



October 24th, 18:30

AUDITORIUM

OPENING LECTURE

From the «Cogito ergo sum» to the fragility of the human condition: the contradictions of existence

Michela Marzano, PhD, is an Italian philosopher who lives and works in Paris.

Professor of moral philosophy at the 'Université Paris Descartes', she studied at the 'Scuola Normale Superiore' in Pisa, where she graduated in philosophy.

Author of plenty of essays and articles on moral and political philosophy. She published in Italy, among others: 'Volevo essere una farfalla' (2011), 'Avere fiducia' (2012), 'L'amore è tutto: é tutto ciò che so dell'amore' (2014), 'L'amore che mi resta' (2017), 'Idda' (2019).

If Descartes was right that the subject of I think was always, and in every case, the "I" who doubts, dreams, gets angry, hopes and loves, probably it would not be so complicated to tackle the contradictions of existence and think about the human condition. But Descartes disregards the fact that often the "I" emerges when the "I" does not think – in the hesitant stutter of a discourse that gets mixed up, or taking root directly in the body. Starting from the symptom of anorexia, the goal of this presentation will be to show the need we have today for thinking rooted in the body, and the need for a philosophy that is able to narrate not only the courage required to put an end to suffering, but also the frailty of the love that gives life its meaning; not only the difficulty of trusting, but also the possibility of believing again in ourselves and in other people.

PLENARY SESSIONS



October 25th, 09:00

AUDITORIUM

PLENARY SESSION

Embedded Suffering, Embodied Self: The Developmental Journey of the Trauma Therapist

Kathy Steele, MN, CS has been a psychotherapist in Atlanta, Georgia for over three decades, and is an Adjunct Faculty at Emory University.

Kathy is a Fellow and a past President of the International Society for the Study of Trauma and Dissociation (ISSTD).

She has received a number of awards for her clinical and published works and has authored numerous publications in the field of trauma and dissociation, including three books.

She frequently lectures internationally on topics related to trauma, dissociation, attachment and therapeutic resistance and impasses.

We often extoll the benefits of being trauma therapists, and rightly so. We exult in moments of light and clarity, of change and insight, of near miraculous movement toward progress, of synchronicity and intersubjective joy shared with our clients. We revel in compassion and mindfulness, embodied in the moment. These experiences sustain us and support our growth. But there are also moments when we sit with the unbearable without answers; when existential crisis overwhelms us; when our most strenuous efforts to connect with a client fail; when we are confronted with embedded suffering in a disembodied client and we feel helpless and hopeless. The journey of the trauma therapist includes both wonderful experiences and unbearable ones. Integrating these discrepant experiences is our developmental task. How can we remain embodied and engaged? What is the cost to the therapist of a constant focus on trauma from hour to hour? We will explore what happens in our mind and body when we are confronted with chronic existential crisis; how we develop belief systems that support us or not; different ways we carry the client's embedded suffering in our intrapsychic space; and how we engage in parallel process with our clients in knowing and not knowing our own suffering. Our capacity for compassion and connection are essential bridges that offer deep bonds with our clients, but these can also become conduits for their suffering to be transmitted to our own bodies and minds, a burden we may carry to our own detriment. The constant pull to be available, to caretake, to repair, and to find solutions in the face of the client's complexity, helplessness, despair, desperation, rage and relentless shame can end in vicarious traumatization and burnout for the therapist. It is in only in our small and fallible movements toward becoming our fully embodied self that we can most fully be with our clients, without having to take on their suffering as our own. We will discover ways to care for ourselves through the practices of reflection, enjoyment and exuberance, activity and stillness, grieving, and embodied engagement with the world. These can provide restoration and resilience to our own vulnerable but enduring embodied self.

PLENARY SESSIONS



October 25th, 14:50

AUDITORIUM

PLENARY SESSION

Dissociative identity disorder: An exploration of shame, inter-identity amnesia and voice hearing

Martin Dorahy, PhD, DCLinPsych, is a clinical psychologist and professor in the Department of Psychology, University of Canterbury, Christchurch, New Zealand.

He is the director of clinical psychology training at the University. He has a clinical, research and theoretical interest in self-conscious emotions (e.g., shame) and complex trauma and dissociative disorders.

He has published over 100 peer-reviewed journal articles and book chapters, and co-edited four books in the area of psycho traumatology.

He is a Past President (2017) of the International Society for the Study of Trauma and Dissociation (ISSTD), and former co-editor of the ESTD's newsletter.

He maintains a clinical practice, focused primarily on the adult sequelae of childhood relational trauma.

The clinical presentation of dissociative identity disorder (DID) is often not overt, but cloaked in more subtle cues that reflect the patient's effort to hide the true nature of their underlying difficulties. One proposed reason for this attempt to cover over major dissociative symptoms is the shame present in disclosing phenomena that are considered central features of DID. These include the existence of dissociative identities, lacking awareness of these different identities and their content, and hearing voices whose composition, tone and perspective seem alien to the person. Shame, inter-identity amnesia and voice hearing are pervasive in DID, and each is examined in this presentation. Studies assessing shame in DID, have found it elevated compared to other trauma-related disorders, including chronic and complex PTSD. These studies have also found that despite a heightened propensity to withdraw and avoid shame-laden material, individuals with DID recognize the therapeutic importance of addressing shame and its corollaries. Studies of inter-identity amnesia in DID have more recently shown that semantic autobiographical memories are available for recall across identities, despite the person reporting no awareness of the material. The results from a set of studies expanding on this work to look at self-referential and episodic autobiographical memory across identities reporting amnesia is outlined. Findings generally support the idea that whilst a person may report no awareness of the material, it is available for recall. In terms of voice hearing, studies comparing DID and those with schizophrenia have shown higher levels of auditory hallucinations in DID and more evidence of child voices. This presentation shares the findings from a new study comparing DID (n = 50) with psychotic disorder (i.e., schizophrenia, schizoaffective) participants (n=50) on different dimensions of voice hearing. Overall, the results empirically paint the picture of DID as a shame-prone disorder with subjective difficulty retrieving events experienced as foreign and distressing, and where hallucinatory experiences are heightened, seemingly due to the dissociative nature of their difficulties.

PLENARY SESSIONS



October 26th, 09:00

AUDITORIUM

PLENARY SESSION

Are dissociation and dis-integration two separate pathogenic processes related to trauma?

Benedetto Farina, PhD, is a psychiatrist and psychotherapist, and a Full Professor of Clinical Psychology at the European University of Rome.

He is member of the Scientific Committee of the International Society for the Study of Trauma and Dissociation (ISSTD), a member of the Editorial Boards of the Journal of Trauma and Dissociation and of the International Journal of Multidisciplinary Trauma Studies.

In 2015 he was given the ISSTD Richard P. Kluft Award for Best Article published in the Journal of Trauma and Dissociation.

There is a broad consensus among many authors on conceiving dissociation as a lack of integration of different high order mental functions. Dissociation and dis-integration are the same process with different names? Clinical observation and scientific reports let us to hypothesize that the two processes are different, but highly correlated. Is it possible to consider the lack of integration the effect, overwhelming emotions and archaic defense system activated by traumatic events or their following memories. This process could be sustained and continued by the long-lasting hampering effect of stress hormones on integrative neuro-structures. Differently, the dissociation could be considered the subsequent recomposition of the system's constituting elements in a more separated way. The distinction of the two processes could be helpful for clinicians in their therapeutic choices

PLENARY SESSIONS



October 26th, 14:50

AUDITORIUM

PLENARY SESSION

Enactive trauma therapy: Bridging mind, brain, body and world

Ellert R.S. Nijenhuis, Ph.D., is a psychologist, psychotherapist and researcher.

He has engaged in the diagnosis and treatment of severely traumatized patients for more than three decades and teaches and writes extensively on the themes of trauma-related dissociation and dissociative disorders.

Dr. Nijenhuis is a consultant at Clenia Littenheid, Switzerland, and collaborates with several European universities.

With Onno van der Hart and Kathy Steele, he co-authored the award-winning 2006 book *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* (Norton, New York). The first two volumes of his magnum opus *The Trinity of Trauma: Ignorance, Fragility, and Control* (Vandenhoeck & Ruprecht, Göttingen) was published in 2015; the third volume, subtitled *Enactive Trauma Therapy*, was published in April 2017.

The International Society for the Study of Trauma and Dissociation has granted him several awards over the past few years, including the Lifetime Achievement Award.

Enactive trauma therapy is influenced by the enactive approach in philosophy, psychology, and biology. In terms of this approach, like anyone else, traumatized individuals (1) are essentially embodied and embedded in their environment; (2) are goal-oriented human organism-environment systems that primarily long and strive to preserve their existence; (3) are primordial affective systems oriented toward making sense of things; (4) bring forth, i.e., enact a mental and phenomenal self, world, and self-as-a-part-of-this-world, and (5) primarily gain knowledge on the basis of their goal-oriented sensorimotor and affect-laden actions. In this light, trauma is an injury to a whole human organism-environment system. Its core is a lack of integration of various dynamic modes of longing and striving: those that concern longings to live daily life and to avoid perceived threat (notably including traumatic memories) and those that involve longings to defend the integrity of the body. In dissociative disorders, these modes take the form of two or more conscious and self-conscious dissociative subsystems that enact their own mental and phenomenal self, world, and self-as-a-part-of-this-world. Enactive trauma therapy is the endeavour to mend the integrative deficit. It is comprised of the patient and the therapist as two organism-environment systems that co-enact a common world and that long and strive to achieve common results. Together they spawn new actions and meaning. Their collaboration and communication resembles dancing: It takes pacing, attunement, timing, a sensitivity to balance, movement and rhythm, courage, as well as the ability and willingness to follow and lead. It involves the progression from passions to actions. Individuals engage in passions and experience sorrow the more they are mostly acted on, that is, influenced by external causes. The more they are their own master, the more they act, and the more they act, the more they experience joy.