The Theory of Structural Dissociation of the Personality as Model for Understanding Dissociative Psychosis

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Dissociative Psychosis: Formerly Hysterical Psychosis

- Original 19th century views on hysterical psychosis:
- (1) similarity to dreams
- (2) curability, using psychotherapy
- (3) plasticity or polymorphism
- (4) analogy with chemically-induced (e.g., hashish) “artificial delirium”

Pierre Janet

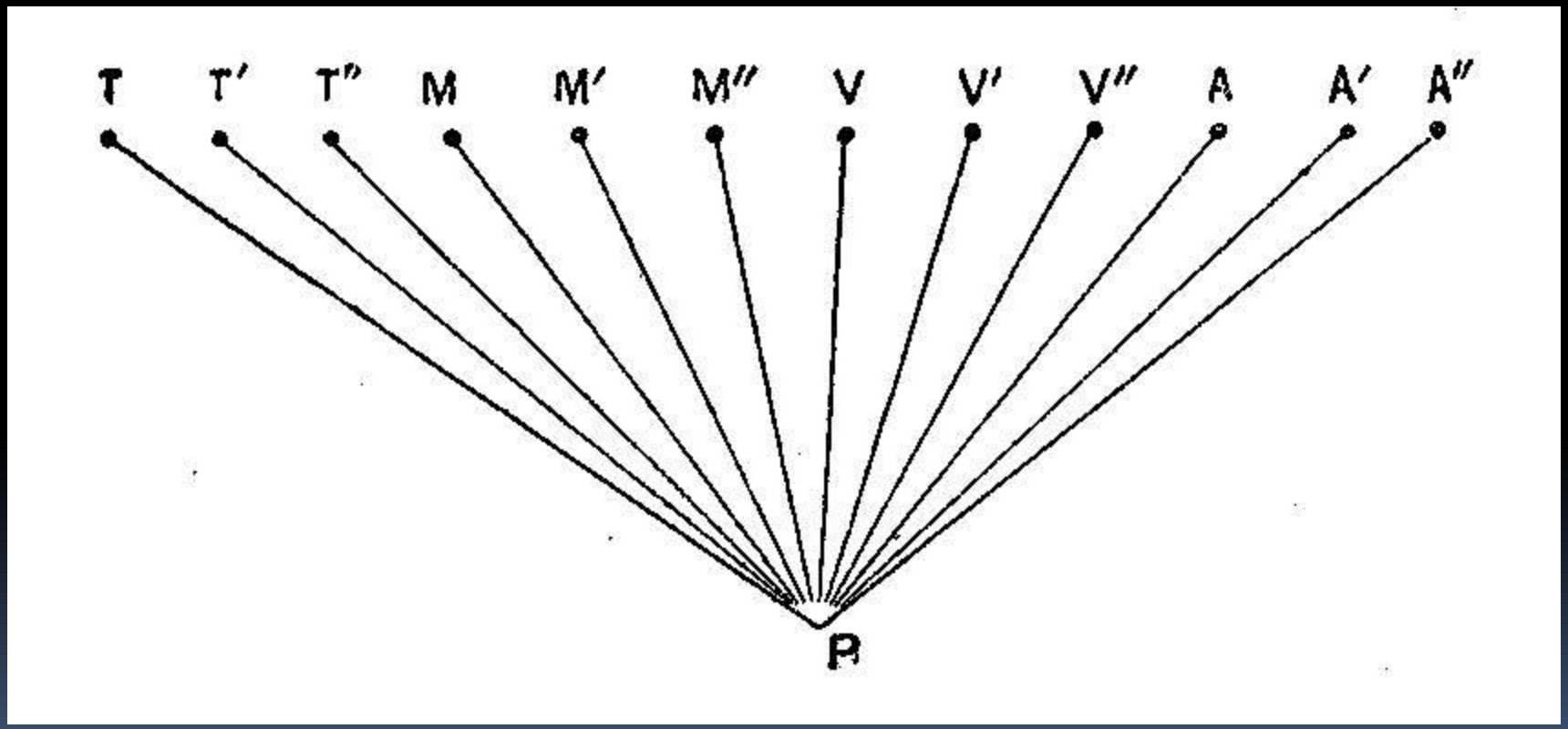
1859-1947

on the dissociative nature of hysterical psychosis

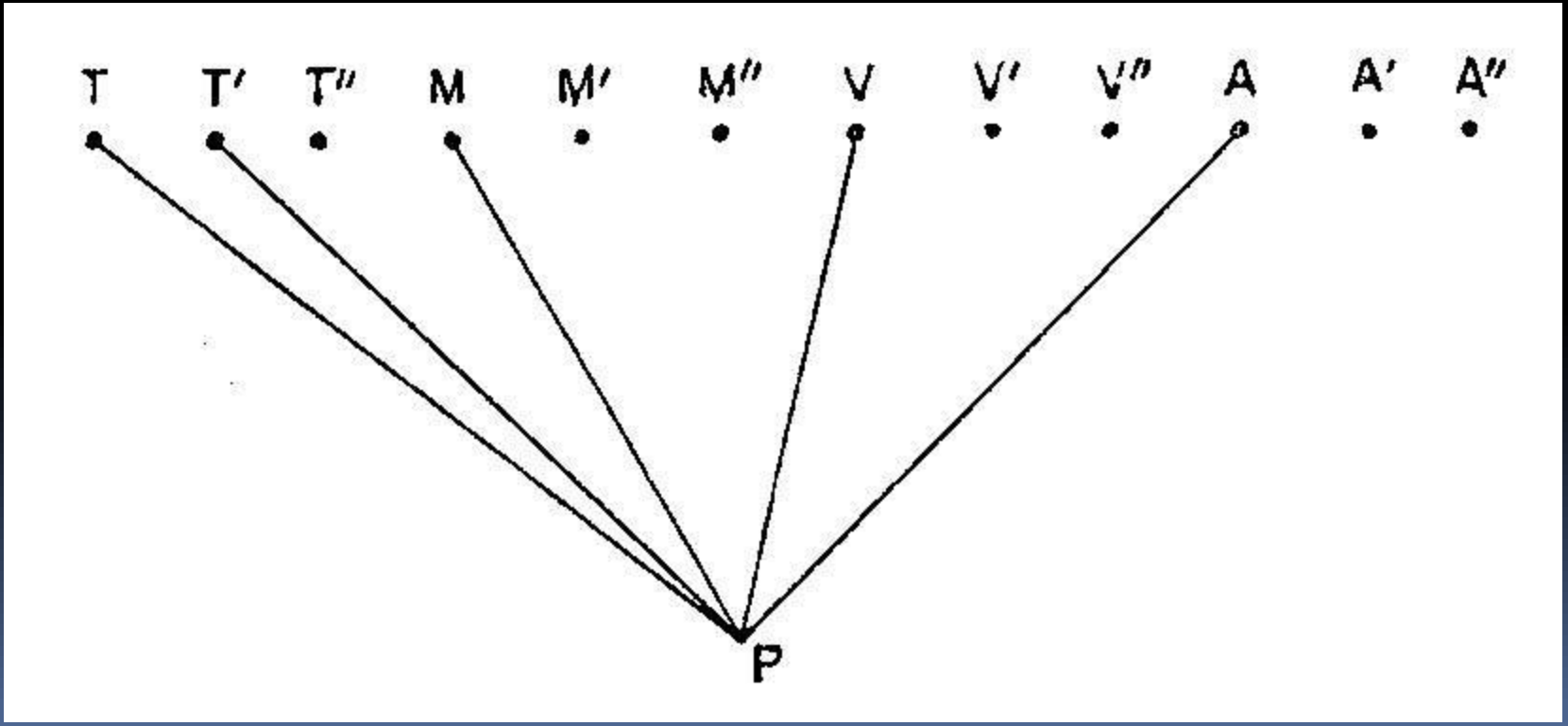
Pierre Janet on Hysteria

- Hysteria “is a malady of the *personal synthesis*.”
- “Hysteria is a form of mental depression characterized by (1) retraction of the field of personal consciousness and (2) a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality.”
  - Pierre Janet (1907, p. 332)

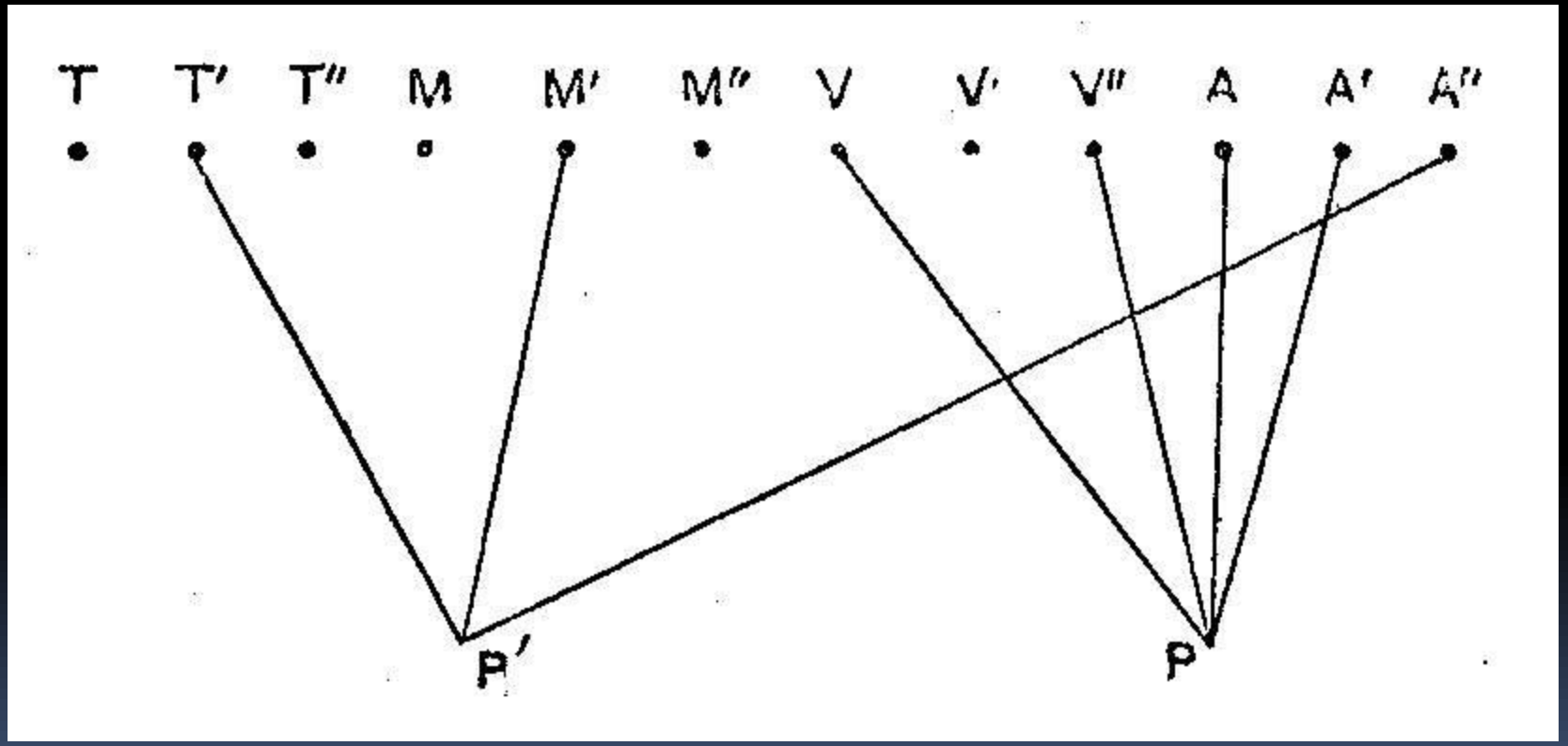
Wide Field of Consciousness



Retraction of the Field of Consciousness (To Some Tactile, Motor and Auditory Stimuli)



Structural Dissociation Between P and P1 (Janet, 1889)



Hysterical Psychosis according to Pierre Janet (1894/5) (1)

- (1) the psychosis is embedded in dissociative phenomena (such as amnesia and analgesia)
- (2) the psychosis itself is a dissociated mental state
- (3) a doubling (division) of the personality is involved

Hysterical Psychosis according to Pierre Janet (1894/5) (2)

- (4) subconscious phenomena (such as behavioral actions outside “personal consciousness”) occur
- (5) The psychotic state may alternate with other mental states (i.e., dissociative parts of the personality)

Hysterical Psychosis according to Hugenholz (1946)

- (1) HP develops in individuals with pre-existing hysterical (i.e., dissociative) characteristics exposed to traumatizing events
- (2) Patients with HP show a lowering of consciousness,
- (2) dreaming, fantasizing, staring, inattentiveness, and abulia
- (3) Duration may vary from a couple of days to several months
- (4) When the psychosis disappears, other hysterical (i.e., dissociative) characteristics continue to exist (cf., Tutkun, Yargic, & Sar, 1996)

From Hysterical Psychosis to Dissociative Psychosis

- Following Janet's understanding that hysteria is broad class of dissociative dissociative disorders, and
- Realizing its dissociative nature,
- Hysterical psychosis has been relabeled as Dissociative Psychosis (Graham & Thavasotby, 1995; Van der Hart, Witztum, & Friedman, 1993)

DSM-V and dissociative psychosis

- Such a diagnostic category has not been proposed,
- But the proposed DDNOS subtype 7 would come close:
- DDNOS-7: *Acute conditions with mixed dissociative and psychotic symptoms*
- However, this overlooks the possibility that the psychotic symptoms may be dissociative in nature

Dissociation: Points of departure

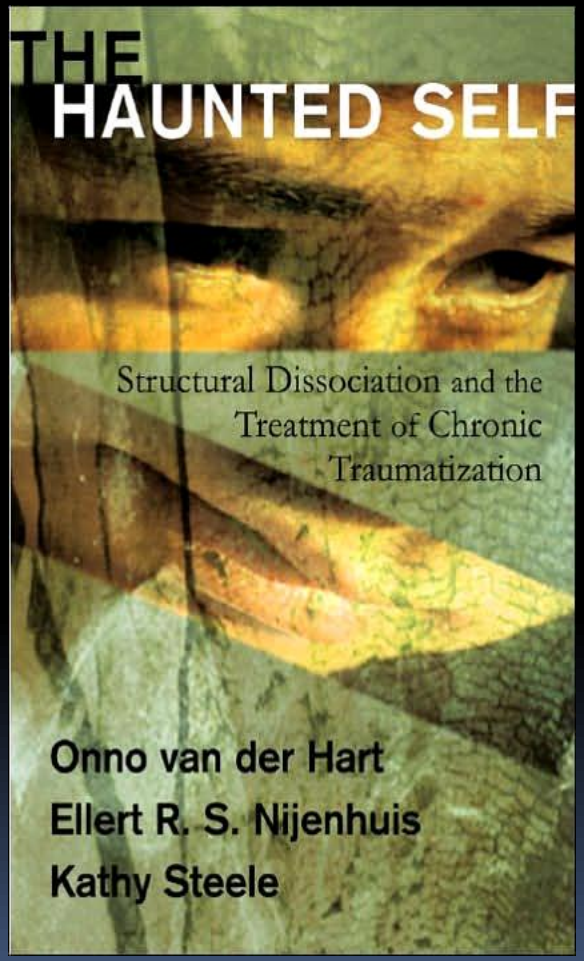
- Dissociation is not only a sequela of trauma, it is not an epi-phenomenon of psychological trauma, but it rather is its major characteristic
- Dissociation: that is, dissociation of the personality
- “It is better … to speak of dissociation of the personality.”
  - William McDougall, 1926, p. 234)

Dissociation as integrative failure

- Involves a lack of integration of the individual's personality, i.e., of the dynamic, biopsychosocial system as a whole that determines his or her characteristic mental and behavioral actions (cf. Allport, 1961; Janet, 1907)

Enters the Theory of Trauma-related Structural Dissociation of the Personality

The Haunted Self (2006)



Theory of Structural Dissociation of the Personality: Acknowledgment of Sources

- Pierre Janet's dissociation theory and action psychology
- Clinical litterature on the dissociative disorders (e.g., Chu, Fine, Kluft, Putnam, Ross)
- Ego state therapy (e.g., Phillips & Frederick, 1995; Watkins & Watkins, 1997)
- Affective neuroscience (e.g., Panksepp, 1998)
- Attachment theory
- Learning theory

“All of us have our breaking-point. To some it comes sooner than to others.”

-T.A. Ross (1941, p. 66)

Subjective experiences of breaking-points

- “I felt as though I was falling apart”
- “I was shattered”
- “I was beside myself”
- “I felt cracked open”
- “It broke me”

Dissociation in Trauma Defined (1): The essence

- Dissociation in trauma entails a *division of an individual's personality*, i.e., of the dynamic, biopsychosocial system as a whole that determines his or her characteristic mental and behavioral actions

- This division constitutes a core feature of trauma
  - Nijenhuis & Van der Hart (2011, p. 418)

Charlotte Delbo

Novelist

Holocaust Survivor From Auschwitz

Nonrealization and Dissociation in a Survivor of Auschwitz (1)

- "I have the feeling that the 'self' who was in the camp isn't me, isn't the person who is here, opposite you. No, it's too unbelievable. And everything that happened to this other 'self,' the one from Auschwitz, doesn't touch me now, *me*, doesn't concern me, so distinct are deep memory and common memory."
  - Charlotte Delbo (1985, p. 13)

Nonrealization and Dissociation in a Survivor of Auschwitz (2)

- "Fortunately, in my anguish, I cry out. The cry awakens me, and I emerge from the nightmare, exhausted. It takes days for everything to return to normal, for memory to be "refilled" and for the skin of memory to mend itself. *I become myself again, the one you know, who can speak to you of Auschwitz without showing any sign of distress or emotion.*"
  - Charlotte Delbo (1985, p. 14)

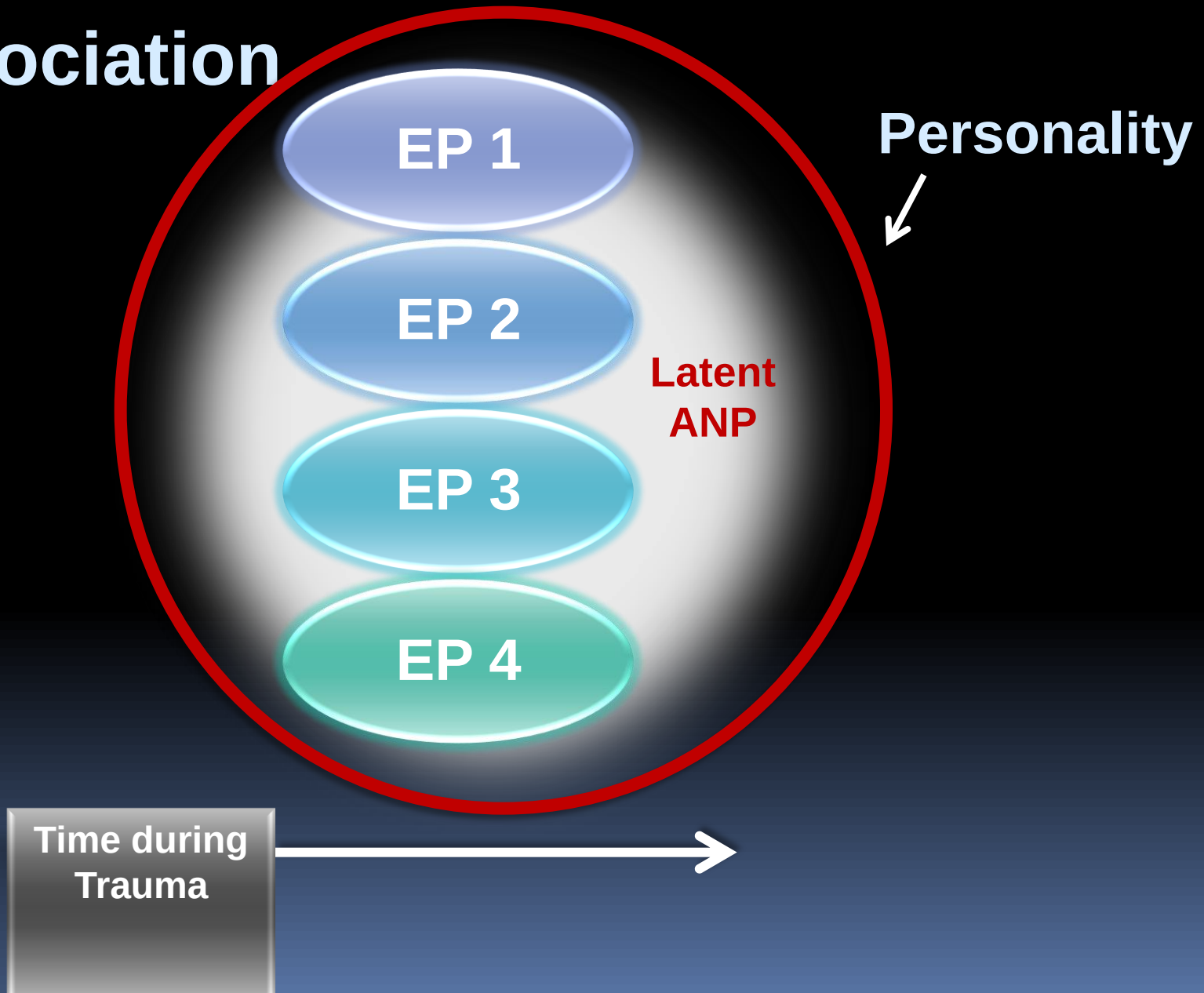
Dissociation in Trauma Defined (2)

- This division evolves when the individual lacks the capacity to integrate adverse experiences in part or in full, can support adaptation in this context, but commonly also implies adaptive limitations.
  - Nijenhuis & Van der Hart (2011, p. 418)

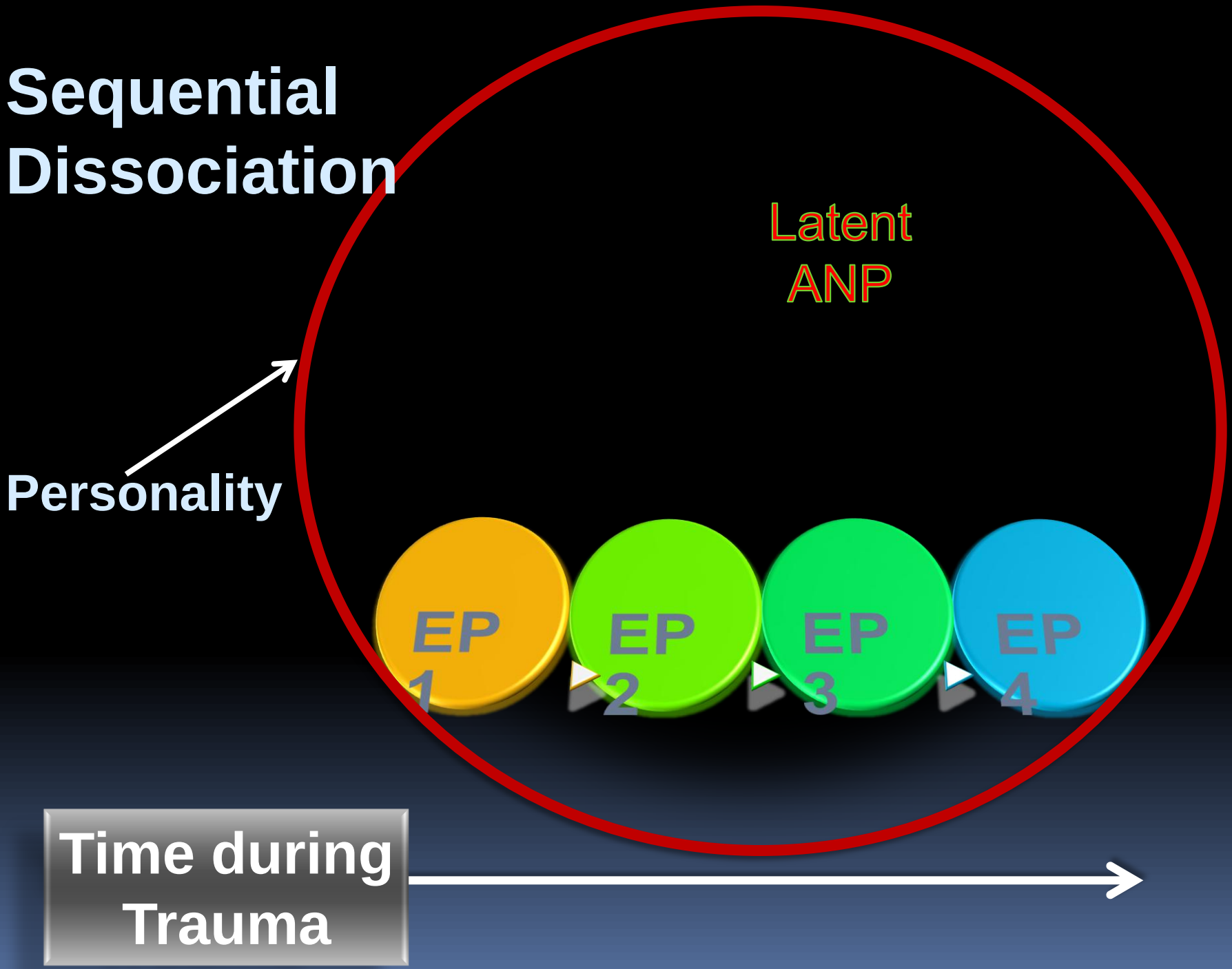
Dissociation in Trauma Defined (3): Dissociative Subsystems

- The division involves two or more insufficiently integrated dynamic but excessively stable subsystems.
- These subsystems exert functions, and can encompass any number of different mental and behavioral actions and implied states.
- These subsystems and states can be latent, or activated in a sequence or in parallel.
  - Nijenhuis & Van der Hart (2011, p. 418)

Parallel Dissociation



Sequential Dissociation



Dissociation in Trauma Defined (4): Conscious and Self-conscious Dissociative Parts

- Each dissociative subsystem, i.e., *dissociative part of the personality* includes its own, at least rudimentary *first-person perspective*
- In other words, each part can be seen as *phenomenal subject*
  - Nijenhuis & Van der Hart (2011, p. 418)

Dissociative parts perceive situations differently

- Thus, they decide and act differently:
- “Perception is inseparable from action. It *predicts* the future. It was organized over the course of evolution according to the natural properties of the physical world and of biological mechanisms.”
  - Alain Berthoz (2000, p. 255)
- “[P]erception is not only simulated action but also and essentially a *decision*.”
  - Alain Berthoz (2006, p. xi)

Charles S. Myers

British Psychologist/ Psychiatrist during World War I

Prototypes of Structural Dissociation

Alternations between

and co-existence of

- Trauma-avoidant part(s) that experience "too little" –
  - numbing, detachment, amnesia, conscious and unconscious avoidance strategies:
    - *Apparently Normal Parts of the Personality* (ANPs)

- Trauma-fixated part(s) that experience "too much" –
  - reliving of trauma and fixation in defense:
    - *Emotional Parts of the Personality* (EPs)

ANP: Mainly Mediated by Normal Daily Life Action Systems

- Exploration
- Social Engagement
  - *Attachment*
  - Sociability
  - Care-giving
  - Social ranking
- Play
- Energy regulation (rest, eating, etc.)
- Sexuality / Reproduction
- Higher order action tendencies of daily life

EP: Mainly Mediated by Defense Action System

- Attachment cry [panic system]
- Hypervigilance [fear system]
- Freezing
- Flight
- Fight
- Collapse or total submission with anesthesia, analgesia
- Recuperative states
  - Wound care
  - Rest
  - Isolation from the group

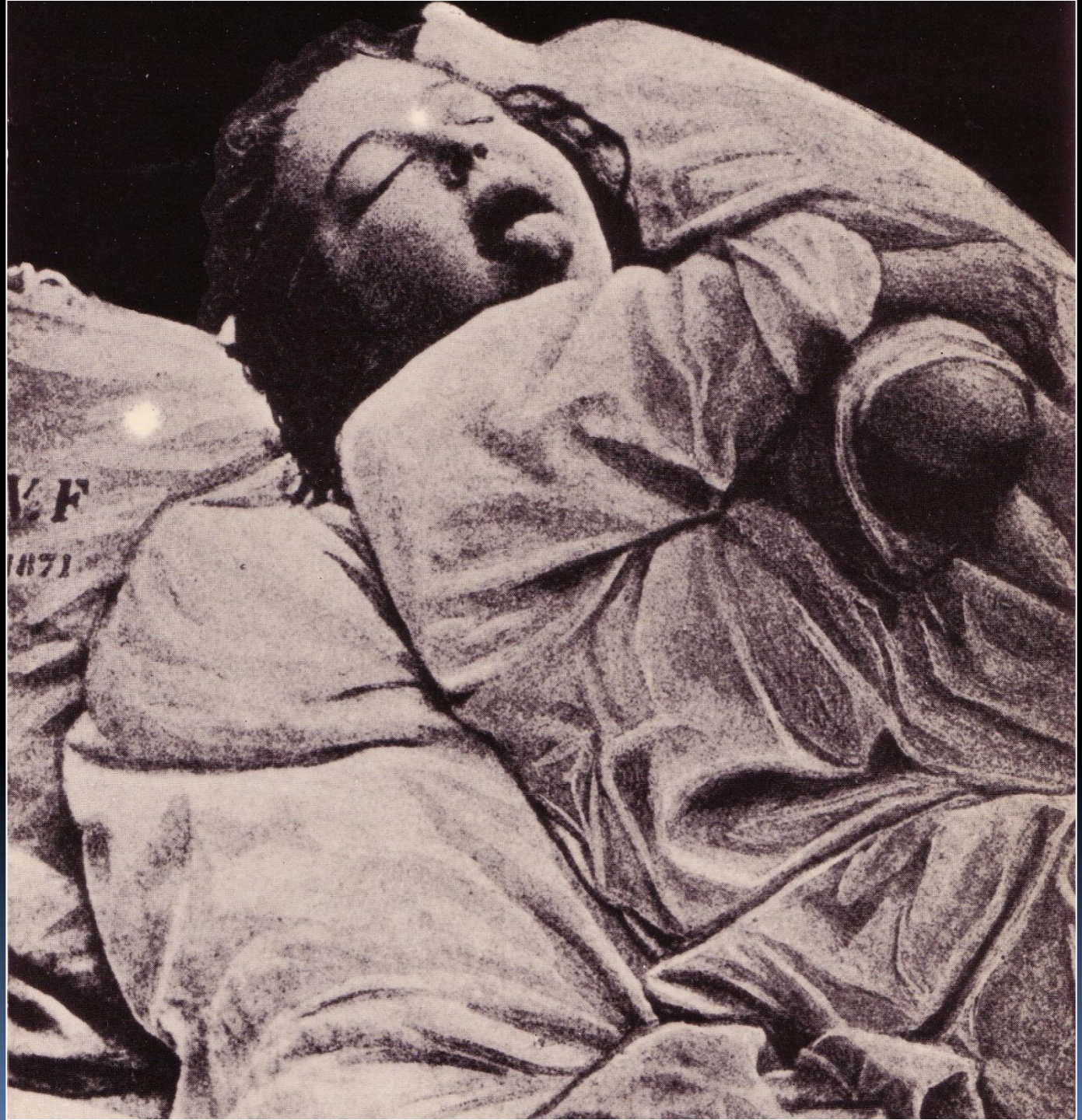
EP and ANP in Victim of Chronic Childhood Sexual Abuse:

Charcot's Patient Augustine

Planche XIV.

HYSTÉRO-ÉPILEPSIE

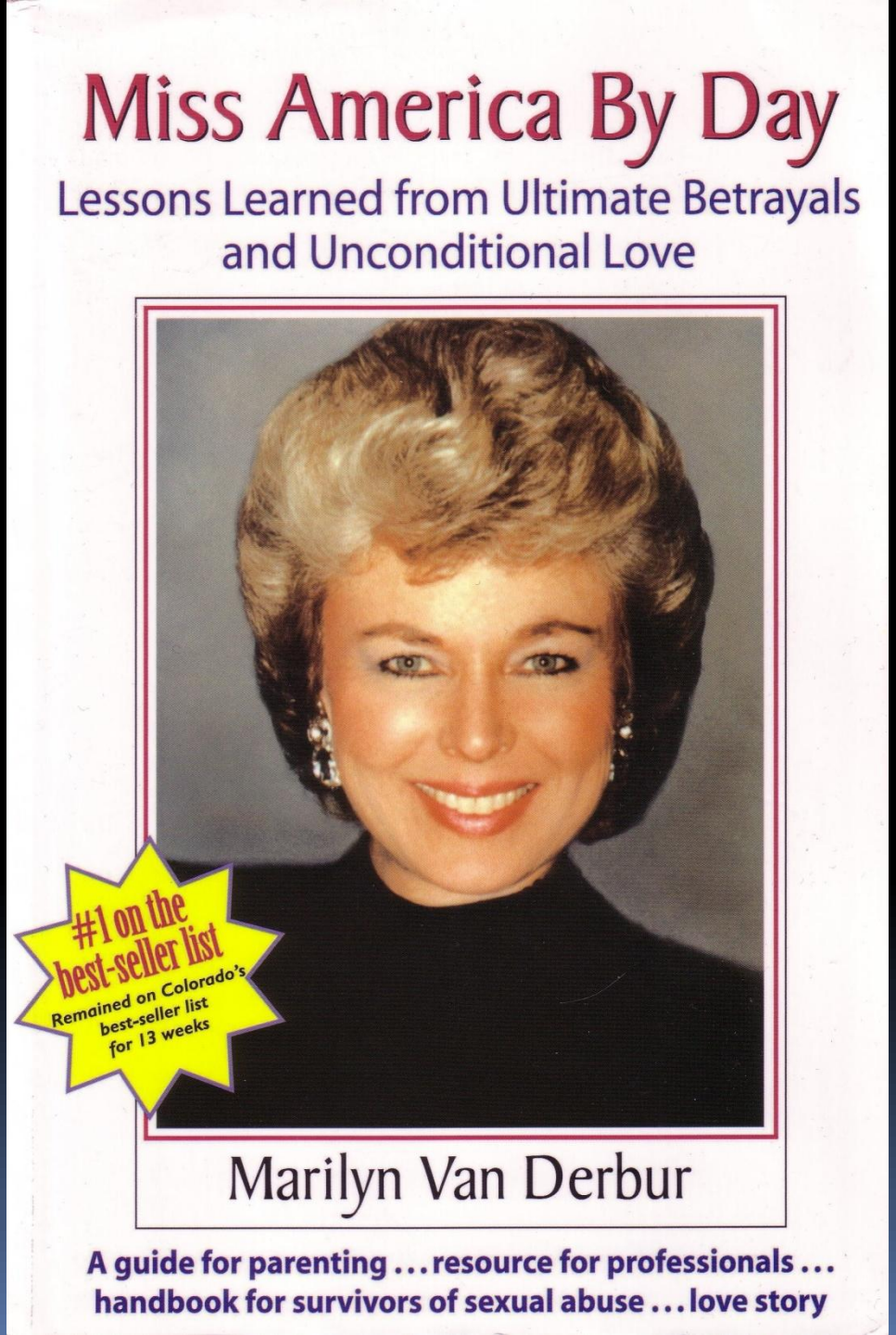
ÉTAT NORMAL



Dissociation in Trauma Defined (5): Phobic Avoidance

- Dissociative parts have *permeable psychobiological boundaries* that keep them divided, but that they can in principle dissolve
- These boundaries are maintained by *phobias* of traumatic memories and *phobias* that dissociative parts have regarding each other
  - Nijenhuis & Van der Hart (2011, p. 418)
- Reminder: the mental and behavioral actions involved in these phobias are *substitute actions*

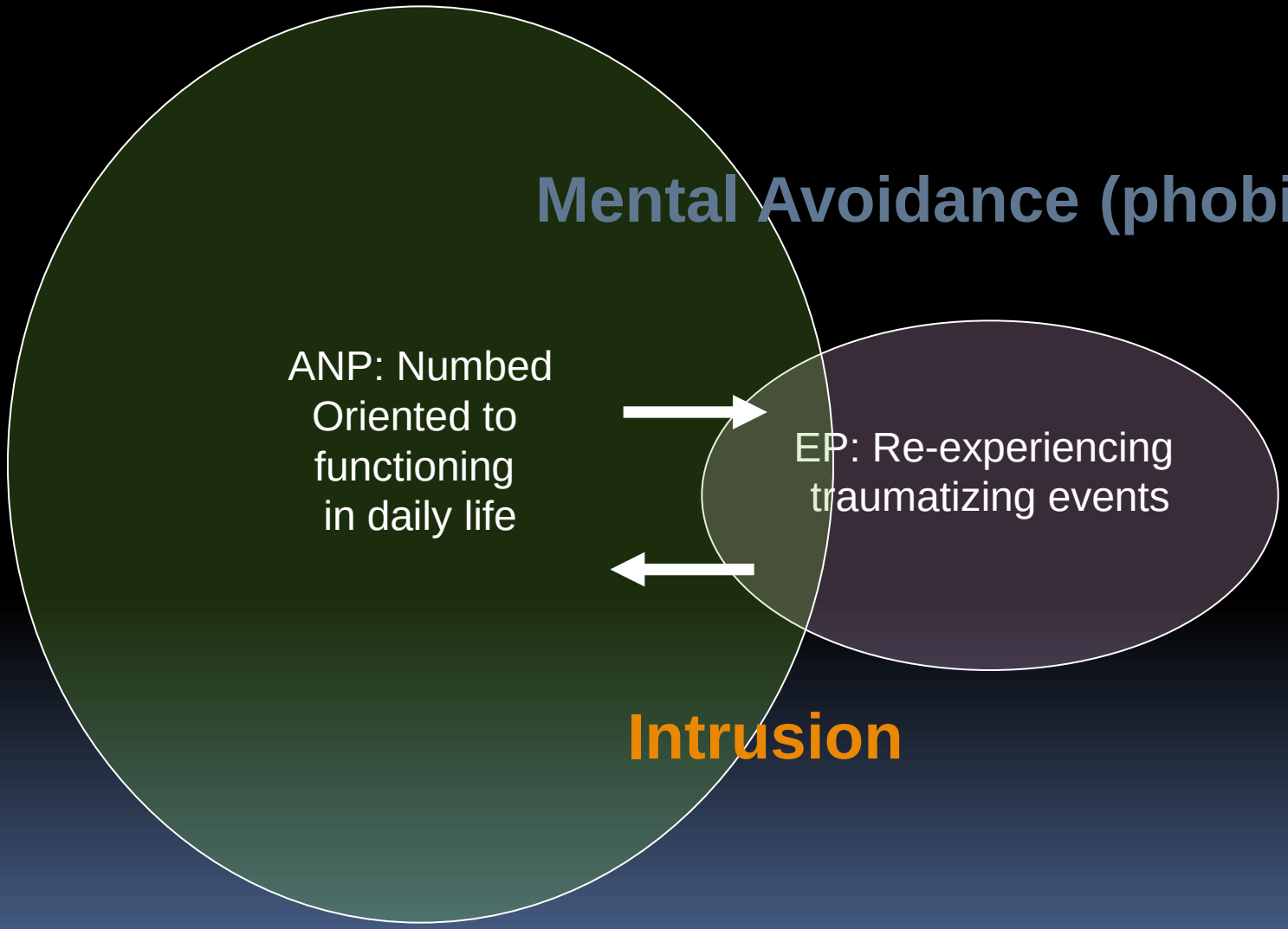
- “Simple Case of Structural Dissociation ”



Separation Between "Day Child" (ANP) and "Night Child" (EP)

- "Without realizing it, I fought to keep my two worlds separated. Without ever knowing why, I made sure, whenever possible that nothing passed between the compartmentalization I had created between the day child and the night child."
  - Marilyn Van Derbur (2004, p. 26)

Dissociation as in PTSD



Dissociation in Trauma Defined (6): Dissociative Symptoms

- This division of the personality manifests in dissociative symptoms:
- *Negative* (functional losses such as amnesia and paralysis) and *positive* (intrusions such as flashbacks and voices)
- *Psychoform* (symptoms such as amnesia, hearing voices) and *somatoform* (symptoms such as anesthesia or tics)

Schneiderian Symptoms of Schizophrenia (Passive Influence) are more characteristic of Complex Dissociative Disorders

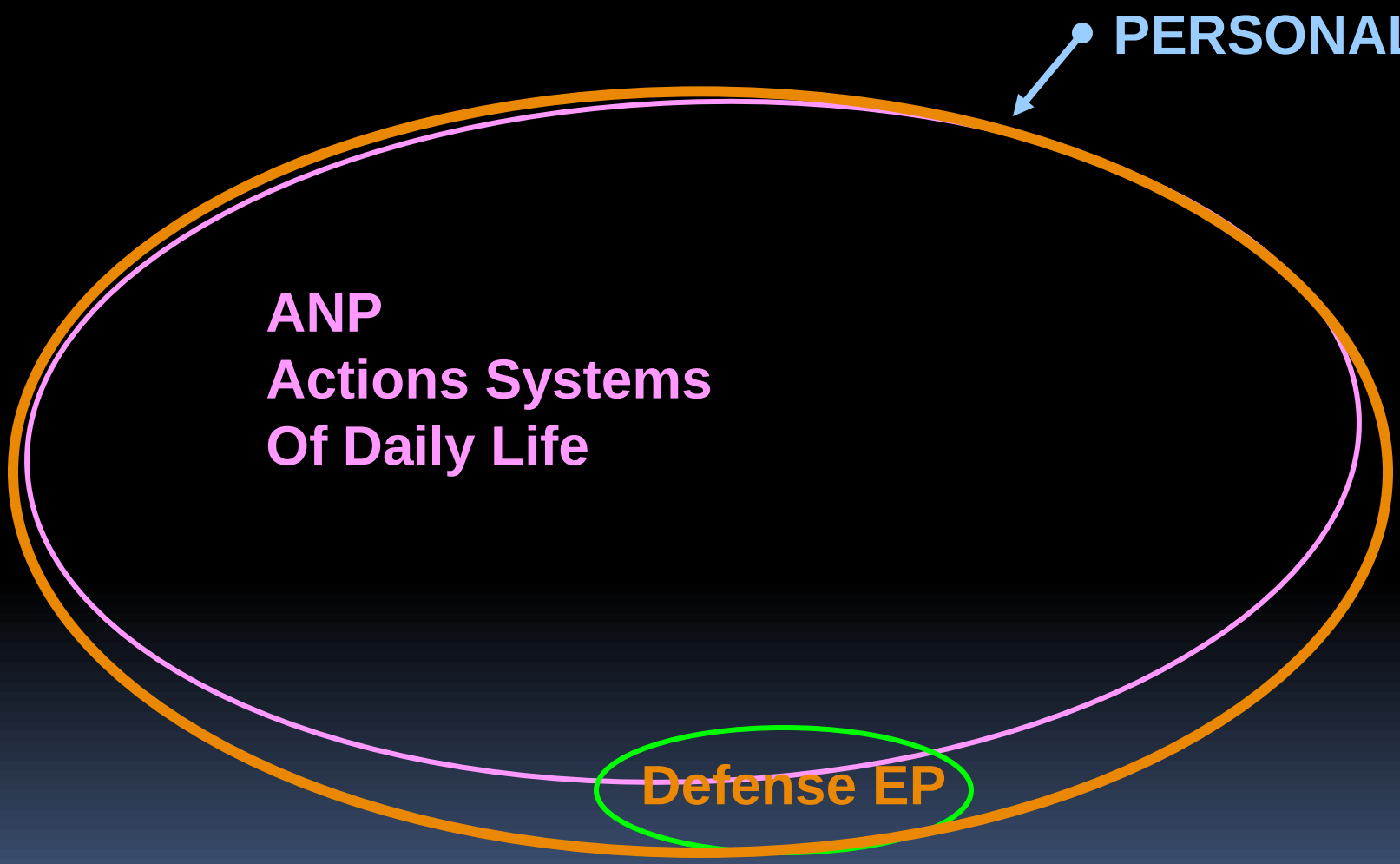
- Voices commenting, arguing, crying (internally)
- Made feelings, impulses, actions
- Thought withdrawal or insertion
- Hallucinations (related to trauma)
- Delusions (related to trauma)
- Feeling body is controlled by someone else

Boon's conclusion regarding hearing voices

- DID voice experience appears different from schizophrenia.
- DID more likely to:
  - Starting before 18
  - Hearing constantly
  - Hearing both internally and externally
  - Hearing more than 2 voices
  - Hearing both child and adult voices

Levels of structural dissociation of the personality

Primary Structural Dissociation: Simple PTSD; Acute Stress Disorder



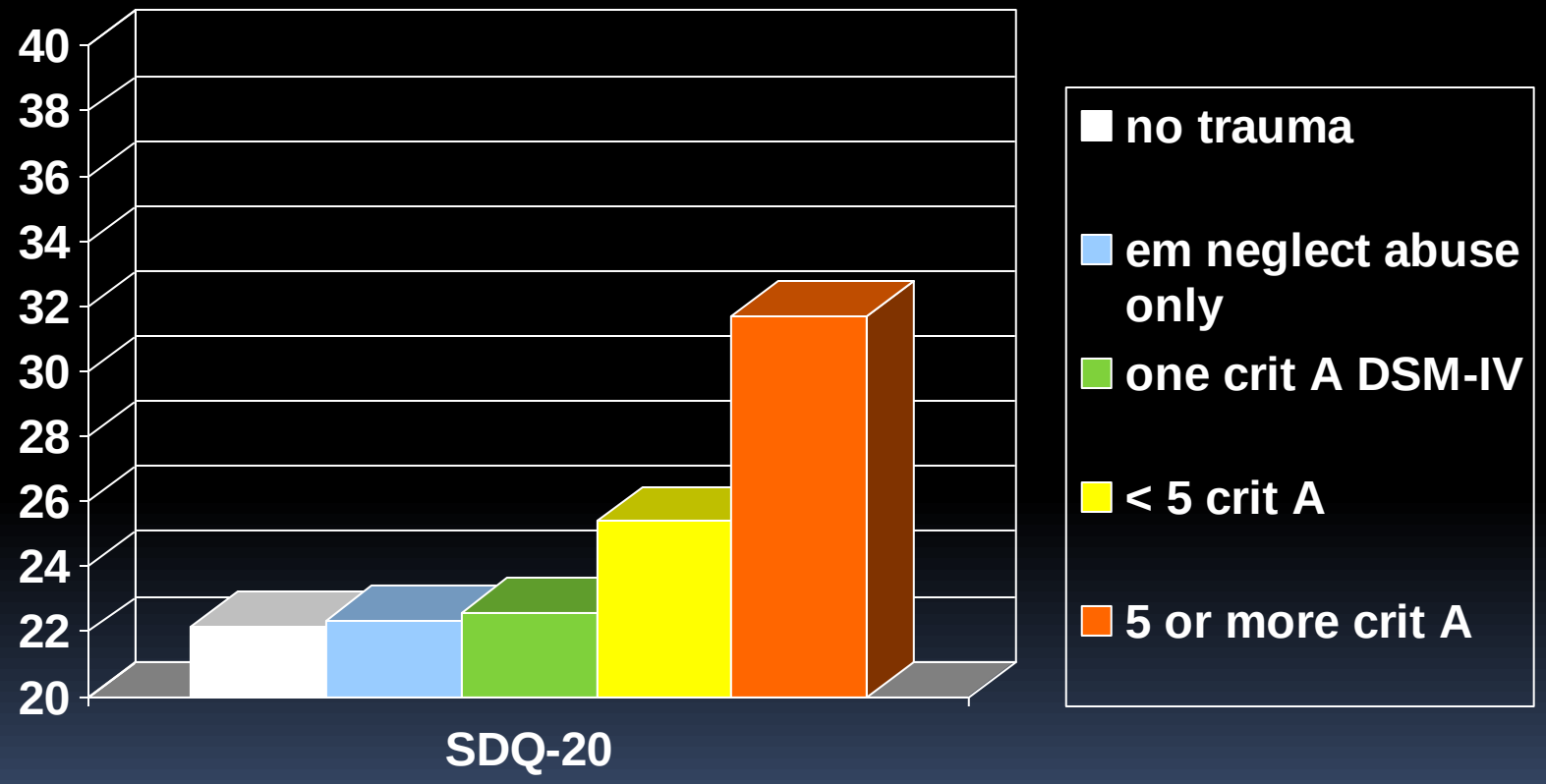
Nijenhuis, Van der Hart, & Steele (2001)

Pierre Janet on Vehement Emotions

"Traumas produce their disintegrating effects in proportion to their intensity, duration and repetition."

P. Janet (1909, p. 1558)

Somatoform Dissociation and Degree of Reported Trauma (psychiatric outpatients)

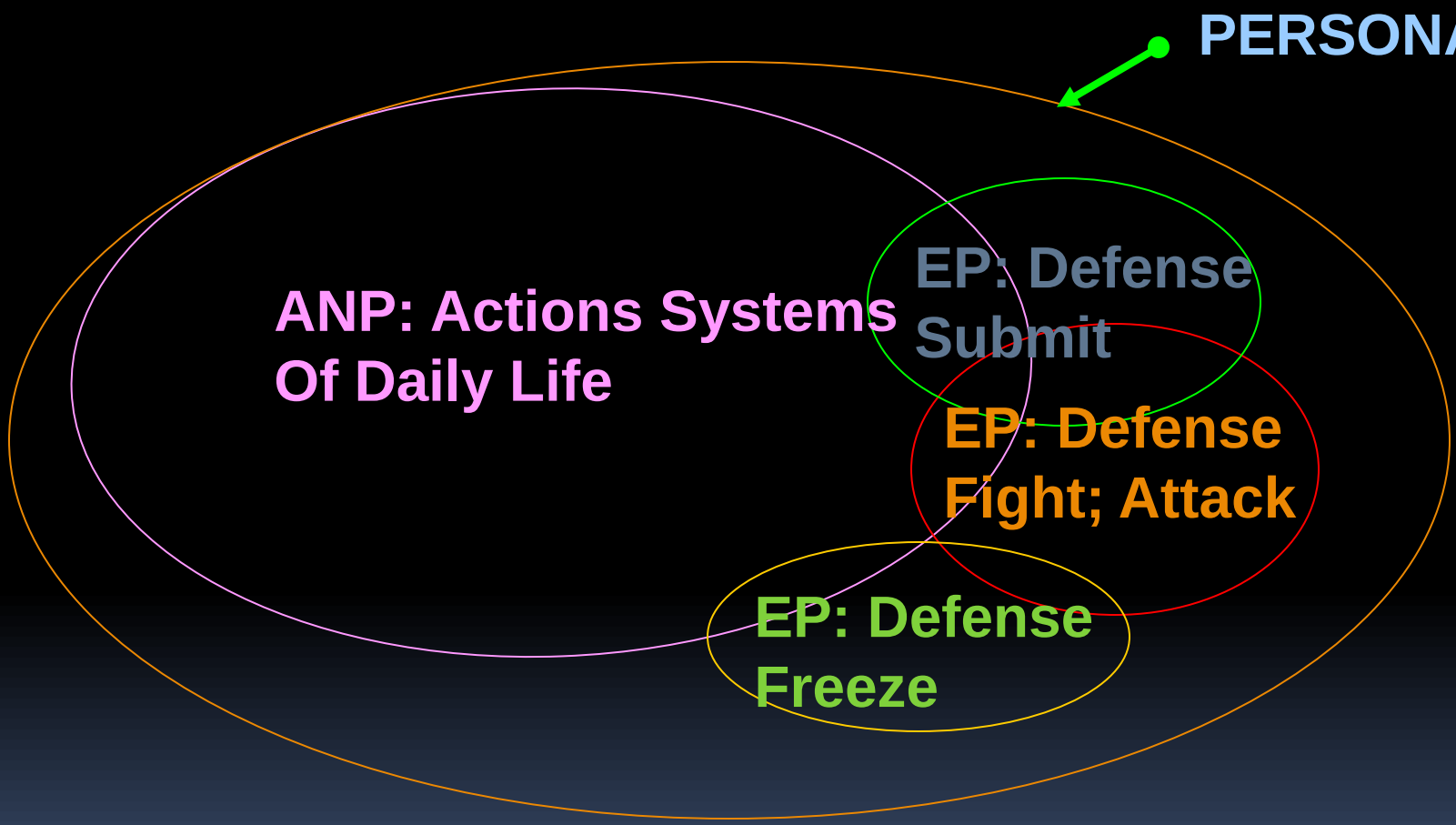


F = 11.11 (4, 143), p <.0001

Group > other groups; post hoc Tukey HSD

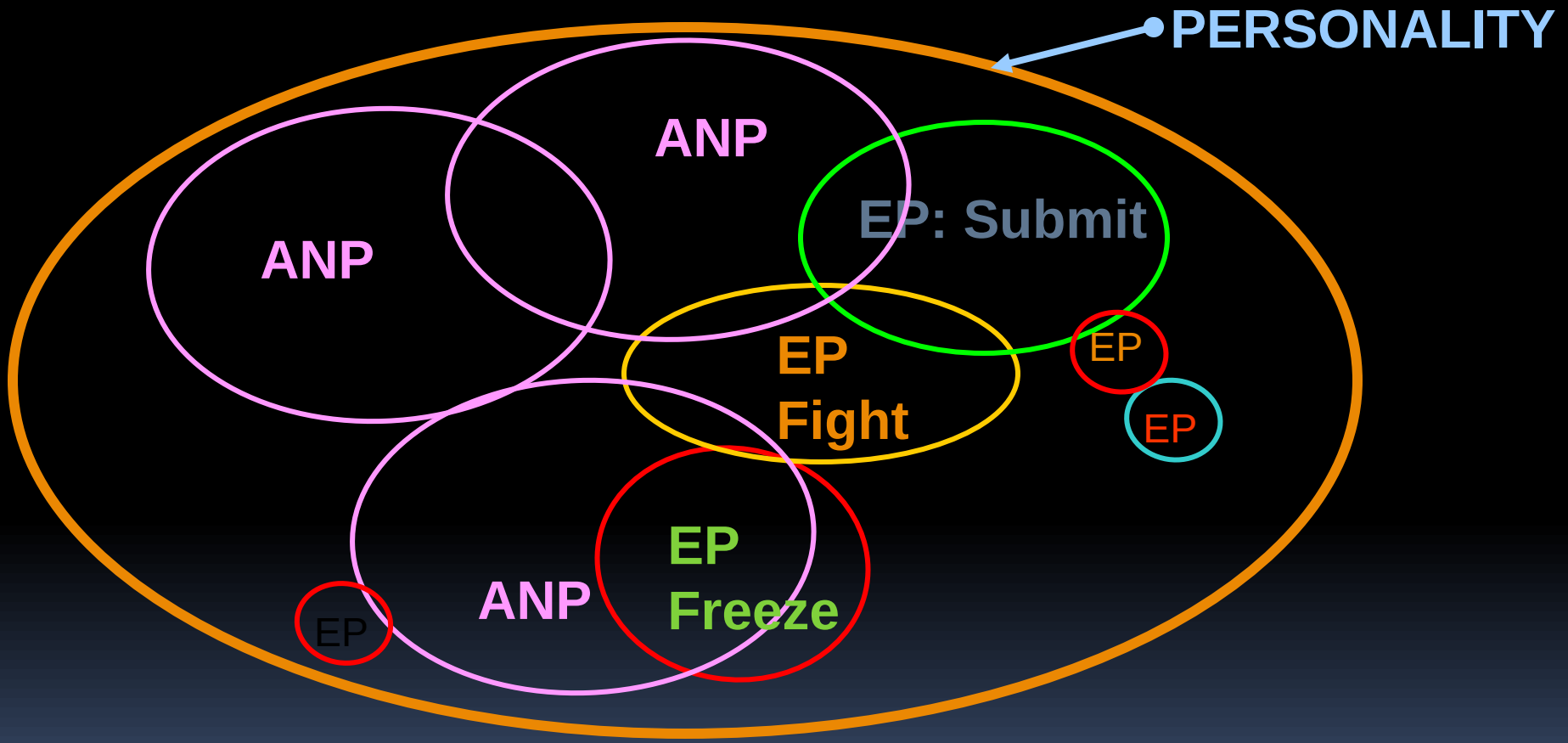
Nijenhuis et al. (1998)

Secondary Structural Dissociation: Complex Trauma, BPD, DESNOS, DDNOS



Nijenhuis, Van der Hart, & Steele (2001)

Tertiary Structural Dissociation:
Dissociative Identity Disorder (DID)



Nijenhuis, Van der Hart, & Steele (2001)

Levels of Structural Dissociation of the Personality

- PRIMARY
  - Simple PTSD
  - Simple Dissociative Disorders (DSM-IV, ICD-10)
- SECONDARY
  - Chronic, complex PTSD/DESNOS
  - BPD, DDNOS (including Dissociative Psychosis)
- TERTIARY
  - DID (including Dissociative Psychosis)

Van der Hart, Nijenhuis, & Steele (2000 2006)

DSM-V and Dissociative Psychosis

- DP as a diagnostic category has not been proposed
- The proposed DDNOS subtype 7 would come close:
- DDNOS-7: *Acute conditions with mixed dissociative and psychotic symptoms*
- However, this overlooks the possibility that the psychotic symptoms may be dissociative in nature

Dissociative Psychosis: Consensus on treatment

- The unfortunate inability to distinguish between DP and schizophrenia often leads to “the most serious therapeutic errors” (Follin et al., 1961, p. 282)
- There exists in the literature over time consensus that psychotherapy, possibly including the use of hypnosis, is the treatment of choice
- Medication can play a supportive role

Dissociative Psychosis: A Janetian Point of Departure (1)

- Janet distinguished between
- (1) *Primary fixed ideas* or *primary emotional states*, with their own first-person perspective, i.e., EPs, most of which comprise traumatic memories, and
- (2) *Secondary fixed ideas* or *secondary emotional states*, i.e., EPs, which are related to traumatic memories and manifest as hallucinations, fantasies or dream elaborations

Dissociative Psychosis: A Janetian Point of Departure (2)

- Janet spoke of [dissociative] psychosis when *secondary fixed ideas* or *secondary emotional states*, were dominant.
- For instance, when the individual experienced trauma which evoked intense guilt feelings, an EP could develop hallucinations of being in hell and tortured by devils, or experiences him/herself as a devil
- Dissociative psychosis, then, is present when such an EP has executive control

Dissociative Psychosis: An Enlargement (1)

- Following Jackson's (2001) definition of psychosis, "a broad category of mental disorders that are characterized by severe abnormalities (…) associated with with disturbance of the sense of reality and often with delusions, hallucinations, and disruptions in the sense of personal identity" (p. 334),
- We consider a wider range of dissociative conditions as syndromes of dissociative psychosis (DP)

Dissociative Psychosis: An Enlargement (2): Possibilities

- (1) ANP overwhelmed by threatening and/or imperative voices
- (2) EP(s) in executive control reexperiencing traumatizing events
- (3) EP(s) in executive control (re)experiencing terrifying hallucinations derived from traumatic experiences (Janet's cases)

Dissociative Psychosis: An Enlargement (3): Possibilities

- (4) EP(s) in executive control (re)experiencing other hallucinations derived from traumatic experiences
- (5) Ongoing rapid switching
- (6) “Double emotion,” when current traumatization reactivates past traumatization

Apparently Normal Part of the Personality feeling overwhelmed by threatening and/or imperative voices

- The mere fact of people hearing voices does *not* warrant the diagnosis of schizophrenia or a psychotic disorder
- When a dissociative patient, as ANP, is overwhelmed by threatening voices and becomes unable to function in daily life, a diagnosis of DP may be in order
- Such voices can be particularly active when EPs are triggered and have their traumatic memories reactivated

Emotional Parts of the Personality (EPs) in executive control reexperiencing traumatizing events

- The reexperience of a traumatizing event often is short and does not warrant the idea of DP
- However, such episodes may also last longer and merit the label of a dissociative psychotic episode

Janet's patient Irène

- Irène, age 23, was severely traumatized by witnessing the death of her mother
- She was amnestic for this traumatizing event
- Her traumatic memory was reactivated by specific circumstances and constituted a more or less exact and automatic repetition of the acts she had performed during that tragic night
- Janet spoke of *restitutio ad integrum*: when one element is evoked, all other elements follow automatically

EPs in executive control (re)experiencing terrifying hallucinations derived from traumatic experiences

- So-called *secondary fixed ideas*
- Elements of traumatic experience dominating in new forms
- Transformations of traumatic experiences to symbolic hallucinations

EPs in executive control (re)experiencing other hallucinations derived from traumatic experiences

- May be of a more benign nature and function as substitute actions for the challenge of confronting and integration the traumatic memories

Rapid switching among EPs because of reactivated traumatic memories

- Is a commonly reported phenomenon in secondary and tertiary structural dissociation
- Often in response to reactivated traumatic memories
- The terrified patient may be so much out of touch with current reality that a label of a DP episode might be in order

The phenomenon of double emotion, in particular instances in which current traumatization reactivates past traumatization

- Current traumatization reactives past traumatization and various EPs
- The acute traumatic response becomes a mixture of vehement emotions with regard to the new and old traumatizing events
- Example: Avraham (Cf. Van der Hart, O., Witztum, E. & Friedman, B. (1993). From hysterical psychosis to reactive dissociative psychosis. Journal of Traumatic Stress, 6(1), 43-64.Also in: www.onnovdhart.nl)

Conclusions (1)

- For a psychotic episode or disorder to be recognized as a symdrome of dissociative psychosis,
- It should be trauma-related and embedded in a structural dissociation of the personality
- Might prevent misdiagnosis and related inadequate treatment

Conclusions (2)

- Phase-oriented psychotherapy is the treatment of choice
- Possibly supported by appropriate pharmacotherapy, crisis intervention and short-term inpatient treatment
- The patient's hypnotizability is a good prognostic sign (Breukink, 1923)
- However, systematic studies regarding appropriateness of the DP syndrome and treatment effectiveness are lacking