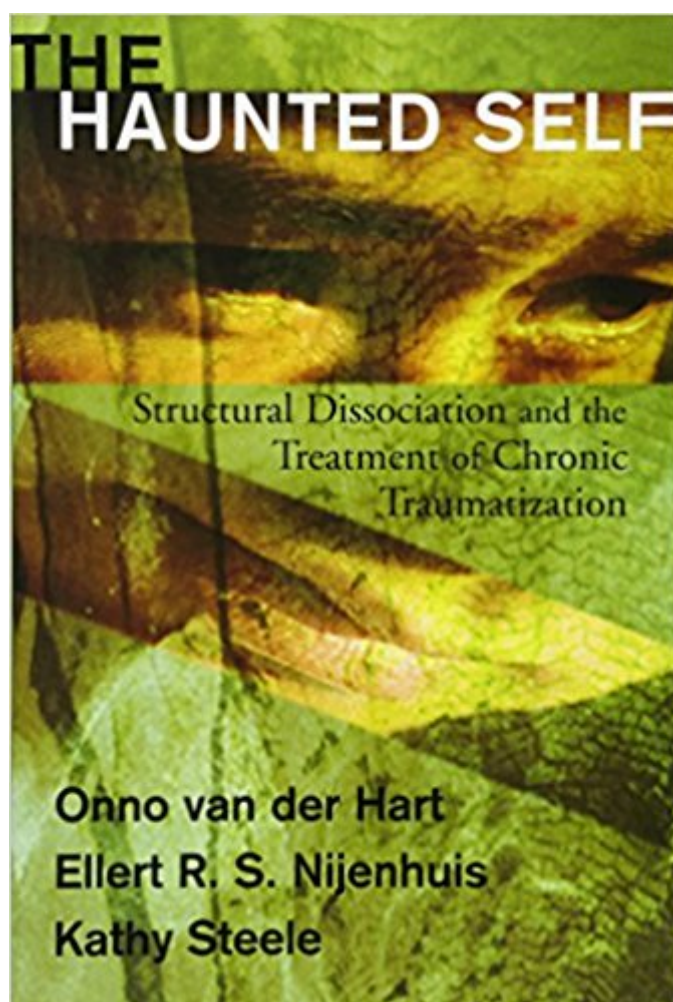


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# The Haunted Self: Structural Dissociation And The Treatment Of Chronic Traumatization (Norton Series On Interpersonal Neurobiology)





## Synopsis

Life is an ongoing struggle for patients who have been chronically traumatized. They typically have a wide array of symptoms, often classified under different combinations of comorbidity, which can make assessment and treatment complicated and confusing for the therapist. Many patients have substantial problems with daily living and relationships, including serious intrapsychic conflicts and maladaptive coping strategies. Their suffering essentially relates to a terrifying and painful past that haunts them. Even when survivors attempt to hide their distress beneath a facade of normality—a common strategy—therapists often feel besieged by their many symptoms and serious pain. Small wonder that many survivors of chronic traumatization have seen several therapists with little if any gains, and that quite a few have been labeled as untreatable or resistant. In this book, three leading researchers and clinicians share what they have learned from treating and studying chronically traumatized individuals across more than 65 years of collective experience. Based on the theory of structural dissociation of the personality in combination with a Janetian psychology of action, the authors have developed a model of phase-oriented treatment that focuses on the identification and treatment of structural dissociation and related maladaptive mental and behavioral actions. The foundation of this approach is to support patients in learning more effective mental and behavioral actions that will enable them to become more adaptive in life and to resolve their structural dissociation. This principle implies an overall therapeutic goal of raising the integrative capacity, in order to cope with the demands of daily life and deal with the haunting remnants of the past, with the “unfinished business” of traumatic memories. Of interest to clinicians, students of clinical psychology and psychiatry, as well as to researchers, all those interested in adult survivors of chronic child abuse and neglect will find helpful insights and tools that may make the treatment more effective and efficient, and more tolerable for the suffering patient.

## Book Information

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## Customer Reviews

A powerful set of insights for clinicians, students of clinical psychology and psychiatry, and any involved in mental health issues. (The Bookwatch)

Onno van der Hart, Ph.D., is Professor Emeritus of Psychopathology of Chronic Traumatization, Department of Clinical and Health Psychology, Utrecht University, Utrecht, the Netherlands, and a psychologist / psychotherapist in private practice in Amsterdam, the Netherlands. He is a Past President of the International Society for Traumatic Stress Studies (ISTSS). Ellert R. S. Nijenhuis, Ph.D., is a clinical psychologist, psychotherapist, and researcher. He is affiliated with Mental Health Care Drenthe, The Netherlands and collaborates with various Universities. He is a former director of the Executive Council of the International Society for the Study of Dissociation (ISSD). Kathy Steele, MN, CS, is in private practice with Metropolitan Psychotherapy Associates in Atlanta, Georgia. She is a former President of the International Society for the Study of Dissociation.

This is a definitive volume on chronic trauma survivors. It describes the premise but also delivers with the various ways to restore wholeness to people with the dissociative types of disorders. This is the first book I've read that may actually provide a way out of the darkness for millions of abuse survivors. Brilliant!

This is the best book out there explaining dissociation. It is a tough read for the non-professional but worth the effort. The Theory of Structural Dissociation of the Personality is presented along with Janet's Psychology of Action, giving new tools that will help the person with a dissociative disorder move towards recovery. Pair this book with "Coping With Trauma Related Dissociation" by Suzette Boon, Kathy Steele & Onno Van der Hart for an incredible workbook applying the skills laid out in both books.

Great research addition.

This book was \*almost\* exactly what I was hoping for. The only reason I give it 4 stars instead of five is the organization of the book itself--the first half is a theoretical overview that while essential, makes for a rather dry start-off. The "math" of dissociative disorders is well-outlined and the case for structural dissociation is soundly made. The second half of the book is dedicated to clinical intervention and that is what makes this book priceless in my opinion. The interventions are clear, the case vignettes are relevant, and the summaries are excellent. I would highly recommend this book for any clinician who works with a trauma population. Along with Nijenhuis's Somatoform Dissociation and Putnam's Multiple Personality Disorder, this is a must-have for clinical treatment of dissociative disorders.

Incredible. Deep. Challenging. A must for trauma therapists.

Wife says its great! :)

I appreciated the treatment of the topic of Dissociative Identity Disorder in a way that allows the counselor more flexibility with this diagnosis in treatment. I recommend this book to anyone who works with clients who have been traumatized early in life.

Structural Dissociation of the Personality The leading theorists on the subject recognize that reactions to extreme stress can lead to one or more differing diagnosis, and that inherent in said traumatic reactions is structural dissociation of the personality. Where three types of structural dissociation have been postulated: primary structural dissociation, secondary structural dissociation and tertiary structural dissociation. Primary structural dissociation involves simple PTSD, and dissociative amnesia, where the Emotional Personality (EP) and the Apparently Normal Personality (ANP) have become disenfranchised or fragmented. The EP "...is fixated in the trauma and associated experiences....[and the ANP]...is fixated in avoidance of the trauma, manifesting detachment, numbing, and partial or complete amnesia" (Steele, van der Hart, and Nijenhuis, n.d., para. 8). PTSD is not only about personal protection or self preservation but in its essence a mechanism of such endeavors, thus becoming a self-perpetual entity in of itself (the EP can develop into a sub-personality, a component of Dissociative Identity Disorder [DID]). Almost as if it has become self-aware and not only will it steer one away from danger, but also away from its own demise; a seemingly serendipitous supra-intelligent guidance of the subconscious. The EP has

evolutionary roots in defensive mechanisms that propelled us through the traumatic experience(s), an inborn reactionary system that can become entrenched within the mind. The EP's success in our survival leads us to firmly identify with this part of ourselves and engages in obsessive and compulsive rumination of the defensive mechanisms and exhibits as symptomatology. The ANP has become the mode of operation whereby the individual can engage everyday operational tasks. Such as "...attachment, energy management, reproduction and rearing of children, socialization, play, and exploration" (para. 12). To do so, the ANP's main function is to avoid the intrusive thoughts and fear potentials. In a constant threat environment, the evolutionary response system and the benefits of survival further encapsulates the differentiated states of mind. Secondary structural dissociation is a result of this prolonged and saturated state of being. A fluid environment demands that we engage in concerted efforts to survive, to do otherwise means death. Animalistic reflexive defense mechanisms such as the fight or flight response or submissive freezing, delve into the realm of "...complex PTSD or disorders of extreme stress (DES), trauma-induced borderline personality disorder, and dissociative disorders not otherwise specified" (para. 12). Tertiary structural dissociation results from the complete fragmentation of the EP and the ANP. Whereby numerous ANP's can develop to engage different aspects of a person's life, such as putting on your "work hat" to enable the separation of a traumatic existence to a work self, the social self, etc. Here we find the diagnosis of DID, where traumatic associations or triggers have inundated the individual and submerges them into a function of constantly changing identities governed by situational exchanges.

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