and other **psychotic disorders** where delusional beliefs are better able to account for the reports of abuse particularly when it can be demonstrated that the alegations of abuse are false. Howewer, there are also cases where the diagnoses can exist concurrently with Cult and Ritual Trauma Disorder, particularly when corroborating evidence of such abuse exists in an individual who is also exhibiting delusional or other psychotic symptoms. Cult and Ritual Trauma Disorder must be distinguished from **Malingering** in situations where there may be forensic or financial gain and from **Factitious Disorder** where there may be a maladaptive pattern of helpseeking behaviour. The possbility of suggestibility shoukd be also evaluated and ruled out as a possible alternative explanation for the individual's report of ritual abuse.

Diagnostic criteria for 309.82 Cult and Ritual Trauma Disorder

A. The presence of clinically significant distress or functional impairment with either (1) or (2):

(1) disturbing or intrusive recollections of abuse

(2) involuntary dissociated mental states consisting of at least one of the following:

(a) dissociated alter identities

(b) involuntary trance states

(c) automatisms

(d) catalepsy

(e) stupor, coma or coma-like state.

B. The disturbance described in A is the result of ritual (circumscribed or ceremonial) abuse.

C. The disturbance described in A can not be better accounted for by Delusional Disorder or another psychotic disorder in which delusions are present, Malingering or Factitous Disorder or as a consequence of a patient's suggestibility.