

# Interpersonal Trauma and its Consequences in Adulthood

Interpersonal Trauma and its Consequences  
in Adulthood

Edited by

Agnieszka Widera-Wysoczańska  
and Alicja Kuczyńska

**CAMBRIDGE  
SCHOLARS**

P U B L I S H I N G

Interpersonal Trauma and its Consequences in Adulthood,  
Edited by Agnieszka Widera-Wysoczańska and Alicja Kuczyńska

This book first published 2010

Cambridge Scholars Publishing

12 Back Chapman Street, Newcastle upon Tyne, NE6 2XX, UK

British Library Cataloguing in Publication Data  
A catalogue record for this book is available from the British Library

Copyright © 2010 by Agnieszka Widera-Wysoczańska and Alicja Kuczyńska and contributors

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-4438-2400-3, ISBN (13): 978-1-4438-2400-2

# TABLE OF CONTENTS

List of Illustrations .....	ix
List of Tables.....	xi
Introduction .....	1
Alicja Kuczyńska and Agnieszka Widera-Wysoczańska	
<b>Part I: What is Trauma?</b>	
Chapter One.....	7
Individual and Social Aspects of Trauma	
Alicja Kuczyńska	
Chapter Two.....	15
Interpersonal Trauma as Chronic and Complex	
Agnieszka Widera-Wysoczańska	
<b>Part II: Dysfunctional Relationships in Adulthood</b>	
Chapter Three.....	35
Teenage Motherhood and its Connection with Experiencing Interpersonal Abuse	
Jowita Wycisk	
Chapter Four.....	47
The Life Activity of Women-victims of Domestic Violence as a Determinant of Victimisation Susceptibility	
Irena Pospiszyl	
Chapter Five .....	59
Parent-child Attachment and Partner Relationships Formed by Persons after Childhood Trauma	
Agnieszka Widera-Wysoczańska	

### **Part III: The Development of Personality Disorders**

Chapter Six .....	85
Traumatic and Non-traumatic Paths of Borderline Personality Disorder Development Lidia Cierpiałkowska	
Chapter Seven .....	99
Dissociation in Borderline Personality Disorder Marilyn I. Korzekwa and Paul F. Dell	
Chapter Eight.....	113
The Notion of Trauma and Revictimization in an Analysis of the Behavior of People with a Psychopathic Personality Structure Beata Pastwa-Wojciechowska	

### **Part IV: Neurobiological Disorders**

Chapter Nine .....	129
Post-traumatic Stress Disorder from Neurophysiology to Psychotherapy: A Croatian Experience Rudolf Gregurek	
Chapter Ten .....	139
Changes in Sensing, the Basic Function of Body Ego, as a Result of Trauma Olga Sakson-Obada	

### **Part V: Psychological Trauma Treatment**

Chapter Eleven .....	153
Domestic Violence Intervention by Welfare Workers and Laypersons Alicja Kuczyńska and Alicja Strzelecka -Lemiech	
Chapter Twelve .....	183
Multifaceted Integrative Therapy following Chronic Childhood Trauma Agnieszka Widera-Wysoczańska	
Chapter Thirteen.....	215
The Psychotherapy of Alcoholics: Perpetrators of Domestic Violence Dorota Dyjakon	

Chapter Fourteen .....	229
Trauma in the Work of a Sexologist: Self-experienced and that Experienced by Others Maria Beisert	
Bibliography .....	243
Contributors .....	277

## LIST OF ILLUSTRATIONS

Figure 5-1. Research diagram

Figure 6-1. Trauma and paths of mental disorders development

Figure 9-1 SPECT brain scans at the beginning of psychotherapeutic treatment,  
with a two-week period between

Figure 9-2 SPECT brain scans at the end of the psychotherapeutic treatment, with  
three-week period between

Figure 10-1 Model of body ego

Figure 11-1 Means of readiness to intervene in case of different type of violence

Figure 11-2 Means of readiness to intervene in case of different type of violence  
and relation between victim and perpetrator

# LIST OF TABLES

- Table 2-1. Simple traumatic event according to DSM-IV-TR PTSD, Criterion A "exposure to trauma" (DSM-IV-TR: APA, 2000)
- Table 2-2. Traumatic events according to ICD-10 (2000).
- Table 2-3. Features of complex and chronic interpersonal traumatic events (Source: Wysoczańska - Widera, 2007).
- Table 2-4. Comparison of type I and type II traumatic events.
- Table 2-5. Types of abuse as traumatic events in the family (Source: Wysoczańska-Widera, 2010).
- Table 3-1. The number of births by women aged nineteen or less, compared to the total number of births in Poland in the years 2003-2008 (only live births). Source: Rocznik Demograficzny, 2009.
- Table 4-1. Relationship duration - %
- Table 4-2. Education
- Table 4-3. Number of children
- Table 4-4. Social activity of women-victims of violence in their past - significant differences
- Table 4-5. Social activity of women-victims of violence as adults
- Table 4-6. Significant differences between averages concerning the social activity of women-victims of violence and women who are not victims of domestic violence
- Table 5-1. Demographic data: n=88; mean age: 31 years
- Table 5-2. Traumatic events experienced by the study group of women
- Table 5-3. Two models of mothers - daughter attachment
- Table 5-4. Type of chronic complex trauma as a context for distant model
- Table 5-5. Behaviors of the distant mothers in the childhood of the studied women
- Table 5-6. Type of chronic complex interpersonal trauma as a context for overprotective mothers
- Table 5-7. Overprotective mothers' behaviors in the childhood of the studied women
- Table 5-8. Partner choice by distanced mothers' daughters
- Table 5-9. Mate selection by overprotective mothers' daughters
- Table 7-1. Frequency of SCID-D-R symptoms in 30 BPD patients
- Table 7-2. ANOVA comparison of the four SCID-D-R subgroups in terms of possible etiologic factors, comorbid diagnoses and self-harm.
- Table 7-3. A Proposed Integrated Hypothesis of Etiology
- Table 7-4. The Course of Dissociation in BPD: 10 Year Follow-up (Zanarini et al., 2008)



- Table 8-1. Type and number of experienced traumatic events in the studied group of men and women in the Lifetime Trauma and Victimization History questionnaire
- Table 8-2. Results of a comparison of the number of experienced traumatic events in men and women based on the Lifetime Trauma and Victimization History questionnaire
- Table 8-3. Frequency of traumatic events experienced by men and women Table 8-4. Experiencing harm in the study groups
- Table 8-5. Matrix of correlation between the PCL-R factors and type of experienced traumatic events based on the Lifetime Trauma and Victimization History questionnaire
- Table 10-1. Correlations different types of trauma with pain threshold and touch threshold
- Table 10-2. Correlations of different types of trauma with number of registered stimuli
- Table 11-1. Variance analysis with repeated measurement [replace commas with points throughout the Table]
- Table 11-2. Comparison of readiness level to intervene in situations of domestic violence between welfare workers and people not dealing professionally with helping in situations of violence
- Table 11-3. Summary of the independent variable regression: "Probability of intervention" in the study groups.
- Table 12-1. Subjects of integrative therapy for people after chronic trauma - various perspectives
- Table 12-2. Multifacetedness of theoretical perspectives
- Table 12-3. Multifacetedness diagnosis of an individual's functioning in the family and environment from the "life-span" perspective.
- Table 12-4. Recommended and non-recommended approaches in using "life-span" psychotherapy for a person after childhood trauma
- Table 12-5. Duration of the psychotherapy for a person after childhood abuse
- Table 12-6. The stages of "life-span" integrative therapy with respect to the process
- Table 12-7. The forms of the integrated psychotherapy
- Table 12-8. Traps appearing in the client during "life-span" psychotherapy
- Table 12-9. Threats to the client on the part of the therapist in "life-span" psychotherapy
- Table 14-1. Coefficient alphas and correlations between scales

# INTRODUCTION

ALICJA KUCZYŃSKA  
AND AGNIESZKA WIDERA-WYSOCZAŃSKA

In this book we present studies on the influence of various forms of abuse experienced in childhood on the personal functioning of that individual in adulthood, including resulting life problems and personality and neurobiological disorders.

The source of this interpersonal psychological trauma is a traumatic event that is repetitive, chronic and complex in nature, and is caused by the action of a closely related person. Along with these traumatic events are included various types of neglect and violence, which a person may be subjected to from early childhood - in those times which are developmentally important for her/him - and then through the juvenile years, often up to the current moment of her/his life. Complex interpersonal psychological trauma occurs most frequently in a dysfunctional and pathological family. This causes the appearance of various types of symptoms, which can be very broadly divided, on one hand, into short and long term and, on the other, specific and unspecific. These symptoms, with their causes and consequences, can be either internal or external depending upon the extent to which they can be seen on the outside. The nature of these symptoms varies over one's entire life-span. They can accumulate, leading to secondary problems in life. When a person experiences extremely dramatic trauma they can lead to various personality disorders (e.g. borderline personality disorders, dissociation and psychopathic personality disorders) and to Complex Posttraumatic Stress Disorders (CPTSD). Interpersonal characteristics - chronic and complex traumatic events - go far beyond stressful events described in the classic PTSD (Criterion A). Traumatization of this type is extreme, often being life-threatening, emotionally horrifying, and physically and sexually violating. Symptoms of CPTSD also go beyond the triad of symptoms (intrusive reexperiencing, Criterion B; avoidance, Criterion C; and hyperarousal, Criterion D) described in PTSD. These include core problems such as affect dysregulation, structural dissociation, somatic

dysregulation, an impaired self-concept and self-development, and disorganized attachment patterns as well as many other symptoms which are still the subject of scientific research and discussions.

We also describe psychotherapeutic issues connected with interpersonal trauma in our book. The issues contained in this part concern the sexologist experiences from work with perpetrators of sexual violence, problems connected with treatment of alcohol addicted people, partners remaining in conflicted relationship as well as parents who harm their children.

Since most of the presented studies are primarily concerned with the Polish population, the book may be an interesting example of the discussed issues as seen from the perspective of a society subject to a complex system and its mental transformations.

The book consists of five parts.

Part 1. The paper by Alicja Kuczyńska is a short introduction to interpersonal trauma issues. Analyzing the individual and social aspect of trauma, the author brings readers closer to understanding this phenomenon, gives some examples of factors that cause these kinds of experiences, and indicates sequels to them. The analysis will serve also to describe the general potential for trauma prevention and to help traumatized people, with particular consideration aimed at the psychologist's role.

Agnieszka Widera-Wysoczańska describes the main features and consequences of complex and chronic trauma and compares these features with simple trauma. She presents some examples of this kind of disorder from her practice. The author takes also a subject of intergenerational transmission of violence.

Part 2, "Dysfunctional relationships in adulthood" is devoted to events which affect the quality of relationships in adulthood. These events, which amount to chronic complex trauma, take place within the family and community in early childhood, adolescence, and adulthood. The article by Jowita Wycisk presents theoretical discussions about interpersonal traumatic events in their past and in their current life which cause young girls to become mothers too early.

The article by Irena Pospiszyl, based on empirical studies, describes past behaviors of women who are currently being beaten by their partners. It concerns extra-familial ways of functioning from childhood and adolescence - interests, social activities, and number of friends. The results confirm literature data which indicate that women who are beaten in relationships were socially passive in the past, although being

professionally active in adult life. The article by A. Widera-Wysoczańska presents results of a qualitative study on the influence of the attachment of overprotective and non-protective mothers with their children on those children's partner selection in adulthood. This is placed in the context of emotional, physical, and sexual childhood abuse and over protectiveness.

Part 3, "The development of personality disorders", is devoted to the causes of the origin of borderline interpersonal disorders (BDP) and of their psychopathic structures.

The theoretical article by Lidia. Cierpiałkowska presents the causes of BDP, seen in traumatic relationships during childhood. The time of their appearance is considered.

The empirical article by Marylin. Korzekwa examines the causes of the appearance of dissociation in BPD and finds it in childhood abuse, parental addictions, the child's own addictions, disturbed relationships, and neurological problems with their their neurobiology, etiology and treatment.

The article by Beata Pastwa-Wojciechowska describes what kinds of childhood traumatic experiences occur in the lives of women and men with psychopathic personality structures which condemn them to domestic abuse. The influence of disturbed ties with the mother on the development of this disorder is highlighted.

Part 4, "Neurobiological disorders", deals with the influence of interpersonal trauma on a person's neurobiological functioning. The article by R. Gregurek presents research on the influence of war trauma (the war in Croatia) on brain functions in persons with PTSD. That by Olga Sakson-Obada demonstrates the influence of domestic abuse on physical numbness and sensitivity.

Part 5, "Psychological trauma treatment" focuses on practical questions about people who experienced interpersonal trauma. Most of the articles were devoted to trauma survivors. In the article by Alicja Kuczyńska and Alicja Strzelecka-Lemiech examine situational determinants of readiness for intervention by social workers and people who are not professionally involved in helping with domestic violence. The article by Agnieszka Widera-Wysoczańska presents the multiaspect principles concerning the philosophy and its methods of dealing with persons who experienced childhood interpersonal trauma and are suffering its consequences in adulthood. Dorota Dyjakon in her article presents the psychotherapy of alcoholics-perpetrators of domestic violence as a proposal which enriches the therapeutic offer for addicted people. It also gives attention to the special nature of problems which arise in an alcoholic family in relation to using violence by addicted people not only in an active phase of the

disease but also after starting treatment. Finally, in the article by Maria Beisert we turn our attention to what kind of victimization persons who assist perpetrators of sexual abuse might be subjected to.

We thank Cambridge Scholars Publishing very much for the proposal to prepare a book devoted to interpersonal trauma and confidence shown to us in this manner. We were very honored and pleased for his opportunity to present the Polish thought to a wider reader on the issue. We give special thanks to the representative of the Cambridge Scholars Publishing, Carol Koulikourdi, for very kind cooperation and patience shown during the process of its preparation.

We invited many prominent authors to co-operate with us in the creation of the book.

There were three reviewers - prof. Grazyna Dolińska-Zygmunt, prof. Barbara Pilecka and prof. Kinga Lachowicz-Tabaczek - whose suggestions and comments have contributed greatly to the book. All these people we thank very much for such successful cooperation and commitment.

# **PART I**

## **WHAT IS TRAUMA?**

## CHAPTER TWO

# INTERPERSONAL TRAUMA AS CHRONIC AND COMPLEX

AGNIESZKA WIDERA-WYSOCZAŃSKA

Interpersonal trauma belongs to complex and chronic injuries, and it arises in connection with experiencing different types of abuse. In this article I wish to show the characteristics of chronic and complex trauma and compare them with those of a simple trauma. I describe the types of families which provide environments for interpersonal trauma and the types of abuse which contribute to complex interpersonal suffering. The perpetrator, usually close to the person wronged, is responsible for the abuse. Specific consequences (that a person suffered a specific type of abuse) and non-specific symptoms (that a person suffered some abuse) resulting from trauma depends on the age at which a person experiences it. These sufferers change over time (*life-span*); their traumas lead to secondary problems of life, while the accumulation of complex interpersonal traumas can lead to various disorders, including complex Post-Traumatic Stress Disorder (CPTSD). These consequences become an intermediary in the transmission of violence from generation to generation, and require specific therapy.

### **Psychological traumatic stressor events**

To more clearly understand the concept of "trauma" a distinction was made between the traumatic event and the person's subjective reaction to it. The reaction is made during one's lifetime or in the immediate aftermath of the experience (peritraumatic) or as post-traumatic (occurring weeks, months, years afterwards) (Weathers, Keane, 2007). In trauma specialists opinion, the word "psychological trauma" applies only to events that are stressful and negative for the person. Responding to this event is defined as post-traumatic consequence occurring in the form of reactions, problems

and disorders. Let me begin with a description of psychological characteristics of types of traumatic events.

### 1. Simple traumatic events

The definition of a traumatic event, presented in PTSD A criterion contained in DSM-IV-TR (APA, 2000), shows a traumatic event as one which threatens health, life or the physical integrity of the person directly involved or of someone who is closely related. A person can experience the event, be a witness of it or hear about it. He/she can bear the consequences of the event or be a witness of its consequences, but not be threatened (Criterion A1). In addition, the reaction of the person is accompanied by anxiety, helplessness and horror (Criterion A2). Potentially traumatic events include natural disasters, including earthquakes, hurricanes, floods, or man-made disasters, such as car or aircraft accidents, a ship sinking, an explosion, and wars and diseases as well as physical or sexual assault by stranger, robbery, kidnapping, or being held hostage (Briere, Spinazzola, 2005; Briere, Scott, 2006; Van Hooff, Mc Farlane, Baur, Abraham, Barnes, 2009).

**Table 2-1. Simple traumatic event according to PTSD, Criterion A "exposure to trauma" (DSM-IV-TR: APA, 2000).**

The criterion of "A" with PTSD	Examples
A 1.1. A person who has witnessed or experienced events in which death or a threat of death occurred, where there is a threat to physical health or serious injury to a person.	Natural disasters: - earthquakes - floods - volcanoes The catastrophe caused by a human being: - Transport accidents with multiple victims: aviation, railway, ship, bus - Transport accidents with one or more victims: auto-mobile, motorcycle - Fires of houses or other buildings - Collapse of buildings Military actions: - War - Torture Interpersonal abuse (occasional) made by foreigners: - Rapes - Physical attack



	<ul style="list-style-type: none"> <li>- Beatings</li> <li>Attack by an animal:</li> <li>- e.g. a dog</li> </ul>
A 1.2. A person was a witness of the consequences of catastrophic events, but he/she was never threatened.	<ul style="list-style-type: none"> <li>- Seeing bodies of people who died in a transport accident or during natural disasters</li> <li>- Watching a man being beaten</li> <li>- Exposure of emergency staff to the trauma</li> </ul>
A 1.3. A person confronted with the consequences of a threat to the life of a close relative.	<ul style="list-style-type: none"> <li>- Information that somebody we love or someone who is important to us was seriously injured or died in unknown circumstances, it is not known what happened to his/her body</li> <li>- Kidnapping, loss of the beloved one, and lack of knowledge of his/her fate</li> </ul>

According to the response to severe stress (F43) described in ICD-10 (International Classification of Diseases) (2000) a traumatic event is described as a stressful event or situation, either short or long, of an exceptionally threatening or catastrophic nature which produces a severely negative experience for almost everybody (Tab.2-2).

**Table 2-2. Simple traumatic events according to ICD-10 (2000).**

<p>In order to recognise the "reaction to severe stress" disorder category, it is necessary to experience one of the following causal factors:</p>
<ol style="list-style-type: none"> <li>1. extremely stressful life event, physical or psychological, caused by a severe reaction to stress</li> <li>2. significant life change leading to permanent and painful situations that causes adaptation disorders</li> <li>3. genesis and severity of acute stress depend mainly on onto-genetic sensitivity and one's ability to cope with stress</li> <li>4. stressor causing disorder, which disorganises the social reference frame of an individual (bereavement, separation), or interferes with wider social support systems and values (migration, refugee status)</li> <li>5. stressor can be associated with a significant stage of development for an individual or with a crisis of development (parenting, retirement, etc.).</li> </ol>

The same event need not be traumatic for everyone. The objective description of a traumatic event presented in the A criterion should be supplemented by a subjective interpretation of the event made by the person. The element of this subjective interpretation refers to the inclusion

of an emotional reaction in the form of fear, helplessness and horror in the A criterion of PTSD (DSM-IV-TR: APA, 2000). It was therefore concluded that reaction to traumatic stress can come from real emotional or physical abuse, and from external threats due to the subjective interpretation of those events.

The description by Lenore Terr (1991, 1994) of two types of traumatic events was a landmark step in defining traumatic events, ranging from a one-off situation to recurring events. Type I includes a single-incident trauma, which is sudden and unexpected. By contrast, type II is a complex or repetitive trauma for a chronic, recurrent, and accumulating experience, which can be anticipated and expected by the person. This type of traumatic event was described by Terr (1988) to show the specificity of interpersonal trauma experienced by a person in his/her childhood in the family.

According to ICD-10 (ICD-10, 2000), type II trauma is described as less severe psychosocial stresses called "life events" which can contribute to a number of abnormalities found in various categories of ICD-10 (particularly for adjustment disorders, F43.2). The very occurrence of a life event is not sufficient to explain the emergence of the disorder, as formation of its clinical picture also depends on the patient's own sensitivity.

The foundations for more precise defining interpersonal, complex and chronic, traumatic events were established in the following manner.

## **2. Interpersonal, complex and chronic traumatic events**

Psychological interpersonal trauma incurs in connection with experiencing different types of abuse and negligence, and most often occurs in a dysfunctional and pathological family. This event is *interpersonal* and is connected with a specific type of bond, mainly a dysfunctional one (ambivalent, avoidant, disorganised, dissociative: Bowlby, 1973). It is the result of people who are close and important to the person wronged; moreover, the abuse being traumatic event is done deliberately and intentionally. Such an active (direct) perpetrator hurts the person manipulating him/ her, seducing, addicting emotionally, and subjecting the sufferer in order to use - secretly and with impunity - other abuse (e.g. emotional, physical, and sexual). Causing harm to the person, the perpetrator evokes a feeling of betrayal and undermines trust in primary relationships. The passive offender, the second parent, care-giver or person on whom the child depends, and does not offer protection and support. This situation causes a second injury: loss of basic confidence and a feeling of betrayal from the care-giver (betrayal trauma). The closer the