

DR SHOSHANA GARFIELD

"Inevitable recovery from unspeakable experiences"

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RESPONSE TO COMMENTS TO "FAITH IN THE DARKEST MOMENTS"

You may have seen my article in the 12th February 2011 edition of Guardian entitled "Faith in the Darkest Moments". The comments had quite a range. Some people asked logical questions, some offered their appreciation, including many who did so privately, and other comments were absolutely excoriating, from a position of rigidity that have more in common with the worst of pompous religiosity than dispassionate and curious scientific enquiry. The thing to keep front and centre is that people do recover and people do renew their lives, including with my unusual methods.

Although I cannot address each and every issue raised, I will do my best to address confusions and/or interesting points.

What is this article about? – Many people seemed to have sadly and completely missed the point of the article. The article is a compassionate, inside and privileged view of some people's experience of and recovery from what is probably the worst that humans can do to another: torture. The article is meant to be a meditation on trauma and the human capacity to survive it, not just physically, but through preserving a sense of still having goodness in the world, surviving spiritually, with meaningfulness of life intact... no small task when face to face with the utter malice of torture. Some people have incredible experiences along the way that assist them in this journey.

Conclusions about the existence of the Divine is every person's human journey – it's just not the point of the article, as noted above. This article does not, and cannot prove or disprove the existence of the Divine. I take the at times wincingly humble etic position. The etic position is core to the integrity of the true scientist, and requires dispassionate acknowledgement and acceptance of uncertainty in what cannot be proven or disproven. If something cannot be proved, than it may not exist. If it cannot be disproved, it may exist. When it can be neither proven nor disproven, even when we very much don't want it to be true, or, very much do want it to be true, there can be no final conclusion of scientific certainty. The best we may come to is a working hypothesis, frameworks that best fit our data, for now. I agree with Robert Anton Wilson, who discusses in the brilliant *Quantum Psychology* that rejection of the etic position in favour of premature certainty is one of the most pernicious habits of humanity. Do I have a personal working hypothesis regarding God's existence? I sure do. Do I impose my working hypothesis on my clients? Of course not. The details of my working hypothesis are therefore irrelevant for the purposes of responding to comments on my article.

Trauma-induced psychosis? Other coping mechanisms? Oxygen deprivation? Excellent set of queries; there is much documentation of such in literature and in research. Issues such as these seem to be at the centre of many challenges. Some of the experiences described could be queried as to whether or not they may fall into categories such as these, but due to the particulars probably do not. And even if they would, this still does not disprove a miracle. Why is it that we often have spiritual experiences with oxygen deprivation, for instance? We seem hardwired for the

extraordinary (see Dr Jill Bolte Taylor (brain scientist and researcher): *My Stroke of Insight: A Brain Scientist's Personal Journey* or her presentation on Ted Talk). Why is that? There is no satisfactory answer that I can think of; I retain the etic position. Moreover, there is no way to disprove the clients' explanatory framework. And, due to particulars, are very unlikely to be hallucinated (e.g. having physical evidence left behind). Furthermore, two of the cases for this article took place long after the torture sessions were over but the person's health or life was endangered due to other circumstance, a suicide attempt in one case and pressure under bullying to do a very dangerous act in another, but that the person still linked for various good reasons to their torture experience. I recognise that these details are not sufficient for you to come to your own final conclusions. They are not meant to be. To meet the requirements of many of the commenters, there is only the gruesome and utterly unacceptable prospect of torturing people under recorded supervision. This was done in WWII under Mengele, but he wasn't looking for miracles.

Coping with reality/Handling delusions/Self-harm to find God/Cynical exploitation There has been much ignorance in the postings on treating severe trauma; to know more about it, as a good start, please see these books that you may order from Karnac or Amazon: Dr Valerie Sinason (currently President of the Institute for Psychotherapy and Disability, and, Director of the Clinic for Dissociative Studies) *Attachment, Trauma and Multiplicity: Working with Dissociative Identity Disorder: 2nd Ed*; Jon Allen's wonderfully compassionate guide for those who treat and/or have experienced trauma... *Coping With Trauma: Hope Through Understanding*. There are a few must-read books by Dr Phil Mollon: *Multiple Selves, Multiple Voices, Working with Trauma, Violation, and Dissociation*. Also: *Remembering Trauma: A Psychotherapist's Guide to Memory and Illusion...* and... *Releasing the Self: The Healing Legacy of Heinz Kohut*. I also highly recommend this already classic book for an understanding of the potential impacts of trauma, Felicity de Zulueta's *From Pain to Violence*. And, for a good grounding in the developmental theory most often but not exclusively used (attachment theory (which is far more than a development theory in any case)) in treating trauma by those who know what a developmental theory is, you may wish to consult the many books by the founder, John Bowlby, or, for a more modern interpretation and application to treatment, the following may have greater appeal: edited by Mauricio Cortina and Mario Marrone – *Attachment Theory and the Psychoanalytic Process*.

Why do bad things happen to good or innocent people? Why doesn't God stop all horrific acts such as torture? These queries are ridden with pain at a world where people get hurt, really really badly, and really unfair things happen to people, often really really good people. With immense compassion for all who pose queries like this, I respect what I perceive as your desire for a fair world where people are kind. I have my answers to this personally, but they are irrelevant for my practice and indeed for this article. This is your own personal journey, much like that of your working hypothesis about the Divine.

Dr Garfield, you were tortured, so how can you say nothing bad has ever happened to you? This is now possible as a choice for me now that I have so deeply released the trauma from my system and so deeply forgiven those who tortured me. One of the things I am constantly amazed and inspired by in this work at the very deep end of trauma is that under the grime of the pain and the horror and the terror, we are still whole. I am still whole, and not even my innocence was even tainted.

My qualifications and work – B.A. (Ivy League, Dartmouth, class of 1989), PhD in psychology (London South Bank University, awarded 2007). I am a member of associative bodies ACEP and AAMET, as well as on the Register of Trauma Specialists. I am not registered with the BACP or the UKCP. I have trained and continue to train people who are mental health registered professionals and who want to do their work better by using some of the tools I use, as well as training NHS staff. I am further qualified in NLP and energy-based modalities such as EFT. I do specialise in helping

severely traumatised people rediscover goodness in themselves and create goodness in their lives again, in whatever form makes the most sense for them, no matter how severe or long-term the trauma or torture. I started helping people with trauma recovery when I was a teenager, about 25 years ago, when I ran date rape awareness groups and people would come to me for impromptu counselling (I had appropriate supervision). This is separate from /parallel to my journey receiving treatment in various therapy rooms, which started at age 11.

Dr Phil Mollon – is a highly respected, internationally known clinical chartered psychologist and has authored many books over many years, some of which are regularly used in BACP and UKCP accredited programmes; visit www.karnacbooks.com or his website on PEP, www.philmollon.co.uk.

Website: There was some wording on my website that made me vulnerable to misquoting. My websites now surpass AAMET and ACEP criteria and guidelines, the associative bodies to which I proudly belong. Some wording I further changed due to my interpretation of responses to the article; I can only thank all, very sincerely and very much including detractors, for bringing various issues to my attention.

Cure? I never claimed to cure cancer, despite blatant misquoting and even invention in some comments. I don't claim, and never have claimed, to cure anything at all; and nevertheless, I have countless cases in my practice where relief from physical conditions, often 100% relief, has happened in the course of my work with clients - and clients often ascribe relief from physical conditions to our work together even when they hadn't told me about the physical condition until after it is gone. And, to remain clear, I do not have the clinical qualifications to either diagnose a mental health condition, or diagnose a state of being cured of such. Therefore, I do neither. And nevertheless, people who work with me generally find relief from symptoms associated with various mental health conditions or issues. Acknowledging that work with me almost always brings such relief is both legal and fair. This is along the lines of the speech worker with unusual but effective methods in the movie (based on true events), "The King's Speech".

Energy Psychology (EP) Efficacy: Feel free to read a meta-analysis of evidence published in a peer-reviewed journal: Feinstein, D. (2008). Energy Psychology: A Review of the Preliminary Evidence. *Psychotherapy: Theory, Research, Practice, Training*. 45(2), 199-213. © 2008. American Psychological Association. You may access it on this link: www.energypsychologyresearch.com. Also, feel free to see this article By Dr David Gruder, founder of ACEP and its first president, about research on EP efficacy: www.truth-out.org/energy-psychology-mental-health-experts-say-its-time-end-ban64393

Prayer – is actually the most highly evidenced-based complementary 'treatment' there is, including distant prayers. Visit PubMed online; even without a subscription you will be able to see the abstracts. For a journalist's summary, you may wish to see Lynn McTaggart's *The Field*, which has a section on the efficacy of prayer.

I trust this has been informative for you. Feel free to contact me at the details above if you are interested in opening a dialog on any appropriate subject; phoning is the best way of reaching me.

With kind regards to all,

-Shoshana.