

The Post-Traumatic Gazette No. 11 GUILT:

Can You Feel It? Is It A Way To Feel You Had Power? Is It Accurate? Can You Make Amends?

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Emotional numbness, one of the symptoms of PTSD, is a survivor skill. You can't break down and cry in combat or you will get killed. You can't scream and scream if the person who is abusing you says s/he will kill you if you do. Emotional numbness is a capacity we all have in order to ensure survival in traumatic situations.

We've all seen angry people say "I'm not mad," and believe it. They can't tell!

People who feel guilty often have the same problem. Guilt is so unacceptable to them, often because they set such unrealistically high standards for themselves, that they can never admit they were wrong, so they shouldn't feel guilty and don't. Meanwhile their friends and relations can see them jumping through hoops just to keep from feeling guilty.

Other people don't have a problem feeling guilty. They were brought up in guilt-ridden religious systems or by parents who told them everything was their fault. So something bad happens and they feel guilty and suffer, feeling totally powerless to get out from under the burden of painful feelings. People who feel guilty rarely have compassion for themselves. They have compassion for the people they feel guilty about but not for themselves.

Some of us do both.

I used to feel guilty all the time. I believed that if I felt guilty, I was. Whenever Bob had a bad day, it seemed to me that it was my fault, that if I had just done this or that differently, I could have made his day good. Today I know that I needed to think that I had the power to make him happy and was just making shameful and stupid mistakes and "should have known better," because admitting that I was powerless over his moods was too frightening. This was a powerful reason for me to prefer to feel guilty,

but it is one I don't need anymore. I am willing to admit I am powerless over trauma. There is plenty of help available to me. I'm not helpless. Funny, because when I felt I did have the power to fix traumas and was guilty of not doing it right, I also felt helpless! Still, for many trauma survivors and war veterans, even though the guilt is corrosive and devastating, in some ways it is better than admitting powerlessness or helplessness in the face of trauma. Reality is hard to face.

People say "I just want it (pain, guilt) to go away," but how effective is that? Maybe that is not how you heal.

Feeling guilt: One of the difficulties with letting go of the survivor skill of emotional numbness is to separate the feeling of guilt—which you have and therefore need to feel—from your beliefs. Guilt is one of the most painful emotions. Who wants to feel guilty?

Me!

Not the old "It's all my fault" guilt, but if I feel guilty and try to reason myself out of it I usually bottle it up. I have discovered that bottled up emotions seem to hurt me and those around me. No matter how painful, I am now willing to feel every bad feeling I have. I am grateful not to be numb.

I don't have to believe the feeling. I've found it is okay to be in pain. I know that tolerating painful feelings will help me get through them the next time I have them. I won't have to resort to old painful behaviors to avoid pain. Feelings peak and fade if I feel them. I use several tools to deal with painful emotions. The slogan, "This too shall pass," reminds me that if I just allow myself to feel it, it will pass. Like I said, I also don't necessarily believe my feelings, especially ones like guilt. "Feel the guilt," I tell myself, "but don't believe it."

Steven Stosny (who invented the HEALS acronym [No. 7] and wrote *Treating Attachment Abuse: A Compassionate Approach*) suggests feeling a core bad feeling like guilt for about 30 seconds before you start to apply compassion to yourself. After you apply self compassion, your thinking becomes clearer and you can begin to analyze your guilt.

Analyzing guilt: My suggestion is to separate the feeling of guilt—which you have and therefore need to feel—from your beliefs. This is an odd and awkward idea to most people. Feel the pain but don't believe it. Weird! Is there a space between feeling and believing? I think so. As a

matter of fact, I've found one and I work at making the space bigger every day.

Here is how I do it: When I feel guilty, I ask myself does that mean I have done something bad or is it an old feeling pattern I grew up with that I need to feel but not believe? The distinction is an important part of healing. I'm the kind of person who in the 4th Grade, when Mrs. Abamonte said that someone had taken 15 cents out of Johnny's coat pocket in the cloakroom, cringed, felt terribly guilty, and wondered if I had done it and had amnesia.

Today I can often see that I am only feeling guilt out of habit. I'm not guilty. It was not easy for me to see this at first because the pattern of over-responsibility and feeling guilty were deeply ingrained in me.

Once you can tolerate pain and feel what you are feeling, knowing it too shall pass, rather than getting depressed or exploding into rage or grabbing a drink or a twinkie, then finally analysis of the guilt producing incident will be productive. I use several things from 12 step programs to analyze guilt.

Number one: I'm not God. I don't cause things no matter how much I am afraid I did. Other factors are involved over which I have no control.

I cannot know the future, either. Did I really have the power to predict or control the situation? In life threatening traumatic events, we are often powerless. An eighteen year old with a gun can feel pretty omnipotent, but he's not. He's there because the government put him there and gave him the gun. He does not have the power to stop bullets. A four year old is naturally self-centered and thinks magically, so it is easy to convince her that abuse is her fault, she made the perpetrator do it. It ain't true!

Then I look at perfectionism: Am I afraid that if I made a mistake, I am a mistake? That's a common pattern. Are my expectations of myself unrealistically high? Do I wish I had been perfect? Why do I think that I alone should never have made a mistake (egoism)? Am I willing to be one among many or do I have to be the best or the worst?

Was I honest, open and willing? Did I say what I mean, mean what I say, but not say it mean? Did I relax and take it easy and not struggle or did I do something because "This time it was different," or I felt a lot of urgency? Those feelings usually lead to old behaviors and making mistakes for me, so I write out a daily 10th Step (Continued to take personal inventory and when we were wrong promptly admitted it.)

I also have written a number of 4th Steps (Made a fearless and searching moral inventory of our- selves.) which combined with steps 5-9 helped me to clear away the guilt from past events in my life. The steps work by slow increments and take time, but so does any kind of healing.

If you are not working a 12 step program, Edward S Kubaney from the VA in Honolulu has developed a Cognitive Therapy for Trauma Related Guilt (CT-TRG), published in the journal *Cognitive and Behavioral Practice*, 2, 27-61, 1995.

He defines guilt as “an unpleasant feeling with an accompanying belief that one should have thought felt or acted differently.” He sees six components to guilt: “a negative event or outcome, distress, perceived responsibility for causing a negative event, perceived lack of justification for what you did, perceived wrong-doing or violation of personal standards, and beliefs about pre-out-come knowledge [ie. should have known better, should have seen it coming, etc.]”

The extent to which the person thinks s/he knew it was going to happen before the event occurred and thinks that s/he could have or should have acted on that information to avoid or prevent the outcome often turns into the person believing that they caused the trauma. Hindsight always increases guilt and distress. If you think “I should have—could have—if only—why didn’t I—there were clues etc.” you are having hindsight bias which is coloring your view of the trauma.

I’m really familiar with this because I can remember guilt-tripping myself when I found out about PTSD, thinking “I should have known about this back in the 70’s.” I was telling myself I should have known about it before there was a name for it, during the period when it wasn’t supposed to exist! That is pretty funny!

Kubaney mentions eight other factors that go with trauma tend to increase guilt: great damage, human causation of the event, being at the scene, having it happen to someone close to you, irreparable harm, all courses of action having negative outcomes, being relatively unscathed oneself, and blame from others.

Kubaney provides several questionnaires to assess guilt which are available to therapists.

Analyzing an incident can help a veteran see that his intention was not to do something that violated his notions of right and wrong (common

examples are shooting someone who turns out to be a civilian or seeing others do that and not stopping them), but he did need to protect his unit (justification). He did not send himself to Vietnam or start the war or control how it was run (responsibility for what happened), and at the time it was impossible for him to do something he thought of later (hindsight). An incest survivor or a battered wife might go through the same steps. This helps the survivor realize that he or she doesn't have to believe the guilt he or she feels. It is a feeling and it will pass but it is not THE TRUTH. And if there is some element of actual guilt, amends can be made. More about that later.

Cognitive distortions: Veterans who “should have known” there was an ambush, “should have saved” someone blown in half, “should have known” not to participate in search and destroy, in calling in artillery, in dropping bombs, women who “shouldn't have let” someone rape them or molest them or batter them, guys who “shouldn't have let” themselves get raped in prison or molested by some preacher, priest, Sunday school teacher, coach or relative all suffer from distortions in thinking. So do people who feel guilty for being numb or for reacting like they were in combat when someone touches them, or for not wanting sex and hurting their partner's feelings while struggling with rape or incest issues

Joe Marine didn't buy himself a ticket to Vietnam and an M-16 nor did he order the search and destroy mission or plan to shoot into that hut and hit an old man, a woman or a child. Nor could he avoid becoming numb in the natural course of repeatedly having to see and/or do violence. Black and white thinking made him take all the blame and made him feel irredeemably, totally bad.

And then there was Jim Marine who did the same stuff and felt totally justified in everything and would do it again. No shades of grey. But both of them are suffering, one feeling hopelessly bad, the other defensively perfect. In *Feeling Good* by David Burns, MD, black and white thinking is one of the most common cognitive distortions. Cognitive distortions cause people to become really depressed. Among the 10 others were emotional reasoning (I feel it therefore it must be true) and personalization (I am the cause of some negative external event when I am not primarily responsible) which often blends into omnipotence.

Thinking you caused something outside yourself, can control it, and can cure it are the three “C’s” of codependency. They are cognitive distortions rather than reality. When a grownup beats a kid and says the kid caused it by being bad, the kid personalizes the beating. Nothing can make a grownup hit you except something inside the grownup, nor does a kid have the power to stop the beating(s), or the power to forget about them and not be affected by them. When you are told you are being molested because you are so pretty, you personalize that, think you caused it, but you didn’t cause it and you also didn’t have the power as a child or adolescent to stop the abuse. (Then learned helplessness may put you in the position of victim time after time because you have suppressed your normal warning systems about screwed-up men to survive your childhood.)

If they personalize the trauma (I caused my friend to die because I ran to save myself, or didn’t get up and save him under withering fire; or I didn’t protect my mother from my dad; or I made someone so mad s/he hit me) most people will feel guilty. Because they feel guilty, it reinforces the incorrect belief that they were at fault, so they feel guiltier.

Telling them not to feel guilty is usually ineffective for two reasons: either they resist which is healthy (after all it is what they feel), or they suppress the feeling to please you, but it is still there. When you suppress feelings you cannot recover. So even in recovery, in therapy, they can get stuck in a cycle of guilt. Some therapists are not comfortable dealing with guilt feelings. They are afraid of making things worse for the survivor. A lot of therapy around guilt issues fails because it is a well meaning attempt to relieve people of their pain. People need to feel pain and learn that it is normal to be in pain if and when it hurts.

Effective guilt therapy involves respectful listening and accepting, going through a process of analysis of what happened, followed by an offer of a new perspective.

Changing feeling habits: When you feel guilt without believing it often enough, tolerating painful feelings and then analyzing the truth of them, eventually you may develop the capacity I’ve developed to see that I’m beginning to go down an old and familiar path: guilt. I suspect it is actually a chemical path in my brain. Today I don’t have to because I’m not guilty! I can choose not to follow that path, not because I am suppressing a bad feeling that I can’t tolerate, but because it is not true. This has taken a

lot of time and practice. How can I tell I am not just suppressing guilt? When I see I've been wrong, I'm perfectly willing to feel guilty, admit I was wrong, and use the feeling to help me make amends and to motivate change.

Responsibility: I've talked to and corresponded with a number of men who feel and say they were murderers for things they did in combat. Anyone who has talked to or seen video tape of convicted murderers knows that they never call themselves that, never say "Then I killed her." They say "When that person died." They say "It happened," but they never take any personal responsibility. It is the same with most batterers (she made me hit her) abusive parents (ditto), pedophiles (s/he wanted it. It didn't hurt.). So taking personal responsibility for what you did, acknowledging the pain you may have caused, you are on the way to healing because you are no longer denying it or saying "they made me do it."

Guilt is a good emotion for those of us who tend to feel justified in whatever we do because we're right, we were hurt, or "they deserve it." There are three definitions of guilt in the dictionary, moving from fact to feeling:

The fact of being responsible for the commission of an offense.

Law. Culpability for a crime or lesser breach of regulations that carries a legal penalty.

Remorseful awareness of having done something wrong. or Self-reproach for supposed inadequacy or wrongdoing.

If other people are telling you that what you did or are doing is wrong, take another look at it. These definitions can guide your analysis.

How do you tell if you hurt someone else? I ask myself would it have hurt me? I hated to be criticized, but I did it myself. This may not work as well if you are a combat veteran: yelling may seem like nothing compared to combat, but it hurts wives and children. Maybe you'll have to put yourself in their shoes.

To heal I have to see myself as human and imperfect, I have to accept that I make mistakes and to forgive myself. This also helps me to accept that other people are human and make mistakes, too, and don't deserve to be punished for them either. We can't judge what other people deserve unless we have walked in their shoes through their whole life which is impossible. They deserve the same mercy we would like.

Punishment: Some of us feel so irredeemably bad, we don't want mercy. People who feel like this may spend their life getting in trouble, screwing up relationships, trusting the untrustworthy, and not even notice it. Or they may be only too painfully aware of it and feel they deserve it. Don't believe it. You deserve to heal.

Have you been punishing yourself for the things you did to survive or for merciless things you did because you had seen so much it didn't seem to matter? Have you been destroying relationships? Sabotaging success? Tormenting yourself with cruel criticisms of what you did then or do today? Trying to kill yourself quickly through suicide or risky behavior, or slowly through drinking or drugs or overeating?

If you have analyzed your guilt and still feel guilty, ask yourself this: How effective is your punishment? Guilt is like a bruise to one's ego, but will punching yourself in the face over and over help? It makes you feel like shit, but is it doing anything to make the world a better place? To end war? To end child abuse? To end society's victim-blaming?

Nothing is ever going to change what happened to you or what you did. The past is the past. How can you use what happened to you, what you did, to make the future better? You can make amends.

Whatever you have done, you deserve to recover. One of the things that will help you recover is to work towards making the world a better place. Whether you do this behind the scenes in a soup kitchen or on television like the Argentine colonel who told about throwing the "disappeared" out of the rear of a cargo plane over the ocean, you can make a difference. Punishing yourself does not improve the world one bit. It just makes you hard to live with. Making amends makes the world a better place and makes you easier to get along with.

Amends: If you discover that there is validity to the guilt you feel, this is a painful moment for all of us. Guilt can be a helpful emotion. It can help you change your current behavior. It can help you decide to make amends for past actions that have hurt others. Part of analysis is also to analyze actions as opposed to intentions. I may have meant to be helpful by criticizing Bob, but the action hurt him. You may have meant to be helpful by going to Vietnam but some of your actions may have hurt people. You may have meant to toughen up your kids by whipping them, but now you know it hurt them.

Even the nicest of us do things for which guilt is an appropriate reaction. 12 Step programs offer a way to freedom from such guilt: the 9th step—which comes after 8 other steps for a reason—making amends. After working the 8 preceding steps with a sponsor, a 12 stepper goes to the person s/he has harmed and says that s/he was wrong without justifying it or pointing out the other person's faults, says s/he is sorry, asks for but doesn't demand forgiveness, offers to make restitution, and makes such restitution, "except when to do so would injure them or others." We can't go hurt someone else to relieve ourselves of guilt! This is very freeing because it takes care of our part in a situation.

Traumatic situations can leave you with no one to whom you can make amends. The family you battered is gone, the Vietnamese you killed are dead, the buddy you left on the field of battle didn't make it. What can you do? Find his family and see if they know what happened to him. You can't bring people back, but you can help their families by visiting them and giving them a chance to talk about their lost member. You can make amends to civilians in the war zones by sending medical and school supplies to the country they loved.

If you are a Vietnam vet and have souvenirs, contact the Vietnam Veterans of America and become part of the Veteran's Initiative, (8605 Cameron Street, Suite 400, Silver Spring, Maryland 20910-3710, 301-585-4000), "a humanitarian veteran-to-veteran effort to help gain information about American POW/MIAs...by providing information about Vietnam's missing in action to the Vietnamese Veterans Association." They are looking for letters, diaries, or other personal items taken from enemy dead or maps, etc of burial sites. Everything will be kept strictly confidential. Send stuff by registered mail, FedEx or UPS. VVA says it is a way to "let go of painful memories by turning over any tangible reminders of the war ...in their possession." Or join the effort to help rid Vietnam of mines. Help a Vietnamese refugee. Support organizations that fight the exploitation of third world women in the sex trades. Support a battered women's shelter. Speak out against child abuse. There is always something.

If you are still living with people you have hurt in the past, living amends, replacing old behaviors with new, are important. Take new actions and new feelings will follow. You may find yourself looking at people with

new interest and appreciation of their beautiful brave humanity when you used to look at them and see only faults. That is what has happened to me! Saying I'm wrong has been a big part of my amends because I used to say and do anything to prove I was right. Bob used to tell me that, but I didn't believe him. I just thought he was a sore loser. Turns out that being wrong sometimes is being human and he still loves me!

Someone I know found it more important for him to say he was sorry. When he was harming his family, he was always saying he was wrong and no good, but he could never say he was sorry, so that was an important part of his amends.

Rituals: Even if you have less guilt about an incident after you have analyzed it and realized you were doing the best you could at the time, you may still have a lot of regrets or sadness about what happened. That's good. It was sad. It is okay to feel sad. Expressing that sadness will help.

You can create a healing ritual for yourself. A quiet personal memorial to someone you lost in combat, burning the journal pages about your abuse, a walk in the woods, a visit to a place of worship or some other place that is meaningful to you, a song, a poem, a drawing, all can help you deal with the pain without turning it into guilt. Figure out what you would find helpful. You deserve to recover and you can find what works for you.

Ambivalence: I was never told as a child that it was okay to feel two different ways at the same time about the same thing. I was never told it was okay to have illogical feelings. I thought I was the only person who did.

Hating what you did and also loving it is very common in combat veterans and probably in a lot of other trauma survivors. Acceptance of yourself goes a long way towards helping with this ambivalence. And once you accept and love yourself just the way you are, you can begin to change the parts of you that cause you pain.

More ISTSS Notes

The International Society for Traumatic Stress Studies Annual Meetings are full of interest for those of us who are looking for help with PTSD. I look for “workshop” in the session description because of my interest in how-to. Workshops are done by people who do the work. “Discussion group,” often means a meaningful discussion about realities, too. The topics of various symposia can be interesting but they tend to be too many research papers read in too short a time.

Edward S. Kubaney and Julie Owens of the Pacific Center For PTSD, and Josef Ruzek of the National Center for PTSD presented a very interesting and dynamic half-day pre-meeting institute on **Cognitive Therapy for Trauma Related Guilt**. I’ve mentioned some of their ideas in the article on guilt. They offer clients a sustained and systematic look at guilt, analyzing the components, discussing common thinking errors. Their system calls for administering a series of questionnaires to the client, perhaps to be filled out in the office before the session. Using those answers, the least guilt evoking issue is addressed first to give the client confidence in the process. The therapist listens to a detailed description of the event, and then defines guilt. Together they work through a set of analyses of the components of guilt (hindsight, lack of justification, responsibility and wrongdoing). Their presentation included tapes of impressive and effective interventions with both veterans and battered women.

The unsurprising results of studying Gulf War and Somali vets were reported at one symposium: They do have PTSD and it gets worse with time. It was amusing to listen to the psychologists wondering why the reports of traumatic incidents were worse when the follow-ups were done. One psychologist assumed that the vets were making the traumas worse in their heads because they had PTSD symptoms. Others of us assumed they were minimizing and denying any problems at the first interview, trying to be macho and unaffected. Human nature! Thanks to the presenters, Jessica Wolfe, Madeline Uddo, and Lisbeth Roemer, and their colleagues for doing the research. Trauma is trauma.

A wonderful workshop on “The Use of Ritual Following Traumatic Loss: A Community, Group, and Individual Perspective,” was put on by Bruce Young, LCSW of the Menlo Park VA, Karen Sitterle, PhD of the University of Texas, and Diane Myers, RN, a disaster consultant from Watsonville, CA. Rituals heal was the message. They heal best when designed and implemented by the trauma survivors themselves. From my notes: Any experience of survival involves a psychic journey to the edge of the world of the living. The functions of ritual for survivors are to reestablish a sense of belonging, a sense of meaning and an orientation towards the future. Healing rituals have common elements: they bring together survivors, communicate common grief and pain, solidify the group, permit hope and allow continuity to take over. They happen in the present moment but allow you to feel the connection to the past. They bring people who were stuck in the past into the present and connect them to the future. There is a communication of shared values, relatedness, compassion, altruism, a confirmation that love and goodness is larger than evil and hate. Anniversaries are particularly important times for rituals because anniversary reactions seem to be built into people. Privately people can rethink, retell their stories and visit graves or monuments. Publicly it is good to commemorate those who were lost and celebrate survival.

An interesting discussion group on “Optimal Treatment for Veterans with PTSD: Balancing Needs, Effectiveness, Resources,” was chaired by Lisa Fisher and James Monroe from the Boston VA and OPC. (Anything they present is going to be good and focused on healing). Charles Marmar, MD, San Francisco VA, Julian Ford, PhD, White River Junction VA, and Robert Rosenheck, MD, New Haven VA, made up the panel. Robert Rosenheck said “the evidence suggests there are no magic bullets and we have to distinguish caring for people from outcomes. It’s about caring for people... You need to treat the person, not just his PTSD.” Charles Marmar said “We have tremendous dilemmas in how to bring together our compassionate caring as therapists dedicated to caring for chronic combat related PTSD and hard nosed business decisions to be made about the alternatives...in the allocation of resources.” He suggests a three phase model for treatment. First assess where a veteran is. Does the vet have adequate resources in his life to tolerate combat therapy? Minimum requirements are that they be committed to do the work, clean and sober,

with stable housing, and some social support. The second phase is either trauma therapy or educational support, vocational rehab, and medication for those who cannot do trauma work. Phase three is long term open ended case management model for maintenance. Julian Ford said “it is very effective to frame clean and sober as part of the PTSD treatment. It minimizes an enormous amount of resistance... Cycling through the phases is going to go on for a long long time. There’s got to be periodically a very specific plan to do a thorough reassessment... they will tell us by having crises and force us to go back and start the process again and cycle back through it...Our main job is to help the veteran find a way to live in his community...support on a regular ongoing basis... The vets I work with—weekly or monthly is not sufficient. They are clamoring for some kind of community and I think we can provide that to them in the form of kinds of day treatment... a place to come in, to check in, to find people you know, to restabilize, to talk about what’s going on with you, and that takes resources but it doesn’t take a phalanx of expensive psychologists or psychiatrists ...it takes people who are providing the ongoing support and the community. We really need to look at Marsha Linehan’s Dialectical Behavior Therapy... down to earth practical survival strategies.” It was interesting to see that the big guys at some VA’s really do care about helping veterans and do know there is a problem with the delivery of services.

Another interesting symposium was “The Limiting Effects of Paradigms on the Concept of Traumatic Stress” chaired by Harold Kudler, MD of Duke University and VAMC. Nancy Kobrin, PhD, read a paper on DaCosta and Mitchell, two Civil War doctors who worked together developed different names for what they saw, Soldier’s Heart (DaCosta) and the rest cure (Mitchell). Their conceptualization of PTSD as a physical problem determined what they saw and how they treated it. Both of them perceived it as exhaustion, Da Costa exhaustion of the heart and Mitchell of the nerves.

Alexander McFarlane spoke about a paper about Traumatic Neurosis published in 1918, pointing out that they were concerned with many of the same issues as we are today. He also talked about the shock treatments used in WWI to “cure” those who were paralyzed.

Rachel Yehuda talked about how difficult it is to do research that is not providing results which are what is expected and wanted, and about

keeping an open mind so we can see what is there instead of what we expect to see. At the comment period, I stood up and said that we need to include somatization, physical problems, in the diagnosis of PTSD and we need to observe families if we want to know if someone was affected by war because often the vet looks great and the wife and kids are carrying the pain.

“When the Patient Reports Atrocities,” was another great no-nonsense discussion group put on by Monroe and Fisher and Ray Scurfield of the Honolulu VA. Perhaps it is too disturbing to acknowledge that victims and survivors can behave atrociously: it was mostly people who deal with vets. A couple of therapists were there because their child abuse—both sexual and physical—clients had been abusive to others. The discussion acknowledged the pain of veterans and other survivors as they talk about some of the things they have done or not prevented, and the pain therapists feel when they hear very distressing stories. Atonement and ways of making amends were discussed. There were no easy answers, but we didn’t pretend that there is no such thing either!

Book Review

Betrayal Trauma, Jennifer J Freyd, Harvard University Press

Jennifer Freyd has written an incredibly powerful and moving book, the kind where her thinking gets yours going and you start to jot notes in the margins as you tear through it.

Despite the fact that she has endured being outed as an incest survivor and being called a liar and a patsy by her parents and their coterie of non-traumatic memory experts associated with the False Memory Syndrome Foundation, Dr. Freyd has risen above the fray about repressed memories in this book. Not one little shaft or snide remark escapes from her pen.

Instead she focuses on the real issue:

Do people forget trauma? Yes.

Do we know how or why? Not completely but there seem to be several ways that it happens and more than one reason to do it. The element of betrayal appears to have a strong effect.

Is it possible that therapists can implant memories? Possible.

Is it possible for parents to cause kids to forget sexual abuse? Even more possible.

Part of the joy of this book is her careful analysis of the implications of some of the more famous lab experiments on memory which are cited a “proof” that therapists can implant traumatic memories: For instance, the kid who was told he had been lost in a shopping mall “was convinced of the shopping mall story after being told that his older brother and his mother both remembered the event well. If this demonstration proves to hold up under replications it suggests both that therapists can induce false memories and, even more directly, that older family members play a *powerful role in defining reality for dependent younger family members* (p. 104, my italics).”

The seven chapters in the book take us from “Betrayal Blindness,” which discusses why people need to be blind to betrayals through “Conceptual Knots,” which discusses problems with terminology and the implications of same. For example, “While I agree that memory repression is best understood as forgetting that is motivated in some way, I find it problematic to assume any particular motivation in the definition of the concept or repression itself (p. 19).” We need to examine “the range of phenomena, motivations and mechanisms implied by the varying uses of words like ‘repression,’ ‘amnesia,’ and ‘dissociation.’” She suggests using the “concept: knowledge isolation. Once that is done, why, how, when, and from what, knowledge is isolated can be determined, based on the resulting level of awareness of reality. Is the knowledge isolated at the time of the event? If so, is the limited material stored essentially unprocessed? Or is the knowledge instead blocked from consciousness after the event? Is the knowledge isolated following a desire to suppress awareness, or did it just seem to happen that something was not noticed or not forgotten?...This concept is useful specifically because it does not assume particular motivations, mechanisms, or resulting phenomena... we are in a better position to formulate precise and testable statements about the phenomena, the motivations, and the mechanisms (p. 26-27).”

Chapter 3, Context and Controversy, details the current controversy about “False Memory Syndrome” with scrupulous fairness. She is also scrupulous in detailing what is known about how children and many abuse survivors do not reveal the whole story all at once: this used to be taken as proof they were making it up, but it now appears they are testing the waters out of fear of others’ reactions, to see if they are trustworthy (which turns out to be pretty well justified) and also because only parts of the experience are remembered at first. We have all had that experience. Even pleasant memories come back slowly. Traumatic ones can, too.

Attempts to implant false memories in a 1995 study showed that a few people will remember a false event that is familiar (being lost in a shopping mall). None of them remembered a false event that wasn’t familiar (having an enema). Dr. Freyd points out another small disrespectful action on the part of media and FMS spokespeople: They always use the first names of victims of child sexual abuse and the last names of their supposedly innocent parents.

Chapter 4, Why Forget? details the reasons why the survival of a child may depend on not noticing or forgetting what its parents are doing so it can bond with them and receive care.

Chapter 5, Ways Of Forgetting discusses them in the context of the latest in scientific studies and also details available studies about early childhood memories. Lots of very interesting science throughout this book.

Chapter 6, Testable Predictions, discusses what the available scientific laboratory and clinical evidence suggests about forgetting trauma and how we can study these ideas to see if they are true.

Chapter 7, Creating Connections, answers the question of why bring it up years later. The answer is to make this world a better place where instead of not talking about abuse, we don’t do it.