Book Reviews


Read the subtitle carefully. The contents of this book will not be easy reading for a number of members of our Association. Psychiatrists, psychologists, and social workers have been and remain in conflict over the nature of allegations of “satanic abuse” and the related phenomena of “False Memory Syndrome” and “Multiple Personality Disorder” (MPD). Are allegations that children and adults are sexually abused in the course of satanic rituals true or false? Are some memories of sexual abuse, including satanic abuse, genuine or are they the product of suggestion and attention seeking? Is MPD iatrogenic or the genuine outcome of severely traumatic sexual abuse?

Professor La Fontaine’s position is clearly stated. She is an anthropologist who has studied beliefs in witchcraft in contemporary Africa. She draws parallels between the “moral panic” about satanic abuse in late 20th-century England, the witch-hunts of European civilisation in the 16th and 17th centuries, and the contemporary belief in witches, which she has studied in Africa. She approaches the phenomena from an historical and anthropological perspective but also crucially as the investigator and author of the U.K. government’s 1994 report that effectively brought to an end the outbreak of allegations of Ritual Sexual Abuse (RSA) in Child Protection cases in the U.K. (La Fontaine, 1994).

In an age of reason and science it is easy to look back upon allegations such as those made in Salem in 1692 and dismiss them as fantastic. Our current system of personal, professional, and societal beliefs help us delineate the boundary between the credible and the irrational. But, as Arthur Miller warned in The crucible, modern society can continue to create conditions in which evil is done in the name of good. Miller dramatised the events of Salem as a parable to illustrate the evils of the McCarthyite era of post-war America, a time when communism was “evil”, and its elimination, by all possible means, “good”. In Salem, the irrational confessions of a group of teenage girls fitted the beliefs of the inquisitors; undue pressure on child witnesses and an atmosphere of accusation were justified by the cause—the elimination of evil caused by witches. Dozens of innocent people were executed as a result of “ideological intensities”.

Allegations of RSA began in the United States in the 1980s, cases there being largely confined to very young children attending day-care centres. In the late 1980s the phenomenon appeared in the U.K., affecting a rather different group, older children who generally came from deprived inner-city families. A number of the cases achieved national prominence and have received a great deal of media attention, e.g. the cases in Nottingham, Rochdale, and the Orkney Islands. Initial belief and horror gave way to increasing concern that Child Protection agencies were taking draconian action on the basis of very little evidence. The number of cases, although small, was rising rapidly amidst allegations that secret networks of satanists reached into the highest echelons of society and were responsible for the sexual abuse, murder, and torture of children. In an increasingly fevered atmosphere Professor La Fontaine was commissioned by the Department of Health to conduct a study of currently known cases. She had privileged access to all the agency documents and interviewed a large number of those involved. Her report probably covered the majority of known cases at the time. More than 80 cases had come to light and her analysis led to conclusions that in the vast majority of cases there was absolutely nothing to support allegations of RSA, that many of the children had not even been sexually abused, and that in the handful of cases where rituals were associated with sexual abuse, the activities involved paedophiles working in isolation and there was no evidence of secret networks. By the time the report was published (La Fontaine, 1994), the epidemic involving Child Protection cases was already declining.

La Fontaine’s book provides a much more detailed analysis of these cases than her 1994 publication. In addition she traces the origins and progress of the epidemic and the role of key “carriers” such as evangelical Christians, “experts” from various professional backgrounds, Child Protection agencies, and psychotherapists. She details the frailties of the evidence upon which conclusions were originally based, the misinterpretation of children’s statements by foster carers and investigators, the pressures to disclose and the role of false confession. She believes that the epidemic involving Child Protection cases came to an end because such cases had to be examined through the Court process, where the evidence failed to withstand scrutiny. However, belief in RSA continues in the untested arena of the psychotherapy consulting room, where adult “survivors” interact with committed helpers. In these current cases, as in the previous Child Protection cases, there is a suspension of disbelief so that obvious inconsistencies, implausibilities, and lack of corroborating evidence are never challenged. To the committed believer, everything is explicable in terms of the underlying RSA and its effect on the personality as a result of the postulated psychological mechanisms of repression and dissociation. The absence of corroborative evidence is interpreted as proof of the subtlety and skill of the abusers, and even of their influence within the judicial system. La Fontaine’s final analysis concerns the question of “why now?”. This I found the least satisfactory part of the analysis, although she admits that it is not an area in which anthropologists “should offer an answer”. One influence, she suggests, has been the rise of fundamentalist Christianity as a reaction to an increasingly secular society. For fundamentalists, satan exists in daily life and RSA is proof of his existence. Another suggested influence is that we live in a time of rapid social change with accompanying social malaise and anxiety. Social conditions such as this were postulated to be associated with the witch-hunting epidemics of the 16th and 17th century. Rapid change undermined traditional roles and led to a reaction in which it was believed that the old and good society was being undermined by a wicked and secret conspiracy. Her third hypothesis I found more attractive. This concerns the rise of the “psychotherapeutic community” and the authority given to it by society together with the assumption that clinicians can tell when people are being truthful and that clinical experience is more important than evidence.

My own view is that during the 1980s professional belief systems regarding the existence of child sexual abuse were rapidly changing. Under the influence of the psychoanalysts, and Freud in particular, accounts of seduction in childhood had been regarded as the product of unconscious fantasy. When I trained as a psychiatrist in the 1970s incest was a rarity in
clinical practice. By the mid-1980s we had come to realise that abuse was common, and that we were not just dealing with seductive relationships between fathers and their teenage daughters, but increasingly gross, and sometimes cruel, sexual activities involving girls and boys of younger and younger ages. Our professional belief system, which had been stable for decades, changed at an alarming rate. Widespread abuse of children by paedophiles and carers in public institutions became known. It was no longer possible for professional belief to be based on theories or previous clinical experience. Almost any horror seemed imaginable and RSA was simply the next step. This is my own explanation for my role in the epidemic. I was involved in one of the first large cases and supported the conclusion (as indeed did the civil courts) that RSA had occurred. Over the subsequent years I became an “expert” and was referred a number of suspected cases, gradually realising that in the majority there was absolutely no evidence of RSA and sometimes no evidence of sexual abuse. I was led to the conclusion that “belief” can cause tremendous distortion of the evidence and that there is no substitute for a rational and scientific approach.

La Fontaine’s concerns that clinicians should not be regarded as expert in the matter of truthfulness will not be readily accepted by many experts, particularly those forensic psychologists who believe in the power of Statement Validity Analysis. But these concerns are increasingly voiced in the Courts and by some experimental child psychologists.

I can predict that some readers will react very badly to this book. However, it is extremely thought provoking and to an extent these cautionary Tales of satanic abuse in contemporary England will “the giftie gie us, to see oursels as others see us!”. Read it if you dare!

I. K. Weir

References


Like its predecessors in this series, Asperger syndrome or high-functioning autism? arose out of an annual TEACCH conference, this one held in 1994. However, unlike most of the previous books, which have a largely practical bias, this one focuses much more on theoretical issues. In particular, as might well be apparent from the title, the principal question raised is whether Asperger syndrome exists, and if so what can be done about it. Taking a lead from the editor, Eric Schopler, although not following him exactly, I have tried to indicate below the conclusions of the various authors who directly address the issue of whether Asperger syndrome and high-functioning autism are the same or different (see Table 1). As can be seen, from this much-simplified table, few conclusions are actually reached. The overall views of the different contributors are clearly affected by their own clinical and research experience. Thus conclusions vary according to whether authors take a dimensional view of autistic spectrum disorders, as does Wing, or have a more categorical approach to the classification of pervasive developmental disorders, as does Pomeroy. Different measures can also give rise to different answers. For example, although Lincoln et al. found some indication of differences between the groups on MRI, these were not substantiated by the same authors’ findings on psychoneurological assessments.

Szatmari points out that even the time at which comparative studies are carried out can affect results. Whereas some children in the two groups show similar patterns of behaviour when very young, they may then follow very different trajectories, with some following a typically autistic path as they grow older, whilst others show a much more characteristic “Asperger pattern”.

Table 1
Conclusions of Chapters Assessing Whether or Not High-functioning Autism and Asperger Syndrome Are Distinct

<table>
<thead>
<tr>
<th>Author</th>
<th>Distinct</th>
<th>Not distinct</th>
<th>No conclusion</th>
</tr>
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<tbody>
<tr>
<td>Wing</td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Pomeroy</td>
<td>√ (probably)</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Szatmari</td>
<td>√ (probably)</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Gillberg &amp; Ehlers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Volkmar &amp; Klin</td>
<td>Depends on way cases selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lincoln et al.</td>
<td>√ on MRI findings</td>
<td>√ on psychoneurological findings</td>
<td></td>
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<tr>
<td>Twachtman-Cullen</td>
<td></td>
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<tr>
<td>Ozonoff</td>
<td>√</td>
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<tr>
<td>Hooper &amp; Bundy</td>
<td>√</td>
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<td>Total</td>
<td>2</td>
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<td>3</td>
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Along with many of the other authors, Volkmar and Klin discuss the lack of consistency in the use of the term “Asperger syndrome”. They also point out that differences in classification are bound to affect subsequent findings. Thus, for example, if the criterion of motor clumsiness is included when selecting subjects with Asperger syndrome, then there is bound to be a significant difference on this variable between the so-called Asperger group and the autism group. If this criterion is not part of the diagnostic framework, then such differences are far less likely to emerge. The picture has been complicated more recently by the description of yet another condition—Non-Verbal Learning Disability—which, as Volkmar and Klin indicate, shows many aspects in common with Asperger syndrome. They suggest that “the convergence of this profile of deficits and assets with Asperger syndrome suggests particular strategies for intervention and diagnosis, as well as a broader line of research enquiry into the neuro-biological correlates of the condition”. Several other chapters, too, such as that by Ozonoff on executive defunction, while not reaching any final conclusions about the distinction between the two syndromes, illustrate how experimental work in this area can be used to help remedy the psychological deficits that are common to both groups. Another condition, which it is suggested might be related in some way to Asperger syndrome, is schizoid personality disorder. However, although schizoid and schizotypal characteristics may be found in children with Asperger syndrome, Szatmari suggests that such labels should only be applied to children who develop symptoms after the preschool years.

Several of the authors unite in criticising the inadequacy of DSM criteria in distinguishing between autism and Asperger syndrome. Volkmar and Klin, in particular, note that whereas DSM-IV tends to take a categorical view of the two disorders (individuals meeting the criteria for autism should not then be diagnosed as having Asperger syndrome), many individuals
now recognised as having Asperger syndrome would also meet criteria for autistic disorder.

Thus, the debate, whilst not producing any firm answers, does raise a number of important issues related to assessment, classification, and intervention. Other chapters focus more directly on intervention rather than becoming too deeply involved in the central argument. Amongst these are chapters by Gray on the use of social stories, Kunce and Mesibov on educational approaches, and McDougle on pharmacological approaches, particularly those designed to reduce repetitive thoughts and behaviours.

Finally, as is typical of the books in this series, there are a number of chapters written by people with Asperger syndrome/autism themselves. These authors give several examples of how inaccurate and mistaken diagnosis—particularly when problems associated with Asperger syndrome are misdiagnosed as being psychotic and treated as such—can give rise to immense pain and suffering.

In summary, although this book does not actually answer the question of the title, it describes in great detail the range of difficulties that more able individuals with autism face. It also illustrates how research in this area, rather than simply spawning arcane theoretical debate, has actually had a positive impact on improving understanding of, and intervention procedures for, individuals within this group.

**Patricia Howlin**


Although it is over 20 years since Wing and Gould showed that autism could, and often did, co-exist with learning difficulties of all degrees of severity, there is still very little written that takes account of the implications of such a dual disability. This book, then, is a welcome addition to the growing literature on autism, representing as it does a scholarly and detailed account of children with pervasive developmental disorders in conjunction with different degrees of mental retardation. Most of the children studied were those attending a residential observation and assessment centre for mentally retarded (sic) children in the Netherlands. The book gives detailed descriptions of the behaviour of these children across the degrees of mental retardation, contrasts the behaviour of those children with and without a pervasive developmental disorder, and further contrasts children with autism itself with those with other pervasive developmental disorders.

As well as contrasting the behaviour of children across different diagnostic categories, Kraijer gives details of the construction, characteristics, and use of several diagnostic tools. Prime among these is the PDD-MRS: a scale of pervasive developmental disorder in mentally retarded persons. If its validity and reliability can be replicated in other cultures, this will prove a very useful clinical tool, given the difficulties often experienced in making accurate diagnoses and detecting autism in those with severe and profound learning difficulties. The detailed case histories help the reader see what those differences are like in practice as well as helping to alleviate what is otherwise a rather oppressively detailed catalogue of descriptive “facts” and findings.

It has to be admitted that the book is not easy to read, partly because of the amount and detail of the information presented, partly because of a rather turgid style and some infelicitous translation, and partly because the message given is often bleak. This latter aspect alone would make me hesitate before recommending it to parents and even some professionals, although it should be of interest to many readers of this journal. It is hard to judge whether it was the picture painted of the current quality of life, the bleak prognosis with its seemingly inevitable institutionalisation, or the expressed futility of educational treatment that I found most depressing. I am not clear whether this is not wanting to face unpalatable truth, or whether the standard of educational treatment offered in the Netherlands is (or was) so much less favourable than in the U.K. We have no comparable recent study of this population with which to make a judgement.

Certainly, the treatment described is not inspiring. Early residential treatment is suggested as inevitable, and even preferred. Aversives used to control behaviour are presented as successful and drugs and restraints are used as methods of first rather than last resort in many cases. Interestingly, in the light of a current controversy in the U.K., behavioural treatment is also reported as ineffective with this dually disabled group but no alternatives are suggested. The evidence base for successful outcomes may not be there for interaction techniques, music, movement, and other therapies that are commonly found in U.K. schools for children with severe learning difficulties. We should be collecting that evidence, but at least such treatments are fun and are likely to lead to an improved current quality of life. This book is written with a rather archaic medical perspective; it is meticulous and scientific and it provides a lot of useful information about a neglected group, but it is not a book to read to find out about current treatment or good practice in education or care.

**Rita Jordan**


Larry Leonard is pre-eminent in the field of specific language impairment (SLI), and has produced a detailed natural history of the subject. The book is divided into six sections: basic concepts; describing the data; genetically and anatomically motivated work; diagnosis and treatment; theoretical issues; and conclusions. These sections overlap somewhat, and the result is a rich plum pudding, in which thought-provoking findings are encountered on almost every page.

The book functions extremely well at the descriptive level, and is an excellent source of material (there are over 1000 references). Competing ideas are handled fairly, and all parties are represented. Researchers in search of a citation are likely to find it; clinicians will find empirical work that speaks to practical issues. Those seeking a synthesis—or structure—for the better understanding of SLI are perhaps less well served. This state of affairs, in a notoriously fractionated field, is mostly not the fault of the author, and the Preface warns that the “cause” of SLI is not to be found in this volume. Nonetheless, some readers may find that theoretical treatments occasionally lack clarity. To take a couple of examples: although the author’s commitment to a linguistically motivated account of the syndrome is implicit throughout, the short introductory section on principles and parameters is not easy for the uninitiated to follow; conversely, the introductory section on limitations to general processing capacity is too vague to do much theoretical work.

This comprehensive volume is an excellent source book on the difficulties confronting the language-impaired child. Those in search of psychological models of such difficulties may wish to dissect the pudding with a sharp instrument, of the sort provided by Bishop (1992).

**Graham Schafer**

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If children are to grow up in stepfamilies, what is it that distinguishes the experiences of those who fare relatively well and relatively badly? This is the question with which Gill Gorrell-Barnes, Paul Thompson, Gwyn Daniel, and Natasha Burkhardt grappled in the research described in this book. Their strategy was to focus on the accounts—the memories and reflections—of 50 adult stepchildren, who described their childhood experiences, and the pathways from early childhood through the changes, confusions, difficulties, and fulfilment of their lives. A key to the fascinating insights and provocative lessons of the book is that the authors include two family therapists, a psychiatrist, and a social scientist—a most unusual combination of talents and disciplinary approaches.

The 50 individuals whose testimonies we are given were drawn (in a rather underspecified way) from the National Child Development Study, a national cohort study. The strength of the book, however, lies not in the representativeness or otherwise of the sample, but in the ways in which the testimonies of these individuals highlight patterns of family relationships over time, and in the lessons on how people manage to struggle through and overcome stressful changes in their lives. There are positive messages here: many of the individuals were as adults notably successful in their work, many had fulfilling adult relationships, and those with children were chiefly loving and committed parents. But there are also painful and bitter stories—anxiously descriptions of family break-up and horror stories of stepfamily resentments and aggression. The forgiveness expressed by the adult stepchildren is moving, and often surprising.

The authors distil from these memories lessons on how best to support children and adults through such distressing changes—emphasising closeness and communication with children about the events and changes (the authors comment that in not a single instance was a satisfactory explanation of the parents’ separation remembered by children), the key role that grandparents and siblings can play, the importance of continuity and security in housing, neighbourhood, schooling, and friendship, and in contact with family when young adults leave home. These lessons are not new or surprising, but they are brought home with immediacy and power through these narratives. The memories establish too just how hard it is for stepmothers (two thirds of stepmothers were actively disliked), and the relatively smoother path that stepfathers tread; a successful stepparent was, the authors comment, more likely to reinforce a good parent than to provide compensation for one who was lacking. Simple conclusions about the consequences of divorce for children from “snapshot” cross-sectional studies are, the study shows, quite inappropriate, given the evidence here that relationships with parents and stepparents continue and develop into adulthood. This is a wise book, full of thoughtful commentary as well as dramatic stories, scholarly and well referenced. Two messages stand out most strikingly: the power of early childhood memories to shape lives, and yet, in counterpoint, the potential for change through reflection on these experiences—messages that are sobering, but also a source of considerable optimism.

Judy Dunn