

## ARTICLE

# The Potential Relevance of Maladaptive Daydreaming in Treatment of Dissociative Identity Disorder in Persons With Ritual Abuse and Complex Inner Worlds

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*The literature on maladaptive daydreaming may be useful in case conceptualization and treatment planning in a subset of dissociative identity (DID) cases. These are DID cases with elaborate inner worlds, high numbers of “alter personalities,” and often histories of Satanic ritual abuse, or involvement in government mind control programs. I recommend that the therapist adopt a position of therapeutic neutrality with regard to the historical accuracy of such trauma memories. Consideration of the similarities and differences between maladaptive daydreaming and cases of DID with elaborate inner worlds may be helpful in managing counter-transference and in forming a treatment alliance with all sectors of the personality system.*

**KEYWORDS** *maladaptive daydreaming, dissociative identity disorder, ritual abuse*

Maladaptive daydreaming has been the subject of a series of studies (Somer, 2002, 2018; Somer, Lehrfeld, Jopp, & Bigelsen, 2016; Somer, Soffer-Dudek, & Ross, 2017; Somer, Soffer-Dudek, Ross, & Halpern, 2017; Somer, Somer, & Jopp, 2016a; Somer, Somer, & Jopp, 2016b). Individuals with the disorder spend many hours per day absorbed in an inner fantasy world.

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Although they know that this is a self-created fantasy world, they are drawn to it in an addictive or compulsive fashion, to a degree that causes intense personal distress and interferes with function. The presence of distress and dysfunction are incorporated in the diagnostic criteria for maladaptive daydreaming, in the same way that they are for disorders included in DSM-5 (American Psychiatric Association, 2013; Somer, Soffer-Dudek, Ross, & Halpern, 2017). It is in part the distress and dysfunction that differentiate maladaptive daydreaming from normal daydreaming. In the maladaptive daydreaming world, the person is often a heroic character or an enhanced and more successful version of himself or herself. The inner world is populated by numerous recurring characters, who interact with each other according to elaborate scripts. The inner world is visualized in great detail (Somer, Somer, & Jopp, 2016b).

Maladaptive daydreaming is defined by proposed diagnostic criteria that follow a DSM-5 format and a structured interview that incorporates those criteria, the Structured Clinical Interview for Maladaptive Daydreaming (SCIMD) (Somer, 2018; Somer, Soffer-Dudek, Ross, & Halpern, 2017). There is also a self-report measure for maladaptive daydreaming, the Maladaptive Daydreaming Scale (MDS) (Somer, Lehrfeld, Jopp, & Bigelsen, 2016). The SCIMD and the MDS have good reliability and are able to differentiate individuals with maladaptive daydreaming from healthy controls. Maladaptive daydreaming is accompanied by extensive comorbidity (Somer, Soffer-Dudek, & Ross, 2017), which is consistent with its being a mental disorder, as argued by Somer (2018).

The purpose of the present paper is to discuss the similarities and differences between maladaptive daydreaming and dissociative identity disorder (DID), and then to discuss possible implications of maladaptive daydreaming in the treatment of complex cases of DID, particularly those with highly-structured inner worlds and reported histories of Satanic ritual abuse. I propose that consideration of maladaptive daydreaming, combined with the principle of therapeutic neutrality (Ross & Halpern, 2009), can help in the management of counter-transference both inside therapy and in public discussion of DID, ritual abuse, mind control and programming (Ross, 2018). I will not attempt to review the literatures on DID or ritual abuse in this paper; instead I refer the reader to the selected references in the reference list (Ross, 1995, 2006, 2018).

### A POSSIBLE OVERLAP BETWEEN MALADAPTIVE DAYDREAMING AND SOME CASES OF DISSOCIATIVE IDENTITY DISORDER

There may be an overlap or relationship between some cases of dissociative identity disorder (DID) and maladaptive daydreaming. This may be true

especially for DID cases with hundreds of “alter personalities” and complex inner landscapes, which is common in Satanic ritual abuse cases (Ross, 1995, 2017). In most cases of DID, the two disorders—DID and maladaptive daydreaming—are distinct and separate, because the DID inner world is not elaborate, the individual does not spend many hours per day absorbed into it in a compulsive fashion, there is not a large cast of characters, and there are no complex, ever-evolving scripted stories being enacted in the inner world.

Satanic ritual abuse cases, however, often involve elaborate inner worlds with many layers, levels and subsystems of personalities, an inner spiritual war between good and evil, complex interactions between parts, and powerful entities including demonic figures or even Satan himself. The Satanic inner world has a quality of a science fiction, fantasy adventure or paranormal horror film, and it is scripted according to cultural expectations and conventions. If the inner world mirrors Satanic ritual abuse that actually happened in external reality, then the external ritual abuse was culturally scripted. Alternatively, if the Satanic ritual abuse did not occur in external reality, it follows the same cultural script, but only in the inner world.

Elements of the script include: pentagrams; goblets; black robes; ritual sacrifices; orgies; allegiance to Satan; inversion of conventional Christian values; child sexual abuse; secrecy; powerful controlling figures; shadowy links to other powerful forces including the military and intelligence agencies; programming and mind control; inserted codes, keys and ciphers created by the perpetrators to block access to hidden levels of the internal world; paranormal monitoring of the patient by the cult; “accessing” of the patient by phone, mail, hand signals, surveillance and harassment; triggering on Satanic holidays; and programmed suicide dates.

One problem with such ultra-complex inner worlds is the number of alter personalities they contain, which often number in the hundreds, or even the thousands. This stretches the definition of an alter personality beyond any reasonable limit, even if one allows for the existence of “fragment personalities” or “polyfragmentation,” two terms used informally in the field since the 1980’s (Ross, 1997). There is not enough time in a few decades for hundreds of different alter personalities each to have been in executive control a significant amount of time. Usually, in such cases, there is a relatively small number of alter personalities who have been in executive control a substantial amount of time, just as there is in non-Satanic ritual abuse cases of DID. Many if not most of the “alter personalities” in Satanic ritual abuse cases have never assumed executive control. If none of the “alter personalities” in such cases had ever assumed executive control, this would not be a case of DID because there would be no switching and no amnesia. Thus, in Satanic ritual abuse cases, most of the system does not function in a DID-like fashion.

These considerations, discussed above, lead to the possibility that there are two processes at work in Satanic ritual abuse cases, and other cases of DID with hyper-complex inner worlds: (1) the creation of a finite number of alter personalities in the same way as occurs in most cases of DID, and (2) the creation of a complex inner world in a way related to maladaptive daydreaming. If much of the complex inner world in Satanic ritual abuse cases is more similar to maladaptive daydreaming than to conventional DID, this does not provide evidence for or against the objective reality of the ritual abuse. The content of the inner world could be purely internally generated, based on cultural scripts, or could mirror events that actually occurred in the outside world, but which were based on the same cultural scripts. There are definitely cultural scripts for Satanic ritual abuse, no matter what its objective reality, just as there are for most human activities.

The inner world in hyper-complex DID cases resembles the inner world of a person with maladaptive daydreaming in a number of ways. It is: complex; vividly visualized; contains many different characters who never assume executive control; and may in some cases involve heroic or grandiose themes, which in Satanic cases involve an inversion of conventional Christian values. In Satanic cases, the ultimate hero is Satan, who may talk directly with a therapist, while still claiming to be Satan. The lesser heroes can include Beelzebub or other demons, entities who are regarded as parts of the person but whose allegiance is to Satan, and a father introject who is the High Priest in the cult.

The inner world in hyper-complex DID cases also differs from maladaptive daydreaming in a number of ways: the host personality does not feel in control of the script, and does not consider the inner world to be pure fantasy. The characters in a maladaptive daydreaming world do not assume executive control and do not talk to the therapist. If they do, it is a case of DID.

Despite these differences between DID and maladaptive daydreaming, it has long been known that individuals with DID score high on the absorption subscale of the Dissociative Experiences Scale (DES) (Ross, Ellason, & Anderson, 1995). This makes them similar to people with maladaptive daydreaming, who are frequently absorbed in their daydreams for many hours per day. Additionally, it takes a vivid imagination to create the complex inner world of a maladaptive daydream, but it also takes a vivid imagination to create alter personalities, even in non-complex cases of DID. Therefore, even DID cases without ritual abuse and with a limited number of alter personalities may share features with maladaptive daydreaming to a limited degree. I think the relationships between the two disorders are complex and variable; my goal in this paper is to stimulate thought and discussion, not to provide a complete answer to the relationship between the two disorders.

There are also cases that are intermediate between maladaptive daydreaming and DID, although they are uncommon. An example is a person with DID, including alter personalities with names and ages who take executive control, blank spells, voices, changes in handwriting, and other characteristic symptoms, but who also has a complex inner world, but with no ritual abuse. In my limited experience with these intermediate cases, the inner world is conceptualized by the person as a higher spiritual plane, or as realm existing outside the person's mind. It is not considered to be a fantasy world; it is "objective" but on another plane or planes of existence. In such cases, the beings on the other planes are not thought of as alter personalities; they are separate entities with whom the person interacts while traveling in an astral or spiritual body in what the individual regards as another realm outside his or her mind. This contrasts with the belief of most individuals with maladaptive daydreaming, who are clear that their daydreaming occurs inside their own minds, not in an external realm.

In such intermediate cases, the inner world and its characters are not tied to an outside reality on the surface of the earth, as they are in Satanic ritual abuse cases. In individuals with full DID who described growing up in a Satanic cult, the cult-programmed alter personalities are believed to have participated in rituals in the outside world, and they often express allegiance to "her" father, who they may or may not regard as their own father. The key difference from maladaptive daydreaming and intermediate cases is that the Satanic ritual abuse and the DID are tied together, because the alters have participated in rituals, and have been programmed by outside people. This is true whether the cult actually exists in external reality, or only in internal reality.

### MALADAPTIVE DAYDREAMING, DISSOCIATIVE IDENTITY DISORDER, THERAPEUTIC NEUTRALITY, AND THE MANAGEMENT OF COUNTERTRANSFERENCE

It seems that DID and maladaptive daydreaming are independent disorders in the majority of cases, but that in a minority of DID cases they may overlap with each other. The inner world in DID-Satanic ritual abuse cases resembles maladaptive daydreaming in some ways and is different from it in other ways. In my view, therapists should maintain therapeutic neutrality in DID-Satanic ritual abuse cases. From a neutral perspective, the possibility that the ritual abuse never occurred in outside reality can be a topic of discussion in therapy, as can the possibility that it did occur. There will likely be alter personalities in the system who hold both points of view. The challenge for the therapist is to form a treatment alliance with both sets of alter personalities, then help them resolve the disagreement among themselves.

Similarities with maladaptive daydreaming are only one possible way of understanding Satanic ritual abuse memories and are only one factor out of many to consider. Other factors contributing to Satanic ritual abuse memories could include: memory errors; urban legend and rumor panic; psychosis or delusional disorder; factitious disorder; histrionic behavior secondary to contamination by books and movies; contamination by therapists; drug hallucinations; hysteria fanned by Christian fundamentalists; partially accurate memories of abuse perpetrated by isolated psychopaths who incorporated some elements of Satanism into their pedophilic practices; Satanism as a cover for organized crime, pedophilia, pornography and trafficking; and age-old superstitions and fears (Ross, 1995).

In terms of managing counter-transference in DID-Satanic ritual abuse cases, it is helpful for the therapist to consider the possibility that the inner world does not mirror actual ritual abuse that occurred in the outside world. This will help to reduce vicarious traumatization, reduce excessively taking the rescuer position, and keep the therapy grounded in conventional reality. On the other hand, considering the possibility that the ritual abuse actually did happen in the outside world will foster empathy on the part of the therapist, and help build treatment alliances with the cult alters. The same logic applies to other forms of ritual abuse such as Masonic abuse, and to CIA-military mind control cases.

Therapists should not explicitly state that they believe in the reality of undocumented mind control programs such as the Monarch Program because there is no public evidence that such a program ever existed. I have filed Freedom of Information Act requests with all branches of the military, the Defense Intelligence Agency, the Central Intelligence Agency, and the National Security Agency, but none of them acknowledged having any information on the Monarch Program. Monarch could be a real Program that is still classified, an urban legend, or deliberate disinformation. If it is deliberate disinformation, then therapists who tell their clients it is real are unwitting pawns of a disinformation strategy. They are unwittingly providing real perpetrators with a strategy to discredit all survivor memories.

This is the error made by Cory Hammond (1992) in his Greenbaum speech at the Eastern Regional Conference on Abuse and Multiple Personality, which I attended. Without any supporting evidence or documentation, Dr. Hammond endorsed the objective reality of complex mind control programming with alpha, beta, delta, gamma and omega programming, direct involvement of Nazi doctors, and elaborate implanted internal codes, keys and protective mechanisms designed to block access to the inner secrets of the personality system. None of this content contained in his talk was described in the abstract which was accepted by the Conference and published in its program materials as a conventional training on hypnosis. Dr. Hammond obtained much of his information from his patients through

the use of ideomotor signals, a procedure that has no scientific validity as a technique for confirming the reality of trauma memories.

Dr. Hammond's speech handed extreme skeptics very useful ammunition for attacks on the field as a whole. We should be careful not to repeat this error again. The error illustrates the potential negative effects of not maintaining therapeutic neutrality outside therapy. When a therapist endorses the reality of a mind control program, or a ritual abuse cult, that is not proven to exist, this sets the client, the therapist and the therapy up for being attacked and discredited, whether the client has conventional DID, DID with Satanic ritual abuse, maladaptive daydreaming, or a combination of DID and maladaptive daydreaming.

### A THERAPY SESSION ILLUSTRATING THERAPEUTIC NEUTRALITY IN A SATANIC RITUAL ABUSE CASE

The following composite case example is drawn from my experience working with many dozens of individuals describing a history of childhood Satanic ritual abuse. It illustrates how I maintain therapeutic neutrality while forming a treatment alliance with the host personality, a 38-year-old practicing Christian, and simultaneously with the Satanic cult alter personalities. The vignette illustrates a number of additional treatment techniques and strategies described in Ross and Halpern (2009) and Ross (2018) including: the principle of therapeutic neutrality; talking through to alter personalities; orienting alter personalities to the body and the present; reframing; and cognitive therapy for the host personality's catastrophizing cognitive errors. The session takes place in a specialty inpatient program for trauma and dissociative disorders in the year 2018:

**Therapist:** So, the cult alters are saying they want to be discharged so they can go to a cult ceremony next week, on June 21?

**Patient:** Yes, my dad is going to be there, they say, and they're going to sacrifice some babies. I'm a Christian not a Satanist.

**Therapist:** True. Before we get into that, would you mind if I ask the cult alters a couple of questions? They can answer inside your head, and you can tell me what they said. Would that be OK?

**Patient:** I guess so. But they probably won't talk to you.

**Therapist:** If they don't want to talk, that's fine. How about if we give it a try?

**Patient:** OK.

**Therapist:** OK, then. You guys in the background, the ones who want to go to the cult ceremony on June 21, I'm Dr. Ross. I've been working with Susan—I hope you've been listening. I'd like to ask

you a couple of questions, if that's OK with you. Would that be OK?

**Patient:** They said, "What do you want?" Then they said, "You can't make us stop."

**Therapist:** I agree—I can't make you do anything or stop doing anything. All I want to do is talk to you.

**Patient:** They said, "Yeah?"

**Therapist:** Yeah. I don't expect you guys to believe me or trust me. It's fine if you don't—in fact I'd say it's smart, since you've had your trust betrayed by so many people over the years. Before I ask you any questions, anything you want to ask me?

**Patient:** When can we get out of here?

**Therapist:** I'll talk about that in a minute. But first, I'm wondering, what year would you guys say it is right now?

**Patient:** 1987.

**Therapist:** And what year was Susan born?

**Patient:** 1980.

**Therapist:** That's right. So depending on whether she's had her birthday this year or not, she's seven or eight years old right now.

**Patient:** She's seven.

**Therapist:** Well, that makes sense. That adds up. And do you guys currently live at home with her mom and dad?

**Patient:** Yep.

**Therapist:** And the ceremony you want to go to is taking place on June 21, 1987, right?

**Patient:** Right. Can you get to the point?

**Therapist:** Yes, I can. I have some tips for you. You guys have been threatening to kill her, and trying to get her to kill herself, correct?

**Patient:** That's right. She's trying to keep us away from him.

**Therapist:** Who?

**Patient:** Her father. He's the High Priest.

**Therapist:** I know—she explained that to me. But let me explain something to you guys.

**Patient:** What?

**Therapist:** Right now you're in a mental hospital. We can't discharge her if she's suicidal. As long as you're threatening to kill her, or making her suicidal, you can't leave the hospital, and then you won't get to go to the ceremony. So if you want to get out of here, you need to stop it with the suicide stuff.



**Patient:** Thanks for explaining that. We don't want to kill her anymore.

**Therapist:** Well, I'm not sure if I believe you, but that's good. By the way, how old are you guys?

**Patient:** We're teenagers.

**Therapist:** Are any of you younger than that?

**Patient:** Maybe a few.

**Therapist:** Not surprising. I'm going to get back to you, but I want to talk to Susan for a minute. That OK?

**Patient:** Whatever.

**Therapist:** Susan, did you catch all of that? You looked a bit out of it for a while.

**Patient:** Most of it. Sometimes I kind of drifted off into the back a bit.

**Therapist:** That's what I thought. So, these cult alters want to go to a ceremony on June 21, 1987. In 1987 you were still living at home with your parents, right?

**Patient:** Right.

**Therapist:** This means that they have a lot of grief work to do.

**Patient:** What do you mean?

**Therapist:** Let's say that the current year is 2018 and your dad died in 2004. They don't understand either of those things. They don't know that it's impossible to go to a cult ceremony with your dad next week in 1987, for those two reasons.

**Patient:** I don't feel sorry for them. They're Satanists.

**Therapist:** And are they part of the chair, or part of the wall?

**Patient:** What do you mean?

**Therapist:** Are these alters parts of the furniture, or are they inside you?

**Patient:** They're inside me, but they're not me. I want them deprogrammed.

**Therapist:** So you want to kill them and get rid of them.

**Patient:** Right.

**Therapist:** Then how surprising is it that they want to kill you?

**Patient:** I never thought of it that way.

**Therapist:** And you've been very fearful that they're going to take your body to a cult ceremony next week.

**Patient:** Right.

**Therapist:** But they think they are going to a ceremony with your dad in 1987. There's no possibility that can happen in 2018, so you don't need to worry about it actually happening in 2018.

**Patient:** Oh, I'm getting it now.

**Therapist:** What's going on with those guys on the inside right now?

**Patient:** They think you're trying to trick them. They're telling me not to listen to you.

**Therapist:** Remember, guys, my goal is for her to be able to leave here before June 21. If you think it's 1987 right now, then that would be good for you because then you could go to the ceremony on June 21, 1987.

**Patient:** They think it's all a trick.

**Therapist:** I'm not surprised. Like I said, you've been tricked and betrayed by people you should have been able to trust, many, many times.

**Patient:** That's for sure.

**Therapist:** How about if we try looking at the cult alters from a different perspective?

**Patient:** Like what?

**Therapist:** Remember we talked about the problem of attachment to the perpetrator? How a kid has to form an attachment to her parents or caretakers, but also has to pull away and shut down because her caretakers are her perpetrators?

**Patient:** Right. My dad was a perpetrator.

**Therapist:** Right. But he was also your dad. You were biologically programmed to attach to him. Attachment to him just happened because you are a mammal. But then the abuse he inflicted on you messed everything up and caused a lot of conflict. Does that make sense?

**Patient:** Yes, I guess, but I didn't want anything to do with him. He was a Satanist.

**Therapist:** I'd say you did and you didn't. As far as I can tell, no amount of abuse completely wipes out that basic mammalian attachment. It's still there, but it's very painful to feel when your father is also a perpetrator.

**Patient:** So what's the point?

**Therapist:** How about, instead of looking at the cult alters as programmed, evil, and not a part of you, we look at them in a different way?

**Patient:** Like what?

**Therapist:** What if they're holding your attachment to your father because it's too painful for you to feel and know and acknowledge?

**Patient:** But they want to go kill babies. That's evil. I'm not evil.

**Therapist:** I agree that you're not evil. And obviously abusing and killing children is wrong and bad. No child deserves that, including you and including your cult parts.

**Patient:** But they want to go back to the cult.

**Therapist:** But the sad thing for them is, they can't, not in 1987. And never again with your dad.

**Patient:** I don't want to be in the cult.

**Therapist:** I know, but I'm trying to look at this from their point of view. What if, just as an idea to think about, we set aside all the cult stuff for a minute?

**Patient:** Why?

**Therapist:** Just bear with me for a minute. What if we translate what the cult alters are saying into normal English?

**Patient:** What do you mean?

**Therapist:** What if we set aside all the talk about Satan and ceremonies and killing babies, just for a minute?

**Patient:** Then what?

**Therapist:** Then what are your cult alters saying? They'd like to hang out with your dad, do things he likes to do, and have him be proud of them. How Satanic does that sound?

**Patient:** That sounds pretty normal.

**Therapist:** Right. So they're holding your positive attachment to your father because it's too painful for you to feel. You're pushing those feelings away on the grounds that they're not your feelings, you're not a Satanist, and you're not programmed to go back to the cult.

**Patient:** I'm not.

**Therapist:** I know, but parts of you are. Would it be possible to maybe start having a little empathy for them?

**Patient:** Maybe.

**Therapist:** What are the cult alters doing right now?

**Patient:** They're crying.

**Therapist:** What are they crying about?

**Patient:** You said their father is dead.

**Therapist:** What do you think a child needs when he or she learns that her father has died? Deprogramming? Being hated and rejected?

**Patient:** No.

**Therapist:** Maybe the problem isn't programming or Satanism, maybe the problem is part of you really misses your dad and is just starting to get it that you'll never see him again.

**Patient:** That would be sad.

**Therapist:** It is sad. How about starting to treat your inside children the way you would treat an outside child who lost her dad?

**Patient:** That would make sense.

**Therapist:** Are you willing to get serious about taking care of them and giving them the love you all missed out on growing up?

**Patient:** I'll try.

**Therapist:** Good. Excellent. What are the parts doing now?

**Patient:** They're quiet. They're listening.

**Therapist:** Anything you guys want to say before we stop?

**Patient:** Thank you, Dr. Ross.

**Therapist:** That's what they said?

**Patient:** Yes.

**Therapist:** You're most welcome. I look forward to talking with you guys tomorrow. In the meantime, you've got lots to process, right.

**Patient:** That's for sure. Somebody just said none of this is real.

**Therapist:** Do you know who said that?

**Patient:** No. I've never heard that voice before.

**Therapist:** Well, we're at the end of the session now, but I'd like to talk to that voice in the near future. Remember, we have to try to understand everyone's point of view, and how they were part of your survival strategy.

**Patient:** But it was real.

**Therapist:** I understand, but just telling the voice it has to agree with you probably won't work.

**Patient:** But you believe me, don't you?

**Therapist:** Remember, we talked about therapeutic neutrality. I wasn't there in your childhood. I don't know for a fact what did happen, and I don't know for a fact what did not happen.

**Patient:** Oh, so you don't believe me?

**Therapist:** Not true. I don't believe you, and I also don't disbelieve you. I don't do either. I'm neutral. I don't take sides with the parts of you who believe the ritual abuse happened, and I don't take sides with the parts who believe it never happened. My job is to work with all of the parts and help you to resolve the disagreement yourself.

**Patient:** OK. All right. I get it, sort of.

**Therapist:** OK, good. Nice working with you and your parts. Until tomorrow.

The vignette is a compressed version of work that will likely take longer in the real world and require repetition over a series of sessions. It illustrates neutrality with regards to the historical accuracy of trauma memories, and also neutrality in the systems sense, in that the therapist is not aligned with either the host personality, the cult alters, or any other alters, including the one who said that the ritual abuse is not real. The goal is to practice self-soothing, self-acceptance, empathy for the self, and inter-personality communication and cooperation. The therapist models this by acting as the go-between or mediator while the host and the cult alters tentatively begin to communicate with each other, first simply by listening. The therapist keeps in mind that the Satanic ritual abuse could be solely an internal reality—a variation on maladaptive daydreaming—and not a historical reality, but it is too early in the therapy to start addressing that question directly with the host personality. The therapist anticipates meeting the alter personalities who do not believe the ritual abuse happened in the outside world in subsequent sessions. The therapist announcing that Satanic ritual abuse is not real would destroy the fledgling treatment alliance with the parts who believe it is real being built in the session just described.

## CONCLUSIONS

Familiarity with the maladaptive daydreaming literature could be helpful for DID therapists because it provides an additional perspective for thinking about the complex inner worlds of some individuals with DID, particularly those reporting ritual abuse and mind control. Maladaptive daydreaming and DID are distinct and different in many ways, but they may overlap or co-occur in a subset of DID cases. I recommend that therapists maintain therapeutic neutrality concerning the historical reality of undocumented ritual abuse and mind control, and that they consider the possibility that some complex cases of DID with ritual abuse may involve an element of maladaptive daydreaming. Looking at such cases in this way may help with the management of counter-transference.

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