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TOWARDS THE EXAMINATION OF DISSOCIATIVE EXPERIENCES CHECKLIST: A NEW UNDERSTANDING OF DISSOCIATIVE EXPERIENCES

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In clinical practice dissociative experiences are common and reports that range from positive experiences in healthy subjects to severely stressful occurrences linked to disabling mental disorders (see more in *pathological dissociation)*. For long now two problems subsist (1) the nosology of dissociative experiences is at odds (as in DSM-V and ICD-10) and (2) its conceptualization doesn't make justice to patients array of experiences (Simeon, 2008). The gap is presented at (1) the phenomenological level where one symbol stands for fundamentally different experiences but also at the (2) epistemological level as they are still portrayed as a *separation of mental functions*. This understanding ignores (1) empirical research (being depersonalization disorder fundamentally different from dissociative amnesia in the type of mental functions and in presentation), (2) neuroscientific evidences (mental faculties are heterogeneous in nature and allegedly unrelated when it comes to their brain representation) and (3) conceptual investigation.
The hypothesis behind the building such checklist detail and theory is also supported in conceptual and empirical research on anomalous (1) *narratives* (see appendix 2 for detailed review), (2) *perceptual experiences* (see appendix 3 for detailed review) and (3) *Self-experiences* (see appendix 4 for detailed review). The model has 2 fundamental propositions: 1. Dissociation, instead of splitting memory, identity, perception, emotions and will, is the separation of singular (1) levels of Self-experience and/or (2) perceptual moments and 2.That experiences should be divided in 6 domains of inquiry including: corporal experiences, embodied self-experience, embodied world-experience; embodied meaning; cognitive reasoning and autobiographical portrayal;

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