It is no secret that between psychoanalysis and trauma theory, a big rift exists. This rift makes it difficult to treat trauma patients in psychoanalysis. Concepts such as repression do not work with patients whose inner world is a turmoil of anxiety and unbearable affects.

In my own training during the eighties as a psychoanalyst, I learnt that a real trauma was a contraindication for psychoanalysis. Psychoanalysis was for the treatment of neuroses and their concomitant unconscious fantasies, and not for the consequences of real events, be it from exposure to war, sexual violence, or for the second generation survivors of the Holocaust. Still, psychoanalytic theory has a lot to offer us; in working with traumatised patients, in the form of concepts such as transference, countertransference, and techniques to understand and contain unconscious affects such as unbearable anxiety, shame, and guilt.

This rift was in part due to Freud’s abandonment of his trauma/affect theory in favour of the role of sexual phases, fantasies, and the concept of repression. It is also due – at least according to this wonderful book – to the dissociation in the psychoanalytic world of the incidence and prevalence of real trauma.

When dissociative disorders became known in the Netherlands, at the end of the eighties, we were at a loss in mainstream psychoanalysis. Personally, I can remember that my teachers were very much against the concept of dissociation. They called it a deviation – even a defection – from the “real” theory. They claimed they had never come across a patient with multiple personalities. And so I kept my mouth shut about my own dissociative patients who did not seem to exist in my teachers’ eyes.

Luckily, in those days, a new intersubjective and relational way of thinking gained importance in psychoanalysis, thanks to the work of Ira Brenner, Donnel Stern, Jessica Benjamin, Elizabeth Howell, and Philip Bromberg, among others. They treated patients with dissociative disorders; they wrote about them and even tried to theorise about them within the confines of psychoanalytic theory. They
used the theories of Ferenczi and Fairbairn on splitting of self-states. They were influenced by new empirical investigations of the mind by Allan Schore and other developmental research. Attachment theory, for example, has done much to open our eyes to the devastating influence of developmental trauma on attachment status. Bromberg, for example, has substituted the psychoanalytic idea of psychic structures such as the Ego, Id, and Superego by a concept of multiple self-states. He was not the first to use that concept: it inherits its use from the interpersonal theories of Harry Stack Sullivan, but he is one of the first to use it to describe dissociative states in psychoanalytic practice. According to him, we have all have multiple self-states. The mind is a divided unity par excellence. Our Self is an illusion, although our memory enables us to sense ourselves as a whole, coherent in time and space. The difference with dissociative patients is that they cannot integrate these different self-states into a coherent autobiographical narrative, because of amnesia and phobia of emotions.

The dissociative mind in psychoanalysis is a landmark in the growing synthesis between psychoanalysis and trauma theory. Elizabeth Howell (who wrote several important and much awarded books about the dissociative mind) and Sheldon Itzkowitz, composed a wonderful volume, brimming with interesting yet contradictory information.

The book consists of four parts. In the first part, the authors treat the history of complex trauma and dissociative problems in daily life. In this part, most chapters are written by Howell and Itzkowitz, who provide a thorough review of the history of psychoanalysis. The main theme is expressed by the questions: Can one treat a traumatised person with psychoanalysis? What are psychoanalytic “facts”? Is it possible to treat somebody’s external experiences with methods derived from a restriction to an internal world of unconscious fantasies and drive derivatives? And to add to these questions: do we unknowingly contribute to an iatrogenic disavowal of the consequences of trauma, if we stay on that track? The history of psychoanalysis is described in Chapter two. Trauma is defined in the next chapter, followed by a very informative chapter about Janet’s lesser-known work by Onno van der Hart, an internationally renowned expert on Janet and dissociative disorders. At first, Breuer and Freud understood dissociation as an underlying cause of hysteria. They wrote about “double conscience” and hypnoid states. Howell and Itzkowitz call this phase in psychoanalysis, conforming to the use in mainstream psychoanalysis, the “pre-analytic phase”. I have always understood it as the “trauma/affect” phase, partly relinquished, but every decade discovered anew, as practitioners had to deal with exogamous traumatic realities of war, persecution, rape, incest, and abuse. So even if officially, trauma played no part in mainstream theory, in clinical practice, psychoanalysts have always treated patients with traumatic histories. The trauma/affect model emerged again, notably after the Second World War. Even at the height of the drive model, Sidney Furst, Anna Freud, and Phyllis Greenacre wrote about incest and abuse. In the nineties, Bennet Simon and Rachel Blass wrote their beautiful series of articles about the errors made in psychoanalysis and, doing so, paved the way to a reform in psychoanalysis. Chapter five by Margaret Hainer is a very interesting discussion of the way the work of Sandor Ferenczi was disavowed and repressed in psychoanalysis. The author states that Ferenczi, bases on his experience with traumatised adults, puts the concept of dissociation anew to the fore in his idea of “a quasi-hallucinatory form... a trance state... We might say that analysis is not legitimate, to suggest or hypnotize things into the patient, but is not only right, but advisably, to suggest them out.” (p. 134) Already in 1931, he described the splitting of “the self in a suffering, brutally destroyed part and a part that knows everything, but feels nothing. .... [This] is the genesis of the narcissistic split of the self...under the stress of imminent danger part of the self splits off and becomes a psychic instance self-observing and desiring to help the self, and that possibly this happens in early – even in earliest childhood”. (In Child Analysis in the Analysis of Adults, 1931, p.135-136.)
As we know, his most famous article is: The confusion of tongues between Adults and Child: the language of tenderness and passion, already presented and written in 1932, but translated and published only in 1949. He read his notes to Freud, who strongly objected to his paper and tried to convince Ferenczi to withhold it. Some authors wonder if Freud objected to Ferenczi’s theory or to his practice of mutual analysis and active techniques, or rather to Ferenczi’s criticism of the Death instinct, a concept that Freud insisted on very much at the time. Ferenczi presented this paper at the International Psychoanalytic Congress in Wiesbaden and was met by a stony silence. However, his contributions have been reconsidered since then and today, “The confusion of tongues” belongs to the most cited and valued papers in psychoanalysis: an indispensable part of the psychoanalytical training nowadays.

The second party of the book is devoted to the discussion of the concepts of dissociation and trauma from the perspective of the major schools of psychoanalytic thought. These are respectively Jungian, Kleinian, Self-psychology, Winnicottian, and Interpersonal-relational (Bromberg). And last but not least, a cross-cultural perspective on the syndrome of Latah. Latah is a Malaysian/Indonesian syndrome consisting of the startle reaction and concomitant behaviour of shouting of obscene words, undressing, and showing obscene behaviour, common in elderly women of lower social status. Part two is interesting because it becomes clear that many psychoanalytic ideas do not fit with what we call dissociative phenomena. The languages diverge. The author of the chapter on Klein for example, Joseph Newirth, describes the dual nature of Kleinian theory. First the interpersonal dimension as driven by power and aggression, and the structure of relationships, and then the cognitive dimension: from concrete thoughts to symbolic thinking. Traumatized patients are often stuck in concrete thinking, not being able to reflect on their own thoughts and feelings. So part of Kleinian theory is usable and seems to describe phenomena we can apply in our understanding. However, Kleinian theory is not engaged with external events, but with the role of internal unconscious phantasies, projected on the other and reintrojected as persecutory by the infant, due to innate aggression and anxiety. There is not much room in the theory for external events. Moreover, Newirth’s use of the concept of dissociation does not correspond to the use of dissociation in the first chapters by Howell and Itzkowitz.

It seems that every school has its own idea of what is dissociated (or split off or non-thinkable, unformulated experience, or Beta elements), but no agreements exists regarding what dissociation and the dissociative mind really are, except in the chapters by writers who self-evidently have experience in treating adults with dissociative disorders. Split-off feelings are not the same as being haunted by amnesia, fugue-like states or indescribable feelings of terror. This is also the case in a chapter on Self psychology and Jungian Analysis. According to Jung dissociated parts of personal experience have a universal tendency to image themselves in dreams and other fantasies as coherent animate presences he called complexes. I doubt if complexes as described as such, really are understandable as forms of dissociative entities as we define it now in structural dissociation theoretical terms.

An interesting chapter from Dodi Goldman describes the finding of unpublished notes on dissociation among Winnicott’s papers, discovered by Jan Abram in 2012. Winnicott planned to present these thoughts to an International Psychoanalysis (IPA) conference in 1971, but he died before the event took place. Winnicott had proposed a revolution in psychoanalysis. He understood dissociation as being different from repressed or split-off parts as we can see in this quote: ‘It may be that in dealing with the repressed unconscious, we are colluding with the patient and the established defences. What is needed of us, because the patient cannot do the work of analysis by self-analysis; someone must see and witness the parts that go to make the whole, a whole that does not exist except as viewed from outside. In time we may have to come to the common failure of many excellent analyses has to do with the patients’ dissociation hidden in material
that is clearly related to repression taking place as a defence in a seemingly whole person". (Quoted in Abram, 2012, pp. 312-313.)

**Part Three** is devoted to aspects of psychoanalytic treatment of complex trauma and dissociation. In a very dense and compact chapter, Kluft explores dissociative patients’ dreams. Dreams are not a royal road to the unconscious for DID/DDNOS patients, but a royal road to understanding the interpersonal and therapeutic dynamics. Firstly, Kluft avoids any drive of wish interpretation. Secondly, he explores the dream with the personality part that presents it, but also the contribution of the other parts. Thirdly, he identifies Nathanson’s four shame scripts, which are always at the core of the affective self-experience of dissociative patients: withdrawal, denial, attack self, or attack other.

Petrucelli writes an excellent chapter on eating disorders and dissociation. Hoppenwasser makes a fascinating foray in the neurobiology of attunement and the lack of what she calls entrainment in the therapeutic relation with dissociative patients. Entrainment is the unconscious synchronisation between brains in an intersubjective alignment. Extreme stress, terror, and pain interfere with the developmental integration of the neuronal networks that connect intersubjectively. By this, “information is not temporally integrated”. This leads to “renegade memories: memories out of sequence, out of context, off the arrow of time”.

**Wilma Bucci** writes about her multicode theory: symbolic, sub-symbolic verbal and nonverbal (bodily) processing of information, and about emotion schema that form the affective core of our self. Emotion schema are a type of memory schema, incorporating sensory, bodily, and motoric processes, going on in our bodies and minds, mostly in an unconscious way. In this view, dissociation is the disconnecting between symbolic and sub-symbolic components within emotion schema and disconnection between the various emotions schemas in our relation to others that each person develops during life. She emphasises how dissociative patients cannot use their bodily processing; they do not feel their bodies, and so are cut off from the daily information of what they feel and of who they are.

Brenner describes beautifully a multiphase model of treatment of dissociative disorder patients. Valerie Sinason posits the important question: “Where are the child therapists who diagnose and treat dissociative children?” Part four consists of diverse chapters, not immediately connected to psychoanalysis. The late Abby Stein worried about the absence of any professional interest in dissociative problems in forensic populations. Dissociative disorders are entwined with violence: as perpetrator or as a victim. Many violent men were traumatised as children.

**Bethany Brand** and Daniel Brown write about the validity of the diagnosis in reaction to the accusations of various Dutch researchers such as Harald Merkelbach, among others, that DID is an iatrogenic syndrome and that dissociation is a consequence of fantasy-proneness. They elegantly undermine the fantasy-proneness theory, by their meta-analysis. The last chapter from Brain Koehler is a bit disappointing, because he does not adress the overlap and difference between psychosis and dissociative disorders, but mainly describes DeBellis’and Teicher’s research findings in developmental neurobiology.

This a wonderful book, a “must-read” for anyone interested in the bonus of psychoanalytic thinking in the field of trauma and dissociation, but also a must-read for every psychoanalyst working with survivors of trauma and dissociative patients. However, I have some points of critique. Some psychoanalysts use the “safer” concepts of self-states. It appears that they think of dissociative states or parts as ego states. The feeling of dissociative parts is essentially “not--me” or “alien”, due to amnesia or denial. That is different from the feeling of ego states as, for example, “the child within yourself” that is felt as “me”. The question of what dissociation is does not receive a clear answer. Everybody seems to have their own definition, depending on their original school of thinking. Object and Self representations, as described, for example, by Fairbairn’s “the Internal saboteur”, are not the same as perpetrator
part-personalities; they are, however, entwined, because, as has been stated before, self-states are experienced as “me” and dissociative parts as “not me”.

Dissociation is also not a defence in the same league as denial and repression. Denial and repression suppose an internal conflict, thus the presence of a Self. Dissociation, on the other hand, is the only way out of terror and inescapable shock. It precludes a coherent Self and secondarily it undermines the formation of a coherent Self. And lastly, even if we are all able to use dissociative defences, it is not the same as having a dissociative mind structure.

To conclude: The dissociative mind in psychoanalysis is a highly readable book with excellent chapters by Howell, Itzkowitz, Brenner, Bromberg, Kluft, Hoppenwasser, Bucci, Van der Hart, Hainer, and Sinason: more than enough to make this more than a very worthwhile and important book.