

Salem Witchcraft and Lessons for Contemporary Forensic Psychiatry

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In 1692 and 1693, in Salem, Massachusetts, more than 150 colonists were accused of witchcraft, resulting in 19 being hanged and one man being crushed to death. Contributions to these events included: historical, religious and cultural belief systems; social and community concerns; economic, gender, and political factors; and local family grievances. Child witnessing, certainty of physician diagnosis, use of special evidence in the absence of scholarly and legal scrutiny, and tautological reasoning were important factors, as well. For forensic psychiatry, the events at Salem in 1692 still hold contemporary implications. These events of three centuries ago call to mind more recent daycare sexual abuse scandals.

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Thou shalt not suffer a witch to live.—Exodus 22:18¹

The supernatural has long fascinated the public and psychiatrists alike. Throughout history, otherwise impossible-to-explain evils have been attributed to supernatural actors, such as werewolves, vampires, and witches. As recognition and understanding of mental illness, sadism, and sociopathy have increased, otherworldly explanations for phenomena have similarly evolved.

Belief in possession occurs in cultures that legitimate the role of the Devil and see evidence of diabolical intervention in day-to-day events. In Biblical descriptions, Jesus Christ exorcised possession states that presented similarly to psychosis, epilepsy, and dissociation. Historically, women and those of lower status are most likely to be considered possessed.² There remain cultures and subcultures that believe in possession, both in developing and developed nations. In Pentecostal sects, two types of possession are distinguished: that flowing from the Holy Spirit and approved of by society and that of diabolical origin, which requires exorcism.²

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Setting the Context: Time and Place

Attempts to understand Salem require that we shed our 21st century worldview and imagine the context of 1692 Salem. Religious, social, gender, local, political, and economic factors were salient.^{3–5} God and the Devil were in daily contact with the colonists.^{5,6} The Puritan church was the center of the community, spiritually and politically. “Puritans viewed the world. . . with the forces of evil engaged in an unceasing battle for the souls of the Lord’s legions” (Ref. 7, p 11). Separation of fantasy from reality was quite different from today,⁸ and a belief in witchcraft was part of the culture.³ We must use caution not to proceed with a self-congratulatory stance regarding the current state of psychiatry.⁹ It is necessary to focus on explanatory models available at that time in history rather than merely regarding the phenomenon as a conversion reaction.¹⁰

Malleus Maleficarum (translated to *The Hammer of Witches*¹¹), the witch-hunting manual written by Catholic Inquisitors, was used for almost two centuries after 1486.³ It described witchcraft as born of the carnal lust of women who were insatiable by normal means.¹² Witches were tempted by and, yielding, entered a covenant with the Devil by signing the Devil’s Book.^{4,13} Witchcraft was therefore a crime against God.¹² Since there were no witnesses to these pacts, torture was permissible in these investigations to gain information that might otherwise be withheld.

The 17th century was a time of witch hunts and trials in Europe. In the Barragan witchcraft trials in Scotland (1697), for example, an 11-year-old named her tormentors after experiencing what appeared to be violent seizures, losing the power of speech, and seeing the devil in human form. Bleedings and medications had no effect. Medical evidence was presented, leading to seven persons accused being put to death.¹⁴

From 1630 to 1700 in colonial New England, in total, 234 individuals were accused of witchcraft.⁴ Salem was unique, however, because the largest witch panic in the colonies occurred there, even as the witch trials in mother England were on the decline.

As women were believed to be uncontrollably lustful creatures and children were to be seen and not heard, girls were relegated the lowest social status. Salem Village, less sophisticated than Salem Town, was divided by land disputes, family rivalries, and the turmoil surrounding the development of a separate village church and ministerial choice. The larger picture also included life in a new country on a frontier, attacks by nearby Indians, and an unstable relationship with England that could cause land titles to be invalidated by the Crown. Natural disasters transpired: crops failed and livestock, women, and infants became diseased and died, all explained by God's will, specifically as punishment for sins.^{3,4,6,15} Increase Mather, a prominent Puritan minister, attributed King Phillip's War, smallpox, earthquakes, and a Boston fire to "divine displeasure for spiritual decline."¹³

A Brief Review of Salem and Its Witchcraft Trials

In winter 1691, 11-year-old Abigail Williams, niece of the Reverend Parris, began experiencing symptoms of bewitchment, as did Betty Parris, his 9-year-old daughter.^{3,7} Soon thereafter, other girls ages 9 to 17 and a woman, began experiencing symptoms, including feeling as if they were being pricked, pinched, burned, or bitten; making odd contortions; doing animal imitations; and physically and verbally abusing others.^{4,5} Sermons were interrupted by sacrilegious outbursts; Bibles were flung across the room. The afflicted also reported having a second sight, seeing specters (defined as shapes of witches), who would torment them and perpetrate evil acts against them.⁴

Rather than being reprimanded, the girls were pitied and placed on center stage.⁶ Spanos notes, "To become demonically afflicted was to adopt a social role that contained fairly clear-cut expectations concerning the subjective experiences and behaviors required" (Ref. 8, p 364). Symptoms spread rapidly among girls,¹⁶ beginning diversely but becoming increasingly consistent across victims. In fact, being possessed oneself was the only ironclad way to prevent accusations of witchcraft.

Fasting and prayer were not effective treatments. The plan to bake a witch cake of urine from the afflicted girls had unintended consequences. Reverend Parris called in the local physician, Dr. William Griggs. Dr. Griggs ruled out epilepsy in the writhing agitated victims; medications were ineffective.^{3,5} Ergo, since illness had either natural or supernatural causes,⁴ it was certain that the Devil and witchcraft were causal. The girls were declared under an "evil hand."^{3,7,16} Girls "who suffered from witchcraft, after all, were the victims of a crime, not a disease" (Ref. 16, p 2). (In 1695, Dr. Griggs would resurface in another forensic matter, an early testamentary capacity case, to testify that Mary Putnam was not of sound mind when she drew up her will.¹⁶)

Intense questioning of the girls¹⁵ resulted in an accusation of witchcraft against three local women.¹¹ They were among the usual suspects: poor, a slave, and a woman rumored to be involved with a servant. Tituba, Parris's Caribbean slave, was accused and under duress named others as witches. Others who were soon accused were either not pious or were disliked by the community.¹⁷ Accusations grew to include not only the usual suspects, but rather prominent community members as well. "The tales of affliction spun. . . gave these young women access to public power they had never known" (Ref. 6, p 137). To challenge the veracity of the girls' symptoms directly would lead to suspicion of one's own motives. Indeed, Martha Corey drew attention to herself by showing scepticism about the accusations and was accused and hanged.

The clergy had defined what physical signs indicated witchcraft, and physicians and midwives were directed to find them.¹⁶ A physician would determine if a disease was natural or unnatural and make a diagnosis of witchcraft. "Devil's marks" were flat or raised red, blue, or brown lesions with unusual outlines, marks identified as the Devil's confirmation of the

pact.^{3,18} Witch's marks were supernumerary nipples (or sores) that the devil's agents would suckle.^{3,4,18}

Colonists faced charges of murder and spreading disease, as well as assaultive speech.^{3,4} Blasphemy, in theory, was a capital crime.⁴ The Court of Oyer and Terminer was convened in early 1692, specifically to handle the witch trials.^{3,7} Trials were interrupted by spasms *en masse*. In court, when the accused witches moved, symptoms might suddenly occur. For example, if an accused bit her lip, the victims felt bitten.¹⁶ This goal-directed behavior has been described as "socially cued symptom enactments."⁸ Behavior of the afflicted escalated, and fantastical stories abounded.

Several time-honored English rules of evidence were disregarded.^{13,15} Spectral evidence was taken tautologically as evidence that a person was a witch and was based on the belief that the Devil cannot appear in the form of an innocent person. Demons were believed only to be able to assume the form of those who had signed pacts with the Devil.^{3,7,19} Victims would report seeing a vision of the accused harming them, when possessed persons purposely projected images to torture the innocent. There was no alibi or defense against spectral evidence. Critical touch or effluvia, in which an afflicted victim's spasms would only end when the hands of the accused were laid on them, was also used as proof of witchcraft.^{3,4} Another example of tautological evidence considered in early New England witch trials was the drowning test (in which floating was used as evidence of witchery, as water rejected evil), although this test was not used in Salem.⁴

Debate occurred in the religious sector. Esteemed minister Mather held the controversial view that while spectral visions were real, Satan could also assume the shape of an innocent person.¹⁰ For fair trials against witches, Boston ministers suggested in a letter that caution be used with spectral evidence interpretation and that no torture be used and warned against accusations being shouted in court.^{3,7} In a 1684 essay, Increase Mather noted six signs to discern between medical illness and possession, including ability to speak and understand languages that one should not know, knowledge of other people's secrets, having superhuman strength, speaking without using the lips, bodily inflexibility, and sudden inflation of the belly.¹⁰

It was also considered impossible for a witch to recite the Lord's Prayer perfectly. And perhaps somewhat surprisingly, considering the amount of time

spent in church, many failed this test. Yet former Salem pastor George Burroughs recited it flawlessly from the scaffold. The afflicted then claimed they saw a black man (the Devil) nearby, dictating the words.³ Burroughs was still executed; he had been convicted in court, and Reverend Mather also spoke in favor of execution.^{6,16,19}

All told, during 1692, more than 150 Salem residents were accused of witchcraft. Twenty-nine were found guilty, 19 were hanged, and one crushed to death. Forty-four people confessed to witchcraft and four died in prison.^{3,5} They included not only the outsiders and those with assertive personalities, but also some models of Christianity. Simply put, there was no way to rebut the charges that one secretly conspired with the devil.²⁰ Innocent answers had hidden, self-incriminating meanings,¹⁵ another example of tautology or self-incrimination based on presupposition of the judiciary. The special court was closed by the new governor William Phipps, after more prominent Bostonians, including the wives of the governor and Reverend Mather,⁷ were accused. Those who were still imprisoned were pardoned. LaPlante explained, "While no one doubted the existence of witches and Satanic spirits, many questioned the court's methods of determining guilt" (Ref. 6, p 176).

Peine Forte Et Dure

The estate of an alleged witch who died without entering a plea could be passed on to family, rather than surrendered to the government.^{3,19} Those who pleaded innocent might have been tortured to procure a confession or put to death.⁷ If one admitted guilt and named others as witches, death might be escaped. If judges assumed that all suspects were guilty, then those who confessed were less threatening as they were returning to God from the Devil.⁶ None who confessed went to trial; however, of concern was the state of the soul after a false confession.

In a unique case, Giles Corey refused to plead to the indictment and was pressed to death by *peine forte et dure* (French for hard and forceful punishment).^{3,21} Although rarely applied in the colonies, English common law allowed for *peine forte et dure*, the ultimate goal of which was forcing a person to plead rather than causing death.⁶ Persons were believed not to plead because they were either mute by visitation of God (imbecility or mental illness) or mute by malice (as with Mr. Corey). In order that

justice not be cheated by those who refused to plead, defendants who stood mute would have heavier and heavier stones placed on their chests until they either entered a plea or suffocated.^{22,23} The necessity for one to be fit to stand trial is believed to have arisen in English courts because of the practice of defendants standing mute,²² and thus *peine forte et dure* may have been an early method of attempting to force competency.

Medical and Psychiatric Interpretations of Salem

The relatively recently proposed Ergot hypothesis put forward the possibility that, because of crop failure, there had been a food shortage and colonists ate ergotized rye, which led to convulsive ergotism symptoms experienced by the accusing girls at Salem. The ergot alkaloids would have grown in fungi on rye flour and would have serotonergic and dopaminergic effects (similar to LSD).²⁴ Ergotism, also known as St. Anthony's fire, included paresthesias, formication, and burning pain as well as convulsions. The Ergot hypothesis was not substantiated by historical records, however.⁸ There was no food shortage. Further, often the only reported symptom in Salem was seeing apparitions, which are not a commonly described singular symptom of ergotism, especially when hallucinations would be expected to be combined with delirium, vomiting, and convulsions.⁸ The eight girls did not experience residual symptoms such as dementia or weakness.²⁴ Finally, the girls appeared able to turn their symptoms on and off.²⁴

To explain the girls' accusations and behavior, deception (malingering), factitious disorder (Münchhausen's), and conversion disorder, as well as reaction formation, dissociation, and possession have been put forward.^{4,5,7,10,11,15,19,20,25} Certainly, the sick role was reinforced, not only by sympathy but by the tremendous amount of power that these formerly powerless girls were able to wield. Also, whether one believes that the girls purposefully took their roles or did so through an unconscious psychological process, there is no disagreement about the trouble with giving up that role. It was not a sensible option to state that one was never really afflicted; she would then herself face accusations of witchcraft.⁸

Psychiatric interpretations of the witch hunts (which have often suggested that those persecuted for witchcraft were the mentally ill of the day) have been criticized for failure to consider the occurrences in

the context of the thinking of the time, using inappropriate sources, and failure to understand that confessions were often obtained under torture and coercion.⁹ Confessions were made to avoid execution, rather than because of delusion. Of those executed, there was no evidence of elevated rates of psychosis or mood disorder.^{7,17}

The community legitimized the roles taken by the girls, misguided professionals (clergy and doctors) helped, and those in authority willingly acquiesced,^{3,8,20} a phenomenon that has been repeated across time and place. A plausible and multifactorial interpretation has been that power, fear, malice, and incompetence allowed the events to transpire. Although there has been an evolution of society's conceptualization of witchcraft and supernatural phenomena over time, the occurrences at Salem were not an isolated New England colonial experience. Arthur Miller's *Crucible*,²⁶ ostensibly about the Salem witch trials, is an allegory and a cautionary tale regarding 1950s McCarthyism.¹¹ There are modern day parallels at home and internationally.

Modern Reassessment: Lessons for Forensic Psychiatry

In the modern era, false claims of victimization, such as the more recent daycare sexual abuse hysteria of the McMartin case from California to New Zealand's Christchurch Civic Crèche case and trials brought about by so-called recovered memories have been likened to the Salem events.^{3,9,11,27-30} Excessive fear can distort perceptions of even simple phenomena. In any time period, human deviancy can be misattributed, resulting in catastrophic errors of judgment. Concerns about child witnessing, the certainty of physician diagnosis, and the use of special evidence in the absence of study remain contemporary problems.

A modern re-examination of childhood testimony from the Swedish witch hysteria of 1670 and 1671 reviewed over 800 child testimonies from supposed child victims up to age 16. Stereotyped testimony correlated with age, gender, and social influence.³¹ At the time, the courts considered whether the children's testimonies were "the result of satanic seductions or the reflection of real events" (Ref. 32, p 66). The test that priests had used for child testimony was whether the child was able to read certain prayers or catechism.³² The modern caveat regarding child testimony, related to lessons from the witchcraft trials,

is that such testimony is fraught with difficulties that must be thoughtfully addressed. Safeguards do exist, however, in corroborative, noncoercive interviewing. A balanced approach to protecting rights has to be taken, rather than deductive certainty.

In the 1983 McMartin preschool case, in Manhattan Beach, California, hidden underground tunnels, airplane rides from the daycare, satanic worship while dressed as witches, ritual sacrifice, drinking blood, and eating of feces were all alleged.³³ The case occurred soon after the Vietnam conflict, the upheaval of the 1970s, and women's entry into the workplace. It began with a mother with schizophrenia calling the police to say that her young son was sodomized at daycare and progressed to the police's sending letters to 200 families of current or former students.¹¹ It led to panic at a national level, with the FBI and Interpol investigating. The trial was the lengthiest and most expensive in American history, included the bizarre stories just described of ritual abuse of many children and yet did not result in a single conviction for any of the seven defendants.^{11,33}

The McMartin case shared similarities with long ago Salem: fantastical child testimony mirroring the beliefs of the time by suggestible children, interviews with leading questions, and the idea that innocent children cannot lie.³³ In videotaped interrogations of the children, examiners promised rewards and asked leading questions.¹¹ Battling concerns about modern day competence in child interviewing, recent scholarship has focused on appropriate interview techniques. Subsequent studies have investigated the utilization of child interviewing techniques specifically by examining transcripts of the McMartin case. In one study, techniques used by the McMartin interviewers were more effective than simple suggestive questions at inducing preschool children to make false allegations against a classroom visitor.³⁴ Suggestive questions, when combined with social influence and reinforcement, led to more false accusations in a sample of preschool children questioned after their classroom had a visitor.³⁴ Another study used two specific components of the McMartin interviews, reinforcement and co-witness information, in interviews of children ages 5 to 7. Reinforcement increased false allegations against a classroom visitor threefold. Especially when being asked about events considered fantastic such as leaving the school on a helicopter, false allegations increased with reinforcement. A second interview without reinforcement

continued to find the children repeating the false allegations. This strongly suggested that one interview with reinforcement can lead to persistent false allegations by the children.³⁵

Hood²⁸ described a strikingly similar case, the more recent New Zealand Christchurch Civic Crèche case, as the product of a moral panic about childhood abuse and mass psychogenic illness, for which another innocent individual was the scapegoat. The unreasonable fear was similarly reinforced by what has been described as "largely untrained and unsupervised sexual abuse counselors who, imbued with their philosophies of authoritarian feminists, pursued their mission of detecting child abuse with zeal" (Ref. 29, paragraph 6). Although full psychological analysis of these major daycare scandals is beyond the scope of this article, they share with Salem prominent features of moral panic, scapegoating, and suspension of disbelief. (For a fuller description of these cases, the interested reader is referred elsewhere.^{11,28,33})

In retrospect, many asked how these cases could appear to take on a life of their own. Showalter³⁰ described a hysterical triangle, including a physician enthusiast (such as Dr. Griggs in Salem and the McMartin interviewers); a disillusioned, vulnerable patient; and a cultural environment that is supportive. Showalter noted that "Hysteria needs a doctor or theorist, an authority figure who can give it a compelling name and narrative" (Ref. 30, p 19). Experts must exercise due caution in interviews and diagnosis, and strive for objectivity, being aware of potential biases and temptation toward being an advocate for alleged victims. As noted earlier, concerns about physician certainty and the use of special evidence in the absence of study also remain relevant today. Physician certainty about diagnosis, as was the case with Dr. Griggs in Salem, who diagnosed witchcraft after he had ruled out epilepsy, and such as the preconceptions about abuse in evaluators in the daycare cases, is addressed by speaking in court on the balance of probabilities or with reasonable medical certainty. Evaluators must also use caution to not enter examinations with presumptions or bias. The use of special evidence (in Salem, claims of seeing specters and witches' familiars) is protected against currently by *Daubert* criteria for scientific evidence.³⁶ However, as a profession, forensic psychiatrists must remain on guard and apply the *Daubert* criteria, such as general

acceptance and peer review, in an age of an increasing number of journals of various qualities.

Conclusions

Those who cannot remember the past are condemned to repeat it.—George Santayana³⁷

Factors brewing in Salem have occurred elsewhere in time and place. Malice and incompetence, projected onto bad circumstances and complete confidence by key players that they were right are certainly not unique to Salem. Malice included greed, settling scores, and scapegoating in Salem and, in the daycare scandals, included homophobia, xenophobia, and scapegoating. Incompetence in Salem included reliance on flawed testimony, medical determinations of witchcraft, and theological explanations of natural justice, whereas in the daycare scandals, it similarly included reliance on problematic eliciting of children's testimony. Finally, bad circumstances (isolation and inconstant rule of law in Salem or community fears about putting children in daycare when women were entering the workforce in large numbers) stirred the pot. Lessons for forensic psychiatry involve not only understanding the larger factors involved in society's fears, but also cautions regarding eliciting child testimony, certainty of physician diagnosis, use of special evidence, and tautological reasoning.

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