PSYCHOSIS, TRAUMA AND DISSOCIATION

Evolving Perspectives on Severe Psychopathology

Edited by
Andrew Moskowitz, Martin J. Dorahy, Ingo Schäfer

Second Edition

WILEY Blackwell

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Foreword from the Trauma Field

Chris R. Brewin

A recent feature of mental health care in England has been the introduction of patient 'clustering', a process which often requires clinicians to distinguish between 'psychotic' and 'non-psychotic' conditions – this decision is often the precursor to patients being assigned to separate groups of services. Readers of this book will not be surprised to learn that many patients report a complex intermingling of symptoms, leading to the question of whether this assumption of two mutually exclusive groups is helpful. Indeed, exploration of the distinction between post-traumatic and psychotic conditions, and how to treat them when they occur together, has been a major focus of research over the last 10 years, and the first edition of this book (2008) was one of the texts that helped to establish the importance of this emerging field. By drawing attention to the central role of dissociation it provided some important concepts and tools for looking in more detail at the mechanisms that underpin symptoms that straddle the divide between 'psychotic' and 'non-psychotic'. The second edition brings this research up-to-date and demonstrates how much the field has developed in the intervening years.

In my own clinical practice with people suffering from post-traumatic stress disorder (PTSD), I noted the existence of auditory hallucinations some years ago. The first occasion was when I was questioning a patient about why he felt so guilty for the death of some of his companions in an ambush by armed men, when he appeared to be blameless. It was then that he disclosed the presence of an internal voice that repeatedly emphasized the incident was his fault, a conclusion he felt unable to dispute. Since then I have realized that hallucinations of this kind are a relatively common symptom, confirming their presence both in a military sample and in a sample of civilians with more complex presentations (Brewin & Patel, 2010).

Nevertheless, interest in this phenomenon is coming mainly from those in the psychosis field; mention of hallucinations, with the exception of a few studies in the military, is almost entirely absent from the clinical literature authored by PTSD experts. I remain surprised that few of my colleagues working with traumatized patients appear aware of this extraordinarily important symptom, one that in my experience has a major impact, not just on the course of the disorder, but on the course of therapy. One reason may be that, unlike visual flashbacks, voice hearing is not typically confined to replaying aspects of a specific traumatic event but generalizes to many everyday situations. As such there is no protocol for treating them within standard therapies for PTSD. On the other hand, voice hearing is strongly related to other, well-recognized aspects of PTSD, such as reporting dissociative reactions during the traumatic event itself, supporting its likely dissociative nature.

Another symptom commonly thought of as psychotic is the presence of delusions. If anything, these have garnered even less attention in the mainstream PTSD literature than hallucinations. But clinicians working with survivors of chronic abuse, whether in childhood or adulthood, are familiar with their patients reporting a powerful delusional sense that the perpetrator is present in the room with them, or continues to control them, even if that person lives far away or is in fact dead. There are two other types of traumatic event that are particularly likely to be accompanied by delusional beliefs. One is being treated in intensive care, an experience frequently followed by adverse emotional consequences (Wade et al., 2012). The combination of threat to life, invasive medical procedures, and the use of powerful drugs has the effect that patients not infrequently experience terrifying hallucinations and delusions, for example that staff are going to abduct and torture them. These then form the content of the later flashbacks and intrusive memories that are experienced as part of the PTSD episode (Wade et al., 2015).

Delusions are also common in the context of psychosis-related PTSD (PR-PTSD; Fornells-Ambrojo, Gracie, Hardy, & Brewin, 2016). PR-PTSD is defined as arising either from external events that may be connected with psychosis (forcible injection, involuntary hospitalization, etc.) or from internal events such as hallucinations or delusions that others are seeking to harm or kill you. Whereas the external events would often qualify as traumatic according to PTSD Criterion A of the DSM-5 (American Psychiatric Association, 2013), when perceptions of one's life being in danger or of being threatened with severe injury are hallucinatory or delusional in nature, these experiences are not considered 'traumatic'. It has therefore been proposed (Fornells-Ambrojo et al., 2016) that *distorted reality* PTSD should be considered as a potential subtype for a revision of DSM-5 PTSD that applies when Criterion A's implicit assumption that individuals are rationally able to appraise severe threat is violated. This subtype is not just relevant to people with psychosis but to individuals whose mental state is impaired through other causes, such as intensive care treatment or dementia. Inspired by this new edition of *Psychosis, Trauma and Dissociation*, it is time to recognize the more complex realities that are described by our patients, and to ensure that we as researchers and clinicians have a set of conceptual tools that do justice to people's lived experience.

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Foreword from the Psychosis Field

Brian Martindale

Every now and again a book comes along that leaves one with the feeling that one's understanding of, and approach to, particular human problems will never be the same. As someone deeply involved for many years in psychological approaches to psychosis, this is one such book. It addresses many essential contemporary clinical and research aspects of psychosis (and disturbances that are related) of which I will list just a few: the role of both childhood and later trauma to vulnerability for, and precipitation of, psychosis; the many possible roles of dissociation; the differentiation of dissociative psychotic conditions from non-dissociative ones; and the interaction between nature (brain) and nurture (trauma) in the genesis of dissociative and psychotic conditions. It also emphasizes limitations to the concept of 'diagnosis' and the need for it always to be considered within cultural, power, and historical contexts.

The second edition of this excellent book supports a shift in the understanding of particular manifestations of severe mental distress, especially what is called 'psychosis' and 'schizophrenia', from an exclusive emphasis on biology, without denying its relevance (in that the psyche is embedded in the soma of the brain), to a recognition of the importance of including the unique histories of individuals and the way they have responded to adversities. The core of this book is the important role of dissociation as a frequent process and outcome following trauma and severe stress; in this way, it revisits the understandings of psychosis at the times of Janet, Bleuler, and Freud. This book supports the resonant but simple crystal metaphor of Freud (1933) in relation to trauma:

> If we throw a crystal to the floor, it breaks; but not into haphazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were predetermined by the crystal's structure. Mental patients are split and broken structures of the same kind (p. 59).

Indeed, by its support for an integration of dissociation into contemporary psychosis discourse, this book might function in a similarly dramatic way to that of Charcot in the nineteenth century who, by pointing out parallels between hypnosis and hysteria, facilitated the acceptance of both (along with hysterical/traumatic psychosis) by the official psychiatry of his time (see Chapter 2).

The tectonic plates are certainly shifting in the psychosis field, and this book will no doubt contribute at a time when there are calls from the United Nations Special Rapporteur to the

Human Rights Council (himself a Professor of Psychiatry) for a targeting of social determinants and an abandonment of the predominant medical model of psychosis (UNDOC, 2017).

In my opinion, all mental health professionals need to be aware of the histories of our disciplines. It is in this way that we are particularly likely to be helped to remain humble in our attitude to contemporary 'beliefs' and to see them as likely to be transient. Understanding history will enhance the role of 'Negative Capability' – a term originally used by the poet John Keats, but elaborated by Wilfred Bion, to mean the ability to tolerate the pain and confusion of not knowing rather than imposing perceived certainties on an ambiguous situation (Williams, 2009). In my view, a lack of appreciation of history has contributed to reductionistic 'beliefs' as to the cause of 'schizophrenia'.

Negative Capability would help us to reflect on our ideas and be able to better listen to what patients have to tell us, instead of listening mainly for what people appear to have in common with one another; it would also help us to place greater emphasis on individual formulations than diagnoses, as the limitations of mental health diagnoses are increasingly recognized (Johnstone, 2015).

A further related reason for the 'shifting tectonic plates' is the growth and power of 'user' movements, representing many persons who are disenchanted if not traumatized by contemporary mental health services. One of the most important of these is the International Hearing Voices Movement (addressed in Chapter 24), which arose from the work of Romme and Escher in Maastricht; this movement emphasizes that voices are frequently based on traumatic experiences from which they had become dissociated. 'Users' and family members are becoming increasingly important members of national clinical practice guidance groups and the experiences they represent are playing an important part in changing practices in psychosis.

In human terms, this book is disturbing because time and time again the research indicates that, in significant numbers of patients, an underlying dissociative disorder is not being recognized. Because of this oversight, patients are not receiving therapeutic interventions that focus on dissociation, even though they are increasingly shown to be effective. Although no longer likely to be cast into asylums for decades, many wrongly diagnosed patients will be needlessly left with long-lasting disability and suffering resulting from treatment with long-term medication that does not benefit them.

Treatment approaches that do appear to impact psychosis, documented in this book, include not only insight-orientated therapies but also trauma therapies such as Eye Movement Desensitization and Reprocessing (EMDR). The growing interest in EMDR and evidence for its effectiveness in psychosis has revealed the relevance of traumatic memories to distressing 'psychotic' symptoms; surely a field for rapprochement between psychoanalysis and EMDR.

One important clinical implication of this book is in the area of early intervention in psychosis (EIP). With the increasing emphasis on EIP, it is vital that EIP teams have expert clinicians in the early recognition and therapy of dissociation, and that all members are familiar with the concepts and research findings and consequent clinical implications outlined in this book. It is equally important that patients who are then recognized as experiencing psychotic symptoms due to dissociation do not get excluded from psychosis services. Chapter 20 by Ross is excellent at extolling a way forward for contemporary services to adopt the important findings outlined in this book.

Andrew Moskowitz, Martin Dorahy, and Ingo Schäfer are to be congratulated on this well-edited multi-authored book, which will be of great interest and importance to all open-minded clinicians and researchers in the field of psychosis and those closely related human difficulties. The authors also point to areas where further research is needed. From reading this book, my sense is that areas particularly needing research are: (i) those patients experiencing psychosis in whom the primary manifestation of their difficulties is in disengaging from relationships (so-called negative symptoms) and to see how much of this phenomenon can be understood within a broad dissociative framework rather than from a purely biological perspective and (ii) other patients with psychosis who do not seem to fit into the dissociative framework presented in this book. Could it be that the latter patients have transformed their problems by unconscious mechanisms (primary processes) into phenomena that disguise their traumas so that they cannot be easily recognized for what they are? In other words, will research show that forms of dissociation are at the heart of far more psychosis than even this book dare presume?

But there is one thing of which I am certain – the field is so ready for further important clinically related research in this area that a third edition will undoubtedly be called for!

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