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ESTD NEWSLETTER

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QUARTERLY QUOTE

KLUFT ON INTEGRATION IN DISSOCIATIVE IDENTITY DISORDER

"[On] the basis of sustained superior adjustment of those patients who have achieved and sustained complete integration, ... when a therapy does not include the option of working toward integration, it implicitly restricts the scope of what may be achieved ... and may preclude the patient's attaining the enhanced quality of life which achieving integration may bring."

Richard P. Kluft (2016, p. 244)

Anca Vilma Sabau
ESTD President

LETTER FROM THE PRESIDENT

Dear ESTD members,

Spring has been fairly busy for the Board, so this is intended to give you an overview of the recent events.

In March 2019, our colleague Renee Potgieter Marks (PhD) represented ESTD at the annual ISSTD conference in NYC. In exchange, Christine Forner, the current President of ISSTD, will present on dissociation and mindfulness at our biennial conference in Rome in October. The workshop presented by Renee focused on the theory and implementation of ESTD guidelines for the assessment and treatment of children and adolescents with dissociative symptoms and dissociative disorders, which was well received by the audience. Together, our ESTD representatives and the ISSTD President discussed the importance of an ongoing collaboration between the two societies and preventing fragmentation on an organisational level.

One of the main goals during my presidency, with the help from our board, is to build an online education section accessible to all ESTD members. So far, the chair of the education committee, Anabel Gonzalez (PhD) completed the first module of four hours of video material on trauma and dissociation in Spanish. Hopefully, in a couple of months, it will have English subtitles and be available on the ESTD website. Currently, thanks to the strong and hardworking network of ESTD UK, the only online training available on trauma, dissociation and attachment are from the UK.

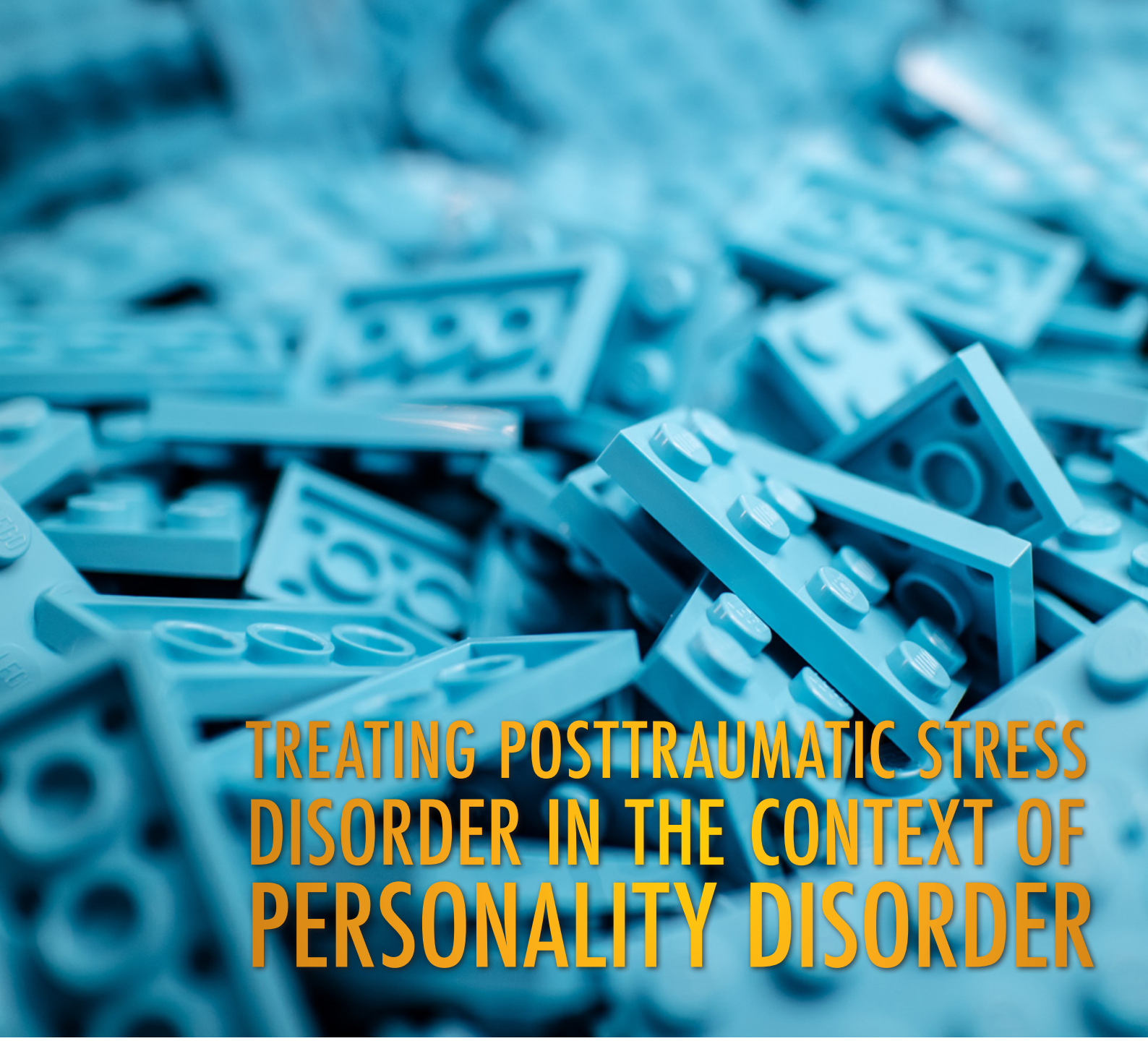
Most of you have probably noticed that we finally have a robust and functioning website with clear sections and lots of online material. I'd like to thank our colleague Raphael Gazon and his assistant Katia. In the future, Raphael would like to develop a Facebook page that will offer updated articles source with easy access to members.

Another important development that will come into fruition soon, is the development of a mentorship programme within the ESTD. Our colleague Igor Pietkiewicz (PhD) from SWPS University in Poland, has started the groundwork for this important task. ESTD mentors are academics, researchers, trainers, and supervisors who have made it their mission to develop and disseminate knowledge about trauma and dissociation regionally and internationally. Detailed information about how to apply as an ESTD mentor will be soon be released.

Last but not least, I would like to thank our colleagues from the scientific and organisational committee for the Rome conference for all their hard work. The high-quality programme is now available on the website. It has challenging themes together with well-known keynote speakers, young scientists and clinicians from Europe, the US and Australia, who will be sharing their treatment methods and research. There will also be a child and adolescent track, making it possible for clinicians and researches to update their knowledge and share new approaches.

Hopinge that our roads paths will meet cross at this exciting event!

Kindly,
Anca Vilma Sabau, MD
President, ESTD



TREATING POSTTRAUMATIC STRESS DISORDER IN THE CONTEXT OF PERSONALITY DISORDER

By: Paolo Ottavi1, Vivia Galasso[1], Antonella Centonze[1], Raffaele Popolo[1], Angus MacBeth[2] & Giancarlo Dimaggio[1]

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Trauma deeply affects one's experience of being in the world. Events that threaten an individual's sense of safety or challenge the idea that one's life is predictable, can be so emotionally intense that individuals are left unable to integrate them into their cognitive/affective system. However, patients diagnosed with personality disorders (PD) report that triggers for recent distress usually relate to interpersonal events that do not appear to have a traumatic quality per se. Why is this so?

One possible reason is that such 'trigger' events reinforce preexisting problematic psychological structures and processes. This match between recent events and underlying structures may transform a distressing event into a traumatic one. These structures, named maladaptive interpersonal schemas (MIS), represent one of the prototypical features of PD (Dimaggio et al., 2015; Young et al., 2003). We conceptualize MIS as vulnerability factors

for developing interpersonally-related trauma symptoms. Other relevant factors in PD include poor capacity to recognize, make sense of and regulate mental states, or metacognition (Semerari et al., 2003); and maladaptive coping procedures, such as worry, avoidance, or selective attention to schema-related cues. For brevity, here we focus on the role of MIS in the onset of traumatic symptoms in PD.

Relational events acquire meaning according to how individuals interpret them. MIS develop from predictions that some basic, evolutionarily selected, interpersonal motives remain unfulfilled. Such motives include social rank, attachment, group inclusion, exploration and autonomy, etc. (Liotti & Gilbert, 2011). MIS represent predictions about how others will respond to our wishes. Typically, these structures are developmental, forming around recurrent interactional patterns (Stern, 1985). For example, a child repeatedly experiences his father's criticism, whilst his mother is distant and cold. A girl may experience ongoing frustration of exploratory motives, with both parents scolding her when she acts on her own preferences, instead asking her to take care of her younger brother.

As adults, these experiences, now transformed into stable MIS, tend to evoke painful states of mind during interactions that trigger similar motives. For example, when one is driven by social rank and experiences repeated frustration, a new episode of perceived criticism may evoke shame, sadness or anger, based on appraisals of the criticism as unfair (Dimaggio et al., in press). MIS also drive predictions of the likely outcome of interpersonal exchanges, e.g., an individual may decide in advance that if they take a test, they will be humiliated. Also, MIS tend to bias attention towards schema-consistent information. Thus, a benevolent face will remain unnoticed or an explicit sign of approval discarded. These schemas hamper integration of more adaptive, compassionate views of self and other into one's own identity, leaving the individual vulnerable to negative cognitions.

Luigi is 39 years old and self-employed. He requested therapy for erectile dysfunction, which he attributed to the idea that he was so unpleasant that no woman could be attracted to him. He also presented with a chronic sense of hyperarousal, as he feared conflict. He was also vulnerable to imagining trivial incidents would leave him physically humiliated. These fantasies fostered ruminative absorption and a growing sense of threat, triggering repetitive thinking, whereby Luigi searched for solutions to his feared scenarios. Full-blown post-traumatic symptoms were not evident at therapy onset, other than mild hyperarousal. However, when the therapist asked for memories associated with a recent event where he felt at risk of humiliation, they rapidly emerged.

Luigi was 9 and was sent to summer camp, where he had an episode of encopresis. He asked for help from the camp leaders. They looked at him with disgust and mocked him. They ordered him to undress and left him outside the dorm holding his underwear, saying they were looking for clean clothes. He remained naked and alone for a long time, whilst being the object of scorn of the other boys. He felt paralyzed by shame. As he recalled the memory, symptoms of complex PTSD (Van der Kolk, 2014) exploded: he experienced nausea, vertigo, tremor and was again paralyzed by fear. He also felt shame, guilt, a sense of impending danger, and wanted to self-harm. Simultaneously, as a control strategy, he tried to push the memory away.

In subsequent sessions, the therapist asked him to explore the episode using guided imagery, to support self-regulation. When Luigi was able to tolerate distressing feelings of fear and shame, he associated painful memories of his relationship with his brother, who was 5 years senior. When playing, his brother often subjugated and humiliated Luigi in the presence of friends. If he tried to rebel, his brother beat him. These memories were present prior to the summer camp episode, shaping Luigi's MIS. Narratively, Luigi and his therapist framed the MIS around the social rank motive: "I want to feel powerful and solid but I don't – I am impotent, a weak underdog. The other is stronger so if I try to rebel, he dominates me and makes me look like an

idiot, which I am deeply ashamed of". As a coping strategy, Luigi learned to surrender, becoming overcompliant. Moreover, he felt an outsider, so he adopted submissive strategies in order to be included.

The reconstruction helped Luigi understand how dissociated fantasies of aggression and subjugation, alongside hyperarousal and fear, were manifestations of underlying complex PTSD, linked to the reactivation of a preexisting MIS (Farina et al., 2019). In adulthood Luigi mostly used submissive coping in order to be accepted as "the good boy". Exploring memories had led to the reemergence of fantasies of humiliation and a core sense of self as weak and disgusting. This interweaving of post-traumatic symptoms and personality dysfunction is common in PD. Thus, in order to be effective, therapy requires two goals: 1) Addressing trauma-related symptoms early in treatment; 2) Exploring MIS to help patients become aware that MIS are subjective ideas, and do not necessarily correspond to the truth. This creates space for alternative, more compassionate interpretations of self and others. To alleviate post-traumatic symptoms, many techniques are available, including prolonged exposure (Foa et al., 2005), guided imagery with rescripting (Dimaggio et al., in press) or EMDR (Shapiro, 2001). Repetitive thinking can be targeted with attentional techniques (Wells, 2009) or approaches to divert attention from distressing interpersonal scenarios (Ottavi et al., 2019).

Luigi tended to avoid potential conflict situations (e.g., confronting colleagues at work). If he could not avoid these, he was vulnerable to rumination, imagining being humiliated, albeit with less emotional pain. After using behavioural exposure, the therapist then worked with Luigi's repetitive thinking. He asked Luigi to focus on the disturbing fantasy, while also attending both to external stimuli, e.g., sounds, and to parts of the body, e.g., sensations from his feet (Dimaggio et al., in press). In this way, Luigi discovered he could explore these scenarios without feeling overwhelmed.

Once Luigi's symptoms reduced, the next therapeutic target was the structure of MIS, in order to address personality dysfunction and promote staying well. For this stage, the client first needs to become aware of how trauma-related symptoms are rooted in the reactivation of MIS. Therapist and Luigi understood that the root of symptoms was his relationship with his brother, with the summer camp episode an intrusive, triggering 'touchstone' memory. They agreed to relive the memory using guided imagery exposure. Once Luigi reexperienced shame and fear, the therapist invited him to rescript. Luigi brought his adult and caring self into the scene (which had emerged through the therapy dialogue) and soothed the child self-representation. Luigi imagined shielding his younger self, telling him he was there for him, bringing him clean clothes and firmly telling the camp leaders not to treat him this way anymore. From the young child position, Luigi felt calmer and safer. After guided imagery and rescripting, hyperarousal substantially reduced.

During the next sessions, it was clear that Luigi needed to address a core MIS rooted in social rank, which still guided his actual interpersonal interactions. Again, repeated guided imagery and rescripting were adopted, centered around memories where his brother humiliated him. Rescripting had a similar structure to the camp episode – Luigi brought the adult into the scene and told his younger self that he did not deserve this humiliation and had the right to tell his brother he did not want to play with him. Here Luigi learned he had agency over problematic interpersonal situations and did not have to comply with the other's requests. Behavioral exposure followed these exercises, with Luigi successfully adopting more assertive behaviors with colleagues. After 4 months, Luigi was no longer vulnerable to post-traumatic symptoms, neither in everyday life, or in relation to past memories. He had started accessing a core self-image as strong, worthy and autonomous, rather than using submission in order to be included. The next therapeutic task, at the time of writing, is to date a woman he likes and address the erectile dysfunction. Luigi notes corresponding reductions in anxiety and shame related to this therapeutic challenge.

Overall, treating patients with complex PTSD symptoms, rooted in developmentally formed MIS, is possible, using a combination of techniques to first reduce symptoms, then rewriting underlying maladaptive schemas that drive personality dysfunction. The picture we paint here suggests these complex presentations are better addressed with individualized treatment plans (Dimaggio, 2019; Wampold, 2019) rather than selecting one specific validated treatment for PTSD, as the latter may neglect the underlying long-term roots of current symptoms.

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"I WAS SMART AND SCHOOL MADE ME DUMB": EXPLORING THE IMPACT OF DISSOCIATION ON THE EDUCATION OF CHILDREN

By: Renée Potgieter Marks

Lilly is regularly 'shutting down' in the classroom. John is attacking children at school but keeps denying it and is 'always lying'. Jason is 'daydreaming' and does 'not concentrate' enough on his work to pass his exams. Sarah often runs out of the class and is a danger to herself as 'she does not know what she is doing'. These are some of the most familiar responses from teachers over many years, observing dissociative children in the classroom. What do they have in common? What might the schools be missing?

Introduction

Dissociation in children is already well explored in the literature, but less information is available on the impact of dissociation at school and on the educational attainment of dissociative children. In many cases children are displaying dissociative behaviour at home especially, in close interpersonal relationships, while school reports that there are no problems at all and the child is also doing well academically. In other cases, dissociative children are unable to attain academically due to the fact that they are dissociating in the classroom (mostly described by the school as 'shutting down', 'daydreaming', 'staring', 'freezing' or 'not listening' or 'not responding' when they are spoken to). Due to this level of dissociation the children are daily missing chunks of educational information and are quickly lagging behind in their academic performance. Yehuda (2016) refers to dissociative children who miss part of the narrative due to the dissociation.

This is not always known at the start of school but over many years, especially in secondary school or at the final exams it is evident that the children are unable to achieve according to their abilities. They might have only been able to hear 'part' of what they needed to learn at school.

Apparently Normal Part of the Personality

Van der Hart, Nijenhuis & Steele (2006 p4) explains how "Survivors as ANP are fixated trying to go on with normal life…". Waters (2016) refers to the ANP of children having the ability to attend school. She also explains that "self-states can be formed for particular survival tasks (e.g, such as going to school,….)" (p36). This group of dissociative children where their ANP or 'self-states' are sufficiently developed to enable them to attend school are the more fortunate group of dissociative children. They can continue with their education undisturbed, and are often able to do well at school, and some might even excel in school.

As school is the public area which has the capacity to expose the child's internal distress and unprocessed trauma, this is often the area of life where the ANP of the child is active. In these cases, school reports consistently that the child is doing very well academically, and relationally. Most of these children are able to manage at school while dissociative states become active at home. The majority of parents, in these cases, also prefers the school to remain unaware of the problems they have with the children at home.

But there is a group of children where the anxiety of attending school is causing parents major distress. These children usually have significant problems in the morning to get out of bed, they are delaying getting dressed, having breakfast or getting ready for school while their anxiety is busy escalating. Parents have to work extremely hard to get the child ready for school and in many cases are met with very high levels of resistance and even violence from the child as the child refuses to attend school. But mostly these parents, after using multiple strategies, pleading, coercing, threats and being left exhausted, are able to get the child to school, in the nick of time. Parents are often amazed that once the child moves through the school gates, the child is full of smiles, friendly, connects to teachers and friends, with no resistance. School also reports no problems at all with the child at school. Once the child returns home, the resistance, aggression, frustration and violence towards the parents can resume and some children are able to express their internal anxiety and distress about attending school, albeit in unpleasant non-verbal and behavioural ways.

Any explanation of parents to school in order to access help, falls on deaf ears, as the school is well acquainted with the 'lovely ANP' but has no understanding of the EP's (Emotional Parts of the Personality) which contains the anxious, emotional, or aggressive dissociative states trying to protect the child from the anxiety and distress at school.

Shutting down

7-year old James was sitting on his own with his teaching assistant at the back of the class. He was eagerly listening to the teacher and doing his maths as instructed. At times he glanced at me with a little smile. I was seeing James weekly for therapy and he was prepared for me coming to school in order to observe him. We agreed that we would not greet each other and pretend we did not know each other in order to save James from having to explain my presence at school to other children. James was referred to me with high levels of externalised distress at home, where he would be crying, screaming, hurting himself and damage his toys on a regular basis. These behaviours became unbearable for the parents as he refused them to connect to him in any way in order to calm him down. James also had significant amnesia and was totally unable to recall any positive or negative events, even if it happened on the same day. Due to my concerns that James said he hated school, I decided to do an observation at school. James also had no friends at school.

After maths, the teacher asked the children to form groups and James and his teaching assistant joined

a group of children. They had a task to complete some sentences about a story that the teacher just read. I was already concerned as James was staring too much during the story and was clearly dissociating during that time. James managed to open his book, appeared to listen to the teaching assistant who explained the task, picked up his pen and wrote the date in his book. For James, that was the end of the task. I could see from the side that James was dissociating. It was about 5 minutes before the adults noticed that all the children were working but that James was just staring. No amount of talking, calling the name of James, touching James or cajoling were successful. James totally shut down. Of course, this whole educational experience was missed by James. Later, after discussing this with James, he did not remember anything about sitting in the group or about the assignments that has never been done. This is typical of dissociation. James was able to remember detailed information about the earlier maths tasks, where I sat and provided detailed information about the types of maths that was done. But had no memory of my presence or about the supposed writing experience. This was all a gap of nothingness. Educational opportunity lost.

15 year old Stacey had exactly the same problem. When she was observed at school, she appeared bright, intelligent and highly motivated. Throughout the history lesson, she was actively participating, her hand was often up and she answered questions correctly. For a moment, I was wondering why I decided to observe her. As some of her dissociative behaviours did not change, I decided to see whether these might be reinforced at school. All went well in the class up to the point where the children were asked to do a project in a group. Although all the children moved to their groups with some extra books and pictures that the teacher provided, Stacey remained sitting in her chair, frozen. One of her friends noticed and went to Stacey, took her by the arm and gently took her to the small group. Mechanically, Stacey sat down. She looked around, bewildered as if she was unable to recollect the original instruction of the teacher. Her friend noticed again, leaned over and gave Stacey the topic of the assignments. Stacey took a pen and for the next 30 minutes wrote the name of the topic in big, fancy letters. Around Stacey, her friends were all working hard to complete the project. When they handed a completed assignment in to the teacher, Stacey handed in a paper only with the heading completed. During the next therapy session, Stacey recalled nothing of this event and had excellent memory of the first half of the session. According to her she was 'flying away'. This dissociative behaviour was successfully curtailed at school by allowing Stacey to move out of the class for a short walk midway in every lesson. This resulted in a radical improvement in her academic attainment. In this case school understood and listened, which made a very big difference in the life of this young person. Silberg (2013) explains that some of the advantages of decreasing dissociative symptoms in children is that they are able to do better at school.

Disavowed witness behaviour

Some children display inappropriate behaviour at school for instance hitting other children, being rude, aggressive to teachers, displaying disruptive or sexualised behaviours at school. Once confronted with these behaviours, the child vehemently denies any involvement, even though the child's behaviour was witnessed by other children or adults. Any accusation of this kind causes extreme distress in the child and the child is often accused of lying. It is not unusual that during therapy children disclose that there is a dissociative state responsible for these behaviours, but at the time, the child has no memory that the particular dissociative state was activated. Some of the children also has significant levels of amnesia and has no memory recall of critical incidents at school. Waters (2016) refers to a child who had a protector state who experienced threat from another child and knocked the child down, with no memory that the incident happened when confronted. Unless staff at a school is trained to understand this behaviour, the child will consistently be accused of lying, which can increase the distress in the child without finding a resolution for the problem. On long term managing this behaviour by sanctions, discussions and blame only results in an increasing poor sense of self and increasing disruptive behaviours.

Hyperactivity

The topic of discussion in the class was owls. Inquisitively, 9-year old Linda leaned forward and listened intently to the teacher showing pictures and discussing the life of owls. Within 5 minutes, Linda started to stare and I was aware that she was no longer taking in any information. This is the typical 'shut down' that the teachers usually report, but strangely enough, in Linda's case she was rather described by the teacher as a "hyperactive child". The next moment Linda's hands moved toward the metal frame of the table. She continued to touch it, clearly now with no interest in the owls any longer. She moved down with her head and started to lick the metal frame and in the process moved off her chair and landed on the floor, continuing to lick and feel the metal frame. By now this bizarre behaviour already distracted her peers and the teacher. While the teaching assistant, who was sitting with Linda, was trying to motivate Linda to move back on her chair the teacher tried to get the attention of the children back on the owl topic. Knowing Linda very well, I realised from my position in the front of the class, observing Linda, that she started to dissociate and the bizarre behaviour was a desperate attempt to ground herself back in reality, with very little awareness of what the implication of her actions were.

Yehuda (2016) discusses the importance of re-orientating the child to the present as soon as any dissociation is detected. In the case of Linda, training to the teacher and teaching assistant to observe signs of 'shutting down' and immediately grounding Linda back in the present reality, stopped this 'hyperactive' behaviour and enabled Linda to start to learn more. Once Linda started to shut down after this incident, she was encouraged to feel her toes in her shoes, move it or offered a piece of 'Blu tack' which Linda started to fiddle with. Both these techniques enabled Linda to move psychologically back in the present and continued to listen in the class.

Flight response

8-year old Stanley was on his way to get a book at the back of the class. Of course, this was not exactly the right time for reading. The teacher blocked Stanley to move to the books, but Stanley must have felt trapped, attacked the teacher and ran out of the classroom. Stanley was later caught a couple of hundred metres from the school on a busy road. Stanley was excluded for three days and this 'appalling behaviour' caused an uproar about the safety of the child during school hours.

School was unable to listen to the pleading of the parents about their very traumatised child who now also felt extremely rejected by the teacher and school. They were also unable to listen to the psych -ed of the therapist in order to explain the dissociative flight response in this case. School insisted on appropriate behaviour and appropriate sanctions for poor behaviour. The fight and flight responses continued, so did the exclusions. The parents finally had to move Stanley to a different school where this school was able to gain some insight in trauma-based behaviours and where they were willing to work alongside the parents and therapist in order to ensure appropriate emotional regulation techniques. Needless to say, the fight and flight responses reduced significantly and Stanley is finally able to access education more appropriately.

Independence

Dion was 8 years old and had a teaching assistant who acted as an attachment figure in order to help him settle in school after his behaviour was so complex at school that they had a problem to keep him in school. He would sit under the table for long dissociative periods of time, not responding on any adult interaction. He would also attack children at school and was unable to remember it. After the teaching assistant started to follow a very predictable routine at school and was able to coregulate Dion when he was unable to regulate himself, he was starting to do well at school and excelled academically. Without parents and therapists, knowing, school made a decision for Dion to become 'more independent'. This included suddenly withdrawal of his teaching assistant. Dion's aggression at home immediately escalated, specifically towards the mother who was the person who took him to school every day. This was unusual as Dion's earlier violence stopped after

multiple dissociative states who were angry, were successfully integrated.

Nothing that the mother did, had any impact and finally the decision was made to use the sand tray to find out what was happening for Dion at school. Dion set up the classroom in the sand tray. He included the children in the class, teachers and himself. Then he was looking in a different drawer and got a lion out, which he placed next to himself. This was totally unfamiliar information. With exploration, it became evident that Dion felt very unsafe at school and in order to enable him to manage he made a dissociative state to protect him in the classroom - the lion. He also reported that the lion was very angry with the mother for sending him to school and tried to protect him at school. No amount of discussion with the school was successful as they followed a principle of independence and therefore Dion had to move to a school who had more empathy for children suffering from complex trauma.

Trauma replay

8 -Year old Sarah suddenly started to display unusual aggressive behaviour at home. She was doing well in therapy and had multiple dissociative states who were integrated and while she was initially permanently excluded by school at the age of 5 years due to her violence, she was now attending a different school where she was doing very well with a special programme to accommodate her needs and with a teaching assistant. Sarah was adopted by her parents at the age of 12 months, being abused and neglected by her birth parents.

School reported to the mother that Sarah was refusing to do her work at school and was now for a couple of days sitting in the office with the headmistress to do her work. Sarah was unable to report any changes at school and 'could not remember' what was happening. After a week of this arrangement, Sarah met the mother at the school gate. The mother could see that Sarah was extremely upset. Once home, she was angry, threw her toys around, trashed her room and attacked the mother. At about 11pm that evening the mother was finally able to calm Sarah down, after Sarah was adamant that she would never attend school again. With a lot of effort, the mother finally managed to find out that sitting with the headmistress did not motivate Sarah to do her work. The headmistress then locked Sarah in a bare room, on her own and gave her the work to do. All that Sarah remember was that she 'woke up' when a teacher opened the door. Books and papers lying on the floor and no work done. The headmistress explained this as a sanction for inappropriate behaviour. It took many weeks to process this incident. Being locked in a bare room with no human interaction was exactly what happened to Sarah when she was a baby, living with her birth family. The fact that the mother took Sarah to school to be re-abused was very difficult for Sarah to make sense of. Sarah never attended that school again and she had to move to another school. Many years later Sarah described this period of his school life as "I was born smart, but school made me dumb".

Summary

Dissociation projects itself very differently in each child. Unless schools and teaching staff has specialist knowledge about the effect of trauma in children and are able to identify dissociation in children, many dissociative children are suffering in the educational system from a rigid behavioural approach. Very often the very topics that are discussed at school, either in terms of family, relationships, sinister or threating stories or books, the shouting of a teacher, squealing of children, chaos in the classroom, and many more can all serve as triggers for dissociative children, making school a very unsafe and dangerous place to be.

With an already overloaded system, due to unprocessed trauma, an inability to regulate emotions, any of these triggers can move the traumatised child in an instant to displaying inappropriate behaviours. School often sees the behaviour, and immediately acts on it with a consequence. Some of the consequences only serves as a much bigger trigger and causes more disruptive or extremely passive behaviours. The absence of the key question "Why is this happening to this child?", is seldom asked or seen as relevant. The only option

for children is to use their old dissociative strategies in order to manage the overwhelming stress, the triggers and expectations in the classroom.

The absence of effective knowledge of the impact of trauma on the brain at schools, is presently an enormous problem in schools. But with a mental health system that does not acknowledge the impact of dissociation on children, there is very little hope to important the concept of dissociation to schools where following the behavioural route is deeply entrenched. In this process many dissociative children who have good intellectual capacity will remain at the lower end of the achievement ladder and might never achieve their full potential academically.

The solution appears to be, do more training in an attempt to enable schools to increasingly more trauma informed, introduce individual strategies for emotional regulation and grounding for dissociative children and keep on the lookout for schools where there is empathy for the plight of the traumatised and dissociative child.

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FROM YORK TO NEW YORK

By: Conference reports from Valerie Sinason and Reneé Potgieter

A small but significant number of people made the hop from ESTD U.K. in York, England to the ISSTD in New York with just a few days in between.

Both offered a wealth of talks , workshops and networking. As well as the pleasures we gain from combining all the different European scientific and cultural approaches to DID in the ESTD and ISSTD international conferences there is also the separate interest in what particular countries offer. As two of the people who hopped from York to New York there were significant benefits. Here are some personal impressions of a few of the events.

1. Estd Uk Conference

One of the most exciting new events in the UK for many clinicians, experts by experience, parents

and clients is certainly the bi-annual ESTD-UK conference that takes place in England. During this conference the relevant expertise of research, experience, ideas, research and clinical work regarding complex trauma and dissociation is shared with an expectant and exciting audience.

So on March 21st-23rd a 2nd successful Estd-Uk conference with over 200 attendees took place with a waiting list for places.

Estd-Uk has a remarkable history and approach of integrating professionals, survivor professionals and survivors. This began with the close links between Remy Aquerone , the Pottergate and First Personal Plural (who themselves were sponsors of the conference together with the Estd and Tees, Esk and West National Health Service Foundation Trust) .Held in University conference facilities in historic York the theme was on how to energise hope

Melanie Goodwin, Chair of FPP, Renee Potgeiter Marks and Remy Aquerone proved warm and containing chairs and the trajectory caused by the interlinked plenary talks resonated deeply. We moved from the hopeful containment that reflective understanding within the NHS could cause from Dr Rachel Thomas, CEO of CDS Uk , to a masterly deconstruction of forces of societal denial from Dr Elly Hanson , to a hopeful and fighting conclusion from Fay Maxted, the CEO of Survivor's Trust .

Fay Maxted OBE helped establish The Survivors Trust (TST) in 2003 as a UK and Ireland network of specialist rape and sexual abuse support services with a membership of 70 specialist agencies. She was appointed CEO in 2004 and attends a range of national groups and forums aimed at addressing the institutional responses to survivors of child abuse and rape.

In the past four years, she has overseen the set-up of five new rape and sexual abuse support centres, funded through the government commitment to open 15 new centres. In addition to her role in TST she is a member of the National Police Chiefs Council Rape Working Group, and a member of the HMIC Rape Monitoring Group. She is also a member of the CPS External Stakeholder Group and the CPS Community Accountability Forum which raises issues of current concern facing survivors of sexual violence and abuse.She received an Order of the British Empire (OBE)for services to survivors.

It is important to underline that award as a sign of social hope , including the fact that the British Empire Medal was awarded to Kathryn Livingstone co-founder of First Person Plural .

The keynotes were enriched by a remarkable selection of parallel workshops. Indeed, fourteen parallel sessions for a group of 200 provided an eclectic range of treatment, ethics, private and NHS issues.

Renée reminded us at the start that "we will always be stupid in this work" and all speakers and workshops highlighted the inevitable problems that accompany this work with severe re-enactments and splitting.

Rachel Thomas movingly described an experience of being scapegoated in a team and how she has adapted psychoanalyst Philip Stokoe's organisational consultancy model to enhance reflectiveness.

Elly Hanson In focussing on police work and societal denial showed why it was easier to turn away - system justification theory. Abuse threatens structures, ways of thinking and power and status . "The justice system is about winning not truth".

Fay Maxted and her colleague Graham brought hope over the success of IICSA and the increasing numbers of survivors who felt contained by the truth project. She showed how the aviation industry managed a low risk level by sharing responsibility for safety and underlined the fact that she did not want survivors to have to carry on waiting..

It was clear from the workshops that although most clients had a typical history of multiple misdiagnoses and patchy responses from local

services at best, the subject of DID was entering the mainstream.

Indeed, an informal meeting held by Dr Sandra Buck who has taken over RAINS (Ritual abuse and network support) since the death of founder Dr Joan Coleman, raised the concern that in the hope of greater acceptance for DID there could be a fearful wish to obliterate ritual abuse and mind control as a contributing cause.

There were a range of ages at the conference which also brought hope as many of the key pioneers are getting older and needing to let go of some responsibilities. Remy Aquerone in a moving review of the conference asked for younger people to come forward .

Elly Hanson wrote of her plenary:
People, as individuals and as groups, find various ways of turning away from (reducing their awareness of) child sexual abuse in society. For example, recent analyses document how various narratives (such as those of a witch-hunt, false memory and children's suggestibility) have been applied to many cases of sexual abuse without adequate evidence, supporting irrationally high thresholds for belief. In everyday practice, many people seem to avoid conversations and actions which might reveal the sexual abuse of children. The consequences of this are severe: turning away from sexual abuse enables it to continue as a prevalent societal problem. So why do so many engage in it? Facing sexual abuse makes demands on us, and it may lead to challenging societal status quos with which we are otherwise broadly comfortable. And, on perhaps an even more fundamental level, child sexual abuse deeply threatens our desire to live in a just world. Broadly speaking when faced with gross injustice, people are often motivated to reduce it, either by doing something about it, or through mental manoeuvres (such as blaming victims, distancing from them, disbelief or minimisation) which in fact ironically serve to make the world more unjust.
So how can we prevent and address this turning away? There are many and varied actions we can take – to name a few:

·Be sceptical of the sceptical – and aspire to open-minded conversations where the claims of both viewpoints are probed (rather than conversations reducing into attack and defence)

·Acknowledge the psychological threat child sexual abuse can pose to our worldview. Invite people to acknowledge their distress about it, and highlight actions they can take which have real world positive impact

Hold hope and courage, seeing your voice as one of a collection speaking out about sexual abuse, and its various forms and impacts. This collective approach leaves less space in which invalid discourses of denial can grow.

Dr Rachel Thomas wrote of her plenary:
It focussed on the particular challenges facing service development in the Dissociative disorders' field, especially within the NHS. She focused on this from a psychodynamic perspective, looking at the powerful projected tendency that locates itself in teams and organisations, to disavow the reported life experiences and symptoms of survivors reporting extreme abuse with Dissociative disorders, due to their unbearable nature.

She presented a proposal utilising the 'Healthy Organisation Model' (Stokoe) in which development of NHS services for dissociation which is now underway, must work collaboratively with specialist providers to enable the containment and understanding of the complex dynamics this work produces in professionals and organisational systems, in order to prevent abusive and Dissociative scenarios being enacted within them when these are not contained and understood.

She referred to the model of developing specialist, localised, services for personality disorders nationally within the NHS following the 2002 legislation in that field as a potential model for service development, in which new, localised NHS services for dissociation are collaborative endeavours between specialist knowledge and skill and localised provision. She warned against the NHS

establishing services without suitable input from specialists in this complex and demanding field.

As usual there was also a children and adolescent track where relevant information was shared about treating and managing children, adolescents and their families when complex trauma and dissociation is involved.

Les Ryan and Lynne Ryan, senior therapists of Integrate Families, National Centre for Child Trauma and Dissociation, presented on Facilitating Services for Traumatised Children. They shared information on the importance of Trauma, Attachment and Dissociation as the three main important aspects to take into consideration and treat when working with children with complex trauma and dissociation. They also shared information on two services where it is evident that when children experienced neglect and abuse, the chances of the presence of dissociation, alongside trauma is very high. It was also evident from this information that with appropriate assessment tools, trauma and dissociation in children can be identified during the first assessment.

Dr Adah Sachs, Psychoanalytic Psychotherapist and Training Supervisor at the Bowlby Centre, shared how crucial it is to provide early intervention for children with DID. Adah shared from her own experience, how difficult it can be to identify and treat dissociation in children and adolescents and highlighted the need for further indicators of DID in young people. Careful analysis of adolescents' self-harm characteristics suggest that severe and bizarre self-harm can be indicative of DID in children and adolescents. This information highlighted an unexplored area which will hopefully motivate some clinicians to explore this more.

Dr Karen Treisman, Clinical Psychologist, Trainer and Director of Safe Hands & Thinking Minds Psychological Services, presented a workshop on Trauma Informed & Trauma -Responsive Organisational Change, specifically also for organisations working with children and adolescents. Trauma is pervasive and has a widespread impact and can easily lead to re-traumatisation through our systems and practice. She drew on her recent research in the USA where she was able to consider areas across the whole of organisations such as recruitment and induction through to procedures & policies, physical environment, through to self- care & staff well-being to cultural humility and responsiveness. This is an alien area for most organisations working with traumatised children and this training will hopefully motivate many clinicians to look at changing existing structures and policies.

Dr Renée P Marks, Clinical Lead at Integrate Families, National Centre for Child Trauma and Dissociation, provided a Workshop on More Complex Cases in Working with Dissociative Children and Adolescents. The workshops specifically focussed on the 'stuck experiences' that therapists encounter in treating children and adolescents with dissociation. The workshops addressed the problems of denial, resistance, disruption and ways children deactivate the therapeutic process. The workshop provided different tools and techniques that can be used to enable children to move from a place of 'stuckness' to reengage in therapy and to address their dissociative states. This presentation was illustrated with multiple case examples, and photos of how these tools and techniques are used in practice.

Claire Harrison-Breed, Gestalt Psychotherapist, Counsellor CBT therapist and Play Therapist, presented a workshop on Systemic Stabilisation of the System around the Child and Young People experiencing Trauma. When working with children and adolescents who experienced trauma, we often find fragmentation in the children in order to survive the original trauma experience. This fragmentation often causes dysregulation, minimisation, denial and anger at the start of the therapeutic journey. Claire discussed the parallel processes outside the therapy room where the support network of the child can mirror equal levels of fragmentation. The workshop allowed exploration on how the external network, including the parent,

teachers, schools, social workers and other people that were involved in creating the team around the child or young person can be stabilised.

During this conference we had the first experience of a Child Expert by Experience who presented on A Fight for Survival. Peter Carr brilliantly shared his experiences living with a child who suffered early complex trauma and dissociation over many years. Not only was this excellent in terms of presentation, but it provided significant insight into the struggle of the parent who initially knows that something is wrong with their child, but nobody is able to identify the problem or help. It also highlighted how ill equipped organisations, treating children and adolescents still are in identifying trauma and dissociation in children and adolescents. The impact of not being knowledgeable and trained in assessing and treating trauma and dissociation in children, were shockingly evident in this presentation. Peter also made a CD in which he powerfully translated his internal experiences in music, poetry and song.

Dr Valerie Sinason, Poet, Writer, Child & Adolescent Psychotherapist and Adult Psychoanalyst presented a workshop on Working with Children with Dissociative Disorder and an Intellectual Disability. This workshop highlighted the precarious position of children with an intellectual disability who are also dissociative. The crisis of different children was highlighted by their experiences, which were equally disturbing and brought the reality home regarding the impossible position that these children who have limited speech and movement at times find themselves in. Valerie also masterly presented the beauty of these children's perceptions of situations, which afforded the audience a space to laugh or smile in appreciation for their expressions. This workshop highlighted the incredible complex situation and absence of knowledge and understanding of dissociation in this population of children, and hopefully motivated more clinicians to work with this population of children.

As always, the ending of this conference, leaves all with some sadness to leave like-minded people, but also with some food for thought and new ideas, plans, techniques and solutions.

1. The ISSTD conference

The ISSTD annual conference held at the Sheraton Times Square , New York was the most successful for fifteen years with almost 600 conference attendees from all over the world. Major highlights included the integration of clinical aims with world-level scientific research. The plenaries, delivered by Stephen Porges, Gabor Mate and Alan Schore , brought neuroscientific research to life within moral and clinical aims.

Dr. Mate is a psychiatrist and author perhaps best known for" In the Realm of Hungry Ghosts: Close Encounters with Addiction". He discussed his research in When the Body Says No: Mind/ Body Unity and the Stress-Disease Connection. Dr. Porges is author of The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation. The Polyvagal Theory explores how autonomic nervous system function relates to social behavior, emotional regulation, and health.

Dr. Schore is a psychoanalytic psychotherapist and author of several major books, including Affect Regulation and the Origin of the Self, Affect Dysregulation and Disorders of the Self, and Affect Regulation and the Repair of the Self. They are all relevant to our work with survivors of complex, relational trauma.

This moral basis to science was echoed by the work of A.T.S Reinders who has used her MRI scan research to demolish one by one the assumptions of false memory groups and having shown that people with DID are not fantasy prone she was now showing the impact of trauma linked words to identify where amnesia between identities was necessary. TOP DID researcher Bethany Brand also praised her work as well as showing how research has a moral dimension in this climate in her day workshop with Richard Loewenstein.

As well as parallel sessions including amongst many themes,creative therapy, Psychoanalytic ,sensory motor therapies, work with children , disability, there were the popular regular meetings ,the awards ceremony, the townhall , the warm welcome given to emerging professionals and those who have never attended before .there were also the creative networking events to allow people to relax. Additionally there are the special interest groups.

The largest group is Ritual Abuse, Mind Control and Organised Abuse which has nearly 200 members. Mission of the RAMCOA SIG is to further dialogue, knowledge, research, and training on the etiology, evaluation, and effective treatment of trauma and dissociation in clients reporting histories of ritual abuse or mind control. The RAMCOA SIG provides a listserv for its membership that has as its goal to create a comfortable and confidential setting to dialogue on these matters.

The topic was aided by a preconference day by Adah Sachs (UK) and Michael Salter , a criminologist from Australia, whose writings were also highly praised at the earlier Estd Uk conference at York.

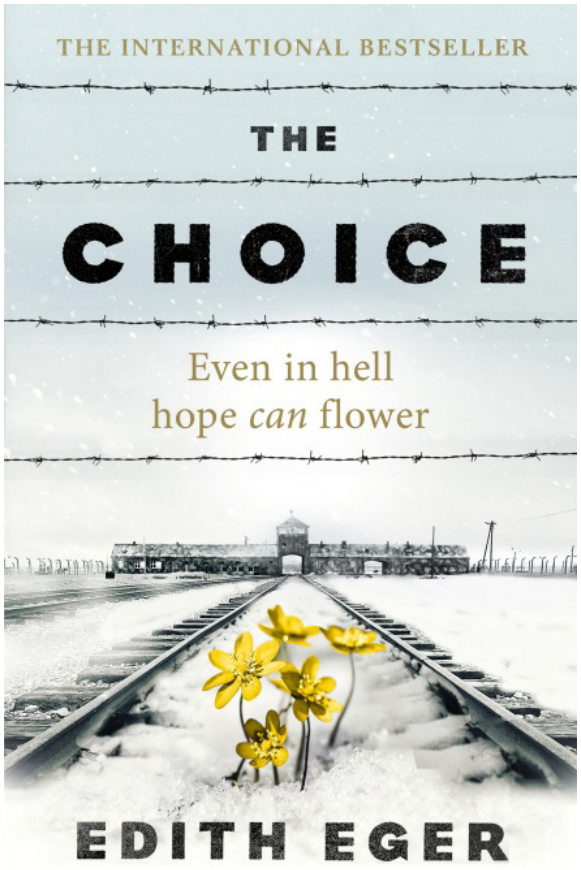
The conference aims to enable international networking and find volunteer posts for interested members. It was sad to say goodbye but a goodbye with many new connections made and cutting-edge knowledge.,

The next ISSTD conference for March 2020 is is in San Francisco.

Book Review by Michele Jowett

The Choice

Author : Edith Eger, 2017
Publisher: Penguin
ISBN: 9781846045127



One of my greatest resources as a child experiencing repeated and inconceivable trauma was the escapism that a book provided. A voracious reader of Enid Blyton, accompanying her characters into a make-believe world, I was shielded from the ravages of evil and prowling, hungry monsters in the night. It was a world I lusted after and a world that resided solely within the parameters of my fragmented mind. Conversely, today, I don't depend on books to transport me to another universe away from the complex challenges of life; instead, I seek those that give credence to my own personal Holocaust and that demonstrate both man's evil to humankind and the resilence of the human spirit to survive and grow because of it. I do this to challenge the denial that has always protected me yet, equally, impedes me from moving forward in my well trod recovery. Never has a book fulfilled such a need than Edith Eger's 'The Choice'. This review is a very personal reflection of the book given its resonance with the horrors of my own childhood and the road I have walked to make peace with them. It does not labour on the narrative as we are all familiar with the atrocities of the Holocaust; rather, it looks at the spiritual growth and wisdom that such a horror provokes and how synonymous it is with the work that the ESTD promotes. I write as a person with dissociative identity disorder and as someone who aspires to be free for as Eger affirms: 'you can't change what happened, you can't change what you did or what was done to you. But you can choose how you live now'. I choose to be free and it is inspiring people like Eger who help to facilitate that challenging process in conjunction with the caring and committed clinicians who treat people suffering from complex trauma. I also write as an aspiring psychotherapist, another commonality with Eger who channelled what she had learned on her own healing journey into helping others heal themselves. It is a book that I beseech all clinicians to read so that they might gain greater insight to the trail of devastation complex trauma leaves in its wake and garner a deeper respect for the courageous clients they treat. Equally, I urge survivors of their own Holocaust to read it so that they might be inspired to set themselves free.

We are first introduced to Edith in her role as a psychologist and her treatment of an Army captain whose catatonia is symptomatic of his secrets being forced into hiding. Eger helps him

to understand that suppressing them in this way has created a prison that can only be dismantled by choosing freedom. She asserts: 'Freedom lies in learning to embrace what happened. Freedom means we muster the courage to dismantle the prison, brick by brick'. In her search for freedom and in her work as a clinical psychologist, she has learned that suffering is universal yet victimhood is optional. She distinguishes victimization from victimhood, the former, an 'affliction, calamity or abuse' inflicted upon us externally compared to the latter which emanates from within. Eger describes how in victimhood, we choose to cling to our victimization demonstrating 'a way of thinking and being that is rigid, blaming, pessimistic, stuck in the past, unforgiving, punitive and without healthy limits or boundaries'. In this way, we are responsible for our own victimhood unlike victimisation where those external to ourselves bear the responsibility. She describes how there is no hierarchy of suffering and that to suggest our pain is in any way less than another's is to continue to choose to be a victim as we are not seeing our choices. Rather than compare one's suffering to another's and see it as less significant, a survivor, thriver mentality dictates: 'if that person can do it, then so can I' reflecting the strong message of empowerment integral to healing from trauma and central to the ethos of the book.

The book is divided into three strands: Eger's story of survival; her story of healing herself and stories of the people she has helped guide to freedom. Survival of the Holocaust is, as we know, a feat of staggering resilience, fortuitousness and indefatigble courage. It is, equally, a wound that can never truly heal yet whose infliction invites survivors to grow and discover layers to themselves that endow them with the gifts of wisdom, insight and intimacy of self. A very powerful line in the book which remained a maxim throughout Eger's life and was gifted to her by her mother on the train to Auschwitz stated: 'no one can take away from you what you've put in your mind'. This resonated very strongly given that to survive my own personal Holocaust, I had to populate my mind, creating parts to shoulder the trauma for me. No matter how depraved the behaviour or heinous the torture, the perpetrators could not take away what I had put in my own mind to survive their atrocities albeit unconsciously. It was a survival technique that served Eger well when asked to dance for the 'Angel of Death', Dr. Mengele who, only that morning had subjected her mother to the gas chamber. A talented ballerina and gymnast, she dances for him, her mind transporting her to the stage at the Budapest opera house where she performs as Juliet and, as she does so, she discovers a wisdom that she is to reflect on for the rest of her life: Dr. Mengele is more pitiful than she and will always be imprisoned in his own mind having to live with what he did. She realises that he is more a prisoner than she despite the confines of Auschwitz and, as she brings her dance routine to a close, she prays for him, a prayer steeped in wisdom,maturity and admirable selflessness as she prays that he won't have a need to kill her and know the guilt of his depravity.

Eger learned to develop an inner voice of hope in conjunction with other inmates that offered her an alternative story. It declared: 'This is temporary. If I survive today, tomorrow I will be free'. It is a maxim integral to my own survival where in surviving the horrors of the night, I could hope that the next day such heinousness would stop and I would be set free. Humour empowered Eger and her inmates, a defence against unimaginable pain and one that is palpable in my own system. I have one part in particular, a seven year old male observer part, responsible for making a three year old child part laugh from high up on the ceiling whilst she was subjected to unimaginable horrors on the cold bathroom floor below. Just as Eger survived the Nazis' atrocities with her sister Magda's companionship, I, too, survived my own with my parts'.

Whilst studying to be a psychologist, Eger gravitated towards the works of Seligman and Ellis and was inspired by her mentors Rogers and Farson all of whom enabled her to understand parts of herself and her own experience. Their work also demonstrated the individual's power to effect change in themselves and that although suffering

is inevitable and universal, how we respond to it determines whether we enable our pain to imprison us or allow it to be the springboard to a better life by choosing to be free. Eger asserted that survivors of trauma have one thing in common: although they have no control over the most consuming aspects of their lives, they have the power to determine how to experience life after trauma. Survivors could continue to be victims and allow their perpetrators to continue to wield power over them or they could learn to thrive. This was to become Eger's clincial touchstone, asserting: 'we can choose to be our own jailors or we can choose to be free'. Eger drew on her experiences of trauma in her work as a psychologist thereby formulating a new relationship with her pain. Instead of needing to silence, suppress, negate and avoid it, she drew on it as a well of understanding and intuition about her patients, their pain and the path to healing.

As those individuals brave enough to confront their trauma know, recognising, taking responsibility for and expelling feeings is integral to recovery. Egers states that feelings are temporary and not fatal. She asserts that suppressing them only makes it harder to expel them and that 'expression is the opposite of depression'. If we don't feel, how can we possibly expect to heal? The two are synonymous. For years, my own feelings in response to trauma had been rigidly suppressed and I had donned a mask of health and stability. My parts, on the other hand, assumed and expressed those feelings for me thereby shielding me from their rawness and the horrors they emanated from yet, ironically, preventing me from the healing so integral to my recovery and growth. Not only did the parts' memories need to be integrated and become my own but, equally, so did the feelings I had fled and that brutally accompanied them.

Towards the end of the book, Eger performs an incredible feat. After tremendous deliberation, she accepts an inivtation to address six hundred chaplains at a clinical psychology workshop in Berchtesgaden, Hitler's former retreat in the mountains of Bavaria. Staying at the Hotel zum Turken in the very room and bed that Joseph Goebbels, Hitler's minister of propaganda slept in, Eger is in turmoil yet mindful of why she has come to Berchtesgaden: to get closer to her discomfort and to see what the past still has to teach her. Resolute in her ambition, she heads towards the unassuming remains of Hitler's once grand estate. As she walks the same steps as Hitler did, all her senses seek evidence of his presence but instead of the relentless call of evil, her senses only absorb the awakening of Spring and the promise of rebirth that accompanies it. As winter yields to the birth of new beginnings, a song of triumph arises in her heart and as it escapes its chambers to the sky above and valley below, Eger shouts to that old sorrow, 'I release you'. Standing overlooking the cliff at the Berghof, Hitler's former residence, Eger has an awakening. Having felt that her arrival was a healthy kind of revenge and settling of the scores, she realises that revenge doesn't make a person free. She chose to forgive Hitler there and then but explained that she was forgiving him for her own growth. By holding onto her rage towards Hitler, she was keeping not only him but herself in chains whilst remaining locked in her grief. Eger asserts that to forgive is to grieve for what happened and didn't happen; to accept life as it was and as it is and to relinquish the need for a different past. In her profound wisdom, Eger recognises that forgiving Hitler isn't the hardest thing she will ever do; the hardest thing will be to forgive a person she is yet to confront: herself.

It is whilst at Berchtesgaden, lying awake in Goebbel's bed, that Eger makes another awe-inspring decision. She decides to return ro Auschwitz to perfrom the rite of grief that has eluded her all her life which she describes as: 'bare-skinned connection with the site of her loss, contact and release, a Hungarian exorcism'. It is whilst at Auschwitz that Eger is forced to confront the guilt that has haunted her since she stood in a selection line at the age of sixteen with her mother and sister, a line that determined life or death. Asked by Dr Mengele whether her mother is her mother or sister and unaware of the staggering importance of her reply, she says the word she has spent the whole of her life trying to banish from her consciousness

and that she has not let herself remember until today: 'Mother'. Mengele points her mother to the left, to the bowels of death and pushes Eger and her sister, Magda to the right. As a result of choosing to say that word, Eger's life until that point became a litany of guilt and regret, a song that kept echoing with the same chorus with the inability to forgive herself. She comments: 'How easily the life we didn't live becomes the only one we prize. How easily we are seduced by the fantasy that we are in control, that we are ever in control, that the things we could or should have done or said have the power, if only we had done or said them, to cure pain, to erase suffering, to vanish loss. How easily we can cling to - worship - the choices we think we could or should have made'. However, Eger comes to realise that it is not the choice she made then but the choice she makes now that is important. Integral to the choice is to stop running from the past, to do everything possible to redeem it and to release it. The past, she asserts, can't be altered but a life can be saved, a life lived in the here and now and in this precious moment. As a survivor of my own Holocaust, these are arresting and empowering words.

Eger skips out of Auschwitz having confronted her guilt and grief and made peace with them. As she exits, she passes under the words 'ARBEIT MACHT FREI' meaning work sets you free, words that mocked when Eger and the inmates realised that nothing would set them free. Yet, now, she realises that those words reverberate with truth as work has set her free. She asserts that she survived so that she could do her work: the inner work of learning to survive and thrive, of learning to forgive herself and of helping others to do the same. She states: 'And when I do this work, then I am no longer the hostage or the prisoner of anything. I am free'. In addressing my own inner work, finding forgiveness for myself and in my passion to help other survivors of horrific abuse, I am equally set free and for every heart and fragmented soul I might help to heal, I thank you. Eger asserts: 'our painful experiences aren't a liability – they're a gift. They give us perspective and meaning, an opportunity to find our unique purpose and our strength'. It is a sentiment I wholeheartedly embrace for without the Holocaust we survived, how shallow and meaningless our life would be. Healing, we have learned, is not about erasing the scar or even to make the scar; it is about cherishing the wound and in doing so we reclaim our power.

The book ends on an empowering, upbeat note. Invited to address an Army unit returning from combat in Afghanistan, a unit with a high suicide rate, Eger speaks her truth telling her rapt audience that the biggest prison is in an individual's mind and the key is in one's pocket already. She continues that the key is the willingness to take absolute responsibiity for one's life; the willingness to risk; the willingness to release oneself from judgement and reclaim one's innocence, accepting and loving oneself for who they really are – human, imperfect and whole. Her words bring me to tears, bring the cacophony of voices in my head to silence and bring freedom's melody to my heart. It is as she speaks these words that she is overcome with sensations purporting to a powerful flashback triggered by an emblem that the GI who liberated her in 1945 wore on his sleeve. She was addressing the Seventy-first Infantry, the unit that sixty-five years ago had liberated her. She was bringing her story of freedom to the survivors of war who had once brought freedom to her. It is both poetic and haltingly beautiful.

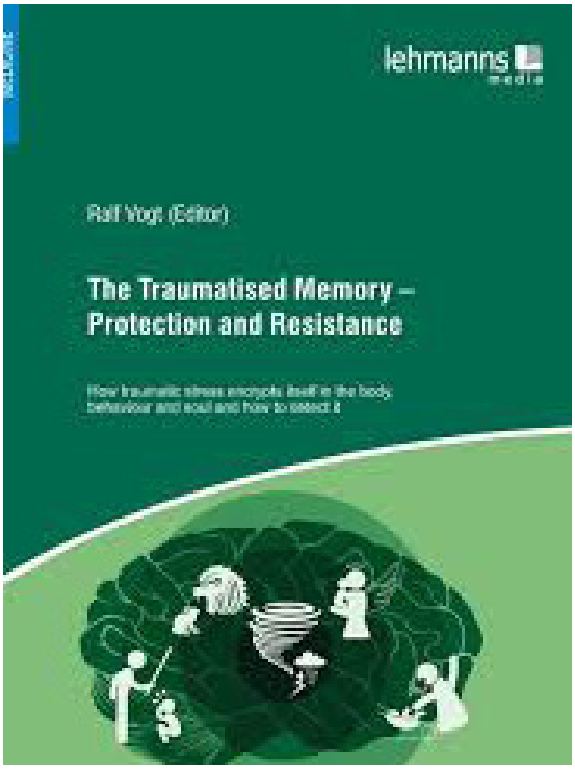
What The Choice has shown me is that healing isn't about recovery; it's about discovery. Discovering hope in hopelessness, discovering an answer where there doesn't seem to be one and, above all else, discovering that it's not what happens that matters – it's what you do with it. To all the clinicians reading this who treat people who have survived unimaginable trauma, I urge you to take heed of Eger's closing message: that it is harder to relive the past than it is to survive our own personal Holocaust. In survival, we think only of our survival needs; in finding the courage to confront our past, we are required to feel all of our feelings, to embrace the dark, to walk through the shadow of the valley on our way to the light and there is no greater Holocaust than that. As I end this review, I feel a deep sense of frustration that my words have not done justice to the power of this book.

I urge you, the reader, to read it and honour every survivor of trauma, to acquire a deeper respect for the resilence of the human spirit and to recognise the gift of choice. I can't change what happened to us; I can't change what we did or what was done to us. We can, however, choose how we live now. May we carry in our hearts the pearl of wisdom Eger's mother's imparted her as she stood in the selection line facing death: 'we don't know where we're going, we don't know what's going to happen, but no one can take away from you what you put in your own mind'. To the parts I put in my own mind, I thank you for heping me to survive; their evil could not steal you from me.

Book review by: Sabine Trautmann-Voigt

The Traumatised Memory – Protection and Resistance

Author: Ralf Vogt, 2019
Published by Lehmanns Media
ISBN 978-3-96543-027-3



The topic of trauma memory is one of the most exciting specialist subjects of recent years in trauma therapy: What qualitative characteristics do memory processes of trauma patients have? Are there general phases in experiencing the recollection of a trauma? Can these phenomena be explained psychodynamically and what about the controversial issue of the credibility of memories in dissociative trauma patients in court? Meanwhile, many colleagues – starting from the specialist disputes in the USA since the 1990s, for example from the False Memory Syndrome Foundation (FMSF) – have heard about the problem without knowing exactly what it generally is and what the issues of our field that surround it are.

This collection of articles comprises seven contributions from different practitioners as well as a scientific pilot study on experience phases of dissociative patients during therapy initiation and treatment. In addition, new essentials of the SPIM-30 treatment model for dissociative disorders are included, for example the refined severity concept for psychological interaction disorders now explains the concrete differential differences of transmissions, introjections and attachment disorders even more clearly than before and thus helps us to qualitatively understand the interactive therapeutic problems better.

At the beginning, Ralf Vogt gives a short introduction to the clinical issues and deals with phenotypic aspects of the social zeitgeist regarding the psychotherapy image in society as well as special features of classical research. These brief remarks also make it clear that trauma psychology is regarded as a lower priority in university research. Winja Buss dedicates herself to the controversially discussed problem of the FMSF with sharp and clever criticism. Of great interest are the biographical backgrounds of the foundation's founders and its prominent figures, Elisabeth Loftus and Julia Shaw. Approaches to implicit memory follow, presented using body- and action-oriented SPIM-30 settings, because it is precisely the trauma memory fragmented by interpersonal form that can be creatively expanded through the analysis of multimodal data fragments. Illustrations of the SPIM-30 setting variants are found in the form of 72 colour photographs in the appendix of the book.

The previews combined with the following clinical contributions and case examples of both Vogt's and four analytical or systematical trauma therapists, who work with the SPIM-30 method partly or

completely, are in my opinion a very valuable guide for practical trauma practitioners.

Renée Potgieter Marks' article clear demonstrates a body-oriented approach utilising beseelbare therapy objects in the memory recall process with children. Memory in children is very often at the atmospheric level and surrounded with perpetrator introjects; her techniques, shown in the case studies, bring clarity and results. Valerie Sinason's work with DID patients and her category of dialogues offer the reader an insight into the many variations of conversation and resistance within the patient and with the therapist. Joanne Twombly's contribution links complex DID and EMDR, and their inadequate treatment. Highlighting her methods and work through a case example, Twombly plots her system and progress and the resistance she encountered on the way. Kevin Connors shows the level of severity in his contribution, as well as the betrayal, abuse and abandonment, and how the creation of a safe place by the therapist is required to overcome this resistance to therapy by the many dissociative states.

Vogt's pilot research on 78 mostly dissociative trauma patients turns up some interesting results. Most interpersonally traumatised clients complain of the phenomena of fear, false memory or too much fantasy in the initial phase of therapy and suffer from confusion and self-doubt. In this type of tormented and unsettled patient, such phenomena can be regarded as bordering normal. This only changes when concrete trauma scenes can be repeatedly remembered with factual data by these patients of a greater subjective safety experience.

Vogt dedicates the next section to the complicated overall understanding of the qualitative data analysis of trauma patients. Based on the theoretical classifications in Vogt (2015), the trauma-related statements of clients are distinguished as factual, symbolic, and atmospheric. In addition to the earlier explanations, concrete patient vignettes are presented here,demonstrating the therapeutic conversion work from atmospheric to symbolic and finally to factual data levels in these trauma patients and making the causes of the data conversion in the opposite direction understandable. Accordingly, data transformations in the trauma scene of the individual obviously always occur when psychophysical pain and integration abilities are exceeded, which is usually deliberately not accessible to the trauma clients due to psychodynamic and psychophysical switch-off states. The positive side of this empirical evidence from Vogt shows that data through targeted trauma scene exposure work – embedded in a sustainable therapeutic bond with continuous treatment work – can be transformed back into consciousness. Another important point is the discussion of targeted confused instructions, such as those deliberately set by the perpetrators, especially in severely dissociative patients. These instructions, such as permanent devaluations, cause the trauma victims to later declassify themselves with contradictory and untrustworthy statements. This leaves the actual background of a perpetrator programmed, conditioned or initiated and absurd or false information unrecognised. Unfortunately, these confusing statements in this type of severely dissociative patients – within the framework of classical clinical psychiatry – all too often lead to a diagnosis of schizophrenia. In court cases, these clients are placed in a vicious circle and are regarded as non-credible witnesses.

This book is also for interested parties of the profession; social workers and clients themselves can learn a lot from these articles. The clear and natural writing styles are maintained throughout the book and make it accessible to all. I believe that, finally, I can recommend a new book that should become a milestone in the practice of the theory and therapy of psychological trauma.

Book review by: Margaret Collingwood

TREATING ADULT SURVIVORS OF CHILDHOOD EMOTIONAL ABUSE AND NEGLECT

– Protection and Resistance Component-Based Psychotherapy

Author: Elizabeth K. Hopper, Frances K. Grossman, Joseph Spinazzola and Marla Zucker
Published by Guilford 2019
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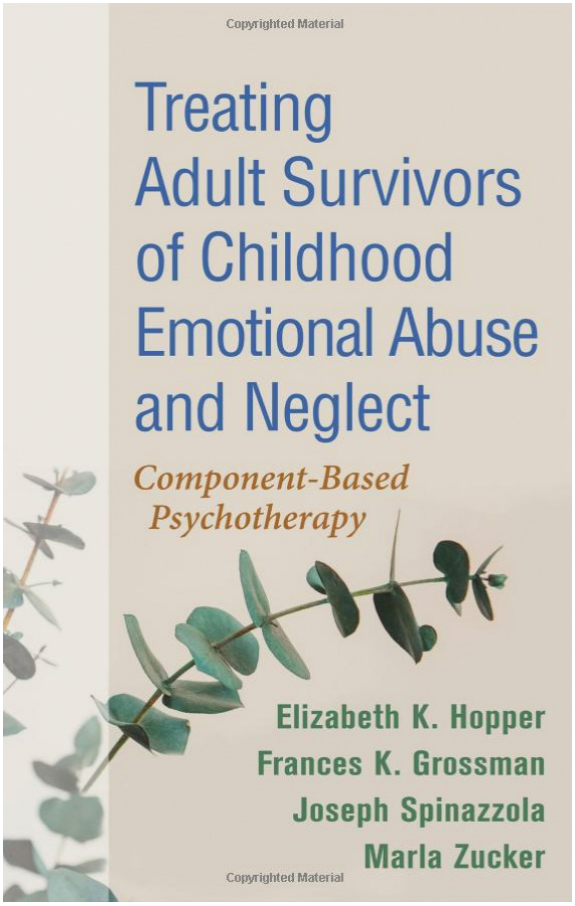

Early abuse, neglect and abandonment interfere both with knowing what you are feeling, and how to communicate what's going on. If you are not known, not seen nor responded to appropriately how can you know who you are, what you are like, in this a self void? Consequently how do you learn how to relate, how to feel safe, how others are affected by you? A neglected child sadly is better equipped for self-loathing, self-blame and shame. The appalling damage from chronic patterns of impaired care changes how the brain and mind mature and requires profound reorganisation in multiple domains of functioning.

Component-Based Psychotherapy (CBP) has been under development at the Trauma Centre in Boston U.S.A. for forty years, its task: "returning people who have been exposed to unspeakable betrayal, abandonment, and assaults to feeling fully alive in the present". (Bessel A. van der Kolk in the Foreword). As Bessel says, treatment is complicated and involves more than processing traumatic events.The last forty years have been buzzing with new discoveries and understanding in trauma treatment and Treating Adult Survivors of Childhood Emotional Abuse and Neglect gathers this altogether and focuses particularly on developmental trauma. It combines a historical perspective with current thinking and research, together with sharing the tried and tested hands-on experience of the Trauma Centre's own clinical work with complex trauma.

The aim of the book is to share this honed knowledge and to be a guide to clinical interventions. It stresses the difference between resolution of PTSD, (Post Traumatic Stress Disorder) and treating complex traumatic conditions, CPTSD, (Complex Post Traumatic Stress Disorder). This neglect of neglect is something of a diagnostic debate. As a separate condition CPTSD is omitted from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), but the World Health Organisation and International Society of Traumatic Stress Studies have formally recognised CPTSD as a veritable and distinct diagnosis.

This co-authored book captures the essential facets of the Centre's collective approach to CPTSD, which might be seen as controversial, as it covers new ground. Such wealth of applied knowledge and wisdom from several contributors could be cumbersome and confusing, but isn't. It is held together by the collective passion to challenge the understudied, overlooked and underreported "blind spot" that is neglect, where survival had to take precedence over normal psycho-biological development.

The use of the word 'Abyss' highlights and links the four essential areas of CBP: Relationship, Regulation, Working with Dissociative Parts and Narrative. There are two chapters on each. The metaphor Abyss is used to represent that emptiness, nothingness-void, annihilation that is neglect, emotional abuse and abandonment - Reaching Across the Abyss, On the Brink of the Abyss, in the Depths of the Abyss and Transcending the Abyss. There's a positive forward movement in the book of ultimate hope, with a five stage sequential path from No Self, Damaged Self, Victim, Survivor and finally to Person.

Another link that holds the book together and gives it that framework and structure is the use of the two separate case studies of David and Nicole. This is also a study of their therapists, Susan and Katherine. Without judgement there is a spotlight on the good and not so good outcomes, the relational hiccoughs and triumphs, the omissions and enactments. There are suggestions for other approaches and understandings. Each section somehow refers back to David or Nicole, Susan or Katherine that's both reflective and fascinating. This demonstrates how CBP sees therapy as a joint venture of co-development between therapist and client and how this interpersonal neurobiology changes the brain and makes new neural connections.

'We see an individual's attachment style, first established in infancy, as being key to the effects of emotional abuse and neglect and central to CBP's approach to therapy". (p.64). The chapters on Relationship are compelling and challenging. Is the therapist's own attachment style an asset or a stumbling block? How can the therapist be part of the mess and hold boundaries and safety? I found wisdom in this rich tapestry of structure, common sense and authenticity, such as: "…there is nothing wrong or selfish about a therapist not being able to provide everything the client needs" (p.87) and stating that dependence is neither surprising nor problematic, and explains why for some people there has to be pain before they can feel love. The explanation of Enactments is particularly helpful. "CBP views enactments as providing important therapeutic opportunities for reworking relational patterns". This is such a refreshing way of looking at rupture and repair rather than thinking of personality disorder, or 'difficult client' or the therapist blaming herself.

The book explores how the relationship helps in successful regulation and pacing of the therapy, likening the role of the therapist in this as both "barometer' and "pressure gauge". It speaks of then moving on from the window of tolerance to the window of engagement. This containing structure is vital for learning self-regulation - something not learned in childhood - and must be there before memory processing, meaning making and life narrative development. Table 6.1 entitled Intervention Strategies for the Regulation Component of CBP sets out the aims for Client, Therapist and Supervisor in establishing regulation.

For anyone who is unsure about dissociation and fragmented parts the two chapters on Parts is a gold mine. CBP considers parts both functionally and developmentally and seeks to bring them together to build awareness and connection and acceptance. It encourages working with all parts, listening with emotional presence and using the client's language and enlisting and involving the adult or more mature self where possible. There is a fine line between nurturing and supporting child parts and showing the client how to nurture them herself so that the whole session is not taken up with their desperate unmet needs. Table 8.1 is

another invaluable tool for checking and reflecting and helping the therapist see the wood from the trees in what can be a murky, foggy journey.

Again in the chapters on Narrative there is that fine balance and delicacy in the pacing and nuancing of this highly skilled work. There is an urgency to tell the story: there is a need for regulation. In constructing the narrative, and piecing together the fragmentation there is also the constructing of the self. There is perhaps the need to tell the story about Nothing, What Didn't Happen, the Absence of Experience, and to co-create that flicker of belief in future possibility, transcending trauma and to know it exists. Here might be the place to consider the social and cultural context behind the story or giving those body sensations a language that can be heard. The chapter emphasises the importance of audience receptivity, being present and listening so that the client can be heard. It talks of "bearing" witness so that the isolation and alienation affects can be changed, How well the writer understands the urge to turn away and intellectualise! "We are not silently analysing, or mentally finishing their story, or searching for words to phrase our understanding, or taking mental notes for a cognitive intervention or exposure protocol".

The crucial role of the supervisor is not quite on every page, but is integral to the enabling of each step forward. The reader is somehow invited to stand in the shoes of the supervisor and observe the process and reflect on the relationship, the resourcing and regulation. The reader can see the taking shape of the pieces of the jigsaw of the narrative, the journey and process, the blossoming and becoming of the self. There are extraordinary parallel processes, perhaps not just the client, therapist and supervisor in the pages, but for the reader too. This book draws you in and is both challenging and liberating.

I found this book an absolute gem. It validated for me all those earlier years of struggling in the therapy room, not sure what was going on and if I was doing the right things. It has put into words that are clear, authentic and authoritative that CPTSD requires that something extra from therapist and supervisor in treatment, and offers ways to do that. It's both practical and uplifting and has put down a marker of great significance.

HOT OFF THE PRESS

By: Winja Buss

Introducing the latest research

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

Does information about neuropsychiatric diagnoses influence evaluation of child sexual abuse allegations?

Lainpelto, K., Isaksson, J., & Lindblad, F.

This study aimed at investigating if attitudes toward children with neuropsychiatric disorders influence evaluations concerning allegations of child sexual abuse. Law students (n = 107) at Stockholm University, Sweden, were presented a transcript of a mock police interview with a girl, 11 years of age. This interview was based on a real case, selected as a "typical" example from these years concerning contributions from the interviewer and the alleged victim. After having read the transcript, the students responded to a questionnaire concerning degree of credibility, if the girl talked about events that had really occurred, richness of details, and if the narrations were considered truthful and age-adequate. Fifty-four of the students were also told that the girl had been given the diagnoses of attention deficit/hyperactivity disorder and Asperger syndrome. Students who were informed about the diagnoses gave significantly lower scores concerning credibility of the interviewee. To a lesser degree they regarded her narrations as expressions of what had really occurred and considered her statements less truthful. Furthermore, they found that the narrations contained fewer details. Finally, they found the girl less competent to tell about abuse. We conclude that a neuropsychiatric disorder may infer risks of unjustified skeptical attitudes concerning trustworthiness and cognitive capacity.

Lainpelto, K., Isaksson, J., & Lindblad, F. (2016). Does information about neuropsychiatric diagnoses influence evaluation of child sexual abuse allegations?. Journal of child sexual abuse, 25(3), 276-292. [retrieved 06/05/2019]: https://www.tandfonline.com/doi/abs/10.1080/10538712.2016.1145164

Playing with identities: the representation of dissociative identity disorder in the videogame "Who am I?"

Santoro, G., Costanzo, A., & Schimmenti, A.

Who am I: The Tale of Dorothy (WAI) is the first videogame ever that addresses the treatment of an individual suffering from dissociative identity disorder (DID). WAI describes the life and internal experience of a 14-year-old girl named Dorothy who suffers from DID. The goal of this videogame is to integrate all Dorothy's dissociated identities. Notably, several symptoms of DID are correctly portrayed in the game, such as identity confusion, identity alteration, amnesia, and psychotic-like experiences. Furthermore, WAI identifies the developmental origins of DID in the individual's exposure to severe traumatic experiences in the attachment relationships during childhood, which is consistent with current empirical evidence on the developmental precursors of the disorder. Therefore, WAI may represent an innovative possibility for illustrating the main features of DID to gamers, students, and lay people. Accordingly, playing WAI can have important educational implications, as it might serve to reduce mental stigma toward people suffering from DID.

Santoro, G., Costanzo, A., & Schimmenti, A. (2019). Playing with identities: the representation of dissociative identity disorder in the videogame "Who am I?". Mediterranean Journal of Clinical Psychology, 7(1). [retrieved 06/05/2019]: http://cab.unime.it/journals/index.php/MJCP/article/view/2053

Allele-specific DNA methylation level of FKBP5 is associated with post-traumatic stress disorder

Kang, J. I., Kim, T. Y., Choi, J. H., So, H. S., & Kim, S. J.

Background

FK506-binding protein 5 (FKBP5) binds to glucocorticoid receptors and modulates glucocorticoid sensitivity. The FKBP5 gene has been implicated in the dysregulation of human stress responses, contributing to the risk and treatment response of stress-related disorders. The present study examined whether epigenetic changes in FKBP5 are associated with chronic post-traumatic stress disorder (PTSD) status in the context of FKBP5 genetic variation (rs1360780 polymorphism) among male veterans exposed to combat trauma.

Methods

Korean male veterans who served on active duty during the Vietnam War were categorized into 2 groups: with PTSD (n=123) and without PTSD (n=116). The genotype of FKBP5 rs1360780 and DNA methylation levels of two CpG sites at the FKBP5 intron 7 region were assessed in peripheral blood. Analysis of covariance was performed to examine main and interaction effects of PTSD status and FKBP5genotype on FKBP5 DNA methylation level, with age, trauma levels, and alcohol use as covariates.

Results

A significant main effect of FKBP5 rs1360780 and PTSD and an interaction effect between genotype and PTSD status were found on mean FKBP5 DNA methylation level. The T allele of rs1360780 was associated with lower FKBP5 methylation level. In addition, the PTSD group showed significantly higher methylation than did the non-PTSD group among veterans carrying the risk T allele (n=96), while no group difference was observed on methylation levels among veterans with the CC genotype (n=143). Among veterans carrying the T allele, FKBP5methylation levels were positively correlated with the severity of PTSD symptoms.

Conclusions

The present study demonstrated different FKBP5 methylation levels in PTSD depending on FKBP5 genetic variation among veterans exposed to combat trauma. The present finding suggests that the genetic and epigenetic modulation of FKBP5 is involved in the pathophysiology of PTSD. Further longitudinal research involving people exposed to trauma is required to understand causal relationships of FKBP5 in the development and recovery of PTSD.

Kang, J. I., Kim, T. Y., Choi, J. H., So, H. S., & Kim, S. J. (2019). Allele-specific DNA methylation level of FKBP5 is associated with post-traumatic stress disorder. Psychoneuroendocrinology, 103, 1-7. [retrieved 06/05/2019]: https://www.sciencedirect.com/science/article/pii/S0306453018309247

A Systematic Review of Dissociation in Female Sex Workers

Tschoeke, S., Borbé, R., Steinert, T., & Bichescu-Burian, D.

We analyze the empirical evidence for the association between the occurrence of dissociation and acting as a female sex worker (FSW). The ten screened databases included original research papers looking at the association between various abusive relationships and dissociation. From the initial 5942 records, we screened 554 full-text articles from which eleven studies met the inclusion criteria. Dissociation was mainly described as a strategy to cope with work related experiences, persisting from an early age in cases affected by childhood sexual abuse (CSA). Only one study investigated the occurrence of dissociative disorders. The other studies showed that the FSW population frequently exhibits dissociative symptoms. Most study participants were street FSW characterized by high rates of revictimization, a history of childhood sexual abuse, and of trauma-related and substance use disorders. Due to the selectivity of the study samples, conclusions cannot be generalized. Our findings disclose an important research gap. Further research on mental health among FSW should cover all fields of the sex industry in order to understand the roots of sex work (SW) and its sequelae. This could help develop and implement targeted interventions.

Tschoeke, S., Borbé, R., Steinert, T., & Bichescu-Burian, D. (2019). A Systematic Review of Dissociation in Female Sex Workers. Journal of Trauma & Dissociation, 20(2), 242-257. [retrieved 06/05/2019]: https://www.tandfonline.com/doi/abs/10.1080/15299732.2019.1572044

Functional reorganization of neural networks involved in emotion regulation following trauma therapy for complex trauma disorders.

Schlumpf, Y. R., Nijenhuis, E. R., Klein, C., Jäncke, L., & Bachmann, S.

Objectives

We investigated whether patients with complex interpersonal traumaengage neural networks that are commonly activated during cognitive reappraisal and responding naturally to affect-laden images. In this naturalistic study, we examined whether trauma treatment not only reduces symptoms but also changes neural networks involved in emotional control.

Methods

Before and after eight weeks of phase-oriented inpatient trauma treatment, patients (n = 28) with complex posttraumatic stress disorder(cPTSD) and complex dissociative disorders (CDD) performed a cognitive reappraisal task while electroencephalography (EEG) was registered. Patients were measured as a prototypical dissociative part that aims to fulfill daily life goals while avoiding traumatic memoriesand associated dissociative parts. Matched healthy controls (n = 38) were measured twice as well. We examined task-related functional connectivity and assessed self-reports of clinical symptoms and emotion regulation skills.

Results

Prior to treatment and compared to controls, patients showed hypoconnectivity within neural networks involved in emotional downregulation while reappraising affect-eliciting pictures as well as viewing neutral and affect-eliciting pictures. Following treatment, connectivity became normalized in these networks comprising regions associated with cognitive control and memory. Additionally, patients showed a treatment-related reduction of negative but not of positive dissociative symptoms.

Conclusions

This is the first study demonstrating that trauma-focused treatment was associated with favorable changes in neural networks involved in emotional control. Emotional overregulation manifesting as negative dissociative symptoms was reduced but not emotional underregulation, manifesting as positive dissociative symptoms.

Schlumpf, Y. R., Nijenhuis, E. R., Klein, C., Jäncke, L., & Bachmann, S. (2019). Functional reorganization of neural networks involved in emotion regulation following trauma therapy for complex trauma disorders. NeuroImage: Clinical, 23, 101807. [retrieved 06/05/2019]: https://www.sciencedirect.com/science/article/pii/S2213158219301573

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, 32(1), 156-166. [retrieved 06/05/2019]: https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22370

Female offenders of human trafficking and sexual exploitation

Wijkman, M., & Kleemans, E.

Female offenders are seldom studied by criminological scholars. This is certainly the case regarding offenses like human trafficking and sexual exploitation. However, the number of women suspected of being a perpetrator of human trafficking should not be underestimated. In this paper we present the results of a study on female perpetrators of human trafficking. We have analyzed the court-files of 150 women who have been convicted for human trafficking. We present results on the prevalence of female offenders of human trafficking and the forms of exploitation they have been convicted for. After this we present the sanctions that were imposed on the women and the offender, offense and victim characteristics. This paper concludes by discussing implications for criminal justice authorities, policy and research.

Wijkman, M., & Kleemans, E. (2019). Female offenders of human trafficking and sexual exploitation. Crime, Law and Social Change, 1-20. [retrieved 06/05/2019]: https://link.springer.com/article/10.1007/s10611-019-09840-x

The semantics of emotion in false memory

Brainerd, C. J., & Bookbinder, S. H.

The emotional valence of target information has been a centerpiece of recent false memory research, but in most experiments, it has been confounded with emotional arousal. We sought to clarify the results of such research by identifying a shared mathematical relation between valence and arousal ratings in commonly administered normed materials. That relation was then used to (a) decide whether arousal as well as valence influences false memory when they are confounded and to (b) determine whether semantic properties that are known to affect false memory covary with valence and arousal ratings. In Study 1, we identified a quadratic relation between valence and arousal ratings of words and pictures that has 2 key properties: Arousal increases more rapidly as function of negative valence than positive valence, and hence, a given level of negative valence is more arousing than the same level of positive valence. This quadratic function predicts that if arousal as well as valence affects false memory when they are confounded, false memory data must have certain fine-grained properties. In Study 2, those properties were absent from norming data for the Cornell-Cortland Emotional Word Lists, indicating that valence but not arousal affects false memory in those norms. In Study 3, we tested fuzzy-trace theory's explanation of that pattern: that valence ratings are positively related to semantic properties that are known to increase false memory, but arousal ratings are not.

Brainerd, C. J., & Bookbinder, S. H. (2019). The semantics of emotion in false memory. Emotion, 19(1), 146. [retrieved 06/05/2019]: https://psycnet.apa.org/record/2018-12044-001

False memories and true memories of childhood trauma: Balancing the risks

Goodman, G. S., Gonzalves, L., & Wolpe, S.

How often do clinical psychologists discuss with their adult clients the possibility that the clients might have been abused as children but had repressed the memory? If during the course of therapy clients remember being abused as children when the clients had no previous memories of such abuse, how likely is it that the memories are false? These questions underlie Patihis and Pendergrast's Mechanical Turk survey study (this issue, p. 3). We discuss relevant scientific findings, including from longitudinal research on adults who as children experienced documented child maltreatment. We question inferences and generalizations resulting from the methodology Patihis and Pendergrast employed. We argue that clinicians are often justified in asking about past child abuse, remembered and forgotten, and that clinicians and researchers should strive to balance the risk of adults forming false memories with the need for adults to overcome childhood trauma.

Goodman, G. S., Gonzalves, L., & Wolpe, S. (2019). False memories and true memories of childhood trauma: Balancing the risks. Clinical Psychological Science, 7(1), 29-31.[retrieved 06/05/2019]: https://journals.sagepub.com/doi/abs/10.1177/2167702618797106

Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events

Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A.

The study investigated whether EMDR is a feasible therapy for adults with ASD and a history of adverse events, and whether it is associated with reductions in symptoms of PTSD, psychological distress and autism. Participants received 6 to 8 weeks treatment as usual (TAU), followed by a maximum of 8 sessions EMDR added to TAU, and a follow-up of 6–8 weeks with TAU only. Results showed a significant reduction of symptoms of post-traumatic stress (IES-R: d=1.16), psychological distress (BSI: d=0.93) and autistic features (SRS-A: d=0.39). Positive results were maintained at follow-up. The results suggest EMDR therapy to be a feasible and potentially effective treatment for individuals with ASD who suffer from the consequences of exposure to distressing events.

Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A. (2019). Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events. Journal of autism and developmental disorders, 49(1), 151-164. [retrieved 06/05/2019]: https://link.springer.com/article/10.1007/s10803-018-3687-6

Does Prenatal Stress Shape Postnatal Resilience?–An Epigenome-Wide Study on Violence and Mental Health in Humans

Serpeloni, F., Radtke, K. M., Hecker, T., Sill, J., Vukojevic, V., Assis, S. G. D., ... & Nätt, D.

Stress during pregnancy widely associates with epigenetic changes and psychiatric problems during childhood. Animal studies, however, show that under specific postnatal conditions prenatal stress may have other, less detrimental consequences for the offspring. Here, we studied mental health and epigenome-wide DNA methylation in saliva following intimate partner violence (IPV) during pregnancy in São Gonçalo, a Brazilian city with high levels of violence. Not surprisingly, mothers exposed to pregnancy IPV expressed elevated depression, PTSD and anxiety symptoms. Children had similar psychiatric problems when they experienced maternal IPV after being born. More surprisingly, when maternal IPV occurred both during (prenatal) and after pregnancy these problems were absent. Following prenatal IPV, genomic sites in genes encoding the glucocorticoid receptor (NR3C1) and its repressor FKBP51 (FKBP5) were among the most differentially methylated and indicated an enhanced ability to terminate hormonal stress responses in prenatally stressed children. These children also showed more DNA methylation in heterochromatin-like regions, which previously has been associated with stress/disease resilience. A similar relationship was seen in prenatally stressed middle-eastern refugees of the same age as the São Gonçalo children but exposed to postnatal war-related violence. While our study is limited in location and sample size, it provides novel insights on how prenatal stress may epigenetically shape resilience in humans, possibly through interactions with the postnatal environment. This translates animal findings and emphasizes the importance to account for population differences when studying how early life gene–environment interactions affects mental health.

Serpeloni, F., Radtke, K. M., Hecker, T., Sill, J., Vukojevic, V., Assis, S. G. D., ... & Nätt, D. (2019). Does Prenatal Stress Shape Postnatal Resilience?–An Epigenome-Wide Study on Violence and Mental Health in Humans. Frontiers in genetics, 10, 269. [retrieved 06/05/2019]: https://www.frontiersin.org/articles/10.3389/fgene.2019.00269/full?utm_source=fweb&utm_medium=nblog&utm_campaign=ba-sci-fgene-prenatal-stress

Romantic functioning mediates prospective associations between childhood abuse and neglect and parenting outcomes in adulthood

Labella, M. H., Raby, K. L., Martin, J., & Roisman, G. I.

Research suggests intergenerational links between childhood abuse and neglect and subsequent parenting quality, but little is known about the potential mechanisms underlying intergenerational continuities in parenting. Adult romantic functioning may be one plausible mechanism, given its documented associations with both adverse caregiving in childhood and parenting quality in adulthood. The present study used data from the Minnesota Longitudinal Study of Risk and Adaptation to (a) investigate prospective associations between childhood experiences of abuse and neglect and multiple parenting outcomes in adulthood, and (b) evaluate the degree to which adult romantic functioning mediates those associations. Information regarding childhood abuse and neglect was gathered prospectively from birth through age 17.5 years. Multimethod assessments of romantic functioning were collected repeatedly through early adulthood (ages 20 to 32 years), and parenting quality was assessed as participants assumed a parenting role (ages 21 to 38 years). As expected, childhood abuse and neglect experiences predicted less supportive parenting (observed and interview rated) and higher likelihood of self-reported Child Protective Services involvement. The association with interview-rated supportive parenting was partially mediated by lower romantic competence, whereas the association with Child Protective Services involvement was partially mediated by more relational violence in adult romantic relationships. Implications of these novel prospective findings for research and clinical intervention are discussed.

Labella, M. H., Raby, K. L., Martin, J., & Roisman, G. I. (2019). Romantic functioning mediates prospective associations between childhood abuse and neglect and parenting outcomes in adulthood. Development and psychopathology, 31(1), 95-111. [retrieved 06/05/2019]: https://www.cambridge.org/core/journals/development-and-psychopathology/article/romantic-functioning-mediates-prospective-associations-between-childhood-abuse-and-neglect-and-parenting-outcomes-in-adulthood/71B7CBA04CFD36008F93FA9FE1073104

Rorschach assessment of two distinctive personality states of a person with dissociative identity disorder

Hartmann, E., & Benum, K.

This case study used test data from a patient with Dissociative Identity Disorder (DID; American Psychiatric Association, 2013American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5thed.). Arlington, VA: American Psychiatric Association.[Crossref], , [Google Scholar]) to illustrate how two main personality states of the patient ("Ann" and "Ben") seemed to function. The Rorschach Performance Assessment System (R-PAS; Meyer, Viglione, Mihura, Erard, & Erdberg, 2011Meyer, G. J., Viglione, D. J., Mihura, J., Erard, R. E., & Erdberg, P. (2011). Rorschach Performance Assessment System: Administration, coding, interpretation, and technical manual. Toledo, OH: Rorschach Performance Assessment System. [Google Scholar]) and the Inventory of Interpersonal Problems–Circumplex (IIP-64; Horowitz, Alden, Wiggins, & Pincus, 2000Horowitz, L. M., Alden, L. E., Wiggins, J. S., & Pincus, A. L. (2000). IIP-64/IIP-32 professional manual. San Antonio, TX: Psychological Corporation. [Google Scholar]), administered to Ann and Ben in separate settings, exposed two diverse R-PAS and IIP-64 profiles. Ann's R-PAS profile suggested an intellectualized style of information processing with few indications of psychological problems. Ben's profile indicated severe perceptual, cognitive, and interpersonal difficulties combined with suspicion and anxiety. Ann's IIP-64 profile suggested minor interpersonal problems, whereas Ben's indicated serious relational difficulties. The findings were discussed in relation to the theory of trauma-related structural dissociation of the personality (Van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). The haunted self: Chronic traumatization and structural dissociation of the personality. New York, NY: Norton. [Google Scholar]), which implies an enduring split in the organization of the personality with more or less separate entities with their own sense of self, perception of the world, and ways of organizing emotional, cognitive, and social functions. The DID personality structure is seen as a defense strategy and as a pathway in the personality development producing serious psychological pain and symptoms.

Hartmann, E., & Benum, K. (2019). Rorschach assessment of two distinctive personality states of a person with dissociative identity disorder. Journal of personality assessment, 101(2), 213-228. [retrieved 06/05/2019]: https://www.tandfonline.com/doi/abs/10.1080/00223891.2017.1391273

Addressing childhood trauma in school settings: A framework for evidence-based practice

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S.

Supporting evidence and intervention resources for addressing childhood trauma are growing, with schools indicated as a potentially critical system for service delivery. Multiple points for prevention and intervention efforts in schools are possible, but in this manuscript, we review evidence on trauma-specific interventions targeted to students exhibiting negative symptoms. Trauma-specific interventions with evidence and utility for school-based delivery are highlighted, along with key considerations in selection. In addition, we discuss the potential to maximize the impact of trauma-specific interventions for individual students when delivered as part of a school-wide trauma-informed approach that incorporates system-level prevention and intervention strategies. Future directions for research on trauma-specific interventions and trauma-informed approaches in school settings are discussed.

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. School mental health, 11(1), 40-53. [retrieved 06/05/2019]: https://link.springer.com/article/10.1007/s12310-018-9256-5

Narrative Matters: A Monster Calls–a portrayal of dissociation in childhood bereavement

Ghoshal, N., & Wilkinson, P. O.

'A Monster Calls' is a children's fantasy novel written by Patrick Ness, based on an original idea by Siobhan David. Released to critical acclaim, the novel was lauded on its dealing of complex issues relating to bereavement and grief in a manner accessible to its younger readers. This article explores how 'A Monster Calls' presents a portrayal of a dissociative child in response to bereavement, and what impact this portrayal may have on the novel's younger readership.

Ghoshal, N., & Wilkinson, P. O. (2019). Narrative Matters: A Monster Calls–a portrayal of dissociation in childhood bereavement. Child and Adolescent Mental Health, 24(1), 84-85. [retrieved 06/05/2019]: https://onlinelibrary.wiley.com/doi/full/10.1111/camh.12286

Sexual abuse: a perversion of attachment?

Ezquerro, A.

This article provides a historical overview of sexual abuse theory (all in the mind?) within the development of psychoanalytic theory. It aims, from an attachment perspective, to increase awareness of the problem in psychotherapy and other institutions with a view to maximizing prevention and support for the survivors. The article challenges societal and institutional attitudes of secrecy, collusive silence, denial and lies, which perpetuate this relational crime.

Ezquerro, A. (2019). Sexual abuse: a perversion of attachment?. Group Analysis, 52(1), 100-113. [retrieved 06/05/2019]: https://journals.sagepub.com/doi/full/10.1177/0533316418813435

'How Can Anyone Live Like That?'Exploring the Conscious and Unconscious Implications for Disabled People of any Change in Assisted Suicide Law

Kane, A.

This paper explores the issue of assisted suicide in relation to disabled people from a psychosocial perspective. The implications, particularly the unconscious implications, for disabled people and for the psychosocial dynamics around disability if assisted suicide was made lawful in the UK are explored. Assisted suicide is the subject of persistent attempts at legal change and while not, in theory, specific to disabled people, the issue brings some of the psychosocial dynamics around impairment and disability into focus, illuminating the attitudes and emotions with which disabled people must try to live. Psychoanalytic ideas in relation to trauma, loss, mourning and containment are drawn upon with particular reference to the work of Freud, Klein, Bion and more contemporary thinkers such as Garland, Sinason and Rustin. The paper draws on three texts by disabled people in order to explore emotional responses to profound impairment. Attachment theory helps in considering varying narrative styles. Disability studies literature and legal, social and political contextual issues inform the psychosocial perspective applied in the paper.

Kane, A. (2019). 'How Can Anyone Live Like That?'Exploring the Conscious and Unconscious Implications for Disabled People of any Change in Assisted Suicide Law. British Journal of Psychotherapy, 35(2), 195-214. [retrieved 06/05/2019]: https://onlinelibrary.wiley.com/doi/abs/10.1111/bjp.12447

Psychic Song and Dance: Dissociation and Duets in the Analysis of Trauma

Purcell, S. D.

The author offers observations on the nature of pathological dissociation, emphasizing the compartmentalization of unsymbolized affective experience. The irrelevance of personal agency and intentionality in the pathogenesis of dissociative psychopathology along with the deficiency in symbolization that is a sequela of trauma present special problems for traditional as well as for Relational approaches to technique. To a significant extent, "technique" must be replaced by the analyst's way of being. The author posits, as metaphor and model for this way of being, a notion of "psychoanalytic duets" occurring in the realms of both prosody and action—song and dance. An extended clinical vignette is presented to illustrate these ideas and to point toward a transformational effect of this kind of duetting.

Purcell, S. D. (2019). Psychic Song and Dance: Dissociation and Duets in the Analysis of Trauma. The Psychoanalytic Quarterly, 88(2), 315-347. [retrieved 06/05/2019]: https://www.tandfonline.com/doi/abs/10.1080/00332828.2019.1587975

DATES FOR YOUR DIARY IN 2019

30 June–11 July 2019 and 14–18 July 2019
Trauma and resilience summer course: Theory and practice from the Israeli experience. Jerusalem, Israel.
https://metiv.org/international-trauma-resilience-summer-course/

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

23–24 August 2019
Workshop: Diagnosing trauma-related disorders with TADS-I. With Igor Pietkiewicz and Radoslaw Tomalski. In English. Katowice, Poland.
https://www.e-psyche.eu/pl/wydarzenia/08-2019-tads-workshop

5–8 September 2019
Metz Academic Meeting (5 Sept.), EMDR France conference (6–7 Sept.), workshops (8 Sept.) In French & English, without any translation. Metz, France.
http://centrepierrejanet-congres.org/accueil/congres-emdr-france-du-5-au-8-septembre-2019-a-metz/

27–29 September
National Conference of the Italian EMDR Association: Clinica, ricerca, interventi: 20 anni di terapia EMDR in Italia. In Italian. Rome, Italy.

12 October 2019
Workshop: Neurobiology and treatment of traumatic dissociation. With Frank Corrigan. In English with Italian translation. Also available as a webinar. Parma, Italy.
http://www.diegogiusti.com/corrigan2019

20 October 2019
Workshop: Working with dissociative disorders: The strength of cooperation (Lavorare con i disturbi dissociativi: la forza della cooperazione). With Melanie Goodwin and Remy Aquarone. In English with Italian translation. Cagliari, Italy.
psicoterapiaricercatd@gmail.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

15–17 November 2019

ISC Trauma and attachment conference: Relationships, consciousness and the developing self. With Marco Iacoboni, Orit Badouk Epstein, Bruce Ecker, Peter Fonagi, Stephen Porges, Alessandro Carmelita, Marina Cirio, Marilyn Glenville, Jane Hart, Ruth Lanius, Onno van der Hart, and Pat Ogden. London, UK. https://uk.international-isc.com/negozio/workshop/london-2019-congress-attachment-trauma-relationships-consciousness-and-the-developing-self/

16–17 November 2019.

Workshop: Traumatic attachment and co-regulation: The neurobiology of relationship. With Janina Fisher. In English. Rome, Italy.

2–7 August 2020

International Childhood Trauma Conference. Australia.
https://professionals.childhood.org.au/conference/

PLEASE LET US KNOW ABOUT FUTURE EVENTS IN YOUR COUNTRY!

Send the dates, title, location, speaker(s), language, website and contact information to jarydberg@gmail.com.

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