**ISSTD – L2.2 (Accelerated, Class 10)**

Howell

Chapter 4

1. DID is an outcome of psychological trauma that was
   1. Early
   2. Chronic
   3. Severe
2. A history of sexual, physical, or emotional abuse has been found in the vast majority of people with DID
3. Far beyond arrest of a particular phase of development, trauma in childhood changes brain structure, increases stress hormone, affects the endocrine system, numbs the self, makes the world unsafe, interferes with attachments, causes detrimental effects
4. Objective vs. subjective trauma
   1. Objective – massive trauma, overwhelming to the individual or individual’s defenses
   2. Subjective – how upsetting the trauma is to the individual
   3. Howell – defining trauma as an event that causes dissociation focuses on the fault lines or fissures int the mind vs. the external event – if the event is so overwhelming I cannot be assimilated with other experiences resulting in gaps in memory and experience
   4. Connection to structural dissociation – parts of the experience have become structurally separated from other aspects of experience
5. Dissociation as a response to trauma
   1. Initially adaptive
      1. Protects from unbearable knowledge
      2. Preserves sanity
      3. Fosters survival
      4. Dissociative ability serves as a means of survival in life-threatening circumstances as an aspect of biological endowment
   2. Persistent and automatic dissociation is maladaptive
      1. The problem is automatic dissociation does not work: continuously avoided, overwhelming, painful experiences cannot be integrated and will therefore intrude into the person’s life
      2. Once it has been put on automatic, it is difficult to stop
         1. Intrusions are triggered
         2. Highly dissociated people cannot control the switching between self-states
         3. Too much of the dissociative behavior is involuntary
   3. Complex PTSD and Disorders of Extreme Stress Not Otherwise Specified
      1. Complex PTSD originates in relational trauma – often early, severe, and chronic traumatic mistreatment from family members/caregivers
      2. Opposed to single-event trauma, complex relational trauma is likely to result in alternating dissociated self-states with contradictory, idealizing, and devaluing relational patterns
      3. Proposed term (Howell and Blizard) CHRONIC RELATIONAL TRAUMA DISORDER – a term and concept to encompass both DID and BPD
      4. DESNOS – proposed diagnosis for DSM-IV to include:
         1. Affect dysregulation (including impulse control, self-destructive behavior, dyscontrol of anger)
         2. Disturbances of in attention or consciousness
         3. Somatization
         4. Alterations and disturbances in self-perception
         5. Alterations and disturbances in relationships
         6. Alternations and disturbances in meaning systems
      5. DID falls within the domain of trauma-based disorders and in some manifestations is an integral aspect of trauma-based disorders
6. The dissociative nature of PTSD
   1. In PTSD the alternations between intrusions and numbing are in themselves manifestations of dissociations
   2. Van der Hart, et. al. – ‘Intrusions imply a lack of integration of parts of the personality that remain fixed in traumatic events, thus a lack on integration of the personality. Positive dissociative symptoms, including intrusions, are common in trauma related disorders
   3. Several clinicians and researchers believe PTSD should be included in DSM under category of dissociative disorders vs anxiety disorders
7. Professional confusion about the effect of trauma and dissociation on problems in living – Quote by Ross, pg. 83 on differences in DSM

‘When the intrusion is a physiological sensation, in the DSM-IV-TR language we call it somatization. When the intrusion is an impulse to pluck hairs out of your head, or a sudden intrusion of a rage state, we call it an impulse control disorder. However when the intrusion in as impulse to wash your hands repeatedly, we call the impulse a compulsion and diagnosis OCD. The intruding affect is anxiety rather than rage. When a flashback episode intrudes, we call that psychosis according to DSM-IV-TR. When the same symptom occurs in DID we call it a dissociative symptom.

Similarly, when traumatic affect is withdrawn from the apparently normal part (ANP) of a Vietnam veteran, we call that numbing and make it a symptom of PTSD. If the same symptom occurs in someone with BPD we call it emptiness, but if the diagnosis is schizophrenia, we call it a negative symptom of schizophrenia. When a man perceives a threatened abandonment by his wife, flies into a rage, and beats her to control her and maintain his insecure attachment to her, we call this intermittent explosive disorder. The original trauma was failure of secure attachment by his primary female attachment figure in childhood, and the trigger in the present causes a reaction far out of proportion to the realistic threat in the present. The intruding affect is rage, but the underlying affect is fear and annihilation anxiety.

When the trigger is in the present is a news helicopter flying overhead, the original trauma was combat in Vietnam, and the intruding affect is fear, we call this a ‘dissociative flashback episode’ and diagnose PTSD.’

Chapter 5

1. Disorganized attachment is better predictor of dissociation than trauma
2. When a child has a trauma and no supporting person (or direct threat that something will happen to loved ones or things if the information is shared) The child’s affective state may be so unbearable that it rises to the level of traumatic and cannot be managed in awareness
3. When parental behaviors are highly neglectful or grossly misattuned it can be traumatizing to an infant even if they might not be traumatizing to an older child or adult
4. Trauma Model of DID
   1. Prototypical example – girl who is raped, floats to the ceiling and sees what happens to another girl – the ‘other child’ ‘holds’ the affects and memories that are unbearable to the little girls watching above
   2. Psychological trauma (especially when there is dependency) dissociation allows a sequestering of the traumatic experience and allows the traumatized individual to continue functioning in double bind situation
   3. Traumatic bonding – victim bonds with the idealized aspects of the abuser while tuning out the abusive aspects along with the terror
   4. Part of betrayal trauma is betrayal blindness (Freyd) – the mechanism of trust and distrust become confused
   5. Dissociation can literally save the child from the intolerable m
5. Putnam’s Discrete States Model
   1. Rather than a shattering from a previously intact and unified identity, the formation of internal identities stems not only from trauma, but also from ‘a developmental failure of consolidation and integration of discrete states of consciousness’
   2. The personality must be integrated over time – psychological trauma and neglect impede the process of integration
   3. States of consciousness are the building blocks of human behavior and consciousness
   4. As linkages between states become more complex, the child gains greater control and ability to self-regulate
   5. With trauma/neglect – the expected linking of associated pathways among states is impeded, i.e. states of terror are not linked with other states of mind
   6. Trauma also interrupts metacognition, self-observing, self-reflective functions, which facilitate the integration of self-states = child left with overwhelming affect without context and without soothing and disjointed, out of context states
6. Relational Trauma, Attachment, and Dissociation
7. “The essential experience of trauma is unraveling of the relationship between self and nurturing other, the very fiber of psychic life.” Laub and Auerhahn – to compare to dissociated self-states, segregated IWMs and dissociated self-states describe basically the same phenomena
8. Bowlby’s Relational Attachment Theory
   1. There are survival benefits of attachment
   2. IWMs – involve expectations regarding the availability of the attachment figure and the affects about them
   3. Inconsistent and segregated IWMs are especially characteristic of a later identified disorganized attachment (DA)
   4. Segregated IWM and DA have relevance to our understanding of dissociated self-states
   5. Example – attachment system and fear system work in tandem, fear often activates the attachment system (how confusing to the system if the attachment figure is also CAUSING the fear)
   6. Attachment system not only operates infancy, it is intrinsic to emotional security and pertains to us through the life span
   7. The attachment figure is a solution to fear and stresses – the attachment system modulates psychological fear and distress
   8. Main’s (1999) comparison with immune system – ‘Just as the biological immune system modulates physical disease, so does the infant’s attachment to the caregiver modulate and reduce fearful affect.
   9. Internal Working Models – organize the child’s cognitions, affects, and expectations about attachment relationships
      1. IWMs generalize from past experience with attachment figures
      2. Babies/children develop multiple IWMs that may be unintegrated and contradictory
      3. Defensive exclusion – the child may either activate attachment or disconnect from perceptions and emotions – this is a style that allows the child to stay attached, but to disconnect observations and feelings that are contradictory to attachment
      4. IWMs infancy are part of implicit memory – they may become verbally coded as autobiographical memory as child grows older
      5. ‘IWMs represent unconscious procedural knowledge of being with another person that reflects implicit models of relationships and are often adaptations to the parents’ inadequacies, in consistencies, and defenses
      6. When the implicit procedural ways of being another are contradictory, it can set the states for conflicting and segregated IWMs (this may lead to seome being internal persecutors and some being segregated from ordinary experience (not me)
      7. Early schemata that contributed to DA are encoded in implicit memory and are TOO COMPLEX and INTRINSICALLY contradictory to be later synthesized into unitary, cohesive structure of explicit semantic memory
   10. Ainsworth – Strange Situation (1978)
       1. Secure attachment
          1. Babies develop IWMs that are coherent and consistent
          2. Self is regarded as lovable
          3. Others are regarded as trustworthy and available
       2. Insecure attachment (avoidant and anxious)
          1. Attachments are coherent (comprise an organized pattern of attachment), but includes contradictory conscious and unconscious components
          2. This organized pattern works as a defensive system that is adaptive to the early interpersonal environment and operates as a form of self-regulation and affect regulation
       3. Disorganized Attachment (Main and Soloman, 1986)
          1. Associated with maltreatment or gross insensitivity on the part of the caretaker
          2. Multiple segregated, compatible IWMs
          3. Attachment and withdraw are activated simultaneously = an approach-avoidance conflict
          4. This leaves the child caught in a loop and intensifies distress
          5. The consequence of simultaneous activation of the defense and attachment system is the ‘failure to terminate attachment interactions, due to the fact that fear itself is a powerful activator of the attachment system’ (Solomon & George)
9. The intergenerational transmission of attachment style and the adult attachment interview
   1. Secure, autonomous parents tend to have secure babies
   2. Dismissing parents, avoidant babies
   3. Preoccupied parents, anxious, resistant babies
   4. Behavior or parents classified as unresolved, disorganized corresponds with DA infants
   5. AAI (Adult Attachment Inventory) – parents’ ability or inability to speak coherently and collaboratively while describing their own life experiences activates the attachment system suggesting a source of intergenerational transmission
   6. Caring for infant can activate attachment system with strong emotion and parent can be unwittingly frightening when attempting to soothe
10. Fright without solution (Hesse & Main)
    1. DA can be caused not only through overt abuse, but also through absence of caregiver responses
    2. The developmental pathway from DA to DID is not clear, but DA has been associated with development of dissociative symptoms
    3. DA is noted as a better predictor for dissociative experiences than documentation of abuse
    4. In comparison – there is no prediction of dissociative symptoms from factors of poverty, single parenthood, early history of maltreatment, or mother’s dissociative symptomology
    5. Internal experience – feeling utterly alienated from one’s own primary relatedness, to feel alone while being in perpetual presence of another person
    6. Disorganized attachment in infants can be observed as hypnoid states
    7. Karpman Drama Triangle – Victim-Persecutor-Rescuer
       1. Linked to an infant’s experience of frightening or frightened parents
       2. the child may display incompatible attitudes involving care-seeking, caregiving, and fight-flight and display shifts between them
    8. Disorganized attachment precedes a wide array of disorders, the following have been noted:
       1. Deficiencies in reflection/mentalizing capacity
       2. Increased aggressiveness between peers
       3. General difficulties with affect dysregulation
       4. DA is most directly and clearly related to disorders characterized by splitting and dissociation – BPD, narcissistic psychopathology, psychosis, dissociative disorders
11. Sequelae to DA: Controlling strategies
    1. The child in a disorganized attachment relationship appears to use emerging developmental capacities to construct increasingly polarized coercive or role reversed, “false-self’ relationship with parent
    2. This inhibits the attachment system, substituting other motivational strategies (i.e. inverted caretaking behavioral system or competitive hierarchy-based behavioral system)
    3. These strategies work as a defense against the unbearable feelings of disorientation and disorganization linked to fright without solution
    4. If events occur that disrupt these defenses, a defensive collapse can occur
12. DA and attachment dilemmas
    1. Dissociation is a short-term solution, not a cure for unresolved attachment traumas
    2. When the attachment system is activated, separation issues can be extremely painful
    3. Psychotherapy relationship is a key arena where attachment system is activated
    4. DA clients can only regulate themselves by regulating others – they are hyperalert to the mental states of others, but less to their own
    5. **When we keep in mind clients are regulating themselves and they have not learned other ways to do so, we can mitigate problematic transference responses when there are intrusive demands (requests for calls, lengthy messages, extra session requests, ‘jokes’ about moving in…)**
13. Care-taking controlling strategy may preserve capacity for love
    1. The caretaking strategy in conjunction with dissociation of rageful and terrified self-states can facilitate the preservation of capacity to love
    2. Insistence on the potential for a loving orientation to life – it has provided in some aspect no matter how small a loving relationship in the person’s experience