Notes on a Horror

By Dr. Raymond Thoss

I WILL call myself Dr. Thoss. I am a clinical psychologist who works principally with child trauma. I have worked extensively with adult trauma as well, primarily because most of what we know about treating trauma began with adults and then was modified for children. The first documented and successful case of prosecuted child abuse was that of little Mary Ellen Wilson, a 10-year-old girl, in 1875.[1] This was not prosecuted under civil rights law or criminal law. It was prosecuted under animal cruelty law. It's wrong to beat your livestock. Children are livestock. Ergo, it's wrong to beat your child. See. Logic. Progress. It wasn't until 1961 that C. Henry Kempe coined the term "battered-child syndrome," which we now know as physical abuse.[2] It wasn't until 1998 that Vincent Felitti and his team at Kaiser Permanente, while looking at why people could not lose weight, found out that many of his patients were overeating due to, for example, child sexual abuse. He found that more than half of his almost twenty-thousand-person sample reported an "Adverse Childhood Experience" (ACE), such as:

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Parental drug use
5. Loss of a parent for any reason (e.g., death or parent leaving)
6. Severe mental illness of a parent
7. Parent incarcerated
8. Domestic violence in the household[3]

He found that one ACE made a person 80% more likely to have another ACE and that there were significant health impacts associated with having them. A person with an ACE score of 4 was 390% more likely to develop chronic obstructive pulmonary disease (COPD). A male with an ACE score of 6 or higher was 4600% more likely to be an IV drug user. Psychology research is used to small rates; a ten percent decrease in depressive symptoms is significant. But these rates were astronomical. Now . . . now we knew that child trauma is a legitimate issue.[4]

The first child I ever worked with who had trauma embodied all the points raised in the extensive child trauma literature, in an actual human being standing in front of me. Sixteen-year-old Hispanic male. Multiple, multiple ACEs. I met him when he was sixteen. He said the worst thing that ever happened to him, out of a lifetime of horrible things, was when he was eight. Late. Driving home from dinner. Pickup truck, single cab, whole family in a line, like ducks in a shooting gallery. Dad driving, Mom in the middle, he was near the passenger door. Dad was on some really good stuff. Dad wanted to kill his mother. As the young man tells me, “He was really aiming for her. I was just in the way.” Dad opens the door while they are going 60 on the highway headed home. Dad tries to push mom out the truck. The boy clings on to his mother so he doesn’t fall out of a speeding vehicle on the highway at 60 mph. He says, “I saw a ‘black river’, then we were home.” We will talk about this when we discuss dissociation. This is the way trauma impacts memory formation. He “lost” time. He says, “I tumbled out of the truck.” He turned. Dad pinned mom to the bed of the truck, hands around her neck. The boy was eight. Dad was two-hundred fifteen pounds and on drugs. The boy fought. The boy couldn’t win. He ran into the house. He told his sixteen-year-old brother, “Dad is killing mom!” Brother and brother’s friends ran out. By that time dad was gone. Mom was gagging but semi-conscious. And here is where he tells me the thing I can’t forget. Ever.

“Everyone was looking at my mom. My brother and his friends. I looked for a second. She was okay. She was breathing. But when I knew she was okay, I looked behind the truck, toward the park near our house. And I saw it. It was my dad, running into the darkness. He looked like a shadow, like a

monster. And that's been my whole life. Everyone else looks away from the darkness. Me, though, that's my whole life, looking *right into* the darkness. The Darkness, I'll always be looking into the Darkness." I've never forgotten that.

This article is a conversation about the Darkness and how Thomas Ligotti helped me navigate myself and my children through it.

Section 1: Ontological Gaslighting

A few points of clarification. First, I am (obviously, I hope) using a pseudonym. My opinions, the opinions I am about to describe to you, are "not mainstream" at best and "dangerous" at worst. You may guess why this is once you've heard them. Second, if you take away one thing from this article, it should be this: Trauma Dis-connects; Healing Re-connects. If you take away two things from this article, they should be: Trauma survives and persists by being INVISIBLE. This is why I consider child abuse an apolitical issue. Ask the staunchest red Republican or the staunchest blue Democrat this question: "Do you care if children get raped?" They will answer, of course. Now the cynic in me says neither of them really cares, and that may be true, but there is a much deeper obstacle. Child abuse is still not "real" to them when they are asked this question. And here we come to the first intersection, what I call "ontological gaslighting."

In existentialist philosophy, Heidegger speaks of the guttural, authentic reality of Death versus the abstract, inauthentic "reality" of death.[5] The existentialist example is inauthentic ("Hey, smoking could kill you,") vs. the authentic ("Mr. Smith, we have found multiple malignant tumors in your lungs. You have approximately six months to live.") Knowing about child abuse and *knowing* about child abuse exist on inauthentic and authentic levels. So long as the knowledge stays on the inauthentic level, it remains invisible. So long as it is invisible, it will perpetuate. Asking "Do you care if children get raped?" is a different level of authenticity than, "Hey. See that 6-year-old boy? He was raped. He's in your office. What will you do for him?" Thomas Ligotti most eloquently describes this invisibility

brought about by inauthenticity throughout his story, “In the Shadow of Another World,” and most specifically in its final lines:

> How can they know what it is their houses are truly nestled among? They cannot see, nor even wish to see, that world of shadows with which they consort every moment of their brief and innocent lives. But often, perhaps during the visionary time of twilight, I am sure they have sensed it.

People do not see it. Cannot? Do not wish to? Whichever it is, it is irrelevant. It is not the seeing or not seeing that matters. It is this “time of twilight” that you will be witness to as I take you through this phenomenon of child abuse. It is this “time of twilight” my children have seen. The easiest and clearest way I know to do this is to take you through a typical day at my job. The purpose of this is to highlight the intersections of child abuse and several topics that are common themes, constructs, and sources of Ligottian literature. I first encountered Thomas Ligotti at the age of seventeen. There are, of course, therapists who work with child abuse who have no abuse history themselves. However, the ACE study demonstrates that child trauma is the norm, not the exception, so there are of course those of us who have their own trauma history and who work with child abuse victims for a deeply personal reason founded in this. I myself have all the ACEs but one – nine total. I have seen therapists with ACEs who are great therapists. I have seen therapists without any ACE who are great therapists. I have seen therapists with ACEs who are awful therapists. I have seen therapists without ACEs who are awful therapists. My personal observation is that therapists with ACEs who are effective therapists have done their own work prior to, or concurrent with, this job. Never use the job as therapy for yourself. That is a disservice to both you and the children we serve.

When I encountered Ligotti at age seventeen, I was deeply suicidal, as directly related to twelve years of ongoing child abuse and other traumas (such as the death of people I loved). Thomas Ligotti gave the most beautiful eloquence to things I saw but no one else would ever affirm. It resonated with my reality and the reality of those who were like me. To

encapsulate in a single sentence what Thomas Ligotti did for me: He literally saved my life. When everyone else, therapists included, told me I was “depressed” or “mentally ill,” he told me, “No. You are not. You are awake.” As I went through the work I needed to do prior to being a doctor to these children, I read everything published by Ligotti. And I saw deep connections between the world of child abuse (my world and my patients’ world) and the world Thomas Ligotti described. It is this worldview that he calls the Conspiracy against the Human Race. I had personally coined the term “ontological gaslighting” to refer to it, defined as the recognition that existence itself is insane and that when you witness this insanity—as my clients who have been abused witnessed it, as the protagonist in “In the Shadow of Another World” and other Ligottian protagonists witnessed it, as I, myself, witnessed it—you, yourself, feel an insanity due to the fact of no one believing that you are surrounded by insanity. Should you try to convince them the world is insane, their response is simple: *You* are insane. They do not believe that *they* are surrounded by insanity. Maybe they cannot believe this. According to *The Conspiracy Against the Human Race*[6] and the Norwegian philosopher Peter Wessel Zapffe, there is a type of hardwired evolutionary and metaphysical inclination *not* to believe this.

The ACE study contradicts the “typical” view (i.e., that the world is not fundamentally insane). Empirically what is demonstrated through the ACE study is that trauma is not the exception. It’s the norm. It therefore contradicts the “typical” view. When more than half the population has experienced something, it is, by definition, “normal.” However, existence itself conspires to the effect that people do not see reality as insane (a reality where children are abused every ten seconds in the US), but we who have suffered this insanity *must* be insane. [7] For if we are not, then the only alternative left is that reality itself is a type of insanity and horror. This is unacceptable to the majority, to the status quo. I believe this is not intentional by most people. It is how Being itself persists, how our species persists according to Ligotti and Zapffe. Ligotti incisively interprets Zapffe on this point: “As Zapffe concluded, we need to hamper our consciousness for all we are worth, or it will impose upon us a too clear vision of what we do not want to see.”[8] This would result in the demonstration of Being as an ultimate nightmare, thus ceasing the persistence of our species, thus ceasing

the persistence of Being. In other words, Being itself “gaslights” us who have directly borne witness to the insanity, to trauma, as is seen by the residents of “In the Shadow of Another World” and other Ligottian protagonists who bear witness to the sheer insanity and horror of existence. For if Being did not “ontologically gaslight” us, Being would not persist.

Thomas Ligotti’s expression of this worldview is uniquely and eloquently his own. But the view itself, the visionary time of twilight, I believe to be ubiquitous in child trauma among both those of us who work in the field and those of us who have survived childhood trauma. This is one of my purposes for this article: to connect the expression of the Ligottian view to the reality of child trauma. There is, of course, an ulterior motive. I believe I have become a better psychologist for the children I serve because of Thomas Ligotti. Not only did he save my life, but I use his writings daily to save other lives.

So, what is a day like? How about Monday? Let’s start there.

Section 2: Ubiquity of Iniquity and Gnostic Disconnect

I arrive in the office to return phone calls from the weekend. A sixty-five-year-old woman has left me a message. Our center works primarily with those eighteen and under, as we are technically a child trauma clinic. Our goal is to expand our age range, for obvious reasons. I return her call and this woman talks about having seen every therapist in the community, and that none understood her. This woman, like many children I work with, has no “before.” People often assume that for individuals who have undergone trauma there was a “before the trauma.” Many of my children do not have this. This is the only thing they have ever known; trauma is literally the only reality for them. This woman is the sixty-five-year-old version of my children. No before. As she speaks of decades of trauma, starting from as far back as she can remember, an image that has popped in my mind many times when I have had similar conversations with patients occurs again. The Stranger. Not Camus, although not irrelevant. Go farther back. Gnostics. Their image of the Stranger, the Alien.

> In the world of darkness I dwelt thousands of myriads of years and nobody knew of me that I was there. . . . Year upon year and generation upon generation I was there, and they did not know about me that I dwelt in their world.[9]

This is as accurate a description of this woman's decades of abuse and trauma, particularly the disconnection that trauma brings, the utter existential and visceral loneliness, as anyone could hope for. This relates to the point I made in section 1, that trauma is invisible; ergo, there is no problem because out of sight, out of mind. Similar to the previous quote, the concept of the Stranger implies alienation, loneliness, and a dark outcome to self-awareness. This connects with what Zapffe calls "a damning surplus of consciousness."[10] The Gnostics can be interpreted claiming that the role of the Stranger serves a very important function for this "damning surplus." "In his alienation from himself the distress is gone," writes Jonas, "but this very fact is the culmination of the Stranger's tragedy."[11] To survive, the Stranger must disconnect from him/herself. The philosopher Hannah Arendt describes this phenomenon as "loneliness" and distinguishes it from mere solitude. She states, "Solitude can become loneliness; this happens when all by myself I am deserted by my own self."[12] This alienation, this role of the Stranger's alienation from himself (it is argued from this synthesis), is to ease the "damning surplus of consciousness." This is what I see with this sixty-five-year-old woman – a woman so fractured by life's evils that she must, to survive, "desert" herself, disconnect from herself at a fundamental level, so that she can function in a world that denies the very existence of her experiences.

Inherent in the Gnostic view is that the world is fundamentally "evil." I will continue to use this word despite its protean shape and plethora of interpretations. It is foundational to the world as described by my patients and by this woman. Perhaps "evil" is too nebulous a term. Shattered may be closer. Trauma disconnects, healing reconnects. There are two fundamental misunderstandings I typically see from people who are encountering this

field for the first time. The first I will discuss in this section. The second I will discuss in the next section.

The first (and perhaps the most profound, because it is so closely related to the ontological gaslighting described previously) is that by not actively refuting that the world is evil, we automatically agree, automatically give consent, to that interpretation. No. We, as healers, as guides, do *not* condone the shattered world; we simply bear witness. A simplistic definition of empathy that I teach my trainees is that empathy is not standing above a person in a dark hole and offering advice; empathy is taking a ladder, climbing down that hole, and sitting beside the person. Bearing witness does not automatically imply condoning what one is witnessing

Simply put, therapists do not see the world as evil and this detracts from our ability to help our patients because we are not closer to our patients if we cannot, at the very least, entertain the idea of the world as evil. This requires more explanation. If you allow yourself to admit the world as evil, as inherently shattered, then you are closer to your patient because effective therapeutic interactions are founded on building and maintaining a relationship (even the relatively historically recent movement known as Evidence-Based Practice in Psychology emphasizes the importance of a therapeutic relationship). Relationships, at minimum, require empathy, perspective-taking of the other's viewpoint (climbing down that hole). The less this occurs, the farther you are from that person; the more you can do this, the closer you are to that person. If you are closer to your patient, you are better able to help them. This does not *condone* the shattered world. It just validates it, recognizes it, and *empathizes* with the world they see. We cannot pass to a possibility of a world as not evil[13] until we validate the world as evil. I would argue that the most important aspect of this phone call from a sixty-five-year-old woman is that I validate that her world exists, that what she sees is real, that she is seeing/experiencing something *actual*. How can we ever hope to get to the neighborhood of anything approaching help if we outright dismiss that worldview?

For some patients, this inability to have another person, especially a professional, validate this worldview is the most significant barrier. This was, in effect, what this woman told me: Everyone tried to "get me better"

but never began with a validation of her worldview. Medication, cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR)—nothing worked the way she was promised. None met her in *her* world; all started in another world, a world where "All things happen for a reason," a world where "It'll be all right." The world she inhabits has no reason. It is not, nor will it be, all right. This sixty-five-year-old woman has spent the last sixty-five years tortured. What reason is there for that? How is that all right? There is a freedom and a very specific type of dark hope and comfort in the type of nihilism that Thomas Ligotti describes.

> All will be dulled in the power of your vision, which will give you to see that the greatest power, the only power, is to care for nothing.[14]

This is a powerful lesson from Ligotti's writings. It is a gross misinterpretation that he would condone, that is, agree and/or acquiesce to, the suffering and horror of the world. As an example, in the philosophical view of antinatalism, there is no condoning of the world as evil, no assertion that it is "all right" that the world is evil. There is simply an acknowledgment of the world as such and a potential response to this situation.[15] The crucial point is that to have *any* response to the reality of the world as evil one must *first acknowledge it as such*. The responses "All things happen for a reason" or "It'll be all right" present no such acknowledgment. In fact, they present the exact opposite: a dismissal. Therefore, any response that begins with such a dismissal, no matter the number of randomized controlled trials, can have no coherent or effective response to an individual who inhabits the world described by Thomas Ligotti, the world inhabited by this sixty-five-year-old woman, a world where individuals are not insane, but the very world itself is.

This acknowledgement is the core starting point for any effective reconnection, healing, or guidance for a patient. In essence, a desire to hold onto the world as "good" closes the admission of other possibilities or interpretations, and this is deeply problematic as a core component of reconnection is reinterpretation.[16] This starting point is presented in no therapeutic manual. The intellectually generous response is that these

manuals or approaches assume this acknowledgment. A less generous response is that this starting point is simply not thought of. So this is what I did for the woman. “Yes, your world is bad. You are not crazy. You are awake.” I did what Thomas Ligotti did for me when I was seventeen. That’s where I learned to do this. In its essence, this acknowledgment is an acknowledgment that you are no longer asleep – you are awake. The responses “All things happen for a reason” and “It’ll be all right” are a soporific that tries to lull one back to sleep. I am agnostic toward the tactic of lulling one back to sleep. I personally hold no strong opinion either way.[17] From my clinical judgment, and from the outcome data on attempts to perform this with PTSD (e.g., medications are notoriously ineffective in treatment of PTSD as a front-line approach), I have not seen the soporific tactic as an effective approach. People can’t get back to sleep. They are awake. Acknowledge this. And then we can move forward should they choose to. This leads into Section 3 and the second fundamental misunderstanding.

Section 3: The Shattered and the Tattered

I start the morning with consultation calls to therapists across the United States, therapists who are working with child abuse victims. I am a consultant in multiple evidence-based treatments for children and adolescents, and a key component to effective implementation and dissemination is to see, via consultation calls, how therapists implement a specific treatment. The therapist on the 10 a.m. call talks about a child they have who has completely shut down, completely *disconnected*, in the therapist’s words. The child isn’t angry or sad or scared. The child is numb. The child feels nothing. When the foster parent asked this child what was wrong one day, the child flatly responded, “I’m shattered.”

This brings us to the second misunderstanding. The second misunderstanding is of the word “disconnection.” People tend to interpret it narrowly, e.g., “Of course she is disconnected from her emotions.” No. That is too conservative. This disconnection is very real. I mean this on a fundamental level. The neuroscientist Antonio Damasio has written a lot of

popular, as well as technical, pieces on exactly how ingrained connection is within the human organism. Dr. Damasio's work centers on this process of "normal" connection. It is instructive to compare this normal connection with the shattered connection that trauma, by definition, brings. Dr. Damasio speaks of how one's sense of self, what we refer to when we say the word '"I," is deeply connected to our physical sensations.[18] Dr. Bessel Van Der Kolk refers to this as "interoception," the awareness of our sensory, body-based feelings; as he says, "the greater the awareness of your body-based feelings, the greater your potential to control your life."[19] From neuroimaging studies, we know that people who suffer trauma tend to have their prefrontal cortex "turned off."[20] If you suffer more trauma, especially chronically and interpersonally over time, the brain "turns off" even more, to the point where only the most basic functions of respiration and blood flow are online. If you were to look at an fMRI scan of a person who suffered focal trauma (e.g., a car collision) and has PTSD, you would see the frontal lobe shut off but the amygdala (one of the key parts of the brain having to do with emotions) still lighting up. If you were to look at an fMRI scan of a person who had chronic, interpersonal trauma over many years (as with most of my kids), you would see a small light at the back of the scan indicating that respiration, blood flow, etc., are working, but not much else.[21] The first scan would look like a house with Christmas lights compared to the second. The second scan would look like a house in a Thomas Ligotti story. A single window with a single candle. Nothing else. In psychology, we call this dissociation. Dissociation exists on a spectrum from the daydream variety (low level) to the chronic sense of depersonalization (high level). Neurologically, it is represented by the previously cited imaging studies. Your brain is literally shutting down, literally disconnecting. This is not simply a metaphor. It is fragmenting, disconnecting, on a neurological level. Scientifically this is what dissociation is.

However, this scientific explanation is dry, and although it is accurate, it lacks the power of true description. For phenomenological descriptions of dissociation, Thomas Ligotti has no peer. and his writings are punctuated with such descriptions of people disconnected from "reality," *dissociated* from "reality." The entirety of the works *In a Foreign Town, In a Foreign*

Land and *This Degenerate Little Town* are phenomenological descriptions similar to what my clients who have severe dissociation suffer. Moreover, and attesting to the brilliance of Thomas Ligotti, not only are these works descriptions of what my clients suffer from, but they are descriptions of *why* they suffer from severe dissociation.

> "What Ascrobius sought," the doctor explained, "was not a remedy for his physical disease, not a cure in any usual sense of the word. What he sought was an absolute *annulment*, not only of his disease but of his entire existence. On rare occasions he even spoke to me," the doctor said, "about the uncreation of his whole life.[22]

> There are those among us
> who claim to have seen
> this degenerate little town,
> although they may be unaware
> of its true nature.
> There are those who have emerged
> from some painful ordeal
> of the body or of the mind
> and then begun speaking
> of how they saw in the distance
> an outline of crooked houses
> tilting this way and that,
> or walked along some twisted street
> and felt the ground soft with decay
> beneath their steps,
> or even glimpsed those diseased faces,

their skin rough and pale as plaster,

peeking from behind grimy windows.[23]

These passages may represent the best phenomenological descriptions of the disconnection and depersonalization alluded to by clinical, scientific descriptions of dissociation and why they occur (the desire to “uncreate” a life; “some painful ordeal”). However, dissociation can exist interpersonally as well, without the extremes of dissociation that we have been discussing. Remember, dissociation is on a spectrum; it is not categorical.

Ligotti, of course, has passages about this interpersonal disconnection. We discussed how the Stranger, in Gnostic literature, is also a prime example of this *dis*connection. At the same time, I would argue that Lovecraft’s “The Outsider” is the best description of interpersonal dissociation, also known as alienation in common vernacular. For example: “Such a lot the gods gave me—to me, the dazed, the disappointed; the barren, the broken.”[24] Lovecraft even uses the same concept as the Gnostics: “I know always that I am an outsider; a stranger in this century and among those who are still men.”[25] The protagonist does not even feel human. I have heard this same thing from more children than I can count at this point. This story is perhaps the best self-encapsulated piece of prose that captures interpersonal dissociation on a phenomenological level. It is what the children I work with feel every day.

Section 4: The Darkness . . . The Darkness

I close my day out by seeing my four individual clients for that day. A very light individual caseload. My previous assignments: forty hours, forty clients, and pray for a no-show so you can do your paperwork and billing. This is typical of the state of mental health service delivery in the public sector. Today it is two females, two males. All adolescents. With my female patients, we are in a part of treatment clumsily termed “cognitive processing.” Clumsy because it can be a powerful tool when done properly and entirely ineffective when done incorrectly. As Kant demonstrated, we

construct our world, we bring something to the world of experience that the world of experience doesn't have intrinsically. Cognitive processing is, to (over)simplify, reconstruction of one's world. Thus, it's also called "cognitive restructuring." It is, for all intents and purposes, relative to this conversation, identical to the concepts of "reframing" and reinterpretation we discussed earlier.

In my mind, each new interpretation, each new cognitive structure, is a new "world." I've always wondered how one could do this work if one purposely ignores potential worlds. In my experience, one is only as good at cognitive processing as the number of worlds one is willing to gaze upon, to admit exist. Thomas Ligotti, in my interpretation of his writings, has never encouraged one to "hate" the world, much less to harm others in the world; the Conspiracy he speaks of merely argues that we ignore the world as it fundamentally is. Any value judgments are left to us and us alone. Thus, for me, this cognitive processing/restructuring is simply a process of presenting worlds and letting my patients choose from them. With one adolescent, I talk about a concept I have heard of as "a family of choice," the idea that "family" is not necessarily the biological family you grew up with, the biological family who hurt you. Instead, "family" is a membership you must earn. Ergo, "family" can be blood or not, friends or relatives or both. She resonates with this concept, with this world. It helps her to manage her feelings and thoughts toward a mother who never was a mother to her. However, the adolescent girl I see during the next hour rejects this concept. To her, family is blood and that is what family must be. This is also a valid choice. I never "fight" with my patients. After all, Thomas Ligotti never "fought" with me to accept his worldview. Additionally, although I experienced my own trauma, I do not know *their* specific phenomenological experience of trauma. So, I accept that one girl accepts this world of a "family of choice," and I accept that another girl rejects this world. To the one who rejects the world, I simply present a different one. And I continue this process until she finds one that suits her.

Implicit in offering these choices is that the Darkness is a completely valid perspective. My children have looked into the abyss, and the abyss has also looked into them. But they did not choose to look into it. They were witness to a nightmare that they never should have been witness to. And

when they tell of what they've seen, they are dismissed, because others who have not seen the Darkness cannot believe that this is a fundament of the world. They cannot believe that the world is fundamentally insane. But Thomas Ligotti validated this for me. And in doing so, he quite literally saved my life. To deny this perspective is the Conspiracy he speaks of. It is a lethal conspiracy. All four children I see at the end of my Monday wanted to kill themselves prior to coming to me. *I* would have killed myself. I wanted to so badly, until Ligotti validated that "Yes, the Darkness is real. I will show you the shattered and tattered and broken world. A world of fragmented ubiquitous iniquity. You are not insane. The world is. You are simply awake."

This is what the first child I ever worked with who had trauma was told. When I saw the Darkness that night I could not comprehend what I witnessed. I saw a monster. For my father was the most evil human being I have ever met. He tortured my mother and me for years. And when he tried to kill us that night by throwing us out of that speeding truck, my world was utterly annihilated. When I was young, I inhaled the horror genre like how-to manuals. Romero taught me a shot to the head stops a lot of things. Lovecraft taught me the universe was indifferent to me and my plight. But it wasn't until I found Thomas Ligotti that I was validated in my view of the world as a place where a father tries to push his child out of a moving vehicle, a place where he beats his wife daily. A place where, although most parents would say to their child, every day, "I love you," he told me, "I wish you were never born." The Conspiracy dictated to "well-intentioned" people that the most "mentally healthy" thing they could do was to say I was depressed, or to medicate me. For to do otherwise would be to shatter the Conspiracy, and that cannot stand in a sane world.

This is one of the gifts I bring to my patients that I first learned from Thomas Ligotti: I bring a world where their phenomenological and experiential data is validated, not dismissed. I bring a world where the priority is not to sustain the illusion of a sane world, to sustain the Conspiracy, but to bear witness to the metaphysical insanity that has constituted most, if not all, of their lives. My personal hope is that they will move beyond this world, for I've also discovered that there are an infinite number of worlds. Once you have stared upon the destruction and

annihilation of your own world, and only after you have truly looked at the horror, truly born witness, you can turn your gaze to the infinity of worlds surrounding you, should that be a choice you wish to make. But to tell one to ignore the annihilation, or that the annihilation never happened, is not only dismissive, it is disrespectful to the experience the person brings. It is inhumane. I chose to turn my gaze elsewhere after bearing witness. Others do not. Either is a completely valid choice with no value judgment placed on it. At the same time, I know I could not have made the choice to turn my gaze to other worlds unless Thomas Ligotti had given me the conceptual apparatus and language to express the utter annihilation of my world. He wrote a song about a dead world, a world I knew, and the song brought tears to me. But when the song was done, so were the tears. And I knew I could move forward if I chose. The fact that Thomas Ligotti did not mandate or demand that I move forward made it possible for me to do so.

Thomas Ligotti. He saved my life with his song. I use his song to save others' lives. For this, I thank him. For this, others thank him. And with this, my day is completed.

Bibliography

Arendt, Hannah. *The Origins of Totalitarianism*. New York: Harcourt Brace and Company, 1976.

Beck, Judith S. *Cognitive Behavior Therapy*. 2nded. New York: The Guilford Press, 2011.

Benatar, David. *Better Never to Have Been: The Harm of Coming Into Existence*. Oxford: Oxford University Press, 2006.

"Child Abuse Statistics and Facts." *Child Help*. Accessed August 15, 2016. https://www.childhelp.org/child-abuse-statistics.

Damasio, Antonio. *The Feeling of What Happens*. New York: Harcourt, 1999.

Felitti, Vincent J., et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experience (ACE) Study." *American Journal of Preventative Medicine* 14, no. 4 (1998): 245-258.

Heidegger, Martin. *Being and Time*. New York: Harper Collins, 1963.

Jonas, Hans. *The Gnostic Religion*. Boston: Beacon Press, 1963.

Ligotti, Thomas. *The Conspiracy Against the Human Race*. New York: Hippocampus Press, 2010.

———. *Songs of a Dead Dreamer.* New York: Carroll & Graf, 1990.

———. *Teatro Grottesco.* London: Virgin, 2008.

———. *This Degenerate Little Town.* London: Durtro, 2001.

Lovecraft, H.P. *Tales*. New York: The Library of America, 2005.

ten Bensel, Robert W., Marguerite M. Rheinberger, and Samuel X. Radbill. "Children in a World of Violence: The Roots of Child Maltreatment." In *The Battered Child*, 3-28. 5th ed. Edited by Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman. Chicago: The University of Chicago Press, 1997.

Van Der Kolk, Bessel. *The Body Keeps the Score*. New York: Viking, 2014.

[1] Robert W. ten Bensel, Marguerite M. Rheinberger, and Samuel X. Radbill, “Children in a World of Violence: The Roots of Child Maltreatment,” in *The Battered Child*, 5th Edition, ed. Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman (Chicago: The University of Chicago Press, 1997), 3-28.

[2] Ibid.

[3] Vincent J. Felitti, et al., “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experience (ACE) Study,” *American Journal of Preventative Medicine* 14 (1998), 245-258. These are the eight ACEs of the original study. Since then Felitti and his team have added two more, child physical neglect and child emotional neglect. When I speak of ACEs beginning from Section 1, I will be speaking of all ten of them when I refer to them as a group.

[4] The ACE study is now housed in the Center for Disease Control (CDC) to reflect that although ACEs are not a “mental health” problem, they are, as Dr. Robert Block (former President of the American Academy of Pediatrics) has said, “the greatest unaddressed public health threat of our time.” See https://www.cdc.gov/violenceprevention/acestudy.

[5] Martin Heidegger, *Being and Time* (New York: Harper Collins, 1963).

[6] When *TCATHR* is in italics, it will denote the work published by Thomas Ligotti in 2010. When TCATHR is referred to without italics, it will refer to the abstract concept.

[7] “Child Abuse Statistics & Facts,” *Childhelp*, accessed August 15, 2016, https://www.childhelp.org/child-abuse-statistics.

[8] Thomas Ligotti, *The Conspiracy Against the Human Race* (New York: Hippocampus Press, 2010), 27.

[9] Hans Jonas, *The Gnostic Religion* (Boston: Beacon Press, 1963), 54.

[10] Thomas Ligotti, *The Conspiracy Against the Human Race* (New York: Hippocampus Press, 2010), 23.

[11] Jonas, *The Gnostic Religion*, 50.

[12] Hannah Arendt, *The Origins of Totalitarianism* (New York: Harcourt Brace and Company, 1976), 476.

[13] Should that be a choice we wish to make. The choice is not mandatory or obligatory.

[14] Thomas Ligotti, *Songs of a Dead Dreamer* (New York: Carroll & Graf, 1990), 180.

[15] David Benatar, *Better Never to Have Been: The Harm of Coming Into Existence* (Oxford: Oxford University Press, 2006).

[16] Reinterpretation or “reframing” is a core and critical component of most cognitive-behavioral therapies (see Judith S. Beck, *Cognitive Behavior Therapy*, 2nd ed., New York: The Guilford Press, 2011), especially for traumatic stress. Without reinterpretation (or, more specifically, with the automatic closing off of certain “forbidden” interpretations), one has significantly decreased the power of this core, critical component.

[17] In fact, I believe that one does not necessarily “need to be fixed.” After all, the world *is* insane.

[18] Antonio Damasio, *The Feeling of What Happens* (New York: Harcourt, 1999).

[19] Bessel Van Der Kolk, *The Body Keeps the Score* (New York: Viking, 2014), 95.

[20] Ibid., 68-72.

[21] Ibid.

[22] Thomas Ligotti, *Teatro Grottesco* (London: Virgin, 2008), 123.

[23] Thomas Ligotti, *This Degenerate Little Town* (London: Durtro, 2001), 66.

[24] H.P. Lovecraft, *Tales* (New York: The Library of America, 2005), 8.

[25] Ibid., 14.