Trauma, Dissociation & Enactment

An Introduction from an Interpersonal-Relational Perspective

Grant H. Brenner, MD
Director, Trauma Service
Chief Psychiatric Consultant
William Alanson White Institute

National Volunteer Lead,
Disaster Psychiatry Outreach

Assistant Clinical Professor,
AECOM
Adjunct Assistant Clinical Professor,
Mount Sinai

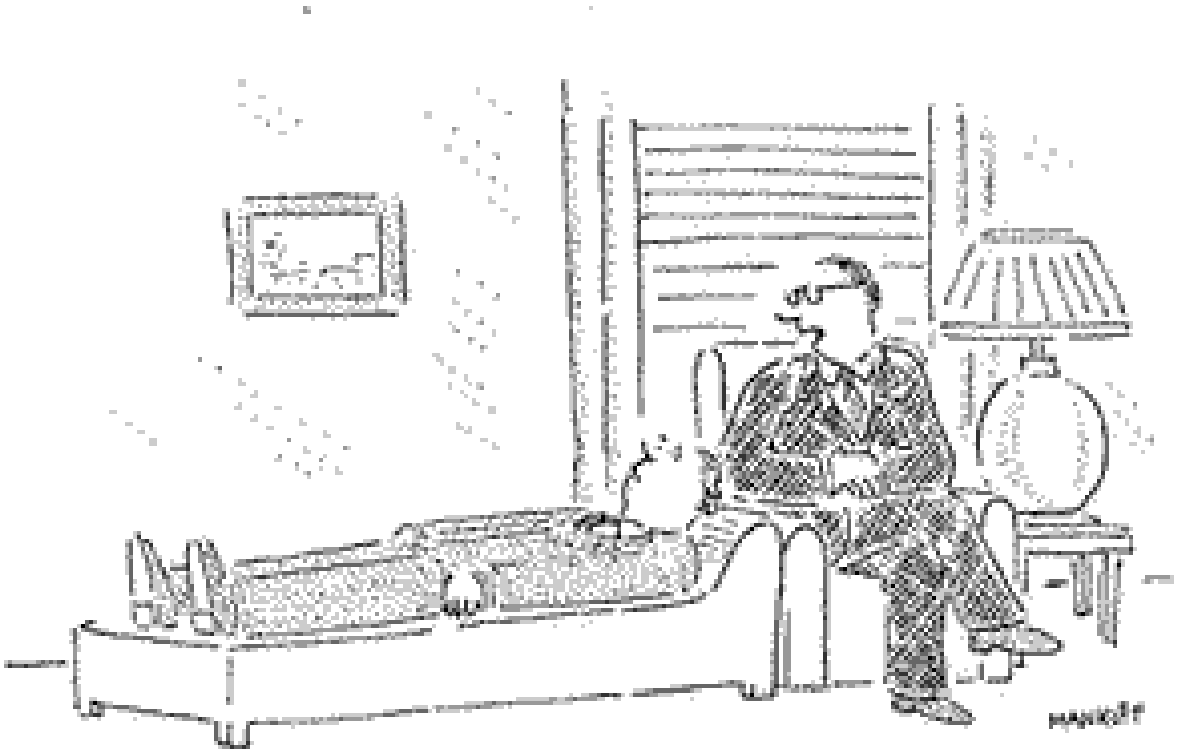
WILLIAM ALANSON WHITE
I · N · S · T · I · T · U · T · E
of Psychiatry, Psychoanalysis & Psychology

Trauma and Dissociation

Goals for Today

- To review fundamentals
- To describe a broad framework for understanding complex trauma and its clinical presentation and treatment
- To discuss Interpersonal-Relational approaches to clinical work which emphasize collaboration between patient and caregiver

Trauma and Dissociation



"Wow! You need professional help."

Trauma and Dissociation

A Couple of Considerations…

- 19th, 20th and 21st century perspectives – moving away from the Clockwork Universe
- One, Two and "N" Person models of clinical work
- Framing today's presentation from a systems perspective

Trauma and Dissociation

Clinical Vignette - Goals

- Demonstrate how conceptual/diagnostic framework influences how the patient is understood and approached
- Show how relationship with the therapist is influenced by the patient's trauma history and how they may be used
- Consider how trauma-related and dissociative problems manifest both personally and interpersonally in treatment settings e.g. as symptoms in the medical model, as enactment in treatment relationships, as treatment-interfering behaviors

Trauma and Dissociation

What do we mean by “trauma”?

There are many definitions…

“The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.” - Judith Herman, 1997

Trauma and Dissociation

Trauma – Definitions

Etymology – greek – *traumat-* wound

"An overwhelming threat to the integrity of the self that is accompanied by annihilation anxiety" – Coates & Moore in Bromberg (1998)

"The precipitous disruption of self-continuity through invalidation of the internalized self-other patterns of meaning that constitute the experience of "me-ness" – Bromberg (1998)

Trauma and Dissociation

Trauma Statistics

- Reported prevalence in general population ranges from 40%-72%

- 72% reported some form of adult or childhood trauma
- 40% natural disaster or MVA
- 43% witnessed violence in home, social setting or combat
- 50% interpersonal violence e.g. child abuse, physical assault, rape (Elliot 1997)
- Bifurcated pattern of post traumatic symptoms – 30% with chronic abuse dissociative, versus hyperarousal (Lanius, Bluhm, Lanius, 2007)

- The presence of high dissociative activity at the time of trauma is predictive of the development of more severe pathology in many studies (Breh & Seidler 2007) – though this is an unresolved question.

- The presence of depression is a risk factor for the development of PTSD (Shalev et al., 1998), as is narcissistic vulnerability (Shalev et al., 2005)

Trauma and Dissociation

Trauma – Objective and Subjective

- Not all people exposed to "objective" trauma develop a clinical disorder or syndrome
- Trauma manifests in many forms but the underlying injury is more consistent
- Trauma is culturally stigmatized, and is often a source of shame for the patient and therapist, and thus is hard to address
- Working with trauma has a direct impact on the therapist

Trauma and Dissociation

Trauma – Objective and Subjective

- "An objectively massive, threatening event, one that would be overwhelming to anyone… Trauma is not just something upsetting or distressing, even if it is extremely so. Trauma refers to event(s) that could not be assimilated. If the traumatic event could not be taken in, it cannot be linked with other experience… In short, the result of trauma is dissociation." – Howell (2005)

Trauma and Dissociation

Dissociation

- Literally dis-association – a disruption or lack of usual associative processes, emotionally and cognitively
- Often but not exclusively precipitated by traumatic experience
- May manifest in positive and negative symptoms, and be both adaptive and maladaptive, with some dependence on context
- **Whatever is dissociated is enacted (often but not always)**

Trauma and Dissociation

Dissociation

- DSM-IV: "a disruption of the usually integrated functions of consciousness, memory, identity, or perception of the environment. The disturbance may be sudden or gradual, transient or chronic." (American Psychiatric Assoc., 2007)
- Discontinuity between Conscious Experience and Memory with Two Components: 1) detachment from overwhelming emotional content, 2) compartmentalization of experience (Allen, 2001, van der Kolk, 1996)
- Is often seen as serving a protective function in response to acute and/or chronic stress
- Occurs on a spectrum from "normal" to "pathological"

Trauma and Dissociation

Dissocation - Primary, Secondary and Tertiary

- Primary: fragmented nature of traumatic memories, as in flashbacks
- Secondary: similar to DSM definition – alterations in experience of time, place and person – depersonalization, derealization, altered body image, tunnel vision, altered pain perception, etc.
- Tertiary: expression of distinct ego states, e.g. DID

(van der Kolk, 1996)

What is the difference between repression and dissociation?

Trauma and Dissociation

Enactment

- The expression, embodiment, and concretization of dissociated material as interpersonal interaction
- Co-determined by all participants (e.g. therapist-patient, members on a treatment team, victim and abuser and family, etc.) to various degrees
- As contrasted with pejorative term “acting out”, enactment is seen as clinically useful and inevitable

Trauma and Dissociation

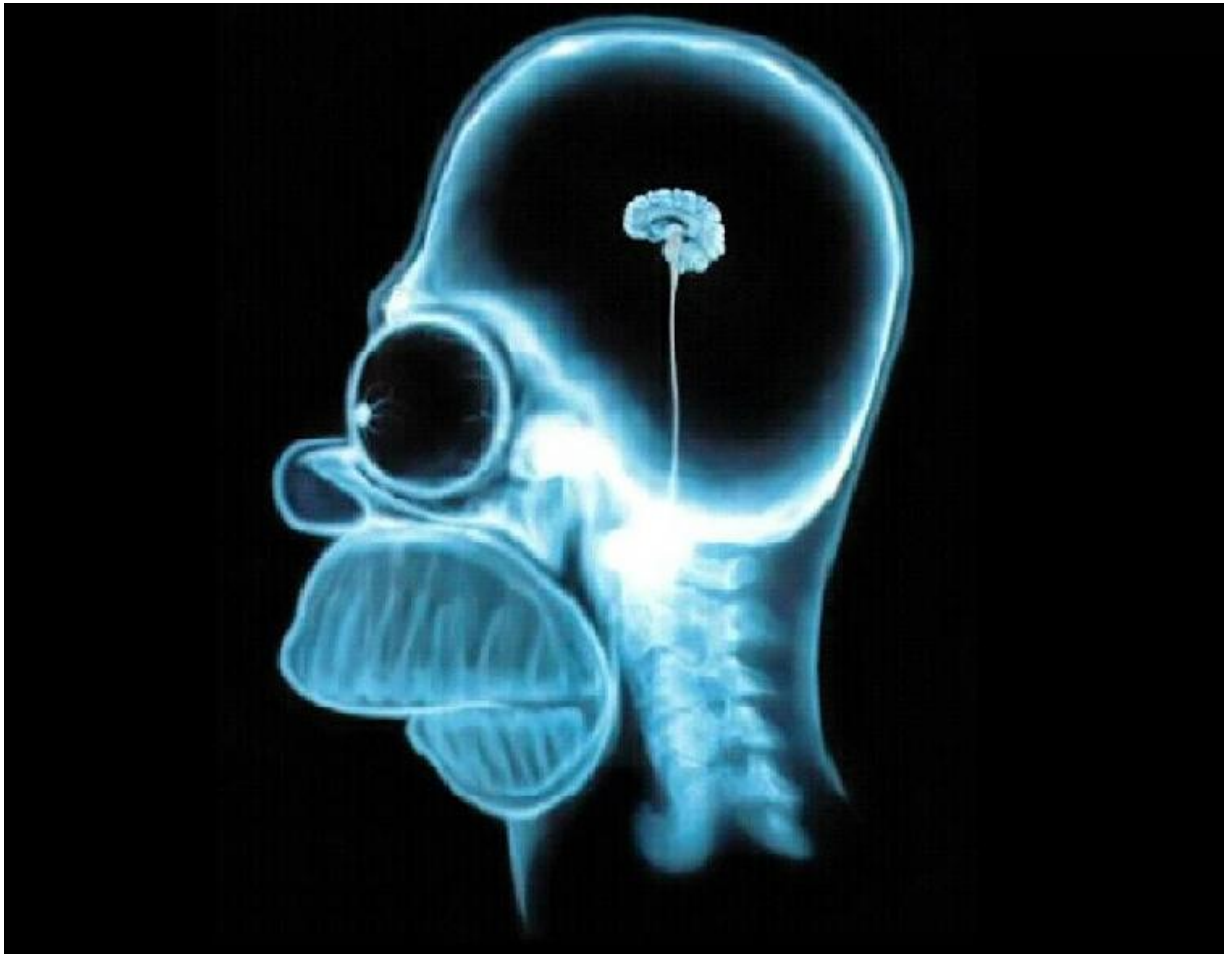
Effects of Childhood Mistreatment on the Developing Brain – 5 Premises

- 1) Exposure to early life stress activates stress responses systems and fundamentally alters their molecular organization to modify their sensitivity and response bias
- 2) Stress-induced biochemical changes in the developing brain affect gene expression and neuronal growth and organization
- 3) Different brain regions vary in their sensitivity to stress
- 4) Long-term functional changes are consequent to stress including attenuated left hemisphere development, altered right-left brain integration, cerebellar changes, and limbic system changes
- 5) Associated neuropsych(osocial) consequences include: PTSD, Depression, Borderline PD, DID, Substance Abuse, etc.

(Teicher et al., 2006)

Trauma and Dissociation

Small Brains Correlated with Impoverished Interpersonal Function



Trauma and Dissociation

PTSD

A. The person has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

2. The person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma)

D. Persistent symptoms of increased arousal (not present before the trauma)

E. Duration of greater than 1 month (DSM-IV, APA, 2007)

Trauma and Dissociation

Disorders of Extreme Stress NOS Symptom Categories

- I. Alteration in Regulation of Affect and Impulses
- II. Alterations in Attention or Consciousness
- III. Somatization
- IV. Alterations in Self-Perception
- V. Alterations in Perception of the Perpetrator
- VI. Alterations in Relations with Others
- VII. Alterations in Systems of Meaning

(van der KolkSpinazzola, Roth, Sunday, Pelcovitz, 2005)

Trauma and Dissociation

Why pick DESNOS to discuss today?

- Material is presented in a familiar DSM-IV framework
- Compare with PTSD – DESNOS is more inclusive and allows clinicians to recognize formerly omitted but clinically significant areas of treatment focus
- It embodies a complex integrative view of trauma which captures contemporary psychoanalytic perspectives in a formulated construct

Trauma and Dissociation

I. Alteration in Regulation of Affect and Impulses

- Affect Regulation
- Modulation of Anger
- Self-Destruction
- Suicidal Preoccupation
- Difficulty Modulating Sexual Involvement
- Excessive Risk-taking

Trauma and Dissociation

II. Alterations in Attention or Consciousness

- Amnesia
- Transient Dissociative Episodes and Depersonalization

Trauma and Dissociation

III. Somatization

- Digestive System
- Chronic Pain
- Cardiopulmonary Symptoms
- Conversion Symptoms
- Sexual Symptoms

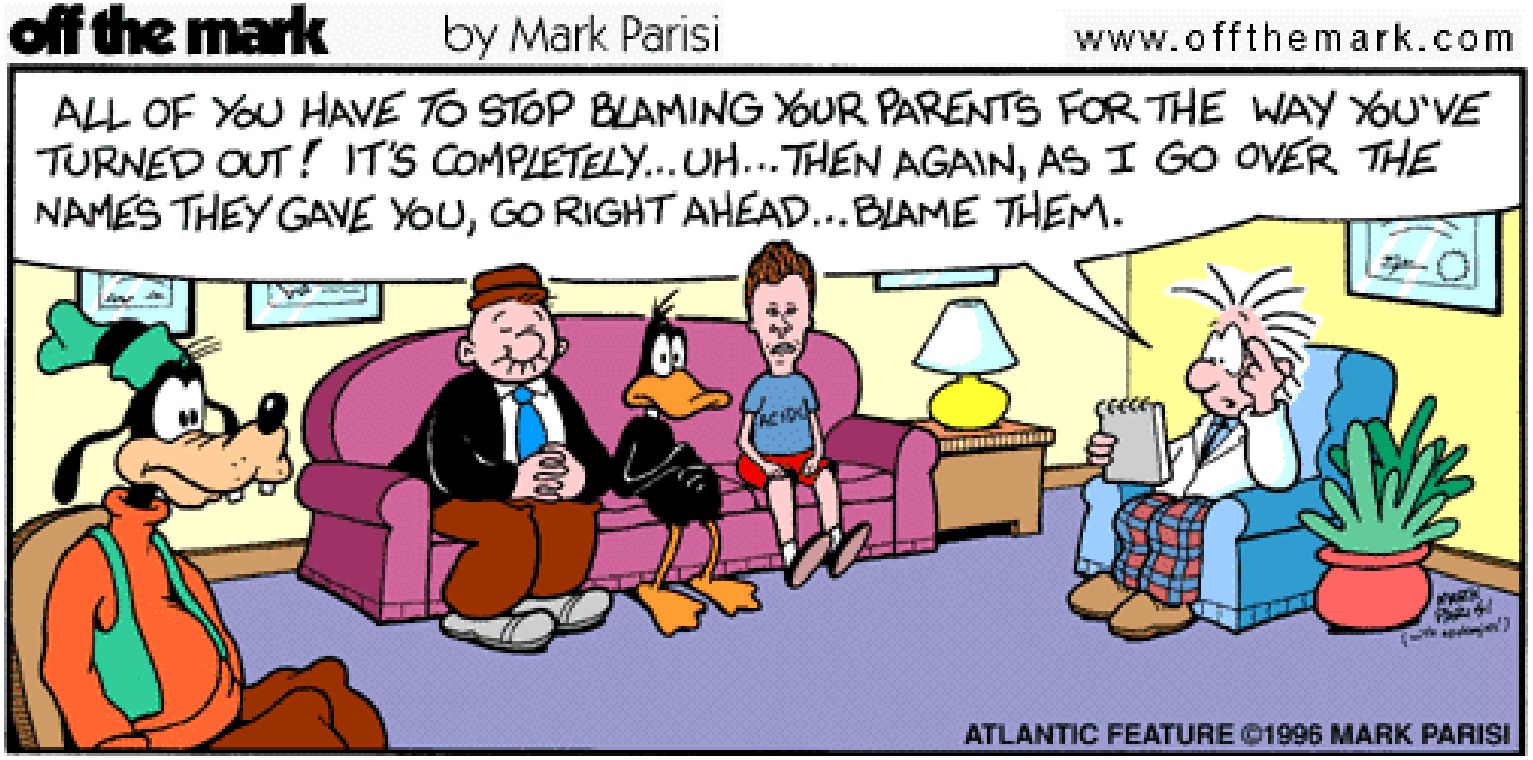
Trauma and Dissociation

Trauma and Dissociation

IV. Alterations in Self-Perception

- Ineffectiveness
- Permanent Damage
- Guilt and Responsibility
- Shame
- Nobody Can Understand
- Minimizing

Trauma and Dissociation



Trauma and Dissociation

V. Alterations in Perception of the Perpetrator

- Adopting Distorted Beliefs
- Idealization of the Perpetrator
- Preoccupation with Hurting Perpetrator

Trauma and Dissociation

VI. Alterations in Relations with Others

- Inability to Trust
- Revictimization
- Victimizing Others

Trauma and Dissociation

VII. Alterations in Systems of Meaning

- Despair and Hopelessness
- Loss of Previously Sustaining Beliefs

Trauma and Dissociation

Proposed treatment Model for complex trauma

- Phase I: Stabilization
- Phase II: Processing and Grieving of Traumatic Experience
- Phase III: Reconnection

(Luxenberg, Spinazzola, Hidalgo, Hunt, van der Kolk, 2001)

- These phases may be conceived of as sequential for ease of discussion, but in the reality they overlap with one another and the treatment may move back and forth among them

Trauma and Dissociation

A Word or Two on Pharmacotherapy

- Pharmacotherapy often has an important role in the treatment of trauma
- Having a prescriber experienced with trauma and its various manifestations and dimensions is necessary
- A team collaborative approach is essential!
- Just because a provider is “only prescribing meds” does not mean she or he won’t be drawn into the interpersonal dynamics of the treatment

Trauma and Dissociation

Phase I: Stabilization

"Give it to me straight, Doc.
How long do I have to ignore your advice?"

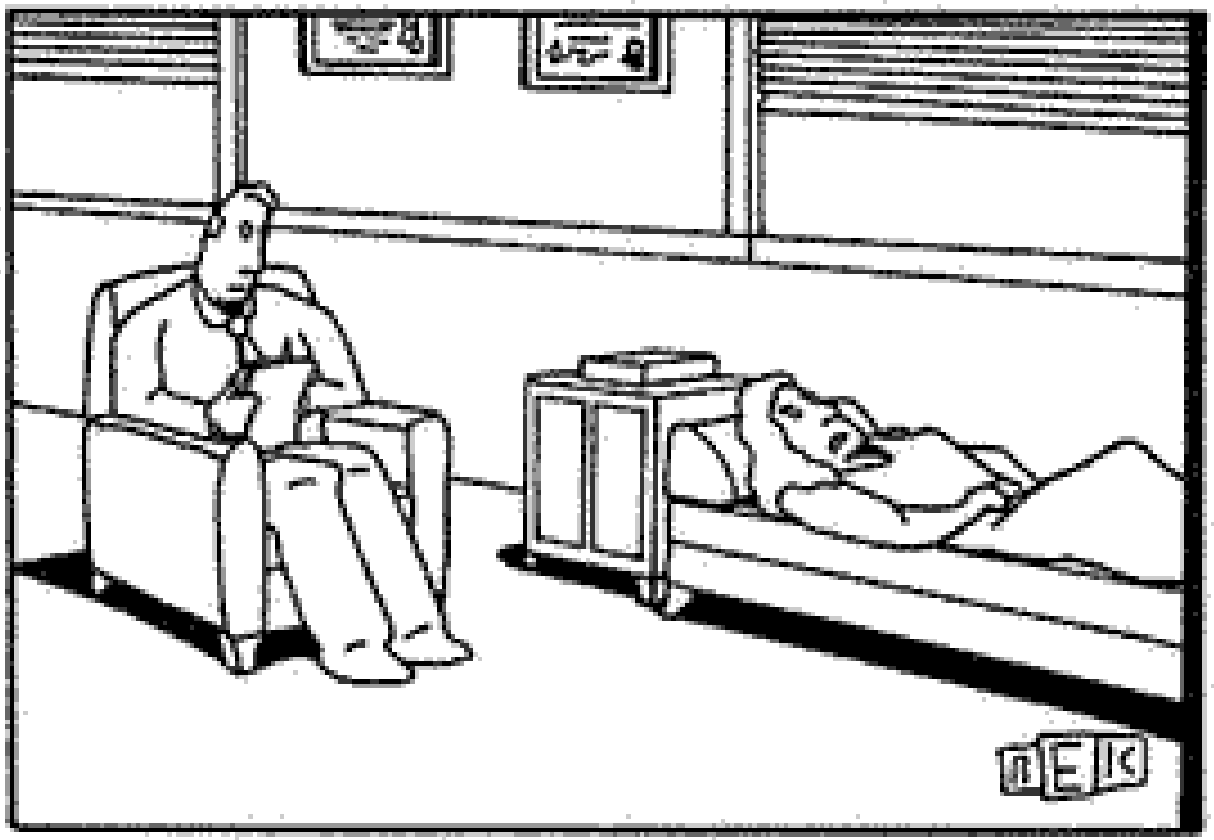
Trauma and Dissociation

Phase I: Stabilization

- Psychoeducation
- Physical Well-Being and Bodily Experiences
- Trust
- Safety
- Boundaries and Treatment Alliance
- Building Self-Soothing Capacities
- Support Systems
- Impact on Provider

Trauma and Dissociation

Phase II: Processing and Grieving Traumatic Experience



"Well, I do have this recurring dream that one day I might see some results."

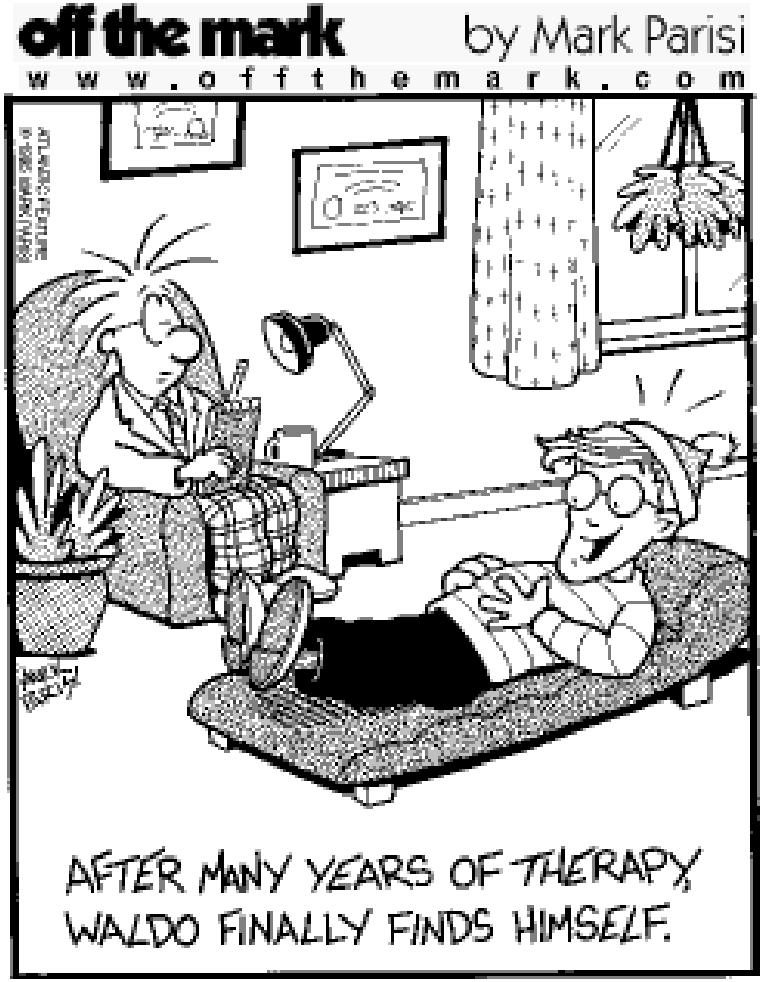
Trauma and Dissociation

Phase II: Processing and Grieving Traumatic Experience

- Exposure-Based Treatments – graduated exposure, CBT, EMDR, Virtual Reality (VR) Therapy
- Must address traumatic experience and memory, and also focus on interpersonal skills and affect regulation, and maintain Phase I progress
- Psychoanalytic work with traumatized patients

Trauma and Dissociation

Phase III: Reconnection

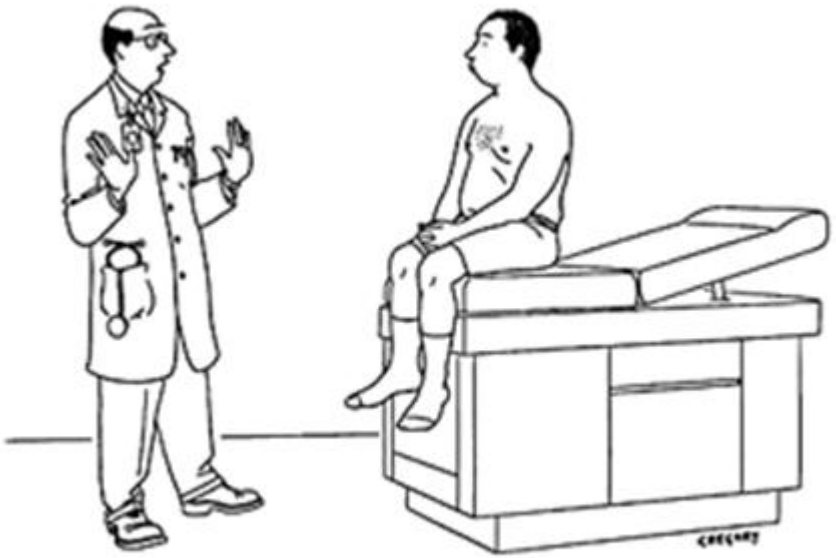


Trauma and Dissociation

Phase III: Reconnection

- Resembles “standard” psychotherapy
- Focus on relationships, personal growth, work, etc.
- Deal with residual intimacy issues that may result from prior trauma
- Help the person to create meaning personally and in daily activities and relationships

Trauma and Dissociation



"Whoa—way too much information!"

Trauma and Dissociation

Post Traumatic Growth (PTG)

- "The experience of significant positive change arising from the struggle with a major life crisis." – (Zoellner & Maercker 2006)

- Two concepts – self-perceived/illusory PTG and functional/actual PTG

Trauma and Dissociation

PTG – relevant factors

Personality Traits (Habitual Cognitive Processing Styles)

- Openness to new experience (f)
- Hardiness - Commitment, Challenge, Control (f)
- Sense of Coherence – the world is comprehensible, manageable, and meaningful (f)
- Dispositional Optimism (f,i)
- Internal Locus of Control (f,i)

Empirical Review Coping Factors

- Positive Re-appraisal (f)
- Acceptance Coping (f)
- Sense Making/Quest for Meaning (f,i)
- Rumination (f,i)

Trauma and Dissociation

Resilience - Definition

- Capacity to bounce back, withstand hardship, and repair oneself (Wolin & Wolin 1993)
- The strengths humans require to master cycles of disruption and reintegration (Flach 1988)
- The ability to respond to stresses without collapse (Schipper 2003)

Trauma and Dissociation

Resilience – 5 Factors

1. Active Coping Style

2. Ability to reframe problems as challenges

3. Ability to maintain a positive outlook

4. High levels of perceived social support

5. Ability to perceive meaning in experience and connect to a larger moral whole

(Smith/Katz, 2006)

Trauma and Dissociation

"The doctor will see you now, Mrs. Perkins. Please try not to upset him."

Trauma and Dissociation

Discussion