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The Harm of Trauma

Pathological Fear, Shattered Assumptions, or Betrayal?

Anne P. DePrince and Jennifer J. Freyd

DePrince, A.P. & Freyd, J.J. (2002) The harm of trauma: Pathological fear, shattered assumptions, or betrayal? In J. Kauffman (Ed.) *Loss of the Assumptive World: a theory of traumatic loss*. (pp 71-82). New York: Brunner-Routledge.

Recent research using a random sampling of individuals across the United States found that 72 percent of respondents reported having experienced at least one serious traumatic event, ranging from childhood abuse to car accidents to murder of a loved one (Elliott, 1997). This study is in line with other research indicating that a significant portion of the population has experienced serious trauma. Research also indicates that a substantial number of those individuals exposed to trauma go on to experience psychological distress related to the trauma (for reviews, see van der Kolk & McFarlane, 1996; McFarlane & DeGirolamo, 1996). According to accepted wisdom in the traumatic stress field, fear is the central reaction associated with traumatic events, and pathological fear is at the core of post-traumatic distress. We refer to this almost exclusive focus on the emotion of fear as the "fear paradigm."

This chapter examines the limitations of this "fear paradigm" and proposes that fundamental changes in the types of research questions asked occur when reactions beyond fear are considered. To illustrate this, we will consider the influence on theory development stemming from Janoff-Bulman's (1992) "shattered assumptions" framework with its emphasis on cognitive appraisal. In addition, we will outline changes that occur in the range of research questions posed when the current fear paradigm is broadened to include a focus on Freyd's "betrayal trauma" theory. Based on distinctions drawn between affect and cognition, between fear and betrayal, and between explicit and implicit appraisals, we propose that a broad range of reactions should be considered in trauma research and clinical work. We suggest that fear, shattered assumptions, and betrayal are all important core insults stemming from the most damaging traumas.

The reactions and emotions that psychologists assume individuals experience in response to traumatic events necessarily affect research design, data collection, and interpretation. The paradigm within which research occurs affects both the content of and value placed on research questions (Kuhn, 1970). We consider cognitive and affective reactions other than fear to examine how research and treatment questions are altered depending on the primary emotion or reaction response assumed by the researcher. In particular, we consider the research ques-

tions that arise when theoretically driven studies move from a paradigm that assumes fear to be the core reaction associated with the trauma response to a framework that also considers as central shattered assumptions and betrayal (including both implicit and explicitly experienced betrayal) associated with trauma.

Historical Focus on the Reaction of Fear

Since the mid-1980s, conceptualizations of trauma have increasingly centered on the fear invoked by trauma and resulting anxiety related to that fear. Most psychological research on trauma during the late twentieth century focused on the specific diagnosis of posttraumatic stress disorder (PTSD). The PTSD diagnosis requires that the individual has experienced intense fear, helplessness, or horror in response to a traumatic event. This criteria has likely influenced research inasmuch as fear tends to be the reaction most frequently examined and considered in theories about PTSD onset, maintenance, and recovery. The focus on fear can be seen in the current classification of posttraumatic stress disorder as an anxiety disorder and the requirement that the traumatic stressor invoke fear or helplessness in the individual (*DSM-IV*).

The current conceptualization of PTSD has its origins in work with Vietnam combat veterans (for a review, see Herman, 1992). Evidence used to support the placement of PTSD in the anxiety disorders includes arguments by Barlow that PTSD developed in the same way as other anxiety disorders (for a review, see Brett, 1996). From this view, when individuals with biological and psychological vulnerabilities experience stressful life events, they begin to organize their lives around beliefs that stressful events are largely unpredictable, thereby leading to increased fear and chronic hyperarousal (Brett, 1996).

The assumption that fear is at the core of the PTSD response has influenced research, theory, and treatment development. Information-processing approaches to PTSD have stressed the role of emotional networks in the onset and maintenance of PTSD. Lang's model for emotional processing, which suggests that emotion is defined as an information structure in memory that includes stimuli, responses, and the meaning assigned to the stimulus-and-response data, has been extended to fear in PTSD (e.g., Foa & Kozak, 1986). Within this framework the underlying assumption in research and treatment has been that the individual with PTSD has pathological elements in the fear structure that require modification (Rothbaum & Foa, 1996). Treatment, therefore, is based on activating fear structures and introducing corrective emotional information, which is thought to lead to decreased symptomatology (e.g., see Meadows & Foa, 1998). The focus on fear has likely also contributed to a focus on the anxiety symptoms of PTSD (e.g., arousal and intrusive symptoms), with relatively less attention paid to dissociative symptoms. Dissociation and alexithymia have recently gained increasing attention in research and intervention work (e.g., Wagner & Linehan, 1998; Cloitre, 1998; Putnam, 1997). In addition, the relationship between avoidance and maintenance of PTSD anxiety symptoms has also gained increased attention (e.g., Meadows & Foa, 1998).

Recent Theoretical Development Beyond Fear: Shattered Assumptions

In recent years, new theories have increased the breadth of reactions considered with respect to responses to trauma. We will focus on influential theories of reactions to the most damaging traumas—those that are human-caused and involve interpersonal violence and violation. Janoff-Bulman (1992) suggested that such traumas shatter three basic assumptions held about the world: the world is benevolent, the world is meaningful, and the self is worthy. Janoff-Bulman's (1992) theory shifted the emphasis from the emotion and biology of fear to a cognitive appraisal of the world and the self following trauma. Janoff-Bulman employed information-processing approaches to explore the ways in which schemas and other cognitive factors influence humans' cognitive conservatism and resistance to changing these basic assumptions. Given that humans are resistant to any change in these assumptions, traumatic experiences shatter the assumptions. Within this shattered assumption framework, coping with and healing from trauma require that individuals reconcile their old set of assumptions with new, modified assumptions. Empirical investigations have resulted in good support for this theory and provided additional information about how the type of trauma experienced influences which assumption(s) are affected.

In addition to contributing to both research and clinical domains, the shattered assumptions framework is a useful way to consider some of the sociopolitical influences on the field. McFarlane and van der Kolk (1996) note that society becomes resentful of the ways in which victims of trauma shatter our illusions of safety. Society, therefore, is often resistant to recognizing the effects of trauma and inclined to engage in victim blaming in order to maintain basic assumptions.

The shattered assumptions theory provides a framework through which to understand effects of trauma that might not be related to fear or terror associated with the event. Instead, some posttraumatic distress may be primarily related to violations of important assumptions. This framework opens up a new set of research questions that might otherwise not be asked when researchers focus primarily on fear. For example, one might ask about the impact of violation of assumptions in distress and recovery.

Recent Theoretical Development Beyond Fear: Betrayal

Freyd's (1996, 1999) betrayal trauma theory has challenged the field to move beyond conceptualizations of fear as the sole motivating reaction in traumatic responses. Freyd (1994, 1996) initially proposed betrayal trauma theory to account for memory impairment in regard to traumatic events. Betrayal trauma theory posited that there is a social utility in remaining unaware of abuse when the perpetrator is a caregiver (Freyd, 1996). The theory accounts for memory failure in a way that can be empirically tested, and it stresses a reaction that previously had not been focused on to any large extent in research.

In delineating the theory, Freyd (1996) lays out the evolutionary basis for why and how humans are usually excellent at detecting betrayals while exploring the

critical proposal that under some circumstances detecting betrayals may be counterproductive to survival. Specifically, in cases where a victim is dependent on a caregiver, survival may require that she or he remain unaware of the betrayal. In the case of childhood sexual abuse, a child who is aware that her or his parent is being abusive may withdraw from the relationship (e.g., withdraw in terms of proximity or emotionally). For a child who depends on a caregiver for basic survival, withdrawing may actually be at odds with ultimate survival goals. In such cases, the child's survival would be better ensured by being blind to the betrayal and isolating the knowledge of the event. Betrayal trauma theory invokes dissociation as a likely mechanism in isolating awareness of abuse and betrayal. The betrayal trauma framework has been primarily applied to child abuse to date but likely informs processing in other types of trauma, such as domestic violence and combat (see Shay, 1994, for discussion of betrayal in combat).

In more recent work Freyd (1998, 1999, in press) noted that traumatic events likely involve differing degrees of fear and betrayal, depending on the context and characteristics of the event. Looking at a two-dimensional model with fear on one axis and social betrayal on the other, the possibility that traumas may involve mainly betrayal or fear, or a combination of both, extends the traditional assumptions in PTSD research that fear is the emotion at the core of responses to trauma.

Shay (1994) also invokes the role that betrayal plays in response to trauma, particularly in the case of combat. Shay draws on the ways in which betrayal influenced the experience of many Vietnam veterans. Combat, much like a family, creates the world in which the soldiers live by controlling such things as bodily function (when they can sleep, eat) and creating barriers to escape. Shay discusses the utter dependence of the soldier on the military, and the ways in which soldiers were betrayed both in Vietnam and upon returning to the United States. Shay highlights the centrality of betrayal when he suggests that a soldier's trust in his own perceptions and cognitions probably recovers upon leaving combat, unless the soldier has experienced some betrayal that has altered his reality (e.g., being told, "This didn't happen to you").

Betrayal as an Implicit Factor or an Explicit Appraisal in Reaction to Trauma?

The role of betrayal in betrayal trauma theory was initially considered an implicit but central aspect of some situations. If a child is being mistreated by a caregiver he or she is dependent upon, this is by definition betrayal, whether the child recognizes the betrayal explicitly or not. Indeed, the memory impairment and gaps in awareness that betrayal trauma theory predicted were assumed to serve in part to ward off conscious awareness of mistreatment in order to promote the dependent child's survival goals. In contrast, the traditional focus on fear has generally seemed to assume that individuals are consciously aware of fear. Similarly, Janoff-Bulman's theory of shattered assumptions placed the cognitive appraisals within the conscious domain. Shattered assumptions theory leads us to ponder the possibility that in some cases betrayal is a conscious appraisal in response to trauma—an appraisal that combines both elements of cognitive information processing and powerful emotional responses. While conscious appraisals of betrayal may be

inhibited at the time of trauma and for as long as the trauma victim is dependent upon the perpetrator, eventually the trauma survivor may become conscious of strong feelings of betrayal. This framework raises the important question as to what role the emotional perception of betrayal has in distress and recovery.

Combining Betrayal Trauma and Shattered Assumptions: Affect Versus Cognition

Both betrayal trauma theory and the shattered assumptions framework primarily focus on the impact of trauma on cognitive systems. These theories do not focus on the explicit experience of emotions, in comparison to the fear paradigm, which focuses primarily on the emotion of fear. Taken together, the conceptual perspectives from betrayal trauma theory, shattered assumptions theory, and the fear paradigm can be combined such that affective and cognitive components are jointly considered in a way that deepens our understanding of the effects of trauma. Betrayal trauma theory alone suggests that the experience of betrayal is implicit in the situation and is not experienced as an emotion per se; in fact, betrayal trauma theory predicts that victims will use various cognitive mechanisms to stay unaware of the betrayal. The shattered assumption framework adds to this conceptual picture by illustrating that betrayal may move to an explicit phenomenon in terms of an awareness that core assumptions, such as that the world is benevolent, have been violated. Theoretical traditions from the fear paradigm that focus on experiences of emotion lead us to then consider betrayal as an explicit emotion.

The trauma literature includes research and clinical approaches that seek to integrate dimensions, such as explicit versus implicit influences and affect versus cognition. For example, Roth and colleagues have incorporated the role of assumptions in their work with survivors of sexual assault as well as identified and examined additional responses associated with sexual assault (e.g., Roth & Lebowitz, 1988; Roth & Newman, 1993; Newman, Riggs, & Roth, 1997; Roth & Newman, 1991; Lifton, 1996). Within this conceptualization, Roth and Newman (1993) have defined themes affected by sexual trauma; these themes include both affect (e.g., rage) and schemas (e.g., meaningful world). Roth and Newman (1991) note that the survivor must grapple with the emotional impact of the trauma in order to end preoccupation with negative feelings and recover. Research involving a coding system to assess these themes has examined their relationship to posttraumatic distress (e.g., Roth & Newman, 1993; Roth, Lebowitz, & DeRosa, 1997). During the *DSM-IV* field trials, Roth and colleagues used the coding system to successfully predict whether individuals would meet criteria for PTSD alone or no PTSD, compared to concurrent PTSD and complex PTSD (Newman, Riggs, & Roth, 1997).

Roth and Newman (1991) specify four major schemas that are affected by trauma; these include the three assumptions outlined by Janoff-Bulman as well as a fourth notion that people are trustworthy and worth relating to. This fourth assumption can be viewed as a way that betrayal trauma theory and shattered assumptions theory intersect. One of the core assumptions that people may operate under is that others are trustworthy; when traumatic events are perpetrated by trusted individuals, this core assumption is shattered.

Fear and Betrayal: Why Does It Matter Which We Examine?

To date, fear has been the most widely discussed reaction associated with traumatic experiences. The research questions asked within this fear paradigm typically differ from the questions asked when betrayal is also considered. The current fear paradigm will be examined in contrast to a framework that incorporates implicit and explicit appraisals of betrayal as central to posttraumatic responses.

Research on posttraumatic reactions has largely centered on how fear associated with traumatic events relates to symptoms of anxiety (e.g., increased arousal, hypervigilance). Many important findings that inform intervention and prevention work have come from the fear paradigm. For example, the focus on fear has led to important research concerning cognitive-behavioral therapies that are related to significant decreases in self-reported anxiety symptoms (see Follette, Ruzek, & Abueg, 1998).

There are limitations to research that has occurred under the fear paradigm. With a focus on fear, mainstream psychology has tended to pathologize trauma survivors' reactions by assuming that the pathology resides within the traumatized individual. Either implicitly or explicitly, responsibility for the experience of fear is placed on the individual survivor. In assuming that posttraumatic pathology is contained within the individual, research has often failed to examine the social context within which the trauma occurred and with which the survivor interacts after the trauma.

Shifts in Perspective with Betrayal: New Research Questions

Incorporating betrayal into theories of posttraumatic responses affects the research questions posed on at least three levels. Considering betrayal changes the extent to which research focuses on the context of the traumatic event, the range of outcomes, and the influence of sociopolitical factors. Examples of research questions at each of these levels will be considered.

Context of the Traumatic Event

When betrayal associated with the traumatic event is considered, the research questions asked necessarily shift to focus on relational issues and social context. The very inclusion of betrayal as an important reaction requires that the researcher ask by whom or what the survivor was betrayed. By asking this question, the individual is placed in a relational and social context. When questions are asked from a relational perspective, the pathology is not placed solely within the mind of the individual. Instead, both the individual and the context inform conceptualization of the survivor's response to trauma. The context may include the traumatic events itself, the relationship to the perpetrator, the societal response to the event, and cultural influences on the individual, among many other critical variables.

With betrayal, research must necessarily ask more detailed questions about the traumatic event itself. In particular, closer attention is paid to the relationship between the perpetrator and victim in interpersonal violence. The perpetrator-victim relationship offers insight into the extent of the betrayal. Specific predictions can be made as to how information related to the betrayal will be processed

(see Freyd, 1996). For example, current research examines the extent to which memory impairment is related to perpetrator-victim relationship (Freyd, 1996; Freyd, DePrince, & Zurbriggen, in preparation). Individuals report greater memory impairment for sexual trauma perpetrated by family members than nonfamily members (Freyd, 1996; DePrince & Zurbriggen, in preparation).

Types of Distress Examined

Considering betrayal also changes the types of distress research will address. Predictions about the relationship of betrayal to distress can be extended from other work in the field. For example, Roth and colleagues have looked at whether overall disruption in emotion themes is related to posttraumatic symptoms. Roth and colleagues have illustrated that alterations in important themes are related to overall symptomatology. However, using the presence of specific emotions to predict symptom configurations has not been examined to date. Within a betrayal trauma framework, predictions about symptoms other than PTSD are tested. For example, Freyd's (1996) betrayal trauma theory implicates dissociation as an important mechanism in keeping threatening information from awareness. Indeed, DePrince and Freyd (1999; in submission) have found empirical support for the relationship between dissociation and knowledge isolation in laboratory tasks. Under the betrayal trauma theory framework, betrayal may be related to dissociative responses that will help the individual keep threatening information from awareness (DePrince & Freyd, 1999; in submission). DePrince and Freyd (in preparation) predict that betrayal will be correlated with dissociative and numbing symptoms, but not arousal; fear will be correlated with arousal symptoms and not dissociative or numbing symptoms.

Influence of Sociopolitical Context

A betrayal framework highlights the need to examine the historical and cultural contexts within which traumas occur in order to understand betrayal at a societal level. Recent work addressing the importance of historical context in understanding the needs of the Native American community speak to the central role that cultural considerations of reactions, such as betrayal, can and must play in research and theory. Duran, Duran, Brave Heart, and Horse-Davis (1998) discuss the soul wound created by generations of oppression set in the context of historical trauma; even when trauma occurs in the present, these events cannot be addressed without considering the historical context within which the individual lives. Treatment models and research geared toward Native American communities must take into account the effects of generations of oppressive policies, such as boarding schools, as well as stressors such as racism and disease, in order to address the individual. Without considering the individual in this historical context, psychologists may fail to recognize the ways in which current trauma is exacerbated by the effects of the intergenerational transmission of trauma. Psychologists also risk pathologizing the individual instead of critically examining the sociocultural forces at play.

Betrayal also forces researchers to consider the influence of the response that the survivor receives from others following the event. Betrayal may come in the form of disbelief, minimizing, or otherwise devaluing the individual's experience. For example, assault survivors might be betrayed by disbelief and accusations of

fabricating the events. Vietnam veterans experienced betrayal when they returned to a country that blamed them rather than celebrated their return, as had happened following previous wars (e.g., Shay, 1994). Betrayal may occur in terms of the justice system's treatment of the trauma (see Herman, 1992, for a discussion of revictimization through the courts) or the media's portrayal. The cultural response may include betrayal for events that did not necessarily involve interpersonal violence. For example, failure of the government to respond following a natural disaster, or perhaps responding differentially such that aid is not administered equally, may represent a betrayal that affects the level and type of distress reported by survivors.

Shay (1994) discusses betrayal of what is right in terms of Vietnam veterans. From a perspective examining betrayal of what is right, researchers may begin to ask what the appropriate response to trauma is at both individual and cultural levels. When only the fear experienced by survivors is examined, researchers are not forced to think about the community's role in addressing the transgression. In contrast, asking what is right addresses the sense of fairness that has been violated when traumas include betrayal and invokes consideration of the community and cultural response.

Why Haven't We Gone Far Enough?

Considering interpersonal betrayal in trauma requires that we confront the reality of the harm humans can cause one another. As individuals, as well as a society, we remain defended against awareness of the betrayals that so often occur in traumatic events. The field of psychology has witnessed ebbs and flows of interest and commitment to understanding the complexities of human trauma (for a review, see Herman, 1992). Stopping with a focus on fear allows researchers and clinicians to view the pathology as occurring within the individual, thereby maintaining distance from the more challenging awareness of the ways in which humans have historically betrayed other humans. Interesting parallels can be drawn with research on women and death in order to understand why the field may not include reactions, such as betrayal, that inherently challenge basic assumptions about the world as benevolent and people as trustworthy.

Anderson, Armitage, Jack, and Wittner (1990) reflect on why and how researchers frequently fail to listen to the experiences of women. In a discussion of oral history and feminist methods, they note that oral history methods "incorporate the previously overlooked lives, activities and feelings of women When women speak for themselves, they reveal hidden realities: new experiences and new perspectives emerge that challenge the 'truths' of official accounts and cast doubt upon established theories" (p. 95). Similarly, when we listen to those who have experienced trauma, in many cases we are listening to groups who traditionally have been voiceless in this culture and whose stories have been at times suppressed (e.g., Roth, Lebowitz, & DeRosa, 1997).

Anderson et al. (1990) note that researchers can miss critical information about the meaning individuals assign to their lives in a number of ways. First, we can fail to ask the questions that access information about the meaning each individual ascribes to a traumatic event. As researchers working within empirical paradigms, we may often take emotion-laden information from participants and respond with

neutral questions. Our neutrality as researchers suggests to the participant that the emotion they share is not valued and sought in our explorations.

Researchers may listen to survivors through the lens of our own theories in a way that limits our ability to hear information that is inconsistent with our paradigm. When theories dictate that fear is the central response to trauma, researchers may fail to consider other emotions and reactions, such as betrayal, related to traumatic events. This problem is confounded by psychology's tendency to distrust the reliability of self-reported states (Anderson et al., 1990). Most of our research paradigms either implicitly or explicitly state that researchers are the experts. Working within such a paradigm, we may listen until we hear our expectation of the centrality of fear met by the survivor. In addition, empirical methods may at times limit the ability to examine the meaning people make of trauma because meaning is created by the individual, while research has tended to examine the component parts of the individual (Yalom, 1980).

Yet another impediment to the examination of reactions other than fear may be biases that defend against an acute awareness of interpersonal betrayal. In a related discussion, Yalom (1980) identifies an adult bias in examining how children understand death. Yalom argues that adults' fear and denial of death affect how they interpret research on children's knowledge of death. Adults may in fact fail to ask the questions that would elucidate children's knowledge of death, or even misperceive children's statements, in the service of defending against an awareness that even children can comprehend and fear death.

Similarly, researchers must grapple with the biases that lead to defending against knowing the ways in which interpersonal and societal betrayals have occurred in the context of trauma. When a trauma is experienced and researchers assume the person responds with fear, the focus can easily move away from the traumatic event to the "pathological fear" of the individual. This keeps societal denial of trauma and betrayal in place. When betrayal is introduced as a response to trauma, a revolutionary shift in focus occurs; the focus moves from the individual to the relationship and the social context of the event. A betrayal perspective raises questions about the relationship with the perpetrator, the context of the event, the response of others, of society. Asking about betrayal demands that the trauma be acknowledged and the event be examined, not just the individual's response. Betrayal places the pathology in the traumatic event, not in the individual. This perspective requires researchers and clinicians to recognize, with a frequently painful awareness, that trauma happens. Asking about betrayal requires that we break through our own denial, as well as challenge societal denial, of the existence and high rates of trauma that humans perpetrate on other humans. If we look only at fear, we risk asking only what is wrong with this fearful individual. We risk remaining complacent in both our own and society's denial of trauma, particularly betrayal trauma.

Summary and Conclusions

In the recent history of the traumatic stress studies field, fear has been the focus of study. Work derived from research on fear and anxiety has provided critical information to aid researchers' and clinicians' understanding of the impact of trauma. The literature arising from the fear paradigm has informed clinical and

research endeavors, including the development of many treatment protocols used today with victims of various types of trauma.

Over the last ten years, we have seen an increase in study of reactions other than fear (e.g., Janoff-Bulman, 1992; Shay, 1994; Freyd, 1996; Roth & Newman, 1991). In particular, shattered assumptions and betrayal have been introduced as important factors in understanding how the victim responds to the world changes that follow trauma. When researchers ask questions from the perspective of reactions such as betrayal, interpersonal relationships and the social context of the trauma are more likely to be examined than when we focus mainly on fear and the pathology of the individual. As we look to relationships to understand the impact of betrayal, we are forced to consider the individual who experienced the trauma, the event itself, the sociopolitical context, and the community response. From this perspective, researchers ask new and exciting questions that examine the ways in which relationships and society beyond the circumscribed event potentially affect survivors' reactions and recovery.

Incorporating reactions beyond fear into research and theory will likely assist researchers and clinicians in capturing more of the complexity and heterogeneity of trauma and posttraumatic responses. Increasingly, researchers are noting that the current conceptualization of PTSD may not capture the heterogeneity of human responses (Putnam, 1997; Finkelhor & Kendall-Tackett, 1997). Likely, the focus on fear does not capture the full breadth of reactions that influence coping and recovery following trauma.

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