Editorial

Psychotraumatology and dissociative disorders: an avenue of innovation in studies on mental health?

Volume 1 Issue 1 - 2014

Vedat Sir
Department of Psychiatry, V.K.V. American Hospital, Istanbul, Turkey

Correspondence: Vedat Sar, Department of Psychiatry, V.K.V. American Hospital, Istanbul, Turkey, Email vsar@ttmail.com

Received: May 23, 2014 | **Published:** May 24, 2014

Editorial

Despite all efforts, psychiatry lagged behind other medical disciplines in terms of innovation during the last few decades in particular. This is in part due to the limited opportunity of psychiatry to utilize the ongoing technological advances of biotechnology in the diagnosis and treatment of mental disorders. Interdisciplinary research remains a hopeful domain for the next decades. While there are expectancies from neurobiological studies, psychology as the traditional "ally" of psychiatry remains a major avenue for innovative interdisciplinary research. The Journal of Psychology and Clinical Psychiatry carries this spirit and addresses this very area of intersection in studies on and services of mental health.

While addressing the innovation problem of psychiatry in a recent article, this author has underlined a relatively neglected and marginalized area of mental health; i.e. that of psychotraumatology and the study of dissociation.[1] In fact, dissociative disorders are among oldest mental disorders which have been subjected to scientific interest. Hippocrates used to call them "hysteria" based on his wrong assumption of an association to "uterus". These phenomena have been subjected to spiritual explanations in medieval times, to purely neurological reasons later, and to psychological trauma in 19th century for the first time in the history of medicine and psychiatry. Nevertheless, psychological trauma has been a main topic of every humanistic study including mythology, literature, religion, and art for centuries. It is a pity that the psychotraumatology of the 19th century (e.g. French physician and philosopher Pierre Janet' work) has been suppressed almost throughout the entire 20th century.[2]

While traumatized and dissociative patients prevail largely in psychiatric settings due to their devastating clinical symptoms, mainstream psychiatry has little interest in addressing their needs in treatment in diverse parts of the world. Among others, this is also due to their need for intensive clinical psychotherapy which is too expensive to deliver and their lack of specific response to any existing psychopharmacological treatment. While this situation is in conflict with the current medical model of psychiatry, it has been the very domain of psychiatry where clinical psychologists should claim a strategic role. In fact, psychotraumatology and treatment of dissociative disorders will be never possible without contribution of clinical psychology due to organizational, ideological, and pragmatic requirements among others. Tragically, while the medical model of psychiatry has difficulties in addressing the needs of traumatized clinical population; psychological trauma is never far from medical and surgical settings. Illness makes anyone affected rather psychologically fragile and memories of traumatic experiences of any life period are evoked during such crisis situations. Moreover, psychological trauma is part of any domain of psychosomatic medicine. Hence, psychotraumatology is a basic domain of consultation-liaison psychiatry, be it in oncology, emergency medicine, immunological disorders, cardiology, gastroenterology or any area affecting the individual's abilities to mastery his or her life functions or any domain of stress facilitating emergence of bodily disorders.[3] In its most extreme form, (e.g. archetypal medicine as an application of Carl Gustav Jung's analytical psychology) this line of thought leads to thinking on the role of human subjectivity in illness.[4]

Based on a model of mind characterized by fragmentation versus integration, dissociation can disrupt any mental function including consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior.[5] In analogy to Carl Gustav Jung's "autonomous complexes" while nurturing "hidden realities" or "parallel universes", this fragmentation allows operations of "unconscious" and/or "autonomous" patterns in an individual's mind. On the other hand, beside trauma, dissociation is also related to disorganized attachments.[6] Thus, dissociation is characterized by fragmentation and a simultaneous striving for integration.[7] This unsuccessful endeavor of self-reparation may last several years until an appropriate psychotherapeutic intervention is available.

Making the issue more exciting, dissociation may be part of several other psychiatric disorders[8] such as schizophrenia[9,10] and depression.[11,12] In fact, any post-traumatic stress disorder (PTSD) can be considered as a dissociative disorder because it is characterized both by avoidance and intrusion of trauma-related mental content. A relatively novel psychotherapy protocol for PTSD and other trauma-related conditions, the Eye Movement Desensitization and Reprocessing, shortly known as EMDR,[13] is a good example of innovation in psychiatry and clinical psychology. There is no surprise that EMDR is based on a fragmentation-integration model of mind.[14]

I would like to conclude that innovation in mental health sector requires a new overall vision in psychiatry and psychology. I hope that the Journal of Psychology and Clinical Psychiatry opens one such avenue.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.

References

1. Sar V. The manyfaces of dissociation: Opportunities for innovative research in psychiatry. *Journal of Clinical Psychopharmacology and Neuroscience (in press).* 2014.
2. Van der Hart O, Friedman B. A reader's guide to Pierre Janet on dissociation: A neglected intellectual heritage. Dissociation: *Progress in the Dissociative Disorders*. 1989;2(1):3–16.
3. Anda RF, Dong M, Brown DW, et al. The relationship of adverse childhood experiences to a history of premature death of family members. *BMC Public Health*. 2009;9:106.
4. Ziegler AJ. Archetypal Medicine. Spring Pubns. *Dallas, Texas*. 1983.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, (5th edn), Washington DC. 2013. p.991.
6. Liotti G. Trauma, dissociation, and disorganized attachment: Three strands of a single braid. Psychotherapy: Theory, Research, Practice, Training. 2004;41(4):472–486.
7. Tagliavini G. Dissociation and traumatization from Pierre Janetto Gianni Liotti and beyond: Connecting some dots in European psychotraumatology. (ESTSS) Symposium-European Perspectives on Trauma: Finding the Common Ground. *Annual Conference of the German-Speaking Society of Psychotraumatology (DeGPT),* Hamburg. 2014.
8. Sar V, Ross C. Dissociative disorders as a confounding factor in psychiatric research. *Psychiatr Clin North Am*. 2006;29(1):129–144.
9. Ross CA. Schizophrenia: Innovations in Diagnosis and Treatment. *Haworth Press, Binghamton*, New York, USA. 2004. p.18.
10. Sar V, Taycan O, Bolat N, et al. Childhood trauma and dissociation in schizophrenia. *Psychopathology*. 2010;43(1):33–40.
11. Sar V. Dissociative depression: a common cause of treatment resistance. In: Renner W (Ed.), Female Turkish Migrants with Recurrent Depression. *Studia Publisher*, Innsbruck, Austria. 2011. p.112–124.
12. Sar V, Akyuz G, Ozturk E, et al. Dissociative depression among women in the community. *J Trauma Dissociation*. 2013;14(4):423–438.
13. Shapiro F. Eye Movement Desensitization and Reprocessing. Basic Principles, Protocols, and Procedures. Guilford Press, New York, USA. 1995.
14. Ross CA. EMDR is based on a trauma-dissociation model of mental disorders. *Revista Iberoamericana de Psicotraumatologia y Disociacion.* 2012;3(2):1–17.

Citation: Vedat S. Psychotraumatology and dissociative disorders: an avenue of innovation in studies on mental health? *J Psychol Clin Psychiatry.* 2014;1(1):10–11. DOI: 10.15406/jpcpy.2014.01.00002