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ESTD NEWSLETTER

› Co-editors: Dolores Mosquera, Onno van der Hart, Orit Badouk-Epstein.

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QUARTERLY QUOTE

"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."

Antonio Ortiz (architect)

Anca Vilma Sabau
ESTD President

LETTER FROM THE PRESIDENT

Dear ESTD members,

We are excited to announce that our seventh Biennial Conference, "The Legacy of Trauma and Dissociation: Body and Mind in a New Perspective", is open for registration. Early bird rates apply until May 15! During the 3 days (24-26 October), trauma experts from all over Europe and outside the old continent will gather and share their experience and ideas in this challenging field of dissociation and trauma. Clinicians and scientists will join their efforts in bringing the latest information, creating a unique place for learning and networking in Rome.

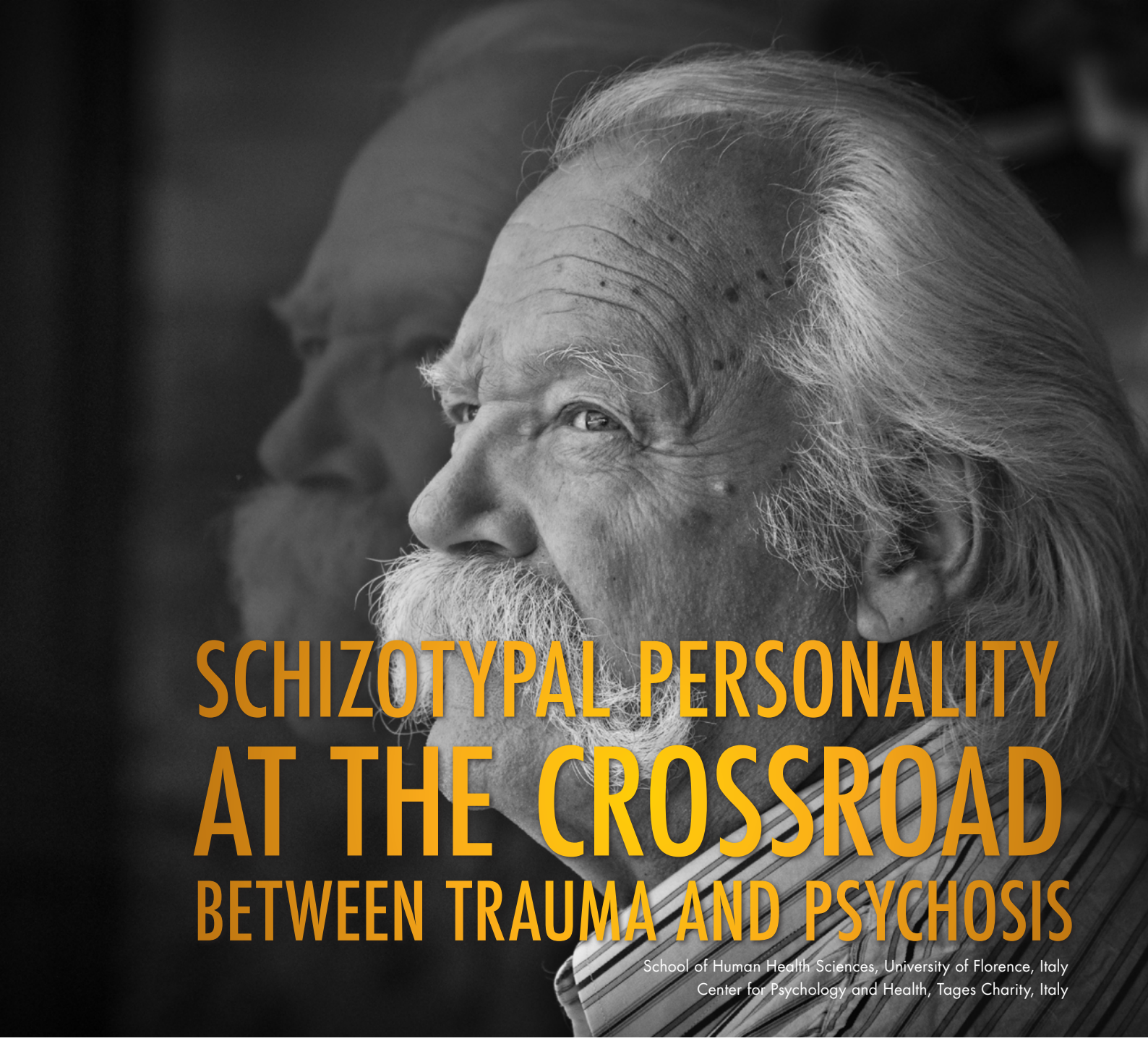
As you might know, starting this year, the Presidency of the Society goes to Eastern Europe. I am a Romanian clinician (child psychiatrist and therapist), honoured to serve ESTD and willing to do my best to continue the efforts to develop a stronger and flexible community for clinicians, researchers, teachers and all those who are dedicated to improving the life of people in the aftermath of trauma.

There are many things to work on this year for the ESTD Board: organizing the Conference, updating the Constitution, and developing new strategies for education are some of the items we are all focusing on.

As you well know, one of the primary aims of ESTD is to increase the knowledge and education specifically in those countries in Europe, which do not have easy access to this field. In this line, during the last 10 years, ESTD has sponsored trainings in different East and Central European countries like the Czech Republic, Romania, Hungary, Slovenia, Lithuania, Estonia and Poland. Thanks to the work of country representatives and their teams, this collaboration has brought quite good results: there are now small communities of clinicians working in trauma and dissociation that are quite active in Estonia, Hungary, Slovenia, Romania and even research units that our colleague Igor Pietkiewicz is running in Poland. 2018 added new countries to the ESTD map: Russia, Bulgaria, and Kosovo. We welcome our new colleagues and we look forward to future collaboration.

Together with my colleagues from the Board, we wish you a good 2019, with joy and prosperity, hoping to meet you in Rome!

Best wishes,
Anca Vilma Sabau, MD
President, ESTD



SCHIZOTYPAL PERSONALITY AT THE CROSSROAD BETWEEN TRAUMA AND PSYCHOSIS

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By: Simone Cheli

The raising of alternative models of personality disorder together with a trauma/dissociation paradigm may represent a turning point for the understanding of the schizotypal personality disorder. Accumulating evidence on this complex phenomenon urges for further research: little is known about the disease trajectories and therapeutic options are scarce.

SPD and Schizotypy

The attempts to revised the construct of borderline psychopathology at the end of the 60s led to the definition of two new diagnostic constructs: one characterized by emotion dysregulation and vulnerability (later known as borderline personality disorder), one defined by a multidimensional relatedness or proneness to schizophrenia (Gunderson & Singer, 1975). The latter construct evolved in what is today labelled as Cluster A

personality disorders and, specifically, schizotypal personality disorder (SPD).

Indeed, SPD stands at the crossroad between stable personality impairment and a milder manifestation of schizophrenia. It is characterized by positive features such as oddity, ideas of reference, and magical thinking, negative features such as anhedonia and lack of social interest, cognitive features which involve disorganized thinking and impulsivity (Kwapil & Barrantes-Vidal, 2012). It may also represent an expression of the liability for the development of schizophrenia, since SPD and schizophrenia are situated on the continuum of so-called schizotypy. The latter construct posits a continuum of personality characteristics and experiences, ranging from normal dissociative, imaginative states to extreme states of mind related to psychosis (Lenzenweger, 2010).

Despite the flourishing of theoretical and experimental psychopathology studies, SPD represents an understudied area. Once a psychotherapist has embarked on the challenge of working with SPD, he or she may find it difficult to rely on robust evidence. A recent systematic review has reported very few eligible studies on treatment evaluation, and only three studies on psychotherapy (Kirchner, Roeh, Nolden & Hasan, 2018).

An Emerging Framework

Three emerging frameworks may hopefully redefine the present and the future of SPD studies. First, the changing perspective on personality disorders (PDs) has shaped the DSM-5 alternative model, where SPD is one of the remaining six specific disorders (APA, 2013, pp. 769-770). Second, the failure of the neo-Kraepelinian paradigm and the emerging of a trauma/dissociation paradigm may represent a sort of scientific revolution, especially for schizophrenia (Moskowitz, 2011). Third, the intertwined path of the previous frameworks is depicting psychosis as a developmental and transdiagnostic phenomenon (Van Os & Reininghaus, 2016) that is rooted in psychotraumatology (Moskovitz, Schäfer & Dorahy, 2008) and neurodevelopmental psychopathology (Isvoranu et al., 2016).

These emerging frameworks may support clinicians in better dealing with the stable and significant impairment of PDs and, especially, with the complex and heterogeneous symptomatology of SPD. Moreover, they may foster the viability of a general, transdiagnostic severity factor in dealing with personality pathology and its functioning over time (Skodol, 2018).

Attachment, Relatedness and Trauma

SPD represents an interesting area of research for testing a neurodevelopmental model of personality aimed at integrating genetic susceptibility factors, environmental events, caregivers' interactions, and other psychosocial influences (Siever, Koenigsberg & Reynolds, 2003). Existing literature provides relevant evidence for an association between childhood maltreatment and schizotypy (Velikonja, Mason & Fisher, 2015) and, generally speaking, between trauma and the psychotic spectrum (Moskowitz et al., 2008).

More specifically, well-known patterns of attachment and early traumatic experiences may support us in understanding two sides of the same coin:

- The overlapping between Schneiderian symptoms in dissociative disorders and dissociation in psychosis may be often seen as a theoretical distinction far from daily practice (Ross, 2006);

- Criticisms against the construct of schizophrenia may be overcome by reasserting "the central importance of attachment disorganization, trauma and dissociation in understanding the roots of cognitive and metacognitive (mentalizing) dysfunction in schizophrenia" (Liotti & Gumley, 2008, p. 128).

In summary, we should perhaps foster a transdiagnostic and developmental approach that focuses more on complex personality trajectories rather than on reassuring and abstract categories. Dissociation, attachment disorganization and their primarily intersubjective reality (Liotti, 2006) have to be seriously taken into account.

What we defined as personality pathology seems to be a failure in the dialectical development of interpersonal relatedness and self-definition (Blatt, 2008). SPD is maybe the result of dysfunctional trajectories that are due to significant maltreatments or the cumulative lack of interpersonal support together with the person's failure in interconnecting his/her own experience to those of others.

Transdiagnostic Dimensions and Future Research

In order to clearly understand the developmental and theoretical characteristics of SPD, we have to reconsider the vulnerability-stress model by especially focusing on the intertwined path of psychosis and trauma. On the one hand, the majority of SPD patients report the emergence of early experiences of oddity that may be due to a genetic liability (e.g., reductions in the temporal cortex found in both SPD and schizophrenic patients). At the same time, the same genetic susceptibility for schizotypy may be a mediator of an increasing risk for a depleted family support. On the other hand, SPD patients describe how such oddity activates avoidant or even hostile reactions in caregivers and peers. A patient reported she used to invent stories about why she had a birthmark on her face. The classmates bullied her for this; her mother called her the family's weirdo. These recurrent and cumulative traumas progressively activated an overwhelming self-criticism, often experienced as a Man Without a Head tailing and denigrating her. At the same time, the social discomfort led her to significantly reduce interpersonal contacts and emotion expressivity.

In conclusion, I would argue for a pathogenic role of healthy oddity in the development of SPD, through a vicious cycle of self-criticism and social discomfort, which may lead to a pattern of cumulative trauma and structural dissociation, and this pattern, in turn, to cognitive, metacognitive and interpersonal impairments. Future research on SPD should explore the role of transdiagnostic dimensions in mediating or moderating the passage from occasional or genetically-driven oddity to an increasing proneness to schizotypal and psychotic features. Moreover, researchers should consider the primary role of relatedness, from early attachment experience to adolescent interpersonal exploration, in activating dysfunctional strategies and the collapse of functional ones.

"The reality of the world and of the self are mutually potentiated by the direct relationship between self and other" (Laing, 1960, p. 82).

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THE STATE OF DISSOCIATION RESEARCH IN SOUTH AFRICA

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By: Amelia van der Merwe

Although there have been minor decreases in some non-violent categories of crime during 2017–2018, South Africa remains one of the most violent countries in the world (http://www.statssa.gov.za/publications/P0341/P03412018.pdf). Recent statistics show that murder rates have increased significantly, with 57 murders occurring per day at a rate of 35.7 people murdered per 100 000 population (https://businesstech.co.za/news/government/270689/south-africa-crime-stats-2018-everything-you-need-to-know/). Attempted murder increased from 18 205 per year to 18 233 in 2017–2018 (https://businesstech.co.za/news/government/270689/south-africa-crime-stats-2018-everything-you-need-to-know/). Common assault rates are also high, with 156 243 cases reported in 2018 (https://businesstech.co.za/news/government/270689/south-africa-crime-stats-2018-everything-you-need-to-know/) In the last year, sexual offences and rapes in particular have additionally increased markedly; consistent with South Africa's grim title of "the rape capital of the world" (SA 'rape capital' of the world. Archived 14 January 2017 at News24, 22 November 2005. Retrieved 15 November 2018). These statistics mean that South Africa has the fourth lowest safety index worldwide (https://www.numbeo.com/crime/rankings_by_country.jsp).

South Africans are exposed to violence and trauma on a daily basis. Because of this, Kaminer, Eagle & Crawford-Browne (2018) use the term "continuous traumatic stress" to describe conditions in South Africa and other settings characterised by frequent,

ongoing violence and threat to communities. They argue that what is missing in the common diagnostic understanding of traumatic stress, is that there is the assumption that the trauma – the violence or threat to self – disappears, becoming a thing of the past (often after a single occurrence), and the individual has the opportunity to heal in a relatively safe post-traumatic environment. This is not the case in contexts characterised by protracted civil conflict, mass displacement of people or where there are high levels of criminal and community violence, as in South Africa – in these settings, trauma is ongoing, and traumatised persons are exposed to continuous traumatic stress in an objectively dangerous environment (Kaminer, Eagle & Crawford-Browne, 2018). A range of post-traumatic illnesses have emerged among South African patients, the most robust studies focusing on post-traumatic stress disorder (PTSD), generalized anxiety, depression and substance misuse (Kaminer, Owen, & Schwartz, 2018; Seedat, Stein & Carey, 2005). Relatively few studies have focused on dissociation.

Key studies on dissociation that do exist focus on the following: Bradfield (2011a; 2011b; 2013) writes about the role of dissociation in the intergenerational transmission of trauma; how internal numbness and emotional disconnection influences the ongoing affective and relational experience between mothers and their adult children. Christa Krüger, Peter Bartel and Lizelle Fletcher conducted a biologically-driven study, which demonstrates that dissociation is positively associated with decreased temporal theta activity and increased alpha-theta ratios on quantitative electroencephalographies. Christa Krüger also teamed up with Lizelle Fletcher to conduct a study on child maltreatment and the abuser-abused relational tie and dissociative disorders (2017). These authors found that childhood emotional neglect by biological parents or siblings and subsequent emotional abuse by intimate partners predicted dissociative disorders. There are a number of further publications which are co-authored by Krüger, including those focused on treatment of posttraumatic and dissociative disorders, which includes South African data (Dorahy, Lewis-Fernandez, Krüger, Brand, Şar, Ewing et al., 2017), as does her study with Van Staden, which focuses on conversion as a dissociative symptom (2003), and her study with Pretorius, Smith, Le Roux, Van der Linde, Groeneveld and Bartel which demonstrates that mild hypoxia is associated with quantitative EEG changes, but not with dissociative symptoms (2006). Other studies include those exploring the myths associated with dissociative identity disorder (DID) (Brand, Şar, Stavroupolos, Krüger, Kozekwa, Martinez-Taboas et al., 2016), as well as an empirical review of the DID literature (Dorahy, Brand, Şar, Krüger, Stavroupolos, Martinez-Taboas et al., 2014), but these articles do not include South African data. Christa Krüger also teams up with Vedat Şar and Martin Dorahy to describe DID from a biopsychosocial perspective, but they draw on international, rather than South African literature and data, in their theorisation. Finally, Krüger and Mace (2002) present the psychometric validation of the State Scale of Dissociation. Among other publications by Krüger are a number of co-authored articles on child abuse, and letters forming part of an international dialogue around dissociation.

Dan Stein, a South African psychiatrist, joined a host of international authors to describe dissociation in PTSD, as measured by the World Mental Health Surveys, but South Africa was not included in the survey (Stein, Koenen, Friedman, Hill, McLaughlin, Petukhova et al., 2012). Soraya Seedat, another South African psychiatrist, has published a great deal on PTSD, but less specifically focusing on dissociation. An important study by Nöthling, Lammers, Martin & Seedat (2015) demonstrates that traumatic dissociation at two weeks post-rape significantly predicts PTSD and depression in South African rape survivors (and not early childhood trauma or prior tendency to dissociate), and they conclude that the early identification and management of dissociation may reduce the risk of developing PTSD. Lochner, Seedat, Hemmings, Kinnear, Corfield, Niehaus et al. (2004) report substantially higher levels of dissociative experiences in South African patients with obsessive compulsive disorder and trichotillomania, although high dissociators could also be distinguished from lower dissociators by certain demographic characteristics (e.g., lower

age) and comorbid profile (e.g., the presence of impulse dyscontrol disorders). Another study included participants from Cape Town, South Africa, and focused on trait anxiety, suicide risk and post-traumatic cognitions as key predictors of acute stress disorder (including dissociation) (Suliman, Truman, Stein & Seedat, 2013). Seedat and colleagues further report on the genetic contributions to dissociation in South African patients with obsessive compulsive disorder (Lochner, Seedat, Hemmings, Moolman-Smook, Kidd & Stein, 2007). Seedat's work has also included research focused on women as a vulnerable group, although not particularly focused on South Africa (Seedat, Stein & Carey, 2005), and a dissociation prevalence study in a community sample in Memphis, Tennessee (Seedat, Stein & Ford, 2003).

One South African study focuses on the relationship between dissociation and attachment in performing artists, and demonstrates despite pervasive histories of trauma, and high levels of absorption and imagination, performing artists had relatively low levels of pathological dissociation, and that the majority were stable, coherent, secure and autonomous in terms of attachment (as measured by the Adult Attachment Interview) (Thomson & Jaque, 2012). Thomson and Jaque (2011) also demonstrated that higher fantasy proneness among professional actors (including South Africans), rather than previous trauma, was associated with the disorienting effects of dissociation in this group. Another study focused on the assessment of the psychometric properties of the Child Posttraumatic Stress Disorder Checklist, with one factor emerging as anger-dissociation (Frank-Schultz, Naidoo, Cloete & Seedat, 2012). Emerging from this brief review of the South African literature, it is clear that Soraya Seedat and Christa Krüger, both university affiliated psychiatrists, are the local leaders in this field.

In my own work, I have focused on post-traumatic shame and dissociation, DID, and spirituality and dissociation. In a study co-authored by Leslie Swartz, we emphasise that chronic trauma, shame and dissociation, and the relation between them, are acutely understudied, both locally and internationally (2015). We conducted a qualitative study exploring the experiences of chronic trauma, shame and psychopathology in single interviews with 19 South African survivors of intimate partner violence. We found that the participating women presented with both a concealed and shameful authentic self, and a socially conforming projected false self, two polarised parts of the psyche. Our analysis suggests that shame and dissociative splitting of this nature are part of the same psychological process. Specifically, we argue that a persistent pattern of negative self-evaluations associated with the shameful authentic self – and the compensatory function of the projected false self – is the process which underlies a shame-prone emotional style resulting from repeated exposure to trauma. We conclude that chronically traumatised survivors are likely to have shame-based self-esteems and use dissociative splitting as a defence to protect the chronically injured psyche.

Valerie Sinason and I then edited a volume on DID, centred around the memoir of a South African ritual abuse survivor named Anna. The original intention was to publish Anna's haunting memoir as Part I of the book, but Anna's family and perpetrators are still alive and a danger to her, and in consultation with my own University's legal department, it was decided that publishing Anna's memoir was too risky. So, the first part of the book was reconceptualised, and dedicated to all survivors like Anna, who have been silenced. Part II of the book contains detailed commentary on DID by leading authors in the field, such as Onno van der Hart (history of DID), Eli Somer (cross-temporal and cross-cultural perspectives), Christa Krüger (variations in identity alterations – A South African qualitative study), Lina Hartocollis (DID, culture and memory), Vedat Şar (psychiatric comorbidity), Phil Mollon (DID and shame), Alison Miller (ritual abuse and mind control) and Richard Kluft (treatment). However, only myself and Christa Krüger are South African researchers, and only Christa Krüger presented the findings from a local study, which show that identity alterations among South African participants are rooted in possession experiences from an external origin, shifts which occur as a result of transitioning between singularity and multiplicity, and finally, alterations that occur as

a result of inner identity confusion.

Dissociation is often considered a spiritual experience in non-Western contexts, and this is highly relevant for South Africa. In fact, Krüger, Sokudela, Motlana, Mogeboge and Dikobe (2007), in their exploration of an expanded perspective on dissociation, present a preliminary contextual model of dissociation which includes interpersonal, socio-cultural, and spiritual contexts, appropriate to the pluralistic South African context, and conclude that in our country, dissociation is not only a pathological intrapsychic phenomenon, but a normative means of responding to conflicting messages at interpersonal, cultural or societal levels.

It is worth mentioning the important work of the South African-born Ingo Lambrecht here. He has devoted his research career to exploring the trance states of South African traditional healers, or "sangomas". In his seminal book, Lambrecht (2014) argues that the trance states accessed by traditional healers are dissociative states, but that they serve different functions to those in Western cultural contexts. These dissociative states do not only serve to defend against or manage emotional dysregulation, but also serve to access different states of consciousness in an effort to prepare sangomas for healing and serving their communities. His work shifts the focus from more pathological perspectives on dissociation, and reconceptualises it as the product of expert indigenous knowledges that have at times a more sophisticated understanding of consciousness (Lampbrecht, personal communication, 19 November 2018).

A key issue here in the distinction between pathological and non-pathological dissociation is that trance and possession states are accessed spontaneously, and that they are culturally and religiously accepted and sanctioned, whereas pathological dissociation (as diagnosed in Western contexts) occurs outside of cultural or religious norms, and is considered as a form of maladjustment (Lampbrecht, 2014). Shamanic dissociative trance is volitional, initiated, ritualised and culturally sanctioned, and as in the case of "ukuthwasa" possession in South Africa, external spirits are welcomed, and through acceptance, training and medicines, these spirits become manageable, integrated and mastered (Lampbrecht, 2014). This is how the recipient of these spirits embarks on his/her journey as a healer. Conversely, in a Western diagnostic context, DID is secular in nature, intrusions and conflict are internal (not externally derived spirits) between different parts of the psyche, and the accompanying distress is not culturally accepted or sanctioned (Lampbrecht, 2014). DID and possession states share an alteration in identity, and the presence of amnesia (Lampbrecht, 2014). But possession trance comes with physical contortions, blasphemy and special indigenous knowledge (Lampbrecht, 2014). There are also significant differences in aetiology: while DID is determined by sexual or physical abuse in childhood, this is not usually the case for possession trance states (Lampbrecht, 2014). In addition, DID has a chronic onset while possession trance states have an acute onset (Lampbrecht, 2014). Finally, as noted, in DID the different identities are considered internal, while in possession trance they are considered mythological or ancestral (external) figures (Lampbrecht, 2014). Lampbrecht (2014) warns against imposing Western diagnostic categories on possession trance states such as ukuthwasa, and in so doing, denying the meaning, power and effectiveness that accompany such states. However, he argues that it may be simplistic to claim that one form of dissociation is pathological and the other is not; it is not a simple dichotomy. There remains a great deal of overlap in their appearance and expression.

In one of our studies exploring the relationship between trauma, dissociation and spirituality (more about this below), the traditional healer and psychiatric outpatient sub-samples were directly exposed to significantly more traumatic events than other cultural/spiritual groups. The traditional healer group alone witnessed significantly more traumatic events than other groups. These findings are likely to reflect the vulnerabilities inherent to this group's context – the traditional healers were recruited from a high-violence informal settlement. What this finding suggests is that traditional healers tend to live in areas which make them

vulnerable to continuous traumatic stress, and that the dissociative trance states which they access, might in fact be both trauma-related and spiritual in nature, so serving dual functions. In other words, the propensity or tendency to dissociate may stem from exposure to trauma, which is then enacted in circumstances when dissociative possession or trance states are demanded.

In two studies, myself and my colleagues explored the relationships between trauma, dissociation and spirituality in a multi-cultural and diverse devotional sample. The sample consisted of Muslims, Christians, traditional and spiritual healers as well as psychiatric outpatients. The results of the first study point to the high levels of trauma exposure and associated levels of post-traumatic responding (both PTSD and dissociation) in different cultural and spiritual communities in South Africa, particularly among groups made vulnerable by economically disadvantaged environments, female gender and co-morbid psychiatric diagnoses. It is worth emphasising here that the psychiatric outpatients presented with significantly higher levels of both more broadly-defined dissociation, as well as more pathological dissociation, as measured by the DES (Dissociative Experiences Scale) taxon, than other groups, again pointing to the complex, comorbid post-traumatic pathological picture these patients may be presenting with. Despite this, none of the psychiatric outpatients were being treated for dissociation. Mkize (2008) notes that a substantial number of psychiatric patients presenting for non-trauma related psychopathology may demonstrate symptoms of PTSD (and dissociation). Assessment for PTSD and dissociation may be overlooked when dealing with psychiatric patients, even when these symptoms are present, because these patients do not specifically present on the basis of trauma exposure (Mkize, 2008). We recommend that in vulnerable populations such as these, PTSD and dissociation screening and diagnosis should become routine practice.

In the second study, we found that direct exposure to trauma predicted pathological dissociation, and both direct exposure to trauma and witnessing trauma predicted post traumatic symptoms. An unexpected finding emerging from this study was that direct exposure to trauma did not have a significant interaction with spirituality (we expected that more traumatised participants may turn to their spiritual beliefs for comfort and solace). However, depersonalisation and derealisation (aspects of dissociation) were predicted by the interaction between direct exposure to trauma and spirituality, demonstrating the importance of the joint effects of trauma and spirituality on dissociative processes. Only witnessing trauma demonstrated an interaction with spirituality, and the direction of effects was counter-intuitive: an increase in indirect exposure was associated with a reduction in spirituality.. Finally, direct and indirect exposure to trauma predicted dissociation in the religious sample. Spirituality significantly predicted dimensions of dissociation in psychiatric out-patients, suggesting that amongst this vulnerable group, a spiritual orientation may enhance dissociative responding and vice versa. A complex finding to untangle is the interaction between spirituality and dissociation and its prediction of PTSD in the religious group. What this finding suggests is that PTSD symptomatology is complexly determined by non-pathological and pathological dissociation. This aside, overall, the study provides evidence that dissociation is a trauma-related, pathological response pattern, not solely a spiritual (possession or trance) expression of devotion and connection to the divine in this South African sample. It also emphasises the importance of both direct and indirect exposure in dissociative and PTSD symptomatology. We suggest that future research should focus on deciphering the counter-intuitive direction of predictive effects between witnessing trauma and spirituality, and understanding the role of depersonalisation and derealisation in spiritual orientation and practice. Furthermore, efforts need to be dedicated to understanding the different roles of spirituality and dissociation in psychiatric and religious samples.

It is interesting that despite the high levels of trauma exposure and associated psychopathology in South Africans, training in dissociative disorders tends to remain DSM-5 based, with limited elaboration

in terms of aetiology, local prevalence or cultural factors (Christa Krüger, Leslie Swartz, Sia Maw, personal communication). This lack is not only in relation to the research and training of health and mental health professionals in dissociation; this lack also extends to treatment, which is particularly problematic considering the likely high prevalence of dissociative disorders in contexts characterised by continuous exposure to trauma. As Joubert (2018), a South African trauma therapist, notes: "In my opinion, trauma work in South Africa is focused on debriefing, prevention and treatment of Post-Traumatic Stress Disorder rather than Dissociative Disorders. The development and progress in the areas of acknowledging, researching, diagnosing and treating dissociation and dissociative disorders are slow". (http://news.isst-d.org/trauma-and-dissociation-work-in-south-africa).

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PSYCHOTHERAPY SERVICE IN HONG KONG FOR COMPLEX TRAUMA AND DISSOCIATION

By: Ellen Yee-man Ma

In this article, the development and training in psychotherapy for persons with complex trauma and dissociation in Hong Kong is introduced. In Hong Kong, the profession of clinical psychologist is one of the key professionals in providing psychotherapy service to persons with mental health issues. Clinical psychologists are mainly employed in medical, government and non-government organizations. The Clinical Psychological Service Branch (CPSB) of the Social Welfare Department (SWD) is one major government setting providing psychotherapy and delivering training in our community.

It is widely documented that chronic childhood abuse is strongly related to complex trauma and dissociation. In our society, all child abuse victims and their families, once registered in the Child Protection Registry, would be followed up by

the SWD for their welfare and treatment needs. In addition, adult survivors of childhood trauma can also receive therapy services at the Clinical Psychological Service Branch (CPSB), as referred by social workers. In addition to identified victims and survivors of abuse, our other service recipients come with a wide range of presenting problems, which include mood disorders, anxiety disorder, adjustment difficulties, relational issues, etc. Thus, the CPSB of the SWD is a major service provider to these individuals, especially those who have financial difficulties undergoing therapy in private settings.

Last year, we had over 2200 clients receiving regular therapy in our offices. A quick survey of their presenting symptoms as diagnosed by our colleagues indicated that around 8% presented with simple PTSD symptoms, 15% with symptoms of complex trauma without symptoms of dissociative disorders, and 7% exhibited dissociative symptoms or dissociative identity disorder. The results reflect the need to equip ourselves with effective treatment modalities in these areas.

Recognizing the complexity of treating trauma and dissociation, we started the training in the SWD since 2012 by inviting renowned psychologists and therapists in the field to provide training with up-to-date knowledge and intervention approaches. Among these are: Prof. Onno van der Hart from the Netherlands, Dr. Roger Solomon, Dr. Sandra Paulsen, and Debra Wesselmann from the U.S., and Dr. Renee P. Marks from the U.K. Their training in the Theory of Structural Dissociation of Personality (TSDP), application of EMDR in complex trauma and dissociation, therapy for children with complex trauma and dissociation, integration of neuropsychology in therapy, and Ego States Therapy widened our perspectives and provided creative ways of working with clients. In February 2018, the SWD held a one-day seminar on 'Attachment and Trauma' with Prof. Onno van der Hart and Ms. Delphine Yau, our seasoned clinical psychologist who specializes in trauma and dissociation therapy, as our plenary speakers. They spoke on the role of attachment in trauma and dissociation, together with case presentations, to illustrate the complexities and challenges in intervention. Other colleagues also shared their work on related subjects. Over 400 clinical psychologists and social workers from different government departments (health, correctional, forensic), hospital settings, and non-government organizations attended the seminar. Many of them were new to the TSDP. The seminar was a success: over 80% of participants provided feedback that it met the objectives of disseminating knowledge on trauma and dissociation and found the sessions by plenary speakers and clinical psychologist colleagues helpful and stimulating.

Those years of learning and practice only signify the beginning of developing expertise in this area in Hong Kong. We also learn more from our clients who reveal their pain and struggles in therapy, what works for them, and what not. Besides clinical work, our colleagues also share their expertise in local universities' clinical psychology programs and conduct training on related topics for mental health professionals such as social workers and allied health care workers. We hope that more mental health professionals can better understand the issues and challenges, thus providing effective therapy to clients.

There are other settings in Hong Kong, which also provide psychotherapy service to persons with similar issues, mainly adopting the cognitive behavior therapy approach. The need to exchange views among professionals' different ways of practice, to conduct local studies on the subject matter, and to document the clinical essence in such work as applied to a Chinese population would be deemed necessary. For instance, it is acknowledged that family loyalty, filial piety, shame, and fear of abandonment play strong cultural roles among Chinese. How the interplay between these factors and attachment disruptions is expressed in our culture, or specifically in our clients who are disturbed by symptoms of complex trauma and dissociation, are interesting areas to be further explored.

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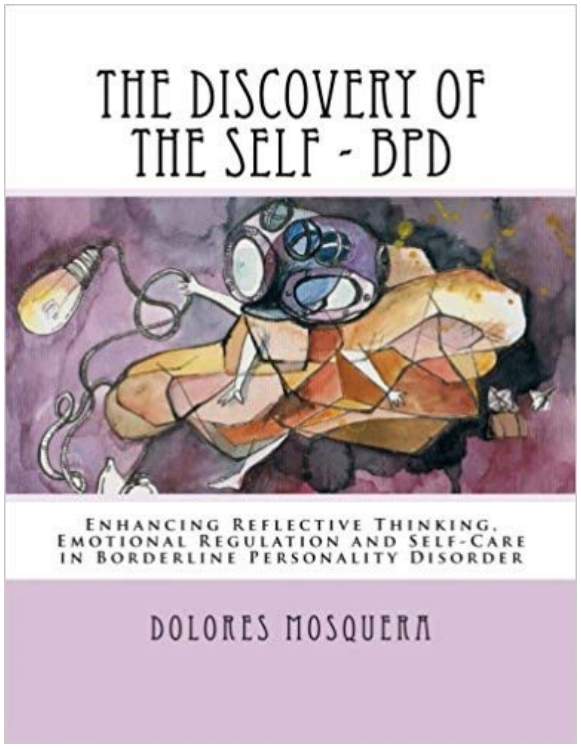
Book Review by Rosita Cortizo

THE DISCOVERY OF THE SELF ~ BPD: Enhancing Reflecting Thinking, Emotional Regulation and Self-Care in Borderline Personality Disorder

By Dolores Mosquera

Ediciones Pléyades, S.A, Madrid, 265 pages, ISBN-13: 9781535453585/ISBN-10:1535453583



In remarkable simple and clear terms, Dolores Mosquera comes alive in The Discovery of the Self, conveying her profound clinical understanding and compassion for clients suffering from borderline personality disorder. Her latest work is based on extensive clinical research and years of experience and offers us practical, structured, yet flexible ways of providing a sequence of easy-to-deliver sessions. The Discovery of the Self is a must-read for clinicians who are in training, private practice, facilitating groups, or for any provider who specializes or treats personality disorders, specifically borderline personality disorder.

This review hopes to spark your curiosity by sharing few of the many highlights of Mosquera's accessible, "hands-on practice guide" consisting of thirty-five sessions divided into nine segments. While I am tempted to describe each of the nine sections in rich detail, such efforts will inevitably fail to provide you with the richness of this useful manuscript. The book is a gift to the reader and as such I will keep my comments introductory.

In the first pages, Mosquera introduces us to the history and research of the program delineating the foundations of the multidisciplinary approach, the importance of its structure and format and the subsequent research of program outcomes. Clients previously considered "irredeemable" are actively yet gradually psychoeducated and empowered to increase their capacity for self-observation resulting in greater curiosity and reflectiveness. The end result is a person with the capacity for self-regulation and ability to function adaptively in the world. The uniqueness of each client is adequately stablished initially and throughout the program, carefully differentiating the individual from the diagnosis. The order of the program starts with self-observation, followed by self-care, defense mechanisms, difficulty with boundaries, identity disturbance, emotional regulation and coping techniques. While the program has an order of instruction, the client's individual needs take precedence and a particular module's application may take precedence over others. Thirty-five paced sessions are recommended, but discretion and clients' needs remain the clinical priorities. The intention is for clients to develop the habit of participating in structured, weekly reflective

exercises and to involve them actively in their healing and transformation. Using the manual as an adjunct to therapy, in a personalized manner, is not only suggested, but strongly encouraged.

In the first segment the therapist introduces the program, educates the client about borderline personality disorder, helps him/her identify current problems, as well as coping skills and goals are set. Exercises which increase self-observation accompany each segment.

Behaviors which commonly interfere with therapy are identified and addressed in the second section. The therapeutic alliance rests at the core of the restorative process. The therapist's own internal regulation and coherence are primal and accordingly addressed.

Self-observation as a form of self-assessment, the third module, is intended to increase self-awareness and understanding of situations that have been historically hard to manage, as well as those that are positive and have been ignored. The benefits of self-regulation are introduced in the multiple exercises offered.

Self-care, destructive behaviors and implementing adaptive alternatives are all important elements of the fourth segment. Inadequate self-care patterns are identified, discussed and modified. The futility of taking care of others before self-care is practiced and reflected on. Self-compassion, realistic self-expectations and empathy are gradually evoked and encouraged. Clients are encouraged to understand their reactive affect, to identify alternative adaptive ways of coping with pain and to replace self-harming acts with adaptive skills to manage complex feelings and stress. Developing resources and activities that can be used in times of confusion and distress is addressed and practiced in the provided exercises.

Understanding defenses, their original purpose and lasting interference is an invaluable psychoeducational offering to both clients and relatives. This fifth module provides rich information for all involved and further therapeutic opportunities. Complex defenses are acknowledged, normalized and addressed in the exercises specifically designed.

The difficulty establishing, maintaining personal boundaries and that of others in interpersonal relationships is recognized. In this sixth segment, types of boundaries and the vulnerability that lack of limit setting creates is noted and worked through. The exercises continue to ignite the client's imagination and to foster self-awareness.

Borderline personality disorder identity can be false, diffused, or fragmented. Becoming complete by, rediscovering the self aside from others and depending on personal capacity are two important aspects of the seventh module.

Emotions are introduced on the eighth module. Personalizing observed signals and lack of coping skills make affect regulation and managing emotions difficult in borderline personality disorder. The reader will learn ways to educate the client about mindfulness, coping and the connection between emotions and thoughts which in turn become behaviors and eventually relational interactions.

In the process of transformation maintaining improvement is elusive yet essential. The goal of the ninth segment is to provide closure, reminders, resources, review of the challenges and gains accomplished in the psychoeducational sessions, in order to maintain and enhance improvement accomplished. The last section focuses on maintaining gains and coping skills and educating clients to see "the good of the bad" and the power of positive thoughts.

I felt like I was a part of Mosquera's clinical team by the end of the book. She teaches admiration and respect for those with borderline personality disorder. The Discovery of the Self is equally storytelling, educational and informative with a solid scientific foundation. The text is written in such a way as to be digestible for the novice

clinician with little background in borderline personality disorder. However, it also contains a wealth of information useful for clinical experts in this expansive field.

Dolores Mosquera's keen remarks, precise recommendations and flexible work on the treatment of borderline personality disorder makes it clear that she is an international leading figure and a pioneer in this arena. In closing, I would like to afford the reader the benefit of enjoying one of the author's many pearls of wisdom. Mosquera writes:

> Two core aspects in the treatment of borderline personality disorder are the development of reflective capacity and adaptive response activation. Individuals need to exercise prefrontal functions, such as decision-making or planning, which are involved in self-observation and metacognition. They also need to learn to use active responses rather than passive or reactive ones. This is a feature that will appear throughout the proposed psychoeducational model, which is more important than the specific content. We might call this "prefrontal lobe gymnastics (p. 6)."

Book Review by Nelleke Nicolai

THE ABUSED AND THE ABUSER. Victim-Perpetrator Dynamics.

Edited by Warwick Middleton, Adah Sachs and Martin J. Dorahy

London, Routledge, 2018
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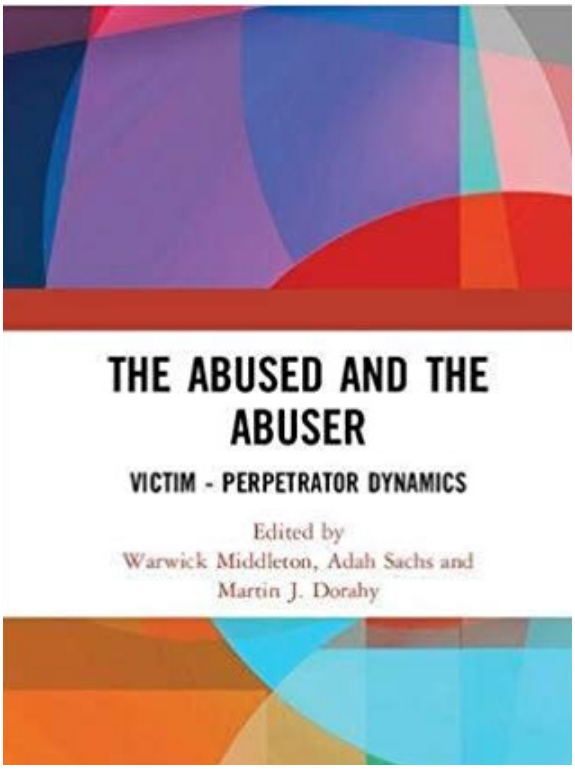

"The icy core of perpetration is the nullification of the subjectivity of the other" (Harvey L. Schwartz)

Many years ago, I supervised a team of clinical psychologists and therapists in a mental health centre on trauma therapy. One of them treated a woman of about forty years with DID living in a residential mental health setting, who did not respond positively to any of the phase-oriented interventions of her therapist. Every move provoked a worsening of her symptoms, with heightened suicidality, self-harm and alcohol abuse. Personality part after personality part appeared on the scene. Soon it became clear that she was a victim of ongoing abuse, by her eighty-year-old mother who lived in a city two hundred kilometres from the patients' home. This became clear when her therapist found messages from her mother in her diary that were addressed to a personality part or alter personality. The patient showed her therapist postcards in her diary, because the presenting part had no clue who the addressee was. That was the first time I was confronted with a case of ongoing abuse. The patient was summoned by her mother – who abused her sexually – to take part in a group of perpetrators who also abused small children. The patient felt like she was dying of shame: she was also a perpetrator. Her therapist tried to convince her that she should not go to her mother. To no avail. The patient had multiple dissociative symptoms, more than 40 personality parts, and she was very anxious and frightened, hardly able to look after herself. What bothered us that we as therapists couldn't do anything to make her safe. Later I met other clients with a history of ongoing abuse, also by mothers, which is not as rare as was thought before. I have treated several women and men abused by their mothers. So I was very interested in this volume The Abused and the Abuser, edited by Warwick Middleton, Adah Sachs and Martin Dorahy, which, as the introduction reads, delves deeply in the complexity of dynamics between perpetrators, victims, and witnesses, especially in cases of ongoing, institutionalized or extremely sadistic abuse.

It is a strange paradox that, although some writers claim that public violence declines, like Stephen Pinker in his book "The angels of our better future", violence in homes and institutions does not decline. We know that from reports on sexual abuse, in families, childcare centres, and religious institutions or on intimate or partner violence. Abuse and violence seem to be more hidden and secret than the public variety. In his excellent introduction, Warwick

Middleton describes how our values and morality about violence change but that "a disturbing side effect to this achievement however is that where offences against human rights (e.g., child abuse, human trafficking, and torture) continue to occur, they are characterized by greater organization and concealment" (p.1). That also means that the position of onlookers and witnesses, and the public function of justice, police, politics and ethics have changed. Police officers complain that many victims refuse to inform against their perpetrators; for example, in a recent case of abuse by a trainer in an athletic club in The Netherlands. The relation and dynamics between perpetrators and victims is a tricky and intricate one as we all know, but it becomes even more so if the gap between the reality in your family, your sports club, your church, or your school, and societal values has increased. This enhances shame and as we all know, shame is the most toxic and impeding emotion.

In this volume, we meet a plethora of dynamics between abuser and abused, with a strong emphasis of disorganization of attachment, as one of the explanations of the intricacies of those dynamics. The volume consists of 15 chapters, of which were originally published in the Journal of Trauma & Dissociation Vol. 18, issue 3 (May–June 2017). An end note is written by Jeffrey Masson, who responds to the reactions in the psychoanalytical world to his book The assault on truth, published in 1984. Denial and refusal to believe what he found in the unpublished letters between Wilhelm Fliess and Freud, intertwined with an enormous aggressive attack on him. Anna Freud however did not deviate from her permission of his access to the Freud Archives. He adds that the correspondence with Ferenzci was still in the front drawer of Freud's desk when he died, a sign that this correspondence was important to him, whatever the reason. What puzzled Masson was what he had done to bring such rage upon him. It was probably he had uncovered unsavoury secrets that disturbed the illusion of scientific rigour of psychoanalysis.

More about the secrets in the history of psychoanalytic pioneers is described in a chapter by Warwick Middleton. This new chapter deals with shocking facts in the biographies of Sigmund Freud, Sándor Ferenczi, Ernest Jones, Wilhelm Fliess and his son Robert Fliess. I will start with this last astounding chapter, because it illuminates the role of the secrecy, denial, and compartimentalization we all have to deal with in the field of trauma. Wilhelm Fliess was Freud's friend and confidant to whom he would write the outlines of his theory, especially his theory that neurotic symptoms were not caused by actual events but by wishful phantasies and that as far as the neurosis was concerned psychical reality was of more importance than material reality (Freud 1925,/2001, p. 34.). Wilhelm Fliess was a Berlin-based otolaryngologist, whose son, Robert, established himself as a New York psychoanalyst. Wilhelm Fliess, first idealized and then dismissed by Freud, was described an abuser by his son and as a tyrant at home by Robert Fliess' wife. Robert Fliess re-evaluated the theories of his father and worked extensively with abused patients. He was one of the first Americans who wrote, in 1956, that he felt that Freud "had gone too far in favouring fantasy at the cost of memory", and he added that this was probably due to the resistance of the analyst himself. During his working life, he was a staunch follower of Freud: it was not his intention to criticise the basic tenets of psychoanalytical theory itself. Robert Fliess wrote that his father probably was, as Ernest Jones had described him an ambulatory psychotic. From the Fliess-Freud letters, edited by Jeffrey Masson, we know that Freud at the time of their correspondence was heavily influenced by Fliess's theories about the nasal cavity and its three weekly cycles. Freud was poor at that time and relatively unknown, worrying about lack of money and various physical complaints. Fliess on the other hand, was a successful doctor with a wealthy wife. Less known is that he treated Freud himself by cauterising his nose, with disastrous results. Their friendship – often described as a folie-à-deux - was based on blind love and admiration. Kohut would have called this type of relationship narcissist twin transference. Ernest Jones, Freud's most important defendant and advocate, was himself probably an abuser of more than children. Boundary

violations were very common: Jung with his patient Sabina Spielrein, Jones with the maid of his former patient and wife; Sandor Ferenczi as the lover of his mistress' daughter. Ferenczi was himself abused as a child. As is known, he became an outcast after he presented his article on the Confusion of tongues in 1932.

In many revolutionary movements, uncertainty, idealism and fervour can brew an interesting but also unhealthy mix of boundary violations and transgressions.

However, although the history of the psychoanalytic pioneers is riddled with unsavoury facts, most of the collaborators in this volume use psychoanalytical theory to describe the difficult relations that exist between victims and perpetrators in families and institutions, in which dependency and one-sided power dynamics play a role. For example, three different chapters (Sinason's, Adah Sachs' and Solinski's)refer to the theory of Ronald Fairbairn, the Scottish psychoanalyst who was one of the first to describe the split between the Idealized "Good" the persecuting "Bad object", and the corresponding self states: the Good obedient child or the bad victimized child. Unfortunately, the editors did not correct the evidently incorrect spelling of his name (Fairburn instead of Fairbairn), in the chapter by Sylvia Solinksi on Knowing and not Knowing.

Richard Kluft is the author of a searching and controversial chapter on "weaponized sex." By this term, he means the use of sexuality or pseudo-erotism as an aggression in the service of safety. He discusses the powerful pressures experienced by a small minority of dissociative female patients to engage others in sexual activities, even at the cost of disrupting their adult lives or their psychotherapeutic encounters. He admits that some of the perspectives he advances are a bit speculative, but bases this perspective on his forty years of experience working with victims-- of sexually exploitive therapists, clergy, and similar figures of authority. He writes: "This body of experience has convinced me that the highly censored and politically correct vagueness customary in discussing such situations, the understandable emphasis on the *unwanted* consequences to the victim and the unfortunately perfunctory attention paid to the second party apart from condemnation, together contribute to an unfortunate overall failure to communicate the complexity, urgency and intensity of what might have transpired within the context of a *clinical encounter*" (18. He describes how some personality parts of a few dissociative patients undress themselves in the consulting room; how he throws afghans over them. (For our European readers: not meaning people from Afghanistan, but a certain kind of crocheted plaid). I always considered this behaviour as a kind of a pre-emptive strike, a good example of the repetition compulsion or turning passive into active. It never occurred in my consulting room, but I had several patients that performed very frightening acts, for example a woman – vicar in everyday life – who walked the streets dressed as a hooker in a very dangerous neighbourhood. Kluft bases his theory on the behaviour of the bonobo's who sexualize any conflict. More importantly, he brings to attention – something that he does not elaborate enough – that this kind of behaviour can be the result of something that happened or transpired in the current or previous session, thus, in the immediate interaction between therapist and patient.

."Kluft's term "weaponized sex "led to a heated debate in a letter to the editor of the Journal of Trauma & Dissociation. The authors of this letter, McMaugh, Richardson & Badouk-Epstein, (2018) objected to the term with its connotations of aggression, implying harm, deploring the lack of reference to the defensive functions of this behaviour. They objected that it describes the behaviour of these patients as provocative, without an approach which recognises and reflects the imbalance of gender power dynamics."

Kluft felt insulted and reacted with anger. The question remains, however: what is the transferential purpose of undressing in your therapist's office? In what role do you put your male therapist? All men? Known by child therapists, how abused children, when frightened become sexually aroused, because their motivational systems -anxiety and sexuality-

conflict, as Liotti writes in his brilliant chapter. Can the same be the case with adult women, who were raised in an atmosphere of sexual violence and coercion?

Liotti, sadly deceased in 2018, also departs from attachment theory and broadens his perspective by considering the other motivational systems, Care giving, Sexuality, Competitiveness and Predatory aggression. He bases his ideas on Panksepp's seven motivational systems and evolutionary-based motivational systems, as described by Tomassello.From these sources, we know now that the Darwinian adaptation is responsible for the huge development of human communicative behaviour and cooperativeness, showing in the spontaneous ability of nine-month-old infants to point and sharing of intentions. However, this cooperativeness and interpersonal regulation of social behaviour makes us vulnerable to predatory aggression. The motivational systems are Survival Defense, Attachment, Care giving, ranking (competition, dominance, and submission), Sex, Cooperation and Predation. They all play their own part in neuroanatomy, neurophysiology and chemistry, and activate their own affects. Ranking calls for anger, shame and pride, are giving for protectiveness and solicitude, cooperation for sharing and feelings of friendship, and predation for destructive aggression and the excitement of power. Activation of one system tends to inhibit the concurrent operations of the other systems. Liotti remarks that in humans, the operations of the survival system and the predation systems must be considered key in most interactions between the abuser and the abused. In the abused, these systems become disordered and disharmonic, not only in the child's psyche but also in the relationship with the abuser.

In another very important chapter, Middleton applies the concept of weaponized sex to analyse certain patterns of interaction in a group of ten DID patients, for whom abuse is ongoing and chronic. He gives examples of locked-up, enslaved children, who seem to be fused with their perpetrators. Their sexual arousal and orgasm been used by their perpetrators as "evidence" that they liked the abuse. They lose their sense of living in their own body, not knowing what they want, feel or aspire to. They are irrevocably owned and enslaved. Their sexual conditioning is very thorough and early. They have often learned to take the initiative as way of showing the perpetrator that they want it (and probably exonerate the perpetrator?). Sexuality is their major interactional currency. Although I also would like to change the ugly term, weaponized sex, for a better one, I was very impressed by this chapter. As the American writer and essayist Rebecca Solnit asserts in her introduction to "Call them by their true name" (2018): "To name something truly is to lay bare what may be brutal or corrupt – or important or possible – and key to the work of changing the world is changing the story, the names and inventing or popularizing new names or terms and phrases." (p 2).The term "weaponized sex" is a brutal one, but it reflects the underlying brutality, in which these women have to live their lives. In the words of Harvey Schwartz, "perpetrators misappropriate the minds, bodies and spirits of other human beings for containment, communication and re-enactment" (Schwartz, 2013, p. 111). Probably this also happens in the mind of the women Kluft describes, who are not able to contain, mentalize or to know their own sexualized introjects until someone understands that these introjects are meant to defy any therapeutic bond and evacuate their sense of shame and fear in the other. Harvey Schwartz (2013) calls them "Enforcer introjects" or Enforcers (p.13) who control by force, threats, intimidation and inciting acts of self-harm. Probably this could be a better term.

Salter writes a disconcerting chapter on organized abuse and how often different agencies do not work together, do not believe what victims tell them, and have nothing at hand to provide safety for victims when they are threatened by ongoing violence, abduction and stalking.

Christa Kruger presents research on South-African psychiatric residents, in which she found that the development of dissociative disorders can be predicted by emotional neglect in childhood and later maltreatment by partners in adulthood.

Two very important chapters, in my opinion, are written by Adah Sachs and Valerie Sinason, about respectively the role of symbolical and concrete infanticidal attachment and deadly perpetrator introjects. In her chapter Adah Sachs proposes a spectre of attachment disturbances: between secure, insecure, disorganized, Cannot Classify, Agonistic, Erotizing/Caregiving attachment to infanticidal attachment, --a kind of paradox for a child. To be safe you have to be dead. She distinguishes symbolical infanticidal attachment from concrete infanticidal attachment. Symbolic infanticidal attachment arises when an attachment figure is obsessed by grief or illness, so that the child unconsciously feels that to be loved is to be dead and to be dead is being loved. It is the source of many suicidal acts during psychotherapist' encounter. This pattern exists in second-generation Holocaust survivors' families, but also in families in which a previous child died. In concrete infanticidal attachment, a parent inflicts life-threatening sadistic abuse or tries to murder the child. Often by strangling. People with this attachment mode strive unconsciously for pain and near-death abuse, because "these are the only moments in which they feel truly held in the mind of the attachment figure, safe and loved" (p. 87). Full submission – till death does follow – for reaching the attachment figure is the relational paradigm of Judith Rossner's novel, Looking for Mr Goodbar.

Sinasons' excellent chapter uses Fairbairn's theory on the maintenance of the internal (split) world as a closed system to expand on the role of infanticidal attachment in a case history.

A beautiful chapter is written by Martin Dorahy on "Shame as a compromise for humiliation and rage in the internal representation of abuse by loved ones". It is not the normal feeling of shame that keeps us in line, but a toxic form, highly conducive to self-blame and persecutory guilt.

Other good chapters are on mother-child incest, the difference between mother-son incest and mother-daughter incest by Joan Haliburn and the consultation of the therapy team when despair has set in and therapeutic leverage has dwindled, by Richard Chefetz.

The Abused and the Abuser is a rich and thought-provoking book, in which trauma theory, attachment theory and psychoanalytic theory become integrated. What I missed is an explanation of what is goes on in the mind of perpetrators, who eventually burn up by their own destructiveness, which remains unmetabolized and unmentalized, and will be borne by those who are dependent on them.

In conclusion this is a wonderful and important book (although with a few uncorrected references), that every trauma therapist needs to read. It takes us a step further in unravelling of the power dynamics in violent systems.

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Rebecca Solnit (2018). Call them by their true names. London: Granta.

HOT OFF THE PRESS

By: Winja Lutz

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!

Relationally based psychodynamic psychotherapy in prison: processes of control, shame, and dissociation

Hohfeler, Richard A.

The scant literature relative to the application of relationally based and psycho-dynamic therapies within correctional settings clearly illustrates the contextually driven challenges to employing such approaches (Haley, 2010; Huffman, 2006; Kita, 2011; Stein, 2007, 2009). Stein (2001, 2004, 2007, 2009) in particular has written extensively about the psychotherapeutic needs of the high concentration of severely developmentally traumatised and dissociative individuals in our prisons, who are unlikely to receive psychodynamic therapies due to resource constraints. Such acute treatment needs can be exacerbated by the operational design of correctional settings—which are predicated on the maintenance of safety and security through the exercise of behaviour management and controlled access to personnel and resources. The over-representation of relationally traumatised individuals within prison populations is confounded by the structural parallels of the controlled environment that inadvertently trigger these inmates. The counterproductive results are not necessarily unexpected given how trauma is routinely re-enacted (Chefetz, 2015; Kupers, 1996; Van der Kolk, 1989, 2014; Van der Kolk & McFarlane, 1996). Nonetheless, this reactive cycle represents an unfortunate re-enactment of relational control both intrapsychically and environmentally. Discussion of the dynamics of control inherent within correctional settings, followed by a case study of an inmate suffering from traumatic exposure to an austerely narcissistic and abusive father, is illustrative of this cycle. The isomorphism of coercive internal object relations and institutional control is striking and will be illustrated.

Hohfeler, Richard A. "Relationally based psychodynamic psychotherapy in prison: processes of control, shame, and dissociation." Attachment 12.2 (2018): 127-146. [retrieved 03/01/2019]: https://www.ingentaconnect.com/content/phoenix/att/2018/00000012/00000002/art00005

"I feel like I do not exist:" A study of dissociative experiences among war-traumatized refugee youth.

Gušić, S., Malešević, A., Cardeña, E., Bengtsson, H., & Søndergaard, H. P.

Objective: War-traumatized refugee children and adolescents have been overlooked in research on trauma-related dissociation, and whatever research has been conducted has relied almost exclusively on questionnaires. The present study was an exploration of dissociative experiences in multitraumatized war-refugee youth.

Method: In this study, we used a mixed-method approach by grouping participants according to a Western-based dissociation measure (the Adolescent Dissociative Experiences Scale; Armstrong, Putnam, Carlson, Libero, & Smith, 1997), and conducting qualitative and quantitative analyses of their verbal descriptions of mental experiences related to dissociation in the aftermath of war and resettlement. The sample included 40 refugee youth, ages 13 to 21, 19 girls and 21 boys resettled in Sweden because of war and persecution.

Results: Severe trauma-related dissociation was a problem for a considerable subgroup of the sample. Some dissociative experiences were present in all the sample; others were restricted to the most dissociative group. The correlates of severe dissociation included high frequency and severity of emotional dysregulation and intensity, negative self- and body-perception, depressive mood, and experiences of detachment. Conclusion: Clinicians are urged to be aware of and assess trauma-related dissociation in war-refugee youth, and consider not only dissociative phenomena, but also other important processes such as emotional dysregulation.

Gušić, S., Malešević, A., Cardeña, E., Bengtsson, H., & Søndergaard, H. P. (2017). "I feel like I do not exist:" A study of dissociative experiences among war-traumatized refugee youth. [retrieved 03/01/2019]: https://psycnet.apa.org/record/2017-52055-001

Dissociative Experiences in Gambling Disorder

Schluter, M. G., & Hodgins, D. C.

Purpose of Review: This review provides a summary of the literature (2012–2018) regarding dissociative experiences in Gambling Disorder (GD). We provide an overview of conceptualizations of dissociation, its relationship to GD, dissociation within specific types of gambling, and harm reduction strategies targeting gambling-related dissociative experiences.

Recent Findings: The gambling literature lacks a unified conceptualization of dissociative experiences, and measures different aspects of dissociation across studies. The propensity of some individuals toward general and in-game dissociation appears to be involved in the development and/or maintenance of GD. Several features of gambling may facilitate in-game dissociation, particularly among individuals with GD. As such, tools that disrupt in-game dissociation may be crucial for harm reduction.

Summary: Future research should be aimed at developing a single, operational definition of dissociation in gambling, and this should be systematically examined across gambling modalities. Additionally, ongoing refinement of interventions that effectively interrupt in-game dissociation holds promise for reducing gambling-associated harms.

Schluter, M. G., & Hodgins, D. C. (2019). Dissociative Experiences in Gambling Disorder. Current Addiction Reports, 1-7. [retrieved 03/01/2019]: https://link.springer.com/article/10.1007/s40429-019-0238-y

Freud's Rejection of Hypnosis: Perspectives Old and New: Part III of III—Toward Healing the Rift: Enriching Both Hypnosis and Psychoanalysis

Kluft, R. P.

As Freud developed his own ideas, he abandoned the use of hypnosis. This change led to more than a century of disengagement between hypnosis and psychoanalysis, characterized, with notable exceptions, by mutual avoidance, dismissiveness, and incomplete appreciation of each by the other. Earlier communications challenged the foundations of Freud's rationales and their perpetuation. Here, contemporary instances in which hypnosis and psychoanalysis are used together are reviewed briefly before exploring possibilities/opportunities for their mutual enrichment and enhancement. The judicious incorporation of insights and assets from each into the other can be implemented without violating the standard approaches and practices of the modality into which they might be imported. Examples are offered as food for thought, stepping-stones toward a rapprochement long overdue.

Kluft, R. P. (2018). Freud's Rejection of Hypnosis: Perspectives Old and New: Part III of III—Toward Healing the Rift: Enriching Both Hypnosis and Psychoanalysis. American Journal of Clinical Hypnosis, 61(3), 208-226. [retrieved 03/01/2019]: https://www.tandfonline.com/doi/abs/10.1080/00029157.2018.1544432

A correlation network analysis of dissociative experiences

Schimmenti, A., & Şar, V.

The interrelationships between the symptom domains of dissociation, such as the loss of continuity in subjective experience, the inability to access personal information, and the distortions about the perception of self and the environment, need to be better understood. In the current study, 2274 adults from Italy completed the Dissociative Experiences Scale-II (DES-II), and their responses were examined within a correlation network analysis framework. Fifteen dissociative experiences showed the strongest associations with the other dissociative experiences included in the measure, and they were selected for further analysis. A partial correlation network was calculated to reveal the associations between such experiences, and a community detection analysis was used to explore whether they formed distinct clusters in the network. Subsequently, a Bayesian network was estimated to examine the direction of the associations among the dissociative experiences, and a directed acyclic graph (DAG) was generated to estimate a potentially causal model of their relationships. The community detection analysis revealed three clusters of experiences that were conceptualized in terms of trance, experiential disconnectedness, and segregated behaviors. Dissociative amnesia was a common denominator of all the three clusters. The analysis of the DAG further suggested that dissociation can be conceptualized as a network in which dissociative experiences are layered into groups of symptoms that interact among them. Cognizance of the configuration and interactions among the dissociative domains and their related symptoms may be critical for better understanding the internal logic behind the dissociative processes and for addressing them effectively in clinical practice.

Schimmenti, A., & Şar, V. (2019). A correlation network analysis of dissociative experiences. Journal of Trauma & Dissociation, 1-18. [retrieved 03/01/2019]: https://www.tandfonline.com/doi/abs/10.1080/15299732.2019.1572045

Unresolved Trauma and Reorganization in Mothers: Attachment and Neuroscience Perspectives

Iyengar, U., Rajhans, P., Fonagy, P., Strathearn, L., & Kim, S.

The onset of motherhood is characterized by significant psychological and neurobiological changes. These changes equip the mother to care for her new child. Although rewarding, motherhood is also an inherently stressful period, more so for mothers with unresolved trauma. Past research has looked at how unresolved trauma can hamper a mother's caregiving response toward her infant, which further affects the development of secure attachment in her own infant. The Dynamic Maturational Model of Attachment and Adaptation (DMM) has introduced a unique concept of "attachment reorganization" which can be described as a process whereby individuals with unresolved trauma are transitioning toward attachment security based on their enhanced understanding of past and present experiences. Preliminary results from one of our previous studies have shown that, among mothers with unresolved trauma, mothers who themselves demonstrated "reorganizing attachment" toward security, had infants with secure attachment, thereby indicating the potential to halt the intergenerational transmission of insecure attachment. While this concept is of great clinical relevance, further research is required to assess the benefits of attachment reorganization as a protective factor and its positive implications for child development. Thus, the aim of the current review is to expand on the concept of attachment reorganization in mothers with unresolved trauma from both attachment and neuroscience perspectives. To that effect, we will first review the literature on the transition to motherhood from attachment and neuroscience perspectives. Second, we will use attachment and neuroscience approaches to address deviations from normative experiences during motherhood with a specific focus on the role of a mother's unresolved trauma. Lastly, we will expand on the concept of reorganization and the promise this concept holds in resolving or halting the intergenerational transmission of trauma from mothers to their children.

Iyengar, U., Rajhans, P., Fonagy, P., Strathearn, L., & Kim, S. (2019). Unresolved Trauma and Reorganization in Mothers: Attachment and Neuroscience Perspectives. Frontiers in psychology, 10. [retrieved 03/01/2019]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6363675/

An Online Educational Program for Individuals With Dissociative Disorders and Their Clinicians: 1 Year and 2 Year Follow Up

Brand, B. L., Schielke, H. J., Putnam, K. T., Putnam, F. W., Loewenstein, R. J., Myrick, A., ... & Lanius, R. A.

Individuals with dissociative disorders (DDs) are underrecognized, underserved, and often severely psychiatrically ill, characterized by marked dissociative and posttraumatic stress disorder (PTSD) symptoms with significant disability. Patients with DD have high rates of nonsuicidal self injury (NSSI) and suicide attempts. Despite this, there is a dearth of training about DDs. We report the outcome of a web based psychoeducational intervention for an international sample of 111 patients diagnosed with dissociative identity disorder (DID) or other complex DDs. The Treatment of Patients with Dissociative Disorders Network (TOP DD Network) program was designed to investigate whether, over the course of a web based psychoeducational program, DD patients would exhibit improved functioning and decreased symptoms, including among patients typically excluded from treatment studies for safety reasons. Using video, written, and behavioral practice exercises, the TOP DD Network program provided therapists and patients with education about DDs as well as skills for improving emotion regulation, managing safety issues, and decreasing symptoms. Participation was associated with reductions in dissociation and PTSD symptoms, improved emotion regulation, and higher adaptive capacities, with overall sample |d|s = 0.44–0.90, as well as reduced NSSI. The improvements in NSSI among the most self injurious patients were particularly striking. Although all patient groups showed significant improvements, individuals with higher levels of dissociation demonstrated greater and faster improvement compared to those lower in dissociation |d|s = 0.54–1.04 vs. |d|s = 0.24–0.75, respectively. These findings support dissemination of DD treatment training and initiation of treatment studies with randomized controlled designs.

Brand, B. L., Schielke, H. J., Putnam, K. T., Putnam, F. W., Loewenstein, R. J., Myrick, A., ... & Lanius, R. A. (2019). An Online Educational Program for Individuals With Dissociative Disorders and Their Clinicians: 1 Year and 2 Year Follow Up. Journal of traumatic stress. [retrieved 03/01/2019]: https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22370

Protective factors that buffer against the intergenerational transmission of trauma from mothers to young children: A replication study of angels in the nursery

Narayan, A. J., Ippen, C. G., Harris, W. W., & Lieberman, A. F.

This replication study examined protective effects of positive childhood memories with caregivers ("angels in the nursery") against lifespan and intergenerational transmission of trauma. More positive, elaborated angel memories were hypothesized to buffer associations between mothers' childhood maltreatment and their adulthood posttraumatic stress disorder (PTSD) and depression symptoms, comorbid psychopathology, and children's trauma exposure. Participants were 185 mothers (M age = 30.67 years, SD = 6.44, range = 17–46 years, 54.6% Latina, 17.8% White, 10.3% African American, 17.3% other; 24% Spanish speaking) and children (M age = 42.51 months; SD = 15.95, range = 3–72 months; 51.4% male). Mothers completed the Angels in the Nursery Interview (Van Horn, Lieberman, & Harris, 2008), and assessments of childhood maltreatment, adulthood psychopathology, children's trauma exposure, and demographics. Angel memories significantly moderated associations between maltreatment and PTSD (but not depression) symptoms, comorbid psychopathology, and children's trauma exposure. For mothers with less positive, elaborated angel memories, higher levels of maltreatment predicted higher levels of psychopathology and children's trauma exposure. For mothers with more positive, elaborated memories, however, predictive associations were not significant, reflecting protective effects. Furthermore, protective effects against children's trauma exposure were significant only for female children, suggesting that angel memories may specifically buffer against intergenerational trauma from mothers to daughters.

Narayan, A. J., Ippen, C. G., Harris, W. W., & Lieberman, A. F. (2019). Protective factors that buffer against the intergenerational transmission of trauma from mothers to young children: A replication study of angels in the nursery. Development and psychopathology, 31(1), 173-187. [retrieved 03/01/2019]: https://www.cambridge.org/core/journals/development-and-psychopathology/article/protective-factors-that-buffer-against-the-intergenerational-transmission-of-trauma-from-mothers-to-young-children-a-replication-study-of-angels-in-the-nursery/755797959CF7C87B09E9A66FC352C5C6

Contributing factors predicting nightmares in children: Trauma, anxiety, dissociation, and emotion regulation

Secrist, M. E., Dalenberg, C. J., & Gevirtz, R.

Objective: There is little research in the current literature regarding contributing factors to nightmares in children. This study aimed to test potentially overlapping predictors of nightmare distress and severity, including anxiety, dissociation, trauma history, vagal tone, and parental processing of emotions. Method: Sixty parent–child dyads (children ages 6–11) filled out a variety of child-report and parent-observation inventories on nightmare frequency and distress, dissociation, anxiety, and trauma history of the child. Children were monitored on heart rate variability and vagal tone. Both parent and child participated in a discussion of positive and negative life events that were later coded for degree of parent processing of emotional information. Results: Anxiety, trauma history, dissociation, and baseline vagal tone accounted for 39% of the variance in nightmare distress. Anxiety and dissociation were positive predictors of nightmare distress in the multiple regression. Parent processing variables were weak predictors in the current analysis. Conclusions: The predictive power of anxiety, dissociation, vagal tone, and trauma history was not entirely due to their overlap, as shown by uniquely significant beta weights in the prediction of distress. Treatment procedures with multiple intervention points targeting physiological and psychological sources of nightmare distress may be warranted.

Secrist, M. E., Dalenberg, C. J., & Gevirtz, R. (2019). Contributing factors predicting nightmares in children: Trauma, anxiety, dissociation, and emotion regulation. Psychological Trauma: Theory, Research, Practice, and Policy, 11(1), 114. [retrieved 03/01/2019]: https://psycnet.apa.org/record/2018-30344-001

Child sexual offenders show prenatal and epigenetic alterations of the androgen system

Kruger, T. H., Sinke, C., Kneer, J., Tenbergen, G., Khan, A. Q., Burkert, A., ... & Pohl, A.

Child sexual offending (CSO) places a serious burden on society and medicine and pedophilia (P) is considered a major risk factor for CSO. The androgen system is closely linked to sexual development and behavior. This study assessed markers of prenatal brain androgenization, genetic parameters of androgen receptor function, epigenetic regulation, and peripheral hormones in a 2×2 factorial design comprising the factors Offense (yes/no) and Pedophilia (yes/no) in analyzing blood samples from 194 subjects (57 P+CSO, 45 P−CSO, 20 CSO−P, and 72 controls) matched for age and intelligence. Subjects also received a comprehensive clinical screening. Independent of their sexual preference, child sexual offenders showed signs of elevated prenatal androgen exposure compared with non-offending pedophiles and controls. The methylation status of the androgen receptor gene was also higher in child sexual offenders, indicating lower functionality of the testosterone system, accompanied by lower peripheral testosterone levels. In addition, there was an interaction effect on methylation levels between offense status and androgen receptor functionality. Notably, markers of prenatal androgenization and the methylation status of the androgen receptor gene were correlated with the total number of sexual offenses committed. This study demonstrates alterations of the androgen system on a prenatal, epigenetic, and endocrine level. None of the major findings was specific for pedophilia, but they were for CSO. The findings support theories of testosterone-linked abnormalities in early brain development in delinquent behavior and suggest possible interactions of testosterone receptor gene methylation and plasma testosterone with environmental factors.

Kruger, T. H., Sinke, C., Kneer, J., Tenbergen, G., Khan, A. Q., Burkert, A., ... & Pohl, A. (2019). Child sexual offenders show prenatal and epigenetic alterations of the androgen system. Translational psychiatry, 9(1), 28. [retrieved 03/01/2019]: https://www.nature.com/articles/s41398-018-0326-0

To What Extent Do Laws throughout England and Wales Protect Women against Sex Trafficking?

Fashanu, G., Lauderdale, L., McCauley, C., Puszcz, A., & Vakoula, A.

Despite somewhat extensive legislation that reduce the number of offences connected to human trafficking for sexual exploitation throughout England and Wales, all circumstances are not fully elaborated upon. Sex trafficking, according to the Shared Hope International Group, is when 'someone uses force, fraud or compulsion to cause a profitable sex act with an adult which includes prostitution, pornography and sexual performance done in exchange for items of value, all including, money, drugs, shelter, food and clothes.' Whilst undertaking this research report to consider the chosen topic, sex trafficking is closely allied to human trafficking and slavery, as they link together under the same legislation guidelines. We believe that it is best to address this matter in the opening of our report as sex trafficking has only recently converted into an issue within England and Wales as it was previously perceived solely as human trafficking and slavery. Human trafficking is the action of illegally transporting people from one country or area to another and this action is usually forced. Section 1 of the Modern Slavery Act then defines slavery to be 'If a person requires another to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour'.

Fashanu, G., Lauderdale, L., McCauley, C., Puszcz, A., & Vakoula, A. (2019). To What Extent Do Laws throughout England and Wales Protect Women against Sex Trafficking?. The Student Journal of Professional Practice and Academic Research, 1(1), 112-119. [retrieved 03/01/2019]: http://northumbriajournals.co.uk/index.php/sjppar/article/view/803

Prenatal Developmental Origins of Future Psychopathology: Mechanisms and Pathways

Monk, C., Lugo-Candelas, C., & Trumpff, C.

The developmental origins of health and disease hypothesis applied to neurodevelopmental outcomes asserts that the fetal origins of future development are relevant to mental health. There is a third pathway for the familial inheritance of risk for psychiatric illness beyond shared genes and the quality of parental care: the impact of pregnant women's distress—defined broadly to include perceived stress, life events, depression, and anxiety—on fetal and infant brain–behavior development. We discuss epidemiological and observational clinical data demonstrating that maternal distress is associated with children's increased risk for psychopathology: For example, high maternal anxiety is associated with a twofold increase in the risk of probable mental disorder in children. We review several biological systems hypothesized to be mechanisms by which maternal distress affects fetal and child brain and behavior development, as well as the clinical implications of studies of the developmental origins of health and disease that focus on maternal distress. Development and parenting begin before birth.

Monk, C., Lugo-Candelas, C., & Trumpff, C. (2019). Prenatal Developmental Origins of Future Psychopathology: Mechanisms and Pathways. Annual review of clinical psychology, 15. [retrieved 03/01/2019]: https://www.annualreviews.org/doi/abs/10.1146/annurev-clinpsy-050718-095539

Multiple interactive memory representations underlie the induction of false memory

Zhu, B., Chen, C., Shao, X., Liu, W., Ye, Z., Zhuang, L., ... & Xue, G. False memories appear in our daily life due to the reconstructive nature of memory. They are affected by the contexts of both learning and testing. The combination of auditory learning and visual test (AV) resulted in more false memories compared with other three combinations of sensory modalities during learning and test (VV, VA, and AA). Using sophisticated neural representation analysis of fMRI data, we found that this effect was jointly related to three neural mechanisms: Compared with VV, AV showed weaker memory signals in the visual cortex, reduced prefrontal monitoring, and a greater reliance on semantic encoding during learning. These mechanisms highlight the complex interactions of memory representations during encoding and retrieval that give rise to the appearance of false memories.

Zhu, B., Chen, C., Shao, X., Liu, W., Ye, Z., Zhuang, L., ... & Xue, G. (2019). Multiple interactive memory representations underlie the induction of false memory. Proceedings of the National Academy of Sciences, 116(9), 3466-3475. [retrieved 03/01/2019]: https://www.pnas.org/content/116/9/3466.short

Are children better witnesses than adolescents? Developmental trends in different false memory paradigms

Calado, B., Otgaar, H., & Muris, P.

The current study compared older children's (11/12-year-olds) and adolescents' (14/15-year-olds) vulnerability to false memory creation using two different methods (i.e., the Deese/Roediger-McDermott [DRM] and memory conformity paradigms) involving neutral and negative stimuli. In line with previous research, a developmental reversal effect was found for the DRM paradigm, which means that when employing this method children displayed lower false memory levels than adolescents. However, when using the memory conformity paradigm, the opposite pattern was found, with adolescents forming fewer false memories than children. This indicates that in a co-witness context, adolescents are less prone to memory errors than children. The emotional valence of the stimuli used in both paradigms did not notably affect the production of false memories. There was no statistically significant correlation between false memories as measured by the DRM and the memory conformity paradigms. Altogether, the current study indicates that there is no single type of false memory as different experimental paradigms evoke different types of erroneous recollections. Additionally, our study corroborates past findings in the literature concerning the issue of developmental reversal, strengthening the idea that under certain circumstances children might indeed be better witnesses than adolescents.

Calado, B., Otgaar, H., & Muris, P. (2019). Are children better witnesses than adolescents? Developmental trends in different false memory paradigms. Journal of Child Custody, 1-19. [retrieved 03/01/2019]: https://www.tandfonline.com/doi/abs/10.1080/15379418.2019.1568948

Pharmacologically induced amnesia for learned fear is time and sleep dependent

Kindt, M., & Soeter, M.

The discovery in animal research that fear memories may change upon retrieval has sparked a wave of interest into whether this phenomenon of reconsolidation also occurs in humans. The critical conditions under which memory reconsolidation can be observed and targeted in humans, however, remain elusive. Here we report that blocking beta-adrenergic receptors in the brain, either before or after reactivation, effectively neutralizes the expression of fear memory. We show a specific time-window during which beta-adrenergic receptors are involved in the reconsolidation of fear memory. Finally, we observe intact fear memory expression 12 h after reactivation and amnesic drug intake when the retention test takes place during the same day as the intervention, but post-reactivation amnesia after a night of sleep (12 h or 24 h later). We conclude that memory reconsolidation is not simply time-dependent, but that sleep is a final and necessary link to fundamentally change the fear memory engram.

Kindt, M., & Soeter, M. (2018). Pharmacologically induced amnesia for learned fear is time and sleep dependent. Nature communications, 9(1), 1316. [retrieved 03/01/2019]: https://www.nature.com/articles/s41467-018-03659-1

DATES FOR YOUR DIARY IN 2019

March 28–April 1 2019
ISSTD World Congress on Complex Trauma. New York City, New York.
http://www.isst-d.org/

29–30 March 2019
3rd AFTD (Association francophone du trauma et de la dissociation) conference: Trauma et dissociation dans la petite enfance : quels impacts à l'âge adulte et à l'adolescence. Montpellier, France. In French.
http://www.aftd.eu

22–24 May 2019
Trauma, Dissociation, and Psychosis International Conference. Kristiansand, Norway.
http://traumaconference.no/en/

14–16 June 2019
ESTSS conference: Trauma in Transition: Building Bridges. Rotterdam, The Netherlands.
http:// https://www.estss.org/slide/estss-2019/

14-15 June 2019
Conference "Traumapotenziale" - shame and guilt in dissociative trauma disorders. Leipzig, Germany.
https://www.traumapotenziale.de

15–16 August, 2019.
Training: Adult Attachment Interview (AAI) Institute. With
Howard Steele and Miriam Steele. In English. Fribourg, Switzerland.
secretariat@irpt.ch

28–30 June 2019
EMDR Europe conference. Krakow, Poland.
http://www.emdr-2019.com

24–26 October 2019
ESTD biannual congress: The Legacy of Trauma and Dissociation: Body and Mind in a New Perspective. Rome, Italy
http://www.estd.org

2–7 August 2020
International Childhood Trauma Conference. Australia.
https://professionals.childhood.org.au/conference/

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on Integrative, Skills-Based Approaches to Dissociative Disorders


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Monday, April 1
Allan N. Schore, PhD
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