Chapter 1

Confusion & Splitting in DID Patients – Body-oriented Settings for Coping with Dissociative Symptoms

1.1 Introduction to Confusion & Splitting in DID Patients

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Basically, it is not at all difficult to come across the topic of trauma-induced confusion and splitting in everyday psychotherapy when we look at mental illness and behavioural disorders from the point of view of causation. Negative life experiences generally lead to neuroses with disturbed social interaction patterns and deficient individual developmental disorders. The most negative personal life experiences for all of us are psychotrauma events. If traumatic influences are cumulatively accumulated and expanded over many years through family catastrophes, social grievances or undesirable developments in society as a whole, this generally results in more dissociative psychotrauma sequelae disorders, which increasingly limit the personal development of the individual and expand the potential for social disorders. The destructive forces in society involve both self-destruction components such as unhealthy lifestyles up to suicide and there is also the potential for the destruction of others with hateful projections onto them and the goal of hindering or even destroying the development paths of others.

Dissociative trauma patients generally belong to the victim group of damaged "stagnators and self-destructors", if they cannot get onto corrective paths through appropriate treatments. Dissociative psychopaths generally belong to the perpetrator group of criminal abusers and destroyers of others in society, if persons with such disturbed backgrounds cannot be stopped, treated and to a certain extent resocialised by appropriate measures of society. In earlier publications, we at the Trauma-Institut-Leipzig already tried to build bridges between the explanation of psychotrauma, interpersonal violence and transgenerational influences of society or its respective current social forms of life (Vogt, 2014 and later).

In Vogt (2016), we looked at the foundations of social neurobiology that are particularly relevant to us, which included explaining rigid attachment phenomena in a stagnant world of perpetrator violence.

Since the publication on phenomena of the traumatised memory (Vogt, 2019), we have been devoting more of our attention to the area of more dissociative phenomena in complex trauma. In the 2019 book, the aspects of dissociative memory fogging, as they occur in DID patients in particular, were described as consequences of the brain physiological high stress or the

adherent fear of death and were explained in relation to processing steps for the synthesis of fragmented and dissociatively split-off memory material.

Our author team has complied seven case examples of specific treatment for DID patients according to SPIM-30 and other theoretical methods. In the case examples of complexly traumatised and dissociative clients, with or without identity disorders, many colleagues describe how these clients with a specific central problem are confused by inner psychodynamics or appear very contradictory in their relationship to the therapist. All in all, the case examples in clinical outpatient practice show how varied, tenacious and relationship-intensive the symptom patterns can be in complex dissociative post-trauma disorders. It also shows with what richness of variation one should correspond to such multiple manifestations and work despite all the dynamics of confusion, if one has acquired therapeutic method-variable building blocks for this and consolidated them with sufficient professional self-experience.