# Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Quote</td>
<td>2</td>
</tr>
<tr>
<td>Letter From The President</td>
<td>3</td>
</tr>
<tr>
<td>‘My Dog Has Given My Life Back To Me’</td>
<td>6</td>
</tr>
<tr>
<td>Trauma And Dissociation Work In Poland</td>
<td>12</td>
</tr>
<tr>
<td>Angst (Fear)</td>
<td>15</td>
</tr>
<tr>
<td>Book reviews</td>
<td>17</td>
</tr>
<tr>
<td>Film review</td>
<td>24</td>
</tr>
<tr>
<td>Joining Forces: The ISSTD-ESTD Taskforce On Mainstreaming Dissociation In The Scientific Literature</td>
<td>26</td>
</tr>
<tr>
<td>Hot Off The Press</td>
<td>32</td>
</tr>
<tr>
<td>Dates For Your Diary</td>
<td>43</td>
</tr>
<tr>
<td>ESTD Contacts In Your Region</td>
<td>45</td>
</tr>
</tbody>
</table>
"Instead of regarding dissociation as the splitting of conscious material into separate masses, it must be regarded as an affair of gearing, the various elements of mental machinery being organized into different functional systems by throwing in of the appropriate gear."

Bernard Hart (1926) on Dissociation
LETTER FROM THE PRESIDENT

Dear ESTD members,

I am honored to be your new president, as ESTD enters its 2nd decade of existence. We are a young but important organization, going through a major transition; right now, we are facing a number of challenges and opportunities, which I will discuss below. We will all need to work closely together in the years to come, to ensure our future stability.

The field of trauma and dissociation has relevance not only for clinical work, but also for organizational, societal, and cultural relationships and disruptions. The opposite of dissociation is integration – and we can see the tension between these two playing out on every level of human life – from the micro-relationships of neurons in the human brain to the macro-relationships of human nation states. In some contexts, dissociation is clearly useful and adaptive, while in others, it can be quite destructive. You as ESTD members, and ESTD as an organization, have chosen to recognize this, and to work toward a greater understanding of the impact of trauma and dissociation, and a minimization of its detrimental effects. It is hardly an exaggeration to state that, if we are to survive as a human race, such work is of the greatest importance.

As your new president, I must recognize those who have come before me. Eva Zimmermann has led ESTD most capably over the last two years. Eva presided over a successful conference in Amsterdam, initiated and oversaw the transition to a new website, helped to develop an exciting new logo, and made sure that ESTD was well-positioned at the birth of the new French organization, Association Francophone du Trauma et de la Dissociation (AFTD), to maintain future good relationships. We were very lucky to have Eva’s leadership and enthusiasm (not to mention her multi-lingual skills!) at this crucial time. She has also been closely involved with the planning for the Berne conference, which is going very well. Eva is now our Past President, so we will still have the opportunity to take advantage of her knowledge and experience over the next 20 months. Unfortunately, the same cannot be said for Manoëlle Hopchet, who left the board last December having completed her term as Past President. This was a great loss for the board, as Manoëlle was an instrumental part of ESTD from the beginning, and a very valuable and experienced board member. Her expertise, patience and diplomatic skills will be sorely missed! Manoëlle’s position on the board will need to be filled, so there will be elections soon for this post.

Now, turning to our immediate challenges – the new journal and website will both be unveiled in the next few months. Indeed, by the time you read this, our new website should be active and, if it is not, will be just around the corner – and the 1st edition of the new European Journal of Trauma and Dissociation will be on
Dear ESTD members,

Its way. The new website will make life considerably easier for all of us – not only with regard to accessing resources but also in terms of new member notifications, updates, etc. It has, unfortunately, turned out to be considerably more complicated and time-consuming to transition to the new website than was originally envisioned; board member Raphaël Gazon has been working very hard on this, and has employed some students to help, so ESTD can keep the costs down.

In general, communication within ESTD could certainly be improved, which will be one of the major goals for the near future. There needs to be smoother communication between the board and ESTD country representatives, and better mechanisms for country representatives to communicate quickly and easily with ESTD members from their own country. The new website should go a long way toward improving this.

The first issue of the European Journal of Trauma and Dissociation is now in press, which is a major step for us as an organization, and is likely to significantly raise the profile of ESTD. It will have eight important articles – five in English and three in French; future editions are expected to have a somewhat larger English/French ratio – which is important for having the journal abstracted in Science Direct and other indexes. While ESTD membership fees have increased by €35 to support the journal, we expect that it will be successful and will actually earn money for ESTD in the future. You are to be thanked for supporting the journal, and the increase in membership fees (the first time in 10 years!).

While the new journal, co-published with AFTD, will be in English and French (with abstracts in both languages), the publisher has agreed that we may translate certain articles into other languages, such as Spanish or Italian, for publication on the members’ only section of our website. The ESTD board recognizes the vital importance to our organization of employing European languages, in addition to English, as much as possible – on our website and in conferences. Indeed, the Berne conference is the first ESTD conference to structure presentation tracks in three languages – English, French and German, and we will gradually be adding material to our website in a variety of languages other than English.

The Berne conference, under the superb leadership of Jan Gysi, looks to be the ESTD highlight for 2017, and probably for many years to come. A one-of-a-kind event, Berne 2017 will be the first trauma conference to blend law enforcement, judicial and clinical perspectives on child abuse. It will provide a unique opportunity to inform non-clinical professionals of the clinical impact of child abuse, and the manifestations of dissociation, but also for clinicians to learn from them about the realities and challenges of dealing with child abuse in the legal and law enforcement worlds. Read more about the conference at estd2017.org and register early – you will not want to miss this most important event!

To move from dissociation to integration, one must build relationships. One of the major challenges for ESTD in the coming years will be how to negotiate and sustain our relationships with existing and developing regional trauma and dissociation organizations, which now include not only Israel, Germany and France, but a number of other European countries (and more to come). We must find the right balance between supporting and encouraging regional efforts to improve the understanding of trauma and dissociation, which the language and country-specific organizations can provide, and maintaining a strong and vibrant European-wide trauma and dissociation organization. It is essential, for ESTD’s survival, and for the continued development of the trauma and dissociation field in Europe, that the correct balance be found. I, and the ESTD board, are committed to ensuring that all dissociation organizations in Europe, from small to large, work well together and do not compete with each other.

In additional to relationships with European national organizations, ESTD’s relationships with international organizations are also of great importance. We have had a close relationship for many years with EMDR
Europe, but even that good relationship could be improved. With ESTSS, the European Society for Trauma and Stress Studies, we have a somewhat harder task. As is the case with ISTSS, international trauma organizations appear to have a rather ambivalent relationship with dissociation. This is a complex problem, but not insurmountable; let’s hope to see some improvement in the future.

But our most important international relationship is with ISSTD, the International Society for the Study of Trauma and Dissociation. While this relationship has always been characterized by mutual support and respect, communication has not always been optimal. I am quite confident, however, that this will change, particularly as Martin Dorahy, the current President of ISSTD, is a very close colleague of mine. We are in regular contact about a variety of matters, and have agreed to have Skype conferences every few months to discuss matters of mutual interest between ISSTD and ESTD.

One of these initiatives has already borne fruit. As you can read about in this issue of the newsletter, ISSTD and ESTD have formed a research ‘task force’ to address a number of cutting edge issues or questions in our field, with the goal of making dissociation and the dissociative disorders better understood and more widely accepted by the general clinical and research community. Martin and I have gathered a number of experts from within ESTD and ISSTD, formed groups to address six key issues, and asked clinicians and researchers with expertise in these areas to join us. The goal is to produce high level publications of broad scientific interest in the near future, to orient the field and guide research in the years to come, and to address the concerns and misconceptions of those unfamiliar with the profound consequences of trauma and dissociation.

I believe that ESTD is a great organization. I am very proud to be have been a member for years and now to be its new President. I plan to continue the good work started by Eva and Manoëlle and, before them, Remy Aquarone, Eli Somer and Suzette Boon. ESTD is now a very safe place for trauma and dissociation clinicians; I am committed to maintaining this, but at the same time want to see ESTD become more attractive to scientists and researchers. We can have a big tent!

Finally, on a personal note, my wife and I moved to Germany last year, where I have taken a position as Professor of Psychology at a small American institution, Touro College Berlin. As some of you know, I have moved a lot in recent years – from the U.S. to New Zealand, then to Scotland, Denmark, and now Germany. But I'm very happy here, am slowly learning German, and do not plan to move again! I expect to see all of you (no excuses!) in Berne this November!

With warm wishes (or Mit freundlichen Grüßen),
Andrew Moskowitz
Best wishes,
Fewer hospitalisations, fewer medications, less support required from caregivers, more social contacts and a greater ability and courage to undertake activities. These are the effects, among others, of working with assistance dogs for people who have been diagnosed with a psychiatric disorder.

Since 2008, the organisation Bultersmekke Assistance Dogs in the Netherlands is teaching people with psychiatric disorders to train an assistance dog themselves. Without host families and kennels, but with ‘just’ their own dog, in their own home. This method of teaching has proven to be incredibly successful. Last year, the book A Dog Gives Life was published, describing this method called team-coaching. In this book, fifteen students tell their personal stories, in a vulnerable and therefore also utterly strong confirmation of the process they have gone through until now.

In this article, the founders of the organisation, Erika Bulters and Joop Mekke, introduce their way of working. The article will end with the story of one of the students. She has Dissociative Identity Disorder (DID) and Complex Post-Traumatic Stress Disorder (CPTSD). This story demonstrates the efficacy of working with assistance dogs with the team-coaching method.

In case you are interested in the book A Dog Gives Life, please send an email to the Bultersmekke organisation. Motivate your request and you will receive a copy of the book in pdf format. Send your email to info@bultersmekke.nl.

Bultersmekke Assistedogs, Dorpsstraat 743, NL-1566 EG Assendelft, The Netherlands.

"MY DOG HAS GIVEN MY LIFE BACK TO ME"

By: Joep M.H. Mourits
INTERVIEW WITH ERIKA BULTERS AND JOOP MEKKE

In 2008, Bultersmekke Assistance Dogs, as the first official ADEu-accredited organisation, started in The Netherlands with the supervision of people with psychiatric issues training their assistance dogs themselves.

Please, tell us about the way in which you do this training.

“The students, each in his or her own way, have had to cope with psychiatric issues in their lives. To support their process of recovery, in close cooperation with a team coach from BultersMekke Assistance Dogs, they have trained an assistance dog of their own. These assistance dogs form an important part of their lives and make a positive contribution to the therapy process. Together, they are on their way to stabilisation, participation, control, a daily schedule, mobility, social contacts and, wherever possible, recovery of a normal life and one’s own strength.

The actions an assistance dog should have command of are very specific and may vary depending on the person with whom the dog is going to live and work. Even if the diagnosis is the same, there are many different factors that may play a role: think of therapy process, living environment, personality and all that linked with each dog that has its own qualities and possibilities according to the breed or the student’s preferences for the dog’s breed. This is customised training, adapting to each unique situation and working in a goal-oriented manner.

BultersMekke Assistance Dogs deliberately opts for a programme in which people themselves teach their dogs. We aim at people taking and acquiring their own control of their life and of their own stabilisation and recovery process. That is why in the training, the focus is on taking responsibility for the care and training of your own dog. The point of departure is a process of learning and developing decision-making, assertiveness, delineation and sound self-care. By taking care of the dog, mutual care and interdependence will come into being. The dog has an interest in calmness and stability within the relationship. Before you can work with the dog, the building of a relationship of mutual trust is essential. From this relationship, both can then optimally develop themselves.”

Why do you prefer the training of assistance dogs by people themselves?

“Assuming responsibility for and taking care of a dog take time and energy, but also provide structure, consistency, and rest. The advantage of having a dog trained by the student/dog-owner is that it will learn to work in the same context that it will later be working in as a trained assistance dog. Additionally, the requests and actions that are needed for the student/dog-owner are immediately incorporated into the training, as a continuing and developing process that never stops.

In accordance with the ADI guidelines, dogs should be able to perform a minimum number of tasks. This relates to skills that a dog has by nature and that enhance the cooperation of the team and that a dog will be happy to perform. These skills help the student/dog-owner to come into or to remain in the here-and-now and give the dog and the student/dog-owner confidence in all kinds of daily situations.

To achieve this, the student/dog-owner has to be alert, be present in the here-and-now, with a command of predominating feelings and emotions.

If the student/dog-owner’s guidance fails, then the situation for the dog will become insecure and he will start to do some things to get his “master’s” attention again. The student is taught to support himself or herself by using techniques, learnt in therapy, to decrease stress, regulate emotions,
manage dissociation, re-experiencing, and so forth."

And what are the results?

“Fewer hospitalisations, fewer medications, less support required from caregivers, more social contacts and a greater ability and courage to undertake activities. But the most important for us: almost every student indicates experiencing a better quality of life. In numerous cases, we have even heard students say: my dog has given me my life back!”

THE STORY OF TOBIAS, LEVIAS AND ME*

Together as one we are strong - Why assistance dogs Tobias and Levias are my heroes. I have Dissociative Identity Disorder (DID) and Complex Post-Traumatic Stress Disorder (CPTSD). DID comes about before one's 8th year and is a disorder resulting from serious (early childhood) chronic traumatisation. I went through many things in my life. To survive that, I started splitting myself into several parts. To protect myself, because vulnerability was and still feels dangerous, I try to hide myself (keep myself hidden, keep myself dead, various parts are going to bear the trauma, but do not come into "awareness". They remain stuck in trauma time. There also are parts that don't remember anything about the trauma. It is busy in my head with various part-personalities. People

* The author's name is withheld
with DID flee into themselves in order to survive. In this way, some parts undergo the trauma, while other parts don’t. Thus, parts come into being, each with their own age, memories, emotions, awareness, gender, physical sensations, features, functioning and language. The changing between the parts is called switching. Some switches are told to me later, by my therapists or home care or I find myself back somewhere. Because in my childhood, I could not flee or do something back / react (a prey does not attack its predators), I fled into myself. That is called dissociation. The switching between the parts causes loss of memory. I have lost time, from a fraction of a second to months even. That is very scary. The contact with my body is not intact, either. Medication seems to be “inhibited” inside and for example, sometimes I can no longer feel painful sensations. My sleep is severely disturbed.

Multiple trauma
I do remember that as a child, I was already split. It said in my file that, when I was about six years old, the doctor could not find a physical explanation for malnutrition and that he discovered that there was an early childhood trauma, but he did not intervene. Unfortunately, things were permitted to continue a long time after that, because nobody intervened and no links were made. Nobody could see through things. Things remained hidden. The many traumas in my life have marked me. The voices in my head, I thought everybody had those.

Twofoldness
At the time, my psychiatrist said, when you are up to it, a dog would do you good, and yes, my life changed completely when I got Cindy and started to live on my own. I could do that thanks to Cindy. Cindy was a dog who proved to sense me unerringly. For example, this little dog woke me when I had nightmares, pulled me out of my re-experiencing and accompanied me to the psychiatrist. Cindy was my mainstay, until she had become old and worn out and died peacefully in my arms. I got the idea for an assistance dog, because my therapist counselled another patient with DID who had a special assistance dog. Before that, I had never heard of it.

Together in the collaboration
Then, I contacted BultersMekke Assistance Dogs and that is how I got in touch with a man who was a team coach from BultersMekke Assistance Dogs. Tobias came into my life. A big friendly male greyhound. Because of my past, I am terrified of men, which went so far that I actually did not want a male dog. Tobias stole my heart and felt safe. He was a very sweet, easy dog, very eager to learn and because he was so big, he also felt extra safe. The team coach also managed to win my trust, so I did not need to be afraid of him, and a pleasant collaboration came into being. It also proved possible to discuss things that were difficult for me with the team coach during the training, things that my dog would then be able to help me with. In this sense, I’m slowly overcoming fears and gaining confidence. As a nickname for Tobias, I thought of To Be With Us. A very symbolic name for my pal. All parts of me were accepted by him. When Tobias died, I went through a very difficult period and all my symptoms returned, I was so very sad! He was such an awesome dog. I cried so much.

We were a “twofoldness”. I am grateful for the years together and he will be in my heart forever. Some time later, Levias came into my life. I called him Levias and that means “We are allowed to live”. Levias is also a greyhound. The strong point of greyhounds is that they are very sensitive.

Awareness
They sense many things and so much calmness emanates from them that they do not adopt my stress or fear. Levias is very stable. My greys, however, do not come from abroad, as those greys already have some baggage. I did not opt for a puppy, because I dissociate for so many hours on end that it would not work with a puppy, a deliberate choice in my situation. When I am in a dissociative moment, the love and care for Levias is guaranteed. My home care has regularly given me feedback that Levias was walked by one of the parts and well taken care of. And if necessary, the home care will also walk him. They have a key to my house, to see how I am doing when I don’t open the door or have fallen.
The bond is the essence

I find it hard to trust people, because my trust has been damaged so deeply, but animals have always been safe for me, and in particular dogs and horses. The then-and-there and the here-and-now are often mixed up. My dog notices when I switch. He “sees” when I change personality. When I am re-experiencing something from the past, he will come to me. He makes contact by pushing his nose against me or puts his head on my lap or starts to whine. Levias accepts all my parts very well. We are together in the collaboration. Because of the physical contact I have with him, he is able to pull me out of dissociative moments and give the feeling in my body back to me. Because of the team training sessions with BultersMekke Assistance Dogs and elements from the Social Learning through the Pack Method, I notice that the bond between us is the essence. If I am not “alert”, then Levias will look after me and I also look after Levias, you learn to put trust in each other. If there is danger, I would see it in Levias. Then he would be restless. As it is, he usually is calmness personified.

In therapy

Levias accompanies me 2 to 3 times a week to specialised trauma therapy for DID. Before him, Tobias went with me. During the conversations, he lies next to me and when the subject or the exercise is too difficult, he makes contact. For example, he will put both his front paws in my lap and I will also become calm again by stroking him (contact), remaining in the present moment. Levias forms part of the therapy. When I learn how to draw the line, he will lie next to the therapist, like up to here and no further.

When one part comes forward, he helps me to get him/her back into the here-and-now or to calm them, together with the therapist. Often, he perfectly realises that I am going to switch. He is also a calm presence. After therapy, it is very nice for me that through him I can return home again, feeling better in the here-and-now.

He pulls me out of trauma time

It is also very special that he lets me lie on his chest when, for example, I am in a DID-situation and then I will calm down. I hear his heartbeat and breathing. Especially the child parts in me likes that. Both in my head and in my body, I am never calm. My heart rate can sometimes be some 200 beats/minute at rest. By lying on his chest (quite sizeable with a greyhound), I feel his warmth, which also has a calming effect. My child parts talk, feel, think and act as if I am back in my past again. In such moments, I am terrified. I live in “trauma time” then. Some child parts cannot talk or use baby talk. They rock to and fro like a baby or portray something of the trauma. I may lie on the floor as if I were paralysed (lowered consciousness), and this can last for hours. During this time, I sometimes wet my pants. Levias pulls me out of this by restoring my consciousness by licking my hands and face or putting his paw on me. He accompanies me to the shower and toilet, as I often fall in response to triggers because of a lowered consciousness (dissociation). My body feeling is switched off then. In the past, this caused burns by the hot water. These are big triggers for me, just like blood. I really need the help from my dog with this.

It may occur that I am so contorted, that I am no longer able to make contact, until at last I regain consciousness, often hunched. Sometimes I cannot see. Occasionally, I can still hear, but not react anymore and then it is nice and safe that he lies next to me. When, in the end, I regain consciousness, Levias will literally and figuratively get me moving. I still ache because of the contortion, but then we will go walking and gradually I’ll return to the here-and-now. This situation may last from half a day up to several days. I don’t remember anything about that then. When this happens, parts of me will take over the love and care for Levias and the home care will also do that.

He sleeps next to me

When I have a physical re-experiencing, such as a tummy ache, Levias will lie down close to me like a hot water bottle. That will soothe the triggering pain a little. He lies next to me in a double bed just so that he can wake me from nightmares, and the images and the fears from the night will fade. Levias will block me if I suddenly want to run away or wander
off (fugues), because of parts who want to go back to the perpetrators. That sometimes also happens at night. Then I discover, later on, that the front door is open and that my things have been packed. I have Levias on a hip leash. In this way, he is close to me. The loss of memory, often occurring with DID, is awkward, that is why Levias gives me a safe feeling.

**Leviyas saved my life**
I have parts who say things to me like the perpetrators used to say or do. For example, at one time Leviyas literally and physically saved my life by lying on top of me when a perpetrator-like part told me to be dead, so that I could not react at all. In my youth, I was not allowed to be there and people wished me dead. Leviyas saved my life at that moment. DID is my survival mechanism. Vulnerability still feels dangerous! My home care workers used to accompany me anywhere, to the doctor, the hospital, blood sampling, the dentist, the hairdresser’s, the supermarket, etc. Among other things, because being outdoors frightens me. In shops, people may bump into me, which might scare me. Leviyas screens me off. Even in my own house, I don’t feel safe and I am often in trauma time. When I hear things, I am afraid that there are people who are going to harm me. Because of Leviyas, I’m slowly learning that there is no danger anymore. He knows there isn’t. I continuously live in fear of the people who did things to me but Leviyas and I are strong together! My assistance dog is there, night and day; people cannot offer me that nearness and safety. He is my lifeline. He keeps me here.

He really is very important to me. I have often been admitted to hospitals. Without my assistance dog, I really could not have managed to live independently. Now, we are even a visiting team in a nursing home, every week, where Levi has a special effect on the residents, which gives me a great sense of satisfaction. The strong bond that we have makes me stronger. I dare to do much more. Together we are one.

Translated by Steenbrink Vertalingen Rotterdam
Poland is a country in central Europe, with a population of more than 38 million people. According to the Central Statistical Office, in 2013, there were more than 1.6 million people (over 4 per cent of the population) treated in outpatient units for mental disorders (predominantly anxiety and mood disorders) or substance abuse. There is no information about the incidence or prevalence of various types of abuse. The number of licensed psychotherapists is relatively low in comparison to that of healthcare consumers. There are about 1000 psychotherapists holding a certificate of the Polish Psychiatric Association or the Polish Psychological Association (the two oldest and largest professional organisations in the country). It is difficult to estimate the number of therapists in training, because psychotherapy schools do not provide such information. There are currently only 5 ESTD members in Poland and our activities are closely linked to the SWPS University of Social Sciences & Humanities Faculty in Katowice.
HIGHLIGHTING THE SIGNIFICANCE OF TRAUMA

In 2015 and 2016, our work focused on the dissemination of knowledge about the diagnosis and treatment of trauma-related disorders among healthcare practitioners who attended numerous events we organised in Katowice: two conferences dedicated to the psychotherapy of psychosis and a few workshops on trauma. During the conferences, Trevor Eyles from Denmark delivered interesting presentations on the “Maastricht approach” and the “Aarhus model” followed by 3-day workshop for psychiatrists and voice-hearers on “Voices-led therapy”. Andrew Moskowitz also gave a pre-conference, whole-day workshop “Reconceptualizing trauma, dissociation and psychosis: Can ‘madness’ have a meaning?” There were also two intense and inspiring two-day workshops led by Suzette Boon: “Diagnosis and differential diagnosis of dissociative disorders and other trauma-related disorders” in October 2015, and “Long-term consequences of chronic traumatization: Assessment and phase I treatment of Complex PTSD and dissociative disorders” in September 2016. Suzette additionally agreed to give an interview about the effects of trauma, which was recorded and made available to students and the general public via the University page and social media: http://swps.pl/dysocjacja. In 2016, Giovanni Tagliavini, Antonio Onofri, and Giovanni Liotti were invited by a small group of therapists from Poznań and Katowice, to talk about dissociation, adverse childhood experiences, grief, and disorganized attachment. A number of valuable books about trauma and dissociation have also been published in Poland recently, but this is beyond the scope of this brief report to enumerate all of them. However, it is worth mentioning that a few these publications have been translated from Italian by Hanna Michalska, a Polish ESTD member.

To develop education in our field and attract new members to ESTD, a Trauma and Dissociation Seminar was also launched at the University, where professionals can meet and discuss practical aspects of diagnosis and treatment. This seminar is supported by ESTD members who agreed to participate online and share their experience. In November 2016, Anabel Gonzalez from Madrid gave an introductory talk about dissociative phenomena and disorders, and in March 2017, Giovanni Tagliavini from Milano will talk about treatment of dissociative disorders (http://badaniepsyche.pl/news/11). A Facebook interest group for trauma and dissociation has also been established, to share news and encourage discussion.

PREPARING TOOLS

To support further research and therapeutic work, we prepared a cultural adaptation of several popular screening instruments: a revised version of the Dissociative Experience Scale (DES-R), Dissociative Symptoms Scale (DSS), Somatoform Dissociation Questionnaire (SDQ-20), and Trauma Experiences Checklist (TEC). We are also planning to support Prof. Eli Somer in creating a Polish version of his instrument to measure maladaptive daydreaming. Two structured clinical interviews were also translated into Polish: Trauma and Dissociation Symptoms Interviews (TADS-I) and the Maastricht Interview to explore the experiences of people hearing voices.

TALKING TO THE DEVIL

In Poland, which is predominantly Catholic, many people are highly involved with religious communities, affecting practitioners’ values, social axioms, and illness-behaviour, including how they conceptualise symptoms and seek help. In many groups, individual and collective exorcisms are practised for those who experience changes in behaviour and identity, attributed to possession. At the beginning of 2016, we launched a pilot study to explore phenomena and symptoms associated with possession. We submitted a grant proposal to the National Research Centre, hoping to obtain the budget to continue this study. We submitted another one for research into depersonalisation and derealisation in clinical and non-clinical samples.
We received great support from Prof. Onno van der Hart and Dr. Suzette Boon in creating both projects and running a pilot study. Both grant proposals are undergoing an evaluation process. One of them has already received very good reviews from the Polish experts and qualified for phase two (review of international experts). Success in that would lead to establishing a Centre for the Study of Trauma & Dissociation at our University, employing research assistants and developing international co-operation.

We are extremely grateful for ESTD’s warm reception and the continuous support we receive from the board and regular members who support us in these endeavours.
On January 1, I received a mail from the email address of Marge. Marge writes from time to time to my website address and hopes that I’ll have some word of comfort or encouragement for her while she stays anonymous. This time her email contained the word “Angst” (fear) 365 times. One for every single day of the coming year. “Angst”. Why did she write this? Obviously she was afraid of what this year may bring to her. And there was no hope at the moment she wrote. Only – what? Panic? Terror? Fright? Freeze? Depression? Despair?

I asked her by email because I was on holidays: “What are you afraid of, Marge?” and she answered with spelling mistakes: “Who you are? Marge disappeared, I alone here. Tina.” I’d never learnt of a Tina inside Marge. Oh dear, I thought, what might have happened to her during the last few days?

Do you know such problems? I’m sure you do. At least when you’re dealing with a highly dissociative personality.

Guess what had happened. Number One of our horror fantasies will be: She had envisaged danger from the outside. Probably on Christmas or New
Year’s Eve, she might have been with family members or other persons that really frightened or mistreated her. Number Two: Christmas or New Year are mighty triggers for attachment loss and the agony of loneliness. When all the rest of the family and all others around are with their loved ones (sometimes only fantasized), she – Marge and all parts and personalities within – might have felt terribly alone and abandoned, which might have caused a switch in her personality parts from the adult to a child personality. Number Three: Christmas and New Year’s Eve are reminders. Reminders of Christmas days and New Year’s Days of terror and despair. Being unable to flee (where can you go on Christmas Eve? Every friend or professional helper is on holidays, each shop closed...), she was desperately given over to abusing parents and relatives, or, for example, a destructive cult group. This was in the past. But every “Jingle Bells”, every “Silent Night” may be a knife cutting into her heart and brain: Remember? Remember!!!!

So I will ask Tina: Who do you know inside? I will ask if Marge can come up again now that January and February and the rest of the year will be ahead and with them all the challenges of everyday life. Maybe Marge will be able to become again the anxious and frightened but often capable “apparently normal part of her personality” (ANP) of this crowd of personality parts who all together will perhaps sometime merge into one “Marge and all of us”. The best I can do is sit and listen and ask questions. Try to understand that something frightening has happened, so that “Angst” was so overwhelming that “Marge” could no longer be the shaking but conscious everyday part of her personality, and young “Tina” had to take over. Therefore, I will have to get acquainted with “Tina”. Who is she? What does she think about Marge and the life that she (and Marge, and the rest of the personality system) is currently leading? Whom does she know inside? Is she able to listen to voices in her head? And if yes, what are “they” telling her? Is there any part inside that may help her to cope? Will she trust me enough so that I might “talk through” her to help others within to come out and fulfil the chores of everyday life? Can some part or “someone” within soothe or help her when she is so full of “Angst” that she’s not able to follow one thought without collapsing? Does she have other helpful persons outside that she can relate to?

Most probably she will write again. Tina, and Marge, and others. “They” – all of the parts that all together form one personality but still don’t know they do – will try to use me as a mediator of their inner life like all my clients do. They cannot do without such an “outer person” – someone else in another body, as they will put it. An “outer person” who helps them to find each other within, to correspond, to hold inner conferences in the future. Not now. Inner conferences are utopic when you are full of “Angst”. Now they need someone who listens. Who asks questions that provoke answers from within that they didn’t know before that they were able to give. Someone with a sort of friendly flashlight directed into their inner system of “caves” in which “they within” live separated from each other. Flashlights from the outside in form of helpful questions so that they can respond and find their own answers. That is why outer helpers – and amongst them therapists – are so desperately needed especially by dissociative personalities. They cannot do it without us. So, let’s sit. And listen. And ask questions. And sit, and listen, and help them understand and find their own answers, and their own solutions. So that “Angst” will no longer dominate, and hopeful action can once again be part of their lives. Our friendly flashlights – our understanding, encouragements and questions – will help, so that hopefully next New Year will see Marge and others inside in charge, trying to hold her head high and to face the next year. Angst will not disappear. But it might well be that it will have something by its side: confidence. That is worthwhile, isn’t it?
This is a most impressive book, just published this month, January 2017. I am convinced it will leave its mark on the profession, remain a standard text for many years, and simply needs to be read by all practitioners working with clients with dissociative disorders. It is very practical, but not a manual. It writes about treatment, and is steeped in the theoretical basis of the extensive literature on dissociation going back more than 120 years. It is not for clients; only for practising counsellors and psychotherapists. It is well-composed, and is a pleasure to read.

Two of the authors of this book, Kathy Steele and Prof. Onno van der Hart, were at the foundation of the theory of Structural Dissociation, as set out in their 2006 book with Ellert Nijenhuis, The Haunted Self. This new book incorporates structural dissociation theory, but does much more than that – it integrates a large part of the complete body of literature on the best treatment of dissociative disorders. It summarises and weaves together the state of the art. It has been written in a school-independent way, and shows a mature sensitivity in the way in which it assumes and blends in an emphasis on somatic experience, new relational approaches and attachment theory.

Working with dissociative disorders cannot be done responsibly without specialised learning and training. This is the kind of book that helps to give practitioners this extra basis, and shows the range of approaches and ideas that one should be familiar with, as well as pointing out the dangers of gaps in a therapist’s background.

The three authors, Kathy Steele, Suzette Boon and Onno van der Hart, divide the book into five parts – about the therapeutic relationship, about assessment, formulation and treatment planning, and three parts about the three phases of phase-oriented therapy.

A short introduction summarises some of the fundamental concepts of their approach: The idea of realisation (*the ongoing action of being aware of reality as it is, accepting it, and then
adapting to it effectively"), going back to Pierre Janet; seeing dissociation as a problem of non-realisation; the importance of a wide concept of integration – set out and illustrated throughout the book, and fundamental to the ideas of The Haunted Self; the need for a strong therapeutic focus on somatic experience; the value of thinking about (evolutionary) action systems and innate somatically-based defences.

Dissociation is substantially maintained by a wide range of trauma-related phobias. It is needed for dealing with relationships. And relationships are directly influenced by one’s attachment pattern. The characteristic pattern for people with dissociative disorders is so-called disorganised / disoriented attachment.

The book follows the modern standard of (complex) trauma-treatment, recognising three phases,
- safety and stabilisation
- integration of traumatic memories
- further integration of the personality and rehabilitation

An attractive and significant feature of the book is that the authors have decided to modify some of the central terms of structural dissociation theory, in that they rename the “Apparently Normal Part (ANP)” of the personality as “parts that function in daily life”, and the “Emotional Parts (EPs)” as “parts stuck in trauma-time”. Not all three authors were of the same opinion on this. What these terms point at remains of central clinical significance, but it was felt on balance appropriate to change the wording used. I would personally endorse the change – I have heard clinicians I much respect use the words ANP and EP in what I sometimes felt was a too reified, conceptually abstract manner.

The first part of the book, on the therapeutic relationship, does some excellent scene-setting. In talking about the "good-enough therapist", the authors identify the importance of reenactments, boundaries, self-care and the centrality of the therapeutic relationship. This is also an opportunity to come back to the grounding of their way of working in attachment theory, and the interpersonal character of most or all dissociation.

Chapter 4 is key to the book. It proposes to go beyond common attachment and simple relational models to a more sophisticated model of a fundamentally equal collaborative relationship in order to be effective in working with disordered dissociation. This is a relationship that is located between dependence (one-sided or mutual) and independence, and it is an occasion to mention the role and function of countertransference disclosure. But it is formulated in a way that is original, creative, fresh, and indeed appears to go beyond of much that has been formulated in the literature so far.

The chapters on assessment and case formulation are strong, practice-oriented and really helpful. Steele et al. use this place to bring out their position that “normal dissociation” in their view isn’t really dissociation proper. This is an important and unfinished debate. They also make a clear distinction between dissociative parts and ego states, while recognising the helpfulness of theoretical and practical ideas from ego state theory.

The authors emphasise the importance of assessment, as well as its complexity and difficulties. They take the constructive position that even practitioners who are not sufficiently trained to work with dissociative disorders, or who for other reasons do not want to, should be sufficiently familiar with dissociative expressions and symptoms to be able to recognise them, and make timely referrals, preferably at the time of initial assessment.

In the important chapter 8 on the Principles of Treatment, the authors make the excellent point that despite all the adjustments and extras they set out, the foundation for effective working with dissociative disorders begins and ends with the principles and approaches of good psychotherapy. In recapping some of these, they add in particular the importance of integrating therapeutic work with somatic experience. They refer many times
to Pat Ogden’s Sensorimotor Psychotherapy as a model, and one of the best thought-through forms of implementing the integration of somatic elements into psychotherapy. It is indeed noticeable how close (and yet different) the latest ideas of Sensorimotor Psychotherapy are to the approach in this book. Both pay a lot of attention to dissociation, to complex trauma, to somatic experience, action systems, attachment theory and the structural character of dissociation. And they still manage to do it in their unique way, complementing and mutually enriching each other.

The book of over 500 pages contains so much richness that it is impossible to do justice to it in this short review, or even to summarise all the main topics and ideas covered. It is much enriched for the reader by combining discursive text with short “Core concept” boxes, by using tables of checklists, and by using copious case examples, some of them using the same (all “reconstructed”) names of patients continuously throughout the book. The frequency and length of these case examples increases in the second half of the book when discussing the three main phases of the work.

The idea of “trauma-related phobias” brings out the phobic / anxiety-related quality of a number of dissociative behaviours and symptoms. A long section explains how this way of viewing them can be of practical help in treatment decisions. There is a complete chapter on dependency, which is a frequently occurring and difficult issue to handle. Here, and elsewhere throughout the book, the influence and incorporation of attachment theory ideas and ways of working is strong, obvious and appropriate.

Steele, Boon and Van der Hart add several very interesting chapters about working with child parts, especially in the first phase of the work. And they bring up the frequency and high importance of working with shame, how it can affect or undermine the therapeutic relationship, and how to deal with this. The importance of shame is well-known, but the authors manage to add many subtle adjustments and ideas to the general knowledge, which are of high value in practice.

There is a vital and modern chapter on perpetrator-imitating parts, which are notoriously difficult to work with, but need to be engaged. These are remarkably frequent in people with dissociative disorders, and a whole chapter devoted to them is fully justified. Incidentally, while Harvey Schwartz is credited in the sources, his recent book about internalised (coerced) perpetrator parts is related, but in its principal focus significantly different from what is discussed so usefully in this chapter.

In the short Preface to the book, the three authors in a somewhat personalised way contrast the options of doing and being for therapists. They write of the great importance of “being”, stating that “relational ways of being with the patient are the backbone of treatment, and are themselves essential therapeutic interventions.” Throughout the book, they demonstrate, based on their combined multiple decades of clinical experience, how that has informed what they share here with their colleague practitioners and clinicians.

A thought to end this review on follows from the comprehensiveness and success of this book in setting out an approach to effective psychotherapy with clients with dissociative disorders. It brings to mind the possibility of not only using chapters of this book in general psychotherapy training, which would be highly useful, but that a complete (secondary) training could be based on this book. Perhaps this already exists unbeknownst to me in the USA or the Netherlands (where two of the three co-authors are based), but if it does not, it would be of great value if some training therapists, presumably members of ESTD, would consider the value of creating such a training curriculum.
dark matters.
exploring the realm of psychic devastation.

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author: ira brenner

ira brenner is an american psychoanalyst, clinical professor of psychiatry in philadelphia. in the eighties, he worked with judith kestenberg in a research project about children who had survived the holocaust. he wrote one book on this subject and wrote three books on trauma, one of which addresses an often forgotten subject: traumatized men. he also worked with dissociative patients with richard kluft. as a result, he has a lot of experience working with dissociative phenomena, but in this volume brenner does more than describe dissociative disorders. he grapples with the effects of psychic trauma in the broader sense and tries to expand psychoanalytic theory on pathological mourning and the “dark matters” that defy any symbolisation. by doing so, he integrates diverse influences, especially those from vamir volkan and salman akhtar, who both wrote extensively about pathological mourning and the way that second and third generation children live out their parents’ holocaust experiences.

this important book consists of three parts: a conceptual realm, a societal realm, and a technical realm, with an introduction and an epilogue.

the first realm elaborates definitions and concepts of the mind – for example, splitting. he considers whether splitting is the same as dissociation. over several chapters, brenner describes the historical development of the crucial analytic concepts of splitting, denial, disavowal and repression in comparison with dissociation as we see it now. he starts with the story of freud and breuer about their hysterical patients. in 1895, breuer described the symptoms of the famous anna o as hypnoid states and a double consciousness. it is known that anna o, who coined the term “talking cure”, had different modes of presenting herself. sometimes she was withdrawn and suffering, in other modes she was flamboyant and angry. in those states, she played excellent piano and spoke english fluently. nowadays we would diagnose her as having a dissociative disorder. then – as we now know – her problems were diagnosed as hysteria. anna o, in real life bertha pappenheim, became a famous social worker and suffragette in her own right after “the cure” with breuer. brenner describes why and how...
Freud abolished this idea for his own model of the unconscious in which certain unbearable “mental facts” are at the same time known and not-known: the mechanism of disavowal, depersonalisation and derealisation in which a person does not, even cannot, know his or her own mental states. The nature of mentation, our thinking, follows different principles, associated with primary process thinking.

Brenner concludes this chapter: “Under certain traumatic conditions in childhood, it may impossible for one’s mind to reconcile the contradictions necessary for psychic, possible physical survival, such as the need to maintain an attachment to a murderous sexually violating mother. Under such circumstances there might be a coalescing of self- and object representations into seemingly separate selves, maintained in auto hypnotic hypnoid states”. (p.36). Brenner sees dissociative parts as pathological intersystemic suborganisations, not only of the various ego functions, but also of drive derivatives of the id as well as superego prohibitions and aspirations. He concludes that there are several definitions of splitting: splitting as a general development, principally, such as our tendency to group our experiences into two different categories: night and day, light and dark, good and bad; second, as an organization of psychic contents in infancy (for example the good mother versus the bad mother); third, as a defence and finally as a way to maintain contradictory psychic groups, (of conscious and unconscious ideations) which is what we call dissociation. He advocates limiting the concept of splitting to the general developmental principle in infancy.

A certain discomfort is present in these chapters, because there is an undeniable difference in meaning and models of the mind in psychoanalysis compared with the structural dissociation model and other analytic models of the mind. We have to realise that they are only that: models, organised around different principles. As far as we know they are not the final truth about the human mind but heuristic tools to understand clinical phenomena. In the absence of further research the last word has not been said about which model is more efficient and “true” as an explanation of clinical facts.

A relational psychoanalyst like Bromberg for example has a totally different concept; he sees dissociation as a ubiquitous interpersonal defence against the unthinkable. Feelings that were not properly recognised by the primary care giver. Bromberg defines the normal mind as dissociated, from the beginning, configured in discontinuous shifting states of consciousness. For Bromberg, dissociation underlies all other defences people use to ward off overwhelming experiences. It is more a question of less or more anxiety if a person develops a personality disorder or a dissociative disorder.

Brenner does not agree with this tenet. Based on Freud, he sees dissociation as the precursor of repression caused by a (traumatic) disruption of the core self, especially in the areas of self-cohesion, self-continuity, and self-agency. “Sensory input may be accurately perceived consciously, but its meaning would require the input of another person, another mind and this is just the mind who is absent in childhood trauma. So the experience stays unsymbolised, unformulated and unrepresented”. He sees Dissociative Identity Disorder as a lower level dissociative character, a disorder of the self characterised by an overall lack of self-constancy, obscured by a cadre of seemingly separated selves with their own cohesion. He states that “parts” or dissociated “selves” are the consequence of a pseudo-externalisation in which instinctual strivings may be disowned, banished from consciousness and attributed to someone else: not another person, but rather on an inside “self”. “It is not I who am angry and revengeful but another one”. The personifications are further defended by an auto-hypnotic barrier, amnesia, and analgesia. He considers dissociation also as a compromise formation, and a defence. The goal of dissociation is to ward off a deep sense of annihilation anxiety and separation anxiety. He also sets out five organising influences that are important in the genesis of Dissociative Identity Disorder. These are: perverse sexuality; the dream ego and auto symbolic phenomena, about which I’ll return later; intergenerational transmission of trauma; near-death experiences; and last but not least, the divisive effects of aggression and its vicissitudes.
The second part of the book is composed of very moving and interesting chapters about the intergenerational transmission of trauma, the role of playing as a means to psychic survival after traumas and the difference between playing as acting out and playing that includes fantasy. He gives many examples of play, for example in the Warsaw ghetto. Even when their friends died around them of hunger or disease, children continued to play, seemingly not reflecting about the horror around them. The question of the transmission of trauma, that Kestenberg called transposition, is one that is not so well known outside of psychoanalysis. Based on the idea, that parents unconsciously project their unbearable feelings of shame, anxiety and humiliation, their guilty, horrified, and vulnerable selves, children of Holocaust survivors unwittingly reproduce in their dreams the experiences of their parents. This has to do with the impossibility to mourn the massive losses. He discusses Volkan’s theory on how unresolved traumas can lead to traumatised societies. Volkan describes how traumatised large groups, for example an ethnic or social group under severe stress, tend to regress to cultural and historical fixation points to regain a sense of identity. The large group then develops a developmental representation of its history, so that under threats to its existence – as a societal sense of annihilation anxiety, it takes whatever it takes to regain its integrity. For example, to see their identity as victims and the other’s identity as perpetrators and their reactions as righteous ways of defending themselves or putting things right. This identity follows the lines of historical tribal or religious affiliations. They choose a historical fact that embodies their trauma: the chosen trauma. A good example is the Battle of Kosovo of 1389 that played such an important role in the recent war in the Balkans.

What happens next is loss of individuality of the group’s members. They rally around a leader, preferably a “strong” one. The leader ruins the basic trust within families and creates a new kind of morality and hierarchy. In the light of recent political history, it is shocking to think about these processes happening under our noses.

In the third part of his book, Brenner treats the technical aspects of his theorising about dissociation, based on his vast experience with the psychoanalytic treatment of dissociative identity disorders. In this part, he describes very interesting cases. Treatment includes in his view five stages: the development of the therapeutic alliance comes first. We all know how difficult this can be with mistrustful patients. Second is the recognition of the transference; what he calls the mosaic transference. Each part projects different internalised objects and views the therapist differently: “Given the overall lack of self constancy in the patient, an overall lack of object constancy is prevalent, so that the composite transference is typically at a preoedipal rapprochement level of development with disturbances in attachment” (p.170). How true. All of my dissociative patients showed a disorganised attachment: longing for contact and rescue and at the same time frozen in their anxiety.

The third step is the challenging of the disowning: the “not me!”. This means recognizing that different states, feelings and thoughts are one’s own. This – the beginning of co-consciousness – is crucial. The fourth step is the road to integration, the healing of conflict, splits, but he argues that his ultimate goal is not integration of all parts; this is up to the patient. The last phase is working through and consolidation. One chapter in this last part of the book is very important. It treats the fact of repetition compulsion in dream work of dissociative patients. Due to the psychoanalytic framework, analysts can observe the following phenomenon. On day 1 the patient brings a horrifying dream in which the dreamer is watching another person hurt a child in a specific way. A few days later without any reference to the dream, suddenly a childlike state of consciousness appears, with a different voice and demeanour. In this state, he or she relates a memory of something that happened to him or her, the same as in the dream, but without any memory of the dream and the session in which the dream was told. The manifest dream gets lived out in the waking state, as an overpowering narrative or of a psychological
reliving of the trauma. When the analyst tries to connect the experience with the dream, the dream appears to have been forgotten, but in a not-so-distant future the dream becomes revisited, but then she/he does not know about the telling of the memory. He calls this a typical dissociative type of forgetting and not-knowing. The patient typically says: “I did not dream this, feel this or say this: this was another person”. In Brenner’s words: antropomorphization of auto-hypnotic dreamlike, hypnopompic or hypnogogic state seems to me a contributing factor for the psychological state of dissociative disorder. The reciprocal amnesia tends to enforce the disowning: therapeutically it is crucial to let the patient recognise his or her own mental contents.

To conclude this is a rich and thought-provoking book by an eminent clinician and scholar. Interesting, but not an easy read. You have to be thoroughly imbued in psychoanalytical concepts and history. Brenner is a rather classical psychoanalyst, using drive and object relation theory. Only at the end does he make a connection with newer ways of working analytically, in the form of the Boston Change Process Group theories. He tries to work analytically (couch, four to five times a week) with a group of patients, which some therapists would not dare to treat with psychoanalysis. He does not use any well-known methods as the suggestion of safe places, psychoeducation or the use of hypnosis or EMDR, but trusts his understanding of the transference. It would be interesting to know what his results are. However, for everyone who is interested in the way a psychoanalyst treats dissociative disorders, this book is a must.
Based on the short story ‘Story of Your Life’ by Ted Chiang, this sci-fi parable drama masterfully performed by Amy Adams who appears as Dr. Louise Banks, a world-renowned professor of comparative linguistics. She is visited by a US army officer who then rushes her off to a temporary army base in Montana next to where a huge oval space-ship has dropped anchor. In this military operation – unlike most Hollywood conspiracy paranoia alien invasion movies – rather than using mass weapons of destruction, Dr. Banks and her colleagues have been asked to try to find out from the ginormous octopus-like visitors, what it is that they want. Together with her scientist colleague (Jeremy Renner), the pale-skinned Dr. Banks begins with hand and face movement to communicate with the roaring and sometimes frightening aliens. Soon after, we see Louis’s tense facial expressions relax and change to that of a curious child who takes delight in something new and exciting. To begin with we are not sure what the film is trying to say, but gradually we see its centrality is around linguistics and communication. Through a protected glass the tips of the aliens’ gnarled finger-like limbs, peel open into starfish like hands, which then splash ink that flows into floating symbols which appear to be the aliens’ written language. The language that Louise begins to establish with the aliens is non-linear and circular in shape.

The idea was borrowed from an old concept, reviving the disputed theory of linguistic relativity called the Sapir-Whorf hypothesis (1950s), which proposes that the language we speak reflects and shapes the way we think and that all thoughts are constrained by language. The aliens in the film regard time as non-linear and the language needed to reflect that. Their use of logograms and symbols that can stand for a word and even entire sentences of feeling are somehow most appealing. Such as a single logogram can express a simple thought (“Hi”) or a complex one (“Hi Louise I’m an alien but I come in peace”). The system allows each logogram to express a bundle of ideas without adhering to any traditional rules of syntax or sequence.

In its non-linearity, the film also tells us about Louise’s personal life and vulnerability; she had a
daughter who died of cancer in her early teens but it’s not clear if it’s a flashback or a flashforward that we see. In any event, Louise's unresolved grief, her yearning and searching for meaningful connection with the aliens is one way of mourning that loss. Her attempts to decode the alien language is met with intuition and empathy. No matter how threatening the situation, Louise’s desire to find ways of having a dialogue with the aliens is how she eventually builds a bridge to their world, it is also how she reaches her inner peace.

Contrary to this film, Hollywood has often chosen to deal with loss through aggression and invasion of others, where the grieving hero in their rageful manner usually goes for destruction. After all, it is much easier to fight the unknown and eliminate anything that appears to be a threat. We are currently on the cusp of a massive paradigm shift. In a way, the makers of this film have mirrored the past decade, where empathic communication in western society has found means of expression as never before. In her efforts to try to prevent a disaster, Louise instead finds a language that mitigates the need for artillery and destruction, her thoughtful and unflappable personality becomes the central point of the narrative, and perhaps to some extent like Obama, is a symbol of hope in an era that we have just lived through.

Similarly, internally, under conditions of threat whenever realities have become unthinkable, particularly when facing a loss, our alien selves will appear even if for a very short length of time, resuming their appearance with rigidity. In Bromberg words: “We are all vulnerable to the unanticipated experience of coming face to face with our own” otherness” which sometimes albeit temporarily, feels more “not-me” than our minds can deal with” (the Shadow of the Tsunami).32 The film is a metaphor of how we can learn and deal with our inner aliens; the “not-me”, the “anti-me” and the “non-feeling me”.

Semantic knowing, the notion that all thoughts are constrained by language and the idea of learning a new language can alter one’s perception of time has been disproved. However, as therapists and in particular, as trauma therapists, we all struggle to find a language, which at times can feel timeless and can match our experiences accurately. We particularly experience this when working with clients who have DID, we sometimes have an additional struggle in finding ways of understanding the collapse of time: past/present/future. The American psychoanalyst Karen Hopenwasser calls it “falling of the arrow of time” (Listserv communication 4.12.2016). Despite Louise being a semantic expert who successfully decoded the alien’s language, it is her grief, her sensitivity, her intuition and steadiness which enabled her reach out to the unwelcome visitors. Arrival is an intellectual film that leaves your thoughts lingering long after leaving the cinema. But it’s also a relational drama, and its emphasis is on finding a mutual understanding based on both semantic and empathic communications. Unlike other alien invasion films, rather than focusing on war, the film’s message is that only through dialogue, whether internally or externally, can we truly transcend to a place of mutuality. 🌿
A core mission of both the International Society for the Study of Trauma and Dissociation (ISSTD) and the European Society for Trauma and Dissociation (ESTD) is the promotion of scientific knowledge about dissociation and dissociative disorders in professional circles and to the public. While there are many professionals who are members of both Societies, or who attend both conferences, the two organisations have operated a bit like somewhat estranged siblings; coming from the same family but having moved in slightly different directions, and perhaps were a little awkward and uncertain of how to deal with the other. Sibling rivalries may have operated where both were concerned about the other’s impact, such as in international conferences, trainings, etc., but underneath these struggles for identity, shared space, mutual independence and
growth was the respect, admiration and the mutual connection that comes from kinship.

This connection has been recently rekindled with discussions between Martin Dorahy and Andrew Moskowitz leading to the development of a joint Taskforce involving five ESTD members (Andrew Moskowitz, Eli Somer, Simone Reinders, Annemiek van Dijke, and Igor Pietkiewicz) and five ISSTD members (Martin Dorahy, Christa Kruger, Steve Gold, David Gleaves and Vedat Şar). This Taskforce spent the second half of 2016 sharing ideas and discussing issues associated with the central goals of 1) identifying, developing, and formulating the 4-5 most critical questions that need to be addressed at the current time in the field of dissociation, which would 2) further the understanding and education of dissociation and dissociative disorders in the mainstream psychological and psychiatric literatures. A starting agreement was that these questions would be limited to those that could be addressed by conceptual and theoretical developments or by narrative and/or statistical review of existing research studies, rather than being key empirical questions for direct investigation. It is hoped that the most crucial empirical questions for future research studies will emerge from these reviews.

The Taskforce traded near-daily emails from the divergent parts of the world that each member resides. Members initially put forward areas (e.g., the psychobiology of dissociation) or questions (e.g., ‘what is the phenomenology of dissociation?’) that they each believed should be discussed with the potential of reflecting upon or being included in the final question summaries. This produced a list of 23 question areas. Efforts were then made to 1) group or merge these, 2) delete any that were not deemed central enough to the field of dissociation and its mainstreaming, and 3) reformulate those that were central but were not framed in a way that drew out the most crucial element/s of the question. Through ongoing discussions, six questions were ultimately formulated that were considered meritorious and deserving attention in terms of the mainstreaming goal. Each of the six questions were then discussed in detail by the whole Taskforce to provide a framework of content that might be covered in the paper.

After all were fully discussed and plans were in place for each question, taskforce members divided into working groups that would be responsible for developing each of the questions. Each working group had a designated leader, but all Taskforce members on that group agreed to be responsible for ensuring the paper successfully reached its goal of being published in a mainstream psychology or psychiatry journal. The working groups also determined if other members of ESTD or ISSTD with expertise in the areas of focus could be invited onboard, to complement the working group. The working groups went away to begin work on their specific question in late 2016 with an aim to have first drafts of their paper ready for consideration between the middle to the end of 2017. Following further revisions and editing, including reviewing by the Taskforce, the manuscripts will be submitted to journals.

The working titles of the six questions, along with a brief rationale for the reasoning behind their inclusion in this joint ISSTD-ESTD project is now provided.

1. **What is dissociation?** Dissociation has often been considered an ill-defined and somewhat ‘slippery’ topic in the psychological literature (e.g., Dell, 2009; Marshall, Spitzer, & Liebowitz, 1999). Papers within the dissociation field have proffered different perspective (e.g., Dalenberg & Paulsen, 2009; Holmes et al., 2005; Kennedy et al., 2004; Steele, Dorahy, Van der Hart, & Nijenhuis, 2009), each offering ways to clarify what dissociation is, where it occurs and what psychosomatic manifestations capture it. Dissociation is studied in the trauma and dissociation field, the personality and psychotic disorders fields, and the anxiety disorders (e.g., panic) field. Yet, within the mainstream psychological and clinical literatures dissociation remains ill-understood and not conceptually well defined.
Bringing together the different theories of dissociation, outlining how the term is used in different clinical literatures, and distilling common and unique factors in these different frameworks is likely to bring a greater understanding of what dissociation is and isn’t. In addition, theoretical and methodological considerations will be employed to help determine when it is better to subsume a phenomenon under the same label, and when it is better to consider it a different, but related, phenomenon (such as hypnxisability and absorption, for example). Thus, this paper is designed to examine how dissociation is understood to see if greater clarity can be brought to the concept in order to foster its understanding by those working within and outside the trauma and dissociation field.

2. Do models of normal and pathological personality structure help us understand dissociative disorders? A core area in mainstream psychology internationally is the study of personality, and a core area in the mainstream study of psychopathology is how personality may form abnormally or become reorganized to produce maladaptive relational patterns and symptoms (e.g., Watkins & Watkins, 1997; Young, Klosko, & Weishaar, 2003). Very little work has looked at how dissociation theory might be integrated with mainstream personality theory and where the overlapping and divergent areas are.

This question will address two areas. The first area addresses whether empirically demonstrated models of personality, such as the five-factor model (McCrae & Costa, 2003), can inform our understanding of dissociative disorders (that is to say, whether any personality variables or factors predict dissociative disorders). The second area considers the evidence for models of personality that emphasize ‘normal’ parts or divisions (i.e., ego-state theory, dialogical theory; Hermans, 2001) and whether these models can inform our understanding of dissociative disorders.

Thus, this paper will set out to examine how dissociation is relevant to the study of personality and how personality theory is relevant to the study of dissociative disorders.

3. What is the status of recovered memory in the scientific literature? This paper will effectively form a joint position statement from both the ESTD and ISSTD on recovered memory, if the review, conclusions and statement are ratified by the Board of Directors in both organisations. Recovered memory remains somewhat contentious despite the fierce attacks and debates which characterised the memory wars of the 1990s abating somewhat. Notwithstanding its contentious nature in science, in clinical practice it is relatively common for traumatised patients/clients to recall distressing memories they had previously forgotten. It is also now well understood that the memory stimulus induced in the laboratory, no matter how distressing or personally-related, is not a good analogy to study the impact on memory of incestuous abuse, for example. This is not only a highly charged amygdala-based experience, but also involves significant relational betrayal and conflicting attachment needs (e.g., protection by the person causing harm).

Question 3 initially started with a focus on the relationship between dissociation and cognitive processes, like memory and attention, but it became clear that neither Society had a position statement on recovered memory, despite how central dissociation is believed to be to it (e.g., Freyd & Birrell, 2013). Consequently, this question was changed to address recovered memory after the Board of Directors from both Societies voted for this issue to be explored with a view to a joint statement.

4. Dissociation – intra-individual phenomenon versus collective sociocultural process? Cultural manifestations of dissociation have captured the interest of psychologists,
anthropologists, and sociological psychiatrists (e.g., Rhoades & Šar, 2005). Dissociation may underpin intra-personal processes like trauma-related disorders as much as it underpins sociological processes, like mass hysteria, oppressive societies and the denial of child abuse. The link between the individual and the group remains central to psychological science, and to the understanding of war, famine, the impact of greed and empathy on group functioning, and how societies respond to, and in the aftermath of, trauma.

This paper seeks to examine the operation of dissociation at a social and cultural level, exploring where intra-psychic dissociation moves into contagious group dissociation, among other themes. This paper will provide mainstream psychological readers with an appreciation of the importance of dissociation for understanding social processes and group behaviours.

5. Neurobiology of dissociation, (non-DID) dissociative disorders and DID - non-traumatic versus traumatic etiology? Significant steps have been taken in psychiatric science over the past 20 years to develop an understanding of the neurobiology of a range of psychological illnesses. Advances in imaging technology that allow investigation of the structure and function of the brain when in a stable state or during provocation via activity and stress have been increasingly used in research settings and compliment or advance existing technologies. The study of dissociation and dissociative disorders has been assisted by these advances and by the desire to link neurobiological science to cognitive and behavioural science (Chalavi et al., 2015).

The integration of brain and behavioural sciences has the ability to not only elucidate the psychobiological underpinnings of dissociation and the dissociative disorders, but also direct both psychological and pharmacological therapies. This paper examines the neurobiology of dissociation and the dissociative disorders. Bringing together the extant literature in this developing and fast-growing area will allow the similarities and differences in the neurobiology of dissociative disorders to be compared with other disorders. The pertinence of this question as a central focus in the current project was due to the dominance of neuroscience in mainstream psychiatry and psychology. Greater understanding of the neurobiology of dissociation and the dissociative disorders, and more integration of this knowledge with the neurobiology of other psychiatric illnesses, will allow the dissociative disorders to be understood more clearly in comparison with other disorders, and to become familiar and non-controversial diagnoses in mainstream psychiatric education and practice.

6. Resistance to dissociative disorders in the scientific literature: Truth, resistance, politics, science and propaganda. Despite having an expanding empirical and clinical knowledge base, dissociative disorders like DID remain controversial. This is despite substantial literature showing their validity as psychiatric entities (e.g., Gleaves, May, & Cardeña, 2001). No empirical study to date, for example, has suggested that the etiology, phenomenology and treatment of DID can be accounted for by another disorder or disorders (e.g., Dorahy et al., 2015). Its complex comorbidity is well attested (e.g., Rodewald et al., 2011). Yet, the mainstream psychiatric and psychological literatures have failed to embrace the reality of dissociative disorders in the same way as other trauma-related disorders or disorders with a similar epidemiological rate in the general population. Researchers have been largely unsuccessful in getting grants to support large scale, sophisticated studies on dissociative disorders, especially DID, indicating the challenges of integrating dissociative disorders in the mainstream literature. Disorders like DID have appeared to be victim of what is now referred to as ‘post-truth’, where scientific knowledge is ignored over emotional and personal beliefs. DID, for example, asks that we accept the reality of extreme child abuse where caregivers use
children in their care for their physical, sexual or emotional gratification, or in which they fail to offer adequate care and protection. This reality in and of itself seems less of an issue than accepting that such abuse and neglect is quite common rather than quite rare. In addition, DID requires us to accept that our sense of self can divide to the point that behaviour seemingly occurs outside awareness and control. This comes as a real challenge to the Western individualist cultural norms of a unified mind and self-control. Understanding barriers to the resistance of dissociative disorders in the world of psychological science, and the truth, post-truth, politics and propaganda associated with them, has the potential to help overcome the current challenges in getting dissociative disorders in the mainstream psychological and clinical literatures.

Members of the joint Taskforce who are able to attend will meet in person at the 2017 conferences of the ISSTD (March, Washington, DC) and the ESTD (November, Bern). Both opportunities will allow an update on progress and challenges blocking progress. The Taskforce will feedback to the memberships of ESTD and ISSTD as tangible progress is made on these projects. It is hoped that the outcomes from this Taskforce could succeed in increasing public and professional understanding of dissociation and dissociative disorders, and lead to their greater acceptance.

REFERENCES


HOT OFF THE PRESS

By: Winja Lutz

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

Hidden wounds? Inflammatory links between childhood trauma and psychopathology
Danese, A., & Baldwin, J. R.

Abstract
Childhood trauma is a key risk factor for psychopathology. However, little is known about how exposure to childhood trauma is translated into biological risk for psychopathology. Observational human studies and experimental animal models suggest that childhood exposure to stress can trigger an enduring systemic inflammatory response not unlike the bodily response to physical injury. In turn, these “hidden wounds” of childhood trauma can affect brain development, key behavioral domains (e.g., cognition, positive valence systems, negative valence systems), reactivity to subsequent stressors, and, ultimately, risk for psychopathology. Further research is needed to better characterize the inflammatory links between childhood trauma and psychopathology. Detecting and healing these hidden wounds may help prevent and treat psychopathology emerging after childhood trauma.

Dissociation in patients with dissociative seizures: relationships with trauma and seizure symptoms

Abstract
This study aimed to extend the current understanding of dissociative symptoms experienced by patients with dissociative (psychogenic, non-epileptic) seizures (DS), including psychological and somatoform types of symptomatology. An additional aim was to assess possible relationships between dissociation, traumatic experiences, post-traumatic symptoms and seizure manifestations in this group.

A total of 40 patients with DS were compared with a healthy control group (n = 43), matched on relevant demographic characteristics. Participants completed several self-report questionnaires, including the Multiscale Dissociation Inventory (MDI), Somatoform Dissociation Questionnaire-20, Traumatic Experiences Checklist and the Post-Traumatic Diagnostic Scale. Measures of seizure symptoms and current emotional distress (Hospital Anxiety and Depression Scale) were also administered.

The clinical group reported significantly more psychological and somatoform dissociative symptoms, trauma, perceived impact of trauma, and post-traumatic symptoms than controls. Some dissociative symptoms (i.e. MDI disengagement, MDI depersonalization, MDI derealization, MDI memory disturbance, and somatoform dissociation scores) were elevated even after controlling for emotional distress; MDI depersonalization scores correlated positively with trauma scores while seizure symptoms correlated with MDI depersonalization, derealization and identity dissociation scores. Exploratory analyses indicated that somatoform dissociation specifically mediated the relationship between reported sexual abuse and DS diagnosis, along with depressive symptoms.

A range of psychological and somatoform dissociative symptoms, traumatic experiences and post-traumatic symptoms are elevated in patients with DS relative to healthy controls, and seem related to seizure manifestations. Further studies are needed to explore peri-ictal dissociative experiences in more detail.


Acute dissociative reaction to spontaneous delivery in a case of total denial of pregnancy: diagnostic and forensic aspects

Sar, V., Aydin, N., Van der Hart, O., Frankel, A. S., Sar, M., & Omay, O.

Abstract
This article presents the history of a 21-year-old female college student with total denial of pregnancy who experienced an acute dissociative reaction during the spontaneous delivery at home without medical assistance where the newborn died immediately. Psychiatric examination, self-report questionnaires, legal documents, and witness reports have been reviewed in evaluation of the case. Evidence pointed to total denial of pregnancy, that is, until delivery. The diagnoses of an acute dissociative reaction to stress (remitted) and a subsequent PTSD were established in a follow-up examination conducted 7 months after the delivery. Notwithstanding the inherently dissociative nature of total denial of pregnancy, no other
Evidence has been found about pre-existing psychopathology. For causing the newborn's death, the patient faced charges for "aggravated murder," which were later reduced into "involuntary manslaughter." Given the physical incapacity to perform voluntary acts due to the loss of control over her actions during the delivery, and the presence of an acute dissociative reaction to unexpected delivery, the legal case represents an intricate overlap between "insanity" and "incapacitation" defenses. The rather broad severity spectrum of acute dissociative conditions requires evaluation of the limits and conditions of appropriate legal defenses by mental health experts and lawyers. Denial of pregnancy as a source of potential stress has attracted little interest in psychiatric literature although solid research exists which documented that it is not infrequent. Arguments are presented to introduce this condition as a diagnostic category of female reproductive psychiatry with a more neutral label: "unperceived pregnancy."


Trauma exposure relates to heightened stress, altered amygdala morphology and deficient extinction learning: Implications for psychopathology
Cacciaglia, R., Nees, F., Grimm, O., Ridder, S., Pohlack, S. T., Diener, S. J., ... & Flor, H.

Abstract
Stress exposure causes a structural reorganization in neurons of the amygdala. In particular, animal models have repeatedly shown that both acute and chronic stress induce neuronal hypertrophy and volumetric increase in the lateral and basolateral nuclei of amygdala. These effects are visible on the behavioral level, where stress enhances anxiety behaviors and provokes greater fear learning. We assessed stress and anxiety levels in a group of 18 healthy human trauma-exposed individuals (TR group) compared to 18 non-exposed matched controls (HC group), and related these measurements to amygdala volume. Traumas included unexpected adverse experiences such as vehicle accidents or sudden loss of a loved one. As a measure of aversive learning, we implemented a cued fear conditioning paradigm. Additionally, to provide a biological marker of chronic stress, we measured the sensitivity of the hypothalamus-pituitary-adrenal (HPA) axis using a dexamethasone suppression test. Compared to the HC, the TR group showed significantly higher levels of chronic stress, current stress and trait anxiety, as well as increased volume of the left amygdala. Specifically, we observed a focal enlargement in its lateral portion, in line with previous animal data. Compared to HC, the TR group also showed enhanced late acquisition of conditioned fear and deficient extinction learning, as well as salivary cortisol hypo-suppression to dexamethasone. Left amygdala volumes positively correlated with suppressed morning salivary cortisol. Our results indicate differences in trauma-exposed individuals which resemble those previously reported in animals exposed to stress and in patients with post-traumatic stress disorder and depression. These data provide new insights into the mechanisms through which traumatic stress might prompt vulnerability for psychopathology.

Evidence of distinct profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the new ICD-11 Trauma Questionnaire (ICD-TQ).
Karatzias, T., Shevlin, M., Fyvie, C., Hyland, P., Efthymiadou, E., Wilson, D., ... & Cloitre, M.

Abstract
The WHO International Classification of Diseases, 11th version (ICD-11), has proposed two related diagnoses following exposure to traumatic events; Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). We set out to explore whether the newly developed ICD-11 Trauma Questionnaire (ICD-TQ) can distinguish between classes of individuals according to the PTSD and CPTSD symptom profiles as per ICD-11 proposals based on latent class analysis. We also hypothesized that the CPTSD class would report more frequent and a greater number of different types of childhood trauma as well as higher levels of functional impairment. Methods Participants in this study were a sample of individuals who were referred for psychological therapy to a National Health Service (NHS) trauma centre in Scotland (N=193). Participants completed the ICD-TQ as well as measures of life events and functioning.
Results
Overall, results indicate that using the newly developed ICD-TQ, two subgroups of treatment-seeking individuals could be empirically distinguished based on different patterns of symptom endorsement; a small group high in PTSD symptoms only and a larger group high in CPTSD symptoms. In addition, CPTSD was more strongly associated with more frequent and a greater accumulation of different types of childhood traumatic experiences and poorer functional impairment.
Limitations
Sample predominantly consisted of people who had experienced childhood psychological trauma or been multiply traumatised in childhood and adulthood.
Conclusions
CPTSD is highly prevalent in treatment seeking populations who have been multiply traumatised in childhood and adulthood and appropriate interventions should now be developed to aid recovery from this debilitating condition.


Comfortably Numb: The Role of Momentary Dissociation in the Experience of Negative Affect Around Binge Eating
Mason, T. B., Lavender, J. M., Wonderlich, S. A., Steiger, H., Cao, L., Engel, S. G., ... & Crosby, R. D.

Abstract
Evidence suggests that both dissociation and negative affect (NA) may precipitate binge eating. The extent to which dissociation may impact the experience of NA around binge eating is unclear. Women with bulimia nervosa completed a 2-week ecological momentary assessment protocol of dissociation, NA, and binge eating. Multilevel modeling was used to examine dissociation as a moderator of NA before and after binge eating. NA was greater at the time of binge eating for participants higher in average dissociation (between subjects)
and when momentary dissociation was greater than one’s average (within subjects). The trajectory of NA was characterized by a sharper increase before binge eating for participants higher in average dissociation; the NA trajectories were characterized by sharper increases before and decreases after binge eating when momentary dissociation was greater than one’s average. Results support the salience of both dissociation and NA in relation to the occurrence of binge eating.


Dissociation Between Working Memory Performance and Proactive Interference Control in Post-Traumatic Stress Disorder
Swick, D., Cayton, J., Ashley, V., & Turken, U.

Abstract
Deficits in working memory (WM) and cognitive control processes have been reported in post-traumatic stress disorder (PTSD), in addition to clinical symptoms such as hypervigilance, re-experiencing, and avoidance of trauma reminders. Given the uncontrollable nature of intrusive memories, an important question is whether PTSD is associated with altered control of interference in WM. Some studies also suggest that episodic memory shows a material-specific dissociation in PTSD, with greater impairments in verbal memory and relative sparing of nonverbal memory. It is unclear whether this dissociation applies to WM, as no studies have used identical task parameters across material. Here we tested 29 combat Veterans with PTSD and 29 age-matched control Veterans on a recent probes WM task with words and visual patterns in separate blocks. Participants studied four-item sets, followed by a probe stimulus that had been presented in the previous set (recent probe) or not (nonrecent probe). Participants with PTSD made more errors than controls, and this decrement was similar for verbal and visual stimuli. Proactive interference from items recently presented, but no longer relevant, was not significantly different in the PTSD group and showed no relationship to re-experiencing symptom severity. These results demonstrate that PTSD is not reliably associated with increased intrusions of irrelevant representations into WM when non-emotional stimuli are used. Future studies that use trauma-related material may provide insight into the flashbacks and intrusive thoughts that plague those with PTSD.

Group Psychotherapy as a Neural Exercise: Bridging Polyvagal Theory and Attachment Theory
Flores, P. J., & Porges, S. W.

Abstract
Attachment theory has expanded from a theory of child development into a more complex and clinically relevant psychotherapy model for adults. Polyvagal theory (Porges, 1995, 2007, 2011), with its innovative and paradigm-shifting perspectives on the evolution and development of the neural circuits underlying co-regulation via spontaneous social engagement behaviors, provides a corresponding perspective of the neural mechanisms through which attachment theory can be applied to the practice of group psychotherapy. The group, informed by polyvagal theory, functions as an ideal “neural exercise” to promote the biobehavioral adjustments of several psychosocial processes that are associated with attachment styles, emotion regulation, stress reactivity, and social relationships. The current article will present clinical examples of how a well-managed therapy group can provide opportunities for exercising the relevant neural pathways involved in social engagement behaviors. We will demonstrate how the synchronous interaction between physiological and emotional state regulation can reciprocally and prospectively have positive impact on group members and lead to more optimal social behavior both in and out of the therapy group.


An Attachment-based Model of the Relationship Between Childhood Adversity and Somatization in Children and Adults

Abstract
Objective: An attachment model was used to understand how maternal sensitivity and adverse childhood experiences are related to somatization.

Methods: We examined maternal sensitivity at 6 and 18 months and somatization at 5 years in 292 children in a longitudinal cohort study. We next examined attachment insecurity and somatization (health anxiety, physical symptoms) in four adult cohorts: healthy primary care patients (AC1, n=67), ulcerative colitis in remission (AC2, n=100), hospital workers (AC3, n=157), and paramedics (AC4, n=188). Recall of childhood adversity was measured in AC3 and AC4. Attachment insecurity was tested as a possible mediator between childhood adversity and somatization in AC3 and AC4.

Results: In children, there was a significant negative relationship between maternal sensitivity at 18 months and age 5 somatization (B=-3.52, SE=1.16, t=-3.02, p=.003) while maternal sensitivity at 6-months had no significant relationship. In adults, there were consistent, significant relationships between attachment insecurity and somatization, with the strongest findings for attachment anxiety and health anxiety (AC1, Beta = .51; AC2, Beta = .43). There was a significant indirect effect of childhood adversity on physical symptoms mediated by attachment anxiety in AC3 and AC4.

Conclusions. Deficits in maternal sensitivity at 18 months and age 5 somatization by age five. Adult attachment insecurity is related to somatization. Insecure attachment may partially mediate
the relationship

**Mentalizing, attachment and epistemic trust in group therapy**
Fonagy, P., Campbell, C., & Bateman, A.

Abstract
The theory of mentalizing, the capacity to understand ourselves and others in terms of intentional mental states (i.e., needs, desires, feelings, beliefs, goals and reasons), is embedded in attachment thinking. The theory proposes that in the course of normal development, mentalizing is first experienced and supported in the context of attachment relationships. Secure attachment relationships, in which caregivers are interested in and attribute agency to the infant's mind, create a safe environment in which the infant can start exploring other people's minds (Fonagy & Luyten, 2016). The capacity for balanced mentalizing first emerges in these early interactional experiences, in which the infant finds himself reasonably accurately represented by the other as an intentional being with separate thoughts and feelings (Fonagy, Gergely, Jurist, & Target, 2002).


**Revisiting the association between childhood trauma and psychosis in bipolar disorder: a quasi-dimensional path-analysis**
Etain, B., Lajnef, M., Bellivier, F., Henry, C., M’bailara, K., Kahn, J. P., ... & Fisher, H. L.

Abstract
Background: Childhood trauma has been associated with a more severe clinical expression of bipolar disorder (BD). However, the results that specifically associated traumatic events and psychotic features in BD have been inconsistent, possibly due to the low resolution of the phenotypes being used.
Methods: 270 normothymic patients with BD completed the Childhood Trauma Questionnaire (CTQ) and the Peters Delusion Inventory (PDI) that assessed 21 delusional beliefs. Patients were characterized for the lifetime presence of psychotic features during episodes and cannabis misuse in accordance with DSM-IV. We performed a series of path analyses to investigate the links from three types of childhood abuse (physical, sexual and emotional) directly to delusional beliefs and psychotic features, and indirectly through cannabis misuse.
Results: A first path analysis showed no link between any of the childhood abuse types and psychotic features when only a categorical definition of psychosis was used. When incorporating the quasi-dimensional measure of delusional beliefs in a second path analysis, we found that emotional and physical abuse and cannabis misuse were each directly associated with PDI score. PDI score and psychotic features were strongly correlated. Childhood abuse did not operate through cannabis misuse to increase delusional beliefs. Including type of BD in the model did not alter the results.
Conclusion: Emotional and physical abuse, but also cannabis misuse, increased delusional beliefs in patients
A network approach to psychosis: pathways between childhood trauma and psychotic symptoms


Abstract

Childhood trauma (CT) has been identified as a potential risk factor for the onset of psychotic disorders. However, to date, there is limited consensus with respect to which symptoms may ensue after exposure to trauma in early life, and whether specific pathways may account for these associations. The aim of the present study was to use the novel network approach to investigate how different types of traumatic childhood experiences relate to specific symptoms of psychotic disorders and to identify pathways that may be involved in the relationship between CT and psychosis. We used data of patients diagnosed with a psychotic disorder (n = 552) from the longitudinal observational study Genetic Risk and Outcome of Psychosis Project and included the 5 scales of the Childhood Trauma Questionnaire-Short Form and all original symptom dimensions of the Positive and Negative Syndrome Scale. Our results show that all 5 types of CT and positive and negative symptoms of psychosis are connected through symptoms of general psychopathology. These findings are in line with the theory of an affective pathway to psychosis after exposure to CT, with anxiety as a main connective component, but they also point to several additional connective paths between trauma and psychosis: eg, through poor impulse control (connecting abuse to grandiosity, excitement, and hostility) and motor retardation (connecting neglect to most negative symptoms). The results of the current study suggest that multiple paths may exist between trauma and psychosis and may also be useful in mapping potential transdiagnostic processes.


Childhood sexual abuse and early timing of puberty

Noll, J. G., Trickett, P. K., Long, J. D., Negriff, S., Susman, E. J., Shalev, I., ... & Putnam, F. W.

Abstract

Purpose: The purpose was to examine whether the timing of puberty, indexed by breast development and pubic hair development, was earlier for sexually abused females compared with a matched comparison group of nonabused females, controlling for key alternative confounds.

Methods: A cohort of sexually abused females and matched comparisons was followed longitudinally at
mean ages 11 through 20 years. Sexually abused participants (N = 84) were referred by protective services. Comparison participants (N = 89) were recruited to be comparable in terms of age, ethnicity, income level, family constellation, zip codes, and nonsexual trauma histories. Stage of puberty was indexed at each assessment by nurse and participant ratings of breast and pubic hair development using Tanner staging—the gold standard for assessing pubertal onset and development. Cumulative logit mixed models were used to estimate the association between sexual abuse status and the likelihood of transitioning from earlier to later Tanner stage categories controlling for covariates and potential confounds.

Results: Sexual abuse was associated with earlier pubertal onset: 8 months earlier for breasts (odds ratio: 3.06, 95% CI: 1.11–8.49) and 12 months earlier for pubic hair (odds ratio: 3.49, 95% CI: 1.34–9.12). Alternative explanations including ethnicity, obesity, and biological father absence did not eradicate these findings.

Conclusions: This study confirms an association between exposure to childhood sexual abuse and earlier pubertal onset. Results highlight the possibility that, due to this early onset, sexual abuse survivors may be at increased risk for psychosocial difficulties, menstrual and fertility problems, and even reproductive cancers due to prolonged exposure to sex hormones.


Does Parent-Child Interaction Therapy Reduce Future Physical Abuse?
Gowdy, G., Kim, J. S., Kennedy, S., Brown, S., & Tripodi, S.

Abstract
Objective: To use meta-analytic techniques to evaluating the effectiveness of parent–child interaction therapy (PCIT) at reducing future physical abuse among physically abusive families. Methods: A systematic search identified six eligible studies. Outcomes of interest were physical abuse recurrence, child abuse potential, and parenting stress.

Results: Parents receiving PCIT had significantly fewer physical abuse recurrences and significantly greater reductions on the Parenting Stress Index than parents in comparison groups. Reductions in child abuse potential were nonsignificant, although 95% confidence intervals suggest clinically meaningful treatment effects. The studies examining physical abuse recurrence had a medium treatment effect (g = 0.52), while results from pooled effect size estimates for child abuse potential (g = 0.31) and parenting stress (g = 0.35) were small.

Conclusions: PCIT appears to be effective at reducing physical abuse recurrence and parenting stress for physically abusive families, with the largest treatment effects seen on long-term physical abuse recurrence. Applications to social work practice are discussed.

An analysis of the relationship between knowledge of sex trafficking and perceptions of law enforcement officers when identifying victims
Prince, K. M.

Abstract
The human trafficking industry has become one of the largest and most profitable industries worldwide. Sex trafficking victims are forced into exploitative conditions including being required to break laws to benefit their captors. Law enforcement officers are trained to apprehend criminals for the public good. For these reasons, law enforcement officers may tend to view a victim as a criminal if trafficked individuals are breaking the law, such as in prostitution. Therefore, the purpose of this study is to understand if the knowledge about trafficking and beliefs about prostitution predict whether an officer perceives a person as a victim or a criminal in an ambiguous prostitution-based situation. This study hypothesizes that the amount of time on the police force and training in trafficking are predictive. This study followed a correlational research design, using Pearson’s R Correlations and a Multiple regression to determine predictive ability of the four variables, knowledge, training, beliefs, and time on the force. The criterion variable is the respondent’s choice of criminal or victim (i.e. perception) in response to a vignette. The goal of this study is to find information that may be used to decriminalize victims and provide victims with appropriate assistance.

Results found a significant relationship between total knowledge in human trafficking and victim identification in the victim vignette. A significant relationship was also found between total training in human trafficking and victim identification in the ambiguous vignette. Training and knowledge were found to be predictive of victim identification (i.e. perceptions).


A psychotherapy approach to treating hostile voices
Mosquera, D., & Ross, C.

Abstract
Hostile voices are a common problem in both dissociative identity disorder and psychosis. They may take the form of command hallucinations for suicide, or express negative thoughts and feelings about the self. The authors describe a psychotherapeutic treatment approach for hostile voices that converse with each other, keep up a running commentary on the person’s behavior, or otherwise speak in intelligible sentences and paragraphs. This approach can be useful, in the authors’ opinion, whether the diagnosis is a psychotic or a dissociative disorder. The authors provide clinical detail, with a case example, on the psychotherapy of hostile voices.

Where policy and practice collide: Comparing United States, South African and European Union approaches to protecting children online

Bulger, M., Burton, P., O’Neill, B., & Staksrud, E.

Abstract
That children have a right to protection when they go online is an internationally well-established principle, upheld in laws that seek to safeguard children from online abuse and exploitation. However, children’s own transgressive behaviour can test the boundaries of this protection regime, creating new dilemmas for lawmakers the world over. This article examines the policy response from both the Global North and South to young people’s online behaviour that may challenge adult conceptions of what is acceptable, within existing legal and policy frameworks. It asks whether the ‘childhood innocence’ implied in much protection discourse is a helpful basis for promoting children’s rights in the digital age. Based on a comparative analysis of the emerging policy trends in Europe, South Africa and the United States, the article assesses the implications for policymakers and child welfare specialists as they attempt to redraw the balance between children’s online safety while supporting their agency as digital citizens.


Factors Important to Consider When Working with Female Survivors of Sex Trafficking

McCarthy, P.B.

Abstract
Human trafficking for sexual exploitation, a dire human rights violation, is a world-wide problem. According to the Polaris Project (n.d.), the illegal sex trade makes $32 billion dollars yearly. Women and children are often sexually exploited for profit after being lured away by “fraud, force, or coercion” (U.S. Department of State, 2009, p. 8). This phenomenon poses a serious threat to women and youth who are at risk and vulnerable to exploitation. The majority of females are victimized in their own country (McClain & Garrity, 2011). Nonetheless, many Americans are not aware that such tragic underground criminal activity is thriving right here, within our own borders. Trafficking occurs in every state across the nation and approximately 14,500 to 17,500 foreign victims are trafficked each year into our nation (McClain & Garrity, 2011; Polaris Project, n.d.). This is not only a problem for third world countries; this is a global problem that threatens the safety of countless women and children. Though primary prevention is the ultimate goal, Young (2012) illuminates the need for continued education and training of professionals working with survivors as well as collaboration across multiple service venues over time. The current study seeks to contribute to the limited but growing body of literature in this important area by identifying factors that are important to consider when working with survivors of sex trafficking. This researcher will personally interview professionals and staff who work directly with survivors of sex trafficking and recruit survivors to respond anonymously to a questionnaire about their experiences. Both the interview and the questionnaire inquiries will pose open-ended questions in order to gather qualitative data from service providers and survivors, respectively. This study will provide an opportunity to gain insight and perspective on the pertinent factors that need attention when working with this unique population.

DATES FOR YOUR DIARY IN 2017

March 3–4, 2017:
http://www.thebowlbycentre.org.uk.

March 18, 2017:
http://www.aftd.eu/

June 16 – 17, 2017
Treatment of complex trauma and dissociation
Where: Ljubljana, Slovenia
More info here: www.fuds.si/en/treatment-complex-trauma-and-dissociation

June 30–July 2, 2017:
EMDR Europe Conference. Barcelona, Spain. With keynote speakers Martin Teicher, Ana Gomez, and Andrew Moskowitz.
http://www.emdrconference2017.com/
September 8–9, 2017:
Metz Academic Doctoral Research Meeting. With Cyril Tarquinio (France), Berfin Bozkurt, Deniz Tan, Ümrån Korkmazlar (Turkey), Marie-Jo Brennstuhl (France), Pascale Amara (France), Olivier Piedfort (Switzerland), Éric Binet (France), Rachid Soulaimani (France), Emmanuelle Dobbelaire (France), Evelyne Josse (Belgium), Pierre Mougin (France), Nathalie Steffens (France), Jenny Ann Rydberg (France), Pierre-François Rousseau (France), Hélène Dellucci (Switzerland), Joannic Masson (France), Laura Vismara (Italy), Thomas Borsatto (Italy), Michel Delage (France). In French and English. Centre Pierre Janet, University of Lorraine, Metz, France.
http://centrepierrejanet.event.univ-lorraine.fr/janet_mam.php

November 9–11, 2017:
http://www.estd2017.org/

Online course:
New Online-hybrid training course: Dissociation in Children and Adolescents - Assessment and Treatment - Renee Potgieter Marks. For MORE Information and to book online for immediate access: bictd.org/dcat.html or email hello@bictd.org.

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.
## ESTD CONTACTS IN YOUR REGION

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### CONTACTS IN YOUR REGION

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<th>E-mail</th>
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