

# State shifting: trauma and implications for responsibility and treatment

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# What I Am talking about

- There are a range of motivational systems
- For them to operate NWC needs to be switched off or put into abeyance and
- System relevant behaviours/scripts introduced along with a degree of 'automaticity' and warping or reconstituting agency
- This is typically what happens in the context of trauma and post trauma reactions
- This results in a set of different states each with their own 'personalities' and
- Most of this is not 'in our control' in a simple sense
- This has profound implications for interventions, formulations and assessments in the forensic field
- What are we doing when we 'take responsibility'?

# Case formulation requires a 'natural history' of offending

- Two aspects of this neglected at the moment
- Developmental/sequential formulation
- Offences often seen as events as opposed to sequential developments and processes (domino formulations)
- Understanding the difficult role of states of consciousness

In the therapy room we  
are a person relating to  
another person; two  
experiences meeting  
each other and  
interacting

- We hear stories that others typically don't hear
- Society typically gets to hear the horrors and obscenities of the offences and the wastelands that ensue from them, but not the backstories
- Researchers typically don't get to hear about much of this... see people through theory lenses and measurement conundrums that are so notorious in psychology
- When we work in forensic settings we hear about the long histories of abuse, racism, sexism, homophobia, ageism, childism, deprivation ...repeated, relentless, hopeless, continuing, on-going cruelty, fear, injustice ...
- We see the constantly changing moods, self-states, modes, schema-activations, projections, extinction bursts, shifts backwards and forwards...'blips' and triumphs
- These narratives often don't get past the therapy room door.

# Motivational systems (Liotti, Gilbert, Solms, Panksepp)

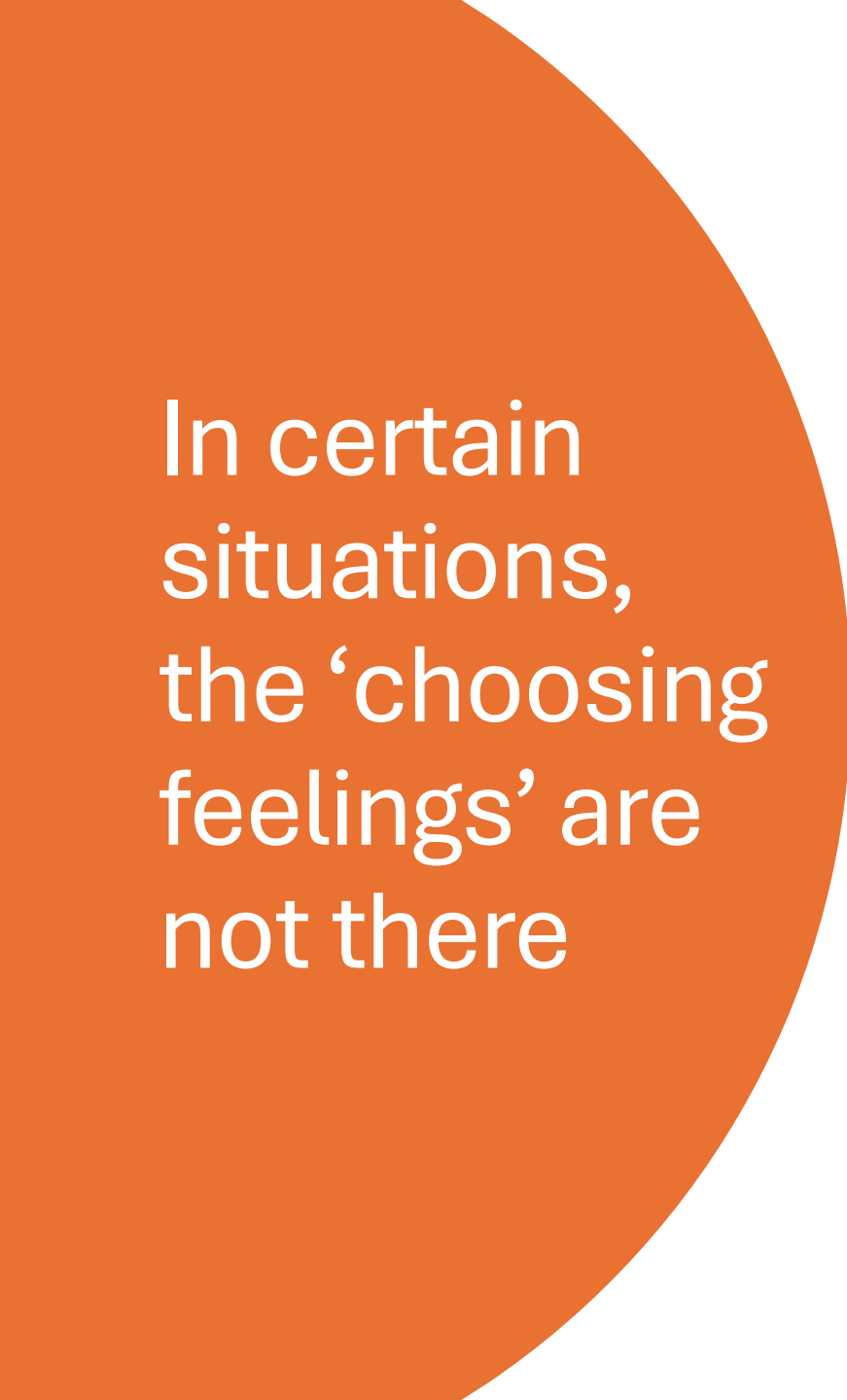
- Fear
- Dominance
- Sexual
- Attachment
- Play
- Parenting
- Evolved motivational systems that are activated in contexts where acquisition of resources or survival are presented
- Results in changes in behaviour that are designed to support survival
- This requires a change in state from 'Normal Waking Consciousness' to states where each of these Motivational systems can operate effectively
- Jones (2017) proposed dominance and sexual motivational systems impacted by trauma and adversity – **not just the threat and attachment system**
- Trauma related 'parentification' also linked with some kinds of offending

# Automaticity of psychological processes

- Automatic thoughts (e.g. negative automatic thoughts in CBT)
- Aren't all thoughts automatic?
- What does it mean to 'will', choose, intend, a thought and by implication an action?
- When and how is it useful to do this?
- Thoughts in the everyday
  - Coming into mind
  - Popped up
  - We have thoughts, we don't choose them?
- We feel as if we are choosing thoughts....we have a feeling of ownership and feelings/processes of choosing (one of many cognitive emotions)

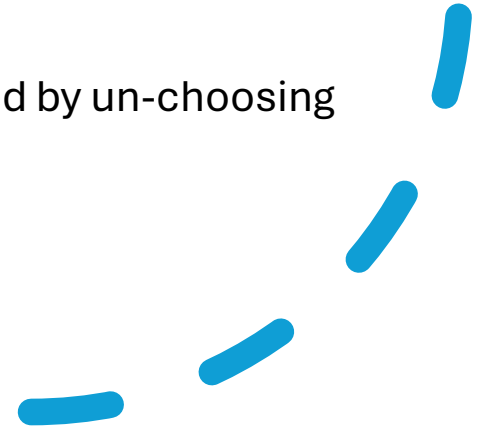
# Psychology of choosing

- The act of choosing (Genevsky et al 2014) is not experientially neutral, It is accompanied by a state of heightened engagement, arousal, anticipation and alertness (a shift in consciousness).
- This contrasts with the disengaged spectator stance often encountered in trauma narratives and offence accounts
  - ‘It just happened’, ‘I was watching myself’
- Even when there is an account of intention and choosing when you explore this it can be embedded in states of not feeling – I was numb, I didn’t care, I felt as if there was no future...
- Shifts in state are often preceded by intense emotion....anger, fear, excitement....all accompanied by shifts in capacity to experience compassion, empathy, concern...that re-emerge when people are in less emotional states
- Choosing takes different forms in the context of different kinds of state
- Different facets/parts of self have different capacities for choice – or having moral emotions
- For moral choices we need to be able to access moral emotions



In certain  
situations,  
the 'choosing  
feelings' are  
not there

- What are choosing feelings? The feeling of choosing?
- Effortful (Baumeister 2012, 'will' is a finite resource), we strain to choose
- Intrusive thoughts
  - Thoughts and memories of trauma that are not 'asked for' force their way into consciousness
  - Triggered by trauma reminders
  - Rumination
  - Obsessions
  - Compulsions. cravings and urges
  - E.g. eating
    - Why is dieting so hard?
    - Choosing mind is overwhelmed/displaced by un-choosing mind



# What happens to choosing when one of the motivational systems is activated?

- It gets
  - Switched off
  - Slowed
  - Speeded up
  - Conditional – only works when focussing on some tasks but not there for others
  - Amplified
  - Foregrounded or backgrounded
  - Forgotten
- To allow evolved behaviours to become more salient
- We don't say to ourselves: 'Im going to freeze now'...something in us decides to freeze and we freeze
- We might make up a post-hoc narrative to explain it to ourselves
- We sometimes say 'Im not going to eat chocolate cake'...but something in us overrides this decision when we eat chocolate cake
- Resisting this involves effort and in some contexts is very difficult to achieve (Baumeister)

All of the following  
processes are  
common when each  
of motivational  
systems are triggered

- Intrusive thoughts, compulsive thoughts, rumination, fantasy, reliving...
- Thoughts become focussed on the motivational system focus/objective (i.e. Threat, Status/power, Sex, Death, Connection, loved person/people, eating ....)
- Threat based trauma is linked with ... intrusive thoughts, reliving, pre-occupation,
- Very similar psychological processes when we fall in love, are hungry, lose and attachment figure, become 'addicted' to sex/drugs
- How does the mind do this ?

# Motivational systems use alterations in consciousness to displace some aspects of normal waking consciousness

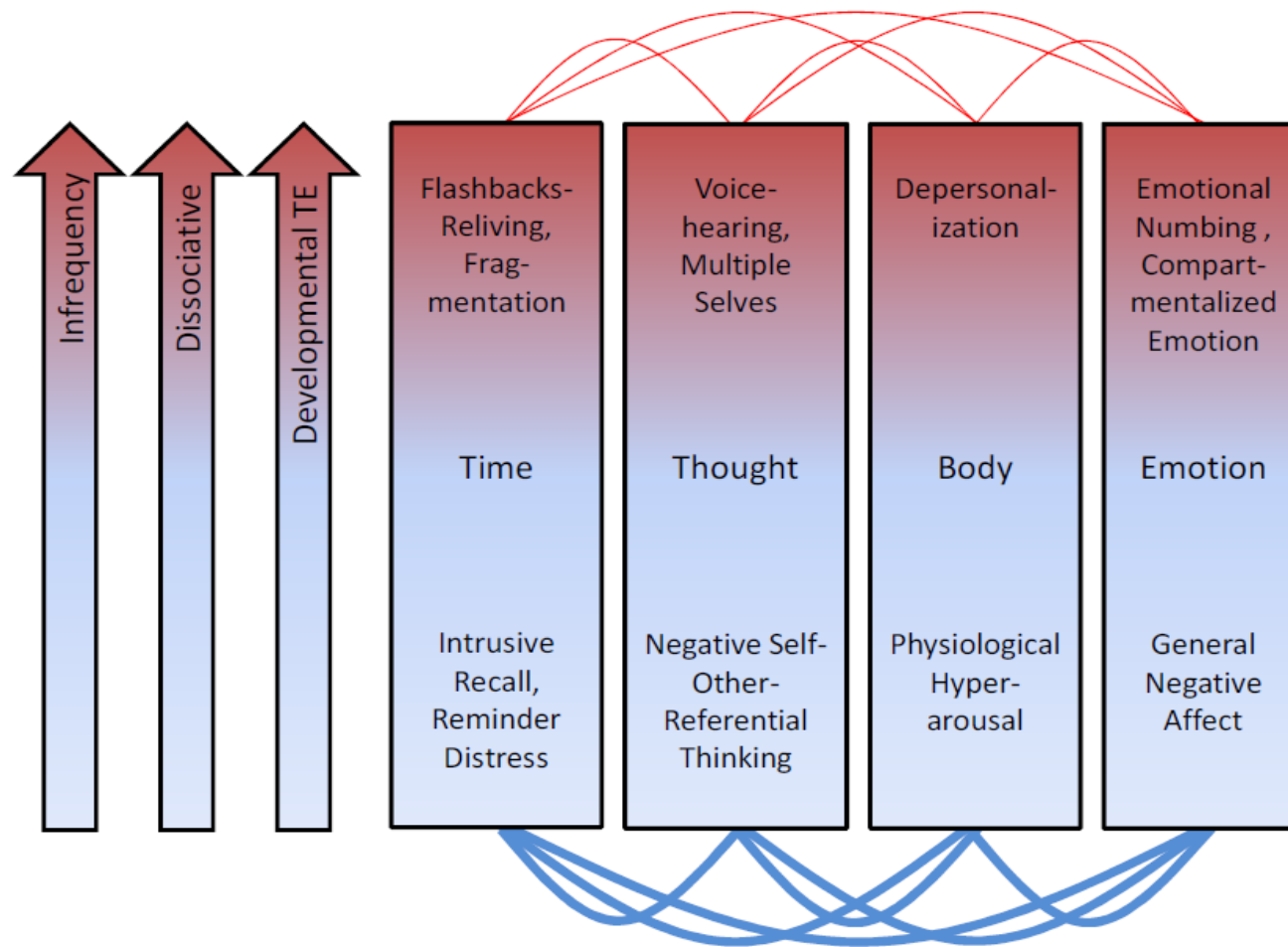
- Altered states of consciousness are adaptive
- They serve to reconfigure the mind in order to make us more ready for the motivational system to impact on behaviour
- A key part of this is moving Normal everyday Consciousness (NWC) out of the way so that it doesn't
  - Slow things down
  - Get in the way
  - Start using the choosing mode when evolution has chosen for us that
    - We want to live, reproduce, acquire social and life sustaining resources,
- In what evolutionary theorists call 'fast' environments we need to respond with strong scripts in a quick time frame

# Rooney (1988) “Kinaesthetic recollection”

- “ ... the amnesia reported is for the actual events of the crime. ....In some cases, although the actual events cannot be remembered, there is ... a heightened awareness of body sensations which I refer to as ‘kinaesthetic recollection’: for example
  - ‘I was aware of my hand stabbing the knife...’
  - ‘My hand just kept punching him...’
  - ‘My legs started running and wouldn’t stop...’
- Rooney encourages us to take a credulous stance and acknowledge that the experience is kinaesthetic and has a logic of its own that doesn’t necessarily link neatly with narratives involving agency (‘active accounts’)
- “One individual described only the memory of his arm (as if it were not part of himself) hitting the victim. He had no memory of who the victim was, why he was hitting him, the events leading up to the incidents etc”.

# Dissociation

- Multiple pathways linking trauma and offending of all kinds
- Moskowitz (2004) Dissociation and violent offending – narrative review
- Tschoeke et al (2019) in a systematic review found “studies suggest that dissociation plays a role in the transmission of violence and reduces the ability to interpret social situations, which may be related to hyper-inhibition of the limbic system. Additionally, in perpetrators, dissociation may serve as an emotional shutdown mechanism to enable acting”
- Kerig et al (2018) Acquired callousness, emotional numbing, ‘futurelessness’ related to trauma histories
- Moskowitz – compartmentalisation version of dissociation linked with holding on to a ‘good’ image of a parent when it is they that has abused you



*Figure 1.* The 4D-Model of Trauma Related Dissociation. NWC symptoms are represented along the bottom of the model in blue, and TRASC symptoms are shown along the top of the model in red. TE = Trauma Exposure. Adapted from “*Healing the Traumatized Self: Consciousness, Neuroscience, Treatment*” by P. A. Frewen and R. A. Lanius, 2014.

# Trauma at different stages of offence process

## 1. Distal contextual:

Trauma states often chronic, in the distal context, e.g. emptiness, depression, manic states deriving from childhood abuse

## 2. Before

Triggered trauma states just before precipitating the offence.  
E.g. a threatened abandonment triggering earlier attachment crisis

## 3. During

Trauma during the offence:

Precipitating and driving the offence  
Caused by the act of offending

Caused by the act of offending e.g. becoming violent 'to prevent partner leaving' and reacting to it by dissociating and having an emotional and panic crisis

## 4. After

Trauma states immediately after the offence:

Associated with avoiding getting or being caught by police (both a new trauma and a trauma trigger for older traumas) and moral injury linked with not seeing the offending as 'the sort of thing I would do'

## 5. Long term post traumatic :

Longer term ongoing offence related trauma reactions: reactions to cascade of resource loss and lack of processing of trauma experiences

# Dissociative States

Perhaps the most commonly thought of state linked with trauma reactions and linked with offending is dissociation. The table below highlights some of the endogenous opioid (Lanius et al 2018), and cannabinoids (see e.g. Korem et al 2022 on numbing) associated with dissociation and emotional detachment linked with trauma responses.

Description of state	Neurochemical changes	Offence Types	Trauma Contribution	Behavioural Trigger examples
<b>Emotional detachment, depersonalization, and disconnection from reality.</b>	Elevated endorphins, dynorphins Linked with diminished regulation of the Default Mode Network	e.g. Violent offences	T Trauma ‘overwhelms’ stress systems, causing emotional numbing and alterations in time, memory, relational connection, at least partly through endorphin and anandamide release.	High-stress, traumatic events or trauma reminder

# Why are states of 'not-feeling' (negative symptoms) important?

- The literature on 'psychopathy' highlights the dangers of not reacting to others' distress
- Not feeling your own pain can mean that you can't feel/anticipate/care-about other people's pain
- Can be exacerbated if dissociation is accompanying intense emotions that 'take up the global workspace' and allow no room for responding to others' distress

# Sexualized Dissociative States

There is evidence that people who have experienced sexual trauma can develop a propensity to experience dissociation whenever they experience (e.g. Stappenbeck et al 2016) sexual arousal (see Bremner et al 1999 for account linking sexual abuse with impact on brain, endogenous opioids and cannabinoids). This is commonly highlighted when people who have offended sexually describe their sexual activity and sexual compulsivity which often involves states of dissociation. Some people who have been sexually traumatised are vulnerable to engaging in sexually risky behaviour.

Description	Neurochemical Changes	Common Offence Types	Trauma Contribution	Behavioural Trigger examples
<b>Dissociation associated with sexual arousal, often trauma-related</b>	Dysregulation of endorphins and possible overactivation of reward pathways.	Sexual offending,	Sexual abuse trauma can condition arousal as a coping or dissociative response, reinforcing maladaptive sexual behaviours.	Situations triggering memories of abuse or contexts mimicking power dynamics of prior trauma.

# Dysphoric States

Dysphoric states like depression and anxiety, accompanied by hostile states, are common responses to trauma and can be either chronic or acute - states linked with being triggered by trauma reminders. They are also linked with opioid and cannabinoid systems (Carlezon, et al 2006, Patel & Hillard 2006) and shifts in states of consciousness.

Some people can experience depression with irritation and or agitation. Both of these states can impact on self-regulation.

This is a blend of affective shift **and** shift in quality and state of consciousness.

## **Euphoric/Manic States**

Manic/hypomanic states, can be associated with traumatic responses and this can contribute to impulsivity and interpersonal problems linked with wanting to control/dominate.

Ashton et al (2011) highlight the role of endocannabinoids in manic behaviour.

# Other states

- Depression
  - Foreclosed sense of future (futurelessness)
  - Anhedonia – resulting in sensation-seeking
- Briere describes trauma related increase in risk taking and impulsivity (in non-forensic populations)
- Substance use
  - On its own as a coping strategy
  - Interacting with trauma related altered states
- Different sensitivities to trauma linked with increased or diminished propensity to having trauma reactions (Moskowitz – currently reviewing this literature)

# The need for 'certainty' in legal contexts

- When a judgement about guilt or innocence, capacity to make choices, extenuating circumstances or 'choices' people have made has a profound impact on peoples lives – victims and perpetrators – there is a cultural pressure for 'certainty'
- Legal epistemology sets up a framework with different levels of confidence in truth judgements... 'Beyond reasonable doubt' versus in 'the balance of probabilities'
- As a discipline psychology is in a semi-permanent state of epistemic crisis. Different psychologists have different philosophies of science.
- There is however a legal pressure on us – in a range of contexts – to present 'evidence' with a degree of certainty that one expects from more 'mature' sciences like Physics or Chemistry ...or the nearer neighbour perhaps ..biology.
- This is because evidence requires 'certainty' or at least a measurable sense of the degree of confidence we have in our judgements
- There are big vested interests in this

# “I’m sorry but I just don’t know” “we don’t know enough at the moment; we need to do some more investigation”

- Courts and tribunals just don’t like to hear this. They want us to say ...this is how it is
- There are a number of elephants in the forensic psychology room that are related to this
- We don’t talk about consciousness and ‘experience’ and its various because it is so difficult to assess things we find so hard to measure or see
- We also don’t talk about free-will and choice. The paradox of being a ‘science’ that sees all human behaviour as being determined shouldn’t leave room for ‘free-will’...or if it does it needs to have a psychology of ‘free-will’ and ‘agency’ but this has not got to a point where there is a consensus
- Experiences and beliefs relating to mortality and death is also an elephant in the room – but I will leave that for another day (it is however at the heart of the trauma experience – and needs to be foregrounded more, like sex and sex education in the past)

# Vested interests

- Because of the everyday psychology of blame and responsibility we are often required to shoehorn accounts of offending into this paradigm if we are to make legal judgements
- The attempts within the profession to establish consensus is partly driven by the problems caused by the vested interests of those asking the questions in having answers in 'legalese' when those answering are talking a range of other languages
- When the complex world of psychology with multiple versions of epistemology peacefully cohabiting (mostly) meets the legal call for 'evidence' all hell could break loose if we didn't have some kind of consensus. Either that or our evidence becomes redundant.
- When a lawyer, judge, jury hears psychological evidence that uses scientific language like 'risk factors' or 'hypotheses' and reference to 'the evidence' or 'the literature' do they know that what is being talked about is radically different from the kinds of certainty offered by physicists – or people giving DNA evidence.
- Agency, choice (free-will) and non-multiplicity are central assumptions for legal construct of responsibility
- Offences involving altered states impacting on agency in direct or indirect ways

# There is, then, a danger of the legal, cultural tail (it's a big tail) wagging the forensic-psychology dog

- Just because it is difficult to talk about doesn't mean we shouldn't or that it doesn't exist
- Personal vested interests might also move people in the direction of wanting to give accounts of their behaviour that privileges 'loss of agency' over 'making bad choices'
- It is likely that loss of agency, and narratives where people 'want this to be true' interact with each other
- We need to find ways of talking about these things without oppressing each others' ways of seeing
- We also need to be challenging and critical and compare and contrast ways of seeing so that there is growth and accumulation of knowledge/insight (but even that is an assumption that can be questioned)

# Disconnect between the research agenda and what we hear in the therapy room

- Science engages in ‘objectivity’ stepping back and separating from what is being observed to avoid bias
- With people (and possibly elsewhere) this results in a relational problem
- We are treating people as objects; their ‘subjectivity’ is treated as an object
- Objectification is at the heart of a range of problems relating to power and its misuse
- Racism, sexism, classism, homophobia, ableism, ageism is all about objectification – defining people as parts of themselves – their backgrounds and origins, their gender, their sexuality...’ability’, age... and denying their humanity
- Objectification is also at the heart of offending – treating people as objects for instrumental reasons
- How is ‘science’ different from this?
- I think this obliges us to look at the whole situated person – their contexts – and consciousness/experience needs to be heard and foregrounded
- If we can’t measure it, and agree about it, it doesn’t exist

# Questions for practice

- How and when do we work on 'taking responsibility'?
- Can we really say whether somebody had 'capacity' to choose at the time of the offence?
  - Did they understand and retain the information
  - Can they weigh up information?
  - What is the psychology of choosing and how does it relate to consciousness
- Does the implicit psychology in the legal system and in 'folk psychology' match what really happens?
  - What are the consequences of challenging this?

# Interventions

- Psycho-education about consciousness
  - About intrusive thoughts
  - About having and losing agency
  - Practicing regaining agency
  - Helping people make sense of why they are having intrusion
- Understanding 'parts' and working with parts (Schema therapy, IFS...)
- Practicing breathing techniques (trial and error)
- Interventions **when people are in altered states...** crises, self-harm,
- Using relating as a tool for changing consciousness
- Connection and NWC, disconnection and 'being in a bubble' (not caring about or feeling for others)

# Final Thoughts

- Consciousness and states of consciousness notoriously difficult area to study but clinically it is central to what we are working with
- Formulation needs to look at shifts in state and multiple versions of the same person linked with these states
- Building agency skills and awareness of loss of agency as critical to using skill- based interventions of all kinds
- Relational interventions critical to working on consciousness
- Need to research agency and choice more
- Need to research complex roles of consciousness in offending
  - Positive and negative states (the unfelt self)
  - Phenomenological inquiry (e.g. Mathew Ratcliffe of grief and trauma)

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