

**The Dissociative Mind
in Psychoanalysis.
Understanding and working
with trauma**

Edited by EF Howell and S Itzkowitz

London, Routledge, 2016, 272 pp.
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This is both an important and timely book contextualising the history of trauma and dissociation within and beyond psychoanalysis. It provides an urgently needed update on thinking and understanding of 'real' and 'psychic' trauma. The early chapters interrogate the essence of the relationship between trauma, dissociation and psychoanalytic theory and practice – a confronting read.

The book consists of four parts. The introductory three chapters written by the editors question: 'Is trauma-analysis psycho-analysis?' responding in the next two chapters, 'From trauma-analysis to psychoanalysis and back again' and 'The everywhere-ness of trauma and the dissociative structuring of the mind'. As a reviewer with a deep clinical and personal interest in trauma studies I found exciting discussions, from van der Hart's chapter juxtaposing Janet and Freud to Hainer's rehabilitation of Ferenczi's original contributions.

Part 2 reviews dominant orientations within psychoanalysis – Freud, Jung, Winnicott and Klein. The emphasis is more on the importance of the variety of perspectives than the originality of each view. For example, on Freud, Howell opens with: 'Even after he stopped using the word "dissociation" Freud did not stop writing about it' (page 73), while Kalsched hits the nail on the head: 'Contemporary trauma and dissociation theory has issued in a whole new paradigm in psychotherapy – one that recognises the exquisite sensitiveness of the human person to relational trauma across the life-span (Schore, 2012)' (page 85).¹ Bromberg's elegance is especially engaging:

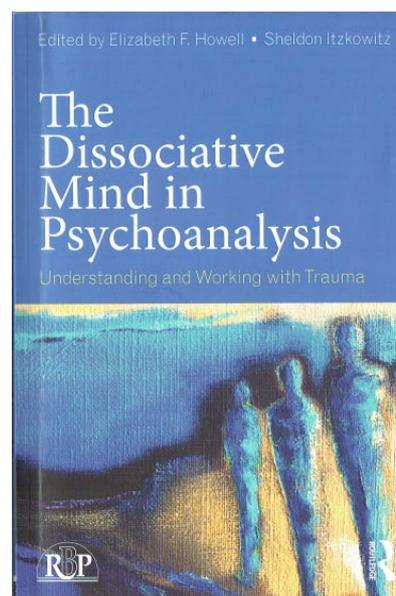
'Because therapist and patient are sharing an interpersonal field that belongs equally to both of them, any unsignalled withdrawal from that field by either person will disrupt the other's state of mind' (page 120).

My criticism relates to the lack of discussion on the clinicians' vulnerability to vicarious trauma. Na'ama Yehuda (2016) emphasised this point: 'Taking care of ourselves is important not only for us, but for our clients'² (page 224). Such warnings are often overlooked, a trend we are currently redressing.³

Part 3 pinpoints varieties of clinical 'crisis' moments encountered in the treatment of trauma and patients with dissociative identity disorder (DID), a controversial diagnostic category which now, finally, appears in *The Psychiatric Interview in Clinical Practice* (3rd Edition, 2016).⁴

Chefetz confronts with: 'It is no wonder that a diagnostic crisis occurs when a person discovers that neither their mind, nor their life was really of much resemblance to what they now understand. How does anyone really tolerate that kind of loss?' (page 208). Hopenwasser's original construct – dissociative attunement – is '...bidirectional. Just as clinicians may know something about the patient that feels strangely intuitive, so do our patients know about us in an even more uncannily intuitive manner' (page 183). Kluff's most informative chapter on trauma and dreams is a must read: 'Dreams can be ongoing indicators of relational elements and therapeutic progress' (page 152).

In the context of the current Royal Commission into the Institutional Responses to Child Sexual Abuse in Australia, Sinason's conclusion is most timely: 'The children in our charge need us to speak about the unspeakable, especially when we are confronted by others who do not want to believe' (page 226).



Finally, Part 4 offers an update on current research based on the largest treatment outcome study of dissociative disorders.

This book will provide food for thought, in equal measure, at any stage in our careers, provided we are willing to confront our sense of vulnerability and uncertainty in the face of relational trauma, both to our peers and, importantly, to ourselves.

References

1. Schore AN. *The Science of the Art of Psychotherapy*. New York: Norton, 2012.
2. Yehuda N. *Communicating Trauma. Clinical presentations and interventions with traumatized children*. New York: Routledge, 2016.
3. Halasz G and Gordon V. *Vicarious trauma, reparative moments, and self-care in trauma informed therapy. Workshop, RANZCP Hong Kong, May 2016*.
4. MacKinnon RA, Michels R and Buckley PJ (eds). *The Psychiatric Interview in Clinical Practice*. Arlington, VA: American Psychiatric Association Publishing, 2016.

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