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# ESTD NEWSLETTER

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

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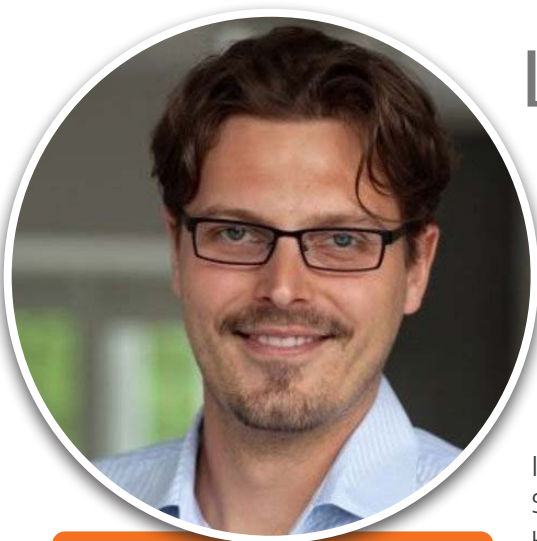
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# QUARTERLY QUOTE

Antonio Ortiz (architect)

## “ The principle of succession

You don't see everything immediately, but at every turn something more is revealed. I love the hidden. The idea that each spot is a new discovery."



Igor J. Pietkiewicz  
ESTD President

## LETTER FROM THE PRESIDENT

Dear Colleagues and Fellow Members of ESTD,

The spring of 2023 is marked by some organisational changes and new developments in our Society, which after three years of hardships and losses associated with the spread of Covid-19 and geopolitical changes, may bring some hope for a better future.

In February 2023, we welcomed a new board member, Dr. Jan Gysi from Switzerland, who will support us in carrying out the mission of the ESTD. His diagnostic and training experience will be helpful in implementing the development policy adopted by the Board.

In March, our society members and the board also had the opportunity to meet live at the 8th International ESTD Congress in Brussels. It was a long-anticipated event following the 2021 conference that was cancelled due to the pandemic. The congress was co-organized with the Association Francophone du Trauma et de la Dissociation (AFTD) and gathered around 750 participants from different countries. This was also the first hybrid conference in the history of our Society, meaning that people who were unable to come to Brussels, could still participate in this event online. You can read the reviews of this event in the newsletter.

Online and on-site participation will also be possible for the 9th International ESTD Congress, 10-12 October 2024, in Katowice (Poland). The event will focus on the assessment of complex trauma and dissociation, diagnostic dilemmas, treatment planning and therapeutic interventions, as well as new approaches to therapy of complex trauma. Please, save the date and read more about the event: [www.estd2024.com](http://www.estd2024.com)

Acknowledging the need for healthcare professionals to develop skills in recognizing post-traumatic symptoms and diagnosing dissociative disorders, and after many years of preparation, we are launching Certification in the Clinical Assessment of Trauma-related Disorders - a framework for training in clinical assessment accredited by ESTD, and procedures for verifying applicants' knowledge and skills. Our society members who will be awarded the ESTD Certificate will be listed on the website. You can read more about this programme in this issue of the newsletter

Since proper clinical assessment is the basis for adequately planning treatment, assessing potential difficulties and prognoses, the development of knowledge in this area was supported by webinars organised by the ESTD last year, during which invited experts shared their knowledge and experience. I am pleased to inform you that recordings of these webinars have just been made available free of charge to ESTD members.

Finally, I would like to draw your attention to an article written by the ESTD Board's Assistant, Barbara Puchalska, who shares a few hints on how to protect yourself against email scam. It was created in response to ongoing attempts to send fake emails from allegedly board members. This situation happens everywhere and requires that we understand some basic rules associated with using the Internet and mailing software. Details can be found in the newsletter.

Igor J. Pietkiewicz  
President, ESTD



# NEWS

## Cyber-attacks

Please beware that the ESTD board has often been the target of cyber-attacks.

It means that some people set up fake accounts under the name of a board member and send out messages, pretending to be that person. Their intent is to trick others, make them respond to their message and share private information or resources.

Such illegal actions happen in all organisations so we have prepared some tips for you - how to recognise a scam and protect yourself from it.



Please see the new section on our website: [Notifications](#) and first article: [Fake emails - how to protect yourself against scam](#)

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## Winner of the 2022 Gradiva® Award for Best Edited Book

We are delighted to announce that Orit Badouk Epstein's seminal edited book *Shame Matters: Attachment and Relational Perspectives for Psychotherapists* (The Bowlby Centre Monograph Series, 2021) has been awarded the 2022 Gradiva Award.

Orit is a former editor of the ESTD newsletter and an attachment-based psychoanalytic psychotherapist, supervisor, teacher and member of The Bowlby Centre, London. She is also the editor of *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis* and co-edited *Terror Within and Without. Attachment and Disintegration: Clinical Work on the Edge* (Routledge, 2013). She brings together a key group of international thinkers - Elizabeth Howell, Colwyn Trevarthan, Ulrich Schultz-Venrath, Adriano Schimmenti, Elaine Arnold, Aileen Alleyne, Richard Chefetz, and her own significant contribution.

The impact of racism and socio-economic factors on development and experience of shame are discussed and illustrated with clinical narratives.

Drawing upon the experience of infant researchers, trauma experts and therapists using somatic interventions, *Shame Matters* explores and develops understanding of the shameful deflations encountered in the consulting room and describes how new and empowered ways of relating can be nurtured.



Orit Badouk Epstein

# SAVE THE DATE! 9th International ESTD Congress

## October 10th - 12th, 2023, Katowice, Poland.

We are happy to announce the 9th International ESTD Congress, which will be held on October 10th-12th, 2023 in Katowice, Poland. The title of the congress is: From diagnosis to treatment: Recognising complex trauma and dissociation. Therefore, we will focus on the assessment of complex trauma and dissociation, diagnostic dilemmas, treatment planning and therapeutic interventions, as well as new approaches to therapy of complex trauma. Apart from interesting workshops and keynote presentations, we welcome papers

and posters from participants who wish to present their research or clinical case descriptions. Panel sessions for emerging researchers and healthcare professionals are also included in the programme.

The Congress will be organised in a hybrid form, which means that you can participate on site or virtually, via an online platform. Congress website:

[www.estd2024.com](http://www.estd2024.com)



## Certification in the Clinical Assessment of Trauma-related Disorders

ESTD aims at promoting knowledge about trauma-related disorders, specifically dissociative disorders. This is problematic when clinicians are unable to diagnose these disorders properly.

Therefore, developing skills in differential diagnosis is paramount and requires special attention in ESTD policy. This can be achieved by creating a framework for a training in the clinical assessment accredited by ESTD and procedures for verifying applicants' knowledge and skills.

Below are the criteria for candidates applying for a Certificate in the Clinical Assessment of trauma-related disorders in adults (ESTD Certificate). The certificate can be obtained by healthcare professionals (psychiatrists, psychologists and psychotherapists) who have received appropriate training, had clinical experience, and are eligible to perform clinical assessment according to professional regulations in their countries. We assume that candidates have baseline clinical

experience in consulting patients with a wide spectrum of psychiatric disorders.

Note: The ESTD Certificate per se does not qualify individuals to perform clinical assessment (which may be regulated in different countries by specific laws) but attests they have completed specialised training in the assessment of trauma-related conditions, including clinical supervision, and have successfully passed a knowledge test.

Active ESTD members with the ESTD Certificate, if they wish so, will be listed on the ESTD page. People who become inactive members for more than three years will need to re-apply for the certificate and participate in the examination again.

The processing of applications is handled by the Certification Committee. This committee may award clinical mentors with the ESTD Certificate upon their request. The Ethical Committee is responsible for handling potential complaints about the certification programme or ESTD Certificate holders. In justified situations, after careful consideration, ESTD has the right to take the ESTD Certificate holders off the list. However, complaints about misbehaviour or errors in clinical practice should also be reported to the local professional organisations where mental health providers are affiliated.

For more information please visit: <https://estd.org/>

## Obituary Professor Anton Dosen

1940-2023

By Valerie Sinason

We are sad to announce the death of a leading figure in the field of intellectual disability in Europe. Anton Dosen, who died at the age of 83 on Tuesday January 10th, 2023, had been struggling with an auto-immune disease for several years, but unexpectedly died due to a change in medication, Covid and thrombosis, which he himself diagnosed.

Whilst he was not a key figure in the field of trauma and dissociation, his passionate advocacy for humane conditions and treatment for children and adults with intellectual disability made him a major enabler of European Intellectual Disability trauma work.

A deeply inspiring and loved speaker and trainer throughout Europe on diagnosis and treatment of problem behaviour and psychiatric disorders in people with intellectual disability, he was Emeritus Professor of Intellectual Disability at the Radboud University, Nijmegen, the Netherlands and worked in the field for almost 40 years. He served 10 years as the Chairman of the Section Mental Retardation, World Psychiatric Association, and was the founder of The European Association for Mental Health in Mental Retardation (EAMHMR, currently EAMHID) of which he was the current honorary president.

Professor Dosen was the author of approximately 200 professional publications and numerous books on mental health problems in persons with developmental disorders like intellectual disability and autism. He has acted as expert in different national and international projects and was a member of advisory and editorial boards of different professional national and international journals.

In his work, he emphasised the developmental perspective and integrative approach in the assessment, diagnostics and treatment of psychiatric illness and behaviour problems among individuals with intellectual disability and autism. His method of applying the developmental perspective and integrative approach is widely used in the practice of professionals in the Netherlands and Belgium as well as in other countries.

I had the pleasure of meeting him first in 1990 in the Netherlands when he invited Baroness Professor Sheila Hollins and I to give plenary talks on grief, loss and individual and group psychotherapy for people with Intellectual Disability. Speaking about therapy and disability at that time was controversial in psychiatric circles and I was very nervous. Professor Dosen warmly greeted me and encouraged me saying how important the new interest in therapy and disability was. To have non-medical psychotherapists give plenary talks on intellectual disability was extremely rare then.

It is hard to realise that in 1990 in the USA electric cattle prods were used on people with an intellectual disability in response to self-injurious behaviour. The emphasis in much of Europe was on punishment for "bad behaviour" rather than understanding trauma. Indeed, treatment all around the world in that time was in itself creating trauma. In the seminal proceedings of that Conference, Professor Dosen typically included all kinds of treatment and a range of speakers from Germany, Netherlands, Canada, USA, U.K., Switzerland, Italy, Belgium and France. He was a warm encouraging man who spoke relationally about his patients and our shared subject and wanted to bring the multidisciplinary team together nationally and internationally.

Dosen, A., van Genneep, A  
& Zwanikken, G.J. (1990) *Treatment of Mental Illness and Behavioural Disorder in the Mentally Disordered, Proceedings of the International Congress May 3-4 1990, Amsterdam, The Netherlands*. Logon Publications.



Photo: Marcel Strauss

# ***A NEW WINDOW OF OPPORTUNITY? MDMA FOR THE TREATMENT OF TRAUMA***

By: Gerardo Flórez

Post Traumatic Stress Disorder (PTSD) has a double relationship with trauma, it is triggered by a traumatising event, and it is influenced by a history of trauma. Hyperarousal, hypervigilance and dissociation are core features of PTSD and have to be treated vigorously so that patients improve (Ressler et al., 2022).

The options for treatment of PTSD have been known for quite a long time. Serotonergic pharmacological

treatments such as Serotonin Reuptake Inhibitors (SSRIs) or Venlafaxine have demonstrated their efficacy. Other pharmacological treatments, such as Quetiapine, Risperidone, and Prazosin, have also shown some utility (Hoskins et al., 2021; Williams, Phillips, Stein, & Ipser, 2022). On the other hand, psychotherapeutic interventions such as Eye Movement Desensitisation and Reprocessing (EMDR) or Cognitive Behavioral therapies (especially those focused on trauma) are the first choice treatments (Bisson, Roberts, Andrew,

Cooper, & Lewis, 2013; Kowalski, Elzanowski, & Sliwerski, 2023). It is recommended to focus treatment on psychotherapeutic interventions with pharmacological support (Bisson et al., 2013; Hoskins et al., 2021; Kowalski et al., 2023; Williams et al., 2022). Unfortunately, the pharmacological offer is scarce, of low or moderate potency, and does not act synergistically with psychotherapy (Hoskins et al., 2021; Williams et al., 2022). In fact, if benzodiazepines are added chronically to the treatment, the synergy will be negative (Hoskins et al., 2021; Williams et al., 2022).

There is growing evidence that a new, or maybe not so new, pharmacological agent can close that gap between psychotherapy and pharmacological treatments for PTSD. 3,4-methylenedioxymethamphetamine (MDMA), patented in 1914 by Merck as an hemostatic drug, and a well known "recreational substance" might be the solution. The non profit Multidisciplinary Association for Psychedelic Studies (MAPS) has sponsored six successful Phase II clinical trials. Thanks to these promising studies, the U.S Food and Drug Administration (FDA) granted, in 2016, Breakthrough Therapy designation to MDMA assisted therapy for PTSD (Mithoefer et al., 2019). Since then, Phase III clinical trials are being conducted with positive results for both efficacy and safety (Mitchell et al., 2021). In short, the approval of MDMA for clinical use as a treatment for PTSD may be very close. But before analyzing these studies in more detail, we are going to describe the effects of MDMA and how these effects can explain the therapeutic efficacy of this psychoactive substance.

### MDMA Effects

Taken orally, the effects are usually experienced after 60 minutes, with peak effects after 120 minutes. The total duration is, on average, 3 to 6 hours (Morgan, 2020).

MDMA It is not a hallucinogenic substance, therefore more than a "psychedelic" it is an "empathogen" (it increases empathy for self and others) and an "entactogen" (it increases self-awareness) (Krystal,

Kelmendi, & Petrakis, 2021). This is a good starting point to explain the therapeutic effects of MDMA for patients with PTSD. However it must be remembered, especially in patients with severe PTSD and at the beginning of treatment, that MDMA can cause acute anxiety and a feeling of loss of control. Therapists have to be aware of these symptoms in order to control and overcome them (Krystal et al., 2021).

To generate these subjective effects, MDMA produces the following changes in brain neurotransmission: an increase of the release and an inhibition of the reuptake of dopamine, norepinephrine, and especially serotonin. It also increases oxytocin and vasopressin activity (Sottile & Vida, 2022) and increases the brain-derived neurotrophic factor (BDNF) availability in the fear memory learning pathways (Sottile & Vida, 2022). These changes in neurotransmission trigger a decrease in neuronal activity in the amygdala and hippocampus together with an increase in activity in the prefrontal cortex. It also produces a longer-term effect by modifying brain connectivity between different areas, which would allow exploring and integrating new perspectives and explanations about traumatic events of the past (Krystal et al., 2021). All these changes in brain activity come without sedation, and they would explain why, during MDMA – assisted therapy, patients can process traumatic memories without activating defenses against fear or panic. It expands the "Window of Tolerance" (Krystal et al., 2021).

MDMA also produces an increase of heart rate and blood pressure. This must be taken into account, especially in patients with cardiovascular diseases (Sessa, Higbed, & Nutt, 2019).

No neurotoxicity was detected during the trials (Sessa et al., 2019).

Most common side effects, generally self-limited, include headache, fatigue, anxiety, lack of appetite, nausea, dizziness and tight jaw. No deaths or severely harmful events were detected during the trials. Cases of serious toxicity connected with recreational

use were caused by extreme dosing, drug cutting or hazardous settings (Latimer et al., 2021).

### Clinical Trials and Psychotherapy

As previously mentioned, six successful Phase II clinical trials were conducted by MAPS (Feduccia et al., 2019). Participants were randomized into the following groups: active dose of MDMA, inactive placebo / low dose of MDMA. Before the experimental sessions participants had three ninety minutes preparatory sessions. After those preparatory sessions they received two eight hour therapy sessions one month apart. In between MDMA / placebo sessions participants received 90 minutes integration sessions. MDMA or placebo were only taken between the two hour therapy sessions. One month after the second therapy session, outcome measures were evaluated by an independent rater (Mithoefer et al., 2019).

This treatment protocol may seem very brief, however studies indicate that the positive effects of the intervention persist 12 months after finishing it (Jerome et al., 2020).

This research methodology has been successfully translated into Phase III studies. MDMA assisted therapy for PTSD is highly efficacious and treatment is safe and well-tolerated (Mitchell et al., 2021).

Therapy is conducted by two therapists in an aesthetically comfortable room with furniture that allows the patient to lie down or sit leaning against pillows - the participants can choose the way in which they feel more comfortable. Patients are also allowed to listen to music with eye shades and headphones (Mithoefer et al., 2019).


All this procedure ensures that the therapeutic effect is not only due to MDMA psychoactive effects, rather, it comes from the synergy of those effects, the setting, and the psychotherapeutic work. All these ingredients create a situation where positive emotions and empathy overcome fear and avoidance, allowing traumatic experiences to be processed without blocks or dissociation (Wagner et al., 2017).

The entire therapeutic method is thoroughly described in the MAPS MDMA-Assisted Psychotherapy Training Manual (<https://maps.org/research-archive/mdma/MDMA-Assisted-Psychotherapy-Treatment-Manual-Version7-19Aug15-FINAL.pdf>).

Cost-effectiveness of MDMA-assisted psychotherapy for the treatment of chronic, treatment-resistant PTSD has also been assessed. Results indicate that this therapeutic approach is cost-saving (Marseille, Kahn, Yazar-Klosinski, & Doblin, 2020).

### MDMA Risk of Abuse / Addiction

As MDMA is a substance that has been used in a recreational way, there is the concern that it can be abused or used in a harmful way. Like other potent serotonergic agents, such as LSD or Psilocybin, the risk of addiction during recreational use has proven to be low. Certainly lower than that of approved medications, such as Benzodiazepines or Opioid Painkillers (Nutt, 2021). It's important to remember that these substances are not taken on a daily basis and that their capacity to generate tolerance and withdrawal is low (Nutt, 2021). Besides, during MDMA assisted therapy the patient takes the substance in a specialized clinical setting twice a month; administered under direct observation by trained health staff. The patient never takes MDMA out of the clinic. Under these circumstances the risk of abuse, diversion or overdose is nonexistent (Feduccia et al., 2019).

In conclusion, MDMA assisted therapy shows promising results as an effective and safe treatment for PTSD patients, especially for those who have not been able to resolve their resulting problems through existing treatment options (Morgan, 2020). and what is, perhaps, more significant, is that it does so in a way that bridges the gap between psychotherapy and psychopharmacology (Mithoefer et al., 2019). 

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Book review by Dr George Halasz

## Shame, Pride, and Relational Trauma: Concepts and Psychotherapy.

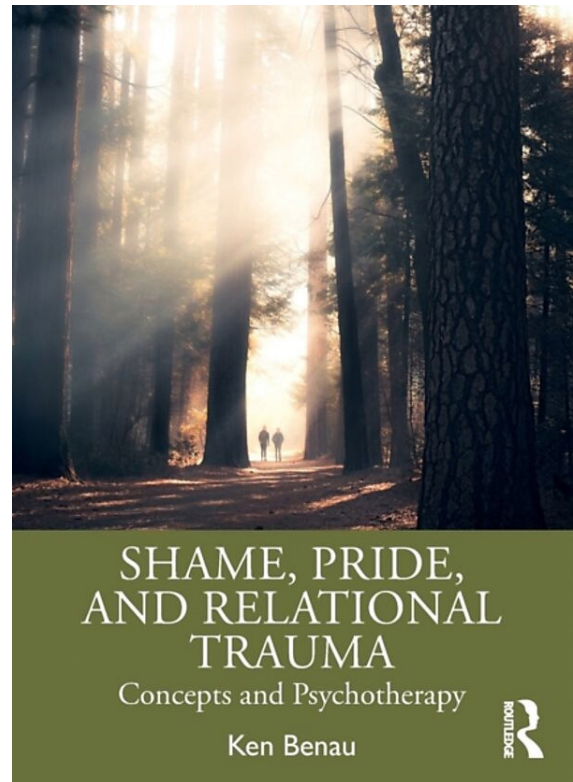
by Ken Benau (2022)

When we do science, we are pantheists;  
when we do poetry, we are polytheists;  
when we moralize, we are monotheists.

- Goethe, Maxims and Reflections

Martin Dorahy's excellent Foreword articulates Dr Ken Benau's term "pro-being pride" ... (as) an enduring mind/body state rather than emotional process, is integral to transformative psychotherapy and a core, unique contribution of Benau's work and this book. It reflects the ability of a person to feel joy and to celebrate being themselves, in their own skin, in the presence of another, who experiences joy and celebrates who they are.' (p. xi).

A further key to understanding Benau's complex argument in his first book (one hopes others will follow soon) is the nuanced relationship between Allan Schore's (2001) concept 'relational trauma' (RT), and Benau's analysis of shame, pride, both adaptive and maladaptive, and 'pro-being pride.' 'For being and relating to flourish following RT, the roots of traumatic, shame and pride states must be unearthed, processed, and transformed' (p. 2) as the universal experience of 'pro-being pride' - 'a birthright taking nascent form in utero'... as 'an intersubjective and intrasubjective experience'... 'is discovered in the smallest, idiosyncratic ways a patient turns their head, in their unique, often



private interests and capacities that survive unspeakable maltreatment, and especially in moments of genuine aliveness within the patient therapist and between the dyad'...'Pro-being pride in patient and therapist transcends and is also the most powerful antidote for traumatic shame and pride, the inescapable legacy of RT. (e-book, p,2-3)

Benau languages elusive wordless experiences encountered with his patients. Some 'are composite of several patients or my own imagined creations' (p 10). To clarify, in fact all quotes, clinical vignettes, and patients 'Harold' (Chapter 5) and 'Isaac' (Chapters 3, 6, and 7) are based on real people, most are individuals not composites (personal communication).

Benau's argument in Shame, Pride, and Relational Trauma reminded me of John Bowlby's (1979) focus on the concept of knowing what we are not supposed to know. Bowlby opined that much psychopathology is based on children 'knowing

what they are not supposed to know and feeling what they are not supposed to feel'. He claimed that 'impressions, scenes, and experiences' of childhood, having, apparently, been forgotten yet continue to influence thought, feeling and action' (p 403). Benau's approach to shame and pride seems to meet Bowlby's criteria for the partially unknown.

Bowlby drew on the concepts of cognitive psychology to explain both the 'nature of the material shut away and the causes of its being so', drawing attention to the 'role that a child's parents play, wittingly or unwittingly. Children not infrequently observe scenes their parents would prefer they did not observe; they form impressions their parents would prefer they did not form; and they have experiences their parents would like to believe they have not had.' (p 403).

Benau has opened up the 'material shut away and (some of) the causes of its being so', namely, shame and pride. He displays a remarkable range of knowledge of infant development and clinical interventions, advances in neuroscience, and some philosophical positions on and speculations about shame and pride, from Spinoza to modern times. Constantly acknowledging the complexity of the transcendent state of pro-being pride, he justifies the need for the term to fill the gap in our understanding of the dynamics in relational trauma, shame, pride and dissociation.

Turning to Allan Schore's term 'relational trauma' (RT) Benau quotes Schore (2001):

'Instead of modulating [the infant's neurophysiological arousal], she [the caregiver] induces extreme levels of stimulation and arousal, either too high in abuse or too low in neglect, and because she provides no interactive repair, the infant's intense negative emotional states last for long periods of time.' (Schore, p. 205)

Benau's 'transtheoretical' stance is 'not wed to one therapy modality' (p 6), rather he explores the

links between shame/pride and Schore's 'relational trauma'.

Earlier, Schore (1994) in his groundbreaking volume 'Affect Regulation and the Origin of the Self' discussed the role of 'small doses of shame in the socialization process of the infant... embarrassment (a component of shame) is completely absent before 12 months and is first observed at 14 months...face-to-face encounters that at one time elicited only joy become the principal context for shame experiences.' (201-202). Research by Trevarthen (2005), as Benau noted, has advanced that the earliest form of shame and pride occurs in the first year of life.

Schore (2001) underpinned his emerging paradigm for 'relational trauma' as a complex network of interacting regulation sub-systems between: 'the effects of traumatic attachment experiences on the maturation of brain regulatory systems, the neurobiology of relational trauma, the neuropsychology of a disorganised/disoriented attachment pattern, the inhibitory effects of early trauma on the development of control systems involved in affect regulation, the links between early relational trauma and a predisposition to posttraumatic stress disorder, a neurobiological model of dissociation, and implications for early intervention.' (p. 204)

Schore, like Benau, also focused on the role of shame, its emergence in the origin of self, as developmental and relational regulator, and in toxic doses, a locus of pathogenesis.

In my clinical experience I regard the experience of overwhelming, toxic shame, both in my patient and/or myself, during moments vicarious trauma, as a locus minoris resistencia (Imr).

In medical school I learnt that the term applied to a point in the body which offered 'least resistance' to injury or infection. In other words Imr represents a site of maximum vulnerability to the stresses that

lead to disease processes, precisely due to the reduced resistance. In the context of Benau's concept of 'pro-being pride' I regard extreme adverse events, from the time of pregnancy to later peri- and post-partum infant-mother and later childhood adversities as critical 'at-risk' moments and/or processes, especially if they lead to relational traumatic ruptures. Such rupturing experiences, left unattended, pose risk factors for the emergence of Imr. In passing, this concept is present in the myth of Achilles.

In his first two chapters Benau introduces shame, pride, 'pro-being pride' and relational trauma and why they matter in psychotherapy. From observable behaviours, he differentiates the subjective experiences of shame, guilt, humiliation, and pride. He offers a reductionist, but not simplistic, differentiation between subtypes: 'macro'/'micro' 'experience-distant/near', 'state/process', all important for therapists to know in order to survive the turmoil of clinical encounters with mind/body states induced by shame and dissociation.

Chapter 3 delves deeper into the complex psychodynamic interplay between shame, pride, as emotions and as mind/body states. Benau introduces two further concepts - mind/body 'leave taking' (LT) and the distinction between dissociation as process and structural dissociation (SD). While one must be impressed by Benau's mastery of the art of psychotherapy informed by SD and shame's subtypes, pride/pro-being pride, I confess I struggled to translate his concepts into my pre-existing therapeutic framework and clinical experiences.

My challenge was to step outside my familiar theoretical frames of reference to follow Benau's transtheoretical stance built on 15 attitudes, principles and concepts outlined in chapter 4. I wondered how Benau came to develop his 'meta' approach to theory and practice as an alternative to Schore's concept of relational trauma being integral in the wider regulatory neural/attachment networks, mentioned earlier. Chapters 5, 6, 7 presuppose a thorough working knowledge of chapter four's 15 attitudes. To that end, Benau generously and skillfully enjoins the previous

chapters into his transtheoretical integrative model, informed by the established publications of Nathanson, Fisher and Karpman. The reader is now prepared to fully appreciate Benau's creativity: to navigate the inevitable disruptions and ruptures faced in the fraught therapy with 'Isaac'.

In chapter six Benau offers a compelling new meaning to a clinical three-dimensional perspective: first, the transcript of the patient's journey from the tragic and traumatic shame state, through authentic pride to pro-being pride state. Benau offers most valuable insights and reflections; second, highlights from a detailed conversation between Benau and Dr Frank Corrigan, a respected expert in the field of the neuroscience of relational trauma therapy; finally, and perhaps the ultimate 'message' of the book, the third perspective suggested the 'greater observational specificity, particularly of somatic experience accompanying (i.e., limbic) and preceding emotional awareness (i.e., midbrain), therapeutic applications of neuroscientific findings when working with shame states are many. Avenues for healing shame states and enhancing states of pro-being pride will likely increase as neuroscientific understanding expands.' (p207).

A close reading of Benau's final chapter is filled with original and creative ideas, some which I found very confronting. I realise it's all very fundamental stuff and each reader will be challenged to reflect, compare and contrast how their own value systems may regulate personal and individual approaches, leading to applying different principles to the psychotherapy of shame, pride and relational trauma on the paths to 'integration' and 'oneness'.

To conclude, my generational turn leads me from father to son, to Sir Richard Bolwby (2012), who commented on Schore's work in the following manner: 'There is now a broad understanding within society that early childhood experiences have a physical impact on the developing brain. This general acceptance fundamentally changes attitudes to the vital importance of the early years, an acceptance that attachment theory alone has struggled to archive. The

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weight that the “hard science” of neurobiology has added to the “soft science” of psychology has lifted attachment theory to a new level.’

‘All human achievement is built on the shoulders of giants, and just as John Bowlby and Allan Schore have stood on giant’s shoulders, so future generations of scientists will in turn be standing on their shoulders.’ (p. ix).

Benau’s book is a significant contribution to the field of psychotherapy. His original ideas renew and extend our conceptual horizons, at the vanishing point of the complex relationships and regulations of shame, pride, and relational trauma. Benau’s perspective and new concepts, especially ‘pro-being pride’, should stimulate much discussion and debate. After all, as Sir Richard reminded us, our generation stands on the shoulders of giants. 🌈

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[Schore, A. N. \(1994\)](#). *Affect Regulation and the Origin of the Self*. Hillsdale: Lawrence Erlbaum.

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[Trevarthen, C. \(2005\)](#). Stepping Away from the Mirror: Pride and Shame in Adventures of Companionship: Reflections on the Nature and Emotional Needs of Infant Intersubjectivity. In C. S. Carter, L. Ahnert, K. E. Grossman, S. B. Hrdy, S. W. Lamb, S. Porges, & N. Sachser, Eds., Cambridge, MA: MIT Press. dissociation does not only belong to child abuse and neglect but also to those traumatised in other ways.

Film review by Valerie Sinason

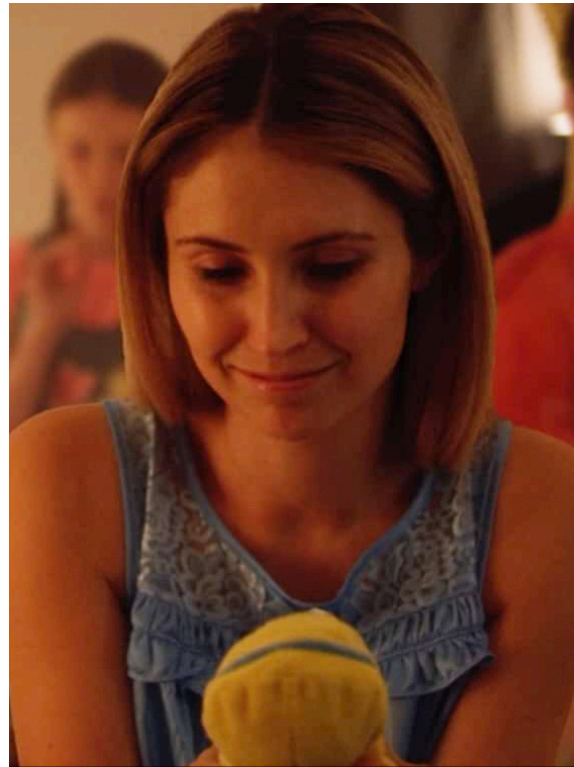
## Petals of a Rose (2022)

by Dylan and Holly Crumpler

[www.dylancrumpler.com/petals-of-a-rose](http://www.dylancrumpler.com/petals-of-a-rose)

In 2004, work in the field of DID in the UK was aided by a brilliant film commissioned by the BBC, May 33rd. Made by award-winning film-maker Guy Hibbert and BAFTA short-listed Lia Williams, it explored a narrative of DID through a relationship between the system in a young woman and her visits to the osteopath. Hibbert wanted the audience to watch without preconceptions so when different alters/parts appeared we would initially have no understanding and then slowly would be able to put the jigsaw together. The film received superb reviews - even in newspapers that would otherwise not have given credence to DID. The Clinic for Dissociative Studies, which I was then Founder Director of, had been part of the inspiration for the film and subsequently used it in all their trainings. May 33rd helped the trauma field and the wider public understand that the condition was a creative and courageous defence against the memory of trauma. In so doing it made a stand against the powerful American films in which the person with DID, usually a male, was a murderer.

A lot has happened in our field in the two decades since. We have seen survivors voicing their own narratives and the growth of what we now call Experts by Lived Experience. In the UK, First Person Plural, under the careful stewardship of Kathryn Livingston and Melanie Goodwin, was



launched in 1997 and developed rigorous training events linked to Remy Aquerone, Sue Richardson, ESTD and, particularly, ESTD UK. As this grew, they used aspects of their own histories very carefully to aid educational understanding. In 2018 Kathryn Livingston received a British Empire Medal for services to people with dissociative identity disorder, the first such recognition. They have recently announced the dissolution of First Person Plural which will close at the end of July 2023. They leave the DID world in a far stronger position thanks to all the survivors and professionals they have aided. Books such as "Today I'm Alice" by Alice Jamieson (2009 Sidgwick & Jackson) emerged and "All of me", by Kim Noble, (2011, Piatkus), together with her art, added to the cultural input.

So, what is the missing gap in our field now? Only taking 15 minutes to provide an inspiring education, and relevant to our world of fast social media, a remarkable short film has appeared. Called Petals of a Rose it is made by film-maker Dylan Crumpler

and his mother Holly, who has DID.

A beautiful young woman, Rose, is preparing for an important Valentine's Day date with the man she loves, Jeremy, and is intending to tell him about her DID. We see her shopping, cooking, tidying, dressing. As she goes about these daily tasks, she transforms before our eyes into different characters. The art of the film-making is in showing how the different parts (the "petals of Rose") perceive themselves. It is the film-maker's gift to allow us to see this as "ordinary". More importantly, our heroine speaks to all her alters preparing them for the evening. She not only knows them all, she cares about them all and knows they have kept her alive through their creativity and courage. She sees them all as heroes and heroines. We witness how her loving and grateful response relaxes the whole system so people can go "back" inside leaving her to meet her date and face her own fears. Just the way she speaks to her alters is moving to hear and educational.

A loving sexual relationship with someone with DID is not straightforward, and this film does not shirk at warning of the sensitivities involved. What is remarkable, is the way the film tackles difficult issues while maintaining a "Hollywood" mood.

In this way, the film brilliantly uses Hollywood conventions of attractiveness and beauty in voice, heart and body against its usual sentimental or melodramatic loading. The film is not only a gem, but it also comes with a mother and son willing and eager to be resources and answer questions. They have been shocked and moved by the universal plaudits their shared gift has received, and especially from the DID community. I was particularly aware of the generous offering of hope and love that permeates this film and emailed Holly Crumpler.

Holly responded, "Your words about the film really touched my heart. Indeed, this is a film about Love. Dylan and I were very intentional about wanting

the film to inspire hope and empower people on their healing journey. We had a lot of conversations about how to have Jeremy respond when Rose shares she has DID. Not all people are open and supportive of someone who is struggling, but I have been fortunate to have a husband who is. Dylan pointed to that example, and we decided to show the potential for a loving partner in response to someone struggling with trauma and dissociation. The community has responded so positively to that decision".

Each DID system is different, each person is different, and each film or book or painting will illustrate something new as well as something shared. For some the image of petals of a rose provides a delicate and beautiful concept of parts. For others, who have been triggered by flowers in their abuse, the title might be frightening. For some the idea and meaning of Valentine's Day is frightening.

But what becomes clear in watching this free 15 minutes film is that it has been made by Experts from Loved Experience

And that is the best teaching of all. 🌈

# 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!

**Aydın, E. F., & Laçın, T. K.**

## A Case of Dissociative Identity Disorder and Attention Deficit Hyperactivity Disorder Comorbidity

Dissociative identity disorder (DID) is characterized by the existence of two or more distinct identities which involve changes in consciousness, emotion, memory, and behavior. It is associated with childhood traumatic experiences and other psychiatric disorders. Comorbidity in DID can lead to complex clinical presentations, poor treatment responses. Thus, it is crucial to identify patients with comorbidity and take them into the treatment plan.

**Objectives:** We aim to report a case of DID and Attention-Deficit/Hyperactivity Disorder (ADHD) comorbidity.

**Methods:** A case report is presented alongside a review of the relevant literature regarding “dissociative identity disorder” and “attention deficit hyperactivity disorder”.

**Results:** We describe the case of a 39-year-old woman with DID, onset at age 25, who had consistently responded poorly to long-term psychotherapy and pharmacological treatment. She presented with anxiety, distinct personality states, alterations in memory, consciousness and behavior problems in functioning, and high Dissociative Experiences Scale (DES) scores. Throughout the interviews, we noticed that she had limited attention, excess movements. After a detailed evaluation, diagnosis of ADHD is established, using the Diagnostic Interview for ADHD (DIVA) and ADHD Self-Reporting Scale (ASRS). Methylphenidate was prescribed in addition to previous medication. Improvement in the severity of both ADHD and DID symptoms was presented with lower scores in DES and ASRS after the introduction of methylphenidate with progressive dose adjusting till 60mg/day.

**Conclusions:** Although previous studies demonstrated ADHD symptoms are related to dissociation, there is no well-established strategy for this. We believe that this case report provides a better approach to the comorbidity of ADHD and DID.

Aydın, E. F., & Laçın, T. K. (2022). A case of dissociative identity disorder and attention deficit hyperactivity disorder comorbidity. *European Psychiatry*, 65(S1), S471-S471. [retrieved 05/03/2023]: <https://www.cambridge.org/core/journals/european-psychiatry/article/case-of-dissociative-identity-disorder-and-attention-deficit-hyperactivity-disorder-comorbidity/536BEABD747E9969A9E7D70248D17496>

**Dimitrova, L. I., Dean, S. L., Schlumpf, Y. R., Vissia, E. M., Nijenhuis, E. R., Chatzi, V., ... & Reinders, A. A.**  
**A Neurostructural Biomarker of Dissociative Amnesia: A Hippocampal Study in Dissociative Identity Disorder**

**Background:** Little is known about the neural correlates of dissociative amnesia, a transdiagnostic symptom mostly present in the dissociative disorders and core characteristic of dissociative identity disorder (DID). Given the vital role of the hippocampus in memory, a prime candidate for investigation is whether total and/or subfield hippocampal volume can serve as biological markers of dissociative amnesia. **Methods:** A total of 75 women, 32 with DID and 43 matched healthy controls (HC), underwent structural magnetic resonance imaging (MRI). Using Freesurfer (version 6.0), volumes were extracted for bilateral global hippocampus, cornu ammonis (CA) 1–4, the granule cell molecular layer of the dentate gyrus (GC-ML-DG), fimbria, hippocampal–amygdaloid transition area (HATA), parasubiculum, presubiculum and subiculum. Analyses of covariance showed volumetric differences between DID and HC. Partial correlations exhibited relationships between the three factors of the dissociative experience scale scores (dissociative amnesia, absorption, depersonalisation/derealisation) and traumatisation measures with hippocampal global and subfield volumes.

**Results:** Hippocampal volumes were found to be smaller in DID as compared with HC in bilateral global hippocampus and bilateral CA1, right CA4, right GC-ML-DG, and left presubiculum. Dissociative amnesia was the only dissociative symptom that correlated uniquely and significantly with reduced bilateral hippocampal CA1 subfield volumes. Regarding traumatisation, only emotional neglect correlated negatively with bilateral global hippocampus, bilateral CA1, CA4 and GC-ML-DG, and right CA3.

**Conclusion:** We propose decreased CA1 volume as a biomarker for dissociative amnesia. We also propose that traumatisation, specifically emotional neglect, is interlinked with dissociative amnesia in having a detrimental effect on hippocampal volume.

Dimitrova, L. I., Dean, S. L., Schlumpf, Y. R., Vissia, E. M., Nijenhuis, E. R., Chatzi, V., ... & Reinders, A. A. (2023). A neurostructural biomarker of dissociative amnesia: A hippocampal study in dissociative identity disorder. *Psychological Medicine*, 53(3), 805–813. [retrieved 05/03/2023]: <https://www.cambridge.org/core/journals/psychological-medicine/article/neurostructural-biomarker-of-dissociative-amnesia-a-hippocampal-study-in-dissociative-identity-disorder/B821C12C6A7CB7B4923E5865DCE22083>

**Barth, M. R., Brand, B. L., & Nester, M. S.**

**Distinguishing Clinical and Simulated Dissociative Identity Disorder Using the Miller Forensic Assessment of Symptoms Test**

**Background:** Individuals with dissociative identity disorder (DID) experience severe and broad-ranging symptoms which can be associated with elevations on measures designed to detect feigning and/or malingering. Research is needed to determine how to distinguish genuine DID from simulated DID on assessment measures and validity scales. **Objective:** This study examined whether the Miller Forensic Assessment of Symptoms Test (M-FAST), a screening measure of malingering, could differentiate between individuals with DID and DID simulators. **Method:** Thirty-five individuals with clinical, validated DID were compared to 88 individuals attempting to simulate DID on the M-FAST. A MANCOVA compared the two groups on total M-FAST score and subscales. Univariate ANCOVA's examined differences between the

groups. A series of logistic regressions were conducted to determine whether group status predicted the classification of malingering. Utility statistics evaluated how well the M-FAST discerned clinical and simulated DID. Results: The M-FAST correctly classified 82.9% of individuals with DID as not malingering when using the suggested cut-off score of six. However, utilizing a cut-off score of seven correctly classified 93.6% of all participants and maintained adequate sensitivity (.96) but demonstrated increased specificity (.89). Conclusions: The M-FAST shows promise in distinguishing genuine DID when the cut-off score is increased to seven. This study adds to the growing body of literature identifying tests that can adequately distinguish clinical from simulated DID.

Barth, M. R., Brand, B. L., & Nester, M. S. (2023). Distinguishing clinical and simulated dissociative identity disorder using the Miller Forensic Assessment of Symptoms Test. *Psychological Trauma: Theory, Research, Practice, and Policy*. [retrieved 05/03/2023]: <https://web.s.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&db=pdh&jrnl=19429681&asa=N&AN=2023-37929-001&h=Rp7OE3nsaGC1NGDS%2fRZXZhqNIGg3FOrKSO47NN4uKmK1N81qxshF83gOJ8pV835Mdddl3go7QVuRwt4UZS2ng%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrINotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26db%3dpdh%26jrnl%3d19429681%26asa%3dN%26AN%3d2023-37929-001>

**McDonald, K. P., Fisher, R., & Connolly, J.**

## Building a Specialized Model of Care for Youth Involved in Sex Trafficking in Child Welfare: A Systematic Review and Interviews with Experts-by-Experience

Background: Sex trafficking of youth involved in the child welfare system is a critical global issue; however, there are limited counter-trafficking programs designed to specifically meet the needs of this population. Objective: The present study aimed to identify components essential to building a model of care for youth involved in sex trafficking in child welfare. The specific goals of this investigation were to: 1) systematically review the literature for programs implemented with child-welfare involved youth at risk of or involved in sex trafficking, and 2) examine convergent and divergent evidence through interviews with experts-by-experience (i.e., survivors and child welfare personnel).

Participants and setting: 13 child welfare workers and 6 survivors of sex trafficking.

Methods: Systematic review identified articles that included programs and interventions for youth involved in sex trafficking in child welfare. Interviews with experts-by-experience were analysed through reflexive thematic analysis. Content analysis was used to examine convergent and divergent evidence between the two noted methods of inquiry (systematic review and interviews with experts).

Results: Findings from the systematic review support a model of care comprising two overarching components: 1) wraparound supports, and 2) trained caregivers and supported foster homes. Thematic analyses also revealed that experts thought that an appropriate model of care would require child welfare agencies to take a preventative stance, such as conducting early coordinated risk assessments on all youth in care. Convergent with the literature, experts noted the need for enhanced wraparound supports and specific training for caregivers and service providers.

Conclusions: Components essential to building a model of care for youth at risk of or involved in sex trafficking in child welfare were extracted and discussed based on the evidence gathered.

McDonald, K. P., Fisher, R., & Connolly, J. (2023). Building a specialized model of care for youth involved in sex trafficking in child welfare: a systematic review and interviews with experts-by-experience. *Child Abuse & Neglect*, 135, 105987. [retrieved 05/03/2023]: <https://www.sciencedirect.com/science/article/abs/pii/S014521342200521X>

### **Everson, T. M., Kaczor, K., Makoroff, K., Meyers, G., Rosado, N., Charleston, E., ... & Pierce, M. C.** **Epigenetic Differences in Stress Response Gene FKBP5 Among Children with Abusive vs Accidental Injuries**

**Background:** Survivors of child abuse experience high rates of adverse physical and mental health outcomes. Epigenetic alterations in the stress response system, the FKBP5 gene specifically, have been implicated as one mechanism that may link abuse to lifelong health issues. Prior studies primarily included older individuals with a remote history of maltreatment; our objective was to test for differential methylation of FKBP5 in children with abusive vs accidental injuries at the time of diagnosis.

**Methods:** We conducted a cross-sectional pilot study of acutely injured children <4 years old at two children's hospitals (n=82). Research personnel collected injury histories, buccal swabs (n=65), and blood samples (n=25) to measure DNA methylation. An expert panel classified the injuries as abusive, accidental, or indeterminate.

**Results:** Children with abusive as compared to accidental injuries had lower methylation of the FKBP5 promoter in buccal and blood cells, even after controlling for injury severity, socioeconomic status, and psychosocial risk factors.

**Conclusion:** These findings suggest that epigenetic variation in FKBP5 may occur at the earliest indication of abuse and may be associated with delayed resolution of the HPA axis stress response. Additional testing for epigenetic differences in larger sample sizes is needed to further verify these findings.

Everson, T. M., Kaczor, K., Makoroff, K., Meyers, G., Rosado, N., Charleston, E., ... & Pierce, M. C. (2023). Epigenetic differences in stress response gene FKBP5 among children with abusive vs accidental injuries. *Pediatric Research*, 1-7. [retrieved 05/03/2023]: <https://www.nature.com/articles/s41390-022-02441-w>

### **Stark, N., Bobadilla, L., Michael, P., Saturn, S., & Portner, M.** **A Meta-Analytic Review of the Relationship Between Empathy and Oxytocin: Implications for Application in Psychopathy Research**

Oxytocin (OXT) has been frequently linked to prosocial behaviors and emotions, especially empathy. Psychopathy is a disorder characterized in part by chronic antisocial behavior and lack of empathy. Yet, there is a dearth of research examining OXT and empathy in psychopathic samples. The current meta-analysis (k = 17; n = 1151), therefore, was conducted via an extensive multi-source literature review on administered OXT and empathy in non-clinical samples, followed by a review of prior research related to the biological bases of psychopathy. We found that administered intranasal OXT has a significant, small positive effect (Cohen's d = 0.24) on empathy-related performance in non-clinical, mostly male samples. Our findings serve as cautious call for future research examining the possibility of OXT administration as treatment for psychopathic individuals although the effect may not be large and

may mainly affect “cognitive empathy,” which data indicates is less impaired in psychopathic individuals compared to “emotional empathy.” Future studies should consider that OXT could exacerbate maladaptive symptoms such as aggression, but more data are needed. Future research should employ reliable and generalizable empathy measures and always examine how empathy subtypes and gender may interact differentially with OXT administration.

Stark, N., Bobadilla, L., Michael, P., Saturn, S., & Portner, M. (2023). A meta-analytic review of the relationship between empathy and oxytocin: Implications for application in psychopathy research. *Aggression and Violent Behavior*, 101828. [retrieved 05/03/2023]: <https://www.sciencedirect.com/science/article/abs/pii/S1359178923000150>

## **Langevin, R., Marshall, C., Wallace, A., Gagné, M. E., Kingsland, E., & Temcheff, C.** **Disentangling the Associations Between Attention Deficit Hyperactivity Disorder and Child Sexual Abuse: A Systematic Review**

**Background:** An association between child sexual abuse (CSA) and attention deficit hyperactivity disorder (ADHD) has been documented. However, the temporal relationship between these problems and the roles of trauma-related symptoms or other forms of maltreatment remain unclear. This review aims to synthesize available research on CSA and ADHD, assess the methodological quality of the available research, and recommend future areas of inquiry.

**Methods:** Studies were searched in five databases including Medline and PsycINFO. Following a title and abstract screening, 151 full texts were reviewed and 28 were included. Inclusion criteria were sexual abuse occurred before 18 years old, published quantitative studies documenting at least a bivariate association between CSA and ADHD, and published in the past 5 years for dissertations/theses, in French or English. The methodological quality of studies was systematically assessed.

**Results:** Most studies identified a significant association between CSA and ADHD; most studies conceptualized CSA as a precursor of ADHD, but only one study had a longitudinal design. The quality of the studies varied greatly with main limitations being the lack of (i) longitudinal designs, (ii) rigorous multimethod/ multiinformant assessments of CSA and ADHD, and (iii) control for two major confounders: trauma-related symptoms and other forms of child maltreatment.

**Discussion:** Given the lack of longitudinal studies, the directionality of the association remains unclear. The confounding role of other maltreatment forms and trauma-related symptoms also remains mostly unaddressed. Rigorous studies are needed to untangle the association between CSA and ADHD.

Langevin, R., Marshall, C., Wallace, A., Gagné, M. E., Kingsland, E., & Temcheff, C. (2023). Disentangling the associations between attention deficit hyperactivity disorder and child sexual abuse: a systematic review. *Trauma, Violence, & Abuse*, 24(2), 369-389. [retrieved 05/03/2023]: <https://journals.sagepub.com/doi/full/10.1177/15248380211030234>

Zannas, A. S., Linnstaedt, S. D., An, X., Stevens, J. S., Harnett, N. G., Roeckner, A. R., ... & McLean, S. A.

## Epigenetic Ageing and PTSD Outcomes in the Immediate Aftermath of Trauma

**Background:** Psychological trauma exposure and posttraumatic stress disorder (PTSD) have been associated with advanced epigenetic age. However, whether epigenetic ageing measured at the time of trauma predicts the subsequent development of PTSD outcomes is unknown. Moreover, the neural substrates underlying posttraumatic outcomes associated with epigenetic ageing are unclear.

**Methods:** We examined a multi-ancestry cohort of women and men ( $n = 289$ ) who presented to the emergency department (ED) after trauma. Blood DNA was collected at ED presentation, and EPIC DNA methylation arrays were used to assess four widely used metrics of epigenetic ageing (HorvathAge, HannumAge, PhenoAge, and GrimAge). PTSD symptoms were evaluated longitudinally at the time of ED presentation and over the ensuing 6 months. Structural and functional neuroimaging was performed 2 weeks after trauma.

**Results:** After covariate adjustment and correction for multiple comparisons, advanced ED GrimAge predicted increased risk for 6-month probable PTSD diagnosis. Secondary analyses suggested that the prediction of PTSD by GrimAge was driven by worse trajectories for intrusive memories and nightmares. Advanced ED GrimAge was also associated with reduced volume of the whole amygdala and specific amygdala subregions, including the cortico-amygdaloid transition and the cortical and accessory basal nuclei.

**Conclusions:** Our findings shed new light on the relation between biological ageing and trauma-related phenotypes, suggesting that GrimAge measured at the time of trauma predicts PTSD trajectories and is associated with relevant brain alterations. Furthering these findings has the potential to enhance early prevention and treatment of posttraumatic psychiatric sequelae.

Zannas, A. S., Linnstaedt, S. D., An, X., Stevens, J. S., Harnett, N. G., Roeckner, A. R., ... & McLean, S. A. (2023). Epigenetic aging and PTSD outcomes in the immediate aftermath of trauma. *Psychological Medicine*, 1-10. [retrieved 05/03/2023]: <https://www.cambridge.org/core/journals/psychological-medicine/article/abs/epigenetic-aging-and-ptsd-outcomes-in-the-immediate-aftermath-of-trauma/AAD5AF216586B2DD07546F5287F16438>

Berthelot, N., Garon-Bissonnette, J., Drouin-Maziade, C., Bergeron, V., & Sériès, T.

## STEP-COVID: A Pilot Study of a Prenatal Intervention for Pregnant Women during the COVID-19 Pandemic

The COVID-19 pandemic has been associated with a global increase in psychological distress in pregnant women. This study evaluated the effects of STEP-COVID, a six-session mentalization-based prenatal group program offered online during the COVID-19 pandemic. The 100 participants were allocated to STEP-COVID or to the natural trajectory of prenatal care. Pre- and post-intervention assessments included measures of psychological

distress, post-traumatic symptoms and positive affectivity. Perception of change during pregnancy on resilience-promoting factors was also assessed at post-intervention. A significant decrease in psychological distress and post-traumatic symptoms and an increase in positive affectivity were observed in participants in the intervention condition, whereas only post-traumatic symptoms improved in the control condition. Women who participated in STEP-COVID also reported greater changes during pregnancy on resilience-promoting factors than women in the control condition. Results hold promise for buffering the effect of the pandemic on the mental health of pregnant women using brief online interventions.

Berthelot, N., Garon-Bissonnette, J., Drouin-Maziade, C., Bergeron, V., & Sériès, T. (2023). STEP-COVID: a pilot study of a prenatal intervention for pregnant women during the COVID-19 pandemic. *Scientific Reports*, 13(1), 6466. [retrieved 05/03/2023]: <https://www.nature.com/articles/s41598-023-33369-8>

**Van der Watt, M.**

## Discouraging the Demand That Fosters Sex Trafficking: Collaboration through Augmented Intelligence

Augmented intelligence—as the fusion of human and artificial intelligence—is effectively being employed in response to a spectrum of risks and crimes that stem from the online sexual exploitation marketplace. As part of a study that was sponsored by the National Institute of Justice, the National Center on Sexual Exploitation has documented 15 tactics that have been used in more than 2650 US cities and counties to deter sex buyers from engaging with prostitution and sex trafficking systems. One of these tactics, technology-based enforcement and deterrence methods, has been used in more than 78 locations in the United States. This paper explores the issue of technology-facilitated trafficking in the online sexual exploitation marketplace and juxtaposes this with the use of augmented intelligence in collaborative responses to these crimes. Illustrative case studies are presented that describe how two organizations employ technology that utilizes the complementary strengths of humans and machines to deter sex buyers at the point of purchase. The human(e) touch of these organizations, combined with artificial intelligence, natural language processing, constructed websites, photos, and mobile technology, show significant potential for operational scaling, and provide a template for consideration by law enforcement agencies, criminal justice systems, and the larger multidisciplinary counter-trafficking community for collaborative replication in other settings.

Van der Watt, M. (2023). Discouraging the Demand That Fosters Sex Trafficking: Collaboration through Augmented Intelligence. *Societies*, 13(4), 94. [retrieved 05/03/2023]: <https://www.mdpi.com/2075-4698/13/4/94>

**Cordes, C. N., Pfister, C. L., Boaz, K. M., Niese, T. D., Parker, S. L., Long, K. E., ... & Zoladz, P. R.**  
**Tunnel Vision, False Memories, and Intrusive Memories Following Exposure to the Trier Social Stress Test.**

Most research examining the impact of stress on learning and memory has exposed participants to a stressor and measured how it affects learning and memory for unrelated material (e.g., list of words). Such work has been helpful, but it has not been the most translational to the human condition. When considering phenomena such as intrusive memories in post-traumatic stress disorder (PTSD) or an eyewitness's memory for a crime, it is most useful to know what an individual remembers about the stress experience itself, not unrelated information. In prior work, investigators used a modified version of the Trier Social Stress Test (TSST) to quantify participant memory for the stressor. We aimed to replicate this work by examining participant memory for the TSST and extend on it by quantifying false and intrusive memories that result from TSST exposure. Forty-six undergraduate students from Ohio Northern University were exposed to the TSST or the friendly-TSST (f-TSST). The TSST required participants to deliver a ten-minute speech in front of two lab panel members as part of a mock job interview; the f-TSST required participants to casually converse with the panel members about their interests and hobbies. In both conditions, the panel members interacted with (central) or did not interact with (peripheral) several objects sitting on a desk in front of them. Participants' anxiety levels were assessed before and after the TSST or f-TSST, and saliva samples were collected to assay for cortisol. The next day, participants' memory for the objects that were present on Day 1 was assessed with recall and recognition tests. We also quantified participants' intrusive memories for each task by having them complete an intrusive memory questionnaire on Days 2, 4, 6, and 8. Participants exposed to the TSST exhibited greater recall of central objects than participants exposed to the f-TSST. There were no differences observed for the recall of peripheral objects or for recognition memory. Interestingly, TSST exposure increased false recall in males, but reduced it in females. Females exposed to the TSST also showed greater evidence of intrusive memories than males exposed to the TSST. Consistent with prior work, these findings show that stress enhances memory for the central details of a stressful experience. They also extend on prior work by showing that stressful experiences sex-dependently impact the manifestation of false and intrusive memories. This is the first study of which we are aware to quantify intrusive memory formation with the TSST; the modified TSST paradigm may be useful in understanding differential susceptibility to intrusive memory formation and the development of PTSD.

Cordes, C. N., Pfister, C. L., Boaz, K. M., Niese, T. D., Parker, S. L., Long, K. E., ... & Zoladz, P. R. (2023). Tunnel vision, false memories, and intrusive memories following exposure to the Trier Social Stress Test. [retrieved 05/03/2023]: [https://digitalcommons.onu.edu/student\\_research\\_colloquium/2023/posters/50/](https://digitalcommons.onu.edu/student_research_colloquium/2023/posters/50/)

**Murphy, G., Dawson, C. A., Huston, C., Ballantyne, L., Barrett, E., Cowman, C. S., ... & Greene, C. M.**  
**Lost in the mall again: a preregistered replication and extension of Loftus & Pickrell (1995)**

The seminal Lost in the Mall study has been enormously influential in psychology and is still cited in legal cases. The current study directly replicated this paper, addressing methodological weaknesses including increasing the sample size fivefold and pre registering detailed analysis plans. Participants (N=123) completed a survey and two interviews where they discussed real and fabricated childhood events, based

on information provided by an older relative. We replicated the findings of the original study, coding 35% of participants as reporting a false memory for getting lost in a mall in childhood (compared to 25% in the original study). In an extension, we found that participants self-reported high rates of memories and beliefs for the fabricated event. Mock jurors were also highly likely to believe the fabricated event had occurred and that the participant was truly remembering the event, supporting the conclusions of the original study.

Murphy, G., Dawson, C. A., Huston, C., Ballantyne, L., Barrett, E., Cowman, C. S., ... & Greene, C. M. (2023). Lost in the mall again: a preregistered replication and extension of Loftus & Pickrell (1995). *Memory*, 1-13. [retrieved 05/03/2023]: <https://www.tandfonline.com/doi/full/10.1080/09658211.2023.2198327>

**Agaiby, M.**

## On No-Man Land: Perspectives from Healthcare Professionals on the Impact of Loneliness on Dissociation as a Coping Mechanism

Background: Loneliness is a “hallmark” of dissociative disorders (DD), but its impact on DD patients is understudied in the field. Similarly, therapeutic modalities best suited for DD patients is an area of controversy; with research advocating cognitive therapies (CTs) despite the risk of retriggering trauma in patients.

Research objectives: 1. To explore if dissociative episodes or phases are triggered in individuals as a result of loneliness, using mental healthcare professionals’ experiences in treating such patients. 2. To discuss participants’ recommended therapeutic techniques for DD patients experiencing loneliness.

Method: Using a qualitative design, fourteen trauma and dissociation practitioners were interviewed with semi-structured questions, and a coded thematic analysis was conducted to extract codes, sub-themes, and themes from the data.

Results: The findings show a two-way, yet non-linear relationship between loneliness as a trigger and the use of dissociation to cope with it. Participants strongly advocated the use of trauma-based modalities such as EMDR.

Discussion and Conclusion: The severer the trauma and the less effective the patients’ coping mechanisms are, the severer their dissociation is, and their inability to connect to their own selves, and in turn, to others, which causes them to seek isolation. However, supportive, healthy networks, when patients seek/have them, contribute significantly to developing a sense of safety, which allows DD patients to feel more grounded in their outer realities and allows them to lead more satisfying lives. Practitioners agreed that safe therapeutic alliances are pivotal for patients; it allows them to connect more to their therapists, and subsequently to their social networks. Furthermore, all practitioners advocated moving away from using extensive CTs with DD patients in the initial phase of grounding and moving towards trauma-based and psychodynamic-based modalities.

Recommendations: For future research, it is recommended that this link be studied by interviewing DD patients themselves, and/or conducted using quantitative designs to raise test-retest reliability.

Agaiby, M. (2023). On No-Man Land: Perspectives from healthcare professionals on the impact of loneliness on dissociation as a coping mechanism. [retrieved 05/03/2023]: <https://www.authorea.com/doi/full/10.22541/au.167948824.40360835>

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Smith, E. K.

## Strategies to Survive: Engaging Transgender and Gender Diverse Older Adults Experiencing Suicidality and Dissociative States


Although nascent literature finds higher rates of suicide among older TGD adults than their cisgender peers, research about suicide and suicidality in TGD populations emphasizes the experiences of younger adults and adolescents, while the experiences of older adults remain largely unexamined. Although minority stress theory emerged as a necessary departure from psychoanalysis' emphasis on individual pathology and played an instrumental role in the widespread recognition of the impacts of societal oppression on the mental health of the TGD community, the minority stress model does not clearly suggest strategies to heal from these accumulated traumatic experiences. There is merit in the work of some psychoanalytic theorists for working with TGD populations, despite the rejection of psychoanalytic theory for its pathologization of TGD identities. For example, the works of Donald Winnicott and Phillip Bromberg compliment minority stress theory because they see social conditions and internal experience as inseparable, providing a useful guide for clinical practice with adults who have experienced trauma over the course of a lifetime. This paper uses case vignettes from the author's clinical experience to demonstrate the application of these theories in therapeutic work with TGD older adults who experience dissociation and suicidality. Recommendations are provided for clinical practice that integrate both minority stress model and Bromberg and Winnicott's theories about healing from trauma.

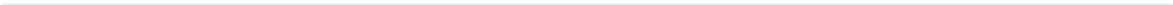
Smith, E. K. (2023). Strategies to Survive: Engaging Transgender and Gender Diverse Older Adults Experiencing Suicidality and Dissociative States. *Clinical Social Work Journal*, 1-11. [retrieved 05/03/2023]: <https://link.springer.com/article/10.1007/s10615-023-00867-1>

Bachrach, N., Rijkeboer, M. M., Arntz, A., & Huntjens, R. J.

## Schema therapy for Dissociative Identity Disorder: a case report

Treatment for Dissociative Identity Disorder (DID) often follows a practice-based psychodynamic psychotherapy approach that is conducted in three phases: symptom stabilization, trauma processing, and identity integration and rehabilitation. The percentage of patients that reach the third phase is relatively low, treatment duration is long, and the effects of this treatment on the core DID symptoms have been found to be small or absent, leaving room for improvement in the treatment of DID. Schema Therapy (ST) is an integrative psychotherapy that has been proposed as a treatment for DID. This approach is currently being investigated in several studies and has the potential to become an evidence-based treatment for DID. This case report presents an overview of the protocol adaptations for DID ST treatment. The presented case concerns a 43-year-old female patient with DID, depressive disorder (recurrent type), PTSD, cannabis use disorder, and BPD. Functioning was very low. She received 220 sessions of ST, which included direct trauma processing through Imagery Rescripting (ImRs). The patient improved in several domains: she experienced a reduction of PTSD symptoms, as well as dissociative symptoms, there were structural changes in the beliefs about the self, and loss of suicidal behaviors. After treatment she was able to stop her punitive mode, to express her feelings and needs to others, and to participate adequately in social interaction. This case report indicates that ST might be a viable treatment for DID, adding to a broader scope of treatment options for this patient group.

Bachrach, N., Rijkeboer, M. M., Arntz, A., & Huntjens, R. J. (2023). Schema therapy for Dissociative Identity Disorder: a case report. *Frontiers in Psychiatry*, 14. [retrieved 05/03/2023]: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10160656/> 



# DATES FOR YOUR DIARY IN 2023

"2-DAYS HYBRID WORKSHOP IN ENGLISH: "TREATMENT OF DISSOCIATIVE IDENTITY DISORDER – AS AN ALTERNATIVE DEVELOPMENTAL PATHWAY: SELF-STATES, IDENTITY, AND PERSONALITY ORGANIZATION"

Dates: June 21. 2023: 9am-5pm (Oslo-time) & June 22. 2023: 9am-3.30pm (Oslo-time)

Presenter: With D R. Richard J. Loewenstein

Online participation is possible

More information: <https://www.modum-bad.no/kurs-og-samtale/fagkurs/kurs-om-komplekse-traumelidelser/traumekurs-ved-dr-richard-j-loewenstein/>

For ESTD members a discount of 15% is provided. Please write "ESTD" in the box: "kommentarer".

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## Presentation of the Italian organization:

AISTED - ITALIAN ASSOCIATION FOR THE STUDY OF TRAUMA AND DISSOCIATION

AISTED was founded in Milan in December 2016 and is the first Italian association dedicated to the field of complex trauma, dissociative disorders and chronic traumatisations linked to early and pervasive abuse and severe neglect, originating mainly in childhood.

From 2011 to the present day, our group has provided training, meetings, supervision, and shared objectives. Comparison with ESTD (European Society for Trauma and Dissociation) has fueled the work of AISTED and ensured a solid reference point for the development of the Italian group with respect to the European guidelines and standards of care and treatment of trauma and dissociative disorders. All AISTED members are also connected to the ESTD community, a wonderful bond that honors the voice of European clinicians and brings this voice to Italy. The connection between ESTD and AISTED makes exchange and clinical comparison possible.

AISTED aims to network the professionals who have worked alongside ESTD to bring these issues to the attention of Italian clinicians working in the trauma and dissociation field today or who would like to explore it in the future.

Contact details:

General information: [info@aisted.it](mailto:info@aisted.it)

Administrative secretariat: [segretario@aisted.it](mailto:segretario@aisted.it)

Website: [www.aisted.it](http://www.aisted.it)

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## PROMOTION OF THE CLINICAL TRAINING FRAMEWORK "THE CERTIFICATION IN THE CLINICAL ASSESSMENT OF TRAUMA-RELATED DISORDERS"

ESTD aims to promote knowledge about trauma-related disorders, specifically dissociative disorders. It is problematic when clinicians are unable to diagnose these disorders properly. Therefore, developing skills in differential diagnosis is paramount and requires special attention in ESTD policy. This can be achieved by creating a framework for a training in the clinical assessment accredited by ESTD and procedures for verifying applicants' knowledge and skills.

The certificate can be obtained by healthcare professionals (psychiatrists, psychologists and psychotherapists) who have received appropriate training, had clinical experience, and are eligible to perform clinical assessment according to professional regulations in their countries. ESTD assumes that candidates have baseline clinical experience in consulting patients with a wide spectrum of psychiatric disorders.

Note: The ESTD Certificate per se does not qualify individuals to perform clinical assessment (which may be regulated in different countries by specific laws) but attests they have completed specialised training in the assessment of trauma-related conditions, including clinical supervision, and have successfully passed a knowledge test.

Active ESTD members with the ESTD Certificate, if they wish so, will be listed on the ESTD page. People who become inactive members for more than three years will need to re-apply for the certificate and participate in the examination again

Conditions for applying and maintaining the ESTD Certificate can be found at the ESTD website:

<https://estd.org/certification-clinical-assessment-trauma-related-disorders>

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9TH INTERNATIONAL ESTD CONGRESS

October 10th - 12th, 2023, katowice, poland.

More info: [www.estd2024.com](http://www.estd2024.com)

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