Psychosis, Trauma and Dissociation
Emerging Perspectives on Severe Psychopathology

Editor

Andrew Moskowitz
Department of Mental Health, University of Aberdeen, Scotland, UK

Ingo Schäfer
Clinic for Psychiatry and Psychotherapy, University of Hamburg-Eppendorf, Germany

Martin J. Dorahy
School of Psychology, Queen’s University of Belfast, UK
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Department of Mental Health, University of Aberdeen, Scotland, UK

Ingo Schäfer
Clinic for Psychiatry and Psychotherapy, University of Hamburg-Eppendorf, Germany

Martin J. Dorahy
School of Psychology, Queen’s University of Belfast, UK
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Foreword

*Time is the substance I am made of. Time is the river that carries me away, but I am the river.* (Borges, 1964 p. 17).

Oliver Sacks commenting on Jorge Luis Borges:

*Our movements, our actions, are extended in time, as are our perceptions, our thoughts, the contents of consciousness. We live in time, we organize time, we are time creatures through and through.* (Sacks, 2004, p. 41).

The human capacity to hold the present in the context of past experience, while reacting flexibly and appropriately to the current environment, is one of the miracles of biological evolution. It is not surprising that such a complex process of holding and organizing the present is subject to the risk of major disruption and disaggregation. This volume edited by Moskowitz, Schäfer and Dorahy is a fascinating and scholarly miscellany of works that brings together two perspectives of how human consciousness is disrupted. In modern psychiatry, the dominance of the phenomenological perspective, combined with the ascendency of biological psychiatry, has tended to marginalize the psychodynamic perspectives of mental life. The neurobiological approach while rich in detail, at times, can be simplistically mechanistic and distract from concepts about the mind. However, any clinician who deals with patients, readily understands the limitations of the strict phenomenological approach as a method of understanding a patient’s distress and the circumstances that evoke or intensify their symptoms.

This exploration of the link and disjunctions between dissociation and psychosis is a welcome and rich addition to the psychiatric literature, serving to counterbalance the relative poverty of psychodynamic thinking in current clinical opinion, which tends to be driven by empirical observation dependent upon statistical analysis with computers. The subtleties and nuances of mental life, which this book explores in a rigorous and thoughtful manner, are not so readily subjected to reductionist observation. Rather, a book such as this embraces the richness of the experience of the human mind with its fragility, particularly when it becomes overwhelmed with environmental and internal inputs.

Clinicians readily understand how psychotic experience arises from the failure of the brain to screen, prioritize and symbolize environmental inputs. These misperceptions, combined with the disorganized internal mechanisms of language, which are core elements of the psychotic experience, are directly reflected in the phenomenology of the psychotic
disorders. There is an intuitive logic in the surgical and minuscule dissection of these phenomena and their careful definition as reflected in the phenomenological tradition. On the other hand, the nature of dissociation, by the fact that it is often reflecting on the absence of registration of relevant memories or environmental experiences (e.g. amnesia or conversion), is a far more demanding field of investigation. These constructs have been treated with considerable suspicion historically and have often evoked the possibility of suggestion, mimicry, or malingering. The subtlety and fluidity of dissociative phenomena also make them much more difficult to observe systematically and document. These are phenomena that demand that the clinician have a sensitive awareness of the interface between the patient’s external world and its mental reflection. The fragmentation or disruption of this process is at the core of the dissociative experience.

This book is masterful in the way that it brings together the concepts of psychosis and dissociation, using the link of traumatic experiences. The flourishing of interest in the field of psychological trauma in the last three decades following the inclusion of post traumatic stress disorder in DSM-III has provided a bridge for the reconsideration of many of these constructs. The field of trauma has taught us about how overwhelming experience can disaggregate the registration systems of the brain and disrupt the normal processes that go into laying down memories that can be flexibly accessed and utilized for determining future behavior. Rather, traumatic memories that are stored in more primary sensory representations without the same degree of linguistic transformation as normal memories come to have an autonomy and dominance in an individual’s mental life. These memories have the capacity to disrupt the integration of an effective reaction to subsequent events and experiences. Dissociative mechanisms play a core role in the maladaptive attempts of an individual to mitigate against his or her overwhelming distress.

This volume reminds clinicians that psychosis, of itself, is a highly traumatic experience and that significant elements of the phenomenology of these conditions represent the patients’ secondary adaptation at minimizing their overwhelming sense of confusion and disorganization. The various contributions further highlight the complexity of these adaptations and alert clinicians to the dynamic processes that go into the individual’s attempts to modulate and limit the over-stimulation driven by changing and rich environments.

By taking an historical perspective, we are also reminded that generations of highly sophisticated and observant clinicians have been aware of the importance of dissociative mechanisms as being a central element in the psychotic experience. However, as is so often the case in human knowledge, conceptual approaches tend to be dichotomized and the value of observations, in one domain, is diminished by any competitor. Psychiatry in the late 19th and early 20th centuries was a battleground between the strict phenomenologists and the emerging world of psycho-analysis, and the discipline has struggled to find a balance between these two important perspectives. In some regards, DSM-III represented the final rejection of the dominance of Freudian views of psychopathology, again re-asserting the importance of empirical phenomenology in clinical science. Unintentionally, this re-orientation significantly disenfranchised psychodynamic thinking in clinical practice. The field of traumatic stress has been one area that has built and championed this bridge. This current volume is a landmark work, demonstrating the importance of holding a sophisticated knowledge of the phenomenological perspective whilst being informed by the dynamic perspective, which is richly embodied in the symptoms and nature of dissociation. By bringing these two perspectives together and re-visiting the historical debates that have existed, we are given an opportunity to reconsider these highly sophisticated and reflective
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accounts of patients’ symptoms and psychopathology, in the light of modern advances in neuroscience. One would hope that such a volume will stimulate an exploration of these subtle phenomena which lie at the core of the psychopathological experience.

The challenge ahead is to use this body of knowledge and integrate it with the findings of many neuroimaging studies that tell us a great deal about the functional circuitry of the brain. Interestingly, these modern technologies have highlighted the subtlety of interaction with the environment and how one of the great challenges of evolution was the development of systems that could hold consistent representations of the external environment. It is not surprising that these complex neurophysiological processes are disrupted, either because of an abnormality of the brain circuitry, as is the case in psychotic symptoms, or by the external environment and the arousal it provokes. Ultimately the individual who struggles to hold a reflection of reality will then be overwhelmed by any further impingements from their environment. In this way we can only really understand the nature of psychosis by incorporating an understanding of dissociative processes.

This volume is recommended to clinicians and researchers alike and, by drawing from the past, provides an unusual insight into the future.

Alexander C. McFarlane
Centre of Military and Veterans Health
University of Adelaide Node, Australia

References

List of Contributors

Volkmar Aderhold
Institute for Social Psychiatry, Ernst-Moritz-Arndt University, Ellernholtzstr. 1-2, D-17487 Greifswald, Germany
v.aderhold@gmx.de

Vanessa Beavan
St Lukes CMHC, 615 New North Road, Morningside, Auckland, New Zealand
vbeavan@adhb.govt.nz

Ruth A. Blizard
PO Box 4562, Boulder, Colorado 80306, USA
www.ruthblizard.com; info@ruthblizard.com

J. Douglas Bremner
Departments of Psychiatry and Behavioral Sciences and Radiology, and Emory Clinical Neuroscience Research Unit, Emory University, Emory Briarcliff Campus, 1256 Clifton Road, Atlanta GA 30306, USA
www.dougbremner.com; jdbremn@emory.edu

Dirk Corstens
RIAGG Maastricht, Parallelweg 45–47, 6221 BD Maastricht, The Netherlands
www.hearingvoicesmaastricht.eu; d.corstens@riagg-maastricht.nl

Martin J. Dorahy
Trauma Resource Centre, The Belfast Health and Social Care Trust, Everton Complex, Belfast BT14 7GB; School of Psychology, The Queens University of Belfast, David Keir Building, Belfast BT9 5BP, Northern Ireland, UK
m.dorahy@qub.ac.uk

Sandra Escher
Dreesch 11 B, 3798 °S Gravenvoeren, Belgium
a.escher@skynet.be

Susie Farrelly
Cornwall House, Building 16, Greenlane Clinical Site, Greenlane, Auckland, New Zealand
SuzieF@adhb.govt.nz
LIST OF CONTRIBUTORS

Harald J. Freyberger
University of Ernst-Moritz-Arndt Greifswald, Rostocker Chaussee 70, D-18437 Stralsund, Germany
freyberg@uni-greifswald.de

Jim Geekie
St Lukes CMHC, 615 New North Road, Morningside, Auckland, New Zealand
JGeekie@adhb.govt.nz

Timo Giesbrecht
Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands
T.Giesbrecht@psychology.unimaas.nl

Melissa J. Green
School of Psychiatry, University of New South Wales & Black Dog Institute, Prince of Wales Hospital, Randwick, NSW, 2031
melissa.green@unsw.edu.au

Andrew Gumley
University of Glasgow, 1055 Great Western Road, Glasgow G12 0XH, UK
aig2r@clinmed.gla.ac.uk

Holly K. Hamilton
Mount Sinai School of Medicine, Box 1230, One Gustave L. Levy Place, New York, NY 10029, USA
holly.hamilton@mssm.edu

Gerhard Heim
Düppelstrasse 29, D-12163 Berlin, Germany
gjheim@t-online.de

Elizabeth Howell
817 Broadway, 9th Floor, New York, NY 10003, USA
www.dreelizabethhowell.com; efhowell1@earthlink.net

W. Jake Jacobs
University of Arizona, 1503 E. University Blvd., Tucson, AZ 85721, USA
wjj@email.arizona.edu

Mary E. Jessop
Royal Children’s Hospital, Brisbane, Queensland 4000, Australia
mejessop@tpg.com.au

Ingo Lambrecht
Segar House, Level 3, 126 Khyber Pass Road, Grafton, Auckland, New Zealand
IngoL@adhb.govt.nz

Ruth Lanius
Department of Psychiatry and Neuroscience, University Western Ontario and London Health Sciences, 39 Windermere Road, London, Ontario, Canada, N6A 5A5
Ruth.Lanius@lhsc.on.ca
LIST OF CONTRIBUTORS

Giovanni Liotti  
Scuola di Psicoterapia Cognitiva, Viale Castro Pretorio, 116, 00185 Roma, Italy

Harald Merckelbach  
Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands  
H.Merckelbach@Psychology.Unimaas.Nl

Warwick Middleton  
Suite 4D, 87 Wickham Terrace, Brisbane 4000, Australia  
warmid@tpg.com.au

Andrew Moskowitz  
University of Aberdeen, Clinical Department of Mental Health, Division of Applied Health Sciences, Royal Cornhill Hospital, Aberdeen AB25 2ZH, Scotland, UK  
a.moskowitz@abdn.ac.uk

Lynn Nadel  
University of Arizona, 1503 E. University Blvd., Tucson, AZ 85721, USA  
nadel@u.arizona.edu

Barry Nurcombe  
49 Highview Terrace, St. Lucia, 4067, Brisbane, Queensland, Australia  
bnurcombe@uq.edu.au

Erdinç Öztürk  
Istanbul Üniversitesi, Istanbul Tip Fakültesi Psikiyatri Kliniği 34390 Çapa Istanbul, Turkey  
erdincozturk@klinikpsikoterapi.com

Patte Randal  
Buchanan Rehabilitation Centre, 27 Sutherland Road, Pt. Chevalier, Auckland, New Zealand  
PatteR@adhb.govt.nz

John Read  
University of Auckland, Private Bag 92019, Auckland, New Zealand  
j.read@auckland.ac.nz

Marius Romme  
Dreesch 11 B, 3798 S Gravenvoeren, Belgium  
m.romme@skynet.be

Colin A. Ross  
The Colin A. Ross Institute for Psychological Trauma, 1701 Gateway, Suite 349, Richardson, TX 75080, USA  
www.rossinst.com; rossinst@rossinst.com

Thom Rudegeair  
Auckland City Hospital, Grafton, Auckland 1023, New Zealand  
ThomR@adhb.govt.nz

Isabelle Saillot  
Institut Pierre Janet, 23 rue de La Rochefoucauld, 75009 Paris, France  
institut@pierre-janet.com
LIST OF CONTRIBUTORS

Vedat Şar
Istanbul Üniversitesi, Istanbul Tip Fakültesi Psikiyatri Kliniği 34390 Çapa İstanbul, Turkey
www.vedatsar.com; vsar@istanbul.edu.tr

Ingo Schäfer
Department of Psychiatry and Psychotherapy, University Medical Centre Hamburg-Eppendorf, Martinistr. 52, D-20246 Hamburg, Germany
i.schaefer@uke.uni-hamburg.de

Christian Scharfetter
Psychiatric University Hospital Zürich, Post Box 1931, CH 8032 Zürich, Switzerland
christian.scharfetter@bluewin.ch

James G. Scott
Royal Children’s Hospital, Herston, Queensland 4029, Australia
drjamesscott@optusnet.com.au

Harold D Siegel
1061 Mirabelle Avenue, Westbury, New York, NY 11590, USA
Linkmets@aol.com

Ann-Louise S. Silver
4966 Reedy Brook Lane, Columbia, MD 21044-1514, USA
asilver@psychoanalysis.net

Daphne Simeon
Mount Sinai School of Medicine, Box 1230, One Gustave L. Levy Place, New York, NY 10029, USA
daphne.simeon@mssm.edu

Valerie Sinason
Clinic for Dissociative Studies, 815 Finchley Road, London NW11 8AJ, UK
vsinason@aol.com

Carsten Spitzer
University Department of Psychosomatic Medicine and Psychotherapy University Clinic Hamburg-Eppendorf and Klinikum Eilbek (Schön Kliniken) Martinistr. 52; 20246 Hamburg, Germany
cspitzer@uke.uni-hamburg.de

Marlene Steinberg
Northampton, MA, USA
www.drmsteinberg.com; steinberg@charter.net

Melissa Taitimu
PO Box 227, Tweed Heads, NSW 2485, Australia
mtaitimu@gmail.com

Onno van der Hart
Utrecht University, De Bosporus 46, 1183 GJ Amstelveen, The Netherlands
www.onnovdhart.nl; onnovdh@planet.nl
LIST OF CONTRIBUTORS

Eric Vermetten
Military Mental Health, Central Military Hospital, Department Psychiatry UMC Utrecht and Rudolf Magnus Institute of Neuroscience, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands
e.vermetten@umcutrecht.nl

Peter Watts
P0 Box 101810, Wairau Park, North Shore City, 0745, New Zealand
wattspsychology@orcon.net.nz

Eliezer Witztum
4 Revadium, Jerusalem 93391, Israel
elyiit@actcom.co.il
Introduction

Andrew Moskowitz, Ingo Schäfer and Martin J. Dorahy

In the 100 years since Eugen Bleuler introduced the term schizophrenia to describe the most disturbed of his hospitalized patients, the essential connection between traumatic life events, dissociative processes and psychotic symptoms has been lost. While Bleuler believed the core deficit underlying schizophrenia to be organic in nature, he felt that the symptoms arose understandably from emotional life experiences; occasionally, he wondered whether schizophrenia itself did as well:

The stronger the affects, the less pronounced the dissociative tendencies need to be in order to produce the emotional desolation. Thus, in many cases of severe disease, we find that only quite ordinary everyday conflicts of life have caused the marked mental impairment; but in milder cases, the acute episodes may have been released by powerful affects. And not infrequently, after a careful analysis, we had to pose the question whether we are not merely dealing with the effect of a particularly powerful psychological trauma on a very sensitive person rather than with a disease in the narrow sense of the word. (Bleuler, 1911: 300)\(^1\)

In this passage, Bleuler proposes an early version of a diathesis-stress model, in which a constitutionally-based diathesis (here dissociative tendencies; elsewhere, loosening of associations) requires the stresses of everyday life in order for schizophrenia to be expressed. But he also considers (though ultimately rejects) the possibility endorsed by his

\(^1\)Translated by Suenje Matthiesen.
INTRODUCTION

colleague Carl Jung that the intense affect of a traumatic experience could drive, all on its own, the splitting and deterioration seen in schizophrenia (Bleuler and Jung, 1908). And, around the same time, Morton Prince (1906) and others, heavily influenced by Pierre Janet’s theories (as was Jung), were also conceptualizing psychotic symptoms as dissociation-based.

Paradoxically, while late-nineteenth-century interest in linking dissociation and psychosis culminated in Bleuler’s work, he was also partly responsible for its demise. In his insistence on an organic basis for schizophrenia and, particularly, the astonishing breadth of his diagnosis – containing not only most forms of manic depression and personality disorder, but also the dissociative conditions of hysterical psychosis and multiple personality – Bleuler accelerated the loss of interest in the trauma-based disorders of dissociation, and helped to initiate the medicalization of schizophrenia.

This medicalization took centre stage in the latter part of the twentieth century, with the ascent and dominance of the biologically oriented neo-Kraepelinian movement, who called for a return to Kraepelin’s insistence on the discreteness of mental disorders, their biological and often genetic basis, and discontinuity between ‘normal’ and ‘abnormal’ functioning (Klerman, 1978). But these credos have become increasingly challenged. Ironically, the seed of their downfall – the Trojan Horse within the neo-Kraepelinian fort – was planted in their first creation, the DSM-III (APA, 1980). Two categories were included among the hundreds sanctioned – post-traumatic stress disorder (PTSD) and schizoaffective disorder – which undermined the assumptions of the neo-Kraepelinian model. PTSD (increasingly viewed as a form of dissociative disorder, e.g. Van der Hart, Nijenhuis and Steele, 2006) allowed that severe life events could produce serious mental disorders, even in the absence of any presumed genetic or biological predisposition, and schizoaffective disorder challenged the discreteness of schizophrenia and bipolar disorder, the twin pillars of the neo-Kraepelinian edifice.

And indeed, by the end of the twentieth century the house that Kraepelin built began to look increasingly shaky, and the neo-Kraepelinian credos increasingly suspect. Schizoaffective disorder, initially proposed without diagnostic criteria, is now considered a valid psychiatric disorder, and research suggests that schizophrenia and bipolar disorder blend into one another on a variety of biological, cognitive and phenomenological dimensions (Marneros and Akiskal, 2007). Retrospective studies demonstrating that persons diagnosed with psychiatric disorders (and dissociative disorders) report high levels of childhood trauma have been supplemented with prospective studies linking early adverse experiences to the development of psychotic symptoms (Janssen et al., 2004). Many psychotic symptoms, particularly so-called ‘Schneiderian’ symptoms which form the basis for the current diagnosis of schizophrenia, are found commonly in persons with dissociative disorders, possibly even more so than in schizophrenia. Auditory hallucinations, strongly emphasized in contemporary diagnoses of schizophrenia (but not by Bleuler), are now recognized to be common not only in dissociative disorders and PTSD, but also in persons with no diagnosable mental disorder (Moskowitz and Corstens, 2007), and delusions are found with such frequency in PTSD – not always with obvious traumatic content – that some have called for a psychotic subtype of PTSD (Alarcon et al., 1997).

Thus, the neo-Kraepelinian edifice is beginning to crumble. The last several years have seen numerous publications – including half a dozen books or special journal issues – dedicated to the connection between trauma and psychosis. Clearly, there is a
feeling that a new paradigm is emerging. One piece, however, is missing. Dissociation, a potentially mediating factor between trauma and psychosis, has been commented on only in passing (with the exception of Colin Ross, 2004).

*Psychosis, Trauma and Dissociation: Emerging Perspectives on Severe Psychopathology* has been designed to plug this gap. Envisioned as a source book, it builds a bridge between the fields of traumatic stress, dissociative disorders and psychosis – domains across which, until recently, little had been exchanged. Scholars, researchers and clinicians from around the world with expertise in dissociation, psychosis or complex trauma-related conditions such as borderline personality disorder have been invited to submit chapters commenting on some aspect of the interface between dissociation and psychosis. A broad range of perspectives has been sought, and no attempt made to promote particular viewpoints. For example, while emphasized in many chapters, trauma is not considered by all to be a significant factor in the dissociation–psychosis relationship, and the extent to which dissociative and psychotic disorders can be effectively distinguished – and the best means of doing so – differs among the chapter authors.

The book is divided into three sections:

- **Connecting trauma and dissociation to psychosis** – an exploration of the links between trauma, dissociation and psychosis from historical and theoretical perspectives
- **Comparing psychotic and dissociative disorders** from a variety of research and clinical perspectives, and
- **Assessing and treating hybrid and boundary conditions** – consideration of novel and existing diagnostic categories that blend or border dissociative and psychotic disorders, along with treatment perspectives emphasizing humanistic and existential concerns.

In addition, as one of the main goals of this project was to encourage closer cooperation between those working in the dissociation and psychosis fields, we invited dissociation and psychosis clinicians and researchers with similar areas of expertise to collaborate on chapters. There are four such ‘cross-fertilization’ chapters in the book:

1. *An attachment perspective on schizophrenia* (Chapter 9) – Liotti (dissociation) and Gumley (psychosis)
2. *Childhood trauma* (Chapter 10) – Schäfer (psychosis), Ross (dissociation) and Read (psychosis)
3. *Cognitive perspectives* (Chapter 14) – Dorahy (dissociation) and Green (psychosis)
4. *Psychodynamic treatment perspectives* (Chapter 17) – Sinason (dissociation) and Silver (psychosis).

The first section opens with a trio of historical chapters. These address how early conceptualizations of hysteria and insanity merged toward the end of the nineteenth century (Middleton, Dorahy and Moskowitz), the history and validity of hysterical psychosis
and its relation to reactive psychoses (Witztum and Van der Hart), and the evidence that Bleuler’s concept of schizophrenia was dissociation-based (Moskowitz). The next chapter (Scharfetter) suggests that schizophrenia is a disorder of dissociation or ego-fragmentation on a continuum with (but more severe than) dissociative identity disorder. The concept of delusional atmosphere (a common predelusional state) is explored next and proposed to be a manifestation of early, possibly ‘decontextualized’, childhood affective memories (Moskowitz, Nadel, Watts and Jacobs). The following chapter examines the strong evidence for a dissociation–schizotypy link conceptualized as a product of specific cognitive deficits, fantasy proneness and – to a lesser extent – self-reported trauma (Giesbrecht and Merckelbach). This section ends with three chapters addressing important historical and theoretical areas. In the first, an overview of Pierre Janet’s psychology of conduct and views on psychotic symptoms and schizophrenia is presented (Moskowitz, Heim, Saillot and Beavan). A historical perspective is then taken toward borderline personality disorder, in which splitting into good and bad objects is reconceptualized as dissociation into victim and perpetrator identifications or self-states (Howell). In the first cross-fertilization chapter of the book (Liotti and Gumley), a pathway to schizophrenia is proposed in which early attachment disorganization is linked with subsequent avoidance strategies and mentalization (or meta-cognitive) failures.

The second section, on similarities and differences between dissociative and psychotic disorders, opens with the second cross-fertilization chapter (Schäfer, Ross and Read), in which trauma is argued to be common in the childhoods of persons who subsequently develop psychotic or dissociative disorders, and possibly specifically related to certain psychotic symptoms. This is followed by two ‘mirror-image’ chapters addressing comorbidity. In the first (Schäfer, Aderhold, Freyberger and Spitzer), evidence that dissociative symptoms are common in schizophrenia is reviewed, and interpreted as consistent with either a highly dissociative subgroup of schizophrenia or a dissociative underpinning to many psychotic symptoms. In the next chapter (Şar and Öztürk), various explanations for the frequency of psychotic symptoms in dissociative disorders are considered before an interactional model – in which dissociative symptoms are seen as an attempted defence against schizophrenic breakdown – is proposed. Then comes an update on differential diagnosis (Steinberg and Siegel), where the effectiveness of various structured clinical interviews and instruments in distinguishing between psychotic and dissociative disorders is reviewed. In the third cross-fertilization chapter (Dorahy and Green), findings from cognitive research in schizophrenia and the dissociative disorders are considered, with the suggestion that there may be systematic differences in the processing of threat. Then, depersonalization disorder and schizotypal personality disorder are compared (Simeon and Hamilton), and seen to be similar in phenomenology, but different in neurobiology and cognitive functioning. Neurobiology is also a focus of the next chapter (Vermetten, Lanius and Bremner), in which biological research on dissociation and dissociative disorders is reviewed in detail, and important similarities to, and differences from, schizophrenia are discussed. This section ends with the last cross-fertilization chapter, on psychodynamic treatment (Sinason and Silver), in which clinical cases are presented to demonstrate the similarity in approach between working with persons with dissociative and psychotic disorders.

The final, clinical, section begins with a series of three chapters, with extensive clinical vignettes, in which different dissociation–psychosis hybrids are proposed. Dissociative
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Psychosis (Van der Hart and Witztum), a reforging of the hysterical psychosis diagnosis within the framework of the theory of structural dissociation of the personality, is presented as an important adjunct to the diagnosis of dissociative disorders. Dissociative hallucinosis (Nurcombe, Scott and Jessop), a variant of complex PTSD with prominent auditory hallucinations, is differentiated from schizophrenia and specific treatment approaches considered. Finally, the concept of dissociative schizophrenia (Ross) is described. Here a dissociative subtype of schizophrenia is considered to be related not only to dissociative disorders but also to PTSD, obsessive-compulsive disorder and borderline personality disorder, all of which are characterized by prominent intrusions. Borderline personality disorder (BPD) is the focus of the next chapter (Blizard), where the effects of caregiver pathology on reality testing is considered, and the treatment of BPD from a relational perspective presented. Still relationship-focused, but from a very different perspective, the pharmacotherapy chapter (Rudegeair and Farrelly) presents the use of various medications in trauma-based dissociative and psychotic conditions, extolling a fully informed and collaborative approach to decision-making. The book ends with two chapters emphasizing the continuity between those diagnosed with dissociative and psychotic conditions and the rest of humankind. The Maastricht approach to working with people who hear voices (Corstens, Romme and Escher) focuses on recognizing and appreciating the reasons behind voice-hearing, and insists on the essentially dissociative nature of normal personality. In the final chapter of the book, the discussion is broadened even further. Here the relationship between dissociative, psychotic and spiritual experiences is considered from Western and non-Western perspectives (Randal, Geekie, Lambrecht and Taitimu), and the clinical and existential value of respecting and working with a person’s own explanation for their experiences emphasized.

With 24 chapters covering an extensive range of clinical, empirical, historical and theoretical material, Psychosis, Trauma and Dissociation was envisioned as a source book for clinicians, researchers and academics interested in the intersection between traumatic life events, dissociative experiences and disorders, and psychotic symptoms. It is hoped that this volume will provide a foundation for future research and policy initiatives, and the development of new clinical interventions, that acknowledge the extent to which the concepts of psychosis and dissociation inform one another. A century on from Bleuler, Jung and Janet, we are only now just beginning to appreciate the wisdom of their positions – that even the most bizarre-seeming manifestations of severe psychopathology (which originally meant ‘the study of emotions’) can be understood in human terms. As Carl Jung eloquently stated in a public lecture a few short months before the ‘unveiling’ of schizophrenia:

Though we are far from being able to explain all the relationships in that obscure world, we can maintain with complete assurance that in dementia praecox (schizophrenia) there is no symptom which could be described as psychologically groundless or meaningless. Even the most absurd things are nothing other than symbols for thoughts which are not only understandable in human terms, but dwell in every human breast. In insanity, we do not discover anything new and unknown; we are looking at the foundations of our own being, the matrix of those vital problems on which we are all engaged. (Jung, 1908/1960: 178)
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This book is dedicated to all those still living in ‘that obscure world’, with the hope that its publication may take us one step closer to untangling the vital problems underlying psychotic, post-traumatic and dissociative disorders, and to developing more effective and life-affirming treatments.

References


