

example of inequality. Female managers earn 22 per cent less than their male counterparts and, according to a report in *The Guardian* earlier this year, 'work for free' for nearly two hours a day (tinyurl.com/ozqzmmf). Is ceasing to become an equal partner in the economic enterprise a sacrifice females

are willing to make and males won't, hence, the gender disparity in (clinical) psychologists? Mental health services are shaped by men (Morison et al., 2014). Men continue to have the real socio-economic and political power in the UK. Money, whether we like it or not, goes hand-in-hand with power.

Perhaps the idea of women in power still creates anxieties so that volunteering becomes a place where unconscious socio-economic gender battles are being politically acted out? It's a complex issue – what are we going to do about it?

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References

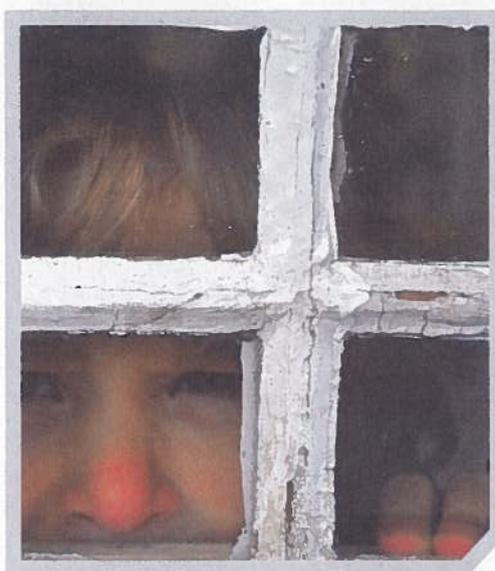
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A discourse of disbelief?

US clinical psychologist Dr Ellen Lacter (who runs the website endritualabuse.org) warns mental health professionals not to dismiss reports of persecution and unusual beliefs, since 'some abusers program bizarre beliefs (e.g. alien abduction) in victims to make them feel non-credible and appear insane' (Lacter & Lehmann, 2008). It is therefore disconcerting that Professor Christopher French ('Close encounters of the psychological kind', October 2015) does not mention the possibility that neglect, abuse and torture by primary carers in the first five years of a child's life can comprehensively account for the 'findings' he proffers.

Survivors of extreme abuse are bound to struggle with the DRM (Deese-Roediger-McDermott) 'false memory' procedure that French mentions, and naturally report more dissociative symptoms. The Somatoform Dissociations Questionnaire (SDQ) features items such as 'I cannot see for a while (as if I am blind)' and 'I cannot hear for a while (as if I am deaf)' (Van der Hart et al., 2006). Mental health professionals need to get to grips with such disclosures and recognise them as indicators of likely neglect and/or abuse by primary carers in early childhood.

Then consider memory amnesia, one of the five key indicators of dissociative identity disorder (formerly known as multiple personality disorder). This can manifest itself in 'lost time', biographical memory wipe-out and everyday memory problems. The MMPI2 'faking bad' scale may be elevated when those with dissociative symptoms truthfully report memory issues. Clients may express worry about everyday memory issues, and poorer performance on memory task would logically follow. Dorahy et al.



Psychologists need to be sceptical of the sceptics

(2014) comprehensively debunk a lot of the 'false memory' claims that abound – helping to claw back the territory originally marked out by Pierre Janet's pioneering work on trauma a century ago.

Beliefs of having experienced alien contact without being actually able to remember details fit the various extreme child abuse scenarios described in Miller (2012), where children are tortured to 'breaking-point' and start splitting off alters who carry sensory memories that are not consciously processed and may be gradually released years later when the brain considers it safe(er) to do so. 'Missing time' experiences are typical when it comes to torture by extreme abuse groups. And taking Professor French's favoured explanation of sleep paralysis, a plausible causal account of this phenomenon suggests a dissociative process that is closely linked to past cultural and personal experiences such as sexual abuse (see tinyurl.com/qzkmvraq).

Poor practices by over-zealous

therapists can potentially induce 'false memories'. However, in their Extreme Abuse Survey Becker et al. (2008) found that more than half of the individuals responding had specific abuse memories before commencing therapy. Proponents of the 'Discourse of Disbelief' tend to ignore evidence that does not fit their worldview, and dismiss out of hand any disclosures of extreme abuse (see <https://uk.linkedin.com/pub/rainer-kurz/0/b14/4a0>).

As a volunteer advocate for sexual abuse victims I have been bearing witness to disclosures of extreme abuse, toddler rapes, missing babies and violent deaths. I firmly believe that practising psychologists need to be sceptical of the sceptics and help unveil (rather than obfuscate) the truth about extreme abuse groups and their cancerous impact on society.

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