



National Centre of Excellence
for Complex Trauma

Breaking Free



Welcome

During winter it's easy for many of us to slip into hibernation mode and not reach out as we might during the warmer months. This might be a great opportunity to focus on yourself, and perhaps rediscover forgotten passions like reading a great novel or pursuing your creative streak. But for those that need to connect more with others and with nature don't let the cold air dull your motivation for getting outside. Try and be mindful about connecting with those friends and family members who are there for you and with whom you feel safe. Importantly, make sure you seek good support when you feel you need it.

In this issue of Breaking Free, we publish our first article in a two-part series which looks at the challenges of parenting when you are a survivor of complex trauma. Parenting isn't easy at the best of times, but how do you do so effectively when your own experience can overshadow or bring self-doubt to the way you parent? We examine a range of issues and strategies that can help you navigate your way through this challenging but rewarding phase of life.

Our self-care article is very closely linked to our lead article, in that it centres around recognising and managing our triggers. Building that self-awareness, and having an arsenal of strategies will ensure that we can push through those rougher times in a way that is constructive, positive and self-empowering.

We are thrilled to announce that the popular Power, Threat, Meaning Workshops will be returning later this year. We had a fantastic response last time, and have had many requests to repeat the workshops. Professor David Pilgrim will be facilitating these workshops in Sydney and Perth in November, so make sure you mark these dates in your diary.

Until next time, if you have any comments about what you have read in this issue, contributions for the My Story section, or suggestions for future issues, please contact the editor at newsletter@blueknot.org.au

With warm regards,
The Blue Knot Team.

Being a 'good enough' parent means doing things in the best interests of our child. This means providing a safe space in which our child feels nurtured and cared for – in which they can learn to trust and build connections through their interactions with us. And can learn to name and manage their feelings. The fact is that children don't know how to regulate their feelings when they are born. Parents help them learn to manage their distress e.g. when they're hungry, tired, lonely or hurt. They do this through by co-regulating feelings with their children, through holding, soothing and connecting with them.

When children are born their neurons (brain cells) have few connections. Connections develop over time as a result of the different experiences we have with our environment and our caregivers. The more positive, nurturing experiences we have the more robust the pathways which are formed. These help children to thrive in their environment. Children with good attachments and safe, nurturing environments are more likely to develop and meet their milestones. They are also more likely to have better health outcomes and build a sense of wellbeing and strong connections to those around them.

Many of us who were subjected to trauma growing up did not experience safe attachments, nurturing, consistent relationships or safe stable home environments. When we have our own children, some of this develops naturally but some of it also needs to be learnt. Intergenerational trauma means that families can sometimes carry trauma through to the next generation. We have an opportunity to change this process by changing our family patterns of raising children. And remember you don't need to do this alone – there is a lot of information available and good support too.

Creating safety for you and your child

If you grew up in fear and didn't have many of your needs met, or struggled to feel safe when you were a child, you may be easily triggered into a fight, flight or freeze response. These trauma responses are not your fault. They are to be expected if you experienced threat or danger as a child. These reactions include feeling anxious, being on guard or 'hypervigilant', or at other times, feeling numb and shutting down.

When you become a parent you are exposed to a range of different situations, some of which can trigger you. When this happens you may not be able to be as present and available to your child, as you want to be. Being aware of your reactions and learning to identify your triggers is a good first step to being able to manage these trauma reactions. Being a parent is intrinsically challenging and stressful, so building in some self-care time is an ongoing way of settling the stress and anxiety that is there for all parents.

It can also be helpful to try different grounding and self-soothing strategies to learn what works for you when you are feeling triggered and dysregulated. This can help you settle your nervous system, so you can start to feel safer and more in control. When you do, you can be more present and less reactive with your child. This in turn helps model some good regulation management and problem solving skills for child and most importantly can help you provide them with a secure base. When a child has a secure base, they are more able to explore and learn and develop the skills they need as they go out into the world.

Learning to trust

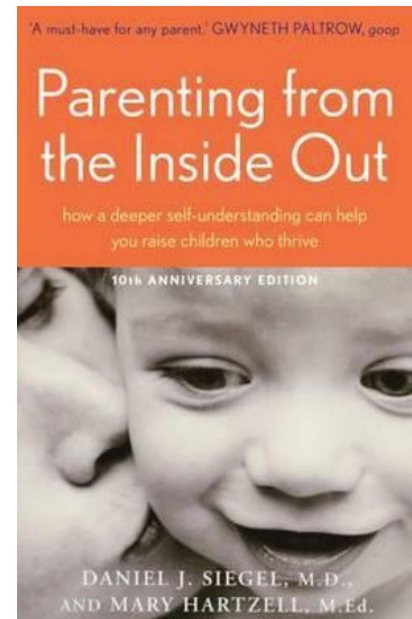
If you are a survivor, you may have grown up believing that people can't be trusted. Feelings of betrayal can be very strong. These feelings can affect the way you connect with people, including with your child. However the good news is that the brain can change right through life. As you start to have more positive experiences your brain can build different pathways. And healthy relationships with a trusted friend, partner or counsellor can help you be kinder with yourself, build your capacity to trust and develop greater empathy for others, including your children.

As you learn to be there for yourself as others are there for you, you can, in turn, start to be there for your child, more consistently. And become more sensitive to their needs and emotions, over time. No one can do this all the time but as you develop these skills it will help your child to develop emotionally and socially, and foster their health and wellbeing, too.

Book Recommendation

Parenting from the Inside Out

How a Deeper Self-Understanding Can Help You Raise Children Who Thrive



Parenting from the Inside Out is the 2014 edition of the classic parenting bestseller from Daniel Siegel, MD, a psychiatrist and leader in the trauma field, and early childhood expert Mary Hartzell, MEd. It was developed as a result of a series of parenting workshops that combined Siegel's research around brain development and Hartzell's experience as a parent educator to support everyone, including people with childhood trauma histories to raise resilient children.

This book draws on new findings in neurobiology and attachment research to explore the ways in which our childhood experiences shape our reactions, feelings and the way we parent. It explains how our relationships affect the way the brain develops and supports parents to develop a deeper understanding of their own history, so they are better able to build strong loving and secure relationships with their own children. This includes how to communicate better and how to be more mindful and aware of our own reactions.

How many parents have found themselves thinking: 'I can't believe I just said to my child the very thing my parents used to say to me! Am I just destined to repeat the mistakes of my parents?'

"Dan Siegel and Mary Hartzell have quite deftly managed to translate highly complex neuroscientific and psychological matters into lay strategies for effective parenting. This is truly a must read for all parents and those aspiring to be parents."

- Marilyn B. Benoit, M.D., President, American Academy of Child Adolescent Psychiatry

"This book uniquely pairs the clinical experience of a psychiatrist with the deep wisdom of a nursery school teacher. Together Siegel and Hartzell delicately peel back the many layers of parenting to reveal the pure nature of the relationship at its core."

- Neal Halfon, M.D., Ph.D. Professor of Pediatrics, UCLA, and editor, Child Rearing in America.

The following youtube clip shows how unresolved feelings from the past can be alive in the present, and how understanding that can make all the difference.
Mary's story – shopping for shoes - <https://bit.ly/30XTeyH>



Self Care Resources

Recognising and managing our triggers

A trigger is a psychological stimulus which acts as a reminder of previous traumatic experience/s and sets off feelings of trauma, as if the trauma is happening in the present. A trigger can come from:

- Our experience - how another person makes us feel e.g. strong feelings such as rage or distress; threat or perceived threat - the experience of authority, conflict, feeling judged, feeling controlled, having no voice, feeling trapped or lack of safety.
- Our environment - from sounds, sights, tastes, smells and places. For example, hearing the sound of squealing brakes may 'trigger' a person who has been in a car accident. In childhood trauma, triggers can be more difficult to identify and may be very small things that remind us of our childhood or of a challenging time or event in our lives.

Similarly to when a person is in a situation which they find threatening, a trigger can precipitate a sudden intense physiological response i.e. fight, flight or freeze response.

The body goes into high alert, with all its resources going to react to the situation. The reaction may cause a person to feel overwhelmed with intense feelings such as sadness, anxiety or panic. It may also sometimes cause a flashback. A flashback is a vivid often negative memory that occurs seemingly without warning, and is like being back in the moment of the trauma.

The term 'Window of tolerance' is used to describe the zone of arousal in which a person can tolerate the ebb and flow of emotions and function at their best. When a person is in this zone they can usually receive, process and integrate information about what is happening around them and also manage the demands of everyday life. As a result the person can then reflect, think rationally and make decisions without feeling overwhelmed or withdrawn.

During times of extreme stress, trauma or when they are triggered people go into states of hyper or hypo arousal related to their flight, fight or freeze responses. When this happens a part of a person's brain known as their pre frontal cortex shuts down and they are not able regulate their emotions. During these periods a person can be said to be outside their Window of tolerance.

When triggers cause us to come out of our Window of Tolerance it can be challenging and confusing. If a person's brain perceives the current trigger as a still present threat rather than a past event, the person is reminded of the trauma and their body acts as if the event is happening. Triggers can be subtle and hard to identify, both for the person experiencing them and for those interacting with them.

If triggers are not understood it can seem as if the triggered person is overreacting. This can include reactions such as anger, aggression, running away, avoidance, appearing unresponsive, shutting down.

Responses to triggers can also become habits, as people tend to look for patterns and tend to do things in the same way. So sometimes reactions to triggers can become habits.

While we can't get rid of all the potential triggers in our environment (although we sometimes try), we can attempt to become aware of them and reduce their impact.

Learning to be aware of when we're triggered contributes to our increasing our self-awareness. It also increases our ability to communicate honestly and authentically with others and build and foster trusting relationships. If we can become aware of what triggers us, we can help ourselves to reduce our triggers, manage our reactions to them and self-regulate.

The first thing to do is to notice when we're being triggered. We can notice this in our body as our body expresses our reactions to our triggers first. We may feel our chest tightening, our heart racing, a lump in our throat, sweaty palms, a knot in our stomach or a sense of being unsettled or uncomfortable.

Once we've noticed that we are triggered it is good if we can we can pause and reflect. Using grounding and mindfulness skills and techniques can assist in this process. It can be good to breathe – slow deep breaths and do what we need to do, to go to safe calming space within ourselves. This is not always easy but with practice and support these skills are accessible to almost everyone.

In our June edition of Breaking Free we included an article about what you can do help ground yourself. It might be helpful to read that article and see what might help you, or read the information on our support page for additional information. Do what you can to try and limit your reaction to your trigger, so you can separate yourself from it, react less and explore it later. This is not always easy so be understanding with yourself if you do react to it. Triggers and trauma responses can be deep-seated and can take time to make sense of and manage.

When you are feeling calm and have time it is a good idea to try and explore the trigger. What started the trigger, and what in particular triggered you? Have you ever been triggered by something like that before? Why might this trigger you – something from the past? What is the meaning of that trigger for you? What do you need to do for this to not trigger you in the future? What would it mean for you to try and change the story around that trigger, and its meaning?

Power Threat Meaning Workshops Return

Power, Threat, Meaning Workshops return by popular demand

Earlier this year, Blue Knot hosted a series of workshops around the Power, Threat, Meaning Framework. These proved to be overwhelmingly popular. We are privileged to bring another round of these to those of you who missed out before. This year they will be held in Sydney and Perth, and facilitated by the esteemed Professor David Pilgrim, an author of the framework.

The Power Threat Meaning Framework is a radically new approach to understanding distress and unusual experiences without using psychiatric diagnosis. In our current systems, few people are offered an alternative to diagnosis or provided with a choice about how to understand their distress. The dominant explanation is that they are suffering from 'mental illness' to be diagnosed and medicated. This viewpoint does not additionally consider the complex reasons behind people's distress including trauma and adversity. Symptoms and diagnosis is only one viewpoint, with which not all professionals agree.

The Framework was produced jointly with users of services and a team of psychologists in the UK, under the auspices of the Clinical Division of the British Psychological Society. It was developed using a robust evidence base grounded in biological research, psychology, neuroscience, social science and trauma studies.

One of the main aims of the Framework is to offer everyone a way of creating new, more hopeful narratives or stories about their lives and the problems they may have faced or still be facing, instead of seeing themselves as blameworthy, weak, flawed, or

'mentally ill'. As a result people experiencing mental distress have been able to take up lives that are fulfilling and meaningful, even if they still have difficulties. The framework can suggest new ways forward, sometimes working alongside professionals and sometimes through self-help or peer support.

Blue Knot Foundation is hosting workshops that will explore how power operates in people's lives, the threat it poses, the responses people have and the meaning they make of it to offer new ways forward. Attendees from all backgrounds are welcome. If you missed out last time, now is your chance to participate in this insightful and practical workshop. If you are interested in reading about the framework and are unable to attend a workshop, the publication may be purchased here.

DATES

- 6th November 2019: Sydney
- 1st November: Perth

Venue details are still being confirmed. Email us at training@blueknot.org.au to register your interest in attending.



Survivor Workshops

As a result of the generosity of our supporters and the success of our EOFY campaign and other donations, Blue Knot Foundation is excited to announce that we will be scheduling survivor workshops, 1 in each state and territory of Australia.

We will be announcing the dates and locations of these workshops in our August newsletter. A sincere thank you to everyone who donated to help us deliver this series of much needed educational workshops around the country.

BlueKnot Day

Monday 28th October 2019

Our 10th annual national Blue Knot Day, a day on which Blue Knot Foundation asks all Australians to unite in support of adult survivors of complex trauma is fast approaching.

If you'd like to donate your time to volunteer to help coordinate a Blue Knot Day event in your community, please email events@blueknot.org.au for more information.



BLUEKNOTDAY



Seeking people who are interested in speaking to the media.

From time to time Blue Knot Foundation is asked to speak to the media around a range of different topics related to complex trauma, childhood trauma and abuse, the redress scheme and others. This can involve print, radio, TV media as well as social media channels. As part of some of these interviews, journalists ask if Blue Knot knows of any survivors or family members, partners or friends who would be comfortable being interviewed either anonymously or using their name. If you would like to register your interest in speaking to the media should an opportunity arise and feel well enough supported

and ready to do so please email marketing@blueknot.org.au with your contact details and we will get back to you.

It is important to know that the media often wants to explore a particular topic and angle and in this case, that will be the focus of a particular interview, rather than your full story. Every survivor's experience and story deserves to be honoured and we will always do what we can to ensure that the media we work with is sensitive and informed.



Vatican defends confessional secret as sexual abuse crisis stings

Philip Pulella WORLD NEWS JULY 1, 2019 READ

VATICAN CITY (Reuters) - The Vatican on Monday reaffirmed Catholic teaching that priests cannot reveal what they learn in confession, in an apparent response to moves in Australia and elsewhere to force them to do so in cases of sexual abuse.

A document from the Vatican's Apostolic Penitentiary, which deals with issues of the sacrament of confession, said no government or law could force clergy to violate the seal "because this duty comes directly from God."

The document, which did not mention any countries or the sexual abuse crisis, complained of a "worrying negative prejudice against the Catholic Church".

Most countries' legal systems respect the religious right of a Catholic priest not to reveal what he has learned in confession, similar to attorney-client privilege.

But the sexual abuse crisis that has embroiled the Catholic Church around the world has seen this right challenged more frequently. In Australia, an inquiry into child abuse recommended that the country introduce a law forcing religious leaders to report child abuse, including priests told of it during confession. So far, two of Australia's eight states have introduced laws making it a crime for priests to withhold information about abuse heard in confession. Others are still considering their response.

In May, the California state senate passed a bill to require the seal of confession to be broken if a priest learns of or suspects sexual abuse while hearing the confession of a fellow priest or a colleague such as a Church worker.

Church leaders in both the United States and Australia have opposed such laws and the document backed them up unequivocally.

"Any political action or legislative initiative aimed at breaking the inviolability of the sacramental seal would constitute an unacceptable offence against the (freedom of the Church)," the document said.

"(The Church) does not receive its legitimacy from individual States, but from God; it (breaking the seal) would also constitute a violation of religious freedom, legally fundamental to all other freedoms, including the freedom of conscience of individual citizens, both penitents and confessors," it said.

Victims advocates said the lifting of the seal of confession, even partially, was drastic but necessary under the circumstances.

"As a Catholic, I too am shaken by incursions on the seal of confession. But it's the leaders of the Catholic church, not civil society, that have gotten us to this point," said Anne Barrett Doyle, co-director of the U.S.-based abuse tracking group BishopAccountability.org. "Secret church files made public in Australia and the United States reveal many instances of confession being used to absolve an abuser, allowing him to remain in ministry and re-offend," she told Reuters in an email.



‘My childhood memories are not so happy’: Moment a rookie Liberal MP breaks down speaking in Parliament about her ‘difficult’ upbringing

By HANNAH MOORE FOR DAILY MAIL AUSTRALIA and AUSTRALIAN ASSOCIATED PRESS

PUBLISHED: 16:52 AEST, 4 July 2019 | UPDATED: 16:52 AEST, 4 July 2019

A new federal MP has choked back tears as she delivered an emotional speech detailing her journey from a difficult childhood to parliament.

Bridget Archer, the new Liberal member for Bass in Tasmania’s north, revealed her unhappy childhood as she praised a Morrison Government initiative targeting domestic and sexual violence.

‘Those who know me will attest that I am far more interested in hearing other people’s stories than in telling my own,’ she said in her maiden speech in the House of Representatives.

‘I think, in large part, it is because I find my own childhood story painful and difficult to tell.

‘I come from humble beginnings, like many who have stood here before me, growing up in a working-class suburb of Launceston, and many of my childhood memories are not so happy. Like many other Australians, I have faced the challenges of living with childhood trauma, and that is a priority for me to address in my time in this place.

‘Childhood trauma has far reaching consequences for individuals and for our society, including significant mental health challenges.

‘In recent years, with the help of some wonderful doctors and support services, I have finally found better ways to cope, to build resilience and strength.’

The former mayor of George Town also highlighted some of her other priorities for her time in parliament, including tackling the challenges of an ageing demographic and education.

The mother-of-five narrowly beat her predecessor Ross Hart at the May 18 election, clinching the seat over Labor’s candidate by a 563-vote margin.

She thanked Mr Hart for advocating strongly for constituents in the region, while also expressing gratitude for Prime Minister Scott Morrison and his wife Jenny.

Mr Morrison surprised the new MP by visiting the Launceston-based electorate on election day, which also happened to be her birthday.

Bass and the neighbouring seat of Braddon were both won by the Liberals from Labor at the election, proving vital in the coalition’s surprise win.

‘Marginal seats speak for the nation,’ Ms Archer said, vowing to take up local issues with ministers and the partyroom.

She said the Liberals’ win was proof the party had reconnected with its support base.

‘The everyday, quiet Australians making their way in the world, taking personal responsibility, working hard, raising families, aspiring to live their best lives,’ Ms Archer said.

Michael Jackson fans sue singer's alleged abuse victims for 'damaging memory of the dead'

By Sam Bradpiece, CNN

Paris (CNN)When Michael Jackson superfan Myriam Walter first saw the HBO "Leaving Neverland" documentary, in which two key witnesses gave a graphic account of sexual abuse at the hands of the star, she said she cried and wanted to vomit.

Referring to Jackson's alleged pedophilia, the 62-year-old former French nurse said, "I know that it is not possible," despite having never met the star. "It was rotten. It was to make a buzz. It was to make money."

Now she is among three groups of fans who are suing the two victims of Jackson's alleged abuse, Wade Robson and James Safechuck, in a French court, hoping to challenge a perceived smear of their idol, who died in 2009.

Robson and Safechuck, now aged 41 and 37 respectively, alleged in the four-hour documentary that they endured years of sexual abuse by Jackson when they were minors in the late 1980s and early '90s.

While neither are resident in France, they are being sued in that country where it is illegal to make criminal accusations against the deceased.

US-based lawyers representing Robson and Safechuck said the pair had no comment to make on the case. Officials at the court in the northern city of Orleans, where the case was heard earlier this month, confirmed that the pair were not present and had no legal representation.

Robson and Safechuck are being sued for a symbolic sum of one euro (\$1.13) each, for "damaging the memory of the dead," the case claims.



Michael Jackson with 10-year-old Jimmy Safechuck on a tour plane in July 1988.

"It is not about money, it is an affair of the heart," said Emmanuel Ludot, the lawyer representing the fans.

Walter, president of one of the groups, MJ Community, which has 600 members, attended the first court hearing. Referring to Jackson, she said: "He had a great heart. It is not right to make these claims against someone who isn't even alive to defend themselves."



Myriam Walter is among fans who are suing the two victims of Michael Jackson's alleged abuse.

The other groups, On The Line and MJ Street, accuse the documentary of revisionism and point to errors in the timeline of abuse provided by Safechuck.

Brice Najar, president of On the Line and author of multiple books on Jackson, explained: "I wouldn't defend someone whatever the evidence, but he has already been acquitted and there have already been inquiries. I am in my 40s. I have kids."

The tribunal said a decision would be delivered on October 4.



Michael Jackson pictured with Wade Robson, in a still from the documentary "Leaving Neverland."

'Their pain is sincere'

The accusations in the documentary were not the first made against Jackson. In 1993, a 13-year-old boy accused the King of Pop of sexually molesting him over a five-month period. The case was settled when Jackson paid close to \$25 million.

In 2013, Jackson was acquitted of abusing another child, also 13, who had cancer at the time of the alleged offense.

Among the evidence presented by Ludot in court were written testimonies from tens of group members: several fans were diagnosed with depression and mental problems following the release of the documentary.

"I believe their pain is sincere," said Ludot, who in 2014 won a symbolic euro from Jackson's doctor, Conrad Murray, who was ruled to have caused fans distress for his part in the star's death.

While the lawyer did not disclose his fee for the case, Walter confided that it was "expensive."

Many of the French fans had booked tickets to Jackson's mammoth 50-show run, scheduled to take place in London's O2 arena in 2009-10. The concerts were canceled following the singer's death. Although tickets were around 800 euros, most of the fans did not ask for refund. "They held onto the tickets, like relics," explained Ludot. "For them, he is like Christ."

Walter set up MJ Community, with the help of her first daughter, following Jackson's death. While pregnant with her daughter, she listened extensively to his music. "Jennifer (the daughter) has known Michael all her life," she said.

That same year, MJ community helped organize a gathering of close to 4,000 fans in Paris to celebrate the life of the star. In 2010, the organization gained the legal status of a religion -- the first fan group in France ever to do so according to the group's lawyer and local media reports.

"I would do anything for him (Jackson)", said Walter, adding: "I would defend him until the end."

Ludot said the legal battle has the full support of the Jackson family, who have previously called the film a "public lynching." The family also described Jackson's accusers as "admitted liars," in reference to sworn statements made by both Safechuck and Robson while Jackson was alive that he did not molest them.

Ludot says he has been approached by Jackson fan groups from Switzerland, Sweden, Italy and elsewhere, to clear the pop legend's name via the French legal system.

In a statement, John Branca, co-executor of Jackson's estate, wrote: "We remain hopeful that a victory in France will soon fuel a movement in the United States to finally explore changes in the law to afford defamation protection for the deceased."

HBO, which made the documentary, shares a parent company (AT&T) with CNN.

Dissociative disorders are nearly as common as depression. So why haven't we heard about them?

Mary-Anne Kate, Adjunct Associate Lecturer, University of New England

Dissociative disorders are often said to be rare. But our soon-to-be published analysis of international studies suggest they affect 10-11% of the population at some point in their lives. This makes them nearly as common as mood disorders (such as clinical depression).

So what are dissociative disorders, why is diagnosis controversial and how can people be treated?

What is dissociation?

Dissociation occurs when a person experiences being disconnected from themselves, including their memories, feelings, actions, thoughts, body and even their identity.

People with dissociative disorders have one or more of the following symptoms:

- amnesia and other memory problems
- a sense of detachment or disconnection from their self, familiar people or surroundings
- an inner struggle about their sense of self and identity
- acting like a different person (identity alteration).

For some people, symptoms can last days or weeks, but for others they can persist for months, years, or a lifetime.

Dissociation allows the person to compartmentalise and disconnect from aspects of traumatic and challenging experiences that could otherwise overwhelm their capacity to cope.

A person whose spouse has died may become emotionally numb, allowing them to focus on arranging the funeral; a man who has separated from his wife and lost his job soon afterwards may become so disconnected from his identity that he no longer recognises himself in the mirror and feels his life is happening to someone else; and a young woman who is sexually assaulted may remember her attacker moving too quickly towards her, recalls being safely back in her family home, but cannot remember the assault.

If the traumatic and overwhelming experiences happen repeatedly over a long period of time, the person's personality may become fragmented. The traumatised part of the personality that contains the emotions, thoughts, sensations and experiences relating to the trauma becomes separated from the part of the personality that is trying to get on with daily life.

This allows young children to be with frightening and abusive caregivers they can neither fight nor flee from as they are dependent on them.

The person may have no (or only some) conscious awareness of the compartmentalised memories, thoughts, feelings and experiences.

These may, however, intrude into the person's awareness. For example, the person may be aware of thoughts, feelings and internal voices that don't "belong" to them, or may speak or act in ways that are completely out of character.

The most extreme form of structural dissociation is dissociative identity disorder, once known as multiple personality disorder. This is where the person has at least two separate personalities that exist independently of one another and that emerge at different times.

Australian actor Toni Collette plays Tara, who has dissociative identity disorder, in the US comedy *The United States of Tara*. But most dissociative disorders are far less extreme.

These personality differences are not just psychological. Neuroimaging confirms structural differences in the brains of people with dissociative identity disorder.

A controversial diagnosis

There are two competing theories about what causes dissociation: trauma and fantasy.

With the trauma model, dissociative symptoms arise from physical, sexual and emotional abuse; neglect, particularly in childhood; attachment problems if a child fears the caregiver or the caregiver is not adequately attuned to the child's emotional or safety needs; and other severe stress or trauma, such as experiencing or witnessing domestic violence.

This trauma model is reflected in the World Health Organisation and American Psychiatric Association past and present diagnostic criteria.

However, the fantasy model is based on the idea that dissociative disorders are not "real". Instead, they are the delusion of people who are troubled (and often traumatised), suggestible, fantasy-prone and sleep-deprived.

Fantasy model theorist Joel Paris describes dissociative disorders as a North American "fad" that has nearly died out.

Yet my analysis of 98 studies found rates are not declining. In fact, I found dissociation is an international phenomenon far more common in countries that are comparatively unsafe. This is supported by other research which finds dissociation more common in people that have experienced trauma, such as refugees.

All up, the evidence indicates dissociative disorders are real (not imagined) and caused by trauma (not fantasy).

Dissociative disorders are under-diagnosed and misdiagnosed

Even though there are accurate ways of diagnosing dissociative disorders, most people will never be diagnosed. This is due to the lack of health professional education and training about dissociation, the symptoms being less obvious to observers, and scepticism that the disorder even exists.

The person also may not realise they have dissociative symptoms. Even if they do, they may not reveal them due to fear or embarrassment, or may find them difficult to put into words.



Misdiagnosis is common, as symptoms can overlap with ones commonly linked to other mental health issues. from www.shutterstock.com

At least three-quarters of people with a dissociative disorder will also have one or more other mental disorders. They may be diagnosed with and treated for other mental health difficulties, such as post-traumatic stress disorder, mood disorders, anxiety disorders, sleep disorders, borderline personality disorder, or psychosis. They may also be treated for addictions, self-harm, and/or suicidal thoughts (2% of those diagnosed complete suicide).

They may also be misdiagnosed with schizophrenia because hearing voices is common to both.

But their dissociative disorder usually remains undiagnosed. However, treatment for other mental health issues is not likely to be effective unless the underlying dissociation is addressed.

How to treat? What does the evidence say works?

The mental health and quality of life of people with a dissociative disorder improves significantly with psychotherapy (a type of talk therapy) that recognises the

impact of trauma is physiological (affecting the brain and body) as well as psychological.

In therapy consistent with international treatment guidelines, people can learn skills to cope with unbearable emotions, thoughts and physical sensations. Once people are stable and have constructive coping strategies, therapists can then help people process traumatic and dissociated memories. Dissociative, post-traumatic, and depressive symptoms improve. And hospitalisations, self-harm, drug use, and physical pain declines.

There is no medication that specifically treats dissociation.

Where to get help

Dissociative disorders are one of the most common, yet most unrecognised, mental disorders. Symptoms are often debilitating, but significant improvements are possible if the dissociation is diagnosed and treated correctly.

If you are concerned, you can speak to your GP and ask for a referral to a therapist knowledgeable about trauma and dissociation. A list of therapists with this expertise in Australia is available from the Blue Knot Foundation and worldwide from the International Society for the Study of Trauma and Dissociation.

If this article has raised issues for you, or you're concerned about someone you know, call Lifeline on 13 11 14 or the Blue Knot Helpline on 1300 657 380.

Ghosthunter Podcast Now Available On Audible

Paranormal activity, a family's terrible forgotten secret and a police investigation converge in a five-part docu-series. Listeners are taken on a captivating audio journey of paranormal ghost hunts, court hearings and the raw emotion of people faced by hard truths. The podcast is free for members, or free with a 30 day trial for non-members.

Listen here: <https://adbl.co/30NGaMf>



Study: Psychiatric Diagnoses Are ‘Scientifically Meaningless’ In Treating Mental Health

by John Anderer

LIVERPOOL, England — No two people are exactly alike. Therefore, attempting to classify each unique individual's mental health issues into neat categories just doesn't work. That's the claim coming out of the United Kingdom that is sure to ruffle some psychologists' feathers.

More people are being diagnosed with mental illnesses than ever before. Multiple factors can be attributed to this rise; many people blame the popularity of social media and increased screen time, but it is also worth considering that in today's day and age more people may be willing to admit they are having mental health issues in the first place. Whatever the reason, it is generally believed that a psychiatric diagnosis is the first step to recovery.

That's why a new study conducted at the University of Liverpool has raised eyebrows by concluding that psychiatric diagnoses are "scientifically meaningless," and worthless as tools to accurately identify and address mental distress at an individual level.

Researchers performed a detailed analysis on five of the most important chapters in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM). The DSM is considered the definitive guide for mental health professionals, and provides descriptions for all mental health problems and their symptoms. The five chapters analyzed were: bipolar disorder, schizophrenia, depressive disorders, anxiety disorders, and trauma-related disorders.

Researchers came to a number of troubling conclusions. First, the study's authors assert that there is a significant amount of overlap in symptoms between disorder diagnoses, despite the fact that each diagnosis utilizes different decision rules. Additionally, these diagnoses

completely ignore the role of trauma or other unique adverse events a person may encounter in their life.

Perhaps most concerning of all, researchers say that these diagnoses tell us little to nothing about the individual patient and what type of treatments they will need. The authors ultimately conclude that this diagnostic labeling approach is "a disingenuous categorical system."

"Although diagnostic labels create the illusion of an explanation they are scientifically meaningless and can create stigma and prejudice. I hope these findings will encourage mental health professionals to think beyond diagnoses and consider other explanations of mental distress, such as trauma and other adverse life experiences." Lead researcher Dr. Kate Allsopp explains in a release.

According to the study's authors, the traditional diagnostic system being used today wrongly assumes that any and all mental distress is caused by a disorder, and relies far too heavily on subjective ideas about what is considered "normal."

"Perhaps it is time we stopped pretending that medical-sounding labels contribute anything to our understanding of the complex causes of human distress or of what kind of help we need when distressed." Professor John Read comments.

The study is published in the scientific journal *Psychiatry Research*.



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