Structural Dissociation of the Personality: The Key to Understanding Chronic Traumatization and Its Treatment

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Pierre Janet
1859 - 1947
Pierre Janet on Hysteria

[read: Dissociative Disorders]

- Hysteria “is a malady of the personal synthesis.”
- “Hysteria is
  - [1] a form of mental depression [i.e., reduction of integrative capacity] characterized by
  - [2] the retraction of the field of personal consciousness and
  - [3] a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality.”

Pierre Janet (1907, p. 332)
Integrative Capacity and Its Limitations

- Our personality is a construction
- We must integrate highly aversive experiences into our personality
- This requires high integrative capacity
- When our integrative capacity is too low, we may not be able to integrate such experiences
- This inability generates mental injury, i.e., trauma
- It involves a lack of integration, a dissociation of the personality
Integration

- Integration entails two major components
  - Synthesis
    - in a constructed moment, our experienced present
    - across constructed time
  - Realization
    - personification
    - presentification
- Trauma-related disorders are disorders of synthesis and realization
- Janet described these disorders as disorders of nonrealization
“Normal personality, as we know it in ourselves and in our neighbours, is the product of an integrative process ... and is susceptible to disintegration that results in the manifestation of two or more personalities [i.e., parts of the personality] in and through the one bodily organism.”

William McDougall (1926, p. 545)
A Definition of Personality

- Personality is
  - the dynamic organization
  - within the individual
  - of those biopsychosocial systems
  - that determine his or her characteristic actions

  Inspired by Allport (1981) and Janet (1907)
In the Context of Traumatization, Dissociation is a Dissociation of the Personality

- A dissociation among biopsychosocial systems described as:
  - (Alter) personalities
  - Identities
  - Discrete behavioral states
  - Ego-states
  - Dissociative/dissociated self-states
  - Modes
  - Dissociative parts
Structural Dissociation of the Personality and the Dissociative Disorders Field

Regardless of terminology used, all clinicians working with dissociative parts to foster integration of the personality base their approach on a theory of (structural) dissociation of the personality.

The integrative theory of structural dissociation of the personality can be seen as an elaboration and precision of existing theories.
The Theory of Structural Dissociation of the Personality

- The theory of structural dissociation of the personality has been shaped by notions from Janet’s action psychology, and learning, systems, cognitive, affective, attachment, psychodynamic and object relations theory, as well as evolutionary psychology, psychobiology, especially affective neuroscience and polyvagal theory.

- It is meant to be a meta-theory
Out of necessity, given the confusion about the concept of dissociation

Dissociation of the personality does not take place at random, but likely occurs along existing “fault lines”

Hence, there is a (dynamic) organizational structure among dissociative parts of the personality
Why “Structural” in “Structural Dissociation of the Personality”? (2)

- The term “structural” refers to the dynamic organization of dissociative parts within a single personality.

- We do not imply that dissociative parts are completely separate, static structures.
Structural Dissociation of the Personality (1)

- The existence of two or more insufficiently integrated subsystems within the whole biopsychosocial system that constitutes the individual’s personality
- Each of these subsystems encompasses consciousness and self-consciousness
- They include their own
  - idea of self,
  - idea of the world, and
  - idea of self-in-the-world

- Van der Hart & Nijenhuis (2008)
Structural Dissociation of the Personality (2)

- Phenomenologically, this lack of integration of the personality manifests in dissociative symptoms

- **Negative**: functional losses such as amnesia and paralysis

- **Positive**: intrusions such as flashbacks and voices

- **Psychoform**: e.g., amnesia, hearing voices

- **Somatoform**: e.g., anesthesia, tics

- Van der Hart & Nijenhuis (2008)
### Dissociative Symptoms: Traditional Views

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Dissociative Points of View

- Dissociative parts have different points of view involving different ideas of self, world and self-in-the-world. Ellert Nijenhuis (2008)
- These ideas encompass different perceptions and related action tendencies
- These various points of view are often highly conflictual
Points of View

- Points of view are determined by our needs and perception of salient stimuli (i.e., interoceptive and exteroceptive stimuli), including those of significant others.

- In any given situation, various points of view are possible and the challenge to make the decision for the most adaptive one and related actions.

- In structural dissociation, this adaptive decision-making is hampered because of the rigidity of parts and the extreme difficulty to resolve these inner conflicts.
The Basic Action Systems Involved in Our Decision Making and Subsequent Actions in Daily Life and under Threat (1)

- Evolution has created emotional operating systems (Panksepp, 1998): psychobiological systems involving limited response flexibility

- **Functioning in daily life**: social engagement; attachment; energy regulation; exploration; sexuality/reproduction; play

- **Functioning under threat**: defense (Fanselow & Lester, 1988)
The Basic Action Systems in Our Decision Making and Subsequent Actions in Daily Life and under Threat

- The essence of these systems is performing adaptive *behavioral and mental actions* in the world
  - Therefore, they are *action systems*

- Are different dissociative parts mediated by different action systems?
Structural Dissociation of the Personality and Action Systems

- Hypothesis: Trauma-related dissociation involves
  - a structural dividedness of the organization of the personality
  - into two or more parts
  - that are essentially mediated by
    - different action systems
    - or constellations of action systems
Daily Life Action Systems: Survival of the Species

- **Social Engagement**
  - Attachment
  - Sociability
  - Care-giving

- Exploration

- Play

- Energy regulation (rest, eating, etc.)

- Sexuality / Reproduction

- Dominance of higher order action tendencies of daily life

- Predominantly mediated by the ventral vagal system (a branch of the parasympathetic nervous system)
Defense Action System: Mobilizing Actions

- Attachment cry
- Hypervigilance
- Flight
- Fight
- Mediated by the sympathetic nervous system

Immobilizing
- Freezing (rigid muscle tone) and analgesia
Defense Action System: Immobilizing Actions

- Collapse
- Submission with anesthesia
- Death feigning as a defense against predators
- Catalepsy
- Lack of awareness
- Unresponsiveness

- Predominantly mediated by dorsal vagal system (a branch of the parasympathetic nervous system)
The Metaphor of Safety (Porges): A Basic Principle of Our Nervous System

Environment
- outside the body
- inside the body

Nervous System
*Neuroception*

Safety
- Spontaneously engages others
- Eye contact, facial expression, prosody supports visceral homeostasis

Danger

Life threat
- Defensive strategies
- Death feigning/shutdown (immobilization)

Defensive strategies
- Fight/flight behaviors (mobilization)

Where is freeze?
Shock
(Photo: Eli Somer, August 10, 2006)
Prototypes of Structural Dissociation

- The entire individual, i.e., the personality, is traumatized

- Various dissociative parts cope with being traumatized in different ways
Prototypes of Structural Dissociation

Alternations between

and

co-existence of

- Trauma-fixated part(s) that experience “too much” – reliving of trauma; mediated mainly by defense action system

- Trauma-avoidant part(s) that experience “too little” - numbing, detachment, amnesia, conscious and unconscious avoidance strategies; mediated mainly by daily life action systems
Charles S. Myers
Charles Myers (1940)

- EMOTIONAL PART OF THE PERSONALITY
  - Re-enacts the trauma in emotional and sensorimotor ways, disoriented in time, situation, and identity
  - May intrude in ANP’s awareness and interfere with ANP’s functioning

- APPARENTLY NORMAL PART OF THE PERSONALITY
  - apparent normality, but has:
    - emotional and bodily anesthesia
    - partial to complete amnesia
    - intrusions
    - avoidance of traumatic memories
    - traumatic memories left unintegrated
World War I Soldier in France: Emotional Part of the Personality (EP)
Attachment to Trauma

“[Traumatized] patients [i.e., their EP’s]... are continuing the action, or rather the attempt at action, which began when the thing happened, and they exhaust themselves in these everlasting recommencements.”

Pierre Janet, (1919/25, p. 663)
The Apparently Normal Part of the Personality

Described by Charles Myers (1940)

Ernest Hemmingway

World War I
Development and Action Systems

- Under “good enough” developmental conditions, action systems become increasingly integrated and sophisticated, so the child is able to adapt to changing circumstances.

- Under chronically traumatizing conditions, action systems:
  - May fail to mature
  - May fail to integrate
  - May not become rigidly activated in inappropriate circumstances, e.g. defense instead of social engagement in relationship
Normal Integrative Development involving Action Systems

Survival of the Species/Normal F.

Survival of the Individual

Seeking

Attachment

Play

Attachment

Seeking

Play

Flight

Freeze

Submission

Flight

Freeze

Submission
Trauma Interfering with Integrative Developmental Process

Attachment

Attachment to caretaker

Attachment to perpetrator

Seeking

Playing

Flight

Freeze

Submission

Fight

Fight: against the self

Attachment to perpetrator

Seeking

Play

ANP

EP
Dissociative Parts: Dynamic Subsystems Involving Organized Sets of Actions

ANP
Shared Actions
EP
Dissociative Parts are Less Separate than is Commonly Assumed

- Dissociative parts of the personality may appear separate and even display no awareness of one another. But together these divided or doubled parts of the personality make up the individual’s complete psychological experience, and they may influence each other more than commonly is assumed.

- Van der Hart & Dorahy (in press)
Explicit Memory (Knowing that)

- Using neutral stimuli, DID patients were not found to be characterized by an actual memory retrieval inability, in contrast to their subjective reports.
- Using an evaluative conditioning procedure, results indicated transfer of neutral and emotional material between dissociative parts.

- Huntjens et al. (2006, 2007)
Primary Structural Dissociation:
One Apparently Normal Part of the Personality (ANP) &
One Emotional Part of the Personality (EP)

ANP: action systems for functioning in daily life and survival of the species

EP: action systems for defense from major threat: survival of the individual

Overlap indicates shared access to implicit and explicit memory

Nijenhuis, Van der Hart, & Steele, 2001
“Simple” Case of Structural Dissociation
“Without realizing it, I fought to keep my two worlds separated. Without ever knowing why, I made sure, whenever possible, that nothing passed between the compartmentalization I had created between the day child and the night child.”

Marilyn Van Derbur (2003, p. 26)
Maintenance of Structural Dissociation: Phobia of Traumatic Memory and Related Inner-Directed Phobias

■ “It’s too dangerous for me to put these things [combat trauma] into words. I am afraid they might become gigantic and I be no longer able to master them.” E.M. Remarque (1929/82, p. 165)

■ The moment any [Holocaust] memory or shred of a memory was about to float upwards, we would fight against it as though against evil spirits.” A. Appelfeld (1993, 1994, p. 18)
Shame and Structural Dissociation (1)

- Shame is highly involved in maintaining phobias of inner experiences, of attachment, and of change.

- Shame is maintained or heightened by schemas or scripts, i.e., rigid “points of views” of various dissociative parts.

- Various schemas support particular defenses against shame.
Shame and Structural Dissociation (2)

- Shame involves defensive strategies that can be correlated with mammalian defenses against threat: they have similar physiological organizations and similar goals: fight, flight, freeze, collapse.

- Nathanson (1992; cf., Kluft, 2006) has describe the Compass of Shame:
  - Attack others (fight)
  - Attack self (one part attacking another internally: fight)
  - Withdrawal (collapse, freeze, behavioral flight)
  - Avoidance (mental flight)
“Traumas produce their disintegrating effects in proportion to their intensity, duration and repetition.” P. Janet (1909, p. 1558)

Modern research adds that traumatization at an early age is a major factor correlated with dissociation

More severe, chronic trauma leads to more complex structural dissociation of the personality, i.e., more EPs, and eventually, more ANPs
Sandor Ferenczi (1932) on Dissociation

“If traumatic events accumulate during the life of the growing person, the number and variety of personality splits increase, and soon it will be rather difficult to maintain contact without confusion with all the fragments, which all act as separate personalities but mostly do not know each other.”
Secondary Structural Dissociation: Complex Trauma, BPD, DESNOS, DDNOS

PERSONALITY

ANP: Actions Systems Of Daily Life

EP: Defense Submit

EP: Defense Fight; Attack

EP: Defense Freeze

Nijenhuis, Van der Hart, & Steele (2001)
Disorganized/Disoriented Attachment
D-attachment and Dissociation

- D-attachment has been described as a predictor of psychoform dissociation (e.g., Ogawa et al., 1997; Lyons-Ruth et al., 2006)
- We propose it is not a predictor, but rather is a manifestation of (structural) dissociation
- Indicates alternation between approach and avoidance actions that are simultaneous and contradictory
- These contradictory actions are likely directed by innate psychobiological systems of daily life (approach/attachment) and of defense (avoidance/fight/flight/freeze/submission)
Infant D-attachment behavior seems to be a response to high levels of disrupted [maternal] affective communication (e.g., Ogawa et al., 1997; Lyons-Ruth et al., 2006), i.e., the [mother’s] inability to be a reliable source of comfort for fearful arousal from any source (Lyons-Ruth et al., 1999)

In this disrupted maternal communication, withdrawal or “psychological unavailability” has a major impact in the infant’s D-attachment behavior.
[Maternal] withdrawal is the strongest predictor of (psychoform) dissociation at adolescent age (Lyons-Ruth et al., 2006)

This withdrawal has been called “hidden trauma” (Lyons-Ruth et al., 2006)

We hypothesize that such “hidden trauma” is a major form of chronic childhood traumatization

Hence, high levels of [maternal] withdrawal should cause high levels of structural dissociation
Treatment Implications of D-attachment and Dissociation

- Various parts have different attachment styles
- The alternation and competition among these patterns results in the D style of attachment
- Therapist must understand the pattern of each dissociative part, as well as related conflicting needs and affects
- Therapist must respond with even-handedness to the relational needs and defenses of each part
D-attachment, Dissociation, and Object Relations

- Internal representations of self and other are multiple, contradictory, and reciprocally dissociated
- Representations gradually become the basis for development of more autonomous and complex dissociated mental structures [dissociative parts of the personality] and object relations
- Some representations may be defense based, some are attachment based, i.e., the are mediated by action systems of daily life or defense

--Inspired by G. Liotti, 1999
Tertiary Structural Dissociation: Dissociative Identity Disorder (DID)

Nijenhuis, Van der Hart, & Steele (2001)
Levels of Structural Dissociation of the Personality

- **PRIMARY**
  - Simple PTSD
  - Simple Dissociative Disorders (DSM-IV, ICD-10)

- **SECONDARY**
  - Chronic, complex PTSD/DESNOS
  - BPD, DDNOS

- **TERTIARY**
  - DID

Van der Hart, Nijenhuis & Steele, 2000
Reactivation of Traumatic Memories: Extreme Forms of Dysregulation

- Usually involves *hyperactivation*, mediated by sympathetic nervous system, and low mental efficiency
- However, may also involve *hypoactivation*, mediated by dorsal vagal system (a branch of the parasympathetic nervous system)
Hyperarousal & Hypoarousal: Biphasic Trauma Response

Hyperarousal

Hypoarousal

Window of Tolerance
Optimal Arousal Zone

Ogden and Minton (2000)
What Happens When the Integrative Level is Insufficient?

- Symptoms can be understood as substitute actions
- Substitutes for adaptive or integrative action include intense agitation, self-mutilation, substance abuse, maladaptive lowering of consciousness, social isolation, attachment to perpetrators, *trauma-related phobias*, avoidance of intimacy
Substitute Actions

- These are maladaptive lower level action that replace adaptive higher level action tendencies (e.g., impulsive actions where reflective actions are more adaptive)

and

- maladaptive higher level action tendencies that replace adaptive lower level action tendencies (e.g., maladaptive reflection where immediate action is needed)

and

- One type of higher level action tendency substitutes for another higher level action (workaholism vs. inner awareness and reflection)
Treatment involves:

- Gradually raising the integrative capacity necessary for adaptive and integrative actions
- Completing unfinished actions, including conflicts among parts, and engaging in more adaptive action tendencies
- Including resolving conflicts among dissociative parts and fostering mutual understanding and cooperation
- The integration of traumatic memories (major unfinished actions) are among the most demanding integrative actions
- Raising the integrative level is facilitated by the patient’s relationship with therapist (involving the social engagement and the attachment system to mitigate defensive strategies)
Raising Integrative Capacity

“THE WELL INITIATED, EXECUTED, AND COMPLETED MENTAL AND BEHAVIORAL ACTION RAISES MENTAL EFFICIENCY”

Pierre Janet
Treatment of Primary Structural Dissociation

Involves overcoming ANP’s phobia of traumatic memories and overcoming ANP’s phobia of EP

- Whether or not the dissociative nature of PTSD is recognized as such by patient and/or therapist
Recommended Treatment of Primary Structural Dissociation

- Basic applications of EMDR, CBT or Sensorimotor Psychotherapy usually appropriate
**Treatment of Secondary and Tertiary Dissociation**

- “There is no short cut to reparation and attempts to find one may merely lead to further denial and disillusionment.”

- Jeremy Holmes (1991, p. 104)
The Standard of Care: Phase-Oriented Treatment of Complex Trauma Disorders

(secondary and tertiary dissociation)

- **PHASE 1**: Symptom reduction, stabilization, and skills building
- **PHASE 2**: Treatment of traumatic memory
- **PHASE 3**: Personality (re)integration and (re)habilitation

Janet (1898); cf., Brown et al. (1998); Kluft (1993); Van der Hart et al. (1989, 2006)
Treatment Approaches

- Simultaneous approaches:
  - Attention to therapeutic relationship; countertransference and transference
  - Work with dissociative parts and their conflicts directly and indirectly
  - Attention to daily life functioning stabilization and improvement
  - Problem solving
  - Psychoeducation
  - Systems perspective
Phase-Oriented Treatment of Complex Trauma Disorders

- Phase-oriented treatment involves a sequence of interventions which systematically address inner- and outer-directed *phobias* (the phobia of traumatic memories being the most basic one)

- These phobias can be categorized as: (1) phobia of traumatic memory, (2) phobia of attachment, (3) phobia of trauma-related mental actions, (4) phobia of dissociative parts of the personality

Van der Hart, Nijenhuis, & Steele (2006)
Phase-Oriented Treatment of Complex Trauma Disorders

- Overcoming these phobias involves completing previously incomplete and unachieved actions and thus increasing integrative capacity (Van der Hart, Nijenhuis, & Steele, 2006)

- Skills training (e.g., interpersonal skills, regulatory skills) may an essential part of increasing integrative capacity
Phobias in Phase-Oriented Treatment

**Phase One:** Symptom Reduction and Stabilization

- Overcoming the phobia of attachment (loss) in ANP(s) to the therapist
- Overcoming the phobia of trauma-related mental actions
- Overcoming the phobia of dissociative parts (ANPs, EPs)

**Phase Two:** Treatment of Traumatic Memories

- Overcoming the phobia of unresolved attachment to the perpetrator
- Overcoming the phobia of attachment of EPs to the therapist
- Overcoming the phobia of traumatic memories

**Phase Three:** Integration and Rehabilitation

- Overcoming the phobia of normal life
- Overcoming the phobia of healthy risk-taking and change
- Overcoming the phobia of intimacy

*Van der Hart, Nijenhuis, & Steele (2006)*
PHASE 1
Symptom Reduction and Stabilization

- Overcoming the phobia of **attachment and detachment**: Approach and avoidance of contact with the therapist

- Overcoming the phobia of **mental actions and related contents** (thoughts, feelings, needs, wishes, fantasies)

- Overcoming the phobia of **dissociative parts of the personality**
Phase 2: Treatment of Traumatic Memory

- Overcoming the phobia of attachment: Therapeutic attachment with EPs
  and
  Disengagement from insecure attachment to perpetrators

- Overcoming the phobia of traumatic memories

Van der Hart, Nijenhuis & Steele, 2000
Phase 3: Personality (Re)integration and (Re)habilitation

- Overcoming the phobia of attachment: intimacy
- Overcoming the phobia of normal life and change
- Overcoming the phobia of healthy risk-taking

Van der Hart, Nijenhuis & Steele, 2000
Treatment Conclusions (1)

- Treatment involves working directly and indirectly with ANP(s) and EP(s) within their window of tolerance.
- Treatment involves engaging in integrative (mental and behavioral) actions, including reflective functioning; including realization of traumatic experiences and their consequences.
Realization, involving personification and presentification, presupposes joint activation of ANP and EP, and eventually requires the highest levels of integrative capacity.
The End,
for now....