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EUROPEAN SOCIETY FOR TRAUMA & DISSOCIATION

ESTD NEWSLETTER

› Co-editors: Onno van der Hart, Dolores Mosquera and Dehra Mitchell

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QUARTERLY QUOTE

Garma C. C. Chang (1971)

> To breakthrough means not only to tear apart the “boundary-wall” standing between the old and the new realms, but it also implies the enlargement and integration of the two. A revolutionary breakthrough always involves great patience, effort, and insight–a clear indication of the uncompromising restrictive function of the boundary-walls. These “walls" should not, of course, be treated as something concrete in the external world. They are merely abstractions denoting the limiting or restricting functions of a realm.

Raphaël Gazon
ESTD President

LETTER FROM THE PRESIDENT

Dear Colleagues and Fellow Members of ESTD,

We are entering the last quarter of the year and plenty of exciting events are being prepared for the coming months which, as members of our association, you can take part in with highly preferential conditions.

So I suggest everyone open their agenda and take note of the following ESTD events :

First of all, the next ESTD congress will take place in Brussels on 9, 10 and 11 March 2023. The theme will be exciting and of interest to both child and adult mental health professionals:

When Attachment Meets Trauma: Disorganisation and Dissociation from Childhood to Adulthood

Details of the programme are now available on the congress website: http://www.estd-aftd2023.brussels/

Through this congress we intend to connect clinical and research fields that have developed in often very separate worlds. However, we know that disorganisation of attachment is associated with abuse, neglect and, more broadly, adversity faced by children. In addition, studies on dissociation and clinical work with our DID patients clearly show that disorganised attachment is at the heart of their problem.

The organisation of this congress is the result of intense cooperation between the ESTD and the Association Francophone du Trauma et de la Dissociation (Francophone Association of Trauma and Dissociation, AFTD). This gives us a unique opportunity to join forces to disseminate the research and clinical practices that are dear to our members.

Still on the subject of important dates to remember, our scientific committee will continue its series of webinars, "Diagnosis and Evaluation of Dissociation," by offering you one new online conferences before the end of the year. On 28 November 2022, at 6:00 pm (Paris time), we will host Olivier Piedfort-Marin, PhD and Marlene Steinberg, M.D. for a 3-hour webinar entitled "The SCID-D Interview: An Evidence-Based Approach to the Diagnosis and Therapeutic Assessment of Dissociation". Take the opportunity to attend because live participation is free. Register through our website (https://www.estd.org/).

Finally, the end of the year is approaching and we will be holding our next online AGM on 19 November from 12:00 pm to 1:00 pm (Paris time). This AGM will mark the end of my presidency and I will be passing the baton to our colleague Igor Pietkiewicz, who will chair our association for the next 2 years. Each of you will be invited by email, and we hope to see many of you there.

I will end my letter with good news… and God knows good news is welcome in these times! This news will delight readers of our scientific journal, as well as the many colleagues who contribute to it. As you may know, our scientific journal (EJTD) has been indexed in the Web of Science's Emerging Source Citation Index (ESCI) for a number of years. Our editor-in-chief, Professor Cyril Tarquinio, has just announced that ESCI journals will soon be included in the Journal Citation Report. This means that the EJTD will have an impact factor next year, which is sooner than we expected! I would like to congratulate all those who have contributed to this success!

Raphaël Gazon
President, ESTD

Figure 1; mixed media. Who am I?

ADVERSE CHILDHOOD EXPERIENCES AND EXPRESSIVE ARTS THERAPY

ON BEING ALIVE AND BECOMING WHOLE (AGAIN)

By: Kim Tukker

"The word 'therapy' has its roots in the word therapeia, which is the Greek word for 'healing'- and healing simply means 'making whole'. Therapy=healing=moving towards wholeness"
-Jeff Foster

EXPRESSIVE ARTS THERAPY –MAKES IT VISUAL

Art is a language of its own. That which is difficult, or impossible to discuss,
can become apparent when visualised through an image, a sculpture, or any form, allowing it to speak on its own accord.

WHAT IS EXPRESSIVE ARTS THERAPY?

Expressive Arts Therapy focuses on the experience in the present moment. A variety of materials can be used, for example pencils, paint, wood, clay, fabrics, and digital paraphernalia. The choices for the material, technique and task are carefully made together with the client according to their needs. Working through images creates the possibility to discover personal qualities and difficulties making them tangible and specific. It offers a way to experience and express feelings and emotions. This creates an opportunity to learn new skills. The client and the therapist explore creative ways to understand and make sense of daily life experiences. From: Dutch institute for Expressive Arts Therapy.

"Art is to console those who are broken by life" Vincent van Gogh- A life in letters

"Expressive Arts Therapy speaks to a world of experiences that are free from words and conceptions, and connects with the bodily and sensory awareness." (Smeijsters 2003, in response to Smitskamp 1997)

SURVIVING…
THE FUNDAMENTAL WORK

Symptoms of early childhood trauma in expressive arts therapy.

Early childhood and chronic traumatization is classified as a sub-class of posttraumatic stress disorder (PTSD) according to the DSM-5. Adverse childhood events and early childhood and chronic traumatization interfere and hinder fundamental developmental tasks, such as developing a consistent sense of Self. When these tasks are placed under pressure during childhood, this can have life-long consequences. When clients with early childhood trauma are in expressive arts therapy, existential questions can arise as well as conflicting feelings in regard to belonging and being alive. Destructive forces which have their origins in past violent experiences, clash with the vitality of actually being alive.

In the expressive work this existential theme shows itself, for example, in difficulty taking up space and material, the difficulty of coming to (one's own) form and the struggle of tolerating one's own visual work. However, it is precisely the life force that is also present; the fact of living and the often-present intention to do so (Van Hemert & Kerkhof, 2012) that is addressed in the field of expressive art therapy. The expressive art therapy room, with all its belongings, can at best, together with the therapist, offer a Safe Holding Space, in which halted developmental tasks are given the freedom and space to unfold and continue to grow and blossom.

The formative and creating character of expressive art therapy is, in itself, already an antidote to the previously manifested violence and abuse, which was directed at destroying, repressing, putting down or being cornered. Experimenting, moving (outwards), claiming space, shaping, creating, playing, all these elements as part of universal basic needs, are being addressed as well as being put in motion by the expressive art therapist, within the safe confinement of the creating conditions that the expressive art therapy room offers in the present moment. Being offered something to have and hold, to give direction, intensity and form to, and having ownership to start, pause or stop an action, within the context of art therapy, allows clients to reclaim their own power.

Here I will discuss my experiences with clients with early childhood and chronic traumatization using several works from clients as well as a case presentation. All images are either my own work, or directly from clients, used with permission.

MATERIALS IN EXPRESSIVE ARTS THERAPY
"From a sense of disappearing, to a sense of being"

The sensory feedback that accompanies expressive arts, i.e. the sensation of scribbling, of pencil on paper, the temperature and density of clay, the sliding of oil pastel crayon on paper, all confirm on a fundamental level that you as a person exist and are present in the here and now. Furthermore, sensorimotor work also offers an entrance or port-d'entrée for working with early childhood, often, nonverbal traumatic memories.

The tangible, visible, and remaining character of the created works during art therapy acts as palpable proof of the presence of the client within that space, at that place and time (see figures 2 and 3). It transforms those inner experiences to something present, real and less fleeting, as well as more touchable/apprehendable, both physically and emotionally. Experiences rendered as an image, or sculpture, create a central thread, a process which can be reflected up on, and continued with. "I can see it, it is standing there, we can look at it together, it's really true, it exists, I exist". Where alienation of the Self often is part of the inheritance of the early childhood trauma, visual expression offers an opportunity to reclaim feelings, movements, experiences and thoughts. It is a first step towards integration, becoming whole.

Figures 2 and 3: Remnant traces of formative expression. Traces proving that you were here, visible.

A THERAPEUTIC COMPANION

The visual works produced by the client, create an opportunity to reflect together with the therapist, on that which was created as well as the process that was involved.
In this way a movement is created (adaptation and change), from inside to outside, and back inside again. A movement that, as long as the art therapeutic process takes, can keep going and form a seed/bud for a developmental movement which can reach far beyond the therapy room. This process, however, is not without its own struggle. Those who have endured suffering and were taught not to be, and to disregard all their intrinsic needs, require time and a sense of safety and trust, or perhaps hope and a sense of beckoning potential before they desire and dare to start with visual expression. That strange curious visual art, "Because what does it really say, and on top of that I am really bad at it…".
An exercise in co-regulation during a crisis is shown in figure 5 and 6.

Figure 5 and 6: Therapist and client R. together on one a single paper (50x65cm).

Starting to move, getting in contact with your own acting power. The sensory feedback of scratching and rubbing on paper enhance the contact of the client with the here and now. Moving rhythmically together, the therapist tries to tune in to the client, and find an opening to co-regulate. A dance between distance, proximity and connection.

As with every form of therapy, a safe therapeutic relationship must first be established, in which any growth-limiting cognitions can be managed, or rather in which those cognitions have a safe space, free of judgement. All parts of the client should experience a sense of being welcome, in that space, at that time together with the therapist. Without a doubt, conflicts will arise from time to time, but what a gain that a third party will constantly be present to absorb feelings of transference or for instance an increased or decreased arousal.

The expressive arts therapeutic triangle offers capacity to see which re-enactment is occurring in the here and now, while the therapeutic relationship, with any luck, can remain free of any (counter) transference-violence. An example is offered in the following case-report.

The client can hopefully tolerate the therapist as their companion, after all the threat is the material, the expressed art, created by the client, not the therapist. (Grabau, & Visser, 1987) The shared experience offers the client the opportunity to use the co-regulatory nerve-system of the therapist, client and therapist exist side-by-side with a shared perspective of something that appears to lie outside them.

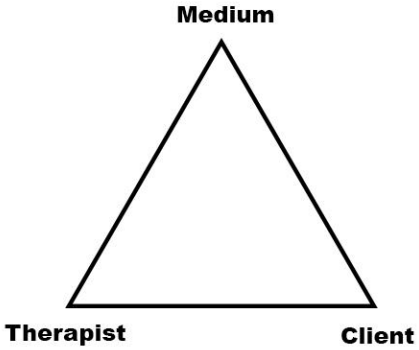


Figure 7. The therapeutic triangle

CASE PRESENTATION

Today is the first time that Carla[1] will be working with clay during expressive art therapy.

It is natural clay, fine fireclay. Carla likes the feel of the clay on her hands, she kneads and pushes the piece into her hands enthusiastically. There is play and fun, an exploratory inner child part is addressed in this first session.

As the session progresses, Carla gets the idea that the piece of clay in her hands must become 'something'. A well-defined idea emerges, with requirements for function and aesthetics. The space to play and experiment is now all of a sudden significantly reduced, by these self-imposed requirements. Carla's arousal increases visibly when she undertakes attempt after attempt to give shape to the emerged idea.

In fact, at this point Carla is already caught in a trap: no matter what she will produce, it will never be good enough. This is the image that Carla has internalised of herself with a history of early childhood trauma; that she is no good and that everything that comes out of her hands is worthless. Every time the sculpture is finished and Carla judges it not quite good enough, she destroys the piece and starts over. A re-enactment of not being permitted, or not being able to be a child in the past, is being repeated in the here and now, with tremendous energy and tempo. After attempt four the therapist is able to intervene and directs the client to allow the current attempt to exist, as an experiment, and to investigate what happens when one deviates from the beaten, destructive path. The therapist moves the piece a little further away from Carla but still within sight, and she offers Carla a new piece of clay to accommodate the increased arousal.

The destructive force is directed to the new piece of clay and space is opened to allow the (perceived) failure and all that it represents to remain. Carla weeps, not for the failure of the sculpture, but due being allowed to feel the grief of that which was lost. The therapist stays close, acknowledging the emotions released and encouraging Carla with a sense of trust (I can witness it and you can bear it) to give the emotions space. A moment arises in which the pain and sorrow are allowed to exist.

[1] Carla is a fictitious name. The case describes part of a session in the beginning phase of the visual art therapeutic process. After these experiences nothing is 'finished' or 'solved', but a change has occurred in dealing with one's own feelings of pain, sadness, failure and worthlessness. An impetus for further investigation and work.

MATERIALS IN EXPRESSIVE ART THERAPY (2)

As the previous example shows, the visual medium also offers a very welcome safety net, in the case of increased or decreased arousal. This space offers to work with physically involved methods that ventilate, regulate, or activate and can more than once act as a lifeline during the session. It offers the client, and perhaps even the therapist, a opportunity to co- and self-regulate and, in that way, return to a more comfortable level of arousal, which allows continuation with the contact in the here and now in all its forms, contact with the inner experience, contact with the visual work, contact with the therapist, and contact with the environment, see figures 8 and 9. In this way, clients can continue working through their emotions.

Figure 9. The involved body

Figure 8: Oil pastel and ink on paper, bilateral, both hands at once. Ventilate, regulate, integrate.

Besides the hard work when conflict arises, the driving force behind expressive arts therapy are the touching moments when a hurdle is overcome and the client can surrender to their own vitality and creative force and create without abandon. To freely and wholeheartedly experiment and create, shape and design. When one dares to take the space to see oneself reflected in the joint domain and when the developmental processes are given free rein, that is the power of expressive arts therapy.

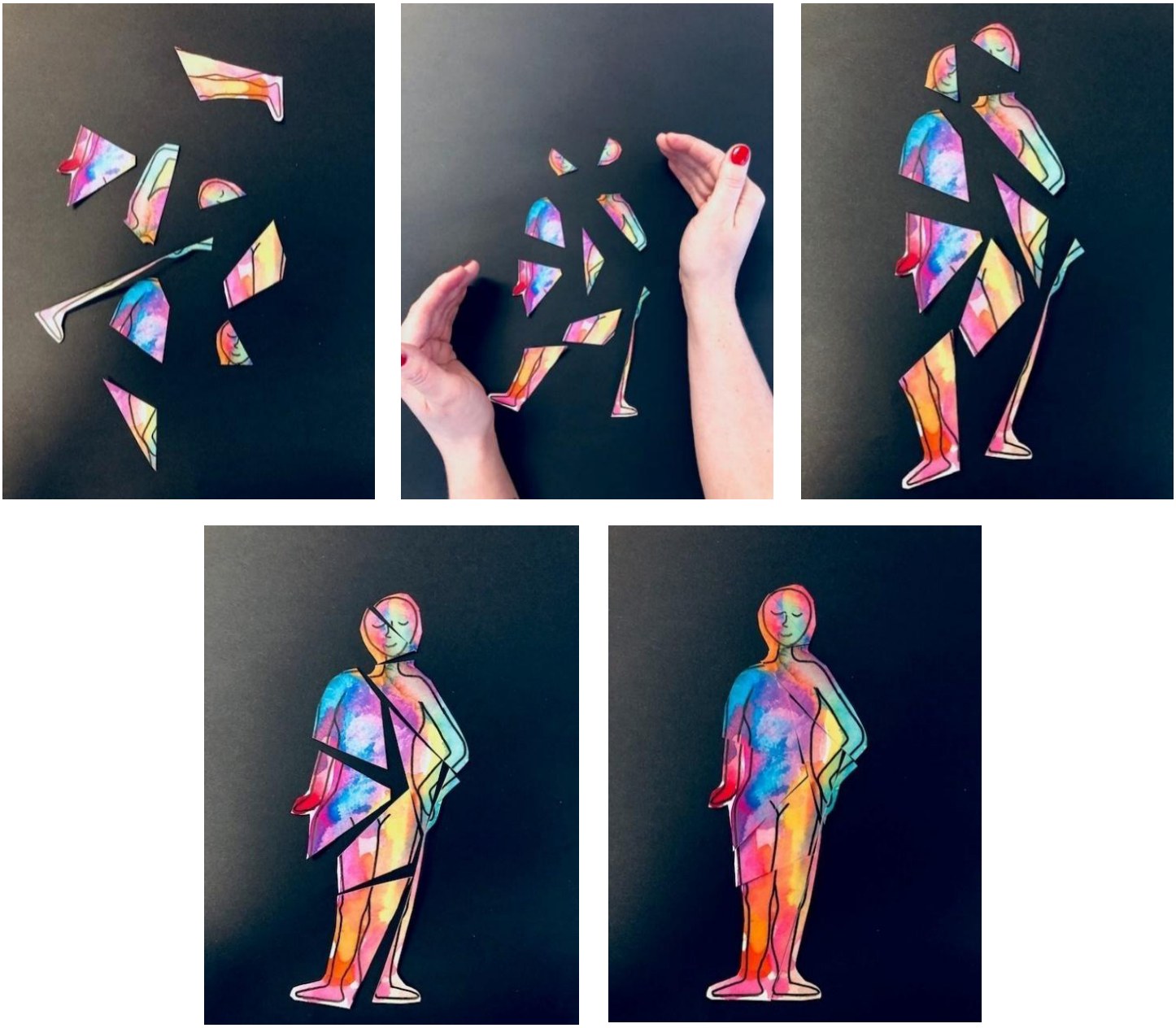
A self-portrait created by client R is shown in figure 10, in this drawing an inner experience is expressed and created on paper.

Figure 10. Oil pastel on paper, by client R. Flooding. My head is filled. Both in movement as well as form, client R has successfully expressed that which she experiences on the inside. The creation process, as well as the final results are representative of the inner experience. The client is able to express and externalize, and in that way also joining the domain where the other is present, in this case the therapist.

...AND BECOMING WHOLE (AGAIN)

RECOGNITION, ACCEPTANCE, AND INTEGRATION.

"I had to fall apart only to have found myself whole again."



Figuur 11: Ink and pen on paper, Falling a part, containment, gathering and becoming whole (again). From disintegration to integration.

REINTEGRATION AFTER (RECOLLECTION OF) DESTRUCTIVE EXPERIENCES

After some experience has been gained in the fundamental work, space is created to jointly look at that which has emerged and to let it come together as a whole. From implicit to more explicit, from unconscious to conscious, from hidden to seen, from loose-fixed to a whole, its own unity and image-story.

In this stage of the process, we reflect together on what the client experiences with the image, the images, and with the creative process that was behind it. Which interpretation suits the client and how can, will and shall we continue to work on it? Which themes manifest themselves? How can we make room for the difficult, the ugly, the dark? Learning to tolerate all aspects of oneself and what one's own nature produces.

Expressive work offers the possibility of creating a safe distance to the inner experience. By literally bringing it from inside to outside and then being able to look at it from a distance (together). The image can be removed, put away, destroyed or just cherished and safely protected. The client gains access to a new ability to act, a new expressive language, with which an experience of grip and self-governance can be achieved. Essential experiences and abilities to let that which was so terrifying in the beginning, come closer and exist.

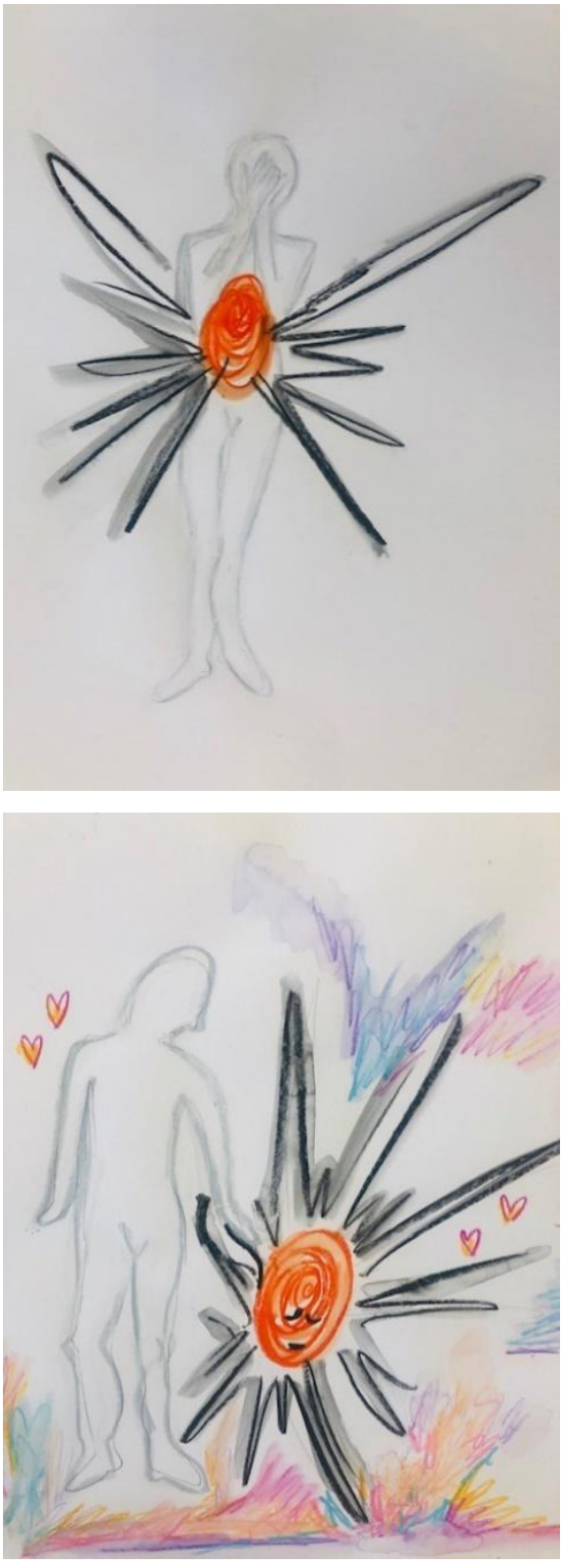


Figure 12; Neocolor on paper. From inside to outside. From a sense of being overwhelmed, towards some distance and compassion. From resistance to embracing.

Moreover, something special happens when the client can give form to extremely painful and/or destructive forces. By creating from that which was essentially destruction, a transformation already takes place. By offering them a place in the shared external space, they often lose their destructive power and can develop into a creative/creating one. This takes some of the sting out of the inner conflict surrounding existence.

Figure 13: Various material on paper from client R. To bring out the unbearable. Ventilate. R. undertakes various brave efforts to externalize those destructive forces which she experiences on the inside. The high contrast of black and red, as well as the implicit and explicit references to blood create haunting images. Still looking for form, but the sensations are very clearly present in the here and now, as well as in the shared space.

TO FEEL IS TO HEAL By giving space to various internal tendencies using formative techniques, and subsequently enabling them to exist, space is created for recognition and acceptance to all that emanates from the client. The therapist is present here as a compassionate companion, acting as such and receiving all expressions of the client, bounding where necessary or putting them in a new perspective.

The fact that it is possible to work together in the expressive art therapy room is of great added value. The therapist is an observer, a witness, sometimes even a participant in what the client experiences, shapes and experiences. Witnessing the client's process and being able to look together at the proofs of it, can have a deeply acknowledging and connecting effect.

The client experiences being permitted to be there and, and hopefully, experiences a moment of right to exist and connection.

The client is offered a Safe Holding Space in the here and now, in which the possibilities for exploring, experimenting, shaping and seeing oneself reflected are still included: in order to give stagnated developmental processes new space and to arrive at life experiences other than those of early childhood and chronic trauma.

"There is something more and different, also for you."

Kim Tukker, Registered Expressive Arts Therapist, based in the Netherlands.
E-mail address: kimtukker@gmail.com

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Recommended reading

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Photo: Justin Wilkens

COMMENTARY: MIGRATION AND ACCULTURATIVE TRAUMA: A SOCIAL PERSPECTIVE

By: Antonio Ventriglio and Antonello Bellomo

When migrants move from their countries of origin, they inevitably leave many anchors behind (Watson et al., 2021). Anchors may include material and emotional factors including cultural values and identity.

It has been argued that migration is a cultural process (Watson et al., 2021) and the loss of cultural values and norms may be traumatic in the framework of a process of adjustment to the new culture (Ventriglio et al., 2015). Many authors have described acculturative issues among migrants with similar labels: cultural bereavement, cultural conflict, cultural shock. Cultural bereavement refers to the loss of cultural values, social structures and cultural identity, characterized by four stages (Bowlby, 1980): numbness or protest; yearning and searching, disorganization and despair and, finally, reorganization. Cultural shock, as defined by Oberg (1960), refers to a migrant's traumatic experience related to moving to another culture. It may include a sense of loss, confusion in role expectations and self-identity, a sense/feeling of rejection by the new

culture resulting in anxiety and a sense of impotence in not being accepted as part of the new culture. More recently, Bhugra et al. (2010) introduced the concept of Cultural Conflict, due to the interaction between the migrant's personal cultural factors and those of the new culture. It is consequential that a migrant's ethnic and cultural identity may become rigid and problematic with possible subjective distress.

The occurrence of any problematic cultural adjustment depends on cultural congruity or consonance between the original and new culture. Cultural congruity is the range of similarity between the two cultures which may belong (or not) to the following categories: egocentric-sociocentric (collectivistic), masculine-feminine, distance to power, long-term orientation and uncertainty avoidance (Hofstede, 2010). When a migrant from a egocentric society (in which each individual looks after himself and his family) moves to a collectivistic society, there may be a good rate of adjustment whereas migrants moving from a collectivistic/ sociocentric community (in which they are integrated into kinship-based structures) to an egocentric society, may experience a variable rate of cultural and social adjustment. Cultural consonance is also defined as the degree to which individuals in their own beliefs and behaviors approximate the shared expectations encoded in cultural models (Watson et al., 2015). Lower levels of cultural consonance lead to lower level of acculturation and higher rates of problematic adjustment among migrants.

Acculturation is the process of cultural/psychological adjustment and changes that may take place as a result of contact between cultural groups and their individual members (Berry, 1980). Thus, acculturation and related issues affect the individual cultural identity and may represent an attack to the individual identity and integrity leading to mental illness (Watson et al., 2021). Berry (1980) described four possible strategies of acculturation. Integration occurs when there is an interest in both maintaining one's original culture, while in daily interactions with other groups. Assimilation occurs when individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures; Separation when individuals place a value on holding on to their original culture, and at the same time wish to avoid interaction with others. Marginalization occurs when there is little possibility or interest in cultural maintenance and little interest in having relations with others. Integration and assimilation are positive acculturative strategies, whereas separation and marginalization are related to a traumatic social and cultural adjustment (Ventriglio et al., 2015). Any cultural trauma impacts on cultural identity and ethno-cultural identity plays a role in the genesis of mental illness (Watson et al., 2015). It is of interest that cultural identity affects explanatory models of illness and health as well as affects help seeking. In 2017, Bhugra et al. argued that acculturation issues among migrants, even those belonging to second or following generations, may lead to identity confusion. The cultural trauma may be experienced as an individual assault as well as an assault to the social membership group. Thus, vulnerable people, especially those facing socio-economic issues, may take up fundamentalist ideologies in defense of their own identity (Bhugra et al., 2017). As religion is a key component of cultural identity, a religious coping may be employed to react to the identity assault with possible violent radicalization and religious fundamentalism. The following phases may include a self-identification with these fundamentalist principles, indoctrination, jihadisation (e.g. according to the Muslim culture) and terroristic thoughts and actions (Bhugra et al., 2017).

Social interventions are needed to promote successful strategies of acculturation among migrants at individual and social levels such as employment and integration policies. Also, multicultural educational and public initiatives, as well as multicultural modules in the school-setting, may assist in increasing awareness of the richness of a melting-pot society and cultural exchanges. Social policies promoting acculturation may improve well-being at individual level among migrants and may prevent social issues related to segregation, marginalization, possibly leading to dramatic processes such as radicalization and terrorism.

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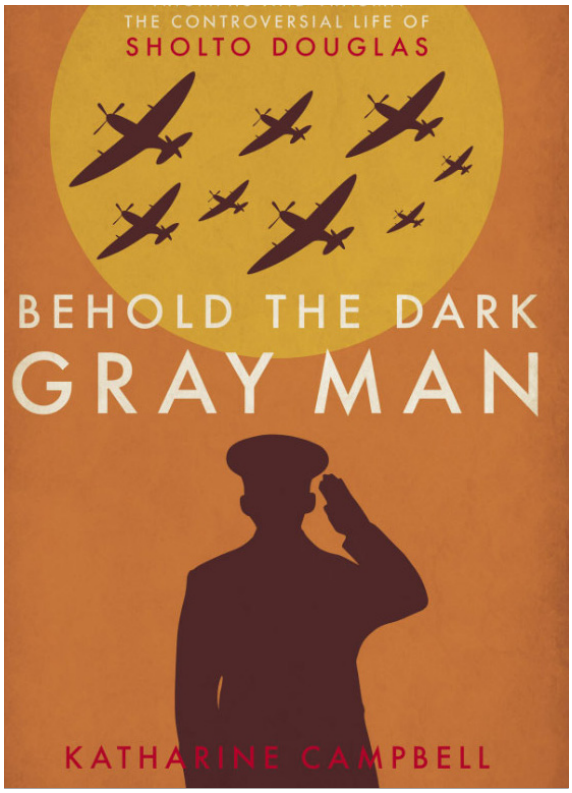
Book review by Erik de Soir

Behold The Dark Gray Man: Triumph and Trauma; The Controversial Life of Sholto Douglas

by Katherine Campbell



This unique biography traces the life of one of the greatest, but also most controversial, men in RAF history. The book is not only a meticulous reconstruction of a life full of adversity and of a man who grew up in difficult circumstances, but also that of a unique pilot who, through his extensive experience on the frontlines, both in WWI and WWII, was instrumental in the revision of tactical processes leading to a revolution in aerial warfare and in the early development of fighter tactics. There is special focus on the role of fighters, as support to land forces and a protection force for large bomber squadrons. This tactic had been under discussion since the beginning of WWII and Douglas's personal intervention towards Fighter Command in the context of gaining air superiority against the German Luftwaffe is well described in this remarkable book. Indeed, the engagement of fighter aircraft in the battles in the Middle East and North Africa appeared decisive for the victory of Great Britain over Rommel's troops.

This book, written by Douglas's daughter, a neuroscientist, explores how Sholto Douglas lived with PTSD originating from adverse early childhood experiences and further traumatised by his role as a fighter pilot in WWI. Having survived four plane crashes he developed stubborn tendencies and this book explores how his behaviour as one of the most influential RAF Commanders in different war theatres was likely driven by his psychological condition. One of his very personal traumatic experiences pertains to the fact that his younger brother, following his example as a fighter pilot, was shot down in action and died. Their mother subsequently blamed Douglas for having sent his brother to his death. This may have haunted him in the performance of his duty in WWII when sending aircrew to their death and specifically his opinion on 'lack of moral fibre' (LMF, see below).

Dr Campbell provides an impressive and detailed summary of all the unique professional achievements of her father while also highlighting his private psychological condition and the price he paid for having survived several life-threatening situations and a permanent 'living on the edge'. It is interesting how Campbell describes the health issues of her father as a full systemic disorder (including abdominal obesity and alterations in adequate psychological functioning). Like many other traumatised war veterans, Douglas showed deficiencies in his daily functioning regarding

delicate judgement, concentration and memory which may also have affected the accuracy of his decisions as a commander. Douglas's own war experiences and the permanent shortage of pilots led him to make difficult decisions on the optimum length of an operational tour for aircrews, and how much could reasonably be expected of them, knowing that only 33% of the aircrew of the Bomber Command survived a first tour and as few as 16% a second tour… This led to a policy, and a misperception, about mental breakdown which was often seen as a lack of courage.

The term LMF was introduced to describe the behaviour of an exhausted aircrew. It would be described as Combat Exhaustion in current times. However, during the first years of WWII, it led to a policy of 'disposal of aircrew' when they lost the confidence of their commanding officers regarding their capacity to withstand danger. The RAF commanders named 'overloading and temperamental handicap' as the reason for war neurosis, but generally a stigma existed due to emphasis being placed on the individual's innate disposition to suffer from 'flying stress.' This was directly attributed to a lack of courage and ultimately cowardice. The author describes how the LMF policy invaded the whole culture of the RAF, with aircrews suffering severe mental health problems but being too afraid to come forward. It is interesting how the lack of recognition of war sequelae of pilots seems to have influenced a lot of operations in WWII and may have provoked heavy losses. The description of how aircrew, sometimes after having been decorated first, were stripped from their ranks and badges after being labelled with LMF, is stunning. This culture seems to be still in place in the armed forces of today and the term LMF was still used in the 1st Gulf War to describe Tornado aircrew who were sent home when they found it hard to cope with the stresses of war operations.

It appears from this book that some WWI physicians, such as William Rivers, Charles S. Myers and James Birley, showed more compassion on the issue of war related mental injuries than their WWII counterparts, who were afraid of an epidemic of war pensions for exhausted aircrews and soldiers, as well as of "cowards" who wanted to escape their fighting duties. This theme was very present in WWI, as described in Anthony Babington's 1983 book, For the Sake of Example (Pen and Sword Books Ltd. 1983), in which he described that 90 years after their deaths, 306 of the 346 soldiers who were executed for military offences (breaches of military discipline that included desertion, cowardice, quitting their posts, striking a Superior Officer, and casting away their arms) during WWI were granted posthumous pardons by the British Ministry of Defence.

Behold the Dark Gray Man shows how one of the hardest things to combat, in the recognition and treatment of PTSD among military personnel, is this question of stigma. The struggle against stigma on war-related mental health issues also involves developing a strong policy on how to foster and eradicate stigma. Even the concept of 'resilience', which has gained so much attention in military circles, may lead to confusion because in literature it is often seen as synonymous with 'not developing symptoms' (instead of 'being able to bounce back from adversity') and it can be seen as a camouflage for stigma and prejudice.

That Douglas's war experiences led to a form of war trauma, not yet formally recognized in the textbooks of psychiatry at the time, is undisputed. However, this work also offers a long list of reasons why psychological damage can continue in an already traumatised person, long after the end of the war. In particular, the way in which Douglas became involved in the Nuremberg trials of the Nazi war criminals in the aftermath of the war when he had to sign death warrants as Military Governor of the British Zone in Post-war Germany. This left him forever with ghosts and profound moral wounds. It seems that his memories of death warrants weighed heavier than his war memories of combat.

In fact, they were the major reason for him leaving his post and led to reexperiences and re-enactments of these extremely harsh situations in dissociative episodes at night, at home, which Dr Campbell personally witnessed. Confronting the devastated German cities and the knowledge that the RAF's bombing policy had also sent many German civilians to their deaths may have been re-traumatizing.

This book paints an impressive historical account of the development of air warfare in WWI and WWII. It also provides interesting anecdotes that many historians would have missed, but this way of writing also has a downside: while very important for historians of the RAF in WWII, other readers, more interested in the psychological consequences of the war, may easily lose the thread in the multitude of details about the intrigues and conflicts between high-ranking people. As a result, certain interesting themes related to the development of modern war-related psychotraumatology remain underexposed until the last chapter of this book, which offers a remarkable overview of contemporary research on psychological trauma. It would have been interesting to develop an additional chapter on the long-term adaptation of fighter pilots and perhaps draw a list of differences between readjustment after WWI on the one hand and WWII on the other. The additional merit of this book, next to its impressive historical tracking of important milestones in the development of the RAF, is that it gives an intimate narrative analysis of how personal combat affects high-ranking officers, who have the responsibility of making life-and-death decisions. Thus, the book makes clear that trauma-generated dissociation does not only belong to child abuse and neglect but also to those traumatised in other ways.

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HOT OFF THE PRESS

By: Winja Buss

Introducing the latest research

Dear Readers, again, here comes the latest research on trauma and dissociation and related fields for your science-hungry brains and hearts... As is true for all research: regard these studies with great care and a critical mind – they deserve it!

Bücken, C. A., Mangiulli, I., & Otgaar, H.

Simulating Denial Increases False Memory Rates for Abuse Unrelated Information

Victims of abuse might deny their traumatic experiences. We studied mnemonic effects of simulating false denial of a child sexual abuse narrative. Participants (N = 127) read and empathized with the main character of this narrative. Next, half were instructed to falsely deny abuse-related information while others responded honestly in an interview. One week later, participants received misinformation for the narrative and interview. In a final source memory task, participants' memory for the narrative and interview was tested. Participants who falsely denied abuse-related information endorsed more abuse-unrelated misinformation about the event than honest participants. Abuse-related false memory rates did not statistically differ between the groups, and false denials were not related to omission errors about (1) the interview and (2) narrative. Hence, victim's memory for abuse-related information related to their experience might not be affected by a false denial, and inconsistencies surrounding the abuse-unrelated information are more likely to take place.

Bücken, C. A., Mangiulli, I., & Otgaar, H. (2022). Simulating denial increases false memory rates for abuse unrelated information. Behavioral Sciences & the Law. [retrieved 10/03/2022]: https://onlinelibrary.wiley.com/doi/full/10.1002/bsl.2566

Lebois, L. A., Kumar, P., Palermo, C. A., Lambros, A. M., O'Connor, L., Wolff, J. D., ... & Kaufman, M. L.

Deconstructing Dissociation: A Triple Network Model of Trauma-Related Dissociation and Its Subtypes

Trauma-related pathological dissociation is characterized by disruptions in one's sense of self, perceptual, and affective experience. Dissociation and its trauma-related antecedents disproportionately impact women. However, despite the gender-related prevalence and high individual and societal costs, dissociation remains widely underappreciated in clinical practice. Moreover, dissociation lacks a synthesized neurobiological model across its subtypes.

Leveraging the Triple Network Model of psychopathology, we sought to parse heterogeneity in dissociative experience by examining functional connectivity of three core neurocognitive networks as related to:
(1) the dimensional dissociation subtypes of depersonalization/derealization and partially-dissociated intrusions; and,

(2) the diagnostic category of dissociative identity disorder (DID).

Participants were 91 women with and without: a history of childhood trauma, current posttraumatic stress disorder (PTSD), and varied levels of dissociation. Participants provided clinical data about dissociation, PTSD symptoms, childhood maltreatment history, and completed a resting-state functional magnetic resonance imaging scan. We used a novel statistical approach to assess both overlapping and unique contributions of dissociation subtypes. Covarying for age, childhood maltreatment and PTSD severity, we found dissociation was linked to hyperconnectivity within central executive (CEN), default (DN), and salience networks (SN), and decreased connectivity of CEN and SN with other areas. Moreover, we isolated unique connectivity markers associated with depersonalization/derealization in CEN and DN, to partially-dissociated intrusions in CEN, and to DID in CEN. This suggests dissociation subtypes have robust functional connectivity signatures that may serve as targets for PTSD/DID treatment engagement. Our findings underscore dissociation assessment as crucial in clinical care, in particular, to reduce gender-related health disparities.

Lebois, L. A., Kumar, P., Palermo, C. A., Lambros, A. M., O'Connor, L., Wolff, J. D., ... & Kaufman, M. L. (2022). Deconstructing dissociation: a triple network model of trauma-related dissociation and its subtypes. Neuropsychopharmacology, 1-10. [retrieved 10/18/2022]: https://rdcu.be/cW2ob

Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A.

The Serotonin Theory of Depression: A Systematic Umbrella Review of the Evidence

The serotonin hypothesis of depression is still influential. We aimed to synthesise and evaluate evidence on whether depression is associated with lowered serotonin concentration or activity in a systematic umbrella review of the principal relevant areas of research. PubMed, EMBASE and PsycINFO were searched using terms appropriate to each area of research, from their inception until December 2020. Systematic reviews, meta-analyses and large data-set analyses in the following areas were identified: serotonin and serotonin metabolite, 5-HIAA, concentrations in body fluids; serotonin 5-HT1A receptor binding; serotonin transporter (SERT) levels measured by imaging or at post-mortem; tryptophan depletion studies; SERT gene associations and SERT gene-environment interactions. Studies of depression associated with physical conditions and specific subtypes of depression (e.g. bipolar depression) were excluded. Two independent reviewers extracted the data and assessed the quality of included studies using the AMSTAR-2, an adapted AMSTAR-2, or the STREGA for a large genetic study. The certainty of study results was assessed using a modified version of the GRADE. We did not synthesise results of individual meta-analyses because they included overlapping studies. The review was registered with PROSPERO (CRD42020207203). 17 studies were included: 12 systematic reviews and meta-analyses, 1 collaborative meta-analysis, 1 meta-analysis of large cohort studies, 1 systematic review and narrative synthesis, 1 genetic association study and 1 umbrella review. Quality of reviews was variable with some genetic studies of high quality. Two meta-analyses of overlapping studies examining the serotonin metabolite, 5-HIAA, showed no association with depression (largest n=1002). One meta-analysis of cohort studies of plasma serotonin showed no relationship with depression, and evidence that lowered serotonin concentration was associated with antidepressant use (n=1869). Two meta-analyses of overlapping studies examining the 5-HT1A receptor (largest n=561), and three meta-analyses of overlapping studies examining SERT binding (largest n=1845) showed weak and inconsistent evidence of reduced binding in some areas, which would be consistent with increased synaptic availability of serotonin in people with depression, if this was the original, causal abnormally. However, effects of prior antidepressant use were not reliably excluded. One meta-analysis of tryptophan depletion studies found no effect in most healthy volunteers (n=566), but weak evidence of an effect in those with a family history of depression (n=75). Another systematic review (n=342) and a sample of ten subsequent studies (n=407) found no effect in volunteers. No systematic review of tryptophan depletion studies has been performed since 2007. The two largest and highest quality studies of the SERT gene, one genetic association study (n=115,257) and one collaborative meta-analysis (n=43,165), revealed no evidence of an association with depression, or of an interaction between genotype, stress and depression. The main areas of serotonin research provide no consistent evidence of there being an association between serotonin and depression, and no support for the hypothesis that depression is caused by lowered serotonin activity or concentrations. Some evidence was consistent with the possibility that long-term antidepressant use reduces serotonin concentration.

Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2022). The serotonin theory of depression: a systematic umbrella review of the evidence. Molecular psychiatry, 1-14. [retrieved 10/03/2022]: https://www.nature.com/articles/s41380-022-01661-0

Lin, B. D., Pries, L. K., Sarac, H. S., van Os, J., Rutten, B. P., Luykx, J., & Guloksuz, S.

Nongenetic Factors Associated with Psychotic Experiences Among UK Biobank Participants: Exposome-Wide Analysis and Mendelian Randomization Analysis

Importance: Although hypothesis-driven research has identified several factors associated with psychosis, this one-exposure-to-one-outcome approach fails to embrace the multiplicity of exposures. Systematic approaches, similar to agnostic genome-wide analyses, are needed to identify genuine signals.

Objective: To systematically investigate nongenetic correlates of psychotic experiences through data-driven agnostic analyses and genetically informed approaches to evaluate associations.
Design, Setting, Participants: This cohort study analyzed data from the UK Biobank Mental Health Survey from January 1 to June 1, 2021. An exposome-wide association study was performed in 2 equal-sized split discovery and replication data sets. Variables associated with psychotic experiences in the exposome-wide analysis were tested in a multivariable model. For the variables associated with psychotic experiences in the final multivariable model, the single-nucleotide variant–based heritability and genetic overlap with psychotic experiences using linkage disequilibrium score regression were estimated, and mendelian randomization (MR) approaches were applied to test potential causality. The significant associations observed in 1-sample MR analyses were further tested in multiple sensitivity tests, including collider-correction MR, 2-sample MR, and multivariable MR analyses.

Exposures: After quality control based on a priori criteria, 247 environmental, lifestyle, behavioral, and economic variables.
Main Outcomes and Measures: Psychotic experiences.

Results: The study included 155 247 participants (87 896 [57%] female; mean [SD] age, 55.94 [7.74] years). In the discovery data set, 162 variables (66%) were associated with psychotic experiences. Of these, 148 (91%) were replicated. The multivariable analysis identified 36 variables that were associated with psychotic experiences. Of these, 28 had significant genetic overlap with psychotic experiences. One-sample MR analyses revealed forward associations with 3 variables and reverse associations with 3. Forward associations with ever having experienced sexual assault and pleiotropy of risk-taking behavior and reverse associations without pleiotropy of experiencing a physically violent crime as well as cannabis use and the reverse association with pleiotropy of worrying too long after embarrassment were confirmed in sensitivity tests. Thus, associations with psychotic experiences were found with both well-studied and unexplored multiple correlated variables. For several variables, the direction of the association was reversed in the final multivariable and MR analyses.

Conclusions and Relevance: The findings of this study underscore the need for systematic approaches and triangulation of evidence to build a knowledge base from ever-growing observational data to guide population-level prevention strategies for psychosis.

Lin, B. D., Pries, L. K., Sarac, H. S., van Os, J., Rutten, B. P., Luykx, J., & Guloksuz, S. (2022). Nongenetic factors associated with psychotic experiences among UK Biobank participants: exposome-wide analysis and Mendelian randomization analysis. JAMA psychiatry, 79(9), 857-868. [retrieved 10/03/2022]: https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2793945

Womersley, J. S., Xulu, K. R., Sommer, J., Hinsberger, M., Kidd, M., Elbert, T., ... & Hemmings, S. M.

Associations Between Telomere Length and Symptoms of Posttraumatic Stress Disorder and Appetitive Aggression in Trauma-Exposed Men

Exposure to community violence is common in South Africa and negatively impacts on biopsychosocial health. Posttraumatic stress disorder (PTSD) is characterised by symptoms of intrusion, avoidance, hypervigilance and negative alterations in cognition and mood, and can develop consequent to trauma exposure. Individuals who repeatedly experience and witness violence may also come to view it as appealing and rewarding. This appetitive aggression (AA) increases the likelihood of perpetrating violence. Telomeres are repetitive nucleotide sequences that protect the ends of chromosomes. Telomere length (TL) attrition is a stress-sensitive marker of biological aging that has been associated with a range of psychiatric disorders. This study investigated the cross-sectional relationship between TL and symptoms of PTSD and AA in South African men residing in areas with high community violence. PTSD and AA symptom severity was assessed in 290 men using the Posttraumatic Stress Disorder Symptom Scale – Interview (PSS-I) and Appetitive Aggression Scale (AAS), respectively. Quantitative polymerase chain reaction was performed on DNA extracted from saliva and used to calculate relative TL (rTL). Regression models were used to assess the relationships between rTL and PSS-I and AAS scores. Network analyses using EBIC glasso methods were performed using rTL and items from each of the AAS and PSS-I measures. Both PSS-I ($p = 0.023$) and AAS ($p = 0.016$) scores were positively associated with rTL. Network analyses indicated that rTL was weakly related to two PSS-I and five AAS items but performed poorly on indicators of centrality and was not strongly associated with measure items either directly or indirectly. The positive association between rTL and measures of AA and PTSD may be due to the induction of protective homeostatic mechanisms, which reduce TL attrition, following early life trauma exposure.

Womersley, J. S., Xulu, K. R., Sommer, J., Hinsberger, M., Kidd, M., Elbert, T., ... & Hemmings, S. M. (2022). Associations between telomere length and symptoms of posttraumatic stress disorder and appetitive aggression in trauma-exposed men. Neuroscience letters, 769, 136388. [retrieved 10/03/2022]: https://www.sciencedirect.com/science/article/abs/pii/S0304394021007679

Lynn, S. J., Polizzi, C., Merckelbach, H., Chiu, C. D., Maxwell, R., van Heugten, D., & Lilienfeld, S. O.

Dissociation and Dissociative Disorders Reconsidered: Beyond Sociocognitive and Trauma Models Toward aTranstheoretical Framework

For more than 30 years, the posttraumatic model (PTM) and the sociocognitive model (SCM) of dissociation have vied for attention and empirical support. We contend that neither perspective provides a satisfactory account and that dissociation and dissociative disorders (e.g., depersonalization/derealization disorder, dissociative identity disorder) can be understood as failures of normally adaptive systems and functions. We argue for a more encompassing transdiagnostic and transtheoretical perspective that considers potentially interactive variables including sleep disturbances; impaired self-regulation and inhibition of negative cognitions and affects; hyper association and set shifts; and deficits in reality testing, source attributions, and metacognition. We present an overview of the field of dissociation, delineate uncontested and converging claims across perspectives, summarize key multivariable studies in support of our framework, and identify empirical pathways for future research to advance our understanding of dissociation, including studies of highly adverse events and dissociation.

Lynn, S. J., Polizzi, C., Merckelbach, H., Chiu, C. D., Maxwell, R., van Heugten, D., & Lilienfeld, S. O. (2022). Dissociation and dissociative disorders reconsidered: Beyond sociocognitive and trauma models toward a transtheoretical framework. Annual Review of Clinical Psychology, 18, 259-289. [retrieved 10/03/2022]: https://www.annualreviews.org/doi/abs/10.1146/annurev-clinpsy-081219-102424

Christian, A. B., Grigorian, A., Mo, J., Yeates, E. O., Dolich, M., Chin, T. L., ... & Nahmias, J.

Comparative Outcomes for Trauma Patients in Prison and the General Population

Background

Prisoners are a vulnerable population, and there are few contemporary studies that consider trauma patient outcomes within the prisoner population. Therefore, we sought to provide a descriptive analysis of prisoners involved in trauma and evaluate whether a healthcare disparity exists. We hypothesized that prisoners and non-prisoners have a similar risk of mortality and in-hospital complications after trauma.

Methods

The Trauma Quality Improvement Program (2015-2016) was queried for trauma patients based upon location inside or outside of prison at the time of injury. A multivariable logistic regression analysis was performed to compare these groups for risk of mortality—the primary outcome.

Results

From 593,818 trauma patients, 1115 were located in prison. Compared to non-prisoners, prisoner trauma patients had no significant difference in mortality (5.1 vs 6.0%, P = .204). However, after adjusting for covariates, prisoners had a shorter length of stay (LOS) (mean days, 6.3 vs 7.8, P < .001), shorter intensive care unit (ICU) LOS (mean days, 5.44 vs 5.89, P = .004), and fewer complications, including lower rates of drug/alcohol withdrawal (.4% vs 1.1%, P = .030), pneumonia (.5 vs 1.6%, P = .004), and urinary tract infections (.0 vs 1.1%, P < .001). Upon performing a multivariable logistic regression model, prisoner trauma patients had a similar associated risk of mortality compared to non-prisoners (OR 1.61, CI .52-4.94, P = .409).

Discussion

Our results suggest that prisoner trauma patients at least receive equivalent treatment in terms of mortality and may have better outcomes when considering some complications. Future prospective studies are needed to confirm these results and explore other factors, which impact prisoner patient outcomes.

Christian, A. B., Grigorian, A., Mo, J., Yeates, E. O., Dolich, M., Chin, T. L., ... & Nahmias, J. (2022). Comparative Outcomes for Trauma Patients in Prison and the General Population. The American Surgeon, 00031348221078984. [retrieved 10/03/2022]: https://journals.sagepub.com/doi/abs/10.1177/00031348221078984

Michna, G. A., Trudel, S. M., Bray, M. A., Reinhardt, J., Dirsmith, J., Theodore, L., ... & Gilbert, M. L.

Best Practices and Emerging Trends in Assessment of Trauma in Students with Autism Spectrum Disorder

Children and adolescents with autism have a higher likelihood of being exposed to bullying, abuse, and sexual assault which, through repeated exposure, has been demonstrated to impede academic, social, and physical functioning among this population. However, the complexity of unpacking the characteristics of autism and trauma can pose a challenge for school psychologists in using the most appropriate clinical method of intervention. This paper summarizes the co-occurrence of autism and trauma in an effort to better inform practitioners and recommends the need for valid and reliable assessments that measure adverse experiences for children with autism. A practitioner assessment guide of childhood trauma and autism spectrum disorder is also provided to facilitate a comprehensive assessment process. We conclude that there is a pressing need for more research examining the relationship between autism and trauma by better understanding the relationship of these constructs, and for the development of more effective assessments to provide more evidence-based interventions.

Michna, G. A., Trudel, S. M., Bray, M. A., Reinhardt, J., Dirsmith, J., Theodore, L., ... & Gilbert, M. L. (2022). Best practices and emerging trends in assessment of trauma in students with autism spectrum disorder. Psychology in the Schools. [retrieved 10/03/2022]: https://onlinelibrary.wiley.com/doi/abs/10.1002/pits.22769

Woods-Jaeger, B. A., Hampton-Anderson, J., Christensen, K., Miller, T., O'Connor, P., & Berkley-Patton, J.

School-Based Racial Microaggressions: A Barrier to Resilience among African American Adolescents Exposed to Trauma

Objective: African American adolescents experience disproportionate rates of adverse childhood experiences (ACEs), which heightens their risk for negative social, behavioral, and health outcomes. Schools may be a source of support for adolescents exposed to ACEs; however, for many African American adolescents, schools are a source of additional stress due to experiences of racial/ethnic microaggressions. The current study examined the relationship between ACEs, school-based racial/ethnic microaggressions, and resilience after violence exposure in African American adolescents. Method: Participants included 189 African American adolescents with an average age of 15.15 (SD = 1.27, range = 13–18). Fifty-one percent identified as female. Participants reported an average ACE score of 5.81 (SD = 3.63). Moderation analyses were conducted using the three subscales of the School-based Racial and Ethnic Microaggression Scale (academic inferiority, expectations of aggression, and stereotypical misrepresentations; Keels et al., 2017).

Results: ACEs were negatively related to resilience after violence exposure in all three microaggression models. The microaggressions subscales academic inferiority (b = −.05, t(183) = −2.05, p = .04) and stereotypical misrepresentations (b = −.08, t(183) = −2.04, p = .04) significantly moderated the relationship between ACEs and resilience after violence exposure, such that the inverse relationship between these two variables was stronger at higher levels of endorsed microaggressive experiences measured with these two subscales. The moderation model was not significant for the expectations of aggression subscale.

Conclusions: Findings suggest that school-based racial/ethnic microaggressions negatively impact resilience after violence exposure among African American adolescents exposed to multiple ACEs.

Woods-Jaeger, B. A., Hampton-Anderson, J., Christensen, K., Miller, T., O'Connor, P., & Berkley-Patton, J. (2022). School-based racial microaggressions: A barrier to resilience among African American adolescents exposed to trauma. Psychological trauma: theory, research, practice, and policy, 14(S1), S23. [retrieved 10/03/2022]: https://psycnet.apa.org/record/2021-71418-001

Conroy, J., & Perryman, K.

Treating Trauma with Child-Centered Play TherapyThrough the SECURE Lens of Polyvagal Theory

There is increasing literature on the consequences of adverse childhood experiences (ACEs). It is essential to utilize comprehensive treatment approaches for children to mitigate lasting effects. While child-centered play therapy (CCPT) has been established as an effective treatment for childhood trauma, the SECURE lens offers a potential neurobiologically informed understanding of why CCPT is so effective by means of the polyvagal theory. CCPT facilitates safety, engagement, coregulation, understanding of self, regulatory expansion, and exploration that are emphasized in polyvagal theory. This process expands emotional regulation, which is particularly helpful for children who have experienced trauma The SECURE lens offers clinicians a neurobiological understanding of how CCPT works to heal the wounds left by ACEs. A case example is provided to demonstrate the application of the lens. While SECURE lens is conceptually grounded in polyvagal theory, it also offers a potential path forward in directly measuring the physiological effects of CCPT for future research for more conclusive neurobiological implications of the healing process.

Conroy, J., & Perryman, K. (2022). Treating trauma with child-centered play therapy through the SECURE lens of polyvagal theory. International Journal of Play Therapy, 31(3), 143. [retrieved 10/03/2022]: https://psycnet.apa.org/record/2022-65989-002

Hoffmann, A., Benzano, D., Ornell, F., Kessler, F. H., von Diemen, L., & Schuch, J. B.

Childhood Trauma Subtypes May Influence the Pattern of Substance Use and Preferential Substance in Men with Alcohol and/or Crack-Cocaine Addiction

Objective: To compare the prevalence and subtypes of childhood maltreatment (CM) between individuals with and without substance use disorder (SUD) and investigate the influence of different traumas on the preferential use of substances and the severity of dependence.
Methods: The sample consisted of 1,040 men with SUD (alcohol users [n=315], crack-cocaine users [n=406], multiple-substance users [n=319]) and 201 controls. The Childhood Trauma Questionnaire (CTQ) and the Addiction Severity Index-6 (ASI-6) were used to assess CM and drug-use patterns.

Results: Individuals with SUD had a higher prevalence of CM than controls (63.4 vs. 28.1%, respectively). Exposure to physical trauma was associated with alcohol use disorder and severity of alcohol use. In contrast, emotional trauma was associated with use of multiple substances and severity of drug use in crack-cocaine users.

Conclusions: This study corroborates the association of CM with SUD susceptibility. Our results suggest that the type of CM may influence preferential substance use and addiction severity. In this sense, physical traumas are more associated with alcohol use, while emotional and sexual traumas favor use of multiple drugs, especially crack cocaine. These findings may help the development of tailored prevention and intervention strategies.

Hoffmann, A., Benzano, D., Ornell, F., Kessler, F. H., von Diemen, L., & Schuch, J. B. (2022). Childhood trauma subtypes may influence the pattern of substance use and preferential substance in men with alcohol and/or crack-cocaine addiction. Brazilian Journal of Psychiatry, 44, 416-419. [retrieved 10/03/2022]: https://www.scielo.br/j/rbp/a/k7h3nnxMV6wNGPmcwghYgKN/abstract/?lang=en

Woo, J. M., Parks, C. G., Hyde, E. E., Auer, P. L., Simanek, A. M., Konkel, R. H., ... & Meier, H. C.

Early Life Trauma and Adult Leukocyte Telomere Length

Background: Telomere length, a biomarker of cell division and cellular aging, has been associated with multiple chronic disease endpoints. Experienced trauma over the life course may contribute to telomere shortening via mechanisms of stress embodiment. However, it is unclear how patterns of co-occurring trauma during sensitive periods (e.g., early life) throughout the life course may influence telomere shortening. We examine the relationship between co-occurring early life trauma on adult telomere length and the extent to which adulthood trauma, socioeconomic position, and health and lifestyle factors may mediate this relationship.

Methods: We use data from a sample of participants in the Sister Study (N = 740, analytic sample: n = 602), a prospective cohort of U.S. self-identified females aged 35–74 years at enrollment (2003–2009) for whom leukocyte telomere length was measured in baseline blood samples. Participants reported their experience of 20 different types of trauma, from which we identified patterns of co-occurring early life trauma (before age 18) using latent class analysis. We estimated the direct and indirect effects of early life trauma on leukocyte telomere length using structural equation modeling, allowing for mediating adult pathways.

Results: Approximately 47 % of participants reported early life trauma. High early life trauma was associated with shorter telomere length compared to low early life trauma (B = −0.11; 95 % CI: −0.22, −0.004) after adjusting for age and childhood socioeconomic position. The inverse association between early life trauma and adult leukocyte telomere length was largely attributable to the direct effect of early life trauma on telomere length (B = −0.12; 95 %CI: −0.23, −0.01). Mediating indirect pathways via adult trauma, socioeconomic position, and health metrics did not substantively contribute to the overall association.
Conclusions: These findings highlight the role of patterns of co-occurring early life trauma on shortened telomere length independent of adult pathways.

Woo, J. M., Parks, C. G., Hyde, E. E., Auer, P. L., Simanek, A. M., Konkel, R. H., ... & Meier, H. C. (2022). Early life trauma and adult leucocyte telomere length. Psychoneuroendocrinology, 144, 105876. [retrieved 10/03/2022]: https://www.sciencedirect.com/science/article/abs/pii/S0306453022002177

Ihme, H., Olié, E., Courtet, P., El-Hage, W., Zendjidjian, X., Mazzola-Pomietto, P., ... & Belzeaux, R.

Childhood Trauma Increases Vulnerability to Attempt Suicide in Adulthood Through Avoidant Attachment

Background: Childhood trauma and affective disorders are known risk factors for adult suicidal behavior. Studies have shown a mediating effect of insecure attachment on the effect of childhood trauma and suicidal behavior but so far it is not clear whether this effect is related to an attachment dimension (anxiety, avoidance).

Aim: The present study sought to examine the mediating effect of attachment anxiety and avoidance on suicidal behavior.

Methods: We analyzed data on childhood trauma, attachment style, depression severity, presence of prior suicide attempts and current suicide ideationfrom 96 patients diagnosed with an affective disorder. Two mediation analyses were conducted to assess the effect of childhood trauma on 1) prior suicide attempts and 2) current suicidal ideation through its effect on attachment.

Results: We found that childhood trauma had a complete mediated effect on the presence of prior suicide attempts through its effect on avoidant attachment (a1b1 = 0.0120, 95%-CI [0.0031, 0.0276]). However, only emotional abuse had a direct influence on suicidal ideation ($c' = 0.0273$, $p < 0.01$) without any indirect effect of anxious or avoidant attachment.

Limitations: Variables were not assessed in a prospective way and sample size was small.

Conclusions: Our findings suggest that individuals with avoidant attachment and childhood trauma are likely to present a high suicide risk. Since avoidant attachment is associated with altered perceptions and eventual rejection of social support, we recommend to screen for attachment early and to engage patients in therapeutic approaches focusing on the client-therapist alliance.

Ihme, H., Olié, E., Courtet, P., El-Hage, W., Zendjidjian, X., Mazzola-Pomietto, P., ... & Belzeaux, R. (2022). Childhood trauma increases vulnerability to attempt suicide in adulthood through avoidant attachment. Comprehensive psychiatry, 117, 152333. [retrieved 10/03/2022]: https://www.sciencedirect.com/science/article/pii/S0010440X22000396

Lee, H. S., Kwon, A., & Lee, S. H.

Oxytocin Receptor Genes Moderate BDNF Epigenetic Methylation by Childhood Trauma

Objectives: Gene-Environment (G × E) interaction is of increasing importance in understanding the pathophysiology of posttraumatic stress disorder(PTSD). This study investigated the interaction effect of childhood traumatic experience and epigenetic methylation of brain-derived neurotrophic factor (BDNF) and a possible moderating effect of oxytocin receptor (OXTR) gene rs53576.

Methods: Ninety-nine patients with PTSD and 81 healthy controls (HCs) were recruited. Clinical assessments, including the childhood trauma questionnaire (CTQ) and posttraumatic stress disorder Checklist (PCL) were performed. BDNF methylation and OXTR genotyping (A vs. G allele) were conducted through blood sampling. A two-way multivariate analysis and a moderated regression analysis were conducted to investigate the moderating effect of the OXTR gene on the relationship between CTQ and BDNF methylation.

Results: As for the HC group, the interaction effect of the CTQ and OXTR genotype was significant on BDNF methylation, and the moderation model showed that CTQ and OXTR group are significant predictors of BDNF methylation. In the G-OXTR type, the high CTQ group showed a greater BDNF methylation level. As for the PTSD group, no interaction or moderation effects were found.

Limitations: The present study did not control the dosage, duration of medications, and different trauma types and the assessment of childhood trauma was based on self-report.

Conclusions: These results suggested that childhood traumatic experience showed a significant impact on BDNF methylation, and OXTR genes have a moderating effect on this epigenetic mechanism in people who have experienced the childhood traumatic episodes.

Lee, H. S., Kwon, A., & Lee, S. H. (2022). Oxytocin receptor genes moderate BDNF epigenetic methylation by childhood trauma. Journal of Affective Disorders, 306, 167-173. [retrieved 10/03/2022]: https://www.sciencedirect.com/science/article/abs/pii/S0165032722002592

Martin, B. R., & Wroblewski, R.

Inclusion of Acupuncture as an Adjunct Therapy in the Management of a Patient With Schizophrenia and Dissociative Identity Disorder: A Case Report

Objective: The purpose of this case report is to describe the inclusion of acupuncture in the management of a patient with schizophrenia and dissociative identity disorder (DID).
Clinical Features: A 68-year-old man presented with schizophrenia and DID, which had been diagnosed at age 25. The patient was currently under psychiatric care and prescribed antipsychotic medications and psychiatric counseling. His predominant symptoms were anxiety, paranoia, and irritability. In addition, 2 to 5 personas manifested over the years that he referred to as the "Others." A Brief Psychiatric Rating Scale was 81 out of 126 on his first visit.

Intervention and Outcome: Traditional Chinese medicine–style acupuncture was administered. Over the year, the severity of the patient's symptoms was reduced according to the Brief Psychiatric Rating Scale to 56 and was maintained between 55 and 61 for 6 months.

Conclusion: Acupuncture included as an adjunct therapy to antipsychotic medication and psychiatric counseling may have reduced the severity of symptoms associated with schizophrenia and DID for this patient.

Martin, B. R., & Wroblewski, R. (2022). Inclusion of Acupuncture as an Adjunct Therapy in the Management of a Patient With Schizophrenia and Dissociative Identity Disorder: A Case Report. Journal of Chiropractic Medicine. [retrieved 10/03/2022]: https://www.sciencedirect.com/science/article/abs/pii/S1556370722001110

Bækkelund, H., Ulvenes, P., Boon-Langelaan, S., & Arnevik, E. A.

Group Treatment for Complex Dissociative Disorders: A Randomized Clinical Trial

Background: Patients with complex dissociative disorders (CDD) report high levels of childhood-abuse experiences, clinical comorbidity, functional impairment, and treatment utilization. Although a few naturalistic studies indicate that these patients can benefit from psychotherapy, no randomized controlled trials have been reported with this patient-group. The current study evaluates a structured protocolled group treatment delivered in a naturalistic clinical setting to patients with CDD, as an add-on to individual treatment.

Methods: Fifty nine patients with CDD were randomized to 20 sessions of stabilizing group–treatment, conjoint with individual therapy, or individual therapy alone, in a delayed-treatment design. The treatment was based on the manual Coping with Trauma-Related Dissociation. The primary outcome was Global Assessment of Functioning (GAF), while secondary outcomes were PTSD and dissociative symptoms, general psychopathology, and interpersonal difficulties.

Results: Mixed effect models showed no condition x time interaction during the delayed treatment period, indicating no immediate differences between conditions in the primary outcome. Similar results were observed for secondary outcomes. Within-group effects were non-significant in both conditions from baseline to end of treatment, but significant improvements in psychosocial function, PTSD symptoms, and general psychopathology were observed over a 6-months follow-up period.

Conclusion: In the first randomized controlled trial for the treatment of complex dissociative disorders, stabilizing group treatment did not produce immediate superior outcomes. Treatment was shown to be associated with improvements in psychological functioning.

Bækkelund, H., Ulvenes, P., Boon-Langelaan, S., & Arnevik, E. A. (2022). Group treatment for complex dissociative disorders: a randomized clinical trial. BMC psychiatry, 22(1), 1-13. [retrieved 10/03/2022]:

https://link.springer.com/article/10.1186/s12888-022-03970-8

DATES FOR YOUR DIARY IN 2022/23

8th INTERNATIONAL ESTD CONGRESS IN COLLABORATION WITH AFTD
When attachment meets trauma: Disorganization and Dissociation from childhood to adulthood
Dates: 9 - 11 March 2023 - Brussels (DoubleTree Brussels Hotel)
Registration information: https://www.estd-aftd2023.brussels/English/page-6/

FREE ESTD WEBINAR ON DIAGNOSIS AND EVALUATION OF DISSOCIATION : THE SCID-D INTERVIEW: AN EVIDENCE-BASED APPROACH TO THE DIAGNOSIS AND THERAPEUTIC ASSESSMENT OF DISSOCIATION"
Dates: 28 November 2022, at 6:00 pm – 9:00pm (Paris time)
Presenters : Olivier Piedfort-Marin, PhD and Marlene Steinberg, M.D. –
More information : https://estd.org/content/scid-d-interview-evidence-based-approach-diagnosis-and-therapeutic-assessment-dissociation

ISSTD CONFERENCE 2023. AGAINST THE GRAIN. SHIFTING THE SOCIETAL DENIAL OF DISSOCIATION.
Dates: April 13-17, 2023. Louisville, US.
Presenters: Many
More information: https://annualconference.isst-d.org/

UNDERSTANDING & WORKING WITH COMPLEX TRAUMATIC DISSOCIATION
– AN ONLINE COURSE PROVIDING AN INTRODUCTION TO FOUNDATION LEVEL ESSENTIALS
Dates: Online
Presenters: Melanie Goodwin, Rémy Aquarone, Renée Marks & Sue Richardson
More information: https://estduk.org/onlinecourse-1/

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