

# THE ORIGINS OF DISSOCIATIVE IDENTITY DISORDER FROM AN OBJECT RELATIONS AND ATTACHMENT THEORY PERSPECTIVE

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## ABSTRACT

*When a child is utterly dependent for survival on a parent or caregiver who is abusive, the child faces an extraordinary dilemma in finding a way to preserve the attachment to the caregiver while trying to survive terrifying abuse. Concepts from object relations and attachment theories will be integrated with current thinking about trauma and dissociation to develop a theory of why multiple identity states are created by the child to survive this paradox. According to this view, alter personalities may be understood as over-elaborations and personifications of internalized, split, self, and object representations. Because of the severity of trauma, these were kept separate and dissociated in order to preserve both the self and the attachment to the "good" aspects of the caregivers while allowing the child to survive by maintaining functioning relationships with the "bad" aspects of the caregivers. Understanding the origins of these personality states in childhood object relations can help to elucidate the dynamics of the relationships within the system of personalities in adulthood. They can also clarify the purpose of reenactment of abuse, whether between two self states, or in external relationships. These principles are illustrated with a case example.*

This paper will propose a hypothesis about how dissociated identity states are formed from split self and object representations. It is intended as a preliminary exploration of a theory which will need to be validated by further clinical study.

Dissociative Identity Disorder (DID) is frequently the result of being raised by one or more caretakers who were alternately nurturing (or at least relatively benign) and abusive (Putnam, 1985, 1989, 1991, 1997). When a child is dependent on a parent or caretaker who is abusive, the child is confronted with a terrible dilemma. How can the child main-

tain attachment to a person who is necessary for survival but also threatens the child's psychic and bodily integrity?

DID has been understood to originate from the use of dissociation as a defense to create separate, specialized personalities to cope with different forms of abuse, contain intolerable affects, and perform necessary life functions (Putnam, 1985, 1989, 1991, 1997; Ross, 1989; Spiegel, 1984). Thus, some personalities could compartmentalize the memories of abuse, and use specialized methods such as trance states or psychogenic amnesia for coping with intolerable pain and overwhelming emotions in order to prevent other personalities from being overwhelmed or disabled while they are carrying out important tasks such as attending school or work. This theory of dissociation is useful in identifying the traumatic experiences associated with the formation of some personalities, and in explaining their role in managing the associated memories and affects. However, it is not able to clarify the internal dynamics among the personalities, nor does it explain the drive to reenact various forms of abuse suffered by the patient in childhood. Further, understanding dissociation solely in terms of its role in containing trauma does not explain the development of abuser personalities which are closely modeled on the abusive parent (Blizard, 1997).

Concepts from object relations and attachment theories can help to explain some of the dynamic reasons for the creation of alter personalities by framing this process in terms of defenses used to preserve the self and the attachment to the abusive object (caretaker). Barach (1991) proposed an alternative formulation of the role of attachment in the development of DID in which he hypothesized that dissociation was related to a failure to attach to an unavailable caretaker. This paper will diverge from traditional object relations theory to hypothesize mechanisms by which multiple, dissociated self and object representations develop in children raised in severely abusive families. In this view, the formation of alter personalities may allow the child to split or dissociate her representations of herself and the caregiver into separate good and bad self representations and nurturing and abusive parent representations, which over time become elaborated into multiple self states or alter personalities.

## OBJECT RELATIONS AND ATTACHMENT THEORIES

Attachment theory (Bowlby, 1969, 1973a,b, 1988) has

its origins in object relations theory. In the first half of this century, Fairbairn (1952) broke with earlier psychoanalysts by positing that the primary motivator in humans was not biological drives, but a relationship or attachment to another human being. The notion was essentially that, for infants, the primary "drive" was not hunger, sex or aggression, as Freud would have it, but attachment to the primary caregiver. A central concept of object relations theory is that the child develops stable, internalized representations of the self, the object, and the affect linking the two (Kernberg, 1975, 1984, 1985, 1986; Masterson, 1976, 1981). In object relations theory, object refers to the object of attachment, the primary caregiver, usually the mother.

According to Bowlby's theory of attachment, in early childhood the dominant pattern of attachment to the caretaker becomes internalized within the child and quite resistant to change. This pattern of attachment becomes a template which is imposed on all other relationships, distorting the child's perceptions to match the template, and shaping reactions to the other to fit the primary attachment pattern. Biringen (1994) offers a discussion of attachment theory in clinical practice.

When one or more of a child's primary caretakers are abusive, the child must employ powerful defenses to maintain the attachment necessary for physical and psychic survival (Blizard & Bluhm, 1994).

## DEFENSES

In order to preserve the self, the object and the attachment, the child employs several defenses (idealizing, devaluing, splitting and dissociation), and internalizes the object, often by identifying with the aggressor.

When the child idealizes the object, it is preserved as good, and therefore the child can safely maintain attachment to the object (Kernberg, 1975). If the child idealizes the self, the self is preserved by splitting off any feelings of shame or weakness connected with memories of abuse. Conversely, by devaluing the self, the child preserves the object by displacing blame for the abuse onto the self, thus allowing the object to remain idealized.

Identification with the aggressor is a defense used to preserve the self by taking on the power of the abuser at a time when the victim is totally powerless. Anna Freud (1966) described identification with the aggressor as a defense used by children who feel threatened in situations generally within the realm of normal development. However, clinical observation has shown that this defense is frequently used by persons who suffered severe childhood abuse. By identifying with the aggressor, the child preserves the self as powerful and disowns the weak self representation. At the same time, identification with the aggressor can preserve the object by allowing the victim to maintain an internalized image of the abuser, and thereby avoid abandonment by the abusive

attachment object (Blizard, 1997).

Splitting is a defense in which the child splits the self representation into a "good" me and a "bad" me, and divides the object representation into a "good" mother and a "bad" mother (Kernberg, 1975). In so doing, the child idealizes the "good" split representations of self and mother and devalues the "bad" split representations.

As described earlier, when faced with overwhelming trauma, children often dissociate memory of the experience, so that memories of trauma are split off from memories of ordinary experiences. Sometimes memories of traumatic experiences come to be associated with a personality or self state that is dissociated from the self state that holds the memories of benign experiences.

Splitting and dissociation are both used in the literature to describe the splitting apart of the contents of consciousness. In the psychoanalytic literature it is not clear that splitting and dissociation refer to distinct psychic processes. The psychoanalytic concept of splitting is controversial and has been variously defined (Pruyser, 1975). While splitting is typically used in the psychoanalytic literature to describe the dissociation of conscious awareness of good and bad images of self and object, dissociation has been more often used in the literature on trauma to describe the splitting of conscious awareness of benign and traumatic experiences. The hypothesis proposed in this paper suggests that the splitting apart of representations of self and object is closely associated with the dissociation of memories of abuse by the object. Because the process of splitting abuse-related self and object representations from benign ones is so closely tied up with the process of dissociating abuse memories from benign ones, for the purposes of this theoretical development, splitting will be considered to be the same process as dissociation. It is appreciated that many authorities would challenge this perspective.

## DEVELOPMENT AND DISSOCIATION OF SELF AND OBJECT REPRESENTATIONS

It follows then, that if the caretaker is sometimes benign and other times abusive, the child may split or dissociate her memory of the parent's abusive behavior from that of caregiving behavior. The child may then develop separate internalized representations of the parent which seem like separate people. In order to maintain the attachment to the "good" parent, the child will also need to dissociate or split off memories of her subjective experience of the parent's caretaking from memories of suffering abuse. The child thus develops two separate senses of self, one which is attached to the "good" parent, and one which is abused by the "bad" parent.

In relatively healthy development, according to object relations theory, the child develops a sense of the self which is distinct from the concept of the other (Kernberg, 1984,

1985, 1986; Masterson, 1976, 1981). It is possible for this to occur because the parent has a fairly consistent sense of self, which is separate from the child. The parent is able to perceive the child's needs, empathize with them, and provide for the child, even when this is in conflict with the parent's own needs. Through the complex interplay of negotiating parent and child needs in the relationship, during which the parent acknowledges both the child's feelings and her own, the child develops a coherent sense of self and an internalized representation of the parent which is clearly understood as separate and external (Kohut, 1978). This coherent sense of self and other can then be applied by the child to other relationships.

In attachment theory, this coherent sense of self and other is the template for attachment which is imposed on all other relationships, shaping both the child's perceptions of, and reactions to, the other, to match the primary attachment pattern (Bowlby, 1969, 1973a,b, 1988). Bowlby described three relatively stable and enduring patterns of attachment: secure, anxious-resistant, and anxious-avoidant.

Although research has shown that the patterns of attachment Bowlby described are stable and enduring, a new pattern—disorganized/disoriented attachment—has since been described by Main and Solomon (1990). In this pattern, the child has no consistent pattern of attachment, but may be avoidant in one instance and resistant in another. Or the child may evidence disorientation by simultaneously displaying contradictory behaviors, such as looking away while approaching the parent, freezing after seeking to be picked up, or fluctuating between intense approach and avoidance toward the caregiver. This pattern is frequently observed in children who have been abused (Cicchetti & Carlson, 1989; Liotti, 1992). Adults with a disorganized/disoriented pattern of attachment tend to have a history of childhood abuse and often exhibit dissociation (Alexander & Anderson, 1994; Liotti, 1992).

In an abusive family, in contrast, the parents do not have a clear sense of the child as separate, and lack the ability to empathize with the child's feelings (Bowlby, 1984). Rather, they project their own feelings onto the child, and treat him as if he were either an object or an extension of themselves (Adler, 1985; Kohut, 1978). As a consequence, the child is not able to develop a sense of self that is separate from the parent. This lack of separation results in weak ego boundaries, difficulty distinguishing between internal and external, and a proclivity to project and introject (Kernberg, 1975). When the child is treated as an extension of the parent, he may simply adopt the parent's feeling state. When the child is treated as an object, he may identify with the aggressor. Thus the stage is set for internalized representations of the object, or parent, to be experienced as self through the defense of identification. Simultaneously, through dissociation, either abused or nurtured representations of self may be experienced as not-self.

Further, in abusive families, the caretakers are often extremely inconsistent in their treatment of the child. They are sometimes benign or neutral, or at times perhaps idealizing, which is again a projection of the parent's wishes onto the child, rather than an acknowledgement of the child's being. At other times they are abusive, either treating the child's body as an extension of their own, or projecting their own weakness and anger onto the child, trying to punish or destroy her (Miller, 1983; Howell, 1996). Thus, the child cannot develop a coherent representation of either the parent or her self. In order to maintain a viable sense of attachment, she must dissociate her internal image of the benign parent from that of the abusive parent (Blizard & Bluhm, 1994). Under the current theoretical formulation, she must also split off the corresponding representations of self to maintain the attachments to each of these object representations. Unable to develop a unitary sense of self and a coherent representation of the caretaker, the child is driven to form multiple self states, each of which must relate separately to one of several parent representations.

The findings on disorganized/disoriented attachment are consistent with the process of development of multiple patterns of attachment in abused children proposed here. The hypothesis proposed here suggests that children displaying the disorganized/disoriented pattern of attachment may actually be in the process of dissociating their representations of contradictory parent behaviors and their own responses to them. One might infer that in persons with DID distinct patterns of attachment may have been incorporated into the various personalities, so that each personality would maintain an attachment to a particular, dissociated representation of the parent, as illustrated in the case study below. Thus, when contradictory attachment behaviors are observed, they can be understood as the attachment patterns of distinct self and object representation dyads, characteristic of the corresponding contradictory patterns of attachment to the abusing parent. Further study is needed to discover whether contradictory attachment patterns in adults are associated with dissociated self states.

As the abused child develops, her internalized representations of self and object become elaborated, according to the process proposed here. Dissociation is maintained as a defense to keep the good and bad self and caretaker images separate in order to preserve the attachments between "good" child and "good" parent and "bad" child and "bad" parent. Because the child has not been able to develop a sense of self as separate from the object, through identification, the parent representations come to be experienced as self states. When there are two or more abusive caretakers in the family, the number of self and object representations multiplies accordingly. These multiple self states continue to develop more or less separately, because dissociation must be maintained to enable the child to carry out a number of quite contradictory relationship patterns.

In persons with DID, alters often experience one another as separate persons (Young, 1994), and even as having separate bodies with different genders. It is not unusual to observe alters which seem to be almost carbon copies of an abusive parent (Blizard, 1997; Ross, 1989; Watkins & Watkins, 1989). These alters mimic the attachment pattern of the real parent in her relationship with the host or another alter. Where there have been multiple abusive caretakers in the family, there may be multiple dyads of alters, patterned after the relationships the child had with each of the caretakers.

## CASE STUDY

The case of Rebecca illustrates how she developed several dyads of alter personalities to allow her to maintain her attachments to her abusive mother and father. She would reenact these relationships internally, between alter dyads, and externally, in sexual contacts with adults. There was also a more benign representation of her father, and a child alter that related to him. Rebecca also created a benevolent female caretaker alter which could comfort her frightened and depleted host personality.

Both of Rebecca's parents repeatedly inflicted severe physical and sexual abuse on her. Her mother was extremely rejecting and neglectful of her, singling her out from the other children. Her father, however, was very possessive of her, and could be alternately abusive and attentive. Although his primary engagement with her was through violent sexual abuse, he alternated this with idealizing her, and would at times take her to work or out fishing.

Rebecca's personalities were divided into two sides, derived from the relationships with each of her parents. The father's side included alters that were subjectively experienced as male, complete with delusional ownership of a penis, and others that were heterosexual females. The mother's side contained all female alters, some of whom were lesbian. The host personality was viewed as asexual, and experienced herself as having no body at all below the neck.

The host personality, Rebecca, could speak of her mother as rejecting and humiliating and her father as attentive, but she remembered no physical or sexual abuse. She was loyal to both parents. Her internal representations of her parents were vague and one-dimensional. Although she was able to function effectively in her job as a teacher, she was unable to engage even in casual conversation with her colleagues, much less have any social relationships.

Rebecca split her representation of her father into two alters: Marvin, and Satan. She had separate self representations – Little Becky, and Becca – to relate to each of these. Little Becky remained a child, and happily remembered her father, Marvin, taking her fishing. In this way, she could preserve a good self and object, and an idealized attachment. When her memory of times with her father progressed to the point where he sexually abused her, she became Becca,

frightened, paralyzed, and whimpering. Through her alter, Satan, who was modeled after her father's violent aspect, she could identify with her father as the aggressor. In this way, she simultaneously preserved her self by incorporating his power, and preserved the object by acting out his attachment to her.

In describing his own creation, Satan explained that his purposes were to protect Becca by being in control of pain and by caring about her more than anyone else, so that she would not need anyone else, and thus could not be hurt by them. Satan incorporates the power of Rebecca's father by abusing her sexually. He maintains control of pain by regulating its initiation, cessation, and intensity. He maintains the attachment by literally reenacting the sexual abuse which was the dominant form of relatedness between Rebecca and her father. Satan's possessiveness reenacts her father's attitude of ownership of Rebecca (the only sense of belonging she felt) in the face of extreme rejection from the rest of her family.

After Rebecca's father left the family when she was nine, her mother forced her into prostitution. To cope with her father's abandonment as well as the horrors of prostitution, she split off another alter from Becca, Bernadette, who then substituted attention from the men she serviced for her father's sexual attention. Bernadette described her creation thus, "When Becca was little, they didn't want her around, they acted like she wasn't there, so she felt like she wasn't a person. But when they wanted her for sex, then she was somebody. So that's when I came in. When Rebecca feels all alone and she doesn't feel like a person, I help her out. She needs physical contact, she needs to know somebody wants her, so I go out and pick up men for her."

There was also a benign self state, Bud, which was modeled after Rebecca's father. The father had been admired by family and neighbors as a handyman, and had brought Rebecca along with him on some of these jobs. Bud was an adult alter, subjectively perceived as male, that did part-time work painting houses.

On the female side were the personalities developed from the split object representations of Rebecca's mother, and the split self representations that were formed to relate to these. Her mother was cruelly rejecting, sexually abusive, physically sadistic, and critical and humiliating to her. Rebecca split off these aspects of her mother to preserve the relatively more benign forms of attachment, as well as to incorporate a sense of power by identifying with her mother's aggressiveness.

Rebecca's mother never held or comforted her. But when her mother wanted to be comforted, she required Rebecca to stimulate her sexually. Here Rebecca was clearly serving as an extension of her mother. Because her mother was so rejecting, Rebecca created Butch as a representation of herself to maintain the only kind of attachment that was possible with her mother. This was the only non-violent

physical contact. As a self representation, Butch was able to preserve a sense of self as good, i.e., providing what the mother wanted, in just the way she wanted it.

During these sexual contacts, Rebecca's mother inevitably expressed her rage against her through physical abuse. By dissociating the part of the relationship that soothed her mother, if only for the moment, she also preserved a soothing attachment. Thus a lesbian personality, Butch, was able to split off the sexual, comforting aspect of this relationship from the physically abusive side. She then reenacted this form of contact by picking up lesbian women in bars and providing sexual stimulation for them without allowing them to touch her. Although all other parts of Rebecca were disgusted by this activity, Butch continued it as a means of maintaining the only form of attachment she was able to have with her mother. She justified it by saying, "She has to have some kind of human contact."

The Harpy was a personality created by splitting off the representation of the mother's physically abusive aspect. Much as with Satan, this allowed Rebecca to preserve her self by identifying with her mother's power and gaining mastery over pain. After Butch had sexual relations with someone she picked up, she could not maintain any other kind of relationship with her. She would feel alone and abandoned again. Then she would switch to the Harpy alter, dissociate from her body, which she would perceive as belonging to a child self, Becky, and physically abuse herself. In this way, as the Harpy, she could disown her weak, submissive self and gain a feeling of control and power again. As Becky, she would feel the attachment that was associated with her mother's abuse.

Harlow was an alter created from the critical aspect of Rebecca's mother, which was a relatively more benign, or at least not physically abusive introject of Rebecca's mother. By being exceedingly critical of Rebecca's appearance, she was both identifying with the aggressor and hoping to regain some attachment to her mother by seeking her approval.

Rebecca also created a benevolent caretaker alter, Rhonda, that could comfort her and offer some guidance, filling in some of the functions a mother should provide, but could do nothing to protect her from abuse. Rhonda was apparently modeled after a kindly neighbor who would take her in and comfort her from time to time, but could in reality do nothing to prevent her from being abused. Interestingly, it was the host personality, Rebecca, who could receive this comfort. She was the only personality who could interact in the outside world in a non-sexual way, having dissociated from her body and split off all memory of sexual abuse.

In summary, this example illustrates how a child developed multiple identity states derived from split self and object representations that were internalizations of the contradictory behaviors of both parents. These self states configured themselves to maintain attachments to the alternating self

states of the parental objects. This case demonstrates how the relationships with both parents, as well as with an extra-familial caretaker, were reenacted internally, among the alters, as well as externally, in adult relationships.

## CONCLUSIONS

The development of dissociative identity disorder can be understood as an attempt by the child to survive within an abusive family by splitting her self and object representations to maintain separate attachments to benign and malevolent aspects of the abusive parent. Understanding the development of dissociated identity states in this way can inform the therapist about the dynamic meanings of interactions among alters. By showing how replication of the relationships with abusive parents serves the purposes of preserving the self and the attachment, it can also help to explain the defensive purposes of reenacting the trauma.

As in the development of all theories, this hypothesis will need to demonstrate its internal consistency, predictive validity, and explanatory value, as well as its usefulness in treatment of persons with dissociative identity disorder.

## QUESTIONS FOR FURTHER STUDY

In order to confirm the empirical validity of the theory of the development of DID proposed here, and to determine its generalizability, there are a number of questions which need further study.

It would be useful for clinicians treating DID to observe the prevalence of dyads of parent and child alters maintaining dissociated attachment patterns. It would be interesting to study whether this is the common, basic structure of DID or only one variant.

To further explore whether DID results primarily from the need to maintain separate attachment relationships with contradictory aspects of abusive parents, the following questions need further study:

- Do therapists treating abused children observe the development of multiple self and object representations?
- Do these self and object representations become elaborated into alter personalities?
- Do these alters tend to form parent-child dyads that mimic the contradictory relationships with the abusing parents?
- Does DID arise in children from relatively benign families, who are abused by non-caretakers from outside the family?

- Do these persons develop PTSD symptoms or dissociated memories and affects, but not radically different self states?
- Does DID develop when the child has a relatively benign attachment to one parent, and the other parent only begins abusing the child after she has developed a consistent sense of self and other?
- At what age is the sense of self strong enough to withstand abuse and avoid fragmentation? At latency? Adolescence?
- Do adult victims of prolonged torture develop DID?
- When there is poly-fragmentation of personalities, do fragments cluster around parent and child alter dyads?
- Is later, further fragmentation due to abuse beginning early in life, and therefore less opportunity for coherent self states to form?
- Why do some severely abused children *not* develop DID?

Devising research and clinical observational strategies for answering these questions presents several ethical and methodological problems. Because it would be unethical to maintain a child in an abusive environment once the abuse has been discovered, prospective, longitudinal studies are out of the question. Clinicians and researchers who work with abused children could, however, note the ages and developmental stages at which abuse started and stopped, as well as the relationship of the abuser to the child. They could then study the correlations between developmental stages when abuse began and ended, distance of relationship of abuser to child, and degree of dissociation and development of separate self states.

Clinicians treating adult survivors of childhood abuse can do some retrospective study of the effects of intra- and extra-familial abuse occurring at different developmental stages. Studies which rely wholly on memory suffer from the methodological problems of the normal inaccuracy and incompleteness of memory. Because abuse is typically hidden by perpetrators, independent evidence such as medical records of injuries is often not available. For an exceptional study in which medical records of sexual abuse were collected prior to interviewing survivors about their memories for this abuse, see Williams (1994a); and for a discussion of the implications of this study, see Loftus, Gary, and Feldman (1994) and Williams (1994b).

There are also clinical difficulties in gathering information about the prevalence of parent-child alter dyads.

Because alters often do not reveal themselves early in therapy, and it may take several years for a therapist to observe most of the alters, it is not possible to answer this question by compiling intake interview data on large series of patients admitted to clinics. Valid information on the general patterns of alter personalities can only be inferred by studying large numbers of case histories recorded by trained clinicians who can work with DID patients long enough to gather an adequate history of abuse and family relationships and to observe the unfolding of whole systems of alters. ■

## REFERENCES

- Adler, G. (1985). *Borderline psychopathology and its treatment*, Northvale, NJ: Jason Aronson.
- Alexander, P.C., & Anderson, C.L. (1994). An attachment approach to psychotherapy with the incest survivor. *Psychotherapy*, 31(4), 665-675.
- Barach, P.M. (1991). Multiple personality disorder as an attachment disorder. *DISSOCIATION*, 4(1), 117-123.
- Biringen, Z. (1994). Attachment theory and research: Application to clinical practice. *American Journal of Orthopsychiatry*, 64(3), 404-420.
- Blizard, R.A. (1997). Therapeutic alliance with abuser alters in dissociative identity disorder: The paradox of attachment to the abuser. *DISSOCIATION*, 10, 247-255.
- Blizard, R.A., & Bluhm, A.M. (1994). Attachment to the abuser: Integrating object-relations and trauma theories in treatment of abuse survivors. *Psychotherapy*, 31(3), 383-390.
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1973a). *Attachment and loss, Vol. 2: Separation*. New York: Basic Books.
- Bowlby, J. (1973b). *Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Loss*. New York: Basic Books.
- Bowlby, J. (1984). Violence in the family as a disorder of the attachment and caregiving systems. *American Journal of Psychoanalysis*, 44(1), 9-27.
- Bowlby, J. (1988). Developmental psychiatry comes of age. *American Journal of Psychiatry*, 145(1), 1-10.
- Cicchetti, D., & Carlson, V. (1989). *Handbook of child maltreatment: Clinical and theoretical perspectives*. New York: Cambridge University Press.
- Fairbairn, W.R.D. (1952). *An object relations theory of the personality*. New York: Basic Books.

- Freud, A. (1966). *The ego and the mechanisms of defense* (Rev. ed.). New York: International Universities Press.
- Howell, E.F. (1996). Dissociation in masochism and psychopathic sadism. *Contemporary Psychoanalysis*, 32(3), 427-452.
- Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. Northvale, NJ: Jason Aronson.
- Kernberg, O.F. (1984). *Object-relations theory and clinical psychoanalysis*. Northvale, NJ: Jason Aronson.
- Kernberg, O.F. (1985). *Internal world and external reality: Object relations theory applied*. Northvale, NJ: Jason Aronson.
- Kernberg, O.F. (1986). *Severe personality disorders: Psychotherapeutic strategies*. New Haven, CT: Yale University Press.
- Kohut, H. (1978). In P. Ornstein (Ed.), *The search for the self: Selected writings of Heinz Kohut: 1950-1978*, Vols. 1 & 2. New York: International Universities Press.
- Liotti, G. (1992). Disorganized/disoriented attachment in the etiology of the dissociative disorders. *DISSOCIATION*, 5(4), 196-204.
- Loftus, E.F., Gary, M., & Feldman, J. (1994). Forgetting sexual trauma: What does it mean when 38% forget? *Journal of Consulting and Clinical Psychology*, 62(6), 1177-1181.
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. Greenberg, D. Cicchetti, & N. Cummings (Eds.) *Attachment in the preschool years: Theory, research and Intervention* (pp. 121-160). Chicago: University of Chicago Press.
- Masterson, J.F. (1976). *Psychotherapy of the borderline adult: A developmental approach*. New York: Brunner/Mazel.
- Masterson, J.F. (1981). *The narcissistic and borderline disorders: An integrated developmental approach*. New York: Brunner/Mazel.
- Miller, A. (1983) *For your own good*. New York: Farrar, Straus, Giroux.
- Pruyser, P.W. (1975). What splits in "splitting"? *Bulletin of the Menninger Clinic*, 39(1), 1-46.
- Putnam, F.W. (1985). Dissociation as a response to extreme trauma. In R.P. Kluft (Ed.), *Childhood antecedents of multiple personality* (pp. 65-98). Washington, DC: American Psychiatric Press.
- Putnam, F.W. (1989). *Diagnosis and treatment of multiple personality disorder*. New York: Guilford.
- Putnam, F.W. (1991). Dissociative disorders in children and adolescents: A developmental perspective. *Psychiatric Clinics of North America*, 14(3), 519-532.
- Ross, C.A. (1989). *Multiple personality disorder: Diagnosis, clinical features and treatment*. New York: Wiley.
- Spiegel, D. (1984). Multiple personality as a post-traumatic stress disorder. *Psychiatric Clinics of North America*, 7, 101-110.
- Watkins, J.G., & Watkins, H.H. (1989). The management of malevolent ego states in multiple personality disorder. *DISSOCIATION*, 1(1), 67-72.
- Williams, L.M. (1994a). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 62(6), 1167-1176.
- Williams, L.M. (1994b). What does it mean to forget child sexual abuse? A reply to Loftus, Garry and Feldman (1994). *Journal of Consulting and Clinical Psychology*, 62(6), 1182-1186.
- Young, L. (1992). Sexual abuse and the problem of embodiment. *Child Abuse and Neglect*, 16(1), 89-100.