

## Book Chapter

**John Read (2024). Has ‘The Assault on Truth’ had any influence on today’s mental health services? In Middleton W, Dorahy M (eds.). *Contemporary Perspectives on Freud’s Seduction Theory and Psychotherapy Revisiting Masson’s ‘The Assault on Truth’* (2024)**

In *The Assault on Truth* Jeffrey Masson concludes:

.... by shifting the emphasis from an actual world of sadness, misery and cruelty to an internal stage on which actors performed invented dramas for an invisible audience of their own creation, Freud began a trend away from the real world that, it seems to me, is at the root of the present-day sterility of psychoanalysis and psychiatry throughout the world. (Masson, 1984/1992, p. 144)

This chapter discusses whether things have improved since Masson’s historic intervention; whether mental health services remain sterile today when it comes to addressing sadness, misery and cruelty.

### Some possible biases

I begin with three things that may have influenced my thoughts. First, Jeffrey is a good friend. We met about 20 years ago while both living in Auckland, New Zealand. My partner and I, and sometimes our kids, enjoyed sunny days at his house, on the beach of the exquisite Karaka Bay, with Jeff’s partner (Leila), their kids, and Benjy, the star of *The Dog Who Couldn’t Stop Loving*, one of Jeff’s best-seller animal books. Jeff and Leila hosted my 60<sup>th</sup> birthday party in that house on the beach.

We have all moved on now, but not before many sun-drenched conversations about the dire state of psychiatry and the world in general. I remember sitting behind Jeff watching the enthralled faces of several hundred of my psychology undergraduates as he unfurled the story of his life, contained in *My Father’s Guru* (1993) and *Final Analysis* (1990), culminating in *The Assault on Truth*. I don’t know if they realised just how lucky they were. Jeff speaks at least as engagingly as he writes, always with a natural sense of humour. For example: ‘How on earth did I think I could become a psychoanalyst? I can’t keep quiet for five minutes and would be sure to tell them my problems before they had finished telling me theirs’!

He and I would stage an annual debate for the students on the motion ‘Psychotherapy is a complete waste of time’. I would try to counter his withering arguments, from another of his books, *Against Therapy* (1988). Somewhere in these shared New Zealand years (2002-2014) we were at a Melbourne conference, where we were both speaking, along with John Briere, one of the most brilliant lecturers in the sexual abuse field. Determined not to be outdone, Jeff gave a wonderful after dinner speech, culminating in a true story about how, despite all his animal-loving skills, he had failed to talk a wild elephant out of charging him. ‘How was I to know the elephant was antisemitic?’

Second, I was sexually abused by my headmaster. I say this because it seems silly not to, given the topic of this book; and because I hope that the more people talk about their experience of sexual abuse the easier it becomes for others. Freud’s public refutation of his belief that sexual abuse is a cause of mental health problems made it harder for several generations of abuse survivors to talk about it and, perhaps, for mental health professionals to ask about, and to believe, it. I mention it also because it may influence my opinions on the issues discussed here. I would certainly have been unimpressed if I had summoned the courage to tell a therapist what happened to me only to discover that s/he thought it was a fantasy based on my childhood sexual desires.

Third, I have always believed that human ‘sadness and misery’ and, for that matter, ‘cruelty’ are primarily caused by bad things happening (Read & Dillon, 2013; Read & Sanders, 2022). My shortest ever university lecture lasts 10 seconds. It goes: ‘Today we are going to talk about Depression. It is caused by depressing things happening’. (I would come back after a brief pause of course; but you have to do weird stuff to keep the attention of 18-year-olds). Recently, a journalist asked me when I developed my belief that mental health problems are caused by life events and circumstances, as if it was unusual and intriguing. I pointed out that the public, in almost every survey conducted anywhere (except the USA) believe that mental health problems, from depression to psychosis, are primarily caused by stressful life events (Read, Magliano & Beavan, 2013b). So, perhaps a better question is, ‘what leads a minority to believe something other than that?’ Freud’s blunder might have been a partial answer to that throughout the twentieth century. I did tell the journalist, however, how my shared, common-sense psycho-social perspective was repeatedly reinforced by the patients I worked with. Here is an example, from my first job, as a nursing aide in New York, 50 years ago:

I was ‘specialing’ a teenage girl. This meant being locked in with her in the ‘quiet room’ (usually the noisiest place on the ward) to make sure she didn’t try to harm herself. She hadn’t spoken for weeks. A ‘catatonic schizophrenic’. Having had no training, I tried: ‘It’s OK if you don’t want to talk, but if you want to, I will listen.’ Nothing. The next day she said one word: ‘My’. The next day she said ‘father’. The next day she didn’t speak. The next day she said ‘me’. The missing word, I learned later, was raped. (Read, 2013a, p. xx)

### **The Assault on Truth**

So, with all that in mind, I believe *The Assault on Truth* is one of the most important books of the twentieth century. It is so important partly because of the specific, previously suppressed, information revealed by Masson’s detective work about why Freud changed his mind about child sexual abuse being an important cause of mental health problems. Masson argues that ‘... without the abandonment of this theory, the development of psychoanalysis would not have been possible’ (Masson, 1992, p.12). Indeed, Anna Freud wrote the following to Masson, in 1981:

Keeping up the seduction theory would mean to abandon the Oedipus complex, and with it the whole importance of phantasy life, conscious or unconscious phantasy. In fact, I think there would have been no psychoanalysis afterwards. (p.113)

We will never know whether psychoanalysis would have existed today if Freud had not abandoned his belief in the role of child sexual abuse. Perhaps it would exist but in a very different, more reality-based, form. Either way, *The Assault on Truth* is such an important book because of the potential broader importance of psychoanalysis. If psychoanalysis had not had the potential to answer so many of our most pressing individual, societal and international problems, it would matter less how and why it went so badly off the rails at such an early stage of its development. As Masson states:

The purpose of this book is to make public, evidence hitherto unknown, ignored or discounted, that would point to a more illuminating explanation for the single most important step Freud took, one that helped shape the world we live in. (pp. 12-13)

I therefore concur with the accolades, from newspapers on both sides of the Atlantic, on the cover of the 1992 edition:

‘His findings ... have drawn attention to a huge gap at the heart of twentieth-century thought’. (Observer)

‘His scholarship is impeccable.’ (Los Angeles Times)

‘Intriguing and thought-provoking... a fascinating detective-like story.’ (Sunday Times)

The first half of my chapter highlights two themes running through *The Assault on Truth*, from Freud’s time in Paris in 1885 through to his 1896 announcement and then retraction of his theory about child sexual abuse, and the rebellion and denouncement of Sándor Ferenczi in 1932. I will then discuss how those two themes are playing out today. The first, obvious, issue is that of resistance to acknowledging and addressing child abuse. The second is the promulgation of genetic, and other biological, theories as alternative explanations for mental health problems. I will argue that the first of these issues is not only central to the history of psychoanalysis but is also a partial explanation for psychiatry’s ongoing promotion of unsubstantiated bio-genetic accounts of human distress at the expense of psycho-social factors and for the dysfunctional mental health services that follow from that fundamental error.

### **‘Freud at the Paris Morgue’ - 1885 (Chapter 2)**

In his discoveries of early influences which sensitized Freud to the reality of child abuse in general, and incest in particular, Masson is scholar, detective and investigative journalist rolled into one. He first painstakingly documents the comprehensive reports of abuse by nineteenth century French medico-legal experts. He then describes the riveting lectures with their heart-breaking abuse examples and the child autopsies Freud attended in Paris. Had Freud not retracted, he and others could have cited these reports and autopsies in order to start breaking the silence around child abuse early in the twentieth century.

Masson also, however, reports a parallel, competing theme of denial in nineteenth century France, which is perhaps the first example of the backlash that has repeatedly greeted progress in the acknowledgment of childhood sexual abuse (Herman, 1992), including the reaction to Freud’s 1896 paper and lecture:

But early on there developed a current within the literature which, in the long run, exercised an enduring influence, and in my opinion a sinister one. This is the literature which concerns itself with simulations and the supposed lies of children. There existed a whole series of authors interested in the *pseudologica phantastica* of children. (Masson, 1992, p. 40)

Masson documents this literature and offers distressing examples of the misrepresentation by the experts at the time (all men) of abuse cases as lies and fantasies. So, Chapter 2 simultaneously provides not only the basis for Freud's discovery of sexual abuse in *The Aetiology of Hysteria* (Freud, 1986), but also the rationale for changing his mind.

What about my second theme, genetic and other biological explanations for mental health problems? The predominant causal model for 'hysteria' and other disturbances at the end of the 19<sup>th</sup> century in Europe was the 'medical model', with a strong emphasis on inherited or constitutional characteristics. In 1892 Emil Kraepelin invented 'dementia praecox', the precursor of 'schizophrenia', which (with no evidence to support him) he argued was a biologically based, genetically inherited brain disease (Read, 2013b).

Masson gives examples of how the almost exclusively female ailment 'hysteria', which Freud was soon to explain in terms of child abuse, was often used as an explanation for the supposed lies and fantasies. The true causes of the disorder were transformed into imaginary claims which simultaneously became symptoms of the disorder. It seems that, like 'dementia praecox' and other psychiatric diagnoses of the time, either the disorder of 'hysteria' itself, or the specific symptoms of lying or imagining abuse were inherited. Masson asked 'Who are these victims with a psychology so special that they create their own aggressors?' Brouardel (1837-1906), who had written a book on the rape of children, answers: "In general it is a question of women who are predisposed, and this is why one must carefully study the hereditary and personal antecedents of these people" (Masson, 1992, pp. 46,47). Freud's theory that child abuse, not genetics, was the primary cause of human distress was unlikely to be popular with European advocates of bio-genetics at the end of the 19<sup>th</sup> century.

### **'Freud, Fliess and Emma Eckstein' - 1894-1900 (Chapter 3)**

Thanks to Masson's translation of unpublished letters (Masson, 1985) we learn of a fascinating and distressing account of a scarily botched operation and Freud's loyalty to the

doctor involved, his best friend, Wilhelm Fliess. We see another form of resistance to acknowledging abuse on the basis of bizarre male theories about female sexuality. This time the maltreatment is not child sexual abuse but physical abuse of an adult. Fliess mutilated the nose of Freud's patient, Emma, in a bizarre attempt to cure her of masturbation, which both Freud and Fliess believed to be causing her 'hysteria'. When he leaves half a meter of gauze in the cavity the hemorrhaging nearly kills Emma. The resistance to seeing the reality of abuse resides, this time, in Freud, who convinces himself that the hemorrhaging is the result of Emma's 'hysterical' conflicts and desires, not Fliess's mad theory and medical ineptitude.

In terms of our second theme, bio-genetic ideology, this tragic episode is another example of the endless array, over centuries and continuing today, of well-intentioned but ineffective and/or dangerous biological, medical solutions to psychological/emotional problems. In this case the 'treatment' was based partly on a biological theory about the supposed connection between the vagina and the nose.

Fliess had another, equally bizarre theory. He thought that the dates of emotionally important events, and even death, were determined by his 'theory of periodicity', based on the 'biologically determined' period of 28 days for females and 23 days for men. This must be a contender for the top ten weirdest biological explanations for human distress, and there have been some doozies, before and since Freud.

In this chapter we also see confirmed the dominance of genetic theories about mental health problems, which Freud's theory temporarily threatened. Jean Martin Charcot, whom Freud went to study under in Paris, is described by Masson, with good reason, as 'France's most illustrious neurologist'(p. 14). Masson informs us that:

Charcot had been a great defender of *la famille névropathique*, the constitutionally tainted family, and of the unique importance of heredity in the etiology of neuroses.  
(p. 90)

Charcot's faith in genetics applied to both female 'hysterics' themselves and their tendency to fantasize and lie. The latter was supposedly a symptom of the former. Again, both the occurrence of abuse and its role in causing emotional problems are simultaneously denied and replaced by unproven male genetic fantasies.

## **‘The Aetiology of Hysteria’ - 1896 (Chapter 1)**

In 1896 Freud presented his theory based on eighteen cases (six men and twelve women) who had been sexually abused as children. Masson reports:

On the evening of April 21, 1896, Sigmund Freud gave a paper before his colleagues at the Society for Psychiatry and Neurology in Vienna, entitled “The Aetiology of Hysteria”. Freud realized that in giving this paper he would become ‘one of those who disturbed the sleep of the world’. The address presented a revolutionary theory that the origin of neurosis lay in early sexual traumas ... This is what later came to be called the “seduction theory” – namely the belief that these early experiences were real, not fantasies, and had a damaging and lasting effect on the later lives of the children’ (p. 3)

The backlash started the second Freud opened his mouth. Masson discovered an unpublished letter from Freud to Fliess. We learn that Freud’s lecture had received ‘an icy reception’. The head of Psychiatry at Vienna University, Baron von Krafft-Ebing, had dismissed Freud’s theory as ‘a scientific fairy tale’. Freud added, in his letter: “And this after one has demonstrated to them a solution to a more-than-thousand-year-old problem, a ‘source of the Nile’! They can all go to hell” (p. 9).

Masson also discovered that a medical journal covered the two other papers given that day in detail but reported only the title of Freud’s paper. Masson further reveals that in a letter to Fliess two weeks later, also omitted from the original published edition, Freud had written ‘The word has been given out to abandon me, and a void is forming around me’ (p. 10).

Freud’s paper reveals that he was fully aware of the strength and nature of resistance he would encounter. Among the objections he anticipated, and rebutted, were (i) that childhood sexual abuse is so rare that it could not possibly explain ‘such a common neurosis’ and (ii) that many people who were sexually abused do not develop problems (p. 275). These arguments were used throughout the twentieth century and beyond to minimize the importance of child abuse.

Another anticipated objection relates to my second theme, about bio-genetic theories drowning out abuse. Freud predicted that his theory would be resisted by those ‘unwilling to

give up the hope that someday it will be possible' to explain all symptoms in terms of 'anatomical changes' (p. 274). He added:

If this [his theory] is so, the prospect is opened up that what has hitherto had to be laid at the door of a still unexplained hereditary predisposition may be accounted for as having been acquired at an early age. (p. 270)

#### **'Freud's Renunciation of the Theory of Seduction' - 1897-1914 (Chapter 4)**

Chapter 4 illustrates my first, rather obvious theme about resistance to acknowledging child abuse. It is the remarkable story of how one of the first people to highlight child abuse came to discredit his own work. But one of the most important of Masson's findings, some would say *the* most important, is that Freud's rejection of his own theory was far more tentative and nuanced than historians of psychoanalysis would have us believe.

On September 21, 1897 Freud wrote to Fliess expressing doubts about his 'seduction theory'. Masson documents how Anna Freud and other prominent psychoanalysts, then and since, portrayed the letter as a full and permanent retraction. Masson reveals, however, that three months later Freud described a case that led him to write 'My confidence in the father-etiology has risen greatly' (p. 114). A week later he describes a particularly violent case involving a three-year-old girl which 'speaks for the intrinsic genuineness of infantile trauma'. Freud goes so far as to suggest a new motto for psychoanalysis: 'What have they done to you, my poor child?' (p. 117). This, Masson stresses, shows the importance Freud still attached to child sexual abuse even after his 1897 letter to Fliess where he cast doubt on it.

All this was omitted from the published letters and, thereby, from the official history of psychoanalysis. Masson's point is to have us understand the collective desire of prominent psychoanalysts to deny the importance of child abuse and its impacts, and their willingness to edit history to accomplish that goal.

In this chapter we also learn that Masson sees Freud's theory as a direct threat to genetic beliefs:

The acceptance of external trauma from such an unexpected source (the family) also cast doubts on yet another bulwark of traditional medicine: the primacy of



constitutional factors. Indeed as long as Freud believed in seduction, he would have to reject the conventional explanations in terms of heredity. (p. 137)

In that momentous letter to Fliess of September 21, 1897, in which he first expressed doubts about his ‘seduction theory’, Freud comments: ‘... and with this the factor of a hereditary disposition regains a sphere of influence from which I had made it my task to dislodge it – in the interest of illuminating neurosis (p. 109).

So, Freud was not only aware of the conflict between the two theories, he believed, as Masson and I do, that the genetic position tends to sweep the real causes of human distress under the carpet. (Epigenetics, meanwhile, offers a more nuanced approach, by focusing on how our inherited genetic makeup can be switched on and off by our environment; Read et al., 2009).

### **‘The Strange Case of Ferenczi’s Last Paper’ - 1932 (Chapter 5)**

One psychoanalyst was not prepared to collude with his profession’s denial of child abuse and its consequences. In 1932 Sándor Ferenczi (1873–1933), Freud’s close friend and nominated successor, presented his paper, ‘Confusion of Tongues’, at the International Psycho-Analytic Congress in Vienna. He insisted Freud had been right in 1896. Masson documents how the leading psychoanalysts, including Freud, blocked publication of the paper, and discredited Ferenczi’s attempt to steer psychoanalysis back to reality as a symptom of his supposed madness.

Masson’s righteous anger oozes off the page:

Faced with his colleague’s hostility to his discoveries, Freud sacrificed his major insight. When Ferenczi, a generation later, was led by his patients to the same discovery, he met with a similar response, only this time Freud played the role that forty years earlier had been Krafft-Ebbing’s ... The time has come to cease hiding from one of the greatest issues in human history. For it is unforgiveable that those entrusted with the lives of people who come to them in emotional pain having suffered real wounds in childhood, should use their blind reliance on Freud’s fearful abandonment of the seduction theory to continue the abuse their patients once suffered as children. (pp. 192-193)

Masson might have added that psychoanalysis could, and should, have played a crucial role in understanding *why* we humans, including mental health professionals, have such difficulty taking in the reality of child abuse. Instead, it has, for decades, colluded with and actively facilitated our blindness.

### **Mental Health Services Today**

I don't know how many psychoanalysts still assume clients are fantasizing when they talk about child abuse. I suspect they hold a range of positions on the conflicting views of Freud and Ferenczi. Clearly many have moved on from Freud's retraction. For example, 2008 saw the publication of a book called 'Psychoanalytic psychotherapy after child abuse: The treatment of adults and children who have experienced sexual abuse, violence and neglect in childhood' (McQueen et al., 2008). (I can hear Jeffrey muttering 'why would anyone seek help from a profession whose founder says the thing they need help for didn't happen?') In my own field, psychosis, several prominent psychoanalysts have made major contributions to understanding the relationship between traumas and psychosis (Koehler et al., 2013). In 2014, however, a review found that there were no robust studies of psychoanalytic psychotherapy for sexually abused children and adolescents (Parker & Turner, 2014).

About 20 years ago the Sándor Ferenczi Society in Hungary (his country of birth) invited me to give a seminar on my research about child abuse and psychosis (2005). After my lecture one of the members informed me that it didn't matter whether child abuse had actually occurred or whether it was a fantasy, because the effect on the personality was the same. (I don't know how representative she was). My efforts to explain that it matters to a client whether their therapist believes them, and that one of the two circumstances was a serious crime, fell on deaf ears. It seemed that even a society dedicated to celebrating and promoting Ferenczi's views had some conference attendees actually promoting Freud's position on the crucial difference between the two men. As Masson (1992) reports, Freud had ended up, by 1916, believing that '...we have not succeeded in pointing to any difference in the consequences, whether phantasy or reality has the greater share in these events of childhood' (p. 133).

I share Jeffrey's protests:

To tell someone who has suffered the effects of a childhood filled with sexual violence that it does not matter whether his memories are anchored in reality or not is

to do further violence to that person and is bound to have a pernicious effect. A real memory demands some form of validation from the outside world – denial of those memories by others can lead to a break with reality, and a psychosis. (p. 133)

I had done some detective work of my own. Knowing nothing about Ferenczi when I accepted the invitation to Budapest, I tried to read up while flying from New Zealand to Hungary. All I could find was his correspondence with Freud (Brabant, 1993). Here I learned how Ferenczi was psychoanalyzing Elma, the daughter of his common law wife, when he fell in love with Elma and started a relationship with her. He wrote to Freud to inform him, adding ‘I recognized my strong interest in young pretty creatures’. He said, of Elma, that ‘She falls in love compulsively with doctors, i.e., with persons who see her naked, physically, and now mentally’. When Elma’s mental health, unsurprisingly, deteriorated, Ferenczi stopped analyzing her and referred her to Freud for further treatment. The two men then regularly wrote to each other about Elma, and Freud’s treatment of her. She continued to get worse. When Elma’s father got ‘somewhat upset’ about these events, Sándor advised Sigmund: ‘don’t be influenced by his remarks’. To cut a bizarre story short, Ferenczi proposes marriage to his step-daughter. She declines. Ferenczi blames Freud!

### **Are we still denying or minimizing child abuse?**

In 1975 a prominent Psychiatry textbook announced that the incidence of incest in the general population was ‘one per million’ (Henderson, 1975, p. 1533). In my work in mental health services in the USA, New Zealand and England (1973-1994) I was often surprised how few of my colleagues were interested in patients’ life events and circumstances. Most staff (not all) seemed more interested in making diagnoses and prescribing pills.

When I entered academia, therefore, I decided to research the relationship between child abuse and psychosis. I still remember the hostility from psychiatrists, with their accusations of ‘family blaming’, and the angry explanations that schizophrenia is a genetically inherited brain disease which has nothing to do with adverse childhood events, or, indeed, any events.

The only study, to my knowledge, which has asked mental health professionals whether they believe patients when they disclose childhood sexual abuse found, 20 years ago, that 85 New Zealand professionals believed, on average, that 84% of disclosures were true, 7% were

psychotic delusions, 6% were imagined and 3% were deliberate false allegations (Cavanagh et al., 2004). None of these professionals were psychoanalysts.

Our 2018 review of 21 studies, from six countries, found that 0% to 22% of mental health service users are asked about child abuse or neglect (Read et al., 2018a). Only 28% of abuse or neglect cases identified by researchers are found in patients' files. The good news was that some improvement over time was found (from 1987 to 2017).

A parallel review (Read et al., 2018b) of 13 studies about how staff respond when they do hear about child abuse or neglect from their patients, found that rates of inclusion of abuse or neglect in treatment plans ranged from 12% to 44%. Rates of referral to abuse-related therapy ranged from 8% to 23%. Less than two percent were referred to legal authorities.

Our most recent study (Neill & Read, 2022) does not indicate progress in terms of asking about abuse. Only 13% of the files of 400 people using community mental health services in England contained documentation of any adverse experiences. Just one percent showed evidence that clients had been asked about adversities. On a more positive note, rates of *responses* to the few adversities of which staff *were* aware were high. Ninety percent of records indicated some appropriate support following disclosure.

I will leave the reader to gauge, from these studies, how far we have come from Freud's announcement that people who talk about being abused as children should not be believed.

### **Are we still using unevidenced bio-genetic ideologies?**

Freud's retraction removed a major challenge to the genetic theories that were simultaneously being promoted about, for example, 'dementia praecox'/'schizophrenia' (Read, 2013b). We will never know whether, had Freud held his nerve, the stranglehold of genetics on psychiatric thinking might have been weaker and more evidence-based.

Unsubstantiated claims about chemical imbalances (Moncrieff et al., 2022) and genetic predispositions (Joseph, 2003, 2023) continue to dominate psychiatry and drug companies. The evidence for a genetic basis to depression, anxiety, schizophrenia etc. is extremely weak (Joseph, 2003, 2023). Even if there had turned out to be a genetic basis to various mental health problems, what would we have done about it? Professor Richard Bentall once asked

some genetic researchers, at a conference, to identify a single person that genetic research into mental health problems had ever helped, in any way. The silence was deafening.

Jeffrey and I have written about one grotesque example (around the time of Freud's death) of how unsubstantiated genetic ideology can be misused, in a paper we called "Biological Psychiatry and the Mass Murder of 'Schizophrenics'":

This article documents the murder, by psychiatrists, of a quarter of a million patients, mostly diagnosed as "schizophrenic," in Europe during the second world war; and the sterilization of hundreds of thousands more internationally, including in the USA and Scandinavia. These sterilizations and murders were justified by biological psychiatry's unsubstantiated hypothesis that the conditions involved are genetically determined. Gas chambers in the six psychiatric hospitals involved, in Germany, were subsequently dismantled and moved, along with the psychiatrists and their staff, to help establish some of the Holocaust's concentration camps, in Poland. The avoidance of these facts and their profound implications, by the profession of psychiatry, internationally, over subsequent decades, is discussed. (Read & Masson, 2022, p. 69)

The majority (73%) of Germans diagnosed with the supposedly genetically based mental illness 'schizophrenia' were killed or sterilized. If the theory used to justify the atrocities were true, the incidence of 'schizophrenia' in Germany would have plummeted in subsequent generations. It did not. Apart from demonstrating, albeit with an extreme example, the dangers of genetic theories, these hideous events confirm that the theories were, and are, bogus.

## **Women**

There is a third theme to mention. It would be silly to think that the fathers of psychoanalysis were likely to advance our understanding of the mental health of women. The story of how Freud and Ferenczi 'treated' Elma is illustrative. Instead, Freud and his followers generated bizarre, blatantly misogynistic notions about orgasms that required clitoral stimulation being neurotic, and about penis envy.

Masson points out that while psychoanalysts, and other mental health professionals, were ignoring, or actively denying, child abuse, feminists such as Florence Rush, Alice Miller,

Judith Herman, Louis Armstrong and Diana Russell were drawing attention to the high incidence of child sexual abuse, after a century of near silence that followed those 19<sup>th</sup> century French medico-legal experts to whom Freud was exposed in the Paris Morgue. Herman wrote about the processes involved in seeing child abuse: "... the active process of bearing witness [to child abuse] gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness" (Herman, 1992, p. 32).

Another of Masson's undervalued books (compared to his animal books) is *A Dark Science; Women, Sexuality and Psychiatry in the Nineteenth Century* (1986). Its title speaks for itself.

In the 21<sup>st</sup> century women are still diagnosed with most 'mental health problems' at higher rates than men, and are prescribed antidepressants, benzodiazepines (Public Health England, 2019) and electroconvulsive therapy (Read et al., 2021) roughly twice as often as men. Perhaps the 'hysteria' of Freud's time has been replaced by 'borderline personality disorder' (aka 'emotionally unstable personality disorder') in the current era. Seventy one percent of people with this diagnosis report one or more traumatic childhood experiences (Porter et al., 2020). Women are *three* times more likely than men to get this diagnosis.

## CONCLUSION

Child abuse is still often ignored, minimized or denied by mental health services. This is facilitated by the simplistic 'medical model' that still dominates psychiatric services, keenly promoted by drug companies and psychiatry.

There are, however, clear signs that a paradigm shift may be approaching. Both the World Health Organization (Funk, 2021) and the United Nations (Puras, 2020) are demanding a shift away from medical understandings and solutions towards psycho-social, community-based approaches. Many examples already exist, including Trauma-Informed Services (Sweeney et al., 2016), the Power Threat Meaning Framework (Johnstone & Boyle, 2018), Open Dialogue (Bergström et al., 2023), the Hearing Voices Network (Romme et al., 2009) and Soteria Houses (Friedlander 2022; Mosher et al., 2004).

There is no objective way to evaluate whether Freud's lack of courage helped strengthen the 'medical model' that has wreaked such havoc on mental health services and the lives of millions of people around the world. We don't know whether Freud significantly exacerbated the mental health field's denial of child abuse or its exaggeration of bio-genetic factors. He certainly did not help.

Did Masson's *The Assault on Truth* nudge psychoanalysis and mental health professionals in general back towards reality? Again, it is hard to know. The book was completely shunned by psychoanalysis, which to this day has failed to respond meaningfully to Masson's questions.

It is hard to see how anyone who did read it, with anything other than a completely closed mind, could fail to be persuaded. But one of the many things that Freud did get right is that denial is a very powerful defense mechanism against painful facts and feelings. Sadly, he did not apply the construct to himself or his colleagues when it came to the sexual abuse of children.

Prior to publication of *The Assault on Truth* a reporter (Malcolm, 1983) wrote a critique of it, which was essentially a character assassination of Jeffrey (leading to years of litigation). He replied:

I [do not] believe that the driving force of this hostile response lies in any personal animus against me. One cannot escape the feeling that most men (and some women) have terrible difficulty when it comes to even hearing about the miseries of childhood, and about the suffering many girls undergo in their early years, first at the hands of a trusted adult (generally a close male relative) and later at the hands of a therapist (generally male) who does not believe their memories and will not take seriously what has really happened to them in childhood. (Masson, 1992, p. xvi)

Rather than helping us understand why we so readily deny child abuse, Freud and his blind followers, perpetuated the denial. Masson tried to make us see how and why this tragic and disastrous blunder came about.

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