

CONTEMPORARY CONCEPTS OF DISSOCIATION

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SUMMARY

The concept of dissociation was developed in the late 19th century by Pierre Janet for conditions of “double consciousness” in hypnosis, hysteria, spirit possession and mediumship. He defined dissociation as a deficit in the capacity of integration of two or more different “systems of ideas and functions that constitute personality”, and suggested that it can be related to a genetic component, to severe illness and fatigue, and particularly to experiencing adverse, potentially traumatizing events. By the late 20th century, various and often contradictory concepts of dissociation were suggested, which were either insufficient or exceedingly including when compared to the original idea. Currently, dissociation is used to describe a wide range of normal and abnormal phenomena as a process in which behaviour, thoughts and emotions can become separated one from another. A complete presentation of mechanisms involved in dissociation is still unknown. Scientific research on basic processes of dissociation is derived mainly from studies of hypnosis and post-traumatic stress disorder. Given the controversies in modern concepts of dissociation, some researchers and theorists suggest return to the original understanding of dissociation as a basic premise for the further development of the concept of dissociation.

Key words: dissociation - concept of dissociation - dissociative disorders

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INTRODUCTION

Dissociation is a term used in psychiatry to describe psychiatric clinical conditions, symptoms and processes observed in numerous psychiatric disorders. It is a complex psychophysiological process that alters the accessibility of memory and knowledge, integration of behaviour and the sense of self (Putnam 1994). Primarily defined through the concepts of fragmentation and separation of mind, perception of the self and the body where clinical manifestations include change in perception and behaviour. According to Braun (1988) dissociation as a concept in psychiatry and as a descriptor of phenomena observed in mental disorders is derived from the doctrine of "association," which held that memories are brought to consciousness by way of association of ideas; thus, memories not available to be associated are termed "dissociated". Dissociation is a process of separation of ideas or thoughts from the main stream of consciousness.

Pierre Janet developed a concept of dissociation and used the term to indicate a double consciousness in a state of hypnosis, hysteria, spirit possession and mediumship. He defined dissociation as a lack of integration among two or more different “systems of ideas and functions that constitute personality”, and suggested that the lack of integrative capacity can be related to a genetic component, to severe illness and fatigue, and particularly to experiencing adverse, potentially traumatizing events (Nijenhuis & van der Hart 2011).

Today, the term “dissociation” has different connotations. It is used as clinical phenomenon and symptom, general principal of psychological organization, mechanism of defence, synonym for splitting and as a clinical presentation and psychodynamic understanding of dissociative identity disorder. The term describes the dissociation of various normal and abnormal phenomena

such as daydreaming, amnesia, hypnotic responses, derealisation, depersonalisation, and other processes by which behaviour, thoughts and feelings can become split off from one another. The term dissociation is used to describe and explain the phenomenon, which makes the concept of dissociation ambiguous and problematic (Brunet et al. 2001), and its constant multiple use causes confusion and contributes to complicatedness of scientific integration of knowledge about dissociation. Scharffeter (2001) believes that the dissociation should be viewed as a dynamic concept between two poles; adaptive copying strategies (certain form of absorption, forgetting) and severe fragmentation of the basic dimensions of ego/self, experienced in schizophrenic disorders.

The development of the concept of dissociation

Concept of dissociation, although it came from a study on hypnotic states and hysteria, is in fact closely related to development of theory on psychic trauma. The line of increased and decreased interest for both the dissociation and the psychological trauma can be traced from the introduction of the concept of dissociation to the contemporary approaches. Many dissociative phenomena had or still have derogatory implications similar to numerous terrifying traumatic stories denoted with “false memories”. Besides roots in hypnosis and hysteria, historically viewed, the concept of dissociation has far deeper roots in schizophrenia. Scharffeter (2001) states that the dissociation as a dominant characteristic of psychotic disorders was observed by Esquirol, Griesinger, Neumann and others, and that they have suggested these disorders names such as "split of psychic functions", "splitting from the field of consciousness", "decay of consciousness", "incongruence of mental content and affect", "dissociation psychosis". The concept of dissociation is considered to be a central

mechanism of schizophrenia from the period when Eugen Bleuler marked this psychotic disorder as "schizophrenia". Bleuler believed that schizophrenia is basically splitting of different mental functions and that the symptoms of patients with schizophrenia connected with significant life events (Moskowitz 2011). However, the establishment of Kraepelin dichotomy in the classification of mental disorders schizophrenia loses the concept of dissociation and Bleuler's dissociative nature of the concept of schizophrenia has been ignored for decades (Moskowitz 2011).

Dissociation concepts are based on the definition of the concept, its use, manifestations and understanding of the mechanisms underlying dissociative process. The concept of dissociation in its approximate current psychiatric sense was first used by Moreau de Tours in 1845, in a similar sense the term dissociation was used in the 80.s of the 19th century, Charcot, Gilles de la Toureue and Myers (Bob 2003). According to LeBlanc (2001), Pierre Janet came to the concept of dissociation while seeking an answer to the question which was raised by his uncle, the French philosopher Paul Janet. Namely in 1884, Paul Janet introduced the problem of post-hypnotic suggestion by asking how do people execute a post-hypnotic command when it seems that they have never memorized it. Two years later, Pierre Janet introduced a concept of dissociation as a solution to his uncle's issue. He came experimentally, with a patient Lucie who suffered from hysteria to the concept of dissociation, with a post-hypnotic suggestion of „automatic writing” and a technique called „psychological analysis”. In this way, Pierre Janet came to traumatic memories released through catharsis, the existence of double personality and double consciousness as hysteric phenomena. In his research, he gave an answer to a posed question by stating that the other consciousness tracks time and executes the suggestion without consciousness of main consciousness. His solution provided a psychological framework to describe multiple personality, hysteria and spirit possession but it was the first purely psychological conceptualization of traumatic memories (LeBlanc 2001). The concept of the simultaneous existence of more than one consciousness in the same person was hinted earlier in statements about the experiments in "automatic writing" and in many cases double personalities, which began to be frequently diagnosed over the in the 80's, the 19th century (Piper & Merskey 2004). Also, the idea of traumatic memories for hysteria would not have been possible had it not been for the bases, which were at that time given by the French neurologist Jean-Martin Charcot (LeBlanc 2001). Namely, Charcot explained that the transient effects of hypnosis and unexplained neurological symptoms in hysteria involve similar brain circuits. Today, according to Bell et al. (2011) the progress in cognitive neuroscience provides a possibility for the evaluation of this hypothesis. Today's studies indicate that hypnotisability associated with the tendency to develop dissociative symptoms particularly in areas of sensorimotor function, and dissociative

symptoms can be modelled in a highly suggestible hypnosable persons, and that these hypnotic phenomena involve similar brain processes which are basically symptoms of hysteria (Bell et al. 2011). Berlin (2011) states that evidence indicates that dissociative “symptoms,” whether simulated through hypnosis or diagnosed clinically, are linked to increased prefrontal cortex activation. This implies that interference by the prefrontal/executive system in voluntary and automatic cognitive processes is a shared neural feature of both dissociation and hypnosis.

As it was previously cited, Pierre Janet conceptualized dissociation as a deficit in the integration of two or more different systems of ideas and functions that constitute personality because of low or limited integrative capacity. This limitation in the integrative capacity leads to the inability to integrate experiences and develop awareness of their reality, acceptance and creative adaptation (Nijenhuis & van der Hart 2011). He also wrote about the relationship between traumatic experiences and memories, amnesia for some or all aspects of the traumatic event. Van der Kolk & Filser (1995) suggest that Pierre Janet has observed, more than 80 years ago, that forgetting of events precipitated by strong emotions frequently is associated with strong emotional experiencing in the form of continuous and retrograde amnesia. When a person experiences a strong emotion, memory cannot be transformed into a neutral narrative and a person is not able to "tell a story", but remains faced with a difficult situation (van der Kolk & Filser 1995). The result of this is a "phobia of memories." "Phobia memories" prevents the integration of traumatic events and traumatic memory is separated from the conscious. Janet claimed that traces of memories of traumatic events remain as "unchanged unconscious ideas" that can not be removed for long and cannot be translated into a personal story. Weakness in organizing memories into the narrative leads to the intrusion of traumatic events in consciousness in a form of terrifying perception, obsessive preoccupations and anxiety reactions (van der Kolk & van der Hart 1991).

The actual theory of structural model of personality dissociation, suggested by Steele, van der Hart & Nijenhuis (2001, 2005), was based on the above stated theory and assumptions made by Janet. They attempted to explain with this theory how components of personality can become separated and affect the general functioning which results is dissociative symptomatology. According to this theory, as a response to traumatic event, inner parts of personality develop with help of emotional elements which become separate and form an additional part within the self. These emotional parts (EP) contain overwhelming affects associated with the trauma and often remain fixed for the traumatic experience. The rest of the self dubbed as apparently normal person (ANP) maintains maladapted process, avoiding reminders of the trauma, remaining detached and it can develop partial or complete amnesia about the traumatic event. A person can alternate between these presentations; emotional part can become current

reminders boost protective capacities to fight, escape and "freeze". Van der Hart, Nijenhuis & Steele (2006) explain that dissociation involves the presence of both negative and positive symptoms. Some negative symptoms are amnesia, loss of motor control, inability to speak, and loss of somatic feeling. Positive dissociative symptoms can include intrusions, bodily sensations, reexperiencing parts of a trauma, and hearing a voice commentary on what is occurring. According to Harper (2011), the theory of structural dissociation of the personality is a relatively new theory of dissociation that synthesizes classical and contemporary theories of trauma and dissociation. The theory suggests that there is a common psychobiological pathway for all trauma-related disorders and the key feature that separates this theory from others is structural dividedness. Structural dissociation has a wide range of presentations in that it can be very simple or extremely complex. The more complex structural dissociation is, the more deviation there will be from these prototypes, which are primary, secondary and tertiary dissociation (Steele et al. 2005). According to van der Boom et al. (2010) critics to this conceptualization are in that the traumatic event is placed as a causative element of dissociation and that the focus is on two extreme forms of dissociation, specifically dissociative identity disorder in which the dissociated structures exist as almost completely separated selves.

On the theory of structural of dissociation model of personality and critical discussion about the etiological role of traumatic events in the development of dissociative disorders, especially dissociative identity disorder it seems as if history repeating in the theory of dissociation. The development of the theory of dissociation observed since the beginning of the eighteenth century until the current structural model of personalities dissociation, which actually has one spiral dynamic flows in which the central spiral theory makes trauma. Namely, simultaneously and independently Pierre Janet, Breuer & Freud (1956) have been working with patients who are suffering from hysteria and they came to the same formulation obtained by Pierre Janet himself. Both recognized the similarities between the altered states of consciousness induced by psychological trauma and state-induced hypnosis, and that the somatic symptoms of hysteria disguised plays of disturbing events. Freud & Breuer (1956) initially embraced many of the ideas related to the concept of dissociation made known by Janet as the splitting of consciousness, frequent association with bizarre physical symptoms and manifestations and irrefutable connection between these symptoms of hysteria with childhood abuse. However, while Janet believed that the ability of splitting consciousness or hypnotic trance a sign of weakness and psychological suggestibility, Breuer & Freud (1956) have reported that the hysteria and dissociation can be found in of the strongest people will, the clearest mind and the highest critical abilities. Also, we both have found that the symptoms of hysteria retreat when a person or mitigate tells their traumatic

memories and affects associated with them and reacts. This procedure of treatment Janet called "psychological analysis" and Freud and Breuer "abreaction" or "catharsis" (Herman 1992). Freud was listening to patients who suffered from hysteria and he learned that they were sexually abused in childhood. This led him to set up the idea that in every case of hysteria there are one or more events of premature sexual experiences, events that belong to the earliest years of childhood. In this way, the works of Jane, Breuer and Freud's early work set the basis for the conceptualization of traumatic dissociation. But later Freud gave priority to repression as a central defence mechanism in neuroses, stating that ideas are inaccessible to consciousness "pushed" into the unconscious where they are associated with affective impulses, and then they enter directly into the consciousness and physical symptoms (Braun 1988). Until 1925, he has renounced his theory of hysteria championship association and dissociation with child trauma and noted that the children's stories of sexual abuse in his patients with hysteria resulted from unacceptable sexual desires and fantasies. The result of this was that the children's trauma in the aetiology of hysteria had long been ignored, and the original conceptualization of dissociation was long suppressed with the domination doctrine of repression as a central defence mechanism for hysteria (Bliss 1988, Herman 1992).

Despite this fact, we can't say that the mentioned opinions have entirely suppressed the development of the concept of dissociation; prior to we could say that this was the period in which the dissociation began to be approached as a normative to personality development. In classical psychoanalytic theory of neurosis, which is the original and basic theories of trauma, dissociation is seen as a defence mechanism, where hard experiences repressed into the unconscious; Freud describes the dissociation in the sense motivated repression as something that is undesirable. However, the development of other psychodynamic theories such as the theory of object relations assist us in better understand the impact of trauma and other adverse external circumstances in the mechanism of dissociation. Thus, Ogden (1989) related to Winnicott's concept of potential space suggests that the meaning is created through the possibility of negation in the dialectic interplay of reality and fantasy in potential space. Disruptions of this interplay can result in dissociation. Reality and fantasy are experienced parallel but with disconnected from realities (Winnicott 1971). From the standpoint of the theory of the self dissociation is integrally linked with the development of the self and pathological dissociation undermines the self (Putnam 1994). Developmentally the self is conceived as internal organization of attitudes, feelings, expectations and meanings. Organization of the self evolves from dyad experience through a form of differentiation and integration by providing a framework for subsequent personal experiences (Sroufe 1996). Within the organizational development framework, the key level of competence of the self stems from the quality of previous

experience in the milieu of care. The emotion regulation is an early socio-emotional experience. Emotion regulation involves processes responsible for monitoring, evaluating and modifying arousal which enables people to operate adaptively to the environment. Basic affective dimensions provide a person with a sense of continuity in the development of the self and relations with others. Through the developmental spectrum dissociative processes may be manifest as disturbances of affect regulation, identity disruption, autohypnotic phenomena, memory dysfunction, revivification of traumatic experience and behavioural disturbance.

The current conceptualization of dissociation

Since the beginning of 70-ies of the last century and a return to the concept of dissociation and trauma until now, the development of the concept of dissociation has lead to the description of the different clinical manifestations which included changing of perception of physical sensations, time, memory, perception of the self and reality. Thus, in contemporary theory of dissociation the number of phenomena, at which basis is the dissociation as a psychological mechanism characterized by an interruption of integration of mental function, significantly expanded. Cardeña (1994) lists a wide range of psychological symptoms, conditions and processes that are associated with dissociation. Psychic a phenomenon at which basis is the dissociation are qualitatively similar but differ in the degree of dissociation of involvement in each of them (Brown 2006). This idea has been converted into the concept so-called dissociative continuum. The unitary model includes different dissociative states and conditions such as absorbed states, transient depersonalization, hypnotic phenomena, depersonalization disorder, dissociative amnesia, somatic disorders and dissociative identity disorder. Critics of the concept of dissociative continuum resent the fact that the model is too broad, and that it includes any symptoms that involve the alteration of awareness or loss of mental and behavioural control (Holmes et al. 2005).

Given that the term dissociation is used to describe various processes of the human mind from normal to the pathological aspects suggesting the possible existence of two different dissociative dimensions: pathological and non pathological. Dimensional conceptualization of dissociation is inherent in its adaptive nature in the context of acute or chronic psychological trauma as a way of survival in a situation of chronic threats and inevitable captivity. Dissociation is described as a dimensional adjustment and psychopathology as categorical form, suggesting adaptive and maladaptive aspects of dissociation (Spiegel et al. 2011). In relation to the level of the process, dissociative experience ranks along a continuum of severity from short, normative episodes such as daydreaming, to protracted or frequent episodes that interfere with individual functioning to profound disturbances in the organization and integration of self, cognition, and behaviour. From the developmental perspective, the dissociation process is

viewed as a continuum of processes from normal to pathological. The key question contains environmental or biological factors that influence developmental process and development of pathological dissociation (Putnam 2000). Contemporary psychodynamic theories suggest that the dissociation occurs as a person's defence from sudden strong negative experience. Defensive pattern becomes automatic and involuntary response to stress with repetition and anticipation of possible dangers. Empirical studies suggest an association between traumatic experiences and biological and behavioural manifestations of dissociation. Level of dissociation is associated with chronicity and severity of traumatic experiences. Relationship between dissociation and sexual and physical abuse and neglect in childhood was found in studies conducted in non-clinical, clinical sample and a sample of patients with dissociative disorders (Terr 1991, Hornstein & Putnam 1992). Dissociation in adulthood, too, is associated with the loss of childhood and witnessing violence. Studies indicate that early traumatic experiences make a person vulnerable to dissociation. Dissociative processes in childhood are associated with experiences traumatic multiple (Spiegel et al. 2011, Simeon et al. 2001, Macfie et al. 2001). Based on the results of numerous studies was developed posttraumatic dissociative disorder model, which reflects fact that the dissociative disorder occurs naturally as a defensive response to the repetitive and strong child trauma and especially sexual abuse. According to this model, seriously traumatized children dissociate their painful experiences and repressed this experience (Fonagy & Target 1995). Dissociation and repression hypothetically preserve memories of the trauma out of their consciousness, which allows the mind to be the cause of unbearable psychological distress. Over time, the painful experience will appear and connect with similar affective states (van der Kolk & Fisler 1995). This compartmentalization and a separate aspect of the child's mental life are shaped by an altered state of personality or altered personality (alter ego). Critics of this model state that no valid of studies show those patients with dissociative identity disorder had a really strong and recurring childhood abuse (Piper & Merskey 2004).

On the other hand, animal studies suggest that dissociation in the animal model has many similarities with the behaviour of animals in which the "freezing" after exposure to "inescapable shock" led to a state of helplessness and subsequent prevention of spontaneous recovery from immobility. Van der Kolk & Filser (1995) suggested that the animal and the human response to the shock, which cannot be avoided, have similarities and they suggest that the "inescapable shock" may be a biological model for posttraumatic stress disorder (PTSD). The critical factor that occurs in trauma is the inability to control outcomes of danger or state of helplessness. Stimuli associated with danger or threat in this model should automatically lead to a dissociative response or responses of "freezing" before responses appear in more specific stimuli. It is believed

that the neurophysiologic basis of dissociation in changing brain functions precipitated a traumatic event in which the end or resolution is interrupted or insufficient due to the absence of spontaneous recovery from the reaction of "freezing" or immobility i.e. the phenomenon which is closely associated with the clinical condition of dissociation. Furthermore, dissociation may be associated with predominantly parasympathetic tone, learning and cognition impairment and with the tendency to make conditional permanent (Bremner et al. 1995).

Generally dissociative disorders include alteration of consciousness, mood, memory and identity. The term describes the dissociation of a psychological state in which partially or completely thoughts, feelings, sensations, memory are separate from the rest of the mental functions which is not inherently pathological, but is more common in people with mental disorders (Berlin 2011). Spiegel et al. (2011) defines dissociation as disruption and/or discontinuity in the normal integration in one or more aspects of psychological functioning, including but not limiting to the functions of memory, identity, consciousness, perception and motor control. In essence, those are not the psychobiological aspects of functioning that should have been coordinated, connected or associated with the dissociation. This definition has been widely applied in a set of phenomena covered by the DSM IV classification of dissociative disorders (APA 1995). Dissociation is essentially a dissociative disorder in which the DSM-IV included dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder and unspecified dissociative disorder. In the International Classification of Diseases, Tenth Revision (ICD-10) (WHO 1992) dissociation is defined as a partial or complete loss of the normal integration between memories of past events, awareness of identity and immediate sensations and control of body movement. Dissociation thus defined is a fundamental characteristic of a group of disorders marked as dissociative or conversion disorder and here included are different types of groups of disorders previously labelled as "conversion hysteria." Experience dissociation in the ICD-10 is timely closely associated with traumatic events, insoluble and intolerable problems, disturbed relationships. Unlike the DSM-IV, ICD-10 included in the group of dissociative disorders conversion disorders whereby conversion implies that the unpleasant affects caused conflicts and problems which a person can not be resolved somehow so they are transformed into symptoms. In the DSM-IV conversion disorders are included in the group of somatoform disorders with marked presence of symptoms or deficits of voluntary, motor or sensory functions that suggest a neurological or other disorders and their appearance is preceded by conflicts or other stressors. These disorders are marked as functional disorders. DSM-IV classification separates dissociative disorders from conversion although neurophysiological and pathophysiological findings indicate that conversion is a specific form of dissociation and that it is closely

related to somatic perceptual alteration which is intrinsic characteristic dissociative process. Atypical neurological signs and symptoms that characterize perceptual alteration contain conversion based on earlier trauma, which is also splitting of consciousness produced by the disorder of perception of time, space, reality and self. Conversion may be associated with the same range of positive and negative phenomena as posttraumatic stress disorder and other symptoms of dissociation (Bell et al. 2011, Espirito-Santo & Pio-Abreu 2009, Spitzer et al. 2006). Current proposals for harmonizing DSM 5 and ICD-11 seek to reduce existing discrepancies in the classification of disorders in the basis of which are dissociation and trauma and integrated existing conceptualizations of dissociation, but still it remains an open question how categorical atheoretic approach to classification of psychiatric disorders may in fact be successful.

CONCLUSION

Dissociation as a normal and psychopathological phenomenon, of Pierre Jane and Eugene Bleurela period until now, remains the subject of numerous discussions ranging from the role of trauma as an etiological factor, functional or organic nature of dissociative symptoms and conditions, nosological and transnosological interpretation, memory function and consciousness to the discussion and controversial views on dissociative identity disorder as therapeutic artefact or disorder related to childhood abuse. As much as it seems that the current concepts of dissociation differ in general, the majority relies on the concepts of the role of trauma or other emotional experiences that either interfere with the developmental period, or disturb the integrity of mental function in adulthood; it considers adaptive and maladaptive nature of dissociation and observes dissociation as a defence or a factor of resilience or as a way of survival in unbearable circumstances for a person; and finds similar underlying mechanisms of hypnotic, dissociative and conversive conditions. Certainly, perhaps the most confusion in all these matters brings the existing classifications of mental disorders.

Acknowledgements: None.

Conflict of interest: None to declare.

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