

Review of:

Vogt, R. (2022).

Confusion, Splitting, Shame & Guilt in Man-Made Psychotraumas - Complex Traumatization & Identity Disorders in Treatment

Publisher: Lehmanns Media

225 pages

100 photos

*Please note: The original review covers the German edition and was published in the journal Trauma & Gewalt (Trautmann-Voigt, 2022). The English edition combines parts of this book with parts from Ralf Vogt's previous publication (Vogt, 2020).*

There is much less literature on complexly traumatized patients than on patients with PTSD (post-traumatic stress disorder). Dissociative Identity Disorder (DID), on the other hand, is described as even less relevant for treatment as it is supposedly the most difficult trauma disorder. The psychotherapy of DID-patients is undoubtedly very costly and often moderately successful due to the more severe interpersonal violence at its roots, which include mental, physical and sexual torture.

Relatively few psychotherapists therefore devote themselves to this group of clients, since they are in part even more difficult to manage than borderline patients and, in addition, usually require continuous psychotherapy covering many existential problems as well as special medical treatments over an average period of about 10 years. Most of the specific literature comes from English-speaking countries, because one of the starting signals for modern treatment began in 1984 in the US with the founding of the International Society for Trauma and Dissociation (ISSTD). Focus was and is the psychotherapy of patients with Dissociative Identity Disorder, which at that time was still called "Multiple Personality Disorder." Due to psychiatric confusion with schizophrenia as well as social stigmatization of clients, it was renamed "Dissociative Identity Disorder" with the foundation of the ISSTD, and at the same time the first important treatment criteria were defined. Nevertheless, all in all the group of trauma practitioners dedicated to DID has remained small to this day. Therefore, it is to Dr. Ralf Vogt's credit that his treatment model and his books always take into account the treatment of this population while his now eleventh book targets this topic specifically, demystifies it and makes it accessible to a broad professional community and the public in generally understandable language and with vivid photo documentation.

Interestingly Vogt does not dub this book an exclusive DID reference book, but prefaces it with the defense phenomena: confusion, splitting, and dissociation. Thus, he bridges the gap from mild to the most severe degrees, which will help

practitioners to avoid binary either/or thinking. Seeing as the English copy of this edition combines his latest two publications, it also includes chapters on the very important areas of shame and guilt in trauma survivors (Vogt, 2020). The treatment model SPIM 30 of Ralf and Irina Vogt conceptualizes dissociation in qualitative levels as well as quantitative transitions not unlike Chefetz' dissociative processes (Chefetz, 2015). Unfortunately, this is still a somewhat rare stance as many colleagues do not handle it this way, and thus contribute to signify DID as a special condition, to be wary of or at worst to be feared and avoided.

## **Chapter One**

Chapter one elaborates on confusion and splitting in DID patients, outlining body-oriented treatment settings for coping with dissociative symptoms.

First, Ralf Vogt highlights the importance of confusion and splitting regarding trauma and dissociation. His following article on magical thinking, violence and the exercise of power by perpetrators stands out in particular. The way this article covers interdisciplinary, historical, and socio-critical aspects of DID is outstanding. The psychological derivations regarding perpetrator dynamics are, in my opinion, very fruitful for the way we conceptualize treatment because it highlights the origins of DID development - i. e. manipulation and violence in society in a transgenerational context.

Irina Vogt then describes a long-term treatment case of a DID patient, in which traumatically caused perpetrator transferences and perpetrator introjects confuse many medical practitioners and interact with their sometimes considerable counter-transferences causing great turmoil.

Ralf Vogt, in turn, describes three case vignettes, which are brought to life by photographic re-enactments, illustrating how beneficial inventive approaches like the use of Beseelbare therapy objects (Vogt, 2006, 2015) can be in loosening up even large dissociative barriers and promote memory integration.

Fran Waters (USA) outlines her treatment concept for severely dissociative adolescents, in which she devotes special attention to dissociative-aggressive perpetrator introjects and how to work with them including suicidal impulses those kinds of internal parts can trigger from the inside.

Winja Buss then takes up the important and difficult topic of working with pregnant DID patients, including patients who experience ongoing abuse. She very skillfully describes the internal dynamics of these patients and outlines key aspects to take into account to improve our work with these patients and rounds it off by referencing feedback from her patients.

Valerie Sinason (UK) describes her odyssey with a DID client when she initially received permission to publish on her treatment. However, this permission was withdrawn by another internal part after publication, raising significant legal issues, which Sinason summarizes, giving us extremely valuable input to consider in similar situations.

## **Chapter Two**

The second chapter covers the issue of shame and guilt in complex trauma and how perpetrators use such complex feelings for their purposes.

Ralf Vogt starts it off by presenting a variety of SPIM 30 therapy settings with Focused Scene Work and body-oriented interventions to achieve respectful contact and stabilization for these clients in overcoming shame and guilt. He goes on to introduce a pilot study on shame and guilt, conducted with patients in an outpatient setting.

Martin Dorahy (NZ) shines with an article on adult dissociative shame and its sensitive psychodynamics, outlining these complex dynamics in an approachable and comprehensive way. Showing us possible dynamics between shame and dissociation, how they are intricately connected and how we can detect shame in our dissociative patients to then address it without causing further harm.

Joanne Twombly (USA) then addresses possible internal conflicts specific to survivors of incest, covering important and highly relevant ground, illustrating Nathan's Compass of Shame with different case vignettes that highlight how shame shows up in reenactments and counter transferences.

## **Chapter Three**

This chapter contains the harrowing retrospective self-report of a survivor of adolescent sexual violence after successful psychotherapy with Ralf and Irina Vogt. This long-term case includes treatment experience descriptions that document and illuminate the causes, pathways, and successes of psychotherapy for dissociative disorders.

## **Chapter Four**

In chapter four, theory fans of psychodynamic therapy and psychoanalysis get their money's worth. This chapter contains the latest contributions regarding the SPIM 30 treatment model of the Trauma-Institute-Leipzig of Irina and Ralf Vogt. What is impressive in these articles as a whole is that Irina and Ralf Vogt have obviously spent a great deal of time over the years on analytic theory, setting design and consciously translate everything into methodological research, just as Freud himself once held up as an ideal in the "Junktim" of cure and research.

First, the analytical model of atmospheric transference in dissociative patients is described, illustrating the use of "Beseelbare Therapiemedien" and its usefulness to attenuate severe transference triggers.

Followed by an article on the concept of perpetrator introjects of the SPIM 30 model, which stands out due to its descriptive graphics. It is likely to be of great interest to many practitioners, as it both describes the intrapsychic emergence of such severe psychological imprinting patterns in dissociative disorders and suggests treatment implications.

The third article in this chapter is of interest to both treatment practitioners and patients, as it describes the different symptom levels of self-perception in dissociative patients, thereby helping to explain their contradictory perceptions and capacity for introspection.

The final article on the SPIM 30 model illustrates the symptom progression of due to the level of chronification, which can be beneficial both for treatment providers and the psychoeducation of patients.

### **Appendix and Conclusion**

The appendix of the book stands out for a very extensive photo documentation of SPIM 30 therapy settings, the "Beseelbare Therapy Objects" and the standard settings for therapeutic work topics of shame, guilt, fear, anger and many other topics in the different therapy phases of trauma therapy. In general, it is a great rarity and a merit of the editor that he could accommodate over 100 color photos in a psychotherapy book.

All in all, this creative book demonstrates the everyday practice of experienced practitioners and provides a deep insight into the world of thought and the work of the authors, who are devoted to their profession. The authors' easy language and the many illustrative photographs will assure that both professional trauma therapists, as well as professionals from other fields as well as layman will read this book with profit.

The SPIM 30 treatment model could be a model worth learning about for both newcomers in the field and long established colleagues who strive for effective treatment of dissociative trauma sequelae with analytic soundness. In summary, I consider the book "*Confusion, Division and Dissociation*" to be extremely readable and important and successful in its interdisciplinary mixture.

Dr. Sabine Trautmann-Voigt

Dr. Trautmann-Voigt is a traumatherapist and trainer at the state-approved Cologne-Bonn Academies for Psychotherapy and cognitive-behavioral

Appendix: Cover, Table of Contents

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- Trautmann-Voigt, S. (2022). Rezension Vogt, Ralf: Verwirrung, Spaltung und Dissoziation bei von Menschen gemachten Psychotraumata - Die Dissoziative Identitätsstörung in vielfältigen Behandlungsformen. *Trauma & Gewalt*, Jahrgang 16, Band 4, S.359-360. DOI 10.21706/tg-16-4-359
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