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EUROPEAN SOCIETY FOR TRAUMA AND DISSOCIATION  
PO BOX 31441 - 6503 CK NIJMEGEN THE NETHERLANDS  
EMAIL: [INFO@ESTD.ORG](mailto:INFO@ESTD.ORG) WEBSITE: [WWW.ESTD.ORG](http://WWW.ESTD.ORG)

# ESTD NEWSLETTER

► Co-editors: Onno van der Hart, Dolores Mosquera and Dehra Mitchell

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# QUARTERLY QUOTE

Richard P. Kluft

“Unification is an overall, general term and encompasses both fusion and integration. Integration refers to an ongoing process of undoing all aspects of dissociative dividedness that...continues at a deeper level even after the personalities have blended into one...Fusion refers to the moment in time at which the personalities can be considered to have ceded their separateness.”

Richard P. Kluft (Integration, Fusion and Unification, 1993, p. 109)



Raphaël Gazon  
ESTD President

## LETTER FROM THE PRESIDENT

Dear Colleagues and Fellow Members of ESTD,

On 26 February 2022, Josh Glancy, Washington correspondent for *The Sunday Times*, wrote an article entitled "Will the permacrisis ever end?". He reviewed the last six years, from Brexit to the pandemic to the invasion of Ukraine, highlighting the role of social media in amplifying the crisis.

At the beginning of 2022, many were looking forward to an end to the pandemic and the containment measures put in place to combat it. However, the invasion of Ukraine by the Russian army hit like an icy shower. The suffering of the Ukrainian people and the incessant images of war are stark reminders that security and peace are fragile and never guaranteed. Looking forward to the future is becoming difficult and a growing number of people are concerned that "living in crisis" is going to be the norm in the coming decades.

Faced with the adversity and instability of the world, we need, more than ever, to stand together and put solidarity into action. In this context, the ESTD has a vital role to play as an organisation, bringing together clinicians and researchers specialised in trauma and dissociation in order to disseminate as widely as possible useful resources for helping people traumatised by war (Read the ESTD statement about the war in Ukraine: <https://www.estd.org/content/statement-estd>).

Speaking of helpful resources, more and more of you have been attending our online webinars. On 20 January 2022, Suzette Boon gave a clear and detailed presentation of clinical cases related to the "Trauma and Dissociation Symptoms Interview (TADS-I)." Then, on 17 March 2022, Richard Loewenstein offered a fascinating reflection on the diagnosis of dissociation and dissociative disorders.

We will continue our series of expert discussions on the topic of the diagnosis and assessment of dissociation until the summer vacation. Renée Marks will join us on 19 May 2022 from 19:00 to 20:30 (CEST) and Ellert Nijenhuis on 29 September 2022 from 19:00 to 20:30 (CEST). Renée will talk about the assessment of dissociative symptoms and disorders in children and adolescents and Ellert will talk about somatoform dissociation as a major characteristic of dissociative disorders.

As we are committed to sharing theories and practices concerning trauma and dissociation with as many people as possible, we have decided to make our upcoming seminars completely free of charge. In addition, recordings of the webinars will be made freely available to ESTD members. All you need to do is register on the ESTD website (<https://www.estd.org/content/19-may-2022-free-webinar-7-pm-assessment-dissociative-children-and-adolescents>)

A great many colleagues have shown interest in online events and we will continue to offer more and more events of this kind. We are currently working on a complete redesign of the website which will streamline the organisation of virtual events. We are also working to provide you with a summary of each webinar so

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that colleagues who have difficulty following the audio in English can rely on a written version.

In addition to virtual exchanges, we remain convinced of the value of meeting and discussing our shared concerns face-to-face. This is why we are pleased to announce that the next ESTD congress will be held on 9, 10 and 11 March 2023 in Brussels, in collaboration with the Association Francophone du Trauma et de la Dissociation. The title of the congress will be: "When Attachment Meets Trauma: Disorganisation and Dissociation from Childhood to Adulthood." A preliminary programme is being prepared and will be published soon. In the meantime, don't forget to make a note of the dates in your diary!

In terms of research, ESTD has decided to support a study being conducted by Bethany Brand, Ph.D. and Hugo Schielke, Ph.D. (TOPDD Network Randomized Trial). This study aims to test a therapeutic programme that focuses on improving patients' ability to safely manage and reduce intense emotions, PTSD symptoms, and dissociation. The researchers are looking for individual clinicians who would be interested in taking part in the study with one of their patients (for more information, visit: <http://topddstudy.net/>). Bethany Brand will present the study online on 18 June 2022 for ESTD members. Further information will be sent to our members by email and published on the ESTD website.

In short, we have a lot of things to look forward to this spring. I hope that the arrival of good weather and the resumption of normal life will offer some hope and a return to a more peaceful world.  
Thank you again for your support.

Raphaël Gazon  
President, ESTD



# *VICTIMS OF KIDNAP:* THE DIFFICULT READJUSTMENT UPON RELEASE. **THE CONTRIBUTION OF** **HOSTAGE ITALIA**

By: Rita Russo

Kidnapping is a frightening and lonely experience, impacting not only the hostage, but their family, friends, community, colleagues and employers. As an independent charity, HOSTAGE ITALIA strives to make sure that people affected by kidnapping are supported throughout this ordeal.

Many, if not all, who have either directly or indirectly been caught up in the turmoil of a kidnapping will

attest to having at some stage experienced a profound sense of loneliness. The very visceral act of being taken hostage, or having a loved one taken hostage, represents a highly traumatic experience that catapults not only the hostage but also the individual's unsuspecting family, friends and colleagues into what can feel like a parallel universe. The same is true for victims of other terrorist activities that occur nationally and abroad. Everyone is looking for answers to questions for which there are no guidelines or operating manuals that can offer comfort or support. Beyond the intensity and

extreme volatility of the experience, hostage or terrorism-related crises can also last for lengthy periods of time; adding further complexity to the challenges and stresses faced by victims. Almost all those that have lived such events speak of having been marked for life by their experiences.

I have been interested in this area of trauma since 2012, after meeting Mariasandra Mariani, an Italian citizen kidnapped in Algeria by Al Qaeda in the Maghreb, where she remained for 14 months in extreme physical and psychological conditions. From this first encounter came many others with her, her family, as well as other hostages on their return to Italy along with their families. Families who lived in a "suspended time", a nervous and distressing wait for the return of their loved one.

This began a fruitful and synergistic collaboration between the Unità di Crisi ('Crisis Unit') of the Farnesina (Italian Foreign Ministry), the EMDR Association and numerous therapists who took care of the former hostages and the families who requested it.

In recent years, several Italian citizens have been kidnapped in foreign countries and have lived the terrible experience of imprisonment for long periods.

In many conflicts of our time, hostage-taking is the preferred weapon used by terrorist groups, to exercise power and spread terror also through the cynical, but generally effective, use of higher quality media that they are increasingly able to produce.

The experience gained in these years makes me say with deep conviction that the future psychological well-being of victims of kidnapping depends on the treatment they receive in the hours, days and weeks following their release, and on the subsequent appropriate work on their traumatic memories. The idea that people who have survived a period of imprisonment can simply be freed and resume their path in a free society alone is not sufficient for a proper rehabilitation and management of trauma. Hostages who survive in such special conditions

have managed to adapt to the environment around them and have managed to survive as a result. However, the skills needed to survive as a hostage are radically different from the skills needed to re-adapt to normal life. Long-lasting trauma, resulting from a kidnapping, leaves psychological wounds and indelible traces, which can resurface in time even in people that successfully managed their wellbeing in the moment.

#### KIDNAPPING AS A TRAUMATIC EVENT

Kidnapping is a highly traumatic event because it obliges the victim to confront possible death or the threat to their physical integrity, which in many cases encourages the development of long-lasting defensive emotional symptoms and reactions. Reactions which make it difficult and complex to readapt to normal life and to process trauma.

The experience of a kidnapping inherently leads to victims being forcibly deprived of their freedom and above all being forced to live for a (sometimes very long) period of time in primitive hygienic conditions, and lack of food, under constant fear of dying, with a total lack of communication and connection to the outside world. These conditions provoke psychological, cognitive and somatic reactions that differ according to the personality of the victim and the conditions of imprisonment, ranging from the submission of some to collusion, to aggressive reaction, or to resistance towards others. Already precarious living conditions are often aggravated by episodes of violence, sometimes real torture at the expense of the hostage. The victims are thus subjected to a whole series of deprivations and humiliations that can have a strong impact on the psychological, social and working functioning both in the immediate term and the future. It is a trauma that has physical and psychological consequences for the survival of the victim, and social consequences that also affect the family, friends and institutions.

The release from forced captivity does not necessarily close the chapter of a kidnapping event. The difficulty of readapting to a normal life and

reconnecting with one's daily life, of reappropriating one's own spaces and time after a kidnapping, can be another element of stress. The first contact with the family is a very strong emotional experience which for some can also represent a challenge. Victims of kidnapping return to a changed physical and psychological appearance, as relatives have changed in going through this experience and find themselves renegotiating ways to enter into a relationship and wondering how to behave in such circumstances.

At the intrapsychic level, being exposed in a continuous way to situations of danger and the threat of death tends to have distinctive effects on the memory and integration of the functions of perception, identity and awareness. If the victim of a single acute trauma can feel that they are "no longer themselves", the victim of a chronic trauma can feel that they have changed irrevocably and have lost all sense of self:

"...this kidnapping left a heavy mark on me. The impact with the world on my return was equally severe. I first found myself coming to grips with a very changed world... but apart from that, which was already not little, I found myself coming to grips with a different me..."

The above quote illustrates that appropriate specialist intervention is needed to help the victims of kidnapping and their families find a new balance after such a devastating experience.

#### SUPPORT UPON RETURN AND THE INITIATION OF EMDR THERAPY

Although each kidnapping is a unique experience and each victim has lived and still lives his or her kidnapping in a deeply personal and subjective manner, it is possible to delineate 'stages' that define what this type of victim goes through during detention, after release and along their therapy journey, and what the most appropriate treatments to follow are.

In the acute phase, immediately following a release and from the point of first contact, it is essential

to enter into a relationship defined by empathy and sympathy with the individual. Critical to this stage is the ability to immediately establish a bond whilst providing non-invasive support. Victims of kidnapping became very vigilant in captivity and understand everything because they simply had to survive: "... from the moment of kidnapping until release, I lost the sense of time, space and life. For almost six months, the most important engagement I had was: don't die, don't go crazy, don't cry."

It is important to restore a sense of trust within them, something deeply undermined by their experience of kidnapping and imprisonment, and to initiate an early recovery of their sense of control over their lives, thus reducing the feeling that they have been subjected to the dominant behaviour of the kidnappers: "...there will be a way to regain their liberties calmly and it is good that we are not forced to make unnecessary and irrelevant choices on the outside, but that are prohibited until a moment before they could provoke some tension again, by triggering feelings of guilt or remembering the fear of punishment." In practice, the immediate intervention on the individual aims at emotional decompression and normalisation, the effect of which is to depathologise and contextualise the strong emotional reactions felt: "they threatened me and my brain started to function differently, I felt something going off inside, while a current was driving me away. It's like I've come out of myself. To hear a specialist tell me I'm not crazy reassures me."

Acceptance and normalisation in the period following liberation, favours the creation of a "safe base", a reference that has been maintained over time and that facilitates the referral to a specialized psychotherapeutic treatment through EMDR.

In the early stages of EMDR therapy, prolonged stabilisation and psychoeducation is desirable in order to re-establish strongly impaired temporal and spatial links and work towards the resolution of dissociative states. The work on the memories of a victim's experiences in detention allows the individual to regain their emotions, link them to their experiences during the kidnapping and do so in a

protected environment. The goal is to recreate the link between the experience and the emotion that the mind had broken to protect itself during detention: "..... through the EMDR. I rediscovered my emotions and a renewed awareness that slowly brought me home..." The resources that were leveraged in that extreme situation and allowed them to survive can resurface in the therapy room. Forced and prolonged inactivity, along with prolonged conditions of heightened alarm leads to a freezing state that is maintained even after release.

EMDR therapy has contributed to the restructuring and return of the identity of the person who integrated their kidnapping and what it has meant in terms of establishing a new sense of self. The clear result of the EMDR treatment with these types of victims can be found in the following testimony: "...EMDR for me was a struggle to legitimise the indescribable suffering caused by the kidnapping. But more than that, a struggle to legitimise my identity, my place in the world, my sense. I mean... EMDR has been a very difficult journey. The question then becomes: was it worth it? Yes... it's as if the kidnapping had hit me like a bomb... and through therapy I took the rubble into my hands, legitimised my suffering and finally gave my life a new form."

Support to the families of hostages during the detention and return home of their loved one deserves separate analysis. From my interaction with some of the relatives of hostage cases, I started asking myself questions: how did or do they experience the news about the kidnapping of their family member? How have they dealt with his/her release and how will they deal with it? What emotions coexist with the long period of imprisonment of a son, a daughter, a brother, a sister, a husband, a father. From these questions, for some of which there are no simple answers and from the meeting with Giovanna Motka, mother of Federico Motka, an Italian aid worker kidnapped by ISIS in Syria, the idea was born of the foundation Hostage Italia, an independent and non-profit association that aims to provide psychological and practical support to the families of the hostages and the hostages when they return to their homeland. Hostage Italia makes use of

the valuable collaboration of the EMDR Association and its therapists and provides support from people who have been involved in one way or another and have experienced this terrible experience of the kidnapping (former hostages and family members).

**Hostage Italia onlus offers independent emotional and practical support to families affected by a loved one held hostage, and former hostages after their release.**

At Hostage Italia, a group of ex-hostages, ex-hostages' family members, and experts in their respective fields came together to offer support to those facing the trauma of such events head-on. The first and only organization of its kind in Italy, Hostage Italia extends all manner of services to the victims of kidnapping and their families so that no individual need feel abandoned. Set up as a non-profit association, its mission is to assist victims to navigate and manage the many questions and choices they are confronted with at a time of particular distress and duress. Through a network of responders who have themselves experienced the trauma of a kidnap, alongside specialist service providers from key sectors, Hostage Italia accompanies victims upon their return, and their families throughout the period of disappearance and process of reintegration of their loved one. The form this support takes depends on the needs of the individual, but can cover technical or personal needs. Any engagement by Hostage Italia is initiated by the individual via our hotline, website or through any member of our wider contact network.

**We provide:**

**SUPPORT** – Independent emotional and practical support to families affected by a loved one held hostage, and hostages after release;

**TRAINING** – Tailored training in family support. Our bespoke approach incorporates our direct experience and knowledge of family issues into our training to help organizations which operate in high risk environments;

**UNDERSTANDING** – A commitment to improving

understanding about the plight of hostages and returning hostages.

### Support

Our depth and breadth of knowledge within the Italian context is magnified by our connection to a global network represented by the UK-based Hostage International. The last decade has proven that hostage-taking is a global rather than national problem. We are deeply aware of this at Hostage Italia and although we are an Italian organization with a deep understanding of the social and political realities in Italy, we have purposefully enabled our organization to be in a position to leverage a truly global network of resources.

Hostage Italia is entirely dependent on a network of volunteers who offer their specialised expertise to serve the particular needs of victims of terrorist activities and their families. We are however a nascent organisation and recognise the need to professionalise and structure our systems and approach so as to better serve the individuals and institutions that depend on us. This is also critical for our ability to become self-sustaining and to more effectively engage in advocacy around important conversations that are constantly taking place at a national and European level.

Since our inception we have sought to strengthen Hostage Italia's response capabilities. We are constantly building our network of specialists and responders and continue to welcome interest from any stakeholder across Italy and Europe. We have so far operated as a very tight network which has allowed us to respond quickly and in a highly agile manner based on the requirements of the moment. Whilst this was the right way for us to rapidly launch an active presence, this approach limits our ability to expand and be operationally able to handle larger and more complex workloads. Formalising the network and establishing the training packages and operating manuals that currently exist informally will be key to our being able to absorb and manage a wider network of volunteers. Furthermore, the peculiarities of the Italian context is such that pure pro-bono services are rarely available beyond an initial phase of acute

need. Given that the majority of cases in which we have direct experience last for 6 months, the reality is that we require access to funds that would allow us to formally engage specialised services (at a discounted rate) when critically necessary and where our clients are unable to meet what are often unexpected / unplanned cost[s].

### Training

We also however recognise the value of greater preparedness by all stakeholders across Italian society. Individuals, businesses / corporations with international presence, local and regional authorities, media entities, national governments – every one of these stakeholders have critical roles to play. Whether the aim is to mitigate the risk exposure individuals and business face in their international operations, or to be better prepared to manage a crisis when such events do occur, the stark reality of our collective lessons-learned is that much more can and indeed should be done to exercise duty-of-care that is embedded in a principle of “do-no-harm”. Stakeholders in such circumstances are often asked to perform a delicate balance between providing duty-of-care (even when this is a moral imperative rather than a legal liability) whilst exercising their day-to-day responsibilities. At times the needs of those directly involved in a hostage crisis may seem diametrically opposed to their own. At Hostage Italia we believe that with greater dialogue and through greater training before any crisis occurs, the interests of all parties can align, to the benefit of victims and their families directly and for society as a whole.

To achieve this we intend to develop and formalise a package of seminars and workshops along with associated participant materials that cover topics encouraging institutions and individuals to prepare for, and practice, greater duty-of-care towards their own stakeholders (and, ideally, their families) and to streamline ‘do-no-harm’ and other safeguarding principles across their operational frameworks and associated manuals. These seminars and workshops will eventually develop into a package of paid-for services that we intend to offer to businesses, professional networks, international non-profit

organizations, and relevant government agencies at-cost and as a means to fundraise for future activities.

### Understanding

As one of our co-founders, Federico Motka, wrote in a preface to Umberto Saccone's book "Protocollo S": "The phenomenon of kidnapping and ransom as a power tactic is unlikely to disappear anytime soon; it is that effective (and brutal) a weapon. Although the incidences of kidnapping ebb and flow, it presents a constant menace. Most importantly, it is a threat that doesn't only manifest itself to those who make the difficult choice to work in high-risk environments; history teaches us that kidnapping and ransom can permeate any society."

Given this reality, we intend to offer our support and experience to efforts that advocate for legislative and operational changes across our society that benefit those impacted by hostage-taking. Hostage Italia delivers training and tools for businesses, government departments, media groups and NGOs around best practices in family support and hostage reintegration. Through our services, we encourage stakeholders to adopt policies and practices that balance duty-of-care with their other imperatives, and support efforts to raise the level of discourse nationally and internationally around how best to protect citizens from, and respond to, hostage-related crimes.

Critical to this advocacy effort is the establishment of a body of proof that offers tangible recommendations for policy and decision-makers across the breadth of Italian society. We intend to set up a small grants fund to support individuals from the academic and professional sectors to undertake, and ideally collaborate on, research efforts that can help generate positive public discourse around a subject that in many ways has been victim to un-verified and un-informed statements of fact.


### Partnerships

Hostage Italia is a member of the umbrella group of 'Hostage' organizations led by Hostage International which is based in the United Kingdom. Hostage International extends its services across primarily

Anglo-phone countries across the globe, although a separate entity – Hostage US – established and supported by the James Foley Legacy Foundation founded by James Foley's mother Diane Foley. James and Federico experienced their kidnapping ordeal together in Syria.

Since its launch, Hostage Italia has developed formal and informal partnerships with a wide variety of stakeholders including, but not limited to:

ASIS Italy Chapter; Associazione EMDR Italia; Auxilia Group; Hostage International; Hostage US; Ifi Advisory Services; Unità di Crisi della Farnesina. Each of these partners support our work and offer our organisation different platforms from which to advocate and engage new audiences and expand our reach. Hostage Italia conducts many engagements across Italy, participating in events that are relevant to its work. Since its inception, members of the core Hostage Italia team have participated in TV interviews<sup>2</sup>, ASIS Italia's Security Manager 4.0 annual event focused on knowledge development and exchange in the security sector, and have been directly and indirectly involved in different published books<sup>3</sup>. These partnerships will be crucial for Hostage Italia to evolve and create a more self-sustaining financing model. Indeed, Hostage Italia intends to leverage relationships it continuously develops to evolve its fundraising ability. We are currently also exploring a number of options to connect with corporate philanthropic institutions as well as develop an online crowdfunding approach. My thoughts go to those who are still hostages and their families.....

For more info check out the website [www.Hostageitalia.it](http://www.Hostageitalia.it) 





# *ON 'FALSE MEMORY SYNDROME'*

By: Khadj Rouf, Danny Taggart, Kerry Young and James Gray

We write following the recent use of 'False Memory Syndrome' in recent high profile cases concerning the sexual abuse of children, young people and also in cases concerning the assault and rape of adults.

'False Memory Syndrome' rose in prominence in the early 1990's, and though popularised in the media, there are major flaws in its application to abuse cases. The scientific evidence on which this construct is based involved a small number of studies

which took place in experimental, controlled and therefore artificial conditions. There is no evidence that laboratory style research with students, attempting to implant memories of relatively trivial events, has anything to teach us about memory of sexual assault. As Ashley Conway (2021) writes , " ... contrived laboratory experiments with students, trying to induce a false memory of a relatively plausible event, have little or nothing to inform us about the processes of memory and recall of childhood trauma - and to suggest otherwise is simply misleading." (The Abuse of Science to Silence

the Abused. In *Trauma and memory: The Science and the Silenced* pp 60-61) Yet, the findings of these studies have been stretched to apply to the field of sexual violence and abuse.

It is important to note that 'False Memory Syndrome' is not recognised in any international diagnostic manual.

There are other concerns about the foundations upon which the development of 'False Memory Syndrome' is based. It is noteworthy that those who founded both the (now disbanded) US False Memory Society and the British False Memory Society (BFMS) had been accused of abuse (ISSTD, 2020; The Independent 1996; The Herald, 1997). More recently, one member of the BFMS's Scientific and Professional Advisory Board, Karl Sabbagh, was convicted of sexual offences against a child (Oxford Mail, 2019). The BFMS stated that it was unaware that Sabbagh had been convicted, until a journalist raised this matter directly with them (Third Sector, 2021). It is in the BFMS Annual Report (2020) that several other members and associates are either in prison following conviction for CSA offences or standing trial. The BFMS explicitly wish the accused and convicted 'well'. Despite the obvious safeguarding and governance concerns this raises, there is no evidence on the BFMS website that there has been a change in policy or practice as a consequence of this.

The British False Memory Society is a registered charity; their stated mission is to seek to prevent miscarriages of justice. However, there appear to be serious flaws in their structures. They seem partisan in their stance, and have no apparent means of determining who is falsely accused. They appear to offer coaching type advice, such as 'Ten golden rules for the falsely accused' (see <https://bfms.org.uk/legal/>) They don't appear to question the memory of those who are accused of non-recent abuse. Instead, their mission is framed as operating within a perilous climate:

"In false-memory-type allegations, early legal

intervention and practical advice is essential. We are, of course, operating in the post-Savile climate: the national media is still fixated on allegations (often historic) of sexual abuse, and no doubt likely to remain so for the foreseeable future. This is a perilous and challenging environment. But, I am pleased to report, we are up to the task." (2018/2019, BFMS AGM report to the Charity Commission).

The BFMS don't seem to have any safeguarding statements on its website. Several members of their high profile Scientific and Professional Advisory Board are deceased, but this is not made clear.

Some of the scientific papers which appear on their website do not reflect on the limitations of the work, a routine expectation of any researcher. For instance, an archival study conducted by Shaw et al (2017) (<https://bfms.org.uk/bfms-archival-study/>) raises a number of issues about how the research was commissioned and approved, data sources, method and conclusions drawn from the study which are not adequately reflected on, but the authors suggest that their findings should be taken into real world settings.

The communication of science to the wider public is something which many researchers aspire to as good practice. However, it is important to know the parameters and limitations of what can be claimed. Some members of the BFMS Advisory Board have sought to influence high profile people in ways which appear to have gone beyond the findings of their studies. We must ask ourselves, has this contributed to damaging perceptions about those disclosing childhood abuse? For an example, please see Chris French's 2010 Guardian article, Church must accept reality of false memories of childhood sexual abuse (<https://www.theguardian.com/science/2010/feb/26/false-memories-sexual-abuse>) One of the signatories to the letter to the Archbishop at that time, was Karl Sabbagh.

Those who promote the notion of 'false memory syndrome' do not often reflect on the updated and contemporary science on the impacts of trauma

on memory. For instance, there are reports such as Empirical Guidance on the Effects of Child Sexual Abuse on Memory and Complainants' Evidence (Delahunty et al, 2017). These documents need to be referred to, and their implications understood.

In recent years, there have been national and international inquiries into the scale of abuse against children, and there is growing international recognition of the scale of violence against women and girls, which includes the crimes of human trafficking. Many victims have not had their experiences believed, and will never have their cases heard in a court. Survivors often speak about their fears of not being believed, and abusers cast doubt on victim testimony by raising questions about their rationality and memory. This is often a highly gendered accusation with women and girls being characterised as hysterical and dishonest (Lovett, Coy and Kelly, 2018, via IISCA website).

For those cases which do proceed to court, the use of 'False Memory syndrome' appears to be a highly questionable form of defence. Claiming that the 'Lost in the Mall' study can explain recall from adult women who were assaulted as adults is problematic.

Many survivor movements are now making renewed demands for recognition of the scale and impacts of abuse to be publically understood. There is an imperative for there to be ethical and just responses from society. We must ensure that we have a culture of critique and reflection around academic science, to ensure that we do not replicate societal inequalities and harms against those who are already minoritized. As practitioners and scientists, we have obligations to ensure that we are rigorous and clear about the ways in which we contribute to the field of knowledge and are mindful of how such knowledge may be applied – or mis-applied - to the lives of real people.



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DOI 13 March 2022: [https://register-of-charities.charitycommission.gov.uk/charity-search?p\\_p\\_id=uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet&p\\_p\\_lifecycle=2&p\\_p\\_state=maximized&p\\_p\\_mode=view&p\\_p\\_resource\\_id=%2Faccounts-resource&p\\_p\\_cacheability=cacheLevelPage&\\_uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_objectiveId=A9769347&\\_uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_priv\\_r\\_p\\_mvcRenderCommandName=%2Ffull-print&\\_uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_priv\\_r\\_p\\_organisationNumber=1040683](https://register-of-charities.charitycommission.gov.uk/charity-search?p_p_id=uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet&p_p_lifecycle=2&p_p_state=maximized&p_p_mode=view&p_p_resource_id=%2Faccounts-resource&p_p_cacheability=cacheLevelPage&_uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_objectiveId=A9769347&_uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_priv_r_p_mvcRenderCommandName=%2Ffull-print&_uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_priv_r_p_organisationNumber=1040683)

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13. **Jo Lovett, Maddy Coy and Liz Kelly (2018)** Deflection, denial and disbelief: social and political discourses about child sexual abuse and their influence on institutional responses, A rapid evidence assessment. London: London Metropolitan University, Child and Woman Abuse Studies Unit.

DOI: accessed 28 March 2022 <https://www.iicsa.org.uk/reports-recommendations/publications/research/social-political-discourses/child-page-1/dominant-discourses/overlaps-denial-and-disbelief>

# THE PORTAL TO HELL

I dropped my glass and I let it roll.  
He had closed on me again, and he gripped my soul...  
“You again! Do you allow me no peace?!”  
“Can’t you desist and let this cease?”  
The tavern was dimly lit and spare,  
The bar, a few late drinkers, but largely bare...

“So little to lose, so little to gain,  
Hey old friend, I’ve come to visit you again...”  
“Do you think that I know... do you think that I care?  
How much you’d risk, how much you’d dare?”  
Weary but alert, I turned around,  
Whatever his intent, I would stand my ground...

There was little space - nowhere else to go,  
Framed by the door he was the shadow of someone I couldn’t know.  
He had tracked me forever to the scene of my inner crime...  
He existed and he breathed, in the twilight edge of time.  
“Whatever you hope for, whatever you believe...  
Do you not think for a moment that I would ever leave?”

“So much to hide, so much to tell,  
I am here to guide you to the portal of hell...  
It is not a place in which to burn,  
But a space that you built to which you shall return.”  
Did he want me to engage, did he want me to pay,  
Scattered amidst the poignant reminders of yesterday?

“You son of a bitch!”, I heard myself say,  
“I’d hoped to lose you along the way...”  
Out of sight, but always near,  
Wrapped in shame, remorse, guilt and fear...  
A pursuing presence that took form,  
On the edge of existence, on the edge of a storm...

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“So much to hide, so much to tell,  
I am here to guide you to the portal of hell...  
It is not a place in which to burn,  
But a space that you built to which you shall return.”  
“The portal to hell exists for us all...  
But I’m damned if I’ll follow your call...”

**“Come on, out of the shadows – don’t be shy.  
Step into the light and look me in the eye...”**  
**“Then I can see you and you can hear me.  
Perhaps there is a way for us both to be free?”**  
**“We can hold and share the guilt, the sorrow, the pain...  
There is nothing to lose but perhaps there is much to gain?”**

Like the repeated lyrics of an eternal song,  
It had gone on for so long, so long...  
Such a lingering presence, such an unseen foe,  
Why we finally met at midnight in a bar, is hard to know.  
There was nothing unseemly, nothing violent...  
Others in the tavern watched and were silent.

From out of my past and from the darkness of night,  
He stepped forward into the tavern’s dim light.  
As I greeted him my voice was calm.  
The drinkers at the bar looked at me in alarm...  
Perhaps it was time for us to gently escape,  
As their eyes fixed on me, their mouths agape.

“You do not understand what it means to be free.  
So long my friends, have one on me!”  
The barman took the note, “So folks, what’ll it be?”  
“Drinks are on our friend, as you can see.”  
“The portal to hell exists for us all...  
But we’re damned if we’ll follow that call...”

The drinkers at the bar nodded in the dim light,  
We took our leave and stepped into the coolness of night...  
We took our leave and stepped into the coolness of night...

# Shame Matters: Attachment and Relational Perspectives for Psychotherapists

Reviewed by Nancy Fair

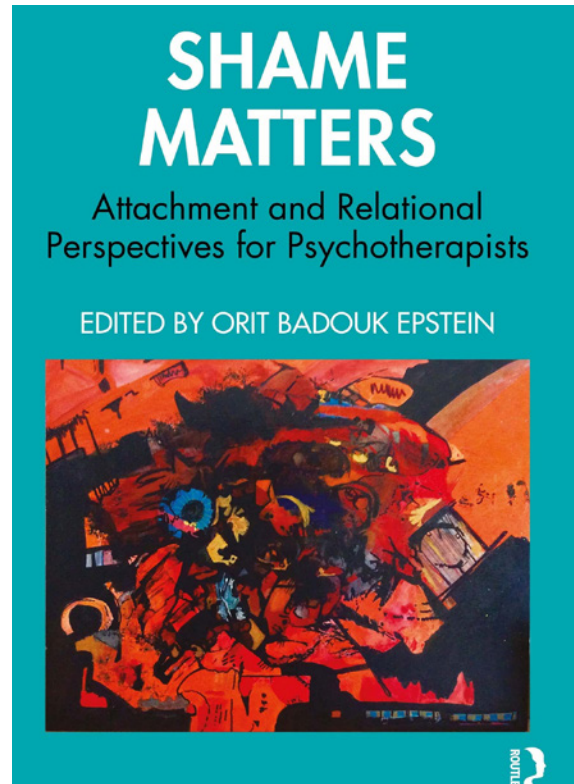
Edited by Orit Badouk Epstein  
Published by Routledge, 2022,  
175 pages, ISBN: 9781032007755 (paperback)

What keeps us from falling down,  
our faces to the ground; ashamed,  
ashamed?

(Oliver, 2012)

What Mary Oliver speaks of in her poem entitled "The Morning Paper" (2012, in the volume, *A Thousand Mornings*). It refers to the collective shame citizens of all nations carry for the relentless disasters we read of daily that occur as a result of "unbelievable yet approved decisions" (p. 63) by governments. In a similar voice, the essays in the book, *Shame Matters*, address the pervasive shame inherent in disorders of attachment, not only on an individual psychotherapeutic level, but also as it is manifested as a result of trauma on a group and societal level. The book's title succinctly captures the double meaning intended in the topics addressed, namely, matters of shame, and the fact that shame as an often-ignored legacy of trauma truly does matter in psychotherapy.

Elizabeth Howell's Forward summarises for readers the history of shame as a topic of focus within the psychotherapeutic community, including its relatively recent emergence as an affect as important as, if not more relevant to trauma recovery, than guilt. Noting that guilt has long been considered a superior affect to shame, Howell summarises the critical differences between the two:



"Shame goes to the core of one's identity and can be unrelenting. To make matters worse, while in guilt, the person is still an agent, in shame the person is helpless. Furthermore, guilt can often be remedied by an act of penance. In contrast, one cannot 'do something' to make shame go away." (p. xv)

Having established the case for shame as a major focus of attachment psychotherapy, Howell continues with summaries and high points of the nine essays contained in the book that were inspired by the twenty-fourth John Bowlby Memorial Conference of the same name, *Shame Matters*. The book's Introduction by Orit Badouk Epstein fleshes out what was summarised in the Forward.

Badouk Epstein, editor of the volume and specialist in attachment theory, in her Introduction describes the multiple ways that shame is present in attachment relationships, including the one

between patients and their therapists. In this monograph, international thinkers and therapists were invited to share their perspectives with the purpose of exploring the topic of shame in the depth that it demands. Beginning with a description of Judith Solomon's identification of shame as a behavioural system that compares to Bowlby's attachment system, Badouk Epstein prepares us for a veritable feast of original and innovative thinking about a complex subject. Colwyn Trevarthen's essay follows and implores us to look at shame through a less analytical and more relational lens, while Badouk Epstein herself expands on the link between early separation of children from their caregivers and the child's shame response in the third paper. In the fourth essay, Richard Chefetz describes how he coined the term "attackment" as he discovered that shame is at the core of struggles between a client and therapist, and Aileen Alleyne writes of the connection between shame and black identity wounding in the fifth paper. In the sixth offering, Ulrich Schultz-Venrath, a group analyst, examines shame from the perspective of social groups and individuals in dyadic relationship. This paper is followed by Adriano Schimmenti's discussion of shame in attachment trauma where he looks at the affect by combining attachment theory, trauma and dissociation in the seventh essay. Elaine Arnold, in the eighth offering, shares her personal story as an immigrant from the Caribbean to the UK and the intergenerational effects of racial trauma, which is often followed by stigma and shame attached to the mental health problems associated with separation from family and culture. The monograph concludes with a contribution by Badouk Epstein in which she weaves together the topics of trauma, shame, and suicidal ideation by anchoring them in a moving case study. The paragraphs that follow will look more closely at each of the book's essays.

When I began to read this book, I was immediately engaged and astounded. Engaged because of the writing's excellent quality, and astounded perhaps because, as a practising trauma clinician for the past 26 years, I have read widely on the topics relating to the subject. In my work with clients early in my career, it soon became obvious that attachment

was at the core of the work. More recently, the psychotherapy literature's emphasis on shame has elicited more "Aha!" moments in my mind than most other topics. The collective wisdom and innovative thinking in these essays are a treasure of those moments in one publication, starting with the Forward, Introduction, and the paper by Judith Solomon.

In her essay entitled "Shame as a Behavioral System," Solomon takes on the task of getting us to think about shame as it is related to both dissociation and relational trauma, a connection that has not been sufficiently studied in attachment research to date. She does this by asserting that shame, like attachment, is a biological system that may function analogously to the attachment system, further suggesting that:

"the experience of shame simultaneously, consciously or unconsciously, activates the attachment system and a desire for proximity to an attachment figure." (p.9)

She supports this supposition with observations from studies involving primates as well as those of attachment between parents and children, emphasising the ways in which shame is used as the impetus for attachment strategies by the child. She speaks of self-generated shame particularly, in which young children create their own interpretation of events and become the villains in their story – a strategy that allows them to protect their attachment to the absent or mistreating caretaker. In my work with adult survivors of childhood abuse, this phenomenon has been almost universally present as a focus of the therapeutic enterprise, as I suspect it has been for many readers. Solomon advises us to be on the alert for the signs of shame in our clients, such as postures of shame, self-criticism, a preoccupation with eyes and being watched and, from her own clinical experience, an aversion to the eyes of baby dolls. Again, these tell-tale signs (including a preponderance of eyes in art produced by dissociative clients) are ones I have noticed but were never part of any higher education curriculum

and make Solomon's observations especially valuable.

The focus on the innate human need for loving connection is continued in Colwyn Trevarthen's chapter, "Caring for the Human Spirit in Pride and Shame." The subtitle, "A Moral Conscience Seeking Kindness from Birth," builds upon the idea that children feel lost and betrayed when the care they receive is limited to physical needs, or they are subjected to unkindness or abuse. His long career in infancy research informs his belief that the responses of human infants to their caregivers are an innate search for joy and connection as part of the process of learning to be human. Trevarthen writes:

"Proof of neonatal imitation and observation of the joy in its sharing has required a new scientific understanding of how we come to life looking for evidence of our moving self in a community of other active selves, and how we share and compare experiences of this conception, sympathetically." (p. 23)

The chapter is beautifully enhanced by photographs from Trevarthen's many years of studying parent/child interactions, giving the reader visual as well as descriptive examples of primary human interaction that include both joy and distress. He concludes the chapter by writing of his own family interactions throughout life, and by describing the ways in which he was helped by his teachers and mentors, thus providing us with an elegant real-time example of sharing and connection.

Badouk Epstein rejoins us with her chapter on "Primary Shame: Needing You and the Economy of Affects." She observes a fact that most of us are sadly only too aware of, namely, the belief that premature independence of children makes them function better as adults. She says, "What seems to have happened at some point in the history of humanity, is that we became ashamed of our own attachment needs." (p. 47) What therapist has not encountered a client whose self-introduction included claims of being "too needy?" What better indication of what Badouk Epstein calls "Primary Shame?" Primary shame is the result of mis-attuned responses from the caregiver towards the child which

begins as fear and then sets off shame and a possible cascade of other defences in the form of attachment styles, which then carry over into adult life affects. She notes culture's aversion to attachment needs in conjunction with our tendency to mis-label attachment needs as "dependency," a pejorative term which society sees as inherent weakness. This results in what Badouk Epstein terms, "an economy of affects:"

"The way in which our affects have been economised means that they have become deeply embedded in social institutions such as creches for infants as young as six months, boarding schools, the army, sports academies, psychiatric hospitals, and other organisations which are all designed to promote premature independence. They routinely use controlling strategies, medication, and symptomatic treatment as short-term solutions to what has become a long term problem." (p. 53)

I believe this concept speaks to many of us who work with traumatised clients in that we are dealing with traumatising institutions and the culture that creates them in the service of denial of attachment needs. In order to recognise shame affects and feel the "invitation of compassion calling to us," as Badouk Epstein encourages, we may also need to follow her suggestion and revisit our relationship with the teachings handed down by the... "traumatised giants of our profession from the previous generations schooled in self-reliance." (p.58)

Rich Chefetz's warmth and humanity are prominent in Chapter 4, entitled, "Attackments: Subjugation, Shame, and the Attachment to Painful Affects and Objects." His theory of relational psychotherapy is expressed in the following quote:

"In the practice of psychotherapy, there is no 'fast-food,' no short-cut to relatedness, no hyper-link to the creation of intimacy with people who may only have experienced a relationship as a source of pain. Deep human relatedness is the 'slow-food' of a well-lived life. Who knew? Intimacy is created by all sorts of engagements." (p.60)

When establishing relational intimacy in psychotherapy, Chefetz uses the word, "Attackments" that he coined to refer to the attacks on the therapist that often occur within the therapy relationship during the process as the client struggles with relational terror in the face of love. According to Chefetz, intense shame is at the core of these "attackments." He goes on to wonder about what term most accurately represents an opposite to shame, with dignity as a possibility, and ultimately leaning more toward the term "beloved" as an antidote to shame. Finally, Chefetz illustrates the difficult process of navigating the double-bind of shame and therapeutic love with a poignant case study that encourages us to dare to hold hope, respect, dignity, and compassion against life's worst traumas.

Chapter 5, entitled "Shame and Black Identity Wounding; The Legacy of Internalised Oppression," by Aileen Alleyne, addresses the deeply embedded wounding and denial faced by people of colour. Specifically, she notes the ways in which this trauma and shame is transmitted transgenerationally as follow:

- Through parenting practices;
- by family scripts that shape our thinking and behaviours;
- from our internalised beliefs and value systems;
- from the impact on our mental health as we face societal and personal challenges in everyday life.

Alleyne advocates addressing this shame, which she calls a Type 111 Complex Trauma, in therapy with a three-pronged approach that includes dealing with latent and manifest content presented by the client, dealing with cultural and historical enmeshment, and offering readings that educate the clients in the manifestation of an "Internal Oppressor." She then illuminates the ways the dominant white culture deals with its own colonial and imperial shame, using examples from three major cultural events: Brexit, Covid-19, and the Black Lives Matter movement. Sentiments expressing the ideas that "we are all in this together," "don't hold onto past traumas," and the WWII Blitz spirit are commonly used to assuage white shame. Alleyne powerfully states that, "...the antidote to white arrogance is humility and accountability" (p. 85) and recommends that white shame and white vulnerability be addressed

as a disorder of clinical narcissism that prevents white people from having a realistic sense of their place in the world.

Ulrich Schultz-Venrath's chapter entitled, "Mentalizing Shame, Shamelessness and Fremdscham (shame by proxy) in Groups," applies what is being researched about shame to the psychology of groups as well as to individual interactions. Fremdscham, or shame by proxy, is the feeling of being ashamed or embarrassed or ashamed for someone. Schultz-Venrath uses the example of pop culture's obsession with musical talent shows in which clients perform and are eliminated by popular vote to illustrate the concept. As he states, "These shows are favored by young adults and represent a permanent frenzy of body-related humiliation." (p.90)

Schultz-Venrath goes on to provide some history of group shame development with examples of the invention of public sewer systems that preempted previously shameless public defecation and changed public perception of what acts were considered shameful. He then addresses the deep shame that some right-wing populist groups apparently feel as a result of unprocessed and unmourned losses, which they then proactively project onto other groups.

Especially enlightening is Schultz-Venrath's suggestion that Freud's shame-sensitive nature and dislike of being looked at by his patients resulted in the adoption of the analyst-behind-the-couch configuration!

An important contribution of this chapter is the author's discussion of mentalization (or reflective functioning) as a component of mentalization-based group therapy (MBT-G). He notes the interesting fact that only a fraction of registered group therapists in Germany offer group therapy in an outpatient setting, which Schultz-Venrath speculates may be due to the therapists' fears of facing their own shame, which is a message for us all.

Adriano Schimmenti, in Chapter 7, "The Aggressor Within; Attachment Trauma, Segregated Systems, and the Double Face of Shame," approaches shame as an affect organised in multiple layers, ranging from

self-conscious feelings to the extreme of segregated mental states. This implies, Schimmenti says, that healing can occur only within safe, trustworthy therapeutic and personal relationships. As other authors in the book have posited, Schimmenti believes that shame serves the purpose of keeping dissociated self-states hidden from scrutiny as a protective measure. Using vignettes from his therapeutic experience, he illustrates the multifaceted approach that must be employed to support clients in their healing process, which he summarises as follows:

“As clinicians, we should work with them to foster their safety, security, emotional regulation, mentalizing abilities, and capacity to ‘play’ with reality, including the reality of the therapy relationship.” (p.128)

Elaine Arnold, in Chapter 8, “Personal and Professional Reflections: Shame and Race,” looks at definitions of shame within the framework experienced by people in many ethnic groups who fear being stigmatised as “mad.” This is especially problematic in situations where the helping professionals are white and those to be helped are people of colour. Historically, Arnold points out, there has been a belief system that Black and other minorities were seen as not able to benefit from therapy.


Arnold goes on to describe her personal and professional experiences as an immigrant from the Caribbean to the UK, illustrating for readers the kinds of cultural hurdles people of colour often face before and after immigrating. The existence of these hurdles can be a potent catalyst for shame for immigrants – for having to navigate them in the first place, and for enduring mental health problems as a result of them. When people of colour do decide to seek help from professionals, their choices of a therapist may be limited. As many of us in the therapy community are aware, a serious shortage of helping professionals of colour still exists, though some strides are being made. Arnold’s journey is a potent reminder of what is needed, as she states:

“It is my firm belief that the time has come for professionals of all ethnicities in the caring services, in

health, education, and in the criminal justice system to work together with respect and appreciation of each other’s contributions in the healing process. This is necessary if the human race is to survive.” (p.146)

Badouk Epstein rounds out the monograph with the chapter entitled, “Suicide Addict; The Sovereignty of Shame in the Dissociated Mind.” This fascinating chapter discusses suicidal ideation through the lens of attachment, trauma, and dissociation, echoing the points made in previous essays that have established that dissociation keeps thoughts and feelings at bay. As many of my clients have described, “It’s like I know and I don’t know at the same time.” It is a double life they are forced to live and Badouk Epstein describes suicidal ideation in these terms:

Badouk Epstein acknowledges the paradox in which suicidal thoughts can also serve as a focus for an individual’s hope and sense of control over their own destiny. This is a sentiment I have heard from clients many times over the years. Reading Badouk Epstein’s sentence about her client, “Hope,” summarises quite well what is required. She writes, “...Hope’s suicidal ideation meant staying with the paradox until the paradox felt understood.” (p.159)

There is so much more to be said about the many paradoxes in this work to be understood, and so much more that I could write about in praise and admiration of the essays in this book than space permits. This publication contains wisdom from the minds, hearts, and spirits of some of the best clinicians and researchers in the world. Shame does matter, and I highly recommend *Shame Matters* as a must-read for anyone who seeks to understand trauma, attachment, and dissociation. 

# HOT OFF THE PRESS

By: Winja Buss

## Introducing the latest research

Dear Readers, again, here comes the latest research on trauma and dissociation and related fields for your science-hungry brains and hearts... As is true for all research: regard these studies with great care and a critical mind – they deserve it!

**Ross, C.**

## False Memory Researchers Misunderstand Repression, Dissociation and Freud

Various authors have argued that dissociative amnesia is a synonym for repressed memories, recovered memories are almost always false memories, and dissociative amnesia and dissociative identity disorder are not valid disorders. These authors commit numerous errors of logic and scholarship; they misunderstand Freud's thinking about childhood sexual abuse, dissociation and repression and blame both Freudian repression theory and Freudian therapists for an epidemic of false memories. In fact, however, Freudian repression theory is based on the assumption that the childhood sexual abuse never happened. Extreme skeptics about dissociative amnesia do not understand they are actually in agreement with Freudian repression theory. These errors and other failures of logic and scholarship are analyzed and critiqued in the present paper.

Ross, C. (2022). False Memory Researchers Misunderstand Repression, Dissociation and Freud. *Journal of Child Sexual Abuse*. [retrieved 19/04/2021]: <https://www.tandfonline.com/doi/full/10.1080/10538712.2022.2067095>

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**Patihis, L., Wood, R. S., Pendergrast, M. H., & Herrera, M. E.**

## Reports of recovered memories in therapy in undergraduate students

Psychologists have debated the wisdom of recovering traumatic memories in therapy that were previously unknown to the client, with some concerns over accuracy and memory distortions. The current study surveyed a sample of 576 undergraduates in the south of the United States. Of 188 who reported attending therapy or counselling, 8% reported coming to remember memories of abuse, without any prior recollection of that abuse before therapy. Of those who reported recovered memories, 60% cut off contact with some of their family. Within those who received therapy, those who had a therapist discuss the possibility of repressed memory were 28.6 times more likely to report recovered memories, compared to those who received therapy without such discussion. These findings mirror a previous survey of US adults and suggest attempts to recover repressed memories in therapy may continue in the forthcoming generation of adults.

Patihis, L., Wood, R. S., Pendergrast, M. H., & Herrera, M. E. (2022). Reports of recovered memories in therapy in undergraduate students. *Psychological Reports*, 125(1), 129-147.[retrieved 19/04/2021]: <https://journals.sagepub.com/doi/abs/10.1177/0033294120971756>

**Solness, C. L., & Kivlighan III, D. M.**

## Queering group therapy: A phenomenological participatory design with transgender and nonbinary individuals

Transgender, gender nonconforming, and nonbinary (TGNC/NB) individuals face higher rates of discrimination and violence than cisgender people, and as a result, experience higher rates of serious mental health concerns and isolation. Challenges with accessing affirming, competent psychological services are well documented. Group therapy could be one solution to some of these barriers; however, there is a lack of research examining group therapy for this population. Additionally, there is a paucity of community-based and qualitative research designs thus rendering TGNC/NB voices virtually silent. This community-based participatory approach used a semistructured focus group format and phenomenological thematic analysis to explore what TGNC/NB community members would like to see implemented in group therapy and group therapy research. Results offer guidance for practitioners of group therapy, considerations for group process, and group therapy research suggestions that will help maximize justice for the TGNC/NB community.

Solness, C. L., & Kivlighan III, D. M. (2022). Queering group therapy: A phenomenological participatory design with transgender and nonbinary individuals. *Professional Psychology: Research and Practice*. [retrieved 19/04/2021]: <https://psycnet.apa.org/record/2022-46178-001>

Vissia, E. M., Lawrence, A. J., Chalavi, S., Giesen, M. E., Draijer, N., Nijenhuis, E. R., ... & Reinders, A. A.

## Dissociative identity state-dependent working memory in dissociative identity disorder: a controlled functional magnetic resonance imaging study

### Background

Memory function is at the core of the psychopathology of dissociative identity disorder (DID), but little is known about its psychobiological correlates.

### Aims

This study aims to investigate whether memory function in DID differs between dissociative identity states

### Method

Behavioural data and neural activation patterns were assessed in 92 sessions during an n-back working memory task. Participants were people with genuine diagnosed DID (n = 14), DID-simulating controls (n = 16) and a paired control group (post-traumatic stress disorder (n = 16), healthy controls (n = 16)). Both DID groups participated as authentic or simulated neutral and trauma-related identity states. Reaction times and errors of omission were analysed with repeated measures ANOVA. Working memory neural activation (main working memory and linear load) was investigated for effects of identity state, participant group and their interaction.

### Results

Identity state-dependent behavioural performance and neural activation was found. DID simulators made fewer errors of omission than those with genuine DID. Regarding the prefrontal parietal network, main working memory in the left frontal pole and ventrolateral prefrontal cortex (Brodmann area 44) was activated in all three simulated neutral states, and in trauma-related identity states of DID simulators, but not those with genuine DID or post-traumatic stress disorder; for linear load, trauma-related identity states of those with genuine DID did not engage the parietal regions.

### Conclusions

Behavioural performance and neural activation patterns related to working memory in DID are dependent on the dissociative identities involved. The narrowed consciousness of trauma-related identity states, with a proneness to re-experiencing traumatising events, may relate to poorer working memory functioning.

Vissia, E. M., Lawrence, A. J., Chalavi, S., Giesen, M. E., Draijer, N., Nijenhuis, E. R., ... & Reinders, A. A. (2022). Dissociative identity state-dependent working memory in dissociative identity disorder: a controlled functional magnetic resonance imaging study. *BJPsych Open*, 8(3).

[retrieved 19/04/2021]: <https://www.cambridge.org/core/journals/bjpsych-open/article/dissociative-identity-statedependent-working-memory-in-dissociative-identity-disorder-a-controlled-functional-magnetic-resonance-imaging-study/51C11726D771C1F5AE15949F670E6DC3>

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**Fontana, A.**

## A Model of Post-Traumatic Stress Disorders and Dissociative Identity Disorder from the perspective of Social Emotions

Post-Traumatic Stress Disorder, Complex Post-Traumatic Stress Disorder and Dissociative Identity Disorder are conditions caused by exposure to one or more stressful events of extraordinary magnitude and/or repeated over many years. The traumatic experience(s) may have different outcomes in different persons: some people fully recover within a short time, while others go on to develop one of these three disorders, whose interdependencies are still poorly understood. The present work utilises an updated version of a model of mental functioning, that has been previously applied to schizophrenia, to provide an interpretation of the aforementioned conditions. The model, built through the method of Artificial Life and with the toolset of Artificial Intelligence, foresees that the mind is subject to two forces: trauma, which represents the attack on the mind, and dissociation, which embodies the mind defence in both physiological and pathological conditions. The balance between these forces determines the pathological outcome.

Fontana, A. (2022). A Model of Post-Traumatic Stress Disorders and Dissociative Identity Disorder from the perspective of Social Emotions. *Medical Research Archives*, 10(3). [retrieved 19/04/2021]: <https://esmed.org/MRA/mra/article/view/2743>

**Markowitz, D. M.**

## Psychological trauma and emotional upheaval as revealed in academic writing: The case of COVID-19

The current paper used a preregistered set of language dimensions to indicate how scientists psychologically managed the COVID-19 pandemic and its effects. Study 1 evaluated over 1.8 million preprints from arXiv.org and assessed how papers written during the COVID-19 pandemic reflected patterns of psychological trauma and emotional upheaval compared to those written before the pandemic. The data suggest papers written during the pandemic contained more affect and more cognitive processing terms to indicate writers working through a crisis than papers written before the pandemic. Study 2 (N=74,744 published PLoS One papers) observed consistent emotion results, though cognitive processing patterns were inconsistent. Papers written specifically about COVID-19 contained more emotion than those not written about COVID-19. Finally, Study 3 (N=361,189 published papers) replicated the Study 2 emotion results across more diverse journals and observed papers written during the pandemic contained a greater rate of cognitive processing terms, but a lower rate of analytic thinking, than papers written before the pandemic. These data suggest emotional upheavals are associated with psychological correlates reflected in the language of scientists at scale. Implications for psychology of language research and trauma are discussed.

Markowitz, D. M. (2022). Psychological trauma and emotional upheaval as revealed in academic writing: The case of COVID-19. *Cognition and Emotion*, 36(1), 9-22.[retrieved 19/04/2021]: <https://www.tandfonline.com/doi/abs/10.1080/02699931.2021.2022602>

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Azzopardi, C., Shih, C. S. Y., Burke, A. M., Kirkland-Burke, M., Moddejong, J. M., Smith, T. D., & Eliav, J.

## Supporting survivors of child sexual abuse during the COVID-19 pandemic: An ecosystems approach to mobilizing trauma-informed telemental healthcare

The emergence of the COVID-19 global health pandemic and its associated adversities have had cascading and compounding effects on vulnerable children and families impacted by abuse and trauma. Mandated public health physical distancing measures necessitated an abrupt transition from traditional in-person mental healthcare to virtual mental healthcare. While ushering in new and unexpected opportunities, this shift presented significant challenges and unique implications for trauma-focused pediatric interventions. In this article, we (a) propose an ecological systems framework through which we can better understand the multilevel effects of child sexual abuse in the context of a pandemic; (b) describe our administrative and clinical processes for rapidly mobilizing a trauma-informed model of telemental healthcare for sexually abused children and families in a pediatric hospital setting; and (c) share our clinical observations and experiences delivering therapy via virtual platforms during the early stage of the pandemic through an ecosystems lens. Key learnings inform tailored teletherapy approaches that can be applied in present and future viral outbreaks and sustained in the postpandemic era.

Azzopardi, C., Shih, C. S. Y., Burke, A. M., Kirkland-Burke, M., Moddejong, J. M., Smith, T. D., & Eliav, J. (2022). Supporting survivors of child sexual abuse during the COVID-19 pandemic: An ecosystems approach to mobilizing trauma-informed telemental healthcare. *Canadian Psychology/Psychologie canadienne*, 63(1), 43.[retrieved 19/04/2021]: <https://psycnet.apa.org/record/2021-60689-001>

Stramecki, F., Misiak, B., Gawęda, Ł., Prochwicz, K., Kłosowska, J., Samochowiec, J., ... & Frydecka, D.

## The Moderating Role of the FKBP5 Gene Polymorphisms in the Relationship between Attachment Style, Perceived Stress and Psychotic-like Experiences in Non-Clinical Young Adults

Numerous studies have reported that stressful life experiences increase the risk of psychosis and psychotic-like experiences (PLEs). Common variations of the FKBP5 gene have been reported to impact the risk of psychosis by moderating the effects of environmental exposures. Moreover, anxious and avoidant attachment styles have been shown to increase both the level of perceived stress and the risk for psychosis development. In the present cross-sectional study, we aimed to investigate whether variants of the FKBP5 gene moderate the effects of attachment styles and the level of perceived stress on the development of PLEs. A total of 535 non-clinical undergraduates were genotyped for six FKBP5 single nucleotide polymorphisms (SNPs) (rs3800373, rs9470080, rs4713902, rs737054, rs1360780 and rs9296158). The Psychosis Attachment Measure (PAM), the Perceived Stress Scale-10 (PSS-10) and the Prodromal Questionnaire 16 (PQ-16) were administered to assess attachment styles, the level of perceived stress and PLEs, respectively. Anxious attachment style, lower levels of perceived self-efficacy and higher levels of perceived helplessness were associated with a significantly higher number of PLEs. The main effects of attachment style on the severity of PLEs were significant in models testing for the associations with perceived self-efficacy and three FKBP5 SNPs (rs1360780, rs9296158 and rs9470080). The main effect of rs3800373 on the number of PLEs was observed, with GG homozygotes reporting a significantly higher number of PLEs in comparison to T allele carriers. In individuals with dominant anxious attachment style, there was a significant effect of the interaction between the FKBP5rs4713902 SNP and self-efficacy on the severity of PLEs. Among rs4713902 TT homozygotes, a low level of perceived self-efficacy was associated with higher severity of PLEs. In subjects with non-dominant anxious attachment, a low level of perceived self-efficacy was associated with a higher number of PLEs, regardless of the genotype. Our results indicate that the FKBP5 gene might moderate the relationship between attachment, perceived stress and PLEs.

Stramecki, F., Misiak, B., Gawęda, Ł., Prochwicz, K., Kłosowska, J., Samochowiec, J., ... & Frydecka, D. (2022). The Moderating Role of the FKBP5 Gene Polymorphisms in the Relationship between Attachment Style, Perceived Stress and Psychotic-like Experiences in Non-Clinical Young Adults. *Journal of Clinical Medicine*, 11(6), 1614.[retrieved 19/04/2021]: <https://www.mdpi.com/2077-0383/11/6/1614>

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**Loewenstein, R. J.**

## Dissociation debates: Everything you know is wrong

Controversy about dissociation and the dissociative disorders (DD) has existed since the beginning of modern psychiatry and psychology. Even among professionals, beliefs about dissociation/DD often are not based on the scientific literature. Multiple lines of evidence support a powerful relationship between dissociation/DD and psychological trauma, especially cumulative and/or early life trauma. Skeptics counter that dissociation produces fantasies of trauma, and that DD are artefactual conditions produced by iatrogenesis and/or socio-cultural factors. Almost no research or clinical data support this view. DD are common in general and clinical populations and represent a major underserved population with a substantial risk for suicidal and self-destructive behavior. Prospective treatment outcome studies of severely ill DD patients show significant improvement in symptoms including suicidal/self-destructive behaviors, with reductions in treatment cost. A major public health effort is needed to raise awareness about dissociation/DD, including educational efforts in all mental health training programs and increased funding for research.

Loewenstein, R. J. (2022). Dissociation debates: Everything you know is wrong. *Dialogues in clinical neuroscience*. [retrieved 19/04/2021]: <https://www.tandfonline.com/doi/full/10.31887/DCNS.2018.20.3/rloewenstein>

**Levy, D., & Shalgi, B.**

## Imagination and fantasy: The dialectic nature of the encounter with trauma and dissociation

This paper proposes a distinction between fantasy and imagination, and endeavors to investigate its interconnectedness with trauma, as well as its implications to the therapeutic encounter with the psychic areas of trauma, dissociation, and repetition. Whereas imagination is an active phenomenon which resides within the dialectic of inner and outer worlds, increases psychic movement and works in the service of linking self-states within the subject and with his or her fellow subjects, fantasy is a phenomenon which is caused by trauma and isolates the subject both from his core self as well as from any sense of reality and connection with others. The paper offers a detailed exploration of these two modes of being and experiencing and of the psychic structures which comprise them, and demonstrates the ways by which the movement between imagination and fantasy, each with its own unique qualities, can enable patient and analyst to encounter, together, the experiences which were traumatized and dissociated. The clinical implications are discussed, and a detailed vignette is presented in order to demonstrate the elusive ways in which fantasy acts between patient and therapist in an effort to resuscitate deadened parts of the patient's traumatized psychic life and bring them to the world of imagination and human connection.

Levy, D., & Shalgi, B. (2022). Imagination and fantasy: The dialectic nature of the encounter with trauma and dissociation. *Psychoanalytic Dialogues*, 32(1), 54-69. [retrieved 19/04/2021]: <https://www.tandfonline.com/doi/abs/10.1080/10481885.2021.2011731>

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**Cheetham, A. L., & Hurst, I. A.**

## Human trafficking: when to suspect in the pediatric emergency department?

Human trafficking, which includes sexual exploitation and forced labor, affects youth throughout the world. Victims are subject to coercion, exploitation, and repeated trauma. Given the secretive nature of this abuse, it can be difficult to identify victims. Past experience shows that most victims interact with the healthcare system at some time while they are in the control of a trafficker, providing an opportunity for healthcare providers to identify, support, and intervene. In this CME review article, we describe human trafficking, its estimated prevalence, and the identification, evaluation, and management of patients who are victims of human trafficking. Finally, we provide additional resources for practitioners and patients.

Cheetham, A. L., & Hurst, I. A. (2022). Human trafficking: when to suspect in the pediatric emergency department?. *Pediatric emergency care*, 38(4), 167-171. [retrieved 19/04/2021]: [https://journals.lww.com/pec-online/Abstract/2022/04000/Human\\_Trafficking\\_When\\_to\\_Suspect\\_in\\_the.6.aspx?context=LatestArticles](https://journals.lww.com/pec-online/Abstract/2022/04000/Human_Trafficking_When_to_Suspect_in_the.6.aspx?context=LatestArticles)

**Linder, J. N., Niño, A., Negash, S., & Espinoza, S.**

## Thematic analysis of therapists' experiences integrating EMDR and EFT in couple therapy: Theoretical and clinical complementarity, and benefits to client couples

In this article, we present partial findings from a thematic analysis study that examined integrating emotionally focused therapy (EFT) and eye-movement desensitization and reprocessing (EMDR) as clinical frameworks in couple therapy. The purpose of the study is to better understand how therapists integrate EFT and EMDR therapy in their clinical work. Thirteen licensed therapists (n=13) trained in EFT and EMDR were interviewed about their experiences integrating these two models in their couple therapy practice. The findings included in this article are related to how these models complement each other as well as the clinical benefits associated with their integration. Findings provide preliminary evidence that there are benefits and challenges when integrating both models, although we emphasize complementarity in this article. Limitations and implications for future research on the integration and efficacy of these two models are also discussed.

Linder, J. N., Niño, A., Negash, S., & Espinoza, S. (2022). Thematic analysis of therapists' experiences integrating EMDR and EFT in couple therapy: Theoretical and clinical complementarity, and benefits to client couples. *Journal of Marital and Family Therapy*. [retrieved 19/04/2021]: <https://onlinelibrary.wiley.com/doi/full/10.1111/jmft.12587>

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Anzalone, J., Ramos-Goyette, S., Morganelli, M., & Krevosky, M.

## Differences in Research on Post-Traumatic Stress Disorder: How Trauma-Type and Sex Contribute to the Published Research

There is a pervasive and comprehensive history of sexism in the pursuit of scientific truth, extending back beyond the days of “hysteria” and continuing still. Herein, we discuss a disparity in scientific research on a disorder thought to affect less than 8% of the adult population in the USA with the number of women diagnosed with the disorder estimated to be two to three times higher than that of men. While post-traumatic stress disorder (PTSD) is more likely to be experienced by women, we find that the overwhelming majority of published scientific literature on PTSD involves male combat veterans. For example, since March 2019, according to a widely used medical research search engine, specifically the electronic database PubMed (<https://www.ncbi.nlm.nih.gov/pubmed/>), over 1,100 articles can be found with the keywords, “veteran and PTSD” while using the keywords, “sexual assault and PTSD” yields a little over 100 total articles. While not all victims of sexual assault are female and not all combat veterans are male, the majority sex in each category is such that much of the research on “veteran” was specifically carried out with male veterans and much of the work on “sexual abuse” was carried out exclusively with females. This creates a perception that both overinflates the incidence of PTSD experienced by male combat veterans and underemphasizes the experience of PTSD in female victims of sexual assault. Differences in symptoms of PTSD do vary by war and what little research exists on PTSD after sexual assault suggests that it is likely that symptoms as well as associated comorbidities will vary depending on the cause, type, number, and age at first trauma, among other factors. This study focuses on the specific comorbidities of pain, addiction, and immune function in those who experience PTSD following war-based or sexually-based traumas. It is our hope that in reviewing the currently available research, we spotlight the need for research focused on PTSD experienced after sexual assault. Doing so has the potential to lead to better and more tailored treatments for PTSD, thus enriching outcomes for all sufferers of PTSD.

Anzalone, J., Ramos-Goyette, S., Morganelli, M., & Krevosky, M. (2022). Differences in Research on Post-Traumatic Stress Disorder: How Trauma-Type and Sex Contribute to the Published Research. *Journal of International Women's Studies*, 23(1), 34. [retrieved 19/04/2021]: <https://vc.bridgew.edu/jiws/vol23/iss1/34/>

# DATES FOR YOUR DIARY IN 2022

## ESTD FREE online webinars

Assessment of Dissociative Children and Adolescent.

**Dates:** May 19th 2022 (GMT+1, Brussels / Berlin / Warsaw / Madrid time), at 7.00-8.30 p.m.

**Presenter:** Dr Renée P Marks.

**Registration:** <https://docs.google.com/forms/d/e/1FAIpQLSdCvwkmdx8MakBkQDpx6wpjeH1YzitCzHvF0ix08ylyfTzMbw/viewform>

Lessons We Need to Know about Treating Highly Dissociative Individuals: The Finding Solid Ground Program Thursday,

**Dates:** June 18th 2022 (GMT+1, Brussels / Berlin / Warsaw / Madrid time), at 2-3 p.m.

**Presenter:** Bethany Brand, Ph.D.

**Registration:** <https://docs.google.com/forms/d/e/1FAIpQLSf7Og1BtyFKxZyOrS0iCp5N1wDcaHLBARV7iNOhHARWA2C4QA/viewform>

Somatoform Dissociation: A Major Feature of Dissociative Disorders with

**Dates:** September 29th 2022 (GMT+1, Brussels / Berlin / Warsaw / Madrid time), at 7.00-8.30 p.m.

**Presenter:** Ellert Nijenhuis, Ph.D.

**Registration:** [https://docs.google.com/forms/d/e/1FAIpQLSfsqwf2ITj8CJqNSv9ads\\_FFSJalF19lkt79Q9xp01LmvjQMA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfsqwf2ITj8CJqNSv9ads_FFSJalF19lkt79Q9xp01LmvjQMA/viewform)

## ESTD congress in Brussels

When attachment meets trauma : Disorganization and Dissociation from childhood to adulthood

**Dates:** 9-10-11 of March 2023

## EMDR On-line Hybrid Course:

EMDR Europe Workshop Conference

**Dates:** 10 – 12 June, 2022

Valencia, Spain & Virtual

The 2022 Conference's theme will focus on promoting resilience with EMDR.

<https://emdr2022.com>

Onsite training: Treating dissociative disorders with EMDR: the progressive approach / Traiter les troubles dissociatifs avec l'EMDR : l'approche progressive

**Dates:** June 24 & 25, 2022

Place: Paris, France

**Presenter:** Dolores Mosquera, psychologist, psychotherapist

**Registration:** <https://www.ifemdr.fr/traiter-les-troubles-dissociatifs-avec-lemdr-lapproche-progressive>

**PLEASE LET US KNOW ABOUT FUTURE EVENTS IN YOUR COUNTRY!**

Send the dates, title, location, speaker(s), language, website and contact information to Dolores Mosquera, [doloresmosquera@gmail.com](mailto:doloresmosquera@gmail.com)

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# ESTD CONTACTS IN YOUR REGION

Country	Contact person	E-mail
Belgium	Manoëlle Hopchet Serge Goffinet	belgium@estd.org belgium@estd.org
Finland	Anne Pelkonen	finland@estd.org
Hungary	Judit Molnar Ildiko Kuritarne	hungary@estd.org hungary@estd.org
Italy	Costanzo Frau Giovanni Tagliavini Paola Boldrini	italy@estd.org italy@estd.org italy@estd.org
Ireland	Eimir McGrath	ireland@estd.org
Lithuania	Jonas Mikaliunas	lithuania@estd.org
Norway	Ellen Jepsen Arne Blindheim	norway@estd.org norway@estd.org
Netherlands	Marika Engel Astrid Steenhuisen	netherlands@estd.org netherlands@estd.org
Poland	Radoslaw Tomalski	poland@estd.org
Portugal	Suzana Isabel Marques Guedes Monica Mexia	portugal@estd.org portugal@estd.org
Romania	Anca Sabau	romania@estd.org
Slovenia	Tjasa Stepisnik P.	slovenia@estd.org
Switzerland	Eva Zimmermann Jan Gysi	switzerland@estd.org switzerland@estd.org
United Kingdom	Sandra Buck	uk@estd.org