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The Child Survivor: Healing

Developmental Trauma and Dissociation,

by J. L. Silberg

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Book Review

J. L. Silberg (2013). The Child Survivor: Healing Developmental Trauma and

Dissociation. New York, NY: Routledge, 267 pp.

Treating complexly traumatized and dissociative clients—children, adolescents,

and adults—requires knowledge, skills, creativity, patience, understanding,

and compassion. Some of these qualities might be part of the

person the therapist has become. Some others can be acquired throughout

years of study, work, and collaborative work with teachers and colleagues

alike. However, therapeutic work with complex trauma and dissociation is,

above everything, an invitation to use common sense.

Understanding symptoms as tools and disruptive behaviors as logical

consequences? Yes: From the very beginning of her book The Child Survivor:

Healing Developmental Trauma and Dissociation, Joyanna L. Silberg invites

us to use common sense in our understanding of dissociative children. This

is not what they became; it is the best they were able to do in order to

survive unpredictable, unfair, illogical, threatening environments. This is basically

the spirit of the whole book. Within the diagnostic considerations,

Silberg highlights the importance of an approach that is not judgmental,

inviting the clinician to use curiosity, exploration, understanding, and psychoeducation.

A diagnostic approach led by a respectful curiosity will aid

the clinician in exploring symptoms and talking about dissociation as a skill

rather than a deficit. Understanding—and explaining—dissociative symptoms

and behaviors as traumatic adaptations allows the clinician to destigmatize,

decompress, and relieve the child, helping him or her and those around him

or her (specifically the family and school) to realize that there is nothing bad

or wrong within the child. What was bad and wrong was the experience of

trauma itself and the context of its occurrence.

The approach to assessing and reversing amnesia is a good example

of the positive reframing Silberg encourages therapists to embrace. Through

the inquiry proposed, she suggests fostering as much memory as possible

rather than relying too much on proving the existence of amnesia. Assessing

the child’s motivation to forget as well as finding and increasing motivation

to remember are two key elements of this process.

The reframing of dissociative manifestations such as voices, imaginary

friends, or identity states is another example of how common sense can

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join theory: By telling children that these manifestations are feelings talking

to them, reminders or signals, we give them the opportunity to change the

perception that such manifestations are strange to their individuality—the

“this is not me” experience—while providing a sense of ownership of the

experience.

The tables and checklists provided are an asset of this book. They help

newcomers to organize and summarize the information they need to gather

during assessment. But they also act as a good reminder for expert clinicians

as well. Over the years and with increasing experience, we all might face

the danger of believing we have already seen this before. Silberg teaches us

to try to remember not to forget some basics, a principle that will assist every

clinician not to lose perspective and remember what might be needed on a

case-by-case basis.

The acronym EDUCATE is the perfect summarized guide for the interventions

proposed by Silberg, containing all of the required steps in the

assessment and treatment of complex trauma and dissociation in line with

the recommendations of stages and goals for the treatment of these clients.

All of this superb material falls within the scope of a new theoretical

framework. Silberg proposes an integrative model of dissociation respectful

of development, a key aspect when talking about children, who are developing

human beings. Her affect avoidance theory is informed by Putnam’s

discrete behavioral states theory, attachment theory, interpersonal neurobiology,

and Tomkin’s affect theory. Silberg proposes that the child, facing

repetitive interpersonal exchanges that are negatively charged in terms

of affect, learns a new pattern of behaviors, thoughts, perceptions, and

relationships—that she calls affect scripts—that help him or her to avoid the

negative affective activation derived from these exchanges. Through the repetition

of these traumatic interactions, these patterns are in turn overlearned,

and future traumatic reminders will activate them automatically.

The rise of a new theoretical framework to explain dissociation—in this

case childhood dissociation—reminds us of the complexities surrounding

definitions of dissociation. Even if the most severe dissociative disorders are

rooted in childhood, models for understanding and defining dissociation are

mostly used to explain what happens to the adult dissociative client. A question

remains: What exactly are the differences—if any—between theories for

childhood dissociation and theories for adult dissociation? Although Silberg

observes that the newest theory in the field, the structural dissociation of the

personality, is not an accurate model for explaining dissociation in children

and adolescents, a comparison of theories could produce interesting results.

For example, are there similar processes underlying the affect avoidance

proposed by Silberg and the phobias that maintain dissociation according to

Van der Hart, Nijenhuis, and Steele (2006)? Although delving more deeply

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into these questions is beyond the purposes of this review, further discussions

and comparisons between theories might shorten the distance and

differences between explanations of childhood and adult dissociation.

It is easy to say that this book is a must read. It is, of course, for child

therapists. But it is a must read as well for adult clinicians because it speaks

about the traumatized children the adult clients have been and for whom

their inner child parts are a vivid testimony. Adult therapists will find not

only new ways to understand their clients’ difficulties but also new, creative,

and human ways to help them heal.

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