

## Parallel sessions PAPERS



October 25<sup>th</sup>, 10:30

SESSION I ROOM 8

ID SP-31

### **Dissociative disorder patients in treatment and their positive and negative affective responses to positive events. Results from a pilot-study**

**Kaja Kaspersen**, Masterstudent in Psychologi, University of Copenhagen, Copenhagen, Denmark

**Ellen K. K. Jepsen**, Psychiatrist, Ph.D, TOP DD researcher, Vikersund, Norge

**Paper co-authors:**

**Kaja Kaspersen**, masterstudent in psychology, University of Copenhagen, Denmark

**Gorm Hol**, psychologist, private practice, Oslo, Norway

**Ellen K. K. Jepsen**, Modum Bad Psychiatric Center, Vikersund, Norway

*Our recent studies indicated that dissociative disorder (DD) patients improved in dissociation and other symptoms following a dissociation-focused 3-months inpatient treatment program. Generally, however, the patients were still highly distressed following treatment. Despite a general view, that drastic improvements following 3-month treatment are not expected, there is an urge to look for factors associated with improvement. The clinical literature suggests that traumatized patients' tolerance for positive affect is a prognostic factor. Research findings indicate that traumatized patients may experience interfering negative responses to positive events. In the search of optimizing treatment for DD-patients, we present preliminary data from a pilot study including 25 DD-patients.*

*The data include:*

- 1) Qualitative data from patients' experience of internal conflict in relation to positive events;*
- 2) Quantitative data of patients' tolerance for positive affect and interference, as measured by the Hedonic Deficit and Interference Scale, and their relation to changes in dissociative-, PTSD-, and general psychiatric symptoms, self-compassion, and interpersonal problems.*

*We will discuss the data, and include perspectives from the trauma-, dissociation-, and attachment theories, and give suggestions for future research and clinical practice.*

October 25<sup>th</sup>, 10:50

SESSION I ROOM 8

ID SP-44

### **The Experience of Alternative Inpatient Care for Survivors of Childhood Sexual Abuse (CSA): A Phenomenological Study**

**Reut Lachter**, MSW, clinical social worker, University of Haifa, School of Social Work, Haifa, Tel-Aviv, Israel

**Paper co-authors:**

**Eli Somer**, Ph.D., clinical psychologist, University of Haifa, School of Social Work, Haifa, Israel

*Purpose: Emerging evidence calls for a pursuit of inpatient treatment dedicated to survivors of childhood sexual abuse experiencing Complex PTSD and Dissociative Disorders (1-3). The goal of this research paper was to investigate the survivors' experiences in an innovative specialized community-based residential inpatient care center and to draw conclusions regarding means to improve treatment outcome.*

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*Method: Semi-structured in-depth interviews were conducted with 10 former residents of Beit Ella and coded for themes of meaning.*

*Findings: The studied residential care unit was experienced to be superior to psychiatric hospitalization because it was seen as safe and perceived as a protective peer group that evoked a sense of a family and a cherished sense of belonging. Although the residential setting had triggered distressful traumatic childhood experiences among some residents, the reported benevolent environment enabled the surfacing of different personality states that were otherwise suppressed. Challenges expressed regarding discharge and return to the community, highlighted the void in the continuity of care within the community.*

*Conclusion: Despite some suggested improvements, our data demonstrate the potential usefulness of specialized alternatives to inpatient care for survivors of CSA.*

### References

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- 2\ *Stalker, C. A., Palmer, S. E., Wright, D. C., & Gebotys, R. (2005). Specialized inpatient trauma treatment for adults abused as children: A follow-up study. American Journal of Psychiatry, 162, 552–559. doi:10.1176/appi.ajp.162.3.552*
- 3\ *Wright, D. C., Woo, W. L., Muller, R. T., Fernandes, C. B., & Kraftcheck, E. R. (2003). An investigation of trauma-centered inpatient treatment for adult survivors of abuse. Child Abuse and Neglect, 27, 393–406. doi:10.1016/S0145-2134(03)00026-7*

October 25<sup>th</sup>, 11:10

SESSION I ROOM 8

ID SP-47

### What is useful and difficult for participants of stabilization groups?

**Ingunn Holbæk**, Psychologist, Out-patient Trauma Clinic, Modum Bad, Norway, Oslo, Norge

*The purpose of this presentation is to reflect upon preliminary results from a qualitative study with patients with complex dissociative disorders 6 months after they have finished 20 weeks stabilization group. We have interviewed about 30 participants.*

*How do the participants experience getting psychoeducation and learn a model to understand themselves? What is useful and difficult? What kind of changes do they report in their daily life?*

*The group protocol is based on Suzette Boons book Coping with Trauma-related dissociation (2011). The protocol covers psychoeducation of symptoms, a model to understand parts, how to improve internal cooperation and skills training to increase the ability to stay present.*

*What did we learn? The participants report that understanding of their reactions help them to deal with alienated parts of themselves. They don't feel so crazy, get a language to express themselves and don't feel so alone. They manage to handle triggers through distinguishing past and present better. Learning to talk inside to parts, helps to calm down, create internal compromises and has helped to reduce cramps and self-harm.*

*For some patients, the pace is too fast, and they fight with their inner phobia during the group.*

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October 25<sup>th</sup>, 11:30

SESSION I ROOM 8

ID SP-50

### **Narrative Exposure Therapy for the treatment of complex PTSD and dissociation: A study of the stages of recovery from dissociation**

**Itsuko DOMEN**, Researcher, Clinical Psychologist, Hyogo Institute of Traumatic Stress, Kobe city, Japan

*This study examined cases of individuals receiving Narrative Exposure Therapy (NET) at a Japanese psychiatric hospital. NET is an evidence based PTSD treatment therapy that combines exposure therapy and testimony therapy. This exploratory study focused on 5 patients, 2 of whom were diagnosed with a dissociative disorder and 3 of whom were with no such diagnosis but had 92-100% of DES% score. This study examined NET's effects on complex PTSD with dissociative symptoms and considered the stages of recovery from dissociation. CAPS, IES-R, SDS, and DES were used to evaluate outpatients 2 weeks, 3 months, 6 months, and 1 year after therapy.*

*Results indicated that NET was safely conducted for PTSD patients with dissociative symptoms. PTSD symptoms decreased markedly in 2 outpatients, and considerably in the remaining 3. Dissociative symptoms decreased markedly in 4 and depressive symptoms decreased considerably in 3.*

*An examination of the recovery process of these 5 patients provided the two major stages of recovery from dissociation. The first stage was reduction of dissociation and the second stage was adaptation to life without dissociation. The second stage was as hard as the first one and the social support was important to be successful in this stage.*

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SESSION I ROOM 9

ID SP-06

### **Implementing Mindfulness-Based Cognitive Therapy for Children (MBCT-C) with History of Trauma in Inpatient Settings: A Pilot Study**

**Zlatina Kostova**, Post Doctoral Associate, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

**Paper co-authors:**

**Ingrid Sarmiento**, PhD, TaraVista Behavioral Health Center, Devins, Massachusetts, USA

**Carl Fulwiler**, MD/PHD, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

**Randy Semple**, PhD, University of Southern California, Keck School of Medicine, Los Angeles, California, USA

*Growing literature suggests the feasibility of mindfulness-based interventions (MBIs) among youth with mental health conditions (Zoogman et al., 2015). Many protocols, however, have been implemented in outpatient settings with little attention given to psychiatric inpatient youth with trauma history. In this presentation, we use insights gained from a research developmental project, presenting factors to consider when implementing MBIs among inpatient youth affected by trauma.*

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*The planned study is to conduct MBI on a young adults (age 15-24) unit in an inpatient psychiatric hospital. We plan to recruit 60 participants, with completion of the active phase of the study by March, 2019. The intervention is adapted from Mindfulness-Based Cognitive Therapy for Children (Semple & Lee, 2011), given its efficacy on mental health symptoms among this population.*

*We will discuss three key factors to consider when implementing MBIs related to: (a) the unique challenges of inpatient settings; (b) the acuity and trauma history of participants; and (c) their developmental stage. Data on feasibility and efficacy will be discussed.*

*MBCT-C can be a feasible intervention among inpatient youth with trauma history. Nevertheless, conducting MBIs in inpatient settings presents some unique challenges that need to be considered.*

**October 25<sup>th</sup>, 10:50**

**SESSION I ROOM 9**

**ID SP-17**

### **Secondary victimization in the child protection process**

**Giuseppe Rasetti**, Psychologist, Psychoterapist, cooperativa sociale kaleidos, Pescara, Italy

**Danilo D'Addazio**, Psychologist, cooperativa sociale kaleidos, Pescara, Italy

*In the scientific literature concerning institutional maltreatment, the focus is concentrated almost exclusively on the procedural context, in the context of the Criminal Process for which the institution provides compensation for the victims and the sanction for the perpetrator of the crime.*

*The psychological effects on the first are studied in order to identify good working practices for his being an actor in the legal process.*

*There are countless studies in this area also for the developmental age and secondary victimization, where most of the time the researcher focuses on the phases in which the witness is collected in a protected hearing of a minor.*

*The effects of secondary victimization are also evident in the context of the treatment and protection of minor victims with primary trauma resulting from sexual abuse and mistreatment.*

*The permanence of minors prolonged for years, still very widespread in Italy, in the educational communities can indeed be defined as discontinuity of the cures and therapeutic perpetrated by the institutions, able to start a secondary victimization process on minors who have already reported serious psychological traumas.*

*The only adequate response to prevent or alleviate secondary victimization of children undergoing severe trauma treatment are actions and policies that promote deinstitutionalisation.*

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**SESSION I ROOM 9**

**ID SP-20**

### **Differences in child and caregiver perceptions of PTSD symptoms after child maltreatment and the impact of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

**Zlatina Kostova**, Post Doctoral Clinical Psychologist, University of Massachusetts Medical School, Worcester, USA

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### Paper co-authors:

**Jessica Griffin**, Psy.D, Associate Professor of Psychiatry, University of Massachusetts Medical School, Worcester, Massachusetts, USA

**Jessica Bartlett**, PhD, Deputy Program Area Director, Early Childhood Development & Child Welfare, Acton, Massachusetts, USA

*Epidemiological research reveals the high rates at which children are exposed to traumatic events such as maltreatment (Finkelhor et al., 2007). Caregivers play a critical role in children's recovery following maltreatment. Yet, several studies have demonstrated strikingly poor agreement between caregiver and children regarding trauma symptoms (Oransky et al., 2013). The goal of this study is to investigate concordance rates among children and caregivers in their perceptions of youth' PTSD symptoms. We are examining whether those perceptions vary by type of maltreatment and how far they are narrowed by TF-CBT (Cohen et al., 2015).*

*This study is based on a large-scale implementation of TF-CBT by UMass Medical School. Pre- and post-treatment outcome data (N=190), including the UCLA PTSD Index, were collected from children and their caregivers. Children were aged between 8 and 18 (mean = 12.4, s.d. = 2.7) and had suffered on average almost five types of trauma (mean = 4.6, s.d. = 2.6).*

*Repeated-measures ANOVA indicated that caregivers' baseline reports on PTSD symptoms were 9.1 points lower than those of their children – a statistically significant and large (Cohen's  $d = 0.73$ ) difference. However, following treatment, this gap had narrowed to 3.8 points and was no longer significant. Breakdown by trauma type reveals that these dynamics were driven largely by cases of sexual abuse ( $F=5.1, p<0.05$ ).*

*Treatment goals need to address caregivers' understanding of PTSD symptoms and foster parent-child communication after trauma exposure.*

October 25<sup>th</sup>, 11:30

SESSION I ROOM 9

ID SP-33

### The experience of trauma and its relation with dissociation in adolescents living in residential care

**Luiza Nobre-Lima**, Assistant Professor, University of Coimbra, Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

### Paper co-authors:

**Inês Sousa**, MD Psychology, Faculty of Psychology, University of Coimbra, Portugal

*Adolescents in residential care were victims of some type of child maltreatment, which is known to have a traumatic impact on development. Developmental trauma has a pervasive effect on children's functioning and one of the problems that can emerge is dissociation. With this study we aimed to analyse in a sample of adolescents in residential care: a) the exposure to traumatic events and the frequency of dissociative experiences; b) the relation between the experience of trauma and dissociation. Sample comprised 87 adolescents living in residential care, both sexes (64.4% girls), aged between 12 and 18 years old ( $M=15.71; SD=1.73$ ), that completed the Childhood Trauma Questionnaire and the Adolescent Dissociative Experiences*



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*Scale. They report to have lived few traumatic experiences in their childhood and to rarely dissociate. Only sexual and emotional abuse correlate, positive and weakly, with dissociation. Discussion considers that these adolescents may tend to report their experiences*

*based on a survival self thus devaluing the traumatic nature of the reasons for their removal or that the experience of residential care may be fostering more adaptive pathways. More research is needed to have a clearer view on the perception of maltreatment and experiences of dissociation in adolescents in residential care.*

**October 25<sup>th</sup>, 10:30**

**SESSION I ROOM 10**

**ID SP-07**

### **Supporting marginalised elderly Muslim women through Tre of life: A community based intervention**

**Nigar G. Khawaja**, Associate Professor, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

**Kate Murray**, Senio Lecturer, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

#### **Paper co-authors:**

**Emma Bidstrup**, Ms (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

**Shaheeda Sadeed**, Ms. (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

*Tree of life (TOL) is a strength based intervention which incorporates creative, expressive and narrative principles. The present study used TOL with two groups of isolated and marginalized elderly (aged 60-80 years) Muslim women (N=16) settled in Brisbane Australia. Most of these women had minimum social and emotional support and were dealing with loss, grief and health issues. Participants consisted of 2 groups: migrants from various parts of the Worlds, who spoke varying levels of English and refugees from Bosnia who did not speak English. The 7 week program was offered to these two groups separately at a community based non-government organization established to support Muslim women. Qualitative feedback after every session and a focus group at the end of the intervention along with facilitators' notes and observation were used to understand the mechanism of change. All participants enjoyed the sense of community and support that was encouraged through the group process. Migrants reflected on various stages of their lives to identify their strengths and values. Former refugees found the drawing relaxing and used the safe setting to share their pre-war life in Bosnia and the trauma of war. The process issues and logistics of running TOL at a community level are discussed.*

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SESSION I ROOM 10

ID SP-12

### Study of Mental Health and Thriving in School for Children from Traumatized Refugee Families

**Else - Ryding**, Psychologist MA, specialist in Childpsychology and Psychotraumatology. Oasis, Denmark, Copenhagen, Denmark

*Purpose: detect factors and patterns of factors that contribute to good and bad thriving in school for pupils from traumatized refugee families.*

*Focus was on pupils' own experience on thriving, psychological difficulties and support from their family, teacher, class-mates, friends, and on the schools knowledge of trauma, refugees background and understanding of the single pupil.*

*Method: 15 pupils (11-15 years old) were interviewed with a semi-structured interview-guide with questions from '4-H study' on Positive Development in Adolescence and intentional Self-regulation, the CPSS test on traumatic stress and a Likert scale on mental well-being. The teachers of the 15 pupils answered the teacher part of SDQ (Strength and Difficulty Questionnaire) and questions of their knowledge of refugees and trauma. School directors filled in a questionnaire on school-initiative to support children from refugee families.*

*Findings: Refugee pupils experienced both thriving in school and suffering from heavy trauma symptoms. The teachers and the school had little or no knowledge of refugees and trauma.*

*Conclusion: The pupils psychological difficulties were disguised, so they did not get the help they needed. Instead they tried to use their thriving competences to help themselves.*

*The findings were supported by a parallel quantitative study of the pupils' school classes.*

*References:*

*Leth, I., Niclasen, J., Ryding, E., Baroud, Y., Esbjørn, B.H. 2014. Psychological Difficulties among Children and Adolescents with Ethnic Danish, Immigrant and Refugee Background. Scandinavian Journal of Child and Adolescent Psychiatry and Psychology Vol. 2(1) 29-37.*

*Daud, A. et al 2008. Mental resilience and Vulnerability among refugee children of traumatized and non-traumatized parents. Child and Adolescence Psychiatry and Mental Health 2(1).7.*

*Lerner, R.M. 2009. The Positive Youth Development Perspective: Theoretical and Empirical Bases of a Strength-Based Approach to Adolescent Development. I: Lopez, S.J. and Snyder (eds.) Oxford Handbook of Positive Psychology (2.nd ed.), 149-163. England Oxford Univ. Press.*

*Getsdóttir, S & Lerner, R.M. 2007. Intentional Self-Regulation and Positive Youth Development in Early Adolescence. Findings from the 4-H Study of Positive Youth Development. Developmental Psychology, Vol. 43, No. 2, 508-521.*

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October 25<sup>th</sup>, 11:10

SESSION I ROOM 10

ID SP-13

### Exploring the effectiveness of the Tree of Life in supporting the mental health of refugee women living with HIV: A case study approach

**Agata Vitale**, Senior Lecturer in Abnormal/ Clinical Psychology, Bath Spa University, UK., Bath, United Kingdom

**Paper co-authors:**

**Dr. Judy Ryde**, Trauma Foundation South West, Bath, UK.

**Prof. Nigar Khawaja**, Associate Professor & Clinical Psychologist at School of Psychology & Counselling, Queensland University of Technology, Brisbane, Australia

*Creative interventions have been proved to be effective in promoting the mental health of refugee populations. Creativity, in fact, provides a safe distance from trauma, as this can be processed with the support of images, sounds, body movements and words. Creative interventions are strengthened by the power of the group, which enables individuals to witness, share and reframe traumatic events.*

*The Tree of Life, a narrative group-based intervention, has been used to support refugee populations; however, little is known on how it can promote the therapeutic growth of refugee women living with HIV. This represents a particularly vulnerable population, as they are exposed to multiple traumas, including forced migration, gender based-violence, social inequalities, dealing with the health/mental health sequelae of having contracted the virus and HIV-related stigma.*

*The current study is set in this context and discusses in depth three case studies of refugee women living with HIV who took part in a manualized version of the Tree of Life. The women benefited from the intervention, including overcoming their sense of isolation and solitude, in increasing their cohesiveness and in developing alternative stories related to their traumas; in turn, these strengthened their resilience and promoted their social recovery.*

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SESSION I ROOM 10

ID SP-58

### Trauma-focused Music and Imagery versus verbal psychotherapy with refugees diagnosed with PTSD – a randomized controlled trial

**Bolette D. Beck**, Music therapist PhD, Aalborg University, Institute for Communication and Psychology, Copenhagen, Denmark

**Steen T. Lund**, PhD student, Copenhagen University, Department of Psychology, Copenhagen, Denmark

**Paper co-authors:**

**Torben Moe**, PhD senior researcher, Clinic for traumatized refugees, Region Zealand, Denmark

*Purpose: Trauma-focused Music and Imagery (tr-MI) demonstrated significant changes of trauma symptoms and seemed to help with stabilization and trauma processing in a feasibility study (Beck et al., 2017). A randomized controlled trial (RCT) with a non-inferiority design aimed to establish tr-MI as a complementary treatment option for traumatized refugees.*



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*Methods: In a psychiatric refugee clinic 74 Arabic or Danish speaking adults with post-traumatic stress disorder (PTSD) were allocated to either 16 tr-MI sessions or standard psychological treatment (TAU). Trauma symptoms (HTQ-IV), somatic and psychological dissociation (SDQ-20, DSS), attachment (RAAS) and well-being (WHO-5) were assessed at baseline, post-therapy and six months follow up. Qualitative measures were patient session evaluation and therapist notes (Beck et al., 2018).*

*Findings: High dropout was found in the TAU condition compared to tr-MI (n=15/2). A preliminary analysis demonstrated non-inferiority of music therapy at post treatment in the primary variable HTQ. Correlations between self-reported attachment, dissociation and trauma symptoms were of medium size.*

*Conclusion: Analysis is ongoing, but music therapy seems to be non-inferior to standard treatment, and might serve as an alternative to verbal psychotherapy. The high retention in music therapy group might be explained by the gentleness and emotional containment of the tr-MI method.*

October 25<sup>th</sup>, 13:15

SESSION II ROOM 8

ID SP-11

### "Deformed, unfinished", (Richard III) : Disability and Dissociation

Valerie E Sinason, Trustee, Institute for Psychotherapy and Disability, London, United Kingdom

*"Deformed, unfinished, sent before my time into this breathing world scarce half made up", Shakespeare's Richard III*

*Therapeutic Issues with Disability and Dissociation*

*Children and adults with DID have the painful therapeutic task of understanding they are part of one body of the same biological age, however visually differently they perceive themselves or have been made to perceive themselves. What happens when the shared body and mind have a physical and intellectual disability? Drawing on clinical material from work with children and adults with mild, severe, moderate and profound multiple handicap, the presenter examines the key issues that can appear. The fact of an intellectual disability makes for greater vulnerability in some areas. The five core key themes inherent to disability, the disability itself, attachment and dependency, loss, fear of sexuality and fear of being murdered must be processed first. States who have perceived themselves as being free of disability have a painful awakening. However, to compensate, there can be a greater emotional understanding of core issues. For example, the infanticidal attachment is already largely experienced internally and externally as a result of the disability which makes the dissociative states more able to communicate.*

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October 25<sup>th</sup>, 13:35

SESSION II ROOM 8

ID SP-34

### HOW TO WORK WITH TRAUMA-RELATED SEXUAL PROBLEMS

**Gaia Polloni**, Clinical Psychologist, Psychotherapist, Clinical Sexologist, EMDR Therapist, Centro Terapia Cognitiva, Como, Italy

*Even though the correlation between trauma and sexual problems is well known to the experts in the field, it has not been explored and discussed much in the literature. This speech will focus on some of the possible sexual consequences of a sexual trauma, such as sexual dysfunctions, compulsive sexuality, hyper and hyposexuality, sex addiction, sexual orientation conflicts and dissociative symptoms.*

*Usually, sex therapy tends to interpret symptoms as the mere consequence of dysfunctional behavioural routines previously acquired or as the aftermath of internal or relational conflicts. Therefore, therapists that work with sexuality do not always deepen the nature and meaning of symptoms and do not explore the comorbidity of trauma-related psychological disorders.*

*When a patient seeks psychological help for treating sexual problems, therapists should be careful and mindful before proceeding and focusing on the resolution of symptoms, and keep in mind that trauma-related sexual problems require a more delicate, experienced approach, that should be contextualized within a broader, richer, more complex frame of work.*

*This lecture will discuss how to approach and treat trauma-related sexual problems both in an individual and in a couple therapy setting.*

October 25<sup>th</sup>, 13:55

SESSION II ROOM 8

ID SP-52

### "Top-Down" And "Bottom-Up" Strategies In The Treatment Of Trauma-Related Eating Disorders. Integrating Dbt Skills Training And Emdr Protocol: A Pilot Study

**Sara Ugolini**, Psychologist, Psychoterapist at Mentis APS, Rome, Italy

**Armando Cotugno**, Head of UOSD Eating Disorders department at ASL Roma 1, Rome, Italy

**Paper co-authors:**

Mentis Aps, Rome Italy

*A high percentage of people with eating disorders seem to have experienced traumatic events.*

*Paradigms that refer to deficits in emotional regulation in individuals presenting binge eating and purging behaviors consider dysfunctional eating behaviors as maladaptive coping strategies aimed at managing emotions linked to adverse situations experienced in childhood.*

*The aim of our study is to present a model of integration of Top-Down and Bottom-Up methods for the treatment of trauma-related eating disorders through the use of Behavioral Dialectic Therapy.*

*We will present a phase-oriented model:*

*phase 1: stabilization through a series of psychotherapeutic interventions (DBT and EMDR RDI, Resource Development and Installation), whose objective is the acquisition of skills aimed at managing emotional dysregulation and learning of adaptive behaviors in replacement of bingeing and purging behaviors.*

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*Phase 2: alongside the DBT skill training, the focus will be on the treatment of traumatic memories and on strengthening skills to face present and future challenges. The pilot study, carried out at an outpatient public service, showed encouraging results from the point of view of improving symptoms related to eating disorder and dissociative symptoms.*

*we intend to replicate the study on a larger sample in order to generalize the results.*

**October 25<sup>th</sup>, 14:15**

**SESSION II**

**ROOM 8**

**ID SP-55**

### **Trauma and mental health: the impact of ACEs in a sample of prisoners. Multicentric research carried out in rehabilitation contexts in Bologna (Italy).**

**Mara Fantinati**, Psychotherapist, Therapeutic Community of Bologna, Villa Bianconi, Bologna, Italy

#### **Paper co-authors:**

**Marco Bianchini**, Psychiatrist, Therapeutic Community of Bologna, Villa Bianconi

**Francesca Capretti**, Coordinator, Therapeutic Community of Bologna, Villa Bianconi

**Federica Vano**, Psychotherapist, Therapeutic Community of Bologna, Luna Nuova

**Federica Bonezzi**, Coordinator, Therapeutic Community of Bologna, Luna Nuova

*The 'Trauma and Mental Health' research aims to correlate the presence of ACE with the outcomes on physical, mental and social well-being in a sample of adult inmates, in different contexts of care and rehabilitation. The research aims to use the following tools for assessing the presence of ACEs and their psycho-social and organic effects: Adverse Childhood Experience Questionnaire (ACE; Felitti 2013), Event Impact Scale - Revised (IES-R; Horowitz et al. 1979), Health of the Nation Outcome Scales (HoNOS; Musella et al. 1993). The results of these tests are also related to information concerning internal and legal issues. The data confirm the worsening of mental health as a result of the presence of ACE and require a reflection on the construction of clinical intervention protocols aimed at identifying and reworking traumatic memories.*

**October 25<sup>th</sup>, 13:15**

**SESSION II**

**ROOM 9**

**ID SP-14**

### **Fear can stop you from loving**

**Anneke JG Vinke**, Child Psychologist, private practice, Bilthoven, Netherlands

*In this paper I will focus on the treatment of dissociation and attachment formation in children that have had several attachment disruptions before finding a permanent home.*

*By using case material I will show how the simultaneous proces of treating trauma next to very slowly building trust and relationships with the parents can be done by using a 'mix and match' approach of attachment and trauma-informed methods: elements from Dyadic Developmental Psychotherapy (Hughes), Sensorimotor Psychotherapy (Ogden), EMDR and Attachment story telling (Golding).*

*Children that have had a number of attachment disruptions, did not learn to trust themselves, adults or the world. For them life is hard. Often the only way to survive has been to dissociate from the hard feelings and*

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*tough experiences. Often these children are in a constant survival mode, dissociating, making it them very hard for parents to parent. The child has gone into blocked trust, can not experience comfort and joy in close relationships, parents may go into blocked care and if not treated with lots of patience, playfulness, acceptance, curiosity and empathy alongside body-oriented trauma treatment, the child may not be able to stay in the family.*

October 25<sup>th</sup>, 13:35

SESSION II ROOM 9

ID SP-18

### Reducing dissociation by systemic interventions

**Arianne Struik**, Director Institute for Chronically Traumatized Children, Scarborough, Australia

*The treatment of dissociative children can be very extensive. Dissociative symptoms are a way to solve an unbearable internal conflict, but sometimes this conflict is based on misconceptions or wrong conclusions like: 'I put my father in prison.' This often happens when young children are removed forcefully from their families in a crisis and things remain unexplained and confusing for the children.*

*Instead of taking the long route, working with the child and carer on symptom management and slowly unraveling their memories, a short route can be taken by giving the child the necessary information to correct these wrong conclusions. Therapists can form hypothetical ideas about this internal conflict by studying the details around the traumatizing events while putting oneself into the child's perspective and by interviewing the family and carers about the ideas the child has formed about traumatizing events and him or herself. This information can be passed on to the child verbally or a short Trauma Healing Story in child's language about the events with illustrations describing who was responsible for decisions and why were they made. This presentation will be illustrated with case examples of how systemic interventions solve internal conflicts en alleviate dissociative symptoms immediately.*

October 25<sup>th</sup>, 13:55

SESSION II ROOM 9

ID SP-100

### How to engage avoidant and resistant children with the Sleeping Dogs method.

**Arianne Struik**, Institute for Chronically Traumatized Children, Scarborough, Australia

**Simon J. Carpenter**, Chief Executive and founder of CLEAR Emotional Trauma charity, Truro, UK

*All traumatized children deserve a chance to heal and recover from their trauma. But how can that be done, when they are violent, avoidant, dissociate, become dysregulated and are not motivated for trauma treatment. These children often have experienced abuse or neglect within their families and child protection services are involved. Trauma treatment seems impossible and for these children the temptation to 'let sleeping dogs lie' and not focus on processing the traumatic memories but behaviour can be strong. The Sleeping Dogs method is a family oriented brief method, developed to engage these children in trauma-focused therapy. A structured analysis is made of the child's barriers to engage in trauma processing, after*

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*which interventions are planned to overcome these barriers, so they can participate in trauma processing and integrate their trauma. Treatment focuses on overcoming the child's barriers. Collaboration with the child's network, the child's biological family including the abuser-parent and child protection services, are key elements of the Sleeping Dogs method. If practitioners struggle with 'how to help these children', this workshop provides you with an overview and clear structure of how to intervene and in which order.*

**October 25<sup>th</sup>, 14:15**

**SESSION II ROOM 9**

**ID SP-101**

### **How to engage avoidant and resistant children with the Sleeping Dogs method**

**Simon J. Carpenter**, Chief Executive and founder of CLEAR Emotional Trauma charity, Truro, UK  
**Arianne Struik**, Institute for Chronically Traumatized Children, Scarborough, Australia

*In this presentation, some of the challenges of the treatment of avoidant and violent children are discussed and how the Sleeping Dogs method and EMDR therapy enables these children to overcome their trauma. Three children and mother from one family have been sexually and physically abused by their father and others, over a period of 5 years. The father has been convicted and is serving 25 years in prison. Their trauma has impacted them all very differently.*

*The oldest child has discussed his experiences and processed them with EMDR which took 12 sessions of therapy and is doing well. The middle child suffers from a dissociative disorder and has been excluded from his school. The Sleeping Dogs analysis showed his barriers to engage and interventions were planned to overcome these barriers. He struggled with immense guilt and shame. The youngest child had severe posttraumatic stress symptoms and worked through her trauma with a combination of EMDR therapy and artwork and music therapy. This case, illustrated with video material, will show how resistant traumatised children and young people can overcome their barriers to treatment with the Sleeping Dogs method. Every child deserves a chance to repair from its internal injury.*

**October 25<sup>th</sup>, 13:15**

**SESSION II ROOM 10**

**ID SP-04**

### **Dissociation in Oscar Wilde's 'Symphony in Yellow' (1881)**

**Tereza Brala**, Master student, English Department, University of Trier, Germany, Trier, Germany

*Late Victorian aesthetes, symbolists and decadents were in a traumatic situation: their longing for eternal platonic forms and a life detached from industrial cities and societies, collided with their fascination with industrialisation's luxuries and their repulsion with industrialisation's ugliness. One loss this clash of sensibilities resulted in was a loss of self. Oscar Wilde addresses this dissociation and its cultural root trauma in his poem 'Symphony in Yellow'. The speaker is unable to reconcile impressions of London and their body with their self: traumatised, likely drug-addled, they are derealised and depersonalised. The speaker's sense of self is overwhelmed, and, though briefly regained, ultimately lost again. The dissociation is symptomized by the liminality of space and time in the speaker's experience of light, colour and (un)steady motifs. Despite*



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*a merger of these fragments into an eponymous 'symphony', the jarring, decadent unease of the speaker's dissociation persists. This as of yet neglected psychoanalytical approach to Wilde's poem is all the more important considering that Janet discovered dissociation in that very period of history and Wilde's work is a key point de repère for understanding the fin de siècle.*

**October 25<sup>th</sup>, 13:35**

**SESSION II ROOM 10**

**ID SP-30**

### **The use of trauma and dissociation in the politics of identity**

**Monica Luci**, Psychoanalyst, IAAP & IARPP, Rome, Italy

*This presentation intends to highlight how politics makes use of trauma and dissociation as an ordinary way to build new collective identities. The fact that wars are historically linked to the emergence of new national identities is an indirect but prominent piece of evidence for this argument. However, even minor traumatic events are used for this purpose in daily political life. The clinical work with torture survivors taught me how politics acts on mind and body using trauma to build one identity versus other identities, through the creation of individual and social suffering. This construction is heavily reliant on creating dissociation in individual mind and using the dissociated psyche to create group schizo-paranoid psychic states as social bonds that generate fractures in society and foster a widespread style of thinking. The extent to which these mental states are individually assumed is strongly related to the position that the person has or would like to have in society and the meaning that this position has in their life. A clinical case of a torture survivor and his family will illustrate these aspects; the internal perspective of psychotherapy offers a privileged position to observe how social events shape our inner world.*

**October 25<sup>th</sup>, 13:55**

**SESSION II ROOM 10**

**ID SP-51**

### **Silencing the survivors of war trauma**

**Ruth A Blizard**, Psychologist, Johnson City, USA

*Silencing the voices of trauma survivors may contribute to public indifference or contempt toward persecution of oppressed groups. It can also lead to widespread forgetting of war atrocities. In the US, when indigenous peoples were expelled from their lands, their story was erased. Korean War survivors remained silent to avoid government reprisals. In Israel, the narrative of the expulsion of Palestinians has been suppressed and rewritten. Survivors sometimes avoid speaking about trauma to guard against painful memories. When governments suppress the historical narratives of oppressed groups, they may use several tactics to cause society to forget: 1) silencing survivors' story by writing a new narrative, 2) prohibiting public display of identity and commemorative symbols associated with the oppressed storyline; 3) destroying all physical remains of expulsion, destruction and violence, and 4) creating a new symbolic geography of place names. This manipulation of collective forgetting may be similar to how perpetrators interfere with survivors' memories for interpersonal abuse, thus promoting dissociation. Although aging victims of silencing might*

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*remember the horrors they survived, later generations may know little about it. This silencing can be counteracted by publishing interviews with aging survivors, open discussion, and public remembering through commemoration ceremonies and the arts.*

October 25<sup>th</sup>, 14:15

SESSION II ROOM 10

ID SP-57

### Faith, in trauma treatment

**Tanya Oren-Chipman**, MSW Psychotherapist, Director of "Tamar" - The Jerusalem treatment center for sexual trauma, Jerusalem, Israel

*Post traumatic reactions include, amongst other things, dramatic changes in faith. Despite the place of faith in inhibiting or encouraging recovery from trauma, faith in fact, received a quite limited position in research and in theory. Some studies exist that point to a connection between faith and recovery from trauma, and post-traumatic growth, some of which raise hypotheses regarding the type of connection.*

*The research we conducted examined what is faith as viewed by therapists specializing in trauma, and as seen by patients who experienced it, aimed to conceptualize the term faith, to understand how trauma affects faith and vice versa, and to examine whether and what place there is for faith as part of the therapeutic process.*

*This study conceptualizes the essence of faith as a set of relationships between a person and "God", through the prism of object relations theory. It shows how Winnicott's term "transitional space" is suitable to describe the space of faith, and enables complex observation thereof. This is a paradoxical concept, and paradoxes that are connected to this term in the encounter between faith and trauma are presented. We discuss the concern that faith is liable to serve the dissociative mechanism that is aroused as a reaction to trauma, and how, when faith is in fact experienced as a type of transitional space, (that it is both real and illusionary simultaneously) it is likely to help rather than sever the connection. Another example is the paradoxical location of the "omnipotent" God, as external to man and internal to him – enabling an encounter with conflict that is often aroused vis-a-vis trauma. This is conflict in which man is "forced" to choose between a sense of helplessness and terror, and the sense of guilt that alleviates the helplessness and creates control, but bears a price. Attributing control to God, to which some of the interviewees related, often affords a semi solution to the conflict and relies on a complex perception of faith.*

*This study expands the knowledge and the theoretical-clinical conceptualization currently existing regarding faith, and the encounter between it and trauma. It strives to create the start of a cognitive framework for therapists in the realm of trauma.*

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October 25<sup>th</sup>, 16:15

SESSION III ROOM 9

ID SP-16

### Revisiting the relationship between dissociation and suggestibility

**Lillian Wieder**, Postgraduate Student, Goldsmiths University of London, Department of Psychology, London, UK

**Paper co-authors:**

**Devin B. Terhune**, Senior Lecturer, Goldsmiths University of London, Department of Psychology, UK

*Purpose: Since the 19th century, dissociation and hypnotic suggestibility have been closely intertwined but the relationship between the two remains poorly understood. Here I will present two studies that aim to elucidate the relationship between dissociation and suggestibility in different psychiatric disorders and in the general population.*

*Method: Study 1 is a meta-analysis of hypnotic suggestibility in the dissociative disorders and germane disorders that included a total of 21 controlled studies. Study 2 is a cross-sectional study (N=209) that sought to test predictions from the diathesis-stress model of dissociation, specifically that trauma moderates the association between suggestibility and dissociation.*

*Findings: Study 1 found that dissociative and trauma-related disorders are characterized by elevated hypnotic suggestibility. Notably, functional neurological (conversion) disorder patients were characterized by elevated hypnotic suggestibility but this effect was smaller than that in dissociative identity disorder. Study 2 found consistent and robust evidence for the prediction that trauma moderates the association between suggestibility and dissociation although these effects were small in magnitude.*

*Conclusion: These results help to clarify the relationship between suggestibility and dissociation and motivate further research into how elevated suggestibility may predispose certain individuals to dissociative responses.*

October 25<sup>th</sup>, 16:35

SESSION III ROOM 9

ID SP-24

### What makes an event traumatic?

**Andreas Laddis**, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Traum, Shrewsbury, USA

*Defining what makes adversity “traumatic” lies at the heart of studying trauma-related disorders. Diagnosis and treatment of such disorders hinge on the belief that a) traumatic stress is qualitatively different from other stress, and b) that mental disorder with the characteristic symptoms of Posttraumatic Stress Disorder (PTSD) may (or may not) ensue from suffering strictly that kind of stress. The presentation will focus on the “subjective” criterion of traumatization, the kind of emotions, thoughts and urges that distinguish traumatic from ordinary stress.*

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October 25<sup>th</sup>, 16:55

SESSION III ROOM 9

ID SP-36

### Clinical Evolution and the Severity of the Complex-PTSD: Hard Post-Traumatic Context and Impairment of Ego-Self Axis

**Massimo Germani**, Psychiatrist, San Giovanni Hospital, Rome, Italy

**Monica Luci**, Psychologist, Italian Council for Refugees, Rome, Italy

*The data of our research (Amsterdam's 2016 ESTD), conducted on 170 refugees, survivors of torture, have shown a statistically significant difference in dissociative symptoms, between the Group of refugees surviving torture who had arrived in Italy (92) and the group of torture survivors who were hosted in neighboring countries, close to their country of origin (78).*

*The data seem to confirm the critical importance of the post-traumatic period in determining the fate and psychopathological evolution and development of Complex-PTSD.*

*The long journey to get to Europe expose the survivors to additional trauma: the trip, the context of reception, ethno-cultural gaps, or other factors related to the adaptation process in the host Country*

*From a psychodynamic perspective, such experiences may have a highly destabilizing effect on representational systems, underlying the structure of the Ego and the general sense of Self. As a consequence, a number of defense mechanisms (first of all avoidance/denial) fail to protect the Ego from overwhelming hyper-activated and dissociated parts of Self.*

*The centrality of these elements in the determination of more severe psychological disorders, highlights the urgent need to provide medical and psychological treatments in order to prevent and to treat complex post-traumatic disorders, being part of a multimodal treatment strategy.*

October 25<sup>th</sup>, 16:15

SESSION III

ROOM 10

ID SP-09

### The relationship of dissociation with obsessive-compulsive symptoms: a longitudinal exploration on a heterogeneous clinical and non-clinical sample

**Nirit Soffer-Dudek**, Clinical Psychologist and Dissociation researcher, Ben-Gurion University of the Negev, Department of Psychology, Beer-Sheva, Israel

*Recently it is becoming evident that there is a robust and specific relationship between dissociative experiences and obsessive-compulsive disorder/symptoms (OCD/OCS), relying on both clinical studies (e.g., Belli et al., 2012) and student-sample studies (e.g., Soffer-Dudek, 2017; Soffer-Dudek et al., 2015). Moreover, high dissociation at the beginning of treatment for OCD predicts poor prognosis and high drop-out rate (Prasko et al., 2009; Rufer et al., 2006; Semiz et al., 2014). The dissociation-OCD relationship is not attributable to neuroticism (Watson et al., 2004) or inattention (Soffer-Dudek, in press). The present study aimed to examine the clinical value of each construct in predicting the course of the other over time, using two self-report assessments taken 6 months apart, on a heterogeneous sample (N=98); half (n=49) were outpatients suffering from anxiety, OCD, and/or depression, and half were age- and gender-matched community controls. Cross-lagged regression models used each Time-1 construct to predict Time-1-to-Time-*

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2 change in the other construct. General dissociation did not predict an increase in OCS ( $\beta = -.02, p = .81$ ), whereas OCS predicted an increase in general dissociation ( $\beta = .26, p = .01$ ). Subscales were also explored. It seems that OCS may play a causal relationship in the intensification of dissociative symptoms.

October 25<sup>th</sup>, 16:55

SESSION III ROOM 10

ID SP-35

### Working trauma oriented with mental health patients

**Carina Tana Dragu**, Psychiatrist/Family Therapist, DMC Center/CF Hospital Timisoara, Timisoara, România

*PURPOSE* This study comes to show the outcomes after 5 years of working trauma oriented (inspired from the core ideas of treating complex trauma and dissociation) in 89 patients with different mental health issues in Timisoara, Romania.

*METHODS* 89 patients, all seen in a private practice, during 60-80 minutes weekly therapy sessions, over a period of 6-34 weeks, with the following diagnoses: GAD, MDD, Panic Disorder, Sleep Disorders, Bipolar Disorder, OCD and DID/OSDD were treated and monitored for: school/work attendance, quality of sleep, need for medication, social involvement, subjective state of well-being.

*FINDINGS* All patients can identify trauma in their lives that make sense with their current suffering. The vast majority of the patients have improved on all levels mentioned above, even patients with a long history of mental health issues.

*CONCLUSIONS* The concept of trauma and dissociation and understanding how the brain works and what happens to the brain when trauma occurs seems to be the fastest and most efficient way to improve the conditions of patients in the field of mental health. Understanding patterns and making connections between physical sensations, emotions, cognitions and behaviors seems the fastest/cheapest way to recovery.

October 25<sup>th</sup>, 17:15

SESSION III

ROOM 10

ID SP-59

### MEMINI ME, ERGO SUM The role of Mental Time Travelling in generating a coherent representation of the SELF

**Manuela Berlingeri**, Associate professor, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy, Urbino, Italy

**Cristina Mapelli**, Neuropsychologist, Psychotherapist, Department of Neurology, University of Milano Bicocca, Milan, Italy, Monza, Italy

#### Paper co-authors:

**Laura Camillo** (psychology student, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)

**Lucia Cecconi** (psychology student, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)



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### PURPOSE

*We all have the perceived continuity of our-selves over time and the experience of a unitary SELF notwithstanding the aging processes. This is related to the concept of Mental Time Travelling (MTT) proposed by Tulving in 1985: the human ability to re-experience personal past episodes (Autobiographical Memory; AM) and to imagine the future, with a particular feeling involving the sense of SELF.*

*What happens when the SELF and AM become disconnected because of a trauma? Or, when the SELF is delusional, like for example in the case of schizophrenia?*

### METHODS

*In a recent meta-analysis (Abete Fornara, 2017), we explored the overlap between atrophies in schizophrenic patients and the neurofunctional correlates of MTT. The same procedure had been adopted here for simple and complex PTSD.*

### FINDINGS

*The core MTT network, i.e. brain regions commonly activated by imagining the future and remembering the past, significantly overlapped with GM atrophy in the PTSD patients, with a significant neuroanatomical dissociation in the anterior and posterior hippocampus.*

### CONCLUSIONS

*According to our opinion, a possible touch paper for “delusional” or “petrified” SELF would be an alteration of the AM and MTT skills. The results will be discussed in the light of our previous study on Schizophrenia (Abete Fornara, 2017).*

October 26<sup>th</sup>, 10:30

SESSION IV

ROOM 8

ID SP-08

## **The Storm Within the Storm: The Treatment of Complex Trauma and Dissociation with Co-Morbid Personality Disorders**

**Peter A Maves**, Clinical Psychologist, Private Practice, Boulder, USA

*The difficulties of treating complex trauma and dissociative conditions produce numerous times of confusion, uncertainty and lack of clarity about effective treatment approaches. When Axis II, personality disorder comorbidity is added, treatment considerations become even more difficult and confusing. This presentation will provide an overview of personality disorder issues and how they interact with complex trauma and dissociative conditions. Examples of personality disorders or Axis II dilemmas will be presented and how they interact in the treatment of complex trauma and dissociative conditions. A range of treatment strategies will be discussed along with the unique transference and countertransference circumstances that arise in treating this comingled population. The resistance points and treatment impasses which are a frequent part of the treatment of co-occurring personality disorders will be identified and treatment interventions will be presented for a variety of difficult case situations. Case questions will be encouraged from the audience.*

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October 26<sup>th</sup>, 10:50

SESSION IV

ROOM 8

ID SP-43

### Schizotypal Organization of Personality at the Crossroad between Trauma and Psychosis

**Simone Cheli**, Psychotherapist, School of Human Health Sciences, University of Florence, Italy

*The raising of alternative models of personality disorder together with a trauma/dissociation paradigm may represent a turning point for the understanding of the Schizotypal Personality Disorder (SPD). Accumulating evidences on this complex phenomenon urge for further research: little is known about the disease trajectories and therapeutic options are scarce. SPD stands at the crossroad between stable personality impairment and milder manifestation of schizophrenia. In order to understand SPD, we have to reconsider the vulnerability-stress model by focusing on the intertwined path of psychosis and trauma. The majority of patients report the emergence of early experience of oddity that may be due to a genetic liability. On the other hand, patients describe how such oddity activates avoidant or hostile reactions in caregivers and peers. The aim of this presentation is to offer a meta-synthesis of the existing studies and report two case studies of SPD patients with a history of trauma and psychotic episode. I argue for a pathogenic role of healthy oddity in the development of SPD, through a vicious cycle of self-criticism and social discomfort, which may lead to a pattern of cumulative trauma and structural dissociation, and this pattern, in turn, to cognitive, metacognitive and interpersonal impairments.*

October 26<sup>th</sup>, 11:10

SESSION IV

ROOM 8

ID SP-49

### Experience of using Trauma and Dissociation Symptoms Interview - TADS-I in Russia

**Elena V. Kazennaya**, Clinical psychologist, EMDR Europe Practitioner, Lecturer, Moscow Pedagogical State University, Psychological Anthropology Department, Moscow, Russia

*The semi-structured diagnostic Trauma and Dissociation Symptoms Interview, as described in a manual by S. Boon and H. Matthews (TADS-I, version 1.9) was recently translated into the Russian language (E. Kazennaya, E. Divid, 2018). At present, about 60 specialists are using TADS-I in the Russian Federation in their clinical practice. As one of them, in this communication I will present several cases of successful application of TADS-I in my practice. Particularly interesting was the case of a client with a DID supposedly diagnosed by clinical psychologists, where TADS-I (conducted in 2018) helped to reveal the actual picture of a disorder, disproving the former DID diagnosis. Furthermore, I will present cases where TADS-I was used in collaboration with psychiatrists for the diagnosis of other complex disorders.*

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October 26<sup>th</sup>, 11:30

SESSION IV

ROOM 8

ID SP-62

### Dissociative Disorders in the ICD-11: What's new, what's changed, and what's important?

**Andrew Moskowitz**, Professor of Psychology, Touro College Berlin, Germany

*The ICD-11 is being published in 2019. The dissociative disorders categories incorporate a series of significant changes from the ICD-10, and also differs from the DSM-5 dissociative disorders in substantial ways. One important innovation involves the creation of a complex dissociative disorders category distinct from DID which still involves a central role for several dissociative parts of the personality. In addition, the ICD-11 is designed to allow clinical judgment to play a major role in the consideration and assigning of dissociative disorder diagnoses. Important conceptual and clinical implications of the new ICD-11 dissociative disorder diagnoses will be presented.*

October 26<sup>th</sup>, 10:30

SESSION IV

ROOM 9

ID SP-37

### Recovered Memories: Shooting the Messenger (Revisited)

**Rainer Hermann Kurz**, C. Psychologist, Outstanding Achievements, London, Long Ditton, United Kingdom  
**Ashley Conway**, Chartered Counselling Psychologist, London, UK

#### *Background*

*This paper revisits a 1998 article by Dr Ashley Conway in a volume 'MEMORY IN DISPUTE' edited by Dr Valerie Sinason. It concerns the legacy of complex trauma and the difficulties facing survivors disclosing memories of abuse - especially from those promoting a 'False Memory' narrative.*

#### *Method*

*Six assumptions, explicit or implicit, derived from material provided by false memory movements, the press and other media outlined in the article were reviewed in the light of two decades that passed.*

#### *Results*

*The assumptions are concerned with implantation of false beliefs, therapists ostensibly persuading clients to have false belief, the effect of hypnosis, the role of retractions, claims that alleging child sexual abuse is an 'easy option' and the denial of the existence of traumatic amnesia, repression, and therefore recovered memory. False Memory proponents continue to make numerous false claims and 'play' a naive media as well as 'professionals'.*

#### *Conclusions*

*In good science data is gathered and a theory is formed. In bad science a theory is formed, and the evidence is gathered to fit the theory. We are well overdue switching our attention from the messenger (client or clinician) and should instead turn the spotlight on those doing the shooting.*

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October 26<sup>th</sup>, 10:50

SESSION IV

ROOM 9

ID SP-41

### **Borrowed Memories: Life story research, living with Dissociative Amnesia (D.A.) the experience of forgetting and remembering: Pilot study**

**Marian Teresa Crowley**, PhD student, University of Chester, UK, Lichfield, United Kingdom

#### *Aim/purpose*

*The aim is the exploration of the subjective lived experience of an individual with Dissociative Amnesia. For survivors of trauma, motivated forgetting offers an important coping strategy. The start of this research journey has been the emerging narrative from a voice silenced with D.A.*

#### *Methodology:*

*In this study the life story narrative was the selected methodological approach, which is constructed through the story's individuals tell about their experiences, and the meaning they ascribe to these lived experiences over time. Data was collected using semi structured interviews allowing the researcher to relationally and reflexively engage with the participant. The study has been ethically approved by Chester University.*

#### *Results:*

*The lived experience of the participant in this pilot study was "the memories I've recalled aren't really mine, I borrowed and found them along the pathway in my life, to make me feel more normal". The findings in this pilot study demonstrated the longing to belong and the development of coping that included emotional disconnection and borrowing memories. The conflictual world of DA leaves the person in a world that remembers yet not remembering.*

#### *Conclusions:*

*The findings from this research will be used to inform the development of resources that can be used in teaching, it is anticipated this will include published material.*

October 26<sup>th</sup>, 11:10

SESSION IV

ROOM 9

ID SP-42

### **Lost-in-the-Mall: False Memory or False Defense?**

**Ruth A Blizard**, Psychologist, Johnson City, US

*"The Formation of False Memories" (Loftus & Pickrell, 1995), known as the Lost-in-the-Mall study, concluded that it is possible to implant an entire false memory for something that never happened by suggestion. The study was conceived of as a means to defend parents from accusations of abuse when their adult children had recovered memories in adulthood. It was publicized widely by the False Memory Syndrome Foundation, which was part of a larger movement in the 1980s and 1990s that included Victims of Child Abuse Laws and the invention of Parental Alienation Syndrome. These groups worked to weaken child abuse laws, undermine the credibility of children, and invalidate child abuse prosecution by labeling it as a witch-hunt. The study has influenced two decades of false memory research and is cited uncritically in psychology textbooks and by the media. Expert witnesses use the study to discredit adult survivors' testimony, inferring that false memories for childhood abuse can be implanted by psychotherapists. The study presented NO evidence that any full*

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*false memory was generated. It fails to report negative results and lacks definition of a full false memory. The conclusions are based on insufficient evidence and anecdotes rather than on scientific research.*

**October 26<sup>th</sup>, 11:30**      **SESSION IV**      **ROOM 9**      **ID SP-102**

### **Therapeutic Precautions To Help Prevent False Memory Allegations**

**George F Rhoades**, Clinical Psychologist, Ola Hou Clinic, Aiea, United States

The 1990's was a turbulent time for psychologists and the counseling profession in general. The False Memory Foundation and other "memory" experts encouraged legal action against therapists that worked with victims of childhood abuse and "recovered memories." This backlash against therapists also discouraged victims from coming forward with their stories of sexual trauma. The 2018 hearings with the United States Senate and the selection of a new Supreme Court Justice has caused this controversy to be a focus of sharp attention again. This webinar will look at practical steps for a therapist to protect both therapist and client in the process of healing from past abuse and even current abuse. An example is the difference between "knowing" that a client's report is "truth" and "belief" in a client's presentation of that "truth." The role of the therapist being a counselor and not a police officer/investigator, documentation of memory recall and many other practical applications.

Principles were gleaned from actual cases and false memory writings.

**October 26<sup>th</sup>, 10:30**      **SESSION IV**      **ROOM 10**      **ID SP-22**

### **Child Sexual Abuse perpetrated by women in early childhood and victim's psychopathological outcomes: a 7-year-long Italian Experience.**

**Sara Simona Racalbutto**, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Torino, Italy

#### **Paper co-authors:**

**Serena Maria Curti**, MD, Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Sezione di Medicina Legale, Università degli Studi di Torino

**Elena Coppo**, MD, Dipartimento di Pediatria D'Emergenza, A.O.U., Città della Salute e della Scienza di Torino.

**Antonio Francesco Urbino**, MD, Direttore S.C. Pediatria D'Urgenza, Dipartimento di Pediatria D'Emergenza, A.O.U. Città della Salute e della scienza di Torino.

#### *Purpose*

*Female-perpetrated child sexual abuse (CSA) has been reported as rare (5% of all CSA). The authors applied a qualitative approach to clinical data of a small group of cases exploring the victim-offender relationship and the outcomes on the children.*

#### *Material and Method*



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*Data about the cases managed from 2012 to 2018 by the “Bambi” unit (Pediatric Hospital, Turin) have been collected. This is a multidisciplinary unit trained in the assessment of child abuse.*

### *Results*

*Among 536 cases of suspected CSA, in 9 cases the potential perpetrator was a woman, with a caregiver role. The victims’ mean age was 5.2 years (range 3-9).*

*The psychological outcomes included sexualized behaviors, compulsive masturbation, aggressiveness, rejection for the mother figure, nightmares, phobias, rituals, and somatoform symptoms.*

*Sexual abuse was a pathological extension of the care activities. The female offenders established a symbiotic, pathological, and regressed relationship with the child, similar to that between mother and child in the early stages of life, without a real erotization. They showed inability to recognize the difference between the self and the “other” overrunning the limit of intimacy. The victim acquired the function of being a part of the woman in the context of a privileged relationship.*

**October 26<sup>th</sup>, 10:50**

**SESSION IV**

**ROOM 10**

**ID SP-23**

### **A case of child sexual abuse perpetrated by the nanny: focus on the severe risk of victim’s psychopathology.**

**Sara Racalbuto**, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Turin, Italy

#### **Paper co-authors:**

**Serena Maria Curti**, MD, Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Sezione di Medicina Legale, Università degli Studi Di Torino

**Elena Coppo**, MD, Dipartimento di Pediatria D'Emergenza, A.O.U., Città della Salute e della Scienza di Torino.

**Antonio Francesco Urbino**, MD, Direttore S.C. Pediatria D'Urgenza, Dipartimento di Pediatria D'Emergenza, A.O.U. Città della Salute e della scienza di Torino.

*S., a 3-year-old girl, told her mother that her nanny used to touch her “plum”. The nanny was immediately fired. Since then, the girl started to masturbate compulsively, to be very aggressive, and to show difficulty urinating and defecating, nightmares, fear of death, and rituals.*

*The visit at the “Bambi” unit (a multidisciplinary unit of the Pediatric Hospital of Turin - Italy - trained in the assessment of child abuse) revealed perineum erythema and anal fissures. The report to the Judicial Authority started the investigations.*

*S. told about “secret games” she used to play with the nanny, consisting of masturbation and introduction of fingers and objects into the girl’s vagina and anus. The 52-year-old nanny was described as a simple person, with low cognitive tools.*

*The abuses always occurred when the girl was entrusted to the offender, who had the temporary role of caregiver, during routine daily activities, such as bathing, dressing or playing. The victim felt trust and affection for the offender; they had a very strong and morbid relationship.*

*The woman always denied the accusations. She was convicted to 7 years of imprisonment. Today, 5 years after the abuses, S. is still in psychological treatment.*

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October 26<sup>th</sup>, 11:10

SESSION IV

ROOM 10

ID SP-29

### Sexual abuse of mothers towards children and their attachment - from generation to generation

**Agnieszka Widera Wysoczanska**, University of Wrocław, Institute of Psychology, Clinical and Health Department, Wrocław, Polska

*Primary Presenter: Agnieszka Widera Wysoczanska – Assistant Professor, Department of Clinical Psychology and Health, University of Wrocław, Institute of Psychology*

*The aim of the study was to check whether sexual abuse of mothers towards children influences the use of sexual abuse by such victims, towards their children. Sample of 354 randomly selected people were examined (M=34.48), of whom 151 had experienced sexual abuse by his mother. It was assumed that sexual abuse is divided into: direct (tactile, non-contact, emotional) and indirect (bringing to the perpetrator, permissiveness of abuse, lack of acceptance of abuse without protection). People filled the questionnaires: "Sexuality of mothers towards children" (Cronbach's alpha:0.92) and "Sexuality of parents towards children" (Cronbach's alpha:0.97) created for these studies. Statistical analysis showed that women after sexual abuse from their mother, use of direct and indirect sexual abuse mainly against the daughters. Men sexually injured by their mother, they hurt mainly sons using emotional sexual abuse and without touch and direct sexual abuse towards their daughters with touch and indirect abuse. Direct and indirect sexual abuse against sons and daughters it was significantly statistically more intense on the part of parents who have themselves experienced sexual abuse from their mothers than people not reporting such abuse. Experiencing sexual abuse in childhood from the mother's side is passed on to the next generation, in the form of a pathological attachment with a child.*

October 26<sup>th</sup>, 11:30

SESSION IV ROOM 10d

ID SP-46

### Dissociative experiences and intrusive thoughts of mothers while caring for the infant during the postpartum period

**Miriam Chasson**, PhD candidate. School of Social Work, Bar Ilan University, Israel., Ramat-Gan, Israel

**Paper co-authors:**

**Prof. Orit Taubman –Ben-Ari**, School of Social Work, Bar Ilan University, Israel

*Purpose: The study sought to contribute to the theoretical conceptualization of the processes, experiences, and emotions associated with dissociative experiences and intrusive thoughts of mothers while caring for the infant during the postpartum period (e.g Fairbrother et al., 2015; Lyons-Ruth, 2003; Main & Hesse, 1992), a subject that has received relatively little empirical attention so far.*

*Methodology: Qualitative methodology was employed. Open in-depth interviews were conducted with 20 Israeli mothers of infants up to three months of age.*

*Findings: The main themes identified in the interviews for dissociative experiences were mothers' experience of entering to an inaccessible bubble when caring for the infant; an experience of physical fragmentation;*

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*sense of alienation toward the infant and toward the maternal role and routine. In addition, the main themes identified in the interviews for intrusive thoughts were unwanted thoughts of mothers that the baby may be harmed by an external agent and momentary thoughts about harming the baby by themselves.*

*Conclusions: Insights from this study will contribute to greater awareness of dissociative experiences and intrusive thoughts, and to the development of interventions for supporting the postpartum mental health of women and their infants, and for developing further research tools to assess these phenomena.*

**October 26<sup>th</sup>, 13:15**

**SESSION V**

**ROOM 8**

**ID SP-26**

### **The Peaceful Impact Movement: Building an International Trauma Survivor Network and Creating a Cultural Change**

**Carita Kilpinen**, CEO, expert by experience & trauma survivor, Peaceful Impact Publisher, Nurmijärvi, Finland

*It all started 2013 on the internet. 2016 the Finnish book Five Women, a Hundred Lives was born. A movement started bringing not only trauma survivors but also health care professionals together in co-equal and groundbreaking ways. For the revised English edition, in need of an organization for international networking, Peaceful Impact Publisher was established. Five Survivors, a Hundred Lives - Stories about Trauma and Dissociation was published, spreading hope in the ESTD conference in Berne, 2017. Among the audience sat a fellow trauma survivor, meeting peers for the first time ever. The experience was life-changing, as it has been for everyone of us. 2018 Peaceful Impact evolved into a network of trauma professionals and experts by experience. We share knowledge about emotional trauma and structural dissociation on our website and social media channels. Our documentary has been recognized in every continent of the world. Once our resources are translated in German and French, we start operating in Switzerland. We are keynote speakers in the 2019 European Conference on Mental Health at Belfast. We are both professionals and openly trauma survivors. We break stereotypes and our message is: Trauma can be healed!*

**October 26<sup>th</sup>, 13:35**

**SESSION V**

**ROOM 8**

**ID SP-27**

### **The Healing Effect of Social Engagement and Connection**

**Yvonne Chollet**, Expert by experience & trauma survivor, Peaceful Impact Publisher, Switzerland, Corcelles, Switzerland

*Yvonne is the mother of an adult child. She has a background of a long-term traumatization as a child and of several traumatic experiences as an adult and began her search for recovery in her early twenties. She underwent different therapies during many years which helped to keep her head above water but did not really heal her trauma.*

*At the age of 47, she found her way to a trauma-focused therapy and to the diagnosis of DID. Her life has changed radically ever since and many doors have opened. The healing process was and is a long and difficult journey, but at the same time, a new path full of hope, answers and new encounters.*

## Parallel sessions PAPERS



*The connection to her Finnish peers has allowed her to find her way out of isolation and contributes significantly to her rehabilitation. Thanks to this connection and among other reasons, her deepest wish and her goal are to accompany others on their healing process and offer them the support and hope she has experienced. She has decided to educate herself in trauma care and is currently doing a 3-year training in Somatic Experiencing® (SE) as per Peter Levine in Switzerland.*

**October 26<sup>th</sup>, 13:55**

**SESSION V**

**ROOM 8**

**ID SP-32**

### **Life in parts – the theory of the structural dissociation of the personality, traumatization and the integration process**

**Mai Peltoniemi**, Master of Social Service, President of Finnish Association for Trauma and Dissociation, Helsinki, Finland

*In this presentation, I will show how Pierre Janet's theory of the structural dissociation of the personality allows for the life story, the choices and the recovery of a traumatized individual to be understood (see van der Hart, Nijenhuis & Steele 2006). The theoretical framework of the study is autoethnography, a critical research method in social science that aims at building dialogue between marginal phenomena and experiences and traditional research-based knowledge and theory (Chang 2008).*

*The case study demonstrate disorders in early relational attachments resulted in retraumatization, e.g. religious abuse and drug addiction. Various therapeutic methods (transactional analysis, psychodynamic psychotherapy, gestalt therapy, dance movement therapy and trauma psychotherapy) did support recovery from dissociative symptoms on the one hand, however inhibiting it on the other. Only the understanding of the theory of structural dissociation and attending all ANPs and EPs in trauma psychotherapy significantly advanced the integration of these parts. Equality, safety and acknowledging the body and touch in therapeutic relationships proved essential to recovery.*

*References:*

*Chang, H. (2008). Autoethnography as Method.*

*van der Hart, Onno, Nijenhuis, E. R. S. & Kathy Steele. (2006) The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization.*

**October 26<sup>th</sup>, 13:15**

**SESSION V**

**ROOM 9**

**ID SP-48**

### **Group Music and Imagery (GrpMI) and Expressive Arts in trauma treatment.**

**Gabriella Rudstam**, PhD student. Music Therapy graduate program, Institute for Communication and Psychology, Aalborg University. Lic. psychotherapist, cert. EMDR supervisor, BMGIM therapist, expressive arts therapist., Stockholm, Sweden

**Bolette Daniels Beck**, PhD, Associate professor, music therapist. Aff: Institute for Communication and Psychology, Aalborg University, Aalborg, Denmark

## Parallel sessions PAPERS



*Purpose: The purpose of the study was to explore whether group psychotherapy with music and expressive arts could diminish symptoms of posttraumatic stress disorder (PTSD) and dissociation and increase wellbeing in women suffering from PTSD/ CPTSD (Cloitre, 2015; Grocke & Moe, 2015; Rudstam, Elofsson, Søndergaard, Bonde & Beck, 2017).*

*Method: The effects of a trauma-focused group intervention (12 weekly sessions) with GrpMI and expressive arts for women with a background of childhood abuse and /or domestic violence were explored. 46 women were randomized to either an experiment group (5-7 participants per group) or a wait list control condition (WLC). PTSD symptoms (primary outcome), dissociation, quality of life, depression and anxiety were measured at pre, post and 3 months follow up. After termination of treatment all participants took part in semi-structured interviews.*

*Findings: Significant changes with medium to large effect sizes were found on all measures (primary outcome  $p=0.006$ ). The thematic analyses of the semi structured interviews showed that the participants found the group therapy helpful.*

*Conclusion: GrpMI seemed to strengthen the social engagement system, increase wellbeing and decrease PTSD symptoms and dissociation in a group therapy intervention with women suffering from PTSD/CPTSD.*

October 26<sup>th</sup>, 13:35

SESSION V

ROOM 9

ID SP-53

### **Do dissociative symptoms diminish when using Lifespan Integration? Preliminary study on the effects of the use of a timeline on auto-reported dissociative symptoms in ambulatory patients.**

**Manoëlle BJM Hopchet**, Clinical psychologist, psychotraumatologist, Belgian Institute for Psychotraumatology, Brussels, Belgium

#### **Paper co-authors:**

**Régine Batjoens**, clinical psychologist, psychotraumatologist, Belgian Institute for psychotraumatology Brussels Belgium

**Françoise Detournay**, psychotherapist, Belgian Institute for psychotraumatology

**Laura Liard**, psychologist, TFP Therapist, private practice

*Lifespan integration (LI)(Peggy Pace) is a new therapy that can be used to treat trauma or to build a strong sense of self or both. The common and specific point of all LI protocols is the verbal repetition of a timeline. This timeline consists of a list of memories chosen by the patient, from his first memory or a traumatic until the present moment. We are not aware of any published research assessing the effect on dissociative symptoms when using this Timeline.*

*For this preliminary and ongoing study, a minimum of 16 patients comprising both sexes and of different ages were administered two questionnaires focusing either on psychoform or on somatoform dissociative symptoms: the DIS-Q and the SDQ 20. Four Lifespan Integration trained therapists participated in this study. The first measure was carried out at the beginning of the Lifespan Integration therapy, the second measure after 8 individual sessions with each 10 readings of the timeline for each patient.*

*We hypothesize an overall reduction in dissociative symptoms.*



## Parallel sessions PAPERS



*The paper presents preliminary data as well as a discussion of the results in the light of the theory of neuronal integration (Siegel, 1999) and the work of Ruth Lanius and Paul Frewen (2015).*

**October 26<sup>th</sup>, 13:55**

**SESSION V**

**ROOM 9**

**ID SP-54**

### **Care to care? The effect of the total lack of affective warmth during the war experience of a Vietnam veteran: exposure of single case, treated with EMDR.**

**Mara Fantinati**, Psychotherapist, EMDR Consultant, Italian EMDR Association, Modena, Italy

*The PTSD diagnosis constructed in the USA to describe the Vietnam veterans' symptomatology will be highlighted in the presented single case treated with EMDR. It deals with an elderly man who survived two missions carried out in Vietnam and then moved to Italy, where he built his life, but only thanks to alcohol for many years he managed to tolerate the suffering of war memories. The therapeutic process was evaluated through the following tests, administered at the beginning and end of the treatment: Barratt impulsiveness Scale (BIS-11), Visual Analogue Craving Scale (VAS-Craving), Dissociative Experiences Scale (DES), Scale of Event Impact Revised (IES-R), Structured Clinical Interview for Dissociative Disorders-Revised (SCID-D-R), Symptom Checklist-90 (SCL-90). The videos that will be presented will be an opportunity to listen to a veteran, who at the end of EMDR therapy, recognizes the outcome of the elaboration process and reflects on the experience of the war managing to highlight the neglect of both his companions and the nation. The case also shows how the dissociative process can be recognized as a resource for survival of the mind and to remain aware of the escape route from the bloody and dangerous reality to which one is exposed.*

**October 26<sup>th</sup>, 14:15**

**SESSION V**

**ROOM 9**

**ID SP-61**

### **integrating talk therapy and bio-neurofeedback in trauma therapy**

**Porzia Talluri**, psychologist-psychoterapist neurofeedback provider - gruppo In Thera Milano-Torino, Italy  
**Laura Vasini**, Psychologist-psychoterapist neurofeedback provider, Torino, Italy

*In this paper we want to share our experience with traumatised patients focused on integration of talk therapy and bio-neurofeedback therapy. We integrated BNF combined with EMDR, sensorimotor, mindfulness and other techniques following the Van der Kolk Trauma center model. The aim of our intervention is to put in evidence how this computerised technics can go hand to hand with talk therapy. Many researchers have studied the traumatised brain finding out how the amigdala firing can be calmed down (usually it's not possible to talk to a deep brain structure devoted to survival) Two relevant example: R. LANIUS unveiled how to calm down a traumatised brain, while S. FISHER's found out how to help developmental traumatised patients to move out from rigidity. the first of three steps related to trauma work requires a bottom-up attention, aiming to stabilise the traumatised subject.*

## Parallel sessions PAPERS



*Following this approach, if we insert an HRV biofeedback, the ANS can be harmonised with sympathetic and parasympathetic balance. The result is a physiological response that allows to interact with patients with less anxiety.*

*Attempts have long been made by neurofeedback operators to learn to handle brain storms. Today, NF is able to improve (thanks to its feedback reward) patient's chances to deal with fear, anger and dysregulation. Finally a traumatising brain find a better balance alternating NF therapy sessions with talk therapy.*

**October 26<sup>th</sup>, 13:15**

**SESSION V**

**ROOM 10**

**ID SP-38**

### **Criminality as a cause of mental health problems - Informing the aetiology of mental illness with survivors' accounts**

**Declan Howard**, Investigator, Outstanding Achievements, London, Long Ditton, United Kingdom

#### *Background*

*Criminality occurs when a person surrenders to, accepts, or decides upon an unethical course of action. In Ritual Abuse and Mind Control (RA-MC) this typically occurs in a double-bind situation.*

*A lack of success in preventing and reducing the incidence of mental health problems can be attributed to underestimating criminally motivated organised abuse as a cause of damage and subsequent dysfunction.*

#### *Method*

*Survivor accounts of offences, offending and cover ups were used to shape this research.*

#### *Results*

*Disclosure reports could be used as a valuable source material for identifying and profiling criminal behaviour, individuals, groups, and projects. Survivor's completeness of knowledge increases as healing progresses and amnesia reduces. Cross-referencing is helpful to some patients who have anomalous experiences, or who have suffered covert abuse.*

*It would be beneficial to reassess the use of the concept of delusion as a reported experience could also be regarded as*

- *mistaken*
- *a derivation or distortion of biographical material*
- *stress induced*
- *the effect of psychotropic drugs*
- *anomalous*
- *idiosyncratic*
- *unknown*

#### *Conclusions*

*Criminality is present in all sections of the adult population, thus also in psychology and psychiatry. A critical review of interdependencies could be helpful to remove any distortions in the literature resulting from this.*

## Parallel sessions PAPERS



October 26<sup>th</sup>, 13:35

SESSION V ROOM 10b

ID SP-39

### Use of Integral Somatic Psychology in the treatment of trauma and dissociation: A Case Study

**Adithy**, Counseling Psychologist, Pune, India

*Integral Somatic Psychology (ISP) is a relatively new approach to healing in the field of treatment of trauma and dissociation. It focuses on embodiment of emotions and increasing the tolerance for different emotions that are relevant. An emotion, in the possible context of an event, is accessed, and allowed to exist in the large container that the body is. The therapist helps work through the physical and psychological defenses as appropriate and accompanies the client empathically in expanding the window of tolerance for an emotion in an embodied way. As the tolerance increases, the need to dissociate from the unpleasant experience of an emotion decreases.*

*Purpose of this presentation is to illustrate the use of ISP in the case of an adult who has dissociation. The points to be covered include (i) The basic framework of ISP in working with emotions in the body, (ii) How simple somatic interventions helped increase tolerance for emotions in the case of an adult, (iii) How trauma and dissociation were addressed using ISP in the case.*

*Conclusion: How ISP was used effectively to treat trauma and dissociation in an adult client is illustrated through this presentation.*

October 26<sup>th</sup>, 13:55

SESSION V

ROOM 10

ID SP-40

### Strangers to ourselves: Persistent Genital Arousal Disorder as a post-traumatic dissociative symptom

**Anne C. Pernot-Masson**, MD, Child psychiatrist, Paris, France

*Persistent Genital Arousal Disorder is characterized by symptoms of physiologic sexual arousal, unrelated to any subjective sense of sexual excitement or desire. These symptoms are described as intrusive, unpleasant, and sometimes painful. They are associated with feelings of shame and isolation. Several organic etiologies have been evoked, and brutal treatments tried... All the same, several studies mention the high frequency of past sexual abuse among these patients.*

*The conscious beginning of PGAD can occur much later in their lives, often triggered by the onset of psychotherapy. These patients suffer from different other psychiatric symptoms and have often received several different psychiatric diagnoses, principally borderline disorder or bipolar disorder. However, in these cases, PGAD is best considered a dissociative disorder.*

*Clinical cases of PGAD will serve as examples to expose how we can restore the disrupted interpersonal bond. The awkward sensations of PGAD, context-incongruent, long unspeakable, weigh greatly upon the therapeutic relationship. The patient usually reenacts with the therapist his/her disorganized attachment, simultaneously fearing unrelatedness and emotional closeness: thus, a cooperative stance must prime over care-giving. The psychotherapist must be active, with their body, sensitive right brain as well as logical and verbal left brain, to think and express the "thoughts without a thinker".*